

## From Stress To Rest: 7 Phases Of Detox

**Edward Levitan, MD, ABIOM, IFMCP**  
with **Kevin Connors, DPSc, FICT, FAARFM**



### **Edward Levitan, MD, ABIOM, IFMCP**

Welcome to another episode of environmental toxicants, auto immunity and chronic disease. My name is Dr. Ed Levitan, MD. And we've had the huge privilege of having Dr. Kevin Connors is a clinical director at the Connors Institute where Connor's clinic, an alternative cancer coaching center. In addition he has doctorates in the A. M. F. Fellowship, Board certified in anti aging, regenerative and functional medicine, botanical medicine and is board certified and integrated in cancer therapy. Welcome Dr. Connors.

### **Kevin Connors, DPSc, FICT, FAARFM**

Thank you Dr. Ed. It's a pleasure to be here.

### **Edward Levitan, MD, ABIOM, IFMCP**

I've I know I've missed a lot. So, can you fill in a little bit about yourself and your background?

### **Kevin Connors, DPSc, FICT, FAARFM**

Well, I started getting in the realm of helping people with a cancer diagnosis back in the late 90s. So that is really how God led my path to where I am today. Person came in with bilateral breast cancer and needed help from a nutritional standpoint. That's how I got into using some of the therapies that we use today. That's how we got into some of the subjects we talked about today with detoxification.

### **Edward Levitan, MD, ABIOM, IFMCP**

Okay, cool. I guess let's get into it because that's pretty awesome to link actually cancer to detox. And let's talk about the connections and you have you talked about seven phases of detox. So can you say a little bit talk a little bit more about that.

### **Kevin Connors, DPSc, FICT, FAARFM**

Well, first cancer to me is intimately tied to detoxification because by definition cancer is, you know, something that is interrupting a single cell's nucleus to cause rapid replication and those cells that are rapidly replicating now have that damaged nucleus that are rapidly replicated? So

something got inside that cell originally. That was the cause of the cancer, quote unquote, meaning the cause of the rapid replication so many times it's a toxic substance that can be a biotoxin, but many times it's a pollutant of some sort. So proper detoxification is important. You know, any functional medicine doctor will tell you that, you know, you aren't what you eat, you're more what you absorb and you really are what you don't detoxify. So if you don't get it out of your body, it's harboring somewhere somewhere in the extra cellular spaces or within the cells. When they can lay there and do nothing, you know, for you know, until you're 120 years old. But often it can interrupt mitochondrial function. It can interrupt other functions in the cytoplasm transport of nutrients and other immune functions. And the worst case scenario that can interrupt the nucleus and the replication cycle and be a cause of cancer. So working on detoxification constantly is a necessity for all of us.

**Edward Levitan, MD, ABIOM, IFMCP**

To I mean, we live in a talk such a toxic world that people coming in and saying, oh, I eat. Well, why do I have this or why do what's happening here? Well, have you lived on this Earth? And how many years? And what have you been exposed to? So right, it's a lot? Where are the sources of toxins? What are the main sources? Like where do we mostly get them?

**Kevin Connors, DPSc, FICT, FAARFM**

Well, we are they are ubiquitous. Like you said, they're everywhere. Even if, you know, people do say, how do I get kind of get cancer? You know, I've been eating organic for 20 years. Well even eat organic, you're still exposed to GMO toxins and pollutants and chemicals in your food sources. But food is not the only source of toxic exposure. I mean, any avenue that you can get poisons into your body is a source. So the fastest way to get something, it is to inject it second fastest is to breathe it in. So things go across your valvular spaces and your lungs much easier than they cross your gut. So you're pumping gas and you're breathing in poisons and you know that this carpet in my office here is new a few years ago, it's still probably off gassing chemicals that I'm breathing in a daily basis. And you know, we live in closed buildings where we're exposed to mold mycotoxin exposure. They're just everywhere. You know, this shirt is not, you know, it's not dyed with blackberries, you know, it's chemicals and there's chemicals everywhere. So we absorb them through our skin, we absorb them through our lungs, We absorb them through our gut any barrier that these things can cross now? It's the responsibility of our entire detox pathways to get rid of them. So it's an endeavor that we all face.

**Edward Levitan, MD, ABIOM, IFMCP**

I think you were talking about organic foods and when we do a detox panel, one thing that comes up relatively often is thallium and people ask where does it come from? And I tell them do you want the good news or the bad news? Because the good news is they're probably eating a lot of organic vegetables. The bad news is a lot of cruciferous vegetables like broccoli and cauliflower and kale come from California where the soil is loaded with thallium. We still haven't eat it but knowing that there is toxins even in the organic foods.

**Kevin Conners, DPSc, FICT, FAARFM**

Right. Well yeah. So you're even if you're not putting you know pollutants on the vegetables themselves trying to kill you know pest pesticides and herbicides still, what's falling from the sky? What's that's in the soil already? And what plants do they take nutrients and chemicals out of the soil? And yeah.

**Edward Levitan, MD, ABIOM, IFMCP**

All right. So how do we get rid of them I guess. How do we create a clean sense clean or as clean body as we can in this world? How do we remove detoxify?

**Kevin Conners, DPSc, FICT, FAARFM**

Well it's important to know that everybody is detoxified, you know praise God or you would be dead. So if I'm not detoxified I would just fill up with poisons and die, you know quite quickly. So the idea though is to try to support these pathways even more. So that our rate of detoxification can exceed our rate of toxification, that's such a word. So we're being poisoned from every avenue, we try to mitigate that poisoned by eating right and trying to you know, stop using chemicals in our home and do you know live in a clean home and a clean environment. But our rate of toxification is still there because we live in a poisoned world. So we want our rate of detoxification to exceed the rate of our exposure.

So I got into writing about the seven phases of detoxification a few years ago actually when I was just doing a lecture I was asked to do a lecture on detoxification and or maybe it was I was doing a lecture and somebody asked a question about detoxification and I started talking about you know what we learned in school, Phase one and phase 2, 3 that's occurring in the liver. And then I said well, you know, but the biggest mistake that people make is that they're just supporting the liver detoxification pathways without supporting what's happening downstream from there. So my mind works quite simply. I think in terms of cartoons, maybe it's from watching all the saturday morning television, I did it when I was a child, but if you're not moving this stream and there's a backup anywhere. It's gonna back up and toxins are gonna back up poisons are going to back up. So I just started saying, well really there's a Phase four that has to do with bio function and gallbladder function and bio flow.

**Edward Levitan, MD, ABIOM, IFMCP**

And hold on one second before we go to phase four, let's talk about phase 1, 2 and three because just as a background for people, do you want to go through that or?

**Kevin Conners, DPSc, FICT, FAARFM**

Sure, yeah,

**Edward Levitan, MD, ABIOM, IFMCP**

Just two. And we don't need to go too far because probably other people in the summit, I'm gonna talk more about that, but I just want to make sure that we're all on the same page, talking the same language because every person that has a different, slightly different bend.

**Kevin Connors, DPSc, FICT, FAARFM**

So well like I said, we learned in school, Phase One is your basically your cytochrome P 4 50 pathway in your liver. And phase two, you're in 80 pathways in your pond one pathways in your liver. So, those are very specific, very researched, very detailed pathways how your liver takes chemicals from your blood poisons, not biotoxins but but different chemicals that have that you have to get rid of and it changes their their shape and their constitutions so that they're water soluble or fat soluble so that you can get rid of them. That's phase one and phase two. It gets very complicated what's taking place pace, place biochemically and then in Phase three of the liver has been described as your body's ability to make bile and take the end products from Phase two in the liver and get those end products into the bile. And the bio has multiple functions.

The bile itself, once it's in the small intestines can help with digestion and breakdown of fats, but it largely functions as a transport vehicle to take the end products from Phase two Into the small intestine. So ultimately the whole purpose of the liver is to take poisons that are in your body, get them into a form that you can dump them into the small intestine that then they can transfers through 30 ft of intestinal into the toilet. So the goal of the liver is to get things in the toilet. So Phase One and phase two and phase three have been, you know, well documented and written about and that's kind of what we learned in medical school and such. And just and then that's when we go into the next phase is.

**Edward Levitan, MD, ABIOM, IFMCP**

Yeah. So I just want to, when you say it's research, I really want to underscore how research it is. It's when new chemicals to new to nature chemicals, e medicines come out, we always look at how they're processed through the liver and which side are kind and things like that said chrome's they're processed and the interactions etcetera. So this really is a very standard Western model and well researched as you said. Yeah, so then, alright, so things are first detox phase one and to their phase one, they become free radicals. Then you get rid of them, you make them soluble phase three you go into the gallbladder. What's phase four?

**Kevin Connors, DPSc, FICT, FAARFM**

Well and so phase four was I just made that up actually. So it was what I was doing this lecture was like well then you have to make sure that your bile is not too viscous so that it is, it is slowed through the common bile duct and that you end up with you know, conglomeration of of garbage you could say in the gallbladder which could lead to gallstone formation and just sluggish bile. So to me phase for us to try to keep the bile flowing smoothly. So that's just how I

started saying that you know, if you have back up in the gallbladder, you could have a really healthy phase one and phase two and phase three pathway in the liver, the liver is just doing a Jim dandy job. But if the gallbladder is all sluggish and backed up well then now you have a dam in the river and it's going to affect the function of you have a dam of the gallbladder that's going to affect the function of the liver. It can also affect the function of the pancreas because the pancreas releases all of its enzymes for digestion through that same duct and that could be leading to the increased incidence of pancreatic cancer that we're seeing. So we want to make sure all of life is about flow. It's about movement, it's about, it's about, you know, our muscles need to move our live needs to move, our blood needs to move well. So does all our detox pathways. We need to have that ample motion that's taking place. So if we have a sluggish gallbladder, I turned that phase for detoxification. We want to help and support the gallbladder and you could do that through multiple means.

**Edward Levitan, MD, ABIOM, IFMCP**

So how would one know they had a sluggish gallbladder? What are some signs of what are some things that one can determine?

**Kevin Conners, DPSc, FICT, FAARFM**

Well, that's very difficult because usually you won't know until you have more signs of gallstones when you're on pain underneath your right rib cage and you'll have pain and difficulty digesting fats because you're not releasing adequate amount of bile into your wand, your first part of your small intestine when you do eat a fatty meal. Those are more late stage symptoms. So we don't want to wait until we have more late stage symptoms of gall stones and that there it's visible on ultrasound. We just kind of have to assume some things that because we're so exposed to so many toxins, even though I'm trying to mitigate exposure as best as possible. We have to assume that I want to support my liver pathway. So I want to support phase 12 and three and we have to assume that boy, you know, I'm susceptible to sluggish gallbladder. So I want to do things to support it. You don't want to become also a little about this that you're spending three hours a day working on your detox pathways. But if you're healthy there's certain things that you could, simple things that you could do that could be beneficial to help decrease that viscosity, get the gallbladder movie and help support liver function. There's just some simple things that you want to do.

**Edward Levitan, MD, ABIOM, IFMCP**

So I was thinking as you're talking, I'm thinking is it better to go through all the phases and then talk about what to do about it? Or do we talk about them now? Probably it's better to go through all the phases and talk through everything and then go back and talk about what we can do to support all these phases.

**Kevin Conners, DPSc, FICT, FAARFM**

Sure we can do that.

**Edward Levitan, MD, ABIOM, IFMCP**

All right. So then if we're gonna go that way, let's do Phase five.

**Kevin Connors, DPSc, FICT, FAARFM**

So Phase five is the difficulty that people have once their liver does do all the work of pulling chemicals out of their blood, gets it into the bio the bio does the work of getting into the small intestine. The other issue that people have is they re absorb things in their intestinal track. So these poisons now conjugated in a way that they're trying to get them into the toilet if you have a very slow intestinal transit time if you have leaky gut issues you could easily re absorb these toxins back into the blood. So now okay remember I said the whole idea of detoxification is to increase your rate of detoxification above the level of toxic occassion. But you have the other issue that you're retoxifying yourself by re absorbing them. So let's say if we can put some sort of quantitative number on this let's say I'm exposed to eight out of 10 toxic toxicants on a daily basis but I'm detoxifying at 10 out of 10 so therefore I'm going to stay fairly healthy. But then if I'm re absorbing three out of 10 of those now I'm in a critical state again. So you want to be doing things dietary really like fiber and things or taking supplements that are called binders that will grab onto things in your gut. That typically will mainly stay in the gut. You don't absorb them. It will just bind onto things so that it will basically escorted into the toilet so that you don't re absorb these things.

**Edward Levitan, MD, ABIOM, IFMCP**

So making sure let me make sure I got this right? So once it's in the bile we want to make sure that when it gets into the large intestine, small intestine into the gut I'm gonna say and the intestines we need to move, make it move quickly out so we can poop it out and not reabsorb it, Is that correct?

**Kevin Connors, DPSc, FICT, FAARFM**

That's correct.

**Edward Levitan, MD, ABIOM, IFMCP**

Alright. Okay. I got that so far.

**Kevin Connors, DPSc, FICT, FAARFM**

We got phase one, grabbing stuff out of the blood of the liver through phase two, changing its chemical makeup through phase three, putting it into bio through phase four, moving it through the bile ducts into the gallbladder and then getting it into the small intestine that goes into the first part of the small intestines from the from the gallbladder. And then it's got to go through 30 ft of intestinal track to get to the toilet. You want to make sure that that's what I call phase five that you're not re absorbing those things and then moving to phase six which is the ultimate phase of elimination. So some people will be working on a detoxification program but

they're constipated, meaning. Well I do have a small bowel movement every day, so kind of every day but they're not really empty their bowels every day. Or I've talked to people where they're only eliminating once a week. That's pretty scary. Huh? So phase six the final phase is elimination.

**Edward Levitan, MD, ABIOM, IFMCP**

Okay so what let's we're talking about pooping? Right? Sorry, that's a good medical term. Right. So what's normal and what's what's normal and what's optimal and maybe let's talk about what's optimal for when you're trying to detox because you may be in the normal range but you may not be you might need to go more when you're detoxifying because you need to eliminate all those things.

**Kevin Connors, DPSc, FICT, FAARFM**

Well remember we're always detoxifying. So to me detoxification isn't a detoxification program that I'm doing it, I'm just supporting all these phases so I'm better doing it on a daily basis. So to me, what's optimal dairy detoxification, what's just optimal is the same thing? So optimally you're having several mal movements a day and really optimally you feel like you're emptying yourself, you're getting yourself cleaned out. So some people can do that in one bowel movement a day and they feel like they have this great big bowel movements and they don't they feel like they got everything out. I'd say that might be optimal for that person. Some people have a bowel movement after each meal. It's you know when you move to the opposite side of optimal of that spectrum. You know you could have very loose stools and you have to run to the bathroom after each meal that's not optimal. So then we're not, our intestinal transit time is too quick and we're not absorbing nutrients from our food so there's that healthy balance. But certainly if you're saying I might be having one a day but I don't feel like I'm emptying myself then you have a then you have a problem with phase six or if you are going less than once a day, like it's usually once a day, but sometimes some days I don't go that's not optimal. That's definitely a problem with Phase six. So supporting the Phase six pathway in supporting optimal ball woman is important for that person.

**Edward Levitan, MD, ABIOM, IFMCP**

A lot of people are still in the general population, at least, maybe not our practices, but in the general population still think every bowel movement every two or three days is okay. It's a lot of education to say. Let's talk about that.

**Kevin Connors, DPSc, FICT, FAARFM**

And that might be the, you know, to me this might be the most important thing about health period is if you aren't getting out what's on the inside, it's going to become a part of you and that will will lead to you know, as many different, you know, names of diagnosis as you can imagine. So we have to be expelling our poisons.

**Edward Levitan, MD, ABIOM, IFMCP**

Okay, so let's move on to phase the last phase. Phase seven.

**Kevin Connors, DPSc, FICT, FAARFM**

So phase seven we have to go backwards because it's actually phase zero. No, we have to put in an order. So phase sixes elimination, where's the seventh phase? Then the seventh phase is what what I think is the most dangerous phase because it's in people's minds where they always want to start. So they might hear a lecture about let's say mercury toxicity. Oh my gosh, I had mercury fillings as a child. I should be doing a mercury detox or they did some hair analysis or some other blood tests or urinary excretion test and it showed high, you know, whatever heavy metal toxicity. So I wanna get a key later or something to pull mercury out of my tissue. So to be phase zero is pulling it out of the tissues. So if we go in order of a stream or a river, you know, things do come out of our tissues and then they circulate in our blood and then they go through the liver. So, normally if I'm exposed to some chemical, I breathe in, let's say petroleum fumes, whatever chemical is in that because I just filled my gas probably a lot. So let's say I'm breathing in and it goes through my ovular spaces and it goes into my capillaries and into my bloodstream. It is circulating around my bloodstream and it's gonna pass through my liver if my liver has space, think of it as like a hotel room, it's like, oh yeah, we have space.

Come on in here, we can get rid of you right now. It'll take whatever it's can, whatever it can, but there's limitations and blockages in each pathway. So if my, let's say I have a lot of pretend I have a lot of genetic defects in my cytochrome P 4 50 pathways in my liver, that's phase one, it's gonna, I already have a sluggish phase one and so that it might go, hey, we're full. So it might be a hotel that only has 50 rooms instead of 100 rooms. So it says, hey, we're, we have no vacancy. So that was poisons from the gasoline smell circulated around my body again. They come back to the liver and if it's still full, circulates again and again and I don't know how many times it's different for for everybody all the time, but it will eventually get pushed out of the bloodstream into the extra cellular spaces to be stored to hopefully detox some other time. And that's when we just get poisoned. So now we all think, well I want to get these poisons out of my extra cellular spaces out of my cells. I want to pull them out, but you can't pull them out faster than your liver can take them in or any other phase downstream. If phase two is a problem, that's gonna back up on my liver, can't take it if my gallbladder is stuffed and sluggish.

Well then that's, that's putting it back up on your liver, can't take it all the way down stream. So really, you have to think of it like that river and we need to work on all these phases really concurrently. So just looking at, okay, well I don't have any constipation problems. So I don't have to worry about that. I feel like I'm really empty in my gut. Well I don't really know about my gall bladder and I don't take any binders and I don't eat very much vegetables and salads and stuff, so maybe I should start taking a binder. Maybe I can start putting a hot pack on my gallbladder and liver every night. That will help with my gallbladder. So just try to use common sense things

of looking at your body this way as this river, trying to get rid of junk and walk back through these steps. And then you can start pulling stuff out of the tissues.

**Edward Levitan, MD, ABIOM, IFMCP**

So speaking of liver, one thing is you were talking about space and the liver isn't drinking like a glass of wine or two or three, like great for your body and makes you live longer.

**Kevin Connors, DPSc, FICT, FAARFM**

Well, drinking a glass of wine or two or three might have resveratrol, which can be helpful for a lot of things. But alcohol is just another thing that your liver has to deal with. So if you suspect at all that your that your you know, you have issues with any of these pathways, you want to mitigate your exposure to all sorts of toxins, including alcohol and against drinking some alcohol, but it's a matter of your you're putting more burden on an organ that you're trying to help unburden.

**Edward Levitan, MD, ABIOM, IFMCP**

obviously that was a little bit of a set up, but the idea there was very tall I think is equivalent to just having some grapes also. So yeah, alcohol is obviously hard on the liver and if anybody has any genetic predisposition, that's not helping at all, it's quite doing the opposite. Alright, so before we get into kind of first, I want I want to find out a little bit about binders, but before we get there and before can this be dangerous, like can detoxing actually be a problem if you try to detox and if it can like what what's, what can happen? What are the bad outcomes if there are bad outcomes?

**Kevin Connors, DPSc, FICT, FAARFM**

Well, if the listeners could understand what we've talked about so far then it's easy to understand that if I use some product like a key later. So a key later is just a word that means to grab onto, but in terms of nutrition it means typically something that's going to grab onto something in the tissues to pull it out into the blood so that your liver can get rid of it. So if you're trying to detox heavy metals, you would use a key lading agent that would grab onto the heavy metals to pull it out of the tissues so that it can go through the liver pathways first. But if you have blockage in the liver pathways or anywhere, therefore downstream, then it's not gonna go out the liver. So where is it gonna go? It's gonna just transport around the blood around the blood around the blood. If the liver keeps saying handful I can't take it, it's going to end up just getting deposited somewhere else. So if you pulled it out of the tissues around your thyroid gland, pretend you have blockage anywhere, it's just going to end up somewhere else and cause another issue. So yeah, it can be dangerous. That's why I think, you know trying to start at Phase zero is the most dangerous thing, but that's really where everybody wants to start, I want to do a detox so I'm gonna start taking some key leaders. And that's not that's not the right thing to do. And nor should you even do a box detox that's supporting phase 12 and three in your liver if you're

constipated and you know, you have a very slow intestinal transit time and you're just re absorbing all this stuff again.

**Edward Levitan, MD, ABIOM, IFMCP**

So one of my pet peeves is people trying if the people are trying to do their own on their own and unfortunately even some providers try to go a little faster than they might, that I might think is appropriate. People feel like junk and they don't get any better and instead of supporting it's quite the opposite. So I've unfortunately run into people that were enthusiastic, let's say.

**Kevin Connors, DPSc, FICT, FAARFM**

Yeah, well and I've seen people where they end up with a cute gallbladder attack and it's after they started a detox program.

**Edward Levitan, MD, ABIOM, IFMCP**

Yeah,

**Kevin Connors, DPSc, FICT, FAARFM**

Well that's exactly perfect example of that. So,

**Edward Levitan, MD, ABIOM, IFMCP**

okay, so we have to watch out. So how would one know if they're ready and what are the, so let's say, somebody at home wants to say doesn't want isn't ready to see a provider but wants to do some kind of gentle detox and making sure that as, as you were saying, we're detoxing all the time. How do what are the first 3 to 5 steps that you would take to make sure that that person is ready to do more extensive detox or phase seven slash zero because that's where people want to start. I agree with. So it sounds like you might wanna work backwards almost.

**Kevin Connors, DPSc, FICT, FAARFM**

Exactly. Right. You really want to work backwards. So you want to go, you want to ask yourself some questions. Okay, how's my elimination? And if your answer, the answer to that question is I go several times a day. I feel like I really clean myself out. I don't think that's a problem. Okay, let's go to the next phase is your diet consists of things that are natural binders. That is fiber, you have a lot of fiber in your diet. That would be a natural binder from your food. And if your answer is kind of a meat potatoes person, I don't like, you know lettuce, I don't like salads. Okay, well then consider adding a nutritional minder. There's a lot of them on the market. Different bentonite clays and sodium algae Nate and few Mick and humid acids. And there's a lot of different binders that are commercial binders on the market that you can take as a supplement.

**Edward Levitan, MD, ABIOM, IFMCP**

Yeah. Even like you said, fibers by itself, just take good quality fiber that will start the process.

**Kevin Connors, DPSc, FICT, FAARFM**

That will be for many people, an adequate binders. So if you have a good intestinal transit time, then that's the next phase and you're like, okay, well that's easy to do and these things, these things can be done concurrently and then okay, I don't feel like I have any gallbladder issues. Well maybe you don't you have any issues digesting fats? No, not at all. But if the person is like, well I don't feel like I digest fats really well I get a lot really gassy and stuff. Then there are some specific nutrients that can help with the gallbladder. But just simply putting a hot pack over your liver and gallbladder, especially as the winter comes every night, you could do that for 10, 15 minutes. That can be alone. All you need to do to help move the gallbladder and help to help move the bile.

**Edward Levitan, MD, ABIOM, IFMCP**

So say more about that because is it just really electric hot pack, hot water, anything it doesn't matter what kind of hot back, how long?

**Kevin Connors, DPSc, FICT, FAARFM**

Could certainly do a hot water bottle, you know in my book, I give a lot of examples. You can do a castor oil pack, can do coffee enemas. You could use infrared heating pad. Anything that will add heat is going to help decrease the viscosity of the bible.

**Edward Levitan, MD, ABIOM, IFMCP**

And the other thing I'll say is one thing that you haven't mentioned, I'm sure you have is bitters using bidders to kind of move the gallbladder. So bitter herbs are is also extremely useful. Move things along is a natural way to move to get the contract the gallbladders contract. Yeah there's good supplements that are out there to help with gallbladder flow. Yeah so okay so then so we got the bowels moving we got the fiber to fiber and Finders to absorb any toxins so they poop it out. You got the gallbladder, Okay what's next?

**Kevin Connors, DPSc, FICT, FAARFM**

And then you gotta look at the three phases of the liver and there isn't a good way to look at the three phases of liver without doing a genetic work up. So but let's say I don't want to do a genetic work up. Well then you can just assume that you need support in those three phases of the liver and most of your like detoxification of packets that you know that just about every nutrition good nutritional company has some sort of detox support packets or you know some sort of detox support kit. Those are things that are going to support both. Phase one, phase two end bio production in the liver and those are those would be good To start adding to the protocol now to now, the only thing I would caution you about is let's say a lot of nutritional companies will have this 15 day detox thing. Okay, again you want to get out is my opinion. You want to get out of the mental idea that you're going to do this box detox every so often and that you're get into the mental habit of that you want to support this on a regular basis. So if it's a if it's a you know strong you know high dose supplement package that this company selling you

maybe take just a very smaller dose on a regular basis. So you're giving this specific nutrients that are going to help support phase one and phase two and phase three, but just on a more gentle regular basis.

**Edward Levitan, MD, ABIOM, IFMCP**

Is there like any rule of thumb? Like I'm just kind of as we're talking, I'm thinking out loud if they're not if they haven't been pooping for years or pooping regularly or fully evacuating for years, how long should and they for whatever, taking fiber drinking more water, exercising more now or regular. How long should they be regular for before you move on to the next phase and you will

**Kevin Connors, DPSc, FICT, FAARFM**

Remember that these phases are taking place to some degree and everybody, even if someone is only having a bible but you know once a week they're just very toxic inter cellular. The rest of their cells are toxic so they can start moving on you know quite quickly if they start having wow I've gotten to for the last few days I'm having a daily bowel movement. They can go gently and go slowly on to the next phase is right away because those phases are already happening or they wouldn't be living. So you just want to start supporting those slowly too. It's just important to go slow. That's why I'm kind of against the box detox kits that are out there because they push things sometimes too quickly before you. You know even in a healthy person could have problems.

**Edward Levitan, MD, ABIOM, IFMCP**

So Well they still think there's only three phases. Right cool. So alright I'm trying to kind of get my head around so you're moving your bowels, your gallbladder is moving, you're pooping everything out appropriately, You've got your liver Phase one, Phase two supported by supplements that are maybe lower dose than the 14 day wonder detox that cures everything. When how would one know about phase Either seven fe zero. However you wanna call it if and when they're ready. Is there any kind of way to do this without a test from a physician of some kind or do we really want to look just say there's no way to really know if you have a letter mercury body burden or pesticides or herbicides load without test or do we just does everybody need something? Where do you stand on that?

**Kevin Connors, DPSc, FICT, FAARFM**

So I stand under there really isn't. There isn't a test that you can really know how fast your liver detox pathways are moving the rate of those pathways there is that doesn't exist. So you do have to, you know, again make some assumptions. Okay, let's say like you said, and the example this person is all the other phases, are there supporting and they've been adding some nutrients for phase one, Phase two, Phase three. Am I ready to start calculating things out of the tissue? How do I know if I'm ready? Well maybe give yourself a little bit of time if you've had some issues in the past and then you can start a calculation program but go slow on the calculation. You

mentioned earlier in our discussion that sometimes people will use a key later and they'll feel like they get sick. They'll get a timer reaction of some kind. So that's how you can tell you're going too fast. If you're using a key later, we hear this a lot from people. People go, oh I'm feeling really sick because I'm detoxing. Okay, if you're feeling sick when you're detoxing you have a blockage somewhere or you're detoxing too quickly? You should not feel sick. This is a normal physiological process or a series of normal physiological processes that are taking place in us. They should not make us feel ill at any time. If you feel that way that something is wrong, something is either blocked or you're going faster. You're pulling stuff out of the tissue faster than your liver can take it in like my scenario of the hotel, like I shared before.

**Edward Levitan, MD, ABIOM, IFMCP**

Yeah. No, absolutely. And that's what I pretty much tell my patients, like if you're not doing well, you gotta call immediately and we'll talk about let's go through it. That being said, I do think maybe I'd love your opinion. I do have patients that are sometimes more tired and I say, you know what if it's a little bit more tired, I'm okay with that. If it's a lot tired, we're going too fast.

**Kevin Connors, DPSc, FICT, FAARFM**

Yeah. Yeah, that's probably very good advice. Sometimes. When you're, when you're tired it's your body's trying to tell you to take a damp, right?

**Edward Levitan, MD, ABIOM, IFMCP**

I think that's true in this society in general. Okay, awesome. What else should we know about detox? What else should we be thinking about? What else? What other information is?

**Kevin Connors, DPSc, FICT, FAARFM**

I think one other thing that's helpful in understanding detox and I go through this in my book a lot is that, you know, we always are talking about the chemistry and that's all we're talking about right here. The chemistry of detoxification, we forget that that's not just how our body is made up. We still have neurology. So the neurology of detoxification is equally important. So our detoxification pathways in our liver plus all our parasol tick waves meaning the control of our you know our muscle function around our intestines that causes a bowel movement is controlled by a part of our nervous system called the parasympathetic nervous system. So this is part of our autonomic nervous system and by that you can think automatic. So you don't have to think about it, you don't think about your bowel movement, you just feel like, oh I have to go because your autonomic nervous system has been controlling that the whole time, pushing things along through the intestinal tract and many times people have a constipation problem because of an issue with neurology. Not as much an issue with chemistry.

So you have to address the neurology trying to stimulate the parasympathetic side of the autonomic nervous system. So there's give multiple ways on how to stimulate your parasympathetic in my book. But one great way is one that I mentioned real briefly earlier is

coffee animus that not very many people want to talk about unless they have a serious disease, but coffee enemas can be really wonderful to stimulate both Phase six, helping with constipation and phase 1234 because that's the neurology of all your liver detoxification pathways and it's the neurology of your gallbladder function. So any way you can stimulate the parasympathetics.

**Edward Levitan, MD, ABIOM, IFMCP**

Yeah. I think it's great. I guess I have two comments on that. One is just for listeners to make sure sympathetic is kind of your fight flight run away from a tiger. Parasympathetic as your rest digest have a bowel movement. So for constantly if our boss is yelling at us, our kids, parental units etcetera are creating a sense internal sense of stress. We're not gonna have a lot of parasympathetic movement. So we got to really make sure that like you said stress management turn on the parasympathetic where the majority of us in the Western culture much more sympathetically jumping than world.

**Kevin Connors, DPSc, FICT, FAARFM**

For sure.

**Edward Levitan, MD, ABIOM, IFMCP**

The other part that I love coffee on them is I think they're great. There's kind of I would say there's a what make sure that it's organic mold free coffee because you don't want to be putting in toxins the absorbing toxins that way. And I know like if you're at all caffeine sensitive that may not be the right path for you. You gotta depend on who you are. But most people I do agree tolerated and tolerated well so I think it's a great way. I never thought of that as a way to as a parasitic parasympathetic stimulation. But that makes sense? So love that. Thank you. I learned. That. That's cool. Yeah. Cool. Anything else or where can people find you? Where can people learn about you and you said you have a book? Tell us about the book.

**Kevin Connors, DPSc, FICT, FAARFM**

Yeah, so I wrote when I started talking about the seven phase of detox and I thought well I better write this down. So that's the name of the book, the seven phases of detoxification and it's a free download on our website so anybody can just go to our website. Conner's Clinic, CONNERSClinic.com. Most of my books at least I give parts of them is free downloads. All of my books are on there. We have a detox course to that can be very helpful to walk people through this because I'm very much I just feel like it's our mission to educate so that people can self care so that they're not to be dependent on me or any doctor, they can start taking care of themselves and the more they can do that the easier it's gonna be for doctors like us to help them if they get into a crisis.

**Edward Levitan, MD, ABIOM, IFMCP**

So it's amazing. Thank you. And I truly learned a lot and this has been amazing conversation.

**Kevin Connors, DSc, FICT, FAARFM**

Oh good.

**Edward Levitan, MD, ABIOM, IFMCP**

Thank you again for joining us for another episode of environmental toxicants, autoimmune disease and auto immunity and chronic disease. This is my name is Dr. Ed Levitan and we've been talking to Dr. Kevin Connors. Thank you again, Bye bye

