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HCO BULLETIN OF 21 MAY 1980, Purification Rundown Series 5

PURIFICATION RUNDOWN CASE DATA

Refs:

HCOB 6 Feb 78RB Purif RD Series 1 Rev. 21.4.83 THE PURIFICATION RUNDOWN REPLACES THE SWEAT PROGRAM

HCOB 30 Dec 79 Purif RD Series 2 HOW TO BUILD A SAUNA

HCOB 3 Jan 80RA Purif RD Series 3 Rev. 8.8.83 PURIFICATION RUNDOWN AND ATOMIC WAR

HCOPL 6 Dec 76R ILLEGAL PCs, ACCEPTANCE OF-HIGH CRIME PL

HCOB 14 Feb 80R Purif RD Series 4 Rev. 31.7.85 RESEARCH DATA ON NUTRITIONAL VITAMIN INCREASES ON THE PURIFICATION RUNDOWN

HCOB 29 Feb 80 Purif RD Series 6 THE PURIFICATION RUNDOWN: PREGNANCY AND BREAST FEEDING

HCOB 7 Mar 80 DIET, COMMENTS UPON

The Purification Rundown is undertaken by those who wish to free themselves from the restimulative effects of drug residues and biochemical factors which would otherwise prevent or inhibit them from making the spiritual improvement which is possible with Dianetic and Scientology processing. From the floods of highly enthusiastic letters and reports of glowing results that continue to roll in, it accomplishes this with resounding benefit and successes that are even beyond the original expectations. Since the initial release of the research data, those who have completed the rundown number well up in the thousands. Along with the numerous accounts received of wins and changes and gain have come requests for more data on some aspects of the rundown. To satisfy these requests, several Case Supervisors who were doing case supervision of the Purification Rundown and a number of people who were on or had completed the program were interviewed so as to obtain more information for your use in handling the rundown. In all, 6 Case Supervisors from 5 major areas and a total of 120 persons from those areas were carefully surveyed. Their data is given in this HCOB, along with additional data from unsolicited reports, where the information was verified by folder study.

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These summarized findings are based on results from a wide spectrum of cases, including those with heavy, medium or light street-drug history, those with history of medical drugs in varying degrees and some few with minimal drugs

of any kind reported.

This information is not intended to take the place of individual medical advices given to persons by their doctors in doing the rundown.

1. WHAT IS THE OPTIMUM DAILY LENGTH OF TIME ON THE PURIFICATION RUNDOWN FOR MOST PEOPLE?

From the many cases interviewed and from C/S data, 5 hours exercise and sauna daily has been found to be ideal for the majority of people on the Purification Rundown. The rundown apparently works like a bomb when the highest percentage of this time is spent in the sauna and a lesser percentage in running. (Example: A good ratio has been found to be approximately 20 to 30 minutes of running to get the circulation up and the remainder of the time in the sauna for a total of 5 hours.) Not everyone has gone immediately onto a full 5-hour stint right from the start (and some have successfully done the entire program on a shorter daily schedule, as covered later in this issue). In both the running and the sauna, where the right gradient was applied, particularly when beginning the program, it went very smoothly. Age and current physical condition and stamina can all enter into it. Among the many surveyed were those who required a few days to work up to 5 hours daily, but once there, it proved to be the optimum daily period for them, as it has for so many people.

Additionally, on such a schedule the Purification Rundown can and has been completed effectively in the shortest possible amount of time.

Most people approached the 5-hour daily program eagerly and enthusiastically. Some were found apt to plunge in a bit out-gradiently at the start, and this was handled by having them work up gradually to where they could run 20 to 30 minutes without strain and take the sauna time at the rate they could handle it, especially to begin with. One area reported a few people staying in the sauna too long with no break and turning on headaches and other unnecessary reactions that way. The purpose should not be to see how long one can stay in the sauna for any one stretch of time, and this had to be clarified with several such enthusiasts. What worked best was when the person had a good sweat going and had been in the sauna sweating for a while, then coming out, getting some fresh air and space and cooling off, as needed, and going right back in for more sweating. When plenty of liquids (many people take water jugs into the sauna), enough salt or potassium or Bioplasma were used, the sauna time went very well.

These are some of the points which were found to get and keep the person winning.

2. CAN THE PURIFICATION RUNDOWN BE SATISFACTORILY COMPLETED ON LESS THAN 5 HOURS DAILY?

This has been piloted where circumstances honestly prevented some persons from doing the rundown 5 hours daily. It

was found that the rundown can be completed effectively by a good many cases on less than 5 hours per day, provided the person is getting benefit and change on the shorter schedule.

The shorter schedules ranged from 4 hours down to a minimum of 2 1/2 hours daily, always with a higher percentage of time spent in the sauna than in running.

The absolute minimum daily period found to give good return on the rundown was 2 1/2 hours total running and sauna time. This period would then be spent as follows: approximately 20 to 30 minutes of running and the remaining 2 hours or so in the sauna.

The same gradients applied when the person was on or starting on a 2 1/2 hour daily schedule as on any other schedule.

C/S approval would be obtained for the person to do the rundown on this shorter schedule, as there are other factors that enter into it. Any medical advice or order for the person to be on the shorter schedule would, of course, need to be followed.

The rundown can and in most cases has taken longer to complete on a shortened daily schedule, but survey results show that it can be done successfully by a good many people at a minimum of 2 1 / 2 hours daily provided all other points of the rundown are standardly maintained.

3. DOES THE EXTENT OF A PERSON'S DRUG HISTORY SEEM TO BE A FACTOR IN HOW MUCH TIME WOULD BE SPENT DAILY ON THE PURIFICATION RUNDOWN?

Per all the research and survey data thus far; the extent of drug history is definitely a factor in determining how much time daily an individual would spend on the rundown.

Beyond any doubt, the survey showed that those with heavy or even mediumly heavy drug histories benefited most from the 5-hour daily schedule. This can apply to persons with heavy medical-drug histories as well as to those who have had heavy street drugs.

There are reports on record of persons with heavy drug histories who, though they had done fairly well at the beginning of the rundown on 2 1 / 2 hours a day (some phenomena turning on and blowing), did not begin to turn on restimulation of actual "trips" and blow through them until they got onto a 5-hour daily schedule.

Others reported that if something turned on while in the sauna, they made it a point to stick carefully to the sauna time (taking short breaks as necessary for water, salt or potassium or to cool off) until the manifestation blew, and they then came out feeling good and refreshed. These same persons reported that if they short-cut the sauna time because something uncomfortable had turned on they came out feeling bad or dull and it would then take longer to blow through the manifestation.

Even some people with very light drug histories reported feeling calmer and more upbeat after a stint in the sauna which was long enough to permit them to get through any restim or discomfort that had turned on.

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There is everything to be said for putting a person on a schedule which will permit him to handle these factors, and it was found particularly important that those with heavy or mediumly heavy drug histories were scheduled properly so that they were able to get full return from the action and wind up with the EP.

4. WHO DETERMINES WHAT DAILY LENGTH OF TIME THE PERSON SHOULD BE ON ON THE RUNDOWN?

On any question as to daily schedule, the C/S would adjudicate as to the daily time period for the individual.

In any case where the person was doing the rundown on a special medical program, the C/S would ensure any doctor's orders regarding schedule were adhered to.

The C/S's first consideration would be what is going to give the person the most gain. Wherever possible the person would do 5 hours daily and most people have done this. In instances where a shorter daily schedule was actually required for best results on some individuals, the schedule was adjusted per C/S adjudication.

In cases where persons honestly had limited time, these were considered for the minimum 2 1 / 2 -hour daily time period, as it would have been altered importance to deny them the rundown otherwise. But it was necessary to ensure that each person could and did make progress on the shorter daily schedule as he continued it and, if not, getting him onto the proper regimen.

Some who started at 2 1 / 2 hours daily later requested to move up to the 5-hour period, and there have been cases where persons on the shorter schedule were getting heavy restimulation of drugs which they could not handle on the shorter period, and when switched to the 5-hour period by the C/S, they did remarkably better. This can occur, apparently, with street-drug or medical-drug users and is something for the C/S to bear in mind. The heavier drug cases were, where possible, put on the 5-hour schedule to begin with.

Again, per the survey data, correct gradient was the watchword here, as in all aspects of the Purification Rundown.

The C/Sing of cases on the rundown would not be done rotely but always done on an individual basis with the individual never pushed further or faster than he could go. (To do otherwise would be a violation of the tech of the rundown and a violation of the tech on gradients.)

The successful action has been to get the person on a schedule where he is winning and able to handle what comes up and then ensure he gets in that amount

of time each day and preferably at the same time each day.

Regularity of schedule plays a big part in completing the rundown smoothly and effectively with all the benefit to be had.

5. WHAT REACTIONS HAVE BEEN NOTED WHEN PARTS OF THE RUNDOWN WERE SKIMPED OR WHEN THE RUNDOWN WAS DONE IRREGULARLY?

LIMITED GAIN PER HOUR

One of the factors examined closely in the course of this survey was whether or not there was a common sauna time

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limit for most people (within the 5

hours) after which the person got tired and the individual got less return for the remainder of the period.

In those cases where the rundown was being carried out very standardly, there were no reports of such tiredness setting in before the 5 hours were up

which were due to length of time spent in the sauna. (Some of these cases reported they experienced tiredness as part of a restimulation of drug reactions, etc., but they were able to spot it as such and blow through it within the 5-hour period.)

However, there were 24 reports from individuals stating they did get tired in the sauna well within the 5 hours and got limited or no benefit from it beyond that tiring point. The daily time limits for gain reported by these 24 cases varied widely from person to person, the reported limits ranging from 4 hours down to 2 1/2 hours or less.

The individual's drug history did not seem to be a factor, as the reports came from persons whose drug histories ranged from heavy down to few or no drugs, medical or otherwise.

These 24 cases were looked into carefully, and when all the pertinent data was examined (some of it obtained by metered interview), what showed up were departures from the standard procedure as given in the Purification Rundown HCOBs.

The departures found were (in order of frequency):

- a. Not enough sleep;
- b. Insufficient salt or potassium or Bioplasma taken while in the sauna or before running, OR a combination of (a) and (b);
- c. Dropped out vitamins that day, skimping on vitamins or taking vitamins sporadically;
- d. An undetected and/or unhandled vitamin deficiency.

In one case out of the 24 the person was found to be anemic and he should not have put himself onto the program. This was handled by getting the person onto a special medical program to be carried out under medical supervision before the rundown could be completed.

Correction of the other cases brought about smoother progress and much improved results.

At best, any one of the above-listed outnesses or omissions could result in the person tiring too quickly, experiencing unnecessary discomfort, getting

limited gain per hour and prolonging the rundown unnecessarily. The apparenency would be that the rundown was not working when in actual fact it was not being applied standardly.

Where a person on any schedule reports he is tiring at a certain point and getting little or no benefit per hour spent beyond that point, one would need to determine if an adjustment of the daily time period was needed. But, as has been found, additionally and always one would carefully examine exactly what the person was doing on each section of the rundown and get any outnesses rectified. Regardless of whether the person is on the maximum or minimum daily schedule, departures from other aspects of the procedure would decrease the benefits until these departures were handled.

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SLEEP

In the 24 cases mentioned above and in some other cases reporting problems on the rundown, by far the most common outness found was lack of sufficient sleep.

This is covered in the original bulletin under the section on a properly ordered personal schedule. However, it should be reemphasized here that adequate sleep has been found to be a vital factor in the correct application of this rundown. People function best when they are sufficiently rested.

Some tiredness has not been uncommon at certain intervals during the course of the rundown, even when the procedure was being carried out standardly.

It can occur when the person first goes onto the program and needs to build up to the full daily time period on a gradient. It can also occur as part of the restimulation in connection with medical- or street-drug residues or as part of restim of an old illness, etc., any of which the person might run through while on this program. There are many cases on record of persons on the rundown turning on and blowing through periods of tiredness or fatigue connected with past illness and/or medical or drug experiences and coming through them far brighter and more energetic.

But it must be borne in mind that the Purification Rundown can be strenuous.

Trying to do it on too little sleep would be a severe violation. A person observably needs enough sleep in order to cope with the changes he is undergoing. Per C/S reports, where this has been violated the person has often wound up having a rough time of it. Quite apart from any mere tiredness, any reactions which are there to be restimulated by drug residuals can (due to insufficient sleep) produce unnecessary and nonoptimum reactions.

Adequate sleep while on the Purification Rundown has proven to be every bit as important as it is when one is on a routine auditing program and is part

of a properly ordered personal schedule. One obviously can't expect to make the gains possible on the Purification Rundown unless this point is in.

And one must be okay medically to go onto the rundown in the first place.

SAUNA VENTILATION

Correct ventilation of the sauna is covered in HCOB 30 Dec. 79, HOW TO BUILD A SAUNA, and it is reiterated here as a must.

Improper sauna ventilation is reported as a contributive factor in a person tiring too quickly. It reportedly can bring on lassitude (weariness of body or mind from harsh climate), air hunger or any number of other symptoms which some persons have, in error, attributed to other causes. This has in some cases prolonged the rundown or given the appearance of the rundown being unflat when actually it was complete.

Those immediately responsible for delivering the Purification Rundown, as well as the executives of the org, are responsible for ensuring the sauna has been constructed and is being operated standardly with a sufficient oxygen supply for the number of persons using it. This also ties in with correctly staggering the scheduling of people for the sauna. One wouldn't jam too many people in the sauna at once, from the standpoint of ordinary comfort as well as sufficient oxygen supply.

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OVERHEATING AND SALT DEPLETION

An R-factor on the effects of overheating was found to be essential for a person beginning the rundown, as well as basic hatting on how to handle this on an emergency basis should it occur.

The symptoms of overheating and/or salt or potassium depletion-dizziness, feeling faint, weakness, clammy skin, becoming overheated, etc.-are taken up in HCOB 6 Feb. 78RB, Purif RD Series 1, THE PURIFICATION RUNDOWN REPLACES THE SWEAT PROGRAM.

Beginning persons would need hatting on these points so as not to confuse these symptoms with the manifestations that can turn on when restimulation in connection with drug residuals is occurring. It is common knowledge and a matter of good common sense that overheating and/or salt or potassium depletion can be prevented by sufficient salt, potassium or Bioplasma intake and by cooling off periodically as necessary during the sauna period. But where these symptoms occurred, they would be handled and not considered something the person must "go through."

Additionally, if perspiration ceases while in the sauna-the body suddenly stops sweating and the skin becomes hot and dry-it's an indicator that needs

immediate handling. This is a clamping down on the part of the body, a resistance to expelling, and it is the first sign of a heatstroke.

The Standard First Aid Personal Safety booklet put out by the American National Red Cross covers the symptoms of heat exhaustion/heatstroke and the immediate aid to be given for such.

One would get the person out of the sauna at once and cool him off with a cold or cool shower or sponging, or start with a lukewarm shower and gradually make it cooler. Fluids and salt, potassium or Bioplasma would be given.

This reference would be kept on hand, readily available, in the sauna location.

Having on all the above points would be included in the R-factor the person is given when he begins the rundown. Salt or potassium depletion as a chronic condition would be handled in liaison with the person's doctor.

NUTRITION

What showed up throughout the survey data was the importance of the daily nutritional vitamins, minerals, oil, Cal-Mag and vegetables and the role that these nutritional elements play in handling, on the Purification Rundown, the traumatic effects of the restimulation of drugs, as covered in some detail in the original bulletin.

In each area it was observed that dropping out any of these supplements while on the program, skimping on them or taking them only sporadically, contrary to the program as approved by the person's doctor, could create or intensify deficiencies which would then throw a curve into the rundown that would show up in any number of ways-tiring quickly, lack of energy, upset stomach, nausea, a general "not feeling good" or actually getting sick in some way, to name a few.

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Any omissions of these standard elements were found to interfere with the progress and purpose of the rundown, which is to free up the individual for spiritual improvement by handling the restimulative effects of accumulated residual drugs and toxins.

With the increase in numbers of those doing the rundown, many more persons are now reported to have successfully completed it under close supervision on the nutritional vitamin and mineral increases, including niacin, within the ranges given in the original research data published in HCOB 14 Feb. 80R, Rev.

31.7.85, Purif RD Series 4, RESEARCH DATA ON NUTRITIONAL VITAMIN INCREASES ON THE PURIFICATION RUNDOWN, with approval for such supplements from a medical doctor.

Many areas report it has also been helpful to have a good familiarity with the Adelle Davis books on nutrition and diet, as listed by title in HCOB 7 Mar. 80, DIETS, COMMENTS UPON.

Where individual tolerances were taken into consideration under medical

supervision and any vitamin imbalance or deficiency handled under medical supervision, as stipulated in the bulletins on the rundown, these ranges as published in the issues on the original research were reported to be highly workable for most.

In areas where the rundown has been successfully delivered, the person's originations regarding his tolerance for or reactions to certain vitamins were never ignored. These would always be looked into and a correct solution worked out in alignment with the data in the original bulletin, with the assistance of the Medical Liaison Officer in liaison with the doctor or between the individual and his doctor.

In reported cases where the person was having some difficulty and some nutrient imbalance was the actual cause of the upset, where the vitamins and minerals were properly adjusted as above there was invariably improvement. But it was necessary to first determine that the person actually was taking the vitamins and other nutritional elements he was supposedly taking and in what amounts or if he was taking them only sporadically.

It is the responsibility of the person who has undertaken to do the rundown to keep those overseeing the rundown well informed as to his daily actions and the results. It is also his responsibility to see his doctor where any irregularity or upset indicates such. Naturally, it is also his option to see his doctor at any point he wishes on his progress on the rundown.

From all the reported data, it is not unusual at certain points of the rundown for some to protest a bit at the large quantities of vitamins taken. The protest is not in regard to results or benefits but simply in regard to the quantities to get down. While the niacin was always taken all at one time, in several areas it was found most viable to take the remainder of the vitamins at various intervals during the day, after meals or with snacks. One medical doctor has suggested that absorption of the needed nutrients is better accomplished in this way. The exception to this would be where one or more of the vitamins or minerals had been specifically suggested by the MD to be taken at certain set intervals.

Also reported was the datum that there is a hidden factor to look for if a person is having difficulty, and that is the person is not eating but is going along mainly on something like vitamins and niacin and yogurt alone. Or he has made

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some other major change in his eating habits. This was found in one area and totally explained why the person was having trouble on the rundown.

Departures such as this were found quite often to come about as the result

of exchange of verbal data among persons doing the rundown, so this line was watched to ensure the procedure was being followed as given, not someone else's version of it or some experimentation of it on his own.

SCHEDULE IRREGULARITIES

Probably the biggest single factor found in keeping the person progressing smoothly on through to successful completion of the program was regularity of the actions. That included regularity of the timed schedule, nutrition, sleep and the whole works.

Where any one part of the procedure was being done erratically, it would throw the other parts out or give that apperancy, and the effect could sometimes be quite puzzling to the C/S or to the person's doctor and others assisting in the administration of the program.

Per C/S observation and other survey data, where people who had otherwise been doing well began skipping a day here or there, skimping or cutting down on the daily purification time or missing sleep, it usually resulted in upset of some degree.

They began to report "feeling bad" or feeling "sickish" or actually getting sick following some irregularity or disruption of the routine. Where this occurred, the discomfort or upset was more severe among those with heavier drug histories.

A possible explanation of this is that the process has been interrupted and one is getting a backlogging of the drug and other toxic effects rather than a routine release of these at the same rate as when the person was on schedule. Therefore, the person could be subject to a piling up of the restimulative effects of these at a rate not easily handled by him, and this could be further compounded by any continuation of an erratic schedule.

The handling was to get the person onto or back onto a proper and predictable daily regimen and maintain it through to completion of the rundown.

What was stressed here was that in this, as well as all parts of the Purification Rundown, it is a matter of the person following the normal and generally accepted rules for good health. He would then be in the best possible shape to attain the lasting spiritual benefits which are available to him. This is, of course, the sole and ultimate objective of the Purification Rundown.

DETERMINING AND HANDLING WHAT WAS WRONG

Here are some of the more successful actions reported from an area with high Purification Rundown completions.

Any bad indicators, odd or strange indicators, upset, etc., would be always picked up and handled at once. If the person was in some heavy restimulation and just wanted to get through it without interruption, he was not forced or badgered but permitted to go through it easily and gradually at his own rate and he would then come out the other side all right. Per reports, most people know when they are in a drug restimulation and will tell you.

In a case where the cause of upset wasn't immediately obvious, the Purif I/C or D of P would simply sit down with the person and talk it over to find out what was going on.

What worked very well was to have the individual himself read over all points of the rundown as contained in the issues and he himself would then very often spot and point out where he went off the rails. And in most cases he would prove to be right. It was very often found to be a matter of something having been altered or added or dropped out and this would be resolved by getting him back on the correct regimen and doing it by the book.

If it didn't appear to resolve, no guesswork or experimentation was done.

The person would be sent to his doctor for a medical check and any necessary adjustment of his regimen.

In summary, it has been found that there are any number of ways in which one can depart from the correct procedure and the effects of one such departure can be similar to or appear to be similar to those of another, which can make some cases look complicated indeed, and unnecessarily so. So it has also been found that it is vital to indoctrinate the person on the standard actions of the rundown at the outset and then do everything possible to preserve that standardness throughout.

6. ON THE PURIFICATION RUNDOWN, HAS IT BEEN FOUND THAT THE "ALL BLEND" OIL MUST BE TAKEN "STRAIGHT" OR CAN IT BE MIXED WITH SOME OTHER FOOD?

Per survey data, some individuals had reported difficulty taking the "All Blend" oil by itself, usually due more to the texture than to the actual taste. The handling, as there seemed to be no reason why the oil could not be taken in orange juice or mixed with some other food of the person's choice and taken that way, was to have many people on the rundown do just that, with good result. Others simply took the oil straight. (An exception, in taking the oil mixed with other food, is that you would not cook food in the oil and consider that the "All Blend" oil ration for the day!)

As the oil will coat the stomach and intestinal walls for a certain period, which can prevent the full assimilation of other nutrients, especially the water soluble vitamins, one doctor has suggested that it is probably best taken before going to bed or at least at a different mealtime than when the vitamins and minerals are taken.

Regarding the amount of oil to be taken, this did vary with the individual. However, a medical doctor who is also a Scientology auditor and Purification Rundown C/S and who has handled numerous people on the rundown has

reported that the most standard oil dosage found to be required thus far by most persons he has handled on the rundown is between 2 and 4 tablespoonfuls a day. Others (particularly some 250-pounders he has on the rundown) are on considerably more oil than this.

The recommendation of this medical doctor is that on any oil dosage one would reduce the intake if the oil showed up in a bowel movement or in the body sweat, as in such case there is an excess of oil which is not being put to use but simply expelled.

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7. HAVE THERE BEEN ANY REPORTS OF A DIFFERENCE IN RESULTS WHEN NIACIN IS TAKEN IN POWDER FORM INSTEAD OF IN TABLET FORM?

Per reports thus far, this seems to vary among different individuals.

The observation of one medical doctor supervising the rundown is that these variances are not unusual.

Some persons have reported more immediate and/or intense results when niacin was taken in powder form. This difference was most often reported by persons who had reached the higher dosages, had little or no results from a large, highly compressed tablet and then switched to the same dosage in powder form and got more intense results.

However, at least two people report that they got results when taking 100, 200, 300 and 400 mg of niacin in tablets of 100 mg each; then, when 500 mg were taken in a single 500 mg tablet, nothing occurred. However, next day, when 500 mg were taken in 5 tablets of 100 mg each, results were obtained at the 500 mg dosage.

Still others reported effective results from niacin tablets of any dosage, including the larger tablets of higher dosage.

What has been done in one area is to use tablets of 100 mg niacin each until the 1000 mg niacin dosage is reached and to use niacin in powder form thereafter. Where this is done, or where niacin in powder form is used exclusively, the measurement was and would need to be exactly done.

The label on a powdered niacin container should carry instructions as to how to measure the powder content. With the brands that have been used, one teaspoon provides 3000 mg of pure niacin. Note that this is per the English system of weights and measures. One would need to use the standard measuring teaspoon. In areas of the world where the metric system is used (and where "teaspoon" sizes vary), an amount equivalent to a standard teaspoon measurement would be 4.9 ml.

8. WHAT HAS BEEN OBSERVED TO BE THE MOST SUCCESSFUL GRADIENT GENERALLY IN INCREASING NIACIN ON THE RUNDOWN?

Within the boundaries of the medical doctor's advice for the individual, the most workable gradient in the majority of cases observed was generally found to be starting the person on 100 mg of niacin and increasing it in increments of

100 mg until the person was up to 1000 mg daily. A steeper gradient was then used as one went up to higher dosages. It was found that many persons could take increases of from 300 to 500 mg at one time when they reached the higher dosage ranges. Note that this does not refer to a daily increase, necessarily, but refers to the gradient in which the dosage was upped when an increased dosage was indicated.

Any increase was always based on individual tolerance, and there were exceptions to the "generally successful gradient" described above in every area surveyed. Certain individuals would and did require moving up on a lesser gradient according to their tolerances and according to individual medical advices.

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On the other hand, in some instances a "grinding" phenomenon was observed where the individual:

- a. held to a certain niacin dosage of, say, 500 mg day after day until nothing whatsoever was happening or
- b. held to an increase of only 100 mg at a time in the higher ranges of niacin, even though he was getting only brief, mild results, was very able to tolerate these effects and felt he could handle a steeper gradient.

By "grinding" phenomenon is meant an effect similar to running an engram late on the chain over and over without going earlier and the person getting irritated and frustrated with the rundown and feeling he is not making the progress he could be making.

In these instances, it was observed that when the persons who could progress at a faster rate with larger niacin increases (always with the other vitamins and minerals increased in correct ratio and by individual tolerance) did so, they went smoothly along on the rundown, handling what did crop up.

In all surveyed areas, when to introduce an increase in niacin was found to be as important as the amount of increase.

When niacin was increased:

- a. after the effect of a certain dosage had diminished (not vanished totally) and
- b. when any other manifestations and restimulation which had turned on at that dosage had blown or diminished (as covered in the procedure given in the original bulletin),

good progress was made on the rundown on a one-for-one basis, providing all other points were standardly in.

In other words, it was recognized that there would very likely be various reactions and restimulations (as covered in the original bulletin) all of which would need to be taken into consideration when niacin amounts were increased.

When this was done correctly, excellent results were obtained. Questions arising on such increase were handled according to the person's individual medical approval to do the rundown and further individual medical advices as needed.

It should be mentioned here that, along with this survey data, reports have been received of persons found taking niacin quietly on their own without being on the Purification Rundown and without being under any supervision, medical or otherwise, just to see what it would handle. This is not advised in any HCOB. It could result in artificially created deficiencies or in things turning on which are not then properly run out. Also, where a pc being audited was at the same time experimenting on his own with niacin dosages, it could present some puzzling aspects of the case to the Case Supervisor and could throw a curve into the C/Sing or programing.

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The Purification Rundown has been carefully researched and piloted. It is concerned with freeing up the individual for future spiritual improvement. As such it is a programed action carried out daily under C/S supervision and with medical approval for the individual to be on the rundown and medical advices given as required. There is no issue which advises or advocates a person experimenting with it on his own.

9. HAS ANYONE COMPLETED THE RUNDOWN TO FULL END PHENOMENA BEFORE REACHING 5000 MG OF NIACIN?

Per the original research and all reported survey data, there are a number of people who have completed the rundown to full end phenomena on dosages under 5000 mg of niacin. Others have gone as high as that dosage before completing. Apparently, in some areas there was, earlier on, some misinterpretation of the Purification Rundown HCOBs to the effect that one would be required to work up to a point where a 5000 mg niacin dosage produced no effect in order to achieve the EP- which is not the case. There is no statement in any HCOB to this effect.

The end phenomena is reached when the individual is free of the restimulative presence of residuals of past drugs and other toxic substances. He will no longer be feeling the effects of these impurities going into restimulation and there is a marked resurgence of overall spiritual well-being.

The fact of having a heavy drug history does not necessarily prolong the rundown. It can do so but it is not true in all cases. More important than anything else is keeping all points of the rundown in standardly, maintaining a well balanced personal schedule with enough rest and nutrients, and getting as much exercise and sauna as possible on a routine daily basis.

On such a schedule, persons of varying drug histories - some heavy, some light - have completed the rundown in 18 to 20 days at 5 hours a day, reaching the EP at amounts of niacin which differed with different individuals. Some have done so in less time.

From reports based on direct observation, apparently what can happen in some cases (not all) is that the residuals of past drugs and other chemicals (sometimes every drug or medicine the person has taken) can restimulate and turn on heavily in the first week or 10 days of the rundown at lower dosages of, say, up to 1000 mg niacin. It doesn't always happen in an orderly fashion and it can be severe, but the person will handle these drug residuals, blow through any accompanying manifestations, and after that it can go totally flat with no effects showing up on the higher amounts of niacin.

Others will turn on these effects in a more graduated sequence, one following the other, and it can take longer.

From the original research and piloting of the rundown, and from the reports of those currently delivering it and the personal reports from those who have completed or are on it, one can expect any variety of manifestations to crop up, not all of them comfortable by any means.

Where the person was on a sensible and well-kept schedule, with all other parts of the rundown fully in, these manifestations would deintensify and blow without undue discomfort or hang-up. As the toxic substances became active, he would experience their restimulative effects and come through these periods with nice wins. One would then see a gradual brightening of the person as he progressed.

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Reported also was the fact that sometimes, especially on the lower niacin dosages, one could get a person coming through some drug experience with such a sense of relief and release and such a big win that he would report he had completed when he actually had more to do. Or a person would have an auditing type cognition or a whole string of such cognitions and mistake that for the EP. These, of course, are excellent wins but not necessarily the end phenomena. Big wins can be expected during the course of the rundown, but in cases where the person was discontinued on the strength of such a win before all the toxic residuals had been handled, the person would come up with more to be done and would have to be returned to the rundown to complete it. One must be able to recognize the difference between a good win and the actual EP.

In all those areas surveyed, where a person was progressing well on the program he could be observed to be becoming more upturn and aware. He would start reporting exactly what was going on, what drug was turning on, what impurities and restimulations he was running out. He could usually tell if he had hit a tolerance level on a certain vitamin. All of these are valid reactions throughout the run. As the person would release and blow through whatever was there to turn on, the manifestations became less day by day, and he would reach a point where no further manifestations were coming up. He would look and feel

remarkably better, brighter and more alert; he would have come through good wins and he would often know and state that he felt free of impurities and their associated restimulative effects and originate on his own that he had done it. With all those indicators one could be pretty sure he had done it.

The amount of vitamin and mineral nutrients, exercise and sweat-out it has taken and will take to accomplish this on the Purification Rundown is an individual matter.

There is no hard-and-fast rule laid down anywhere that says a person must work up to 5000 mg niacin before he is complete.

10. WHAT IS THE "WIND DOWN" THAT FOLLOWS PURIFICATION RUNDOWN COMPLETION?

There is no such thing, unless one would give that term to the action of coming down off heavy vitamin and other nutrient dosages on a steep gradient, rather than abruptly, following Purification Rundown completion, as suggested in the original bulletin (HCOB 6 Feb. 78RB).

In one area it was found that this section of the bulletin was being misinterpreted to mean one gradually did less of all the elements of the Purification Rundown-i.e., less sauna, less exercise, less vitamins, etc., each day-and this was being called a "wind down." This is not stated in any of the HCOBs and is not a valid action.

The suggestion that is made is that one doesn't abruptly simply cease the extra nutrients he has been taking but comes down from high dosages on a steep gradient to what would be a moderate daily normal requirement for him, per medical advices. And that along with this some moderate daily exercise will help him maintain good health.

Continuing all the elements of the Purification Rundown would amount to continuing the rundown itself past the point of valid completion and, further, would delay the person getting

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onto the auditing he is programmed for as his next step.

ADDITIONAL QUESTIONS ON END PHENOMENA AND NIACIN

Certain additional questions have arisen regarding the end phenomena of the rundown in relation to niacin which should be taken up here so that the data is broadly known.

The first of these is:

11. CAN THE RUNDOWN BE CONSIDERED FLAT IF THE PERSON SEEMS TO HAVE REACHED THE EP AND IS GETTING NO MORE MANIFESTATIONS TURNING ON OR NO OTHER CHANGE OCCURRING BUT STILL GETS A SLIGHT RESULT FROM 5000 MG NIACIN?

The person could very well be complete, but there are several factors to be looked at regarding this point. The person could be hung up on some outness in the early stages of the rundown which would show up on a full review of his Purification Rundown history. One could do a full inspection of his folder, particularly in the area

of minerals and vitamins, what effect they had, were these dosages standard and kept in the proper balance, was the rundown administered standardly and done regularly. The person could be interviewed as well, and you might find some outness such as he doesn't like vegetables, he never eats vegetables, etc., etc. So parts of the rundown could have been violated and this could be showing up in the manifestation described above. It may be that he has some deficiency which has been bypassed and thus some sort of hang-up was created. There is the possibility that if the rundown hasn't been done properly throughout, one could get such a hang-up. And with that there's a possibility of some deficiency alongside it which won't allow a complete discharge. A medical check would be done if the folder shows irregularities to determine if this is the case and, if so, to get it remedied. Getting any such deficiency remedied and getting all points of the rundown in standardly would bring it to successful completion in a case where such outnesses have existed.

There is also the possibility that the person simply has more to do on the rundown.

And there is the possibility, and this may be by far the most common, that the person has reached the EP and is in overrun.

If he has done the rundown standardly and has reached the end phenomena as described earlier in this bulletin and in HCOB 6 Feb. 78RB, the chances are he is complete on the rundown despite the fact he is still getting some slight result from 5000 mg of niacin.

It is possible to overrun the Purification Rundown if one is not well aware of what is to be looked for in the end phenomena. There have been cases of overrun where the person was continued for some weeks at 5000 mg (5 grams) of niacin with nothing more turning on than a slight effect. And there have been cases of overrun that occurred at less than 5000 mg of niacin.

The possibility exists here that if the point of completion of the rundown is reached and bypassed the person could begin to dramatize a niacin flush. It would be like any other bypassed condition, such as a bypassed F/N. The condition tends to hang

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up because it is not acknowledged or signalized to have ended. This is simply an educated guess as to how this could occur, but it is also borne out by careful study of several cases on record where bypass of the EP and overrun did take place.

After the person has been on the regimen for some time, has come through good changes and is handing you the indicators of the EP, carrying him on the rundown for 6 or 7 days with no further effects at any dosage is really an overrun. In some of these cases it appears that 5000 mg niacin isn't doing anything that 3500 mg of niacin didn't do.

To repeat, the end phenomena can and has been reached on 5000 mg of niacin and on dosages of lower than 5000 mg. Once the drug and chemical residuals are handled, they're handled. The person will feel the difference.

Upping the dosage does not necessarily find more to be handled. And continuing the person past the EP can hang the whole thing up and produce a slight effect as a dramatization, either sporadically or each time the niacin is taken.

This can then become confusing to the person himself and to the C/S. If the overrun is continued, you'll see the person begin to go downtime, even if only slightly. His indicators become a bit less bright, he may become disheartened. He may now be efforting to produce some result that isn't there to be had and begin to feel the action is interminable. Certainly the person will appear less enthusiastic about the whole procedure and may begin to protest it. The picture now looks as if the rundown is unflat whereas what has happened is that he achieved the EP, reached a point where he felt great, was getting no further manifestation of any kind (if even for only a day) and the fact was not acknowledged but bypassed. Overrun phenomena then sets in.

C/Ses report there have been a few cases who "rabbited" (wanted to run away from continuing the rundown to its EP because it was uncomfortable or out of other considerations) and insisted they were complete after a very few days at low niacin dosage when little or nothing had yet turned on. But these cases were few and easily detected and handled by bringing them to a better understanding of the rundown and its purpose and what it does. In two such cases where the persons were allowed to attest after too brief and skimpy a run, they both went into drug restimulation which should and would have been handled routinely on the rundown. After full review of these cases, with medical participation, they were put back on the rundown and completed it properly. Judging from reports, including the many personal reports received, by far the majority are eager beavers who can't wait to turn on something on the rundown and blow through it. They report drugs, medicines, anesthetics, alcohol, restimulation of various biochemical reactions, somatics or other manifestations turning on and blowing, and they report them all enthusiastically and with great relief and look for more! Such cases will often know and tell you when they've honestly reached the EP.

One C/S also reported he had had cases on his lines where the person from all indications was complete and stated he was complete but wanted to continue a bit longer "just to make sure." Allowed to go on, these cases promptly got into overrun phenomena, went downtime and were getting no change. In each case, when all was checked out, it was found the EP had been reached at the point the person stated he was complete. So it appears that on the Purification Rundown, just as in other rundownns, it doesn't do to continue past a valid EP. Should it happen, it is handled simply by having the person spot when he did complete and acknowledging it.

What also showed up in the survey data was the rare bird who would try to handle his whole case on the rundown and who looked for some result above and beyond the EP of this rundown. Such a case would need to be given a very thorough R-factor on the rundown and be carefully C/Sed, with medical liaison as necessary, throughout.

It was found important to make real the fact that all that is being looked for here is the person free of the restimulative effects of past drug and toxic residuals so that the person can then be audited with optimum gain and spiritual enlightenment.

It is up to the Case Supervisor to know each case, to be familiar with the progress of each case, to keep the medical liaison lines in, and to know well the indicators to expect when the end phenomena has been reached so that it can be acknowledged and validated.

Another question that has come up with some frequency is:

12. WHAT COULD ACCOUNT FOR A PERSON WHO HAS GENUINELY COMPLETED THE RUNDOWN

WITH NO NIACIN REACTION AT 5000 MG (OR LESS) THEN GETTING A REACTION LATER AT LOWER NIACIN DOSAGES?

Such a reaction, where the person has actually done the rundown standardly to its end phenomena, does not mean the rundown is unflat.

To understand this reaction one needs a good understanding of the bank and how it works. The specifics of what has happened in these instances can be quite variable, but what you are looking at here in general is that there has been an environmental shift or change which produced another type of bank key-in.

To begin with, we are living in a two-pole, a two-terminal universe. (Ref: HCOB 8 June 63R, Rev. 3.10.77, THE TIME TRACK AND ENGRAM RUNNING BY CHAINS, BULLETIN 2: HANDLING THE TIME TRACK) It takes a two-terminal situation to hang something up.

On the Purification Rundown we are looking at two things: one, the actual drugs and toxic residuals in the body (and medical autopsies have shown that they are there) and two, the bank mock-up or facsimile of the drugs, drug residuals and their effects. These two conditions are hung up - one of them playing against the other, in perfect balance. What the person is feeling is the two conditions, one of them the actual presence of the drug residuals, the other the bank mock-up of them. The theta can actually, via his bank, mock up a perfect synthesis or a counterfeit of drugs. So you are getting two reactions here, one of them a total counterfeit but no less real to the person, nevertheless. The counterfeit is just bank restimulating and, oddly enough, the bank can approximate practically every drug there is under the sun. The bank can also approximate the effects of radiation and it will look just exactly like a physiologically caused effect.

I don't think the bank can necessarily key in a physiological reaction where an actual physical basis for such has not existed somewhere on the person's track. It can deform or change positions or rates of metabolism. It can change endocrine conditions and therefore can change various bodily conditions. And it is true that a thetan can mock up a facsimile strongly enough so that it hurts.

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Probably the reason why the Purification Rundown works is that it handles the one side of it and thus fixes the person up so that the other side, the bank facsimile side of it, is no longer restimulative or in constant restimulation. It's as simple as that.

What, amongst other things, is happening on the Purification Rundown is that you cause an upset of this perfect balance and suddenly this balance goes b-z-z-z-t! The balance isn't there anymore so you don't get the cross-reaction anymore.

But it takes auditing to totally erase the bank. In other words, while the balance has been upset, all of the bank facsimiles are not gone. They're not keying in and they're not being reinforced by the presence of drug residuals but they're not necessarily blown.

A thetan can mock up anything. Thus, as the person is coming down off the rundown on gradient niacin and other vitamin dosages, he can hit an area where some factor in the environment can cause the facsimile to go into restimulation again. You can get a bank reaction which, so far as anyone could tell, would be absolutely identical to what the physiological reaction would be.

It doesn't mean there are still accumulated residuals. It is that the bank or facsimile side of this two-terminal hang-up isn't necessarily flat. It was flat for that period of time. Now the person drops back, moves into another environment, another period of time, probably goes out in the sun and gets himself a nice sunburn or something of this sort, and his bank cross-reacts.

That is the basic theory behind this type of manifestation.

Upon completion of the Purification Rundown, the person is now in good shape to receive auditing and get optimum gain from it. Auditing is what handles the bank.

When the Purification Rundown is completed and the person has fully flattened Objectives, the Drug Rundown is his next step, and it is on the Drug Rundown that one handles the mental and spiritual reactions from drugs. An OT would (after OT III) be given the OT Drug Rundown. Or if the person is on NED for OTs, he would receive the NED for OTs Drug Rundown.

Thus, we are not looking at an endless run on the Purification Rundown.

We're seeking simply to handle the drug deposits and toxic residues in their

restimulation and reinforcement of the bank, and vice versa. And by breaking up the balance of these two and handling the one side of it on the Purification Rundown, we are freeing up the person to handle the other side of it, the bank facsimile side of it, in auditing- and successfully.

With these factors handled, the individual is now ready for all the spiritual gain that can be achieved in his future processing.

If these summarized findings are of interest and helpful to those in the many, many areas where the Purification Rundown is being delivered, I am pleased to be able to give you this data.

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L. RON HUBBARD

Founder

Assisted by LRH

Technical Research

and Compilations

The Purification Rundown has as its sole purpose the handling of the restimulative effects of drugs and toxic residuals on a spiritual being. The Purification Rundown is a spiritual activity based on and administered according to the doctrine and practices of the religion of Scientology as set forth in the writings of L. Ron Hubbard and adopted by the Church. No part of the rundown is intended as the diagnosis, prescription for or treatment of any bodily or physical condition or ill. The Church is not responsible for the handling of any bodily or physical condition or ill, it being the responsibility of the individual to seek the competent medical advice and treatment of his doctor in such matters.

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