Study Summary: Evaluation of MasterPeace® Zeolite Z® Combined with SOLergy® Sea Minerals on Toxic Metal Burden in a 120-Day Placebo-Controlled Study

This study involving 24 participants was conducted to further investigate the potential of MasterPeace® Zeolite Z® combined with SOLergy® Sea Minerals in supporting the body's natural detoxification processes and the elimination of accumulated toxic metals.

The study was conducted between June 2024 and October 2024 and followed participants for approximately 120 days. Twenty-four adult participants were enrolled, with eighteen assigned to the active product group and six assigned to a placebo comparison group.

Participants consumed either MasterPeace® Zeolite Z® combined with SOLergy® Sea Minerals or a placebo preparation throughout the study period. The placebo consisted of isotonic saline presented in identical bottles to maintain blinding.

Three laboratory testing methods were utilised to evaluate toxic burden and metal elimination:

- Hair Tissue Mineral Analysis (HTMA) to assess long-term patterns of toxic metal accumulation.
- Provoked Urinalysis for Toxic Metals to assess the mobilisation and urinary excretion of stored metals.
- Intracellular Electrical Capacity (iEC) blood testing using venous blood samples to assess intracellular environmental toxic burden.

HTMA and provoked urinalysis were conducted at baseline and again at approximately Day 120. Baseline iEC testing was completed for all participants using venous blood samples; however, planned follow-up testing could not be performed due to the unexpected closure of the testing laboratory during the study period.

Study Context

Study Coordination

The study was directed and coordinated by Caroline Mansfield, Study Director and registered naturopath with over 25 years of clinical experience.

Caroline has directed multiple observational human studies investigating environmental toxic burden, heavy metal detoxification, intracellular toxicity, biofield technologies, and emerging environmental exposures. Her responsibilities included participant recruitment, protocol implementation, laboratory liaison, data collection oversight, and overall study management.

This study was designed to build upon the findings observed during the earlier pilot study and to evaluate outcomes within a larger participant group incorporating a placebo comparison arm.

Laboratory Testing and Methodology

All laboratory testing was conducted by independent third-party laboratories using their established protocols.

Hair Tissue Mineral Analysis (HTMA) was performed by Analytical Research Labs (ARL) through its CLIA-certified subsidiary, Accutrace Laboratories Inc. Hair samples were collected from the posterior scalp at baseline and again at approximately Day 120. HTMA provides information on both essential mineral status and toxic metal accumulation; however, the primary objective of this study was to evaluate changes in toxic metal burden, and therefore only the toxic metal findings relevant to the study objectives are presented within this summary.

Provoked Urinalysis for Toxic Metals was conducted by Doctor's Data Inc., a CLIA-certified laboratory in the United States. Urine samples were collected at baseline and approximately Day 120 following administration of DMSA (dimercaptosuccinic acid) at a dosage of 30 mg per kilogram of body weight, up to a maximum of 2,000 mg. Testing assessed a broad range of environmental and industrial toxic metals, including aluminium, arsenic, cadmium, lead, mercury, uranium, cesium, gadolinium, nickel, palladium, platinum, thorium, tungsten and others.

Intracellular Electrical Capacity (iEC) Testing was performed by IGL Labor GmbH in Germany. Venous blood samples collected at baseline were used to assess intracellular environmental toxic burden prior to intervention. Planned follow-up testing could not be completed following the closure of the laboratory during the study period.

Participant Retention and Sample Availability

No participants withdrew once the study had commenced.

However, for the urine toxicology assessments conducted at 120 days, one participant was unable to complete the urine test, and another participant completed the test, but their sample was lost in transit and did not arrive at the laboratory. As a result, the urine test summary includes results from 22 participants, comprising 17 active participants and 5 placebo participants.

For the Hair Tissue Mineral Analysis (HTMA) assessments, results are reported for 16 active participants. One participant in the active group declined to participate in hair testing at both baseline and 120 days. In addition, another active participant completed hair sample collection for the 120-day assessment on two separate occasions; however, neither sample arrived at the laboratory for analysis. These circumstances account for the reduced number of active participant results reported for the HTMA data.

Additional Factors

Participants were instructed not to introduce any new supplements, detoxification products, or dietary protocols during the study period. Participants continued their usual medications, supplements, and lifestyle practices throughout the study wherever possible.

Data Summary

The study identified measurable differences between the active and placebo groups in both urinary metal excretion patterns and hair tissue metal measurements.

Participants receiving MasterPeace® Zeolite Z® combined with SOLergy® Sea Minerals exhibited increased mobilisation and urinary excretion of multiple toxic metals compared with placebo, including aluminium, arsenic, barium, bismuth, lead, mercury, tellurium, thallium and tungsten.

Hair analysis also demonstrated meaningful differences between the active and placebo groups, with reductions observed across several toxic metals including aluminium, cadmium, cobalt, lead, mercury and molybdenum.

When hair and urine data were evaluated collectively, the active group consistently demonstrated greater changes in toxic metal burden than the placebo group. These changes included both increases and decreases in individual metal measurements, reflecting patterns consistent with mobilisation and elimination processes. By comparison, the placebo group generally exhibited substantially less movement across the metals evaluated.

It is important to note that the objective of the study was not simply to observe reductions in all measured toxic metals. Detoxification is a dynamic process involving the mobilisation, redistribution, and eventual elimination of accumulated toxicants. As a result, some metals may temporarily increase in biological samples as stored deposits are mobilised, while others may decrease as elimination occurs. Accordingly, the study evaluated the overall pattern and magnitude of change observed within the active group compared with the placebo group. Across both hair and urine testing, participants receiving MasterPeace® Zeolite Z® combined with SOLergy® Sea Minerals demonstrated a substantially greater range of change in toxic metal measurements than those receiving placebo, suggesting increased mobilisation and elimination activity during the study period.

Overall, the findings were consistent with those observed in the earlier pilot study. The inclusion of a placebo comparison group, larger participant cohort, and multiple independent laboratory assessments provided further evidence that consistent use of MasterPeace® Zeolite Z® combined with SOLergy® Sea Minerals may support the body's natural detoxification processes and the mobilisation and elimination of accumulated toxic metals.

About This Study Summary

The findings from this study have been published in a peer-reviewed scientific journal, where the full methodology, laboratory procedures, statistical analyses, and detailed results are presented.

This summary provides a plain-language overview of the study and its key findings to help readers understand the research in an accessible format.

Health Disclaimer

MasterPeace® is not intended to diagnose, treat, cure, or prevent any disease. Individuals should consult an appropriately qualified healthcare professional regarding personal health concerns.