

Detoxification and Drainage

Eliminating toxins from the body

By Bruce H. Shelton, MD, MD(h), DiHom

There are very few patients who don't need detoxification and drainage intervention at all. Furthermore, each patient's status is unique, so in designing a treatment plan, it is important to strike a balance between the patient's previous exposure (toxic load) and the organism's ability to detoxify (regulation ability).

For this purpose, patients are generally divided into two groups. Group 1 includes patients with mild to moderate toxicity. In general, these are patients with mild symptoms and exposure. They elect to do a general cleansing or have milder diseases such as headaches, acne, etc. Group 2 includes patients with severe toxicity (known exposure) as well as patients with severe diseases such as cancer, autoimmune diseases, etc. These patients' regulation ability is reduced. Group 2 also includes former drug addicts as well as patients who have received chemotherapy.

Due to their advanced toxicity, group 2 patients need advanced supportive detoxification that prepares the organs of detoxification and elimination for the drainage phase (accomplished primarily through Lymphomyosot, a component of the Detox-Kit). The advanced organ support is thus more organotropic in character, whereas the basic detoxi-

fication and drainage is more functiotropic. In general, advanced organ support is administered for six weeks, followed by use of the Detox-Kit. In most cases, tissues will still need to be drained of residual toxins, so the use of Lymphomyosot alone is advised for several months longer (for protocols, see BT Winter 2007).

Special case 1: Patients with inflammatory skin disease, such as eczema or psoriasis

The skin, classically called the "mirror of the soul," is also a mirror of the liver and the gut. In cases of skin disease, it is essential to remember that the P450-containing system in the skin is the same as that in the liver and in the gut. Psoriasis patients in particular need bowel cleansing, which should be part of the initial advanced organ support. Thus Mucosa compositum and Cutis

compositum play a special role in these patients, although functiotropic medications such as Nux vomica-Homaccord, Berberis-Homaccord, and Lymphomyosot, along with Hepeel, are the mainstays in the treatment of skin disease.

Patients with inflammatory skin disease are at high risk of flare-ups if toxin drainage is initiated before the liver and gut are ready to cope with the load. These patients need to be treated with care even though they may not seem very ill. In some cases, flare-ups will simply mean that patients need higher doses of cortisone, but in other cases hospitalization may become necessary if skin sloughing is severe.

Patients with eczema are in a Th2 rigidity state, so they should first undergo several weeks of initial immunomodulation to get the disease under control, followed by advanced organ support, before the drainage period is initiated. Engystol is the medication of choice together with the appropriate suis-organ preparation, in this case Cutis compositum. By contrast, patients with psoriasis are in a Th1 state, so they should be treated with Traumeel oral ampoules and Cutis compositum. In both cases, it is preferable to add the catalysts during the drainage phase rather than during advanced organ support (see protocol in Table 1).



Psoriatic plaques are areas of inflammation and excessive skin production. They frequently occur on the skin of the elbows and knees.

Disease-specific treatment

For Th1 rigidity: Traumeel and Cutis compositum
 For Th2 rigidity: Engystol and Cutis compositum
 Schwef-Heel

Weeks 1-4 (or even longer in severe cases)

	Liver	Urinary tract/ Kidney	Lymph	Skin	Gut	Connective tissue
Advanced organ support				Cutis comp.	Mucosa comp.	
Note	Due to the high incidence of leaky gut in inflammatory skin diseases, initial treatment of the gut and immune system is paramount. The suis organs induce Th3 cells, and thus immunetolerance to the corresponding organs.					
Dosage	Ampoules: In general, 3-1 times weekly 1 ampoule i.m., s.c., i.d.			Drops: In general, 10 drops 3 times daily		

Advanced organ support

Duration: 6 weeks

	Liver	Urinary tract/ Kidney	Lymph	Skin	Gut	Connective tissue
Advanced organ support	Hepar comp.	Solidago comp.		Cutis comp.	Mucosa comp.	Thyreoida comp.
Alternative products (if above not available)	Hepeel	Reneel	Galium-Heel/ Lymphomyosot	Schwef-Heel	Nux vomica- Homaccord	Pulsatilla comp.

Basic detoxification and drainage

	Liver	Urinary tract/ Kidney	Lymph	Skin	Gut	Connective tissue
Basic detoxification and drainage	Detox-Kit	Detox-Kit	Detox-Kit		Detox-Kit	Detox-Kit
For cellular detoxification, add	Coenzyme comp./ Ubichinon comp.	Coenzyme comp./ Ubichinon comp.	Coenzyme comp./ Ubichinon comp.	Coenzyme comp./ Ubichinon comp.	Coenzyme comp./ Ubichinon comp.	Coenzyme comp./ Ubichinon comp.
Note	Because Schwef-Heel is a potency chord, it does not cause aggravation to the extent classically ascribed to sulfur-containing medications. Adjuvant use of probiotics throughout the treatment should be considered.					
Dosage	Ampoules: In general, 3-1 times weekly 1 ampoule i.m., s.c., i.d.			Drops: In general, 10 drops 3 times daily		

Table 1:
Protocol for inflammatory skin disease

Chronic fatigue syndrome is a complex and highly debilitating disorder characterized by chronic mental and physical exhaustion. It occurs more often, but not exclusively, in women.



Special case 2: Patients with chronic fatigue syndrome

All patients with chronic fatigue syndrome have some form of toxicity. Some of these patients present primarily with symptoms of intoxication and have a history of toxic exposure, often temporally related

to the onset of the syndrome. Due to general immune imbalance (Th2 rigidity) and mitochondrial impairment in these patients, advanced organ support is essential, but even before that, support for the mucous membranes, the immune system, and the neuroendocrine system is helpful. This is best done with a combi-

nation of Mucosa compositum and Tonsilla compositum. After two weeks, advanced organ support can begin, followed by the drainage phase. If relapse occurs during the drainage phase, advanced organ support should be resumed for at least another six weeks (see protocol in Table 2). ■

Disease-specific treatment

Aletris-Heel

Followed by detoxification therapy:

	Liver	Urinary tract/ Kidney	Lymph	Gut	Connective tissue
Weeks 1-2			Tonsilla comp.	Mucosa comp.	
Weeks 3-8: Advanced organ support	Hepar comp.	Solidago comp.	Tonsilla comp.		Thyreoidea comp.
Alternative products (if above not available)	Hepeel	Reneel	Galium-Heel	Nux vomica-Homaccord	Pulsatilla comp.
Weeks 9-20: Basic detoxification and drainage	Detox-Kit	Detox-Kit	Detox-Kit	Detox-Kit	Detox-Kit
For cellular detoxification, add	Coenzyme comp./ Ubichinon comp.	Coenzyme comp./ Ubichinon comp.	Coenzyme comp./ Ubichinon comp.	Coenzyme comp./ Ubichinon comp.	Coenzyme comp./ Ubichinon comp.
Note	These patients need very gradual treatment. Because they often have multiple chemical sensitivities, it is advisable to first restore the integrity of the gut lining while administering Tonsilla comp. to support the adrenals and the hypothalamus. This also supports the immune system.				
Dosage	Ampoules: In general, 3-1 times weekly 1 ampoule i.m., s.c., i.d. Drops: In general, 10 drops 3 times daily				

Table 2:
Protocol for chronic fatigue syndrome