

# Detoxification and drainage in the cancer patient

By the Medical Writer

Cancer patients have special needs in terms of detoxification and drainage. Firstly, it is important to notice that detoxification and drainage put considerable strain on the organism. Caution should thus be exercised in very ill patients. Secondly, one does not want to detoxify and drain patients receiving chemotherapy, as it will impair the efficacy of the chemotherapy if it is actively drained from the tissues at the time of administration.

Drainage is thus best delayed until about six weeks after the last chemo dose. This is an arbitrary time span, as the pharmacokinetics of each chemotherapy compound is dependent on a number of factors including age, gender and weight of the patient, genetics, concomitant disease, absence of co-factors of the various detoxifying enzymes, and also the simultaneous intake and exposure to other endogenous and exogenous homotoxins.

In general, it can be said that the elderly and females (higher fat content and also slower detoxification through the P450) and overweight patients detoxify slower and that in these cases, one should detoxify a bit longer, especially if there is a presence of other homotoxins.

## Protocol for detoxification and drainage of cancer patients

### Step 1: Preparation and support of the detoxifying organs (weeks 1-6)

Liver	Hepar compositum	1 oral vial 3 times per week	
Kidney	Solidago compositum or Reneel	1 oral vial 3 times per week or 1 tablet 3 times per day	
Matrix	Thyreoidea compositum or Funiculus umbilicalis suis-Injeel and Pulsatilla compositum (especially if the patient had cortisone)	1 oral vial 3 times per week	
Cellular	Glyoxal compositum	1 oral vial 3 times per week	
Orthomolecular support	Multivitamin/trace element/mineral supplement Especially add sulphhydryl supporting compounds such as N-Acetyl Cysteine (NAC)	Dose as per preparation  Dose NAC 500 mg 3 times daily	

### Step 2: Detoxification and drainage (weeks 6-12)

Liver and gut	Detox-Kit: Nux vomica-Homaccord	30 drops of each, in 1 liter of non-sparking water, to be taken as small sips throughout the day	
Kidney and biliary tract	Berberis-Homaccord		
Lymph drainage (matrix)	Lymphomyosot/Lyphosot		
Deep lymph drainage	In older patients (over 45), start with Galium-Heel/Galium-Heel Comp. first instead of Lymphomyosot/Lyphosot for these six weeks	10 drops three times per day or 1 oral vial 3 times per week	
Cellular detoxification and drainage	Coenzyme compositum and Ubichinon compositum or Ubicoenzyme	1 tablet 3 times per day or 10 drops 3 times per day or 1 oral vial 3 times per week	

If the patient is very toxic or in a group which detoxifies very slowly, repeat steps one and two

### Step 3: Draining the matrix (weeks 12-36)

	Lymphomyosot/Lyphosot	20 drops twice per day or 1 tablet 4 times per day or 1 oral vial 4 times per week	
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Note: This same protocol can be used to detoxify non-cancer patients as prevention for cancer in order to drain the body of potentially carcinogenic toxins.