

CHELATION THERAPY BY DR. BRUCE SHELTON

HOMOTOXICOLOGY OPTIMIZES ITS RESULTS

The word "chele" is Latin for the claw of a crab. A crab claw engulfs what it bites on so that the particle being engulfed is no longer visible from the outside. Chemistry defines a "chelating" agent as a molecule that has at least 6 binding sites with which it can completely wrap itself around a heavy metal molecule and lock it inside the bigger molecule. One such molecule is Ethylene Diamine Tetra-acetic Acid, otherwise known as EDTA.

EDTA is nothing more than 4 vinegar molecules bonded together and is widely used as a food preservative. It has also been used for years in the textile industry as a heavy metal scavenger in colored dyes used to color towels and sheets to make sure, for instance, that red colored metals were removed from blue dyes so that the blues would be brighter, by taking blue colored metals out of yellow dyes so that yellows would be brighter, etc.

At the end of World War II many workers in the munitions industry ended up lead poisoned and the medical world did not have a safe agent to use to eliminate lead from the body as none of the normal elimination pathways works for lead. It will not pass through the kidneys, liver, gut, skin or lungs. When high levels accumulate in the body, they poison red blood cell oxygen transport and lead to death. Hence, it stores up in our bones and slowly accumulates.

Several brave physicians experimented with EDTA and found that it easily chelates lead molecules and because it is water-soluble, wraps around the lead molecules and passes them into urine, similar to an illegal alien sneaking across the border in the trunk of a car. Other side benefits of the chelation process were soon discovered among patients with circulatory problems such as angina and peripheral vascular disease who saw these problems resolve as their lead loads decreased.

It was quickly discovered that EDTA chelates not only lead but also 20 other heavy metals, taking them out of the body in the order of the tightness of the affinity bonds of each

metal (i.e., magnesium will leave the body before lead which leaves before mercury, etc.). It was initially thought that EDTA chelated calcium out of the atherosclerotic plaques in blood vessels and was a roto-rooter treatment for blood vessels. This belief persisted for close to 50 years but it has now been shown not to be the case. The chelation process does not dissolve atherosclerotic plaques, it only removes levels of heavy metals.

The current thinking is that heavy metal buildup in the endothelial cells of blood vessels poisons the creation of nitric oxide, a naturally occurring molecule, the discovery of which won the Nobel Prize in medicine about three years ago. Nitric oxide is also known as "Endothelial Relaxing Factor" and acts to improve blood flow circulation by reducing levels of microbes that "infect" blood vessels and by simply dilating partially clogged blood vessels.

Removing the heavy metals improves circulation not by removing plaques but by making a smoother pathway and by getting rid of microbes such as Herpes virus that can "blister" blood vessel walls and even make instant blood clots that cause fatal heart attacks.

There are other chelating agents such as DMPS, a mercury chelator. This is important to recognize, as there is something new in EDTA science. Until very recently the form of EDTA used in chelation was Disodium EDTA.

It was a great metal chelator but did not chelate mercury. It was caustic to veins and needed to be given slowly over 3 hours in order to infuse it safely. After using it for lead and other metals, the patient would then have to undergo infusions of DMPS if it was also desirable to eliminate mercury.

Very recently Calcium Disodium EDTA was introduced in the US market. This wonderful agent isn't caustic to veins and can be infused much quicker than 3 hours. Many chelating physicians are infusing it over 15-30 minutes and some are even using it as an IV push. It also chelates both lead and mercury.

HOMOTOXICOLOGY FACILITATES THIS PROCESS.

1. All chelation patients should be aided in opening their drainage pathways with Nux vomica-Homaccord, Lymphomyosot/Lyphosot and Berberis-Homaccord (Detox-Kit) in their drinking water. These preparations open the kidneys, lymphatic components, liver/gall bladder and gastro-intestinal tract to improve elimination.
2. Nux vomica-Homaccord should be taken with Barijodeel to reduce cholesterol. (Some patients actually lose weight on this regimen).
3. Molybdenum/Molybdan compositum aids in the transport of heavy metals. It should be taken daily with a mineral supplement.
4. Every IV should be accompanied by alternating doses of Co-enzyme compositum and Ubichinon compositum (or by Ubicoenzyme) to stimulate aerobic metabolism in the mitochondria which will "wake-up" after the heavy metal poisons leave. In addition Echinacea compositum and/or Engystol will help to fight the chronic microbes that the new levels of nitric oxide will also eliminate.
5. Every patient should be placed on Calcoheel tablets 2x/day to promote the breakdown of Calcium BioSlime associated with pathogens such as the newly discovered Nanobacter and sent home with BHI Inflammation/Traumeel tablets, which fight bacteria, and Engystol tablets which have antiviral properties.
6. BHI Enzyme (which is the tablet form of Coenzyme comp), and BHI Inflammation or Wobenzym N and Echinacea compositum should be taken once daily in between IVs.
7. Secale should be considered in severely compromised circulation states.
8. Diabetics (who improve by chelating metals out of the pancreas) should have a glass of water daily with 20 drops each of Syzygium comp, Aesculus comp. and Galium-Heel to help control carbohydrate metabolism.
9. Patients with severe angina should take Cralonin orally once daily plus a vial of Cor compositum 3x/week until they start getting the relief that comes with ongoing infusions.