

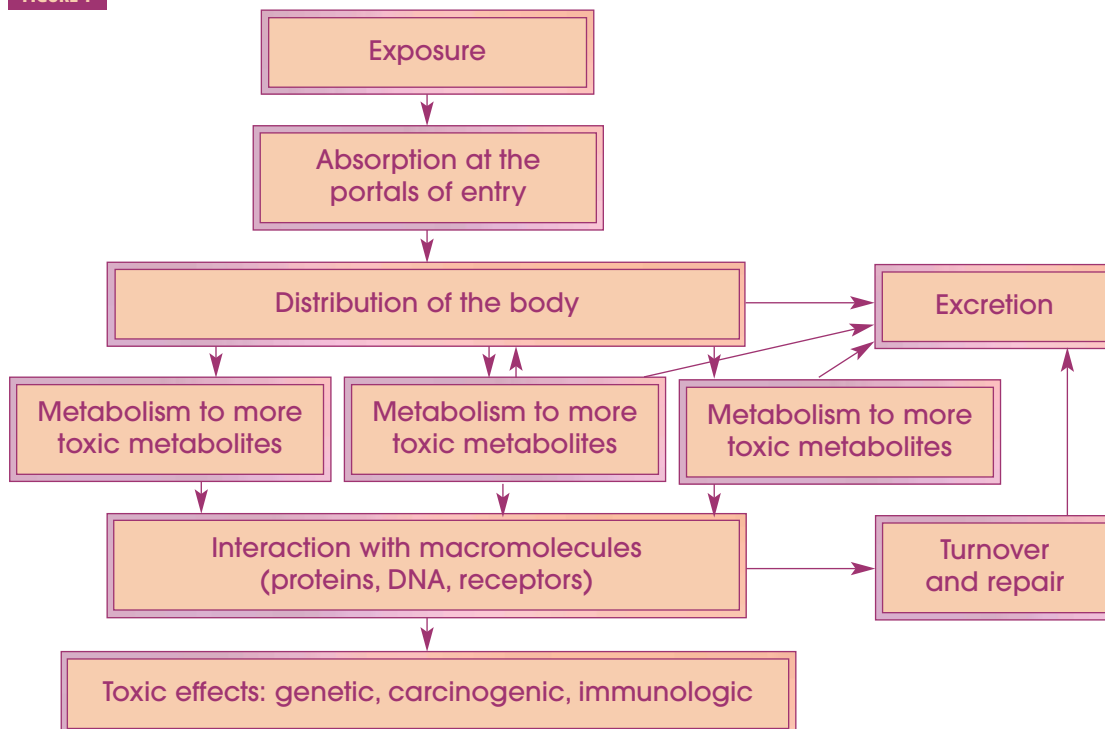
Practical detoxification and drainage

by the Medical Writer

Facts about toxins:

1. We are surrounded by toxins, and there is no place on earth that is safe anymore.
2. These toxins can enter the body, and if not metabolized and eliminated, they can stay in the body for years in compartments that are relatively poorly perfused, like the fat tissue and the connective tissue.
3. These toxins can have detrimental effects in the body, even if present in minute amounts over many years.
4. The human body, being a complex organism, has developed sophisticated mechanisms to sequester, metabolize and eliminate these toxins, through the actions of certain organs.
5. Toxins follow simple toxicokinetics and diffuse over several membranes as well as bind to plasma proteins. This will determine the rate at which they enter the body and certain tissue compartments, and also the rate at which they are removed from these compartments.
6. The organs of elimination can be less efficient through disease and overload, or, through the lack of vital cofactors needed for the proper functioning of enzymes.
7. The body, being an open flow system, will deal with toxins as depicted in Figure 1.

FIGURE 1



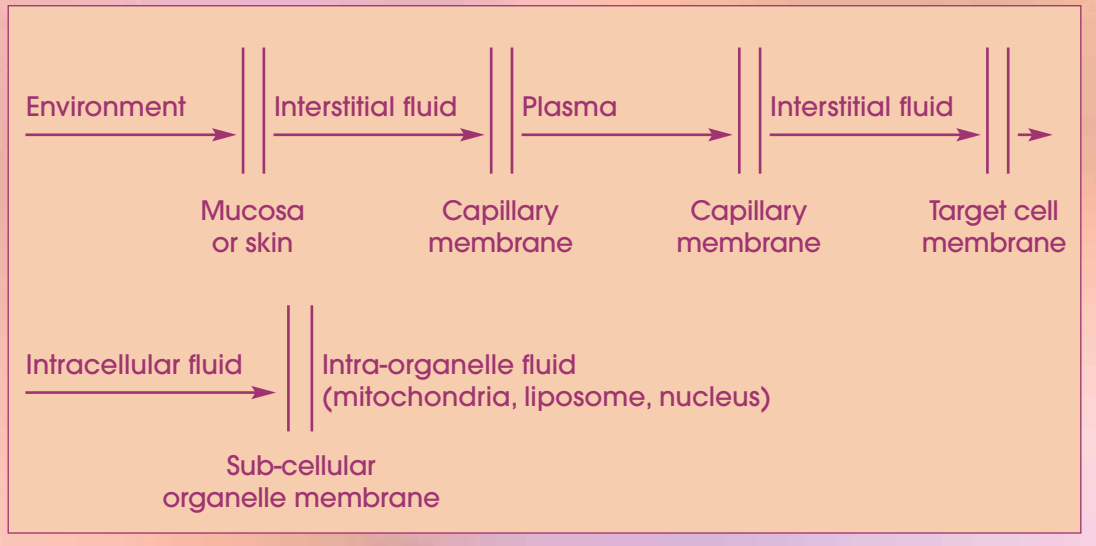
It should be clear from the above that toxins stored in the body or toxins which are not eliminated will be detrimental for various reasons. Toxins can have a wide range of effects, such as fatigue, brain fog, concentration loss, but also other manifestations such as the so-called chloracne which is caused by halogenated toxins.

Some toxins can be endocrine disruptors, cause immune dysfunction and, in the worst scenario, act as carcinogenic substances. Due to the wide distribution of toxins in the environment, our fast lifestyle with modern malnutrition and toxic food, as well as the increase in psychological stress (which secretes hormones that can influence the detoxification process), the need for detoxification and drainage exists in every patient.

To understand how to go about detoxification, we need to address how toxins enter and leave the body. Basically toxins need to diffuse over several membranes, to reach different compartments when they enter the body, and must go through those compartments once again when they exit the body (see Figure 2).

FIGURE 2

Membranes a chemical may have to cross to target organ Adapted from: Hodgson E. Textbook of Modern Toxicology



Most toxins reach the compartments by passive diffusion over semipermeable membranes. This means that the concentration of the toxin will be equal on both sides of the membrane, if the toxin is not bound to certain structures. Toxins are carried from the point of absorption to the organs of elimination and metabolism, in the blood, and therefore it means that our therapeutic goal is to reduce the concentration of toxins in the blood so that the toxins can start to diffuse back into the bloodstream from the storage compartments. For this reason, we put the patient on a nontoxic diet, give a lot of fluids during the detoxification period, and also proactively stop the supply of toxins, such as inhalants, alcohol and other toxins. In other cases, the toxins are bound to proteins and also to SH groups in the cell and in the matrix. We often then have to stimulate the release of the toxin from these molecules. This is an active process and needs support.

To get the body to free itself of toxins, we need to support the organs which metabolize harmful substances, support the function of the organs which store toxins (such as the matrix) and lastly we also have to stimulate elimination from these organs. It is important to note that once stored toxins are released, they often have not completed their metabolism, and therefore still need to be made water soluble in the liver before becoming excreted in the kidney and other organs. Important to note also is the kinetics of toxins stored in the different compartments. The organs which are well perfused, such as the internal organs, will be relatively quickly cleared of toxins, but the compartments which are poorly perfused like the matrix, the fat tissue and bone will have a slower release. This means that there are two waves of drainage when we start to stimulate detoxification. The practical implication is that we have to detoxify and drain until the slower compartment has been cleared as well. This can take months in very toxic patients. If the stored toxins are released too rapidly, all at once, or if the liver and other metabolizing and eliminating organs are overloaded or not functioning properly, the released toxins will diffuse into the blood, but cannot be excreted. They will thus circulate in the bloodstream until they find a compartment where the concentration is less than in the blood and then diffuse into this compartment. The crux is that in this way, toxins are merely shifted from point A to B.

This is not such a problem in well persons or patients with mild toxicity, but in patients with severe toxicity it may have repercussions, such as heavy metals now entering the brain from where it is extremely difficult to remove them. Especially in patients whose organs of elimination are not functioning properly or are burdened by disease or with other toxins (such as seen in patients on chemotherapy), this needs to be considered. In these patients, we need to support the organs of detoxification and elimination first before we actually drain the tissues.

It is also important to note that the process of detoxification and drainage puts a severe burden on the body, and thus with very frail and sick patients it can put another burden on the body. In these patients, detoxification is often done as a later event, when the patient has received other medications to support the body. Detoxification and drainage also requires energy, and therefore homeopathic catalysts are a standard addition to more strenuous detoxification programs, apart from the fact that they also play a role in cellular detoxification.

PRACTICAL DETOXIFICATION

Detoxification and drainage requirements are different in different patients. Some people deal well with toxins, while others, through genetics or illness are less well equipped to cope with toxins. The practical detoxification and drainage will be different in various groups of patients.

The “healthy” person who wants to clean his tissues and optimize the drainage of toxins can detoxify more aggressively than the person who has a special medical condition. Patients with disease processes classified on the right of the biological division (according to the Six-Phase Table), will need a more gentle approach and a longer period of detoxification and drainage, as do patients in the following groups:

- a. The cancer patient on active treatment such as chemotherapy and radiation therapy
- b. The older patient
- c. The obese patient with metabolic disease
- d. The patient with impairment of the elimination organs, such as the liver or the kidneys
- e. The patient who had severe drug addiction in the past. It is important to get the patient history, as patients like this can store metabolites of drugs such as LSD for years

TOOLS FOR DETOXIFICATION AND DRAINAGE

The “**4S treatment**”:

STOP external supply of toxins

SUPPORT the organs of detoxification and drainage

STIMULATE elimination of toxins

SENSITIZE the patient to further detoxification and lifestyle changes

The first and the last points entail the cooperation and motivation of the patient, whereas the latter needs to be given by the practitioner. We thus distinguish between medications which support the organs of detoxification and drainage, and the medications which stimulate elimination. For each organ there is a product which will support the tissues; these are mostly “compositum” preparations which also contain tissue extracts and often catalysts and then there are basic preparations which are combinations of plant materials and also minerals. These support the function of the detoxification organs and also in many cases, increase the drainage of the toxins out of the tissues.

PRACTICAL DETOXIFICATION: BASIC CONSIDERATIONS

During detoxification, we want to support the liver, gut and kidney and drain the matrix and other tissues of toxins. To do this, we use preparations that come in drop form: 30 drops of each can be added to a bottle of water (0.75-1.5 L) to be taken over the day. This is thus a convenient method to deliver the medications. In some countries, these three products (Nux vomica-Homaccord, Berberis-Homaccord and Lymphomyosot) are combined as a kit called the Detox-Kit. In most patients (with mild to moderate toxicity), the three products can be given together right from the start of therapy.

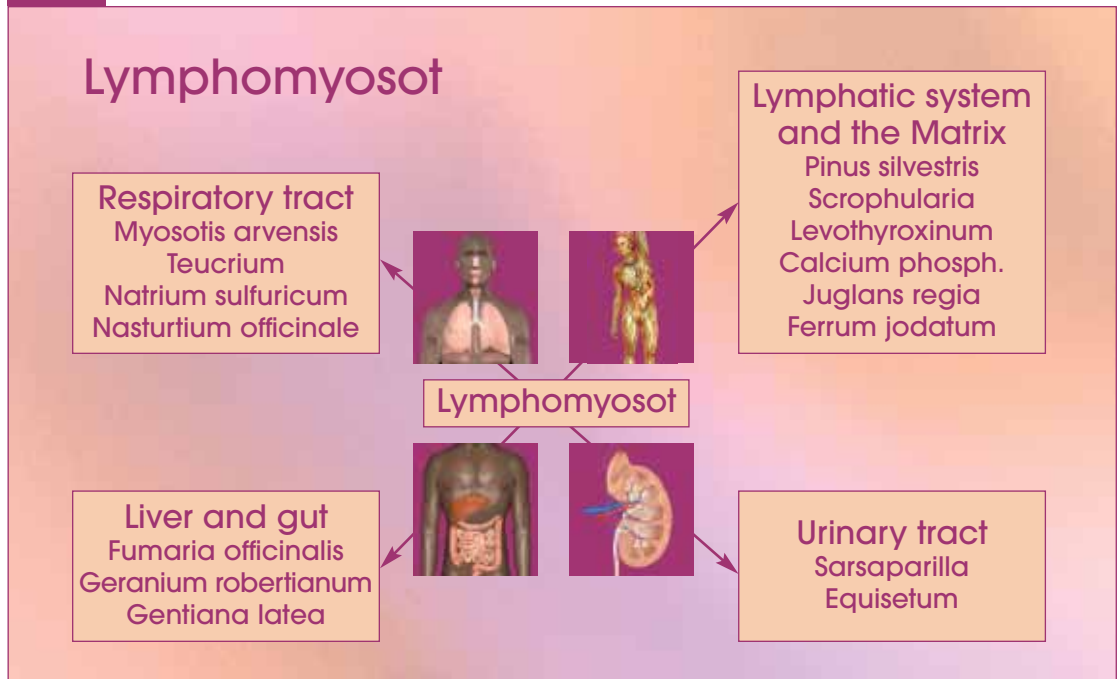
Nux vomica-Homaccord supports the liver and the gut. As with most “Homaccords”, this medication is also functiotropic to the liver and gut, which means that it will improve the function of these organs.

Berberis-Homaccord has the same effect as above, but is more functiotropic for the kidney; however, it also has an action on the liver and gallbladder.

Lymphomyosot (Lymphosot) has been designed to be a drainage remedy, and should not be used initially in the case of severe toxicity, or if the liver and kidneys are overloaded; thus, the advanced detoxification should be used first. It has several components which will help drain the tissues of the various organs. It is thus a universal drainage remedy and can also be used in the case of disease of the lymphoid organs. Lymphomyosot also has been studied in cases of diabetic neuropathy where it was seen to be as effective as alpha lipoic acid infusions, which are currently the treatment of choice for diabetic polyneuropathy. The postulation was that Lymphomyosot will drain the so-called Advanced Glycosylation End products (AGE's) in the matrix of these patients and thereby reduce the inflammatory potential around the nerves. The actions of the various constituents of Lymphomyosot are depicted in Figure 3.

Galium-Heel is a medication which is sometimes given for a while before changing to Lymphomyosot. Due to the constituents of Galium-Heel, it is believed to also cleanse the cellular structures. It is often used in patients who had a lot of suppressive treatments, but also in patients over 40 years of age who, in general, have a higher toxin load than younger people. Galium-Heel is especially useful in patients who are non-reactive, thus patients who do not ever mount a fever and are in TH 2 rigidity. It should be used with caution in younger children and in patients who are very reactive as it can induce fever and a fast detoxification in these patients.

FIGURE 3



In general, Galium-Heel is then followed-up with Lymphomyosot after a period of time, generally 4 to 6 weeks. Galium-Heel and Lymphomyosot should not be used at the same time.

Often, Coenzyme compositum oral vials or tablets or Ubicoenzyme drops are given together with the Detox-Kit. The catalysts are used mainly to support the Krebs cycle, and also to detoxify the cellular structures. This makes the detoxification and drainage quite complete. Ubicoenzyme drops may be added to the bottle of water, along with the Detox-Kit. See Figure 4 for more details on dosages.

The symptoms of detoxification and drainage can vary from patient to patient. Most patients start with a diuresis, or water loss, while others may drain preliminarily through the gut, with slight diarrhea and loose stools. The color of the urine and stools may also change. Some patients will use the skin and the lungs to detoxify, which manifests as tachypnea in the lung, or expectoration, and in the skin as an increase in sweat with odor or mild rashes. If symptoms like headache with nausea and dizziness, or myalgia or arthralgia (sore muscles or joint pain), or severe fatigue appear, it means that the detoxification and drainage should take place at a slower pace. In this case, the patient is mobilizing toxins which are not metabolized or excreted with the result that the toxins are deposited in other compartments, such as the brain, or the connective tissue. In these cases, it is better to give the medications consecutively, meaning that Nux vomica-Homaccord should be used first, then Berberis-Homaccord and then only Lymphomyosot/Lyphosot. If this is very severe, then switch to the advanced detox first for a few weeks and then again to the basic Detox-Kit.

THE GENERAL ADVANCED DETOXIFICATION AND SUPPORT

The purpose of this is to support the organs of detoxification, especially in patients with a high toxic burden, or in patients where the organs of detoxification and drainage are not functioning optimally. This is also true for patients who are debilitated and the patients in the special groups. In these patients, it is very important not to increase the load of toxins too early, as they often already have genotoxic effects of toxins or active cancer. For instance, if a patient with breast cancer is highly contaminated with DDT, which is an estrogenic-like substance, it can act as a promoter for the cancer. Experiments with ovariectomized mice have shown that the mice can develop breast cancer if they are intoxicated with DDT, then ovariectomized so that there is no internal source of estrogens. The mice then develop breast cancer from the release of DDT from the tissues.

It is thus wise to go slow in patients with decreased detox ability, or high loads of toxins. Fasting should be avoided in most patients for this reason as fasting causes a very quick release of toxins from the storage compartments into the bloodstream due to the fact that there are no immediate toxins coming in from the food, and the elimination and detox organs will then turn their attention to older stored toxins which may then be released in large amounts at once. This is even more dangerous in obese patients who have a large reservoir of stored toxins such as the organochlorides in the fat tissue.

The advanced detox products aim to support the major organs of detoxification and drainage. These products are mostly compositum preparations, which implies that they have a special formulation with plant and mineral material, but also contain organ extracts of the specific target organs, or tissues which will support the target organs, as well as catalysts and sometimes vitamins in dilution.

FIGURE 4

Targeted organ	Basic support of detox organs and strong stimulation of elimination	Advanced support of detox organs and mild stimulation of elimination
Liver	Nux vomica-Homaccord	Hepar compositum
Kidney	Berberis-Homaccord	Solidago compositum or Berberis-Homaccord
Matrix	Lymphomyosot (Lyphosot) or Galium-Heel	Thyreoidea compositum or Funiculus umbilicalis suis-Injeel or Pulsatilla compositum
Cell	Coenzyme compositum or Ubicoenzyme	Ubichinon compositum and Coenzyme compositum (or Ubicoenzyme) or Glyoxal compositum
Duration of use	Use for 6 weeks. However, use for 12 weeks in patients who have had the advanced support first.	Use for 6 weeks before the basic support
Dosage	10 drops or 1 tablet of each product 3 times per day or 1 oral vial 3 times per week.	

The plant material is in a low dilution and has a homeophytotherapeutic effect, while the minerals, catalysts and organ extracts occur in stimulatory concentrations. These concentrations are the same as in many of the body's internal messengers such as neurotransmitters and cytokines are present. As every product is designed to target a different organ, the body will not be overloaded since we are not actively draining in the advanced detoxification protocol. Thus, all products may be administered together at once, in some water. With low homeopathic dilutions, it is not necessary to wait between the administration of each product. A summary of the various medications is given in Figure 4.

The catalysts play a specifically important role here, and are added to detoxify cellular structures. The action of Glyoxal compositum is thought to be deeper than that of Ubichinon compositum (or Ubicoenzyme). Dr. Hans-Heinrich Reckeweg already postulated that these products have a deep cleansing effect. Glyoxal compositum is used in patients who have a severe cellular toxicity, such as cancer patients. It is used over longer intervals, together with Ubichinon compositum and Coenzyme compositum (or Ubicoenzyme). For instance, Glyoxal compositum can be given once per week for 6 weeks together with the other catalysts with a break of several months in between and then used again.

Thyreoidea compositum or Funiculus umbilicalis suis-Injeel (when Thyreoidea compositum is not available) is used to activate the matrix and Pulsatilla compositum is especially useful when a patient has been on cortisone.

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