

HOMOTOXICOLOGY and CALCIUM EDTA CHELATION

A summary of 49 Patients undergoing this New Unique Protocol

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ABSTRACT: 49 patients who are still undergoing IV Calcium EDTA Chelation received a special supplement protocol that included HOMOTOXICOLOGY Remedies were studied after 9 months of the protocol in place. Post provocation Urine tests were obtained from Doctors Data in Chicago. The results are showing that: 1. Both Mercury and Lead are excreted concurrently using this protocol without the need for another Chelation agent, 2. The IV part of the protocol can be administered in as little as one minute but the patients in this study had administration rates of 30 minutes, 3. Mercury, Lead, Cadmium, Arsenic and Nickel are the metals most commonly released from the body. 4 Lead and Mercury levels progressively decrease with each progressive Chelation without signs of deeper storage that is released with later Chelation. 5. Arsenic excretion increases after the first ten treatments and then starts to progressively decrease. 6. Cadmium levels continue to increase after the other metals are no longer present and seem to represent the most deeply stored of the 5 most common metals. 7. Nickel levels remain at steady levels through the first two rounds and increase into the third round as the other levels are eliminated. 8. At least one patient (the author) received significantly increased detoxification with the newer protocol being described than the older, longer Seemingly less effective style of Chelation.

Intravenous EDTA Chelation Therapy for the detoxification of Heavy Metals has been in Continuous use since the 1940's when it was introduced specifically for the treatment of Lead poisoning. It was very quickly observed that, as the metals were eliminated that not only did the signs and symptoms of lead poisoning abate but also problems related to the circulatory system such as Heart attacks, angina, strokes, peripheral vascular disease also improved.

When it was also shown that not only was lead eliminated with EDTA Chelation but many other metals (both necessary and toxic) were eliminated as well, It was initially thought that the Chelation of Calcium somehow leached Calcium out of Atherosclerotic plaques opening up arteries and this is why circulation improved. THIS HAS SINCE BEEN PROVEN TO BE A FALSE ASSUMPTION.

It is currently thought that IV EDTA Chelation has its effects on circulation by simply removing Heavy Metals from the Endothelial Cells that line the arteries and this then allows the increased production of Nitric Oxide (NO) which acts as The Endothelial Relaxing Factor that it is also called which ultimately improves circulation by relaxing the vessels and improving the circulation by decreasing resistance to flow, even though the plaques are still present and this increased flow improves the delivery of Oxygen and other nutrients to the tissue that the vessel supplies.

In 1999 Dr Valentin Fuster MD published a Book called The Vulnerable Atherosclerotic Plaque. Dr Fuster was at the time the President of The American Heart Association and also was and still is The Chairman of the Department of Cardiology at Mount Sinai School of Medicine in New York City. This book shows that heart attacks do not occur in areas of maximal plaque buildup where calcium has hardened large deposits of cholesterol but in fact occur in fresh "vulnerable" plaques that get INFECTED with

germs such as Epstein Barr Virus, Herpes Virus, Cytomegalovirus and other low level germs that infect humans.

Other researchers are in the process of studying and proving that these germs are more prevalent and “infectious” when NO is not present in sufficient amounts!

Therefore heavy metal Toxicity leads to decreased amounts of Nitric Oxide, which leads to unrelaxed blood vessels and associated decreased blood flow AS WELL as Vulnerability to infection of Fresh Cholesterol by low grade virus such as Herpes that can form and break a vesicle within an Artery and cause an immediate Hypercoagulable state with a subsequent blood clot formation and sudden death.

Therefore the elimination of heavy metals becomes a desirable medical procedure that can be life saving. The best method of Chelation likewise becomes a desirable procedure to research and perfect. This study is a step toward researching such a method. The Chelation process has several obstacles; The first of which is the EDTA molecule comes in several forms and the second of which is that Chelation not only causes the excretion of the “bad or toxic” metals but also “good or necessary” metals as well as certain nutrients. The art and skill of a good Chelation protocol involves replacing these good and necessary nutrients while the patient is eliminating the toxic ones.

The necessary minerals are important catalysts in the Adrenal glands, which use them in the production of our Hormones, and we must be very careful not to deplete them and always make sure that we are replacing things properly. ALL GOOD CHELATION PROTOCOLS THEREFORE need to be designed to replace things optimally as well as to add those supplements that aid the EDTA in its work. This is where we have introduced the concepts of HOMOTOXICOLOGY that we will get to as we proceed.

There are various forms of the EDTA molecule. The one most commonly used in the United States is Magnesium Disodium EDTA ($MgNa_2EDTA$). For many years this has been the mainstay of Chelation practice with Full strength 3 gram EDTA (plus 11 other ingredients) IV bottles that take 3 hours to infuse and Half Strength 1.5 gram EDTA (plus ingredients) IV bottles that take an hour and a half to infuse. These IVs are further adjusted based upon renal function as the limiting step in this type of IV is the kidneys whereas a normal kidney can handle 3 grams of EDTA over 3 hours whereas a compromised Kidney cannot.

Further limiting rate of administration is the fact that the $MgNa_2EDTA$ IVs burn and sting when running in too quickly and can sclerose the veins.

Further compromising the use of the older $MgNa_2EDTA$ solution IS THE VERY IMPORTANT fact that it is a Chelator for all bad metals WITH THE EXCEPTION of Mercury which next to Lead are the Metal needed to be chelated the most. Under most circumstances a second course of Chelation is needed to detox the Mercury, the most common agent of which is DMPS that does a very good job in eliminating this other

serious poisonous metal. THE PROBLEM is, is that the patients than need to undergo a series of EDTA IVs and after finishing that, start another whole series of DMPS IVs.

The newly introduced Calcium Disodium EDTA chelates Mercury and Lead as well as the other metals. This study absolutely proves that as a protocol CALCIUM DISODIUM EDTA and the SUPPLEMENTS under observation, removes both of these metals.

Furthermore because the cause of the burning and vein sclerosing is the Chelation of Calcium at the site of IV administration by causing tetany locally AND THAT the addition of Calcium to the EDTA molecule prevents that localized Tetany The Calcium EDTA can be administered in as little as a ONE MINUTE PUSH without pain. While this one minute approach with just CA EDTA ALONE is possible we elected in this protocol to add the EDTA to the same 11 ingredients as the former 3 Hour IV and administer it over 30 Minutes.

While we did not ever compile these types of results with the older MgNa₂EDTA IVs, your author actually had 43 of the older IVs and still had metals left to chelate and has to date received 20 of these newer IVs with significantly better results!!!

WHAT THAN IS HOMOTOXICOLOGY and HOW DO ITS SUPPLEMENTS PLAY A ROLE IN THIS THERAPY

Homotoxicology is the Homeopathic Medical Philosophy described by Dr Hans Heinrich Reckeweg MD, A German Physician who founded the HEEL INC Homeopathic Pharmaceutical Company that is the world's largest manufacturer of Combination Homeopathic Remedies. The author of the article, Dr Shelton, is the USA Medical Director of this worldwide company that has headquarters in Baden Baden Germany. This study was performed in Dr Shelton's Private Medical Practice, Valley Integrative Physicians in Phoenix Arizona USA.

Basically Homotoxicology serves as a "bridge" between Allopathic Medicine and Homeopathic Medicine where Homeopathic combination remedies can be give for Allopathic indications. The concepts of drainage and detoxification of the Interstitial Space or "Ground Substance" plus Intracellular areas plays very heavily in Homotoxic therapy as heavy metals are some of the most serious Homotoxins that harm the Human Biological system.

The full supplement protocol as well as the formula for the IVs as used in this study is listed at the end of this article and we will now describe the Heel remedies used in the protocol and the reasons why they are used

1. Mineral Supplement plus MOLYBDAN COMPOSITUM---This remedy which is a Homeopathic combination of several metals actually promotes the excretion of the bad metals and the absorption of the good ones
2. BHI INFLAMMATION, ENGYSTOL and CALCOHEEL TABS---There are certain germs that are said to infect blood vessels and at the same time lay down a layer of calcium around them. Calcoheel helps break up this calcium layer while

BHI Inflammation is a great remedy to remove Bacteria while Engystol has proven Anti-viral effects

3. TONSILLA COMPOSITUM—This Immune boosting oral preparation stimulates the Adrenal Glands as well as other organs of the Immune System
4. NUX VOMICA HOMACCORDE, BERBERIS HOMACCORDE, LYMPHOMYOSOT, 20 drops of each added to each liter of water consumed is a way of stimulating Detoxification and Drainage from end organs of excretion. Nux Vomica stimulates the GI Tract, Berberis stimulates the Kidneys AND Biliary System and Lymphomyosot stimulates the Lymphatics to Drain
5. BHI ENZYME is a stimulant of the Krebs cycle and the Aerobic metabolic pathways of the Intracellular Mitochondria. It is taken along with Digestive Enzymes with each meal.
6. BARIJODEEL when taken daily along with NUX VOMICA in the Detox protocol helps to lower Cholesterol
7. The Secondary Remedies of CRALONIN and COR COMPOSITUM help control Angina until the Chelation has had a chance to control the basic problem
8. If Diabetes Mellitus is a problem, Adding SYZIGIUM COMPOSITUM, AESCULUS COMPOSITUM and GALIUM COMPOSITUM added to a separate glass of water before meals can help to balance blood sugar levels.

THE RESULTS OF THE STUDY ARE PER THE ATTACHED WORKSHEETS BUT ARE SIGNIFICANT AS FOLLOWS:

49 patients results of averaging the totals from Doctors Data Toxic Heavy Metal

Urine Screen	Arsenic	Cadmium	Lead	Mercury	Nickel
First collection	48.81	2.90	25.06	3.93	17.98
Second Collection	49.06	3.04	12.28	1.11	18.40

7 patients who did more than 30 IVs in the above group as well—again averaging the totals

Urine Screen	Arsenic	Cadmium	Lead	Mercury	Nickel
First Collection	61.57	2.54	29.29	0.99	13.60
Second Collection	71.86	2.86	18.00	0.90	13.39
Third Collection	24.86	3.01	14.57	0.59	17.29

ARSENIC peaks at the second collection and drops off by the third

CADMIUM keeps increasing as treatment progresses

LEAD Progressively Decreases with each progressive set of IVs

MERCURY Progressively Decreases with each progressive set of IVs

NICKEL remains stable through the second Round and than starts increasing

OTHER SUPPLEMENTS GIVEN TO PATIENTS IN ADDITION TO THE ABOVE INCLUDE:

1. Longevity Plus Beyond Chelation Vitamin Pack Daily
2. Pleo-Muc Protocol
3. Apothecure Chelation Replacement Minerals
4. 3-6 Grams of Vitamin C Daily

- 5.A Bimonthly Ultraviolet Blood Irradiation Treatment plus Peroxide IV in addition to the EDTA Chelation (In this case the Chelation is given as a one minute push)
- 6.Colon Reflorastation Biannually
- 7.Homeopathic and Chiropractic Care as appropriate

The Formula for the 30-minute Calcium EDTA IV is as follows:

IN 100ml NORMAL SALINE ADD:

- 1.0cc Vitamin B-6 (100 mg/ml)
- 0.25cc Vitamin B-1 (100mg/ml)
- 0.25cc Vitamin B-complex-100
- 1.0 cc Vitamin B-12 (1000mcg/ml)
- 2.0 cc Vitamin B-5 (250mg/ml)
- 3.0 cc Vitamin C (BEET DERIVED) 500mg/ml
- 2.0cc Magnesium Chloride (200mg/ml)
- 2.5cc Potassium Chloride (2mEq/ml)
- 0.1cc Heparin (5000USP Units/ml)
- 10.0cc Calcium DiSodium EDTA (300mg/ml)

EDTA 3 GRAM DOSE NEEDS TO BE ADJUSTED DOWNWARD IF
COCKCROFT-GAULT FORMULA SHOWS CREATININE CLEARANCE LESS
THAN 80ml per MINUTE.

The only summary Conclusion that can be drawn is that this protocol does eliminate significant amounts of metals from the body and that as treatment progresses numbers improve. As more of the patients continue and as additional patients are continually added to the program, additional data will be tabulated and presented.