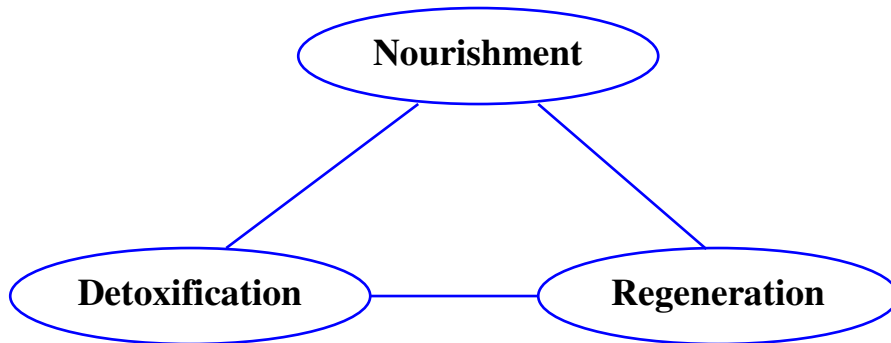


# Integrative Medical Therapeutics to Detoxification

With an emphasis on Mercury and other Heavy Metals

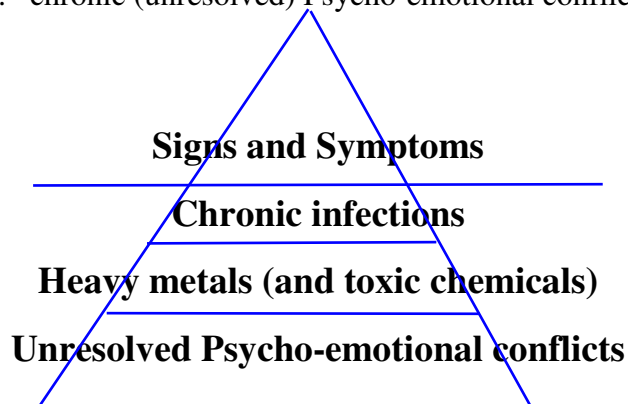
## Trinity of Integrative Health



- To re-establish Health
- To maintain Health and Longevity

**Detoxification:** reducing the accumulation and harmful effects of toxic substances.

- Rarely only one, toxins are synergistic and additive
- Affect biochemical and regulation (ANS) functions of the body; chronic toxicity creates an Autonomic Nervous System disturbance, a Psycho-Neuro-Immuno- Hormonal dysfunction.
- Detoxification usually includes:
  1. heavy metals
  2. toxic chemicals
  3. toxic bowel
  4. chronic infections
  5. chronic (unresolved) Psycho-emotional conflicts



# LEAP

**Listen**

**Empower**

**Assess**

**Perform (treat)**

## **Listen:**

Histories, concerns, health complaints, past treatment, current treatment

Form relationship: client- doctor, reciprocal relationship

Create the Integrative Medical assessment and treatment team

NIHA primary and case manager

Others on team (NIHA)

Non- NIHA professionals on treatment team

## **Empower:**

### **Patient education and involvement**

1. Home care expectations: (BASICS) food/diet, water, sleep, exercise, stress management (at home and work), supplements, 5 Pillars, home environment to include mold and other environmental contaminants, noxious energies (geopathic and electromagnetic radiation), clean air
2. Self monitoring and management: dream therapy, intuitive action, at home stress monitoring- ART, arm length changes, leaning technique; Allergy elimination at home, other home testing; meditation and stress management.
3. History assessments for functional problems and outcome assessment
  - ANS Heavy metal questioner and scoring
  - Adrenal dysfunction, Metabolic dysfunction
  - Metabolic typing questioner/ or comprehensive health appraisal
  - SP- 36
  - Body type patterns, finger lengths, tongue, nails, face
4. Patient education: Heavy metals: Mercury Detox instructions, Reference Guide, Dental Protocol for the Safe Removal of Mercury Fillings, Mercury Matters. Integrative Models: Patient Orientation I and III; Functional assessments: ART, Understanding Functional Assessment. Basics. Specific Protocols for the particular dysfunction: I.E Oxidative Inherited Disorders of Kids, MS Brain disorders and Auto-immune Problems .

## **Assess:**

An Integrative Medical assessment is both a conventional and functional assessment

## Exams:

Physical exam:

Medical Doctor, Naturopathic Doctor, Traditional Chinese or other Indigenous Medical Doctor, or referred by another Health professional

Dental Exam:

Dentist (dental pathology, Mercury fillings, mercury tattoos, toxic teeth (root canals and dead/ necrotic teeth, jaw bone cavitations, Cranio- mandibular dysfunction.

Other optional evaluations:

Nutritional/ Metabolic typing, Structural/ Physical Evaluation

## Lab tests:

- Blood chem. with CBC (functional interpretation with optimal values)
- RBC mineral analysis
- Saber Science salivary hormonal panel
- Others: RBC fatty acid analysis, hair analysis,

## Functional assessments:

- ART
- PBA
- HRV
- Others: CRT, radiation thermography, EDS iridology, BTA, BICA

## Functional Health Problems

The Integrative functional health assessment will reveal one or more of the following problems:

Functional assessment:

1. History
2. Exam
3. Labs
4. Functional tests

### 1. Toxic/ dysfunctional Bowel

bowel/ liver/ blood ecology system

### 2. Hormonal dysregulation

adrenal, thyroid, pancreas, sex, pituitary, pineal

### 3. Dys-autonomia

heavy metal toxicity, toxic chemical toxicity, allergy, noxious energy overload, toxic foci, autoimmune, (Level II disturbance).

### 4. Dys- regulation/ autonomia) on the Psycho-emotional, Mental, Family Systems, and Spiritual Levels

**5. Dys-oxygenosis:**

lymph and blood congestion, tissue acidity, hyper-coagulation and blood vessel disease

**6. Structural dysfunctions:**

(Chronic Pain) muscles, joints, connective tissues and cranio-mandibular dysfunction (TMJ)

**7. Chronic Infection:**

virus, fungus, bacteria parasites, stealth

**8. Cell Communication dys-function:**

due to- neurotransmitters, electrolytes, immune factors, membrane dysfunction, neuro- toxic accumulation

**9. Toxic foci:**

Jaws, teeth, scars, chronic infected organs

**10. Nutritional metabolic imbalance and life style factors:**

Metabolic typing, diet, nutrition, vitamins and minerals, proteins, essential fatty acids, water, exercise and sleep

**11. Specific Biochemical problems and/ or organ/ systems dys-function**

## **Detox Treatment Strategies**

1. Remove the source: foods, metal implants (fillings...), cosmetics, personal care products, pesticides (toxic metals and toxic chemicals).
2. Treat GI toxicity: mal-absorption, dysbiosis, allergic foods, leaky gut
3. Time on and time off- time to re-establish equilibrium, to dissolve and dilute the toxins
4. HM are compartmentalized
5. Choose the appropriate detox agent for the compartment to be detoxed
6. Choose the appropriate test to confirm the detox from the body compartment
7. HM are removed in stages over time
8. Use multiple Chelation Methods and multiple routes of excretion.
9. For each un-resolved psycho-emotional conflict resolved, there is an aliquot of toxic material stored in the body
10. Detox is an oxidative process, therefore needing anti-oxidants
11. HM detox is dependent on competitive minerals to displace HM from binding sites as well as occupy binding sites , so that HM cannot reattach
12. Treat the hormonal dysfunction
13. Electrolyte and water support is very important
14. Rebuild the membranes (especially with toxic chemicals)
15. Immune modulation

16. Foods and diet: high mineral, moderate protein, good quality fats, foods high in sulfur, foods high in anti-oxidants, eggs.
17. Drainage (detox) organ therapy: liver, lymph, kidney
18. Electrons need to be added to the system to mobilize the mercury, changing the valence from the tightly bound form of +2 to the mobile form of 0. This is accomplished by Vitamin C, electrotherapeutics (Electroblok), EDTA,

## **Phases of Heavy Metal Detoxification**

### **I. Extra cellular- gross deposits/ sources**

Remove the sources:

Mouth: mercury fillings, amalgam tattoos, jaw bone cavitations  
Toxic chemicals and metals from foods, environmental sources, cosmetics, personal care products, medicines

Start detox support (prior to mouth detox):

#### **Biochemical Level I**

##### **5 Pillars:**

- I. vitamins and minerals
- II. Antioxidants
- III. Probiotics
- IV. EFA's
- V. Immune modulation

- Initiate hormonal therapy
- GI therapy: mal-absorption, dysbiosis, repair endothelium, remove allergies
- (Re) build mineral stores
- Water and electrolyte therapy
- Initiate EFA and membrane rehabilitation
- Anti-oxidant protection
- (Re) build sulfur stores
- Drainage organ support: liver, lymph and kidney
- Immune modulation

oral chelators:

- chlorella
- chloralytes
- porpha-zyme
- clatherating agents

#### **Structural: Level I**

- Structural mal-alignment
- Cranio-mandibular therapy

#### **Regulation (ANS therapeutics) Level II.**

- Allergy elimination: heavy metals, minerals, supplements, foods and detox remedies
- Scar therapy, autoimmune therapy, noxious energy therapy

Strategies during Phase I:

Start detox support prior to the Dental phase (2 weeks to 2 months); variables due to bodily constitution, fragility of the patient, severity of the problems and medical judgment.

Not all the above therapeutics needs to be initiated prior to the dental phase.

## **Phase II: Extra cellular (more accessible Heavy Metal deposits)**

- Keep cellular and brain barriers closed
- Remove heavy metals from the connective tissues, (drainage) organs and blood vessels
- Support and detox the drainage organs
- Support therapeutics of chronic infections that may occur
- Mercury salts
- ART regulation is closed, “opens” with mercury

Detox support:

### **Biochemical; Level I** (refer to list in phase I)

- Rebuild glutathione (intracellular) stores with whey protein- Mt. Capra Goat Whey, Imuplus, Immunocal

### **Structural: Level I** (same as Phase I)

- Initiate exercise program (stress focused, and Feldenkrais)

### **Regulation: Level II**

- AET therapeutics, and initiate Immunological Allergy therapeutics  
Foods, environmentals, toxic metals and chemicals,
- Initiate Drug up-take enhancement when using detox (at home and in office)
- Neural therapy (with or without needles)
- Acupuncture if desired

### **Higher Regulation: Level III and IV**

- Psycho- neurobiology
- Family systems therapeutics
- Meditation and stress reduction program

**Detox chelators:**

- Oral (Naturopathic): chlorella, chloralytes, porphra-zyme, clatheraling agents, EDTA based combinations (Beyond Chelation, Oral Chelation, Longevity Plus, Pleo-chelate
- GI binders: Proalgen, Pro-chitosan, Chlorella
- Injectable chelators: DMPS with or without Neural Therapy; EDTA slow infusion;

**Detox support (in Office):**

- IV vitamin and mineral infusion (with low dose glutathione)
- Drug up-take enhancement: neural therapy, electrobloc, anodyne, LLLT
- Detox enhancers: BEFE, Mercury vapor lamp, PAPIMI, Magnatron,
- Skin detoxification: ozone steam cocoon, infra-red sauna, magnetic clay baths (foot), detox baths
- Lymph drainage: drainage remedies, Sanum strategy, lymphatic massage, trampoline jumping light beam generator, chi machine
- GI / liver detox and support: see above, colonics, (coffee) enema, liver/ gallbladder flush (use bentonite before and after), colon formulas, parasite cleanse.

**Phase III- extra cellular(lesser accessible heavy metal storage)**

- Deposits in extra cellular connective tissues that are fibroses, mineralized (plaques in blood vessels) and inaccessible due to hyper-coagulation; cavitations and toxic foci, if not previously addressed
- Keep cellular closed, start to open the brain barrier
- Mercury salts and methyl mercury
- Continue drainage and organ/structure rehabilitation through detoxification, normalizing blood flow and ANS signaling.
- ART regulation may be open at this stage

**Detox support and facilitation:**

Biochemical: (Level I) review previous factors

- Systemic enzymatic therapy: Wobenzyme,
- Sub Q heparin, oral heparin
- Topical cilantro, over site

Regulation and higher Regulation therapeutics (Level II, III and IV), continue

**Detox chelators: same**

- Glutathione pushes (1000-2500 mg.), IM glutathione protocol (2-300mg 3x/wk and enhanced levels of Glutathione to the IV replacement
- Enhanced amounts of Glutathione to the IV Vitamin and Mineral 400-1000mg
- Ca EDTA push: 1 ½ g push after at least 2 weeks of oral Ca EDTA
- B 12 IM Methyl cobalamine 1000-10000mcg 1-3x/wk
- Alpha Lipoic Acid- chelation dose: 400-600mg/day
- Use cilantro at time of IV, IM chelator

Detox support: same

## **Phase IV- Intracellular and Cellular Membrane**

- Open cellular and brain barriers
- Extra cellular spaces have reduced burdens of HM so that the diffusion gradients are in favor of extra cellular dumping.
- Organ drainage is functioning well.
- ART regulation usually open (or not closed from Heavy Metals).

**Detox support and facilitation:** same as previously described

- Receptor site detox: Carnosine
- Cell wall: cilantro
- Always use these products with an oral chelator to bind the HM
- Homeopathic Mercury (to open the cell walls with a favorable diffusion gradient).

Detox chelators: same

DMSA oral

EDTA and DMSA: slow infusion of EDTA and DMSA oral

D- Penicillamine

## **Phase V- Heavy Metal detox Maintenance**

- Probably for life
- Cycle when intuitively moved: oral and /or IV chelation, with many months in between.



## Dosing for Chlorella with or without cycling for DMPS chelation:

Your Maintenance dose of chlorella is: \_\_\_\_\_g/ day.

- 1. Mobilizing phase:** 1-2 weeks prior to your scheduled chelation appointment, start your maintenance dose.
  - It is best to take your dose away from food by at least one hour and entire dose at one time.
  - If you chew the chlorella (mix it with your saliva) the chlorella will be tagged (monoclonal antibodies) and delivered to the most receptive areas.
  - You can divide your dose and take with meals, although this will provide less detox action.
  - This is a mobilizing dose intended to chelate the mercury a little by move the mercury to more accessible areas for detoxification.
  - The gut is the major route for chlorella detoxification, therefore the gut must be functioning well with (hopefully multiple bowel movements per day). If not, re-absorption of the mercury is likely to occur.
- 2. Chelating phase:** The day prior to your appointment double the dose, and continue the doubled dose the day of the chelation and the day after (for three days).
  - This is a chelation dose of chlorella is designed to move the mercury out (through the bowel).
  - This dosing can be used as a naturopathic chelation by itself, or in conjunction with DMPS, which has been shown to enhance the yield.
  - The day after the chelation we usually schedule a vitamin and mineral IV with glutathione, which is also a chelator with a slightly different action. The doubled dose of chlorella is extended to cover the day of this therapy; in addition lymphatic and skin detox (in the detox spa) is very beneficial to maximize the mercury removal.
- 3. Post-chelation phase:** For 3-5 days after the finish of the chelating dose take the mobilizing dose in divided dosages with meals.
  - To bind the mercury from its release in the liver
  - This is the time to do gall bladder flushes and to take additional GI binders
- 4. Stabilization phase:** Don't take the maintenance dose until the start of the next cycle.
  - If eating fish or other mercury contaminated products, take 1-2 grams of chlorella with meal to bind the mercury.