

# Detoxification and Drainage in Metabolic Syndrome

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Detoxification is an important component in the basic treatment of metabolic syndrome patients. Individuals with central obesity are a high risk group, not only because of the inflammatory potential of fatty tissue but also because fatty tissue is a reservoir for toxins (see BT 2/2007, page 13). For this reason, these patients need fairly gradual detoxification with adequate support of the organs of detoxification and drainage. (Esthetic mesotherapy in particular mobilizes fat tissue, releasing stored toxins, so these patients always need advanced

organ support, followed by a long period of drainage with the Detox-Kit.) We seek a delicate balance in treating patients with metabolic syndrome: Weight loss is imperative because inflammatory fatty tissue poses a risk to the entire organism, but mobilizing fat releases dangerous toxins, which may exacerbate the pathology.

For these patients, Thyroidea compositum is a good choice because of its metabolic, immunologic, and organ-strengthening properties. Fatty tissue (simply another form of connective tissue) is supported by the

Funiculus umbilicalis suis in the product. In patients who develop central obesity as a consequence of stress or extraneous cortisone use, Pulsatilla compositum is especially useful and can replace the Thyroidea compositum. The catalysts are mandatory in these conditions. Many of these patients develop gallstones during rapid breakdown of fatty tissue. Patients at high risk (especially fair-skinned females over 40 years of age) can be supported by adding Chelidonium-Homaccord to the Detox-Kit during the drainage phase. (See protocol in Table 1.)

**Disease-specific treatment** Strumeel and/or Syzygium compositum, Cralonin, Barijodeel

**Followed by detoxification treatment: Always do advanced organ support first**

Weeks 1-6 or until point count is < 100

	Liver	Urinary tract/ Kidney	Lymph	Skin	Gut	Gallbladder	Connective tissue	Respiratory tract
<b>Advanced organ support</b>	Hepar comp.	Solidago comp.				Hepar comp.	Thyroidea comp.	
<b>Alternative products</b>	Hepeel	Reneel	Galium-Heel/ Lymphomyosot		Nux vomica- Homaccord	Leber-Galle Tropfen	Pulsatilla comp.	
<b>For cellular detoxification, add:</b>	Coenzyme comp./ Ubichinon comp. (or Ubicoenzyme)	Coenzyme comp./ Ubichinon comp. (or Ubicoenzyme)	Coenzyme comp./ Ubichinon comp. (or Ubicoenzyme)	Coenzyme comp./ Ubichinon comp. (or Ubicoenzyme)	Coenzyme comp./ Ubichinon comp. (or Ubicoenzyme)	Coenzyme comp./ Ubichinon comp. (or Ubicoenzyme)	Coenzyme comp./ Ubichinon comp. (or Ubicoenzyme)	Coenzyme comp./ Ubichinon comp. (or Ubicoenzyme)

**Note** The metabolically active medications Hepar compositum and Coenzyme compositum can also be injected into ST 36 (0.5 cc of the mixture into the AP point).

**Dosage** Ampoules: In general, 3-1 times weekly 1 ampoule i.m., s.c., i.d. Drops: In general, 10 drops 3 times daily

**After six weeks or when point count < 100: Basic detoxification and drainage**

	Liver	Urinary tract/ Kidney	Lymph	Skin	Gut	Gallbladder	Connective tissue
<b>Basic detoxification and drainage</b>	Detox-Kit	Detox-Kit	Detox-Kit		Detox-Kit	Chelidonium- Homaccord	Detox-Kit
<b>For cellular detoxification, add:</b>	Coenzyme comp./ Ubichinon comp. (or Ubicoenzyme)	Coenzyme comp./ Ubichinon comp. (or Ubicoenzyme)	Coenzyme comp./ Ubichinon comp. (or Ubicoenzyme)	Coenzyme comp./ Ubichinon comp. (or Ubicoenzyme)	Coenzyme comp./ Ubichinon comp. (or Ubicoenzyme)	Coenzyme comp./ Ubichinon comp. (or Ubicoenzyme)	Coenzyme comp./ Ubichinon comp. (or Ubicoenzyme)

**Note** In very obese patients, continue with Thyroidea compositum/Pulsatilla compositum for 12 weeks longer.

**Dosage** Ampoules: In general, 3-1 times weekly 1 ampoule i.m., s.c., i.d. Drops: In general, 10 drops 3 times daily

Table 1: Detox protocol for metabolic syndrome