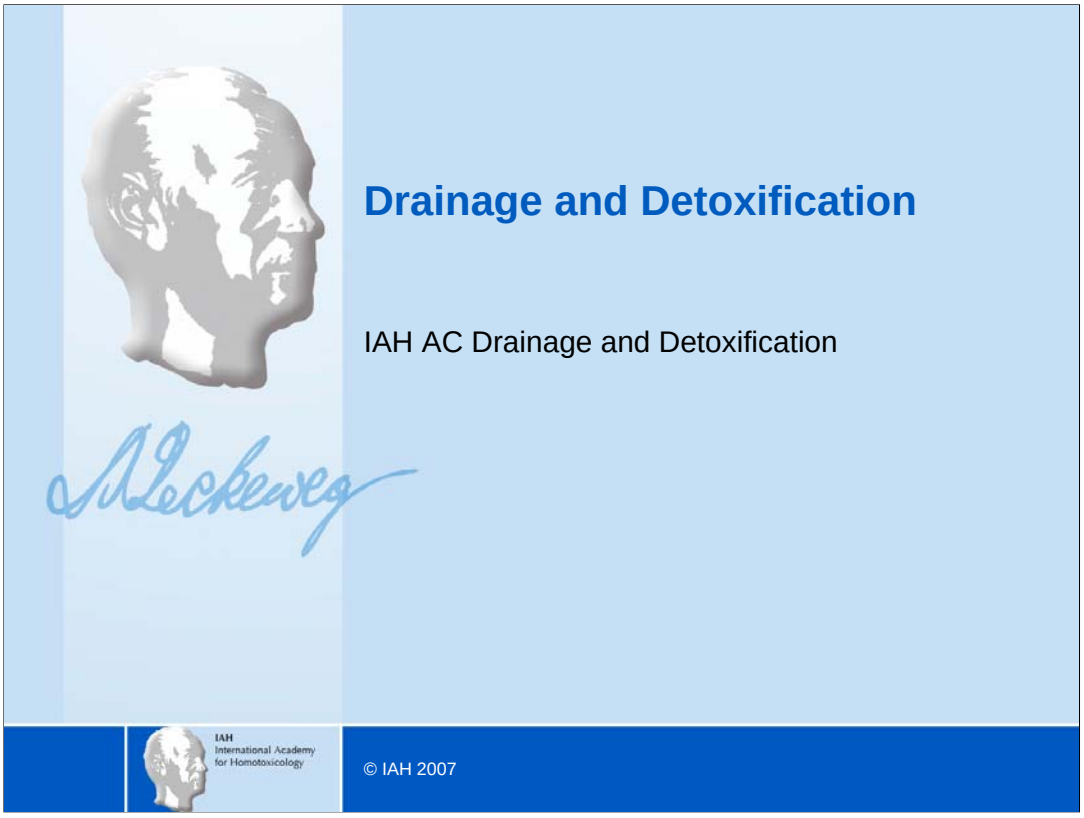
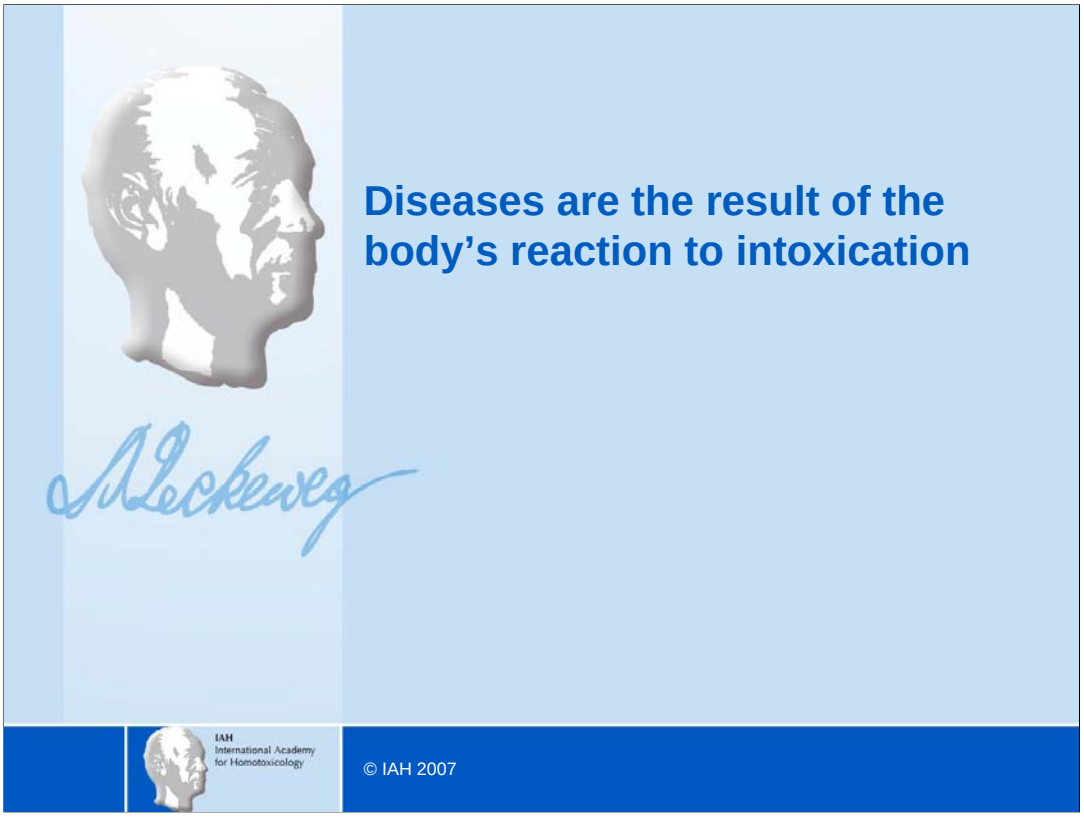


The three pillars of homotoxicology are drainage and detoxification, immunomodulation and organ and cell support. Drainage and detoxification is thus the first of the three pillars or fundamentals in antihomotoxic treatment of chronic diseases. Therefore it is quite important that the student (audience) knows the importance of this strategic tool in cleansing the organism from the toxic burden and support the organism in his health evolution.

Although the importance of drainage and detoxification was already mentioned by Dr. H. H. Reckeweg himself, since the understanding in detail of the ECM and even more recent the living matrix (for more details see the lecture “IAH AC Matrix Histology and Physiology”), the need to drain and detoxify has gained importance in any form of complementary medicine. Not only accumulation of toxins and cell function disturbance is strongly reduced by drainage and detoxification. Antihomotoxic medications work more efficient in a clean terrain as auto regulating systems and interactions between them are not blocked by the presence of interfering factors and substances.



From the point of view of homotoxicology diseases are the result of the body's reaction to an intoxication. Toxic burdens (homotoxins) might block the transmission of essential regulating and interactive mediators at the level of the extra cellular matrix or will create metabolic reactions that at the end endanger the life quality and function of the cell. That means that steering messages from one system to another will be obstructed, inhibited or changed, with system deregulation as a consequence or that biochemical substances are created that might influence the proper functioning of the cell.

From the homotoxicologic definition of disease we know that what we see as the clinical symptoms of a disease is nothing more or less than the body's defense reaction against this intoxicating agens. The organism is trying by different strategies, depending on the disease evolution phase the patient is in, to inhibit the accumulation or even proliferation of the homotoxins and to get rid of them. The result of the measures taken by the organism is what we see as clinical symptoms (fever, pain, vomiting, redness,…).

As the disease is in the first place the result of the intoxication status, real causal treatment is to eliminate the homotoxins that are responsible for this status and not to eliminate or suppress the result of the measures undertaken by the organism (symptoms) as that would be equal to symptomatologic treatment.

Definition of homotoxin

- A homotoxin is any substance that is toxic to the human organism
- It doesn't matter if the toxicity is already there before it enters the body (exogenous homotoxin) or becomes toxic as an intermediate or end product of metabolic processes in the body (endogenous homotoxin)
- "The dose makes the poison" (Paracelsus)

We define a homotoxin as ANY substance that is toxic for the human organism (homo=man, toxic=poison). The toxicity can be due to the chemical characteristics of the toxin, the biochemical or metabolic reactions it creates, the damage it creates being a micro organism or even from a distance, the impact it has on the proper functioning of the cell.

That means , beside substances and micro organisms, also radiation can be a homotoxin or a disharmonic dzsfunctional secretion of a proper hormone or mediator can be one. So, homotoxins should be seen broad and certainly not limited to the classical toxins we know out of the environment.

We make a difference between endogenous and exogenous homotoxins.

Centuries ago Paracelsus already referred to the importance of a doses to call it a substance toxic. Arsenic is commonly known as a very toxic substance but few people are aware that we find arsenic in a lot of food we daily eat,… but only in very minor doses. Higher dosages are deathly, very low dosages of a toxin can even be beneficial to the organism. Other substances we declare without any doubt as healthy can become extremely toxic in high doses (to drink more clean water than 30% of our body weight within 24 hours is deathly dangerous). So there is more than just the substance itself that makes it toxic. We should look at

•the substance

•the (repeated) doses

•the time of interaction with the organism

•the adaptation to the intoxication

•the susceptibility of the organism

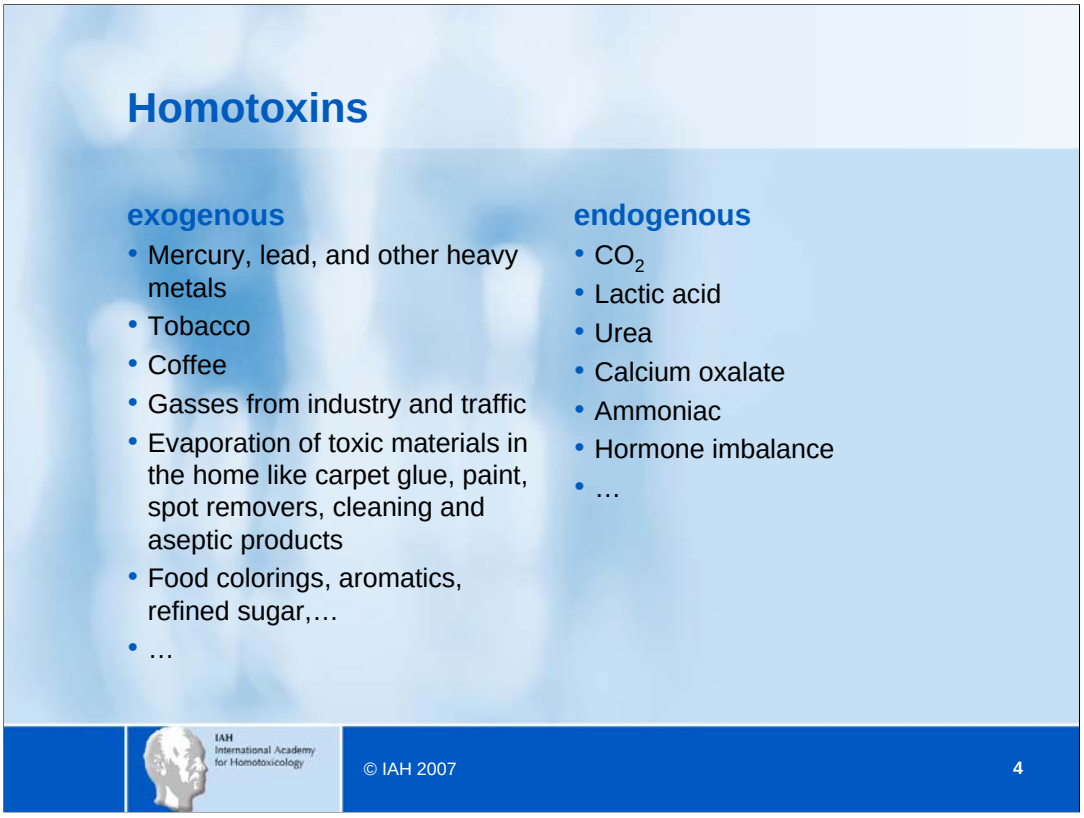
•the storage capacities (ECM)

•the excretion capacities

•the (potentialising or inhibiting) interactions with other substances out of the direct environment of the organism

•The combination of the doses and time of impact of the toxin might cause unexpected intoxication effects. A high acute doses of a toxin is almost always dangerous but so so might be a long term intoxication with a small doses.

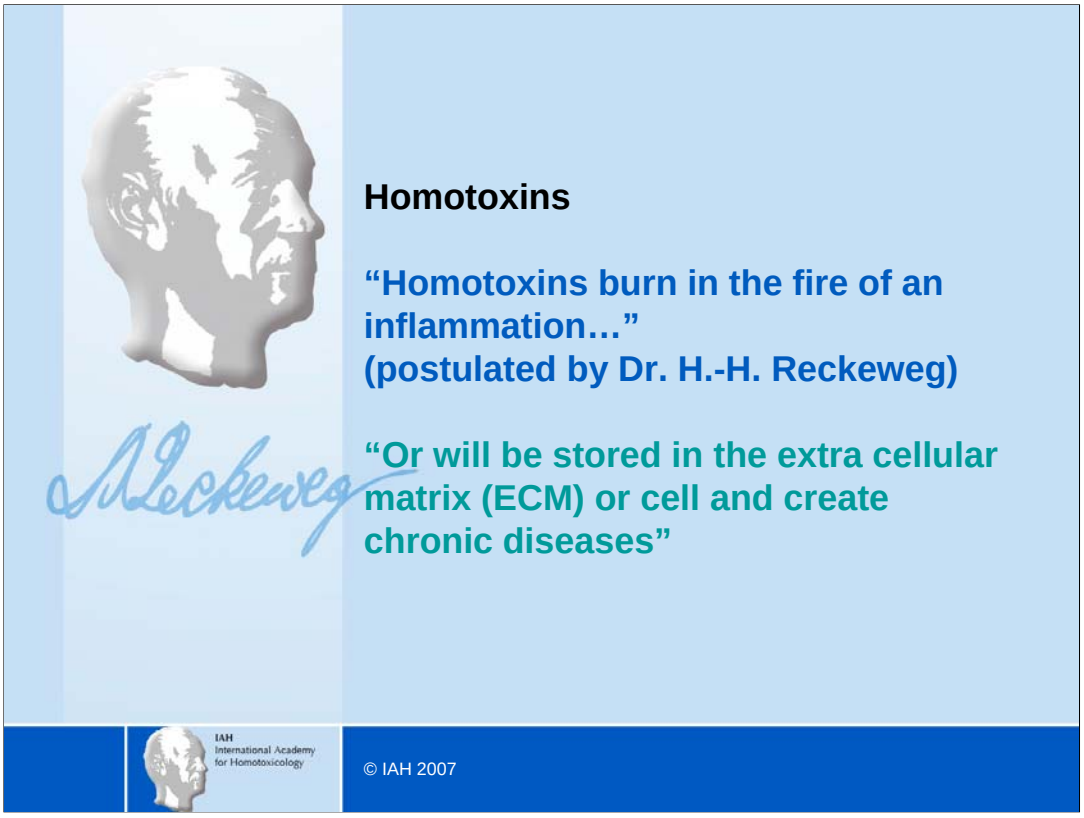
So, in fact we could say that a homotoxin only becomes toxic in the organism under well defined conditions and that not every homotoxin has the same toxicity degree for every human organism. We can put guidelines and standards but they are not applicable without nuances to all human beings in the same way.



Exogenous homotoxins are substances that are by definition already toxic for the human organism in certain conditions (see preceding slide). Some of them are very well known by the leman (tobacco, alcohol, drugs in many ways) others are lesser known (aromatics, colorants, sweeteners in food) or not known at all by (cadmium, glues, gasses, radiations,…).

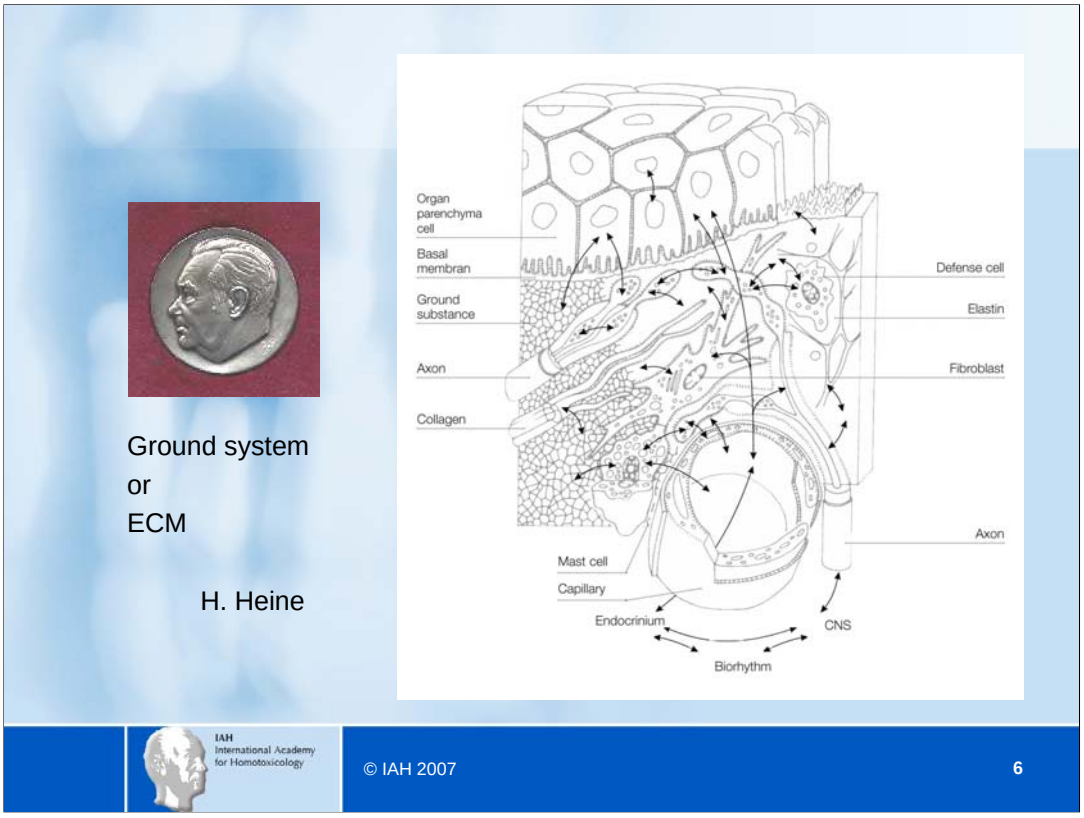
Endogenous homotoxins are created in the body itself. Mostly they are intermediate or waste products of metabolic processes (e.g. CO_2). Other endogenous homotoxins are the result of a imbalance of hormonal secretion (e.g. oestrogen/progesterone), an inhibited mediator or intermediate substance secretion (e.g. insulin in diabetes) or to fast reuptake (e.g. seretonin in depression) or just in contrary a to increased repeated stimulation by exaggerated mediator supply (e.g. thyroid hormone in hyperthyroidism).

Essential is the interfering or blocking activity of the homotoxin on normal functioning of the cell or organ systems. Even out of the cell the homotoxin might be interactively steering regulation systems so that at the end the cell functioning is endangered.



To use an image Dr. Reckewaeg postulated that 'homotoxins burn in the fire of an inflammation'. What he meant by this is that the organism, by creating an inflammation at the level of the homotoxin presence in the ECM, will create, by general mobilisation of defense cells, a level of increased cleansing (mostly by antibody response and/or phagocytosis) until nothing is left, like in a fire. During an inflammation process the structure of proteoglycans in the matrix is decomposed bz enzymes. Due to this decomposition the elimination of homotoxins by the defense system becomes more easy. In a second phase of inflammation the structure is repaired by the activity of fibroblasts.

Deposit of homotoxins in the ECM, in fat cells, nerve ends and even in the liposomes of the cell, without an in time 'cleansing' reaction of the organism will result into a long term storage and intoxication status. This storage will be the main cause of the origin of chronic degenerative diseases, which is to be avoided by all means.



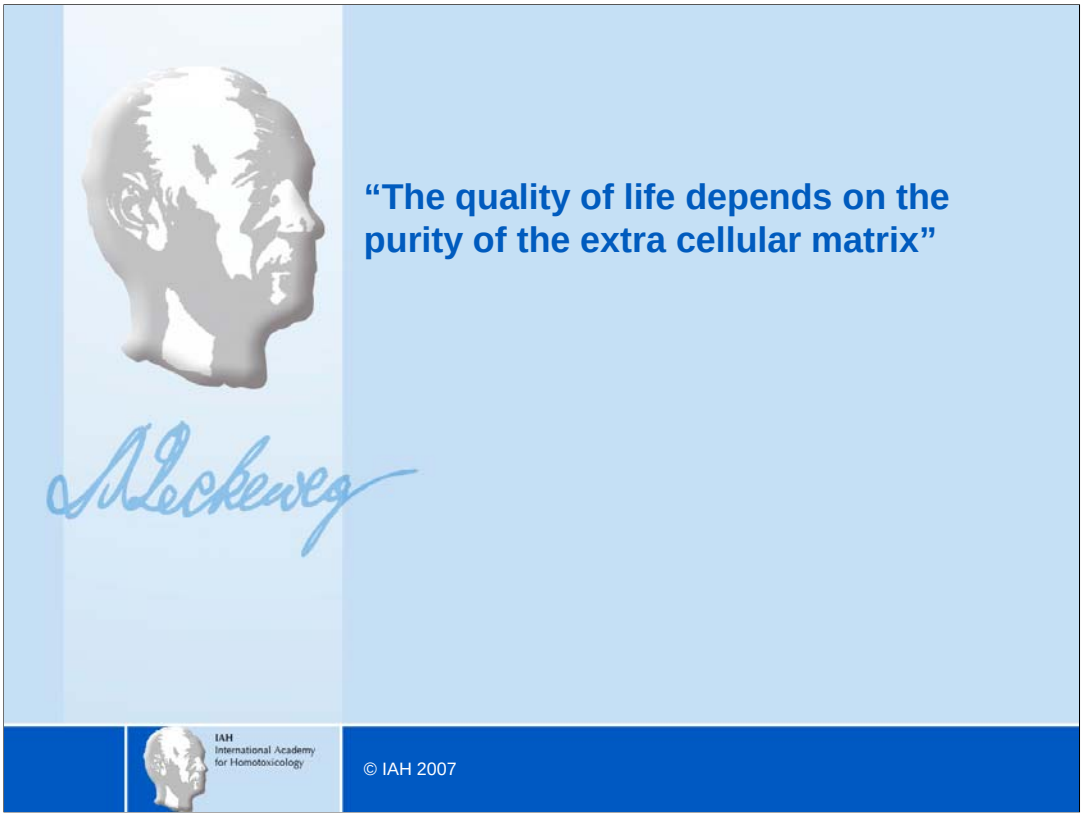
The arrows on this picture show the huge number of interactions that take place at the level of the ECM**,** also cells will interact one another. In fact we can even say that at any moment every cell of the organism will communicate and interact with every other cell due to the existence of the living matrix (see IAH AC Living Matrix: Histology and Physiology)

We discussed already the transmission pathway of nutrients from capillaries to the cell and of waste products from cell to blood stream or lymphatic system. Information from nerve to cell and vice versa is another pathway.

Diffusion of messengers out of the blood stream can trigger nerves, defense cells, fibroblasts and is on his turn influenced by the endocrine system over the release of hormones. Biorhythm will influence the central nerve system that will influence in turn the biorhythm itself, the endocrine system and the whole nerve system (Psyho Neuro Endocrine Immunology). Fibroblasts generate proteoglycans and repair damaged collagen.

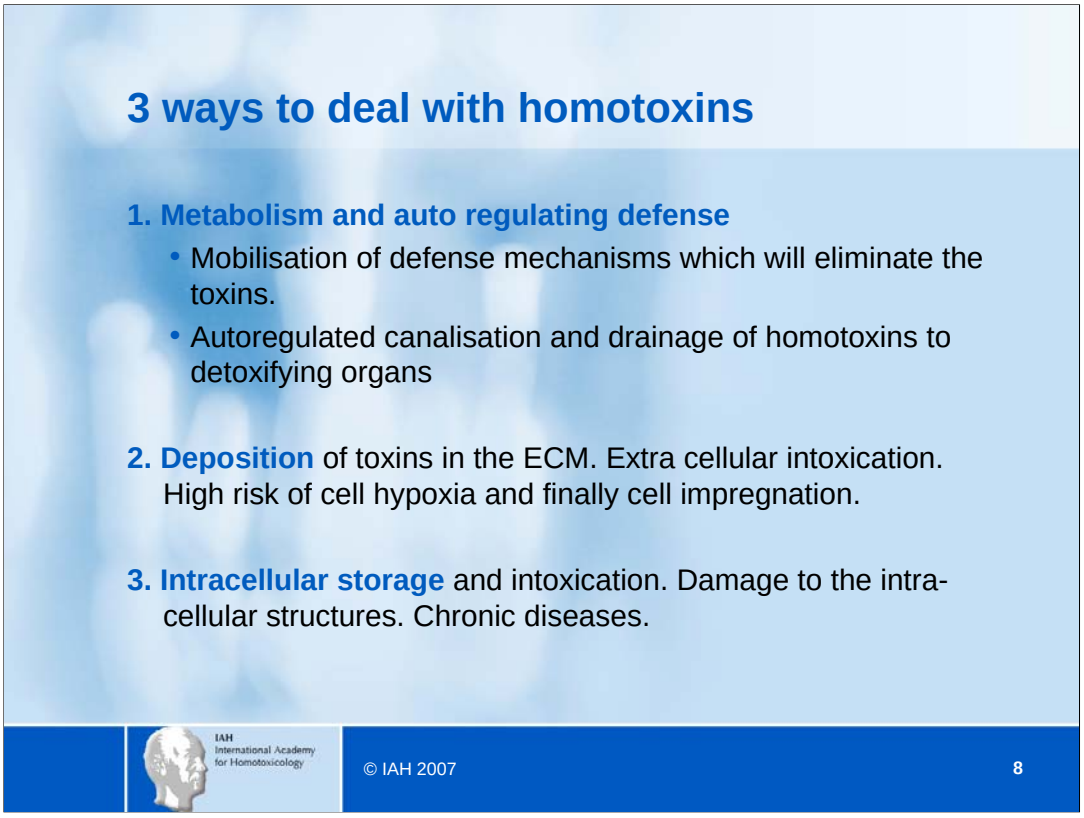
Last but not least: cells of the same tissue will interact one another so that all the cells of an organ system work as a ‘team’ to fulfil the specific function of that system.

Any accumulation or storage of homotoxins in this fine meshed 3-dimensional web will cause blocks and interferences of normal mediator transmission and system interactions. Dysregulated systems will finally cause cell dysfunction.



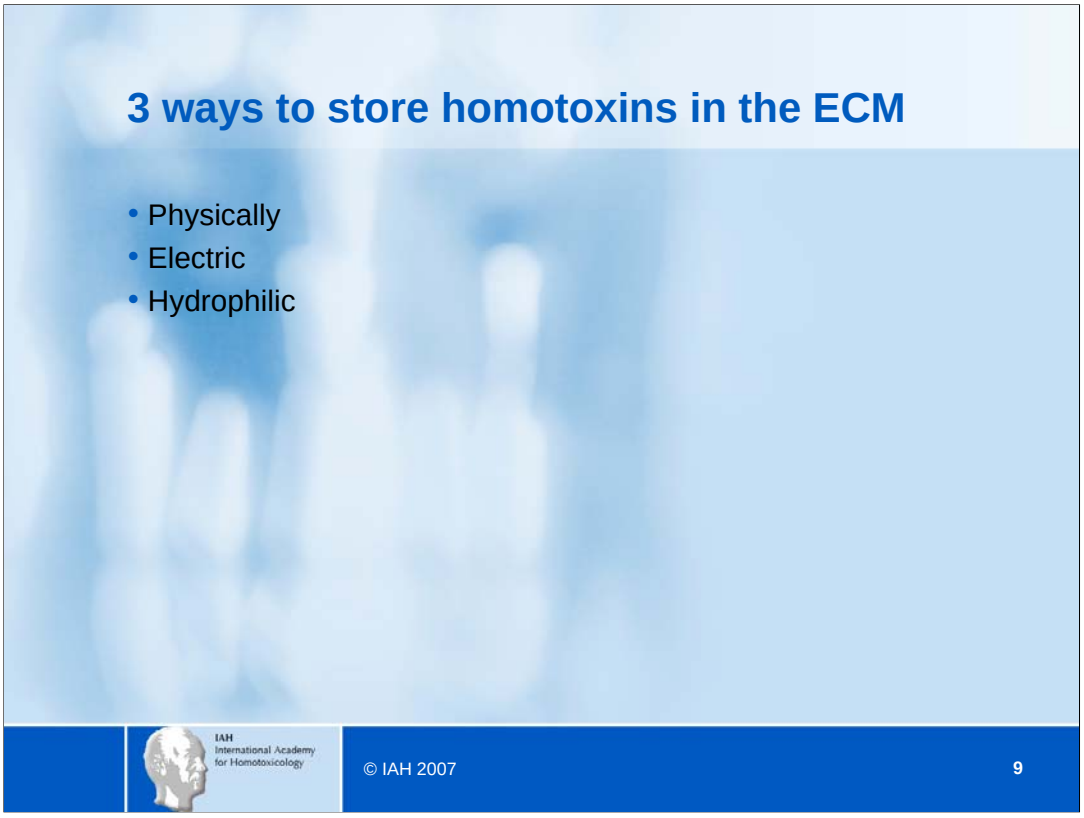
Resumed we may put that the life quality of the patient depends in the first place on the purity of his extra cellular matrix and the proper interactive functioning of his living matrix. Therefore the drainage and detoxification of the organism is one of our main goals in antihomotoxic medicine.

We could also say that any therapeutic measure taken in the treatment of chronic diseases, without taking measures to drain and detoxify, are measures that won’t last effect on long term. Recurrence will often occur.



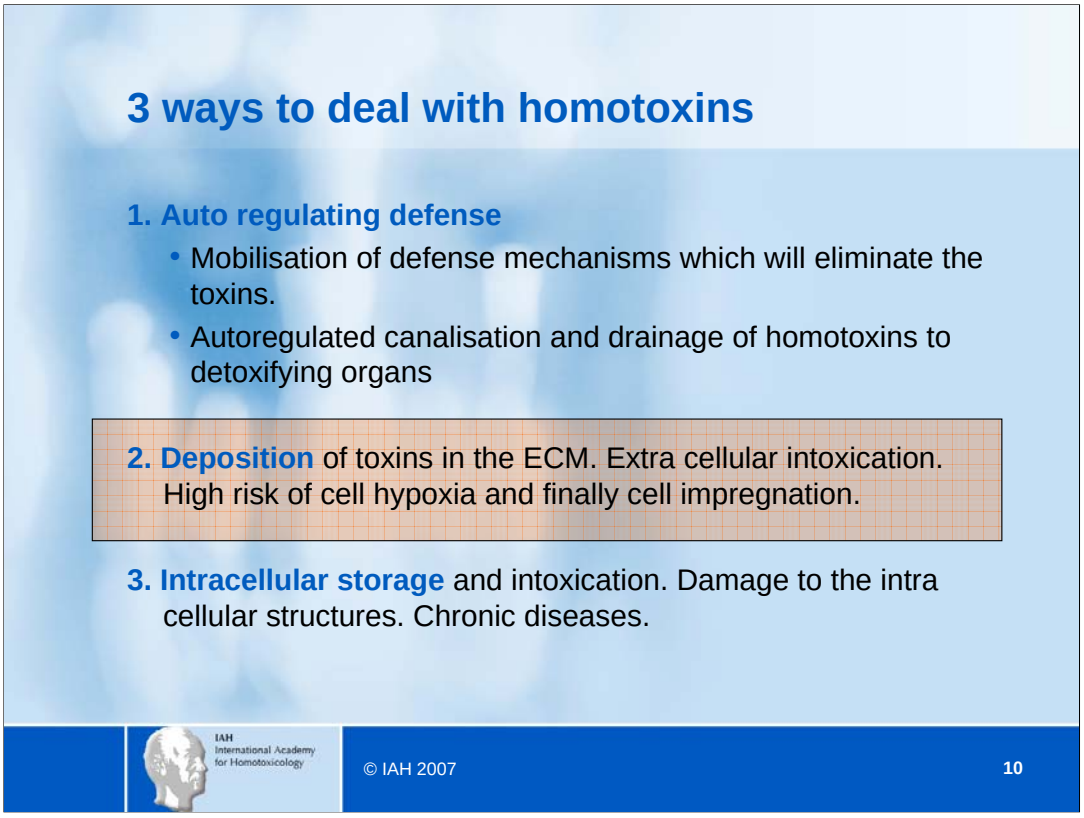
The organism has three main ways to deal with homotoxins presented to the body.

1. A trial is undertaken to eliminate the homotoxins by means of metabolic processes (so that a non toxic intermediate or end product is produced) or the eliminating activity of an auto regulating defense mechanism. In concrete terms, this means that if hyperexcretion fails ,local defense cells will trigger an inflammation cascade with the elimination of the accumulated toxins as only goal. If this fails the second manner will occur.
2. Homotoxins are stored (accumulated) at the level of the biophysical GAGs/PGs filter. As this filter lays in the transmission zone of mediators, nutrients and other essential substances that travels from bloodstream to cell and vice versa, accumulation of toxins might physically block the pathway or deregulate the interactions between the different systems present. At long term a stage of cell suffocation and deregulation might occur. In the worst case the third manner happens.
3. Homotoxins themselves or their deregulating effects might ‘impregnate’ into the cell and cause intracellular dysfunction, damage or even cell death. intracellular intoxication, damage or even cell death will influence the function of the tissue the cell belongs to. The more cells that are concerned, the greater the organ or tissue dysfunction will be and the worse degenerative the disease becomes. In the third case we see chronic degenerative diseases and if to long present irreversible as organ damage is to extended and can’t be repaired anymore.



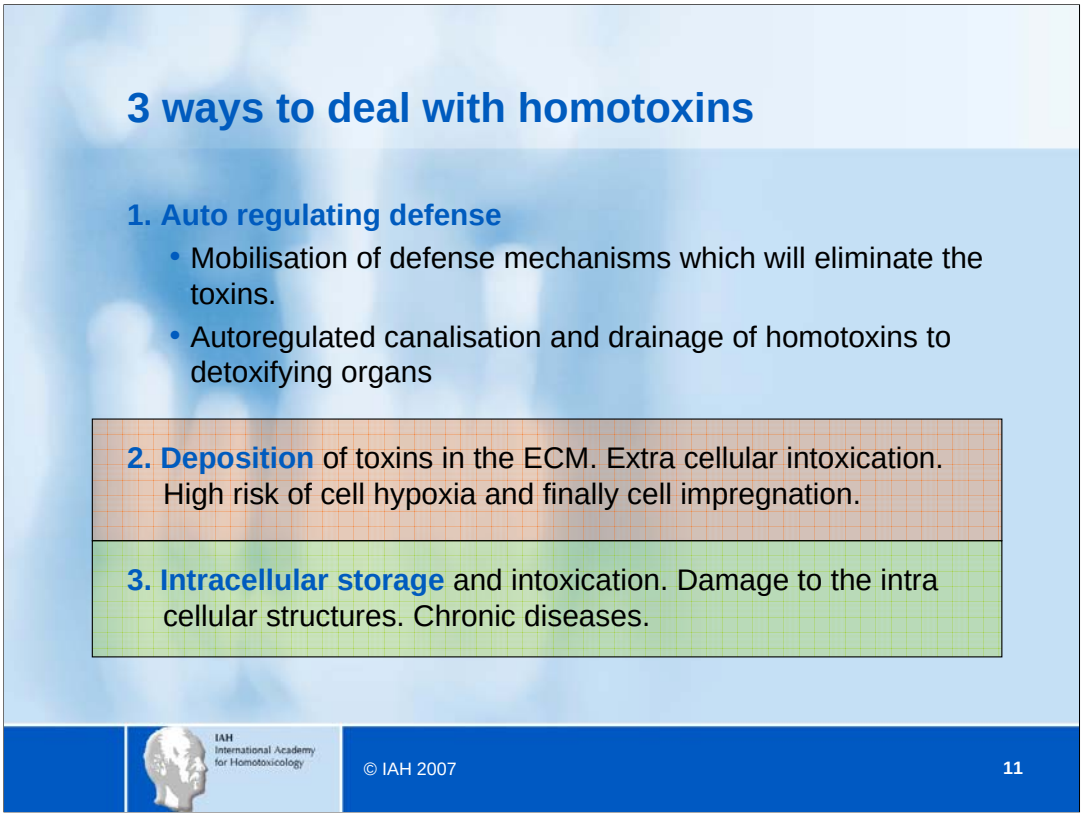
There are three ways homotoxins can get stored into the structure of the ECM and obstruct transmission of messages (messengers) and dysregulate cell function, even on distance over the living matrix.

1. Physically: homotoxins can by their form and size get gripped into the web-like structure of proteoglycans and glycosaminoglycans at the level of the ECM. If the number of gripped homotoxins increase in a significant way they will obstruct (physically) the passage of all kind of beneficial substances.
2. Electric: the electric charge of proteoglycans is negative. This has as a consequence that positive charged homotoxins get attracted to the ECM structure and attach to it due to the electric binding.
3. Hydrophilic: homotoxins that are water soluble or small sized can remain in the highly water holding structure the matrix is. Proteoglycans are extremely hydrophilic and substances can get hold in this structure gripping liquid.



If homotoxins get attached to the matrix drainage and detoxification should be standard within any homotoxicological approach. In the disease evolution table (former name: six phase table according to Reckeweg) we find the characteristics of this stage in the third column: the deposition phases.

As in this stage we often see few clinical symptoms in the initial stage of deposition, the disease process may not be apparent; and therefore no intervention takes place. This has as a consequence a silent evolution into a long term intoxication status. When the patient finally starts presenting clinical symptoms lateral damage to cell and organ structures often has already occurred. So, the sooner the patient is drained and detoxified in a deposition stage, the better it is for him or her.



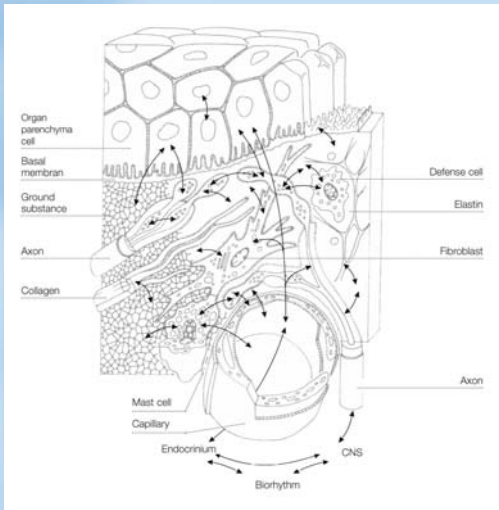
Also in a cellular intoxication status drainage and detoxification is of an extreme importance. Not only we have to stop the suffocating and disturbing presence of homotoxins in the matrix, we also have to eliminate intracellular toxins if present and transport them over the ECM to detoxifying and excreting organs.

Most drainAGE and detoxifying medication will act on ECM-storage of the toxins and not on the elimination of intracellular storage or presence. That is why in antihomotoxic medicine specific cell activating medication is developed and used.

Deposition Phases: resume

- Homotoxins are stored in the ECM and in the cell
- Obstruct normal transmission of nutrient and wastes from the capillaries to the cell and vice versa
- Increases the risk of intracellular damage

H. Heine



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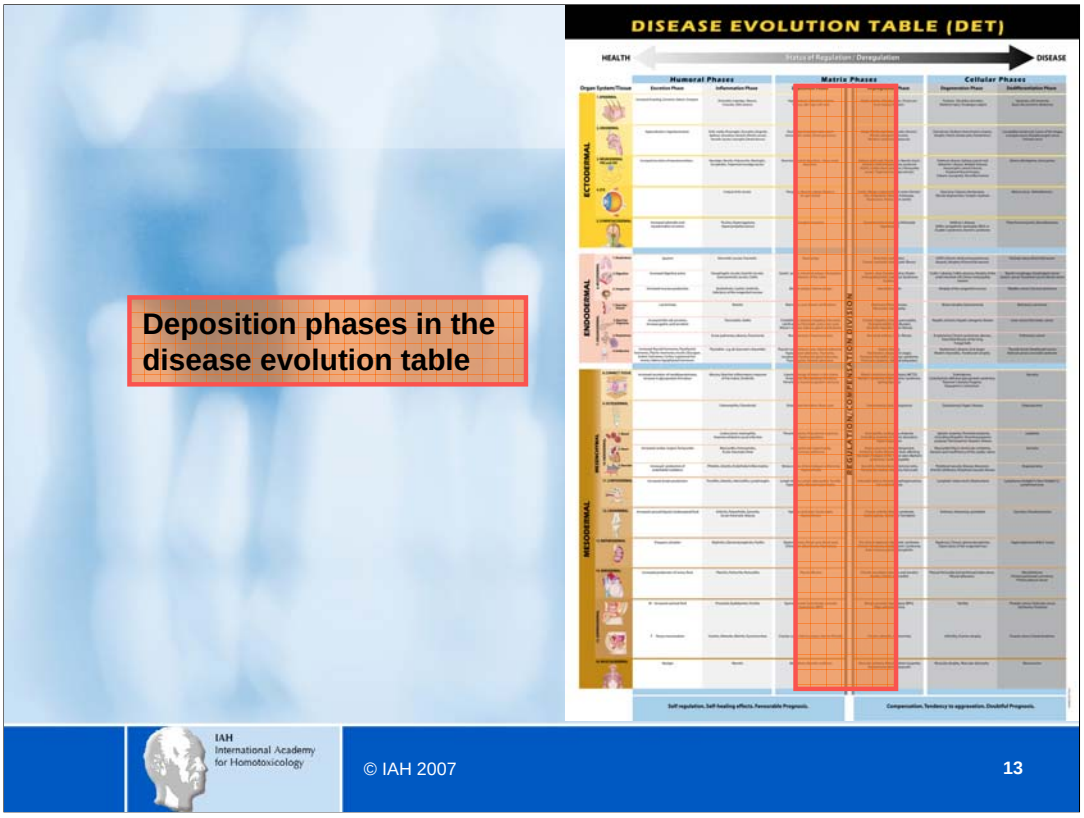
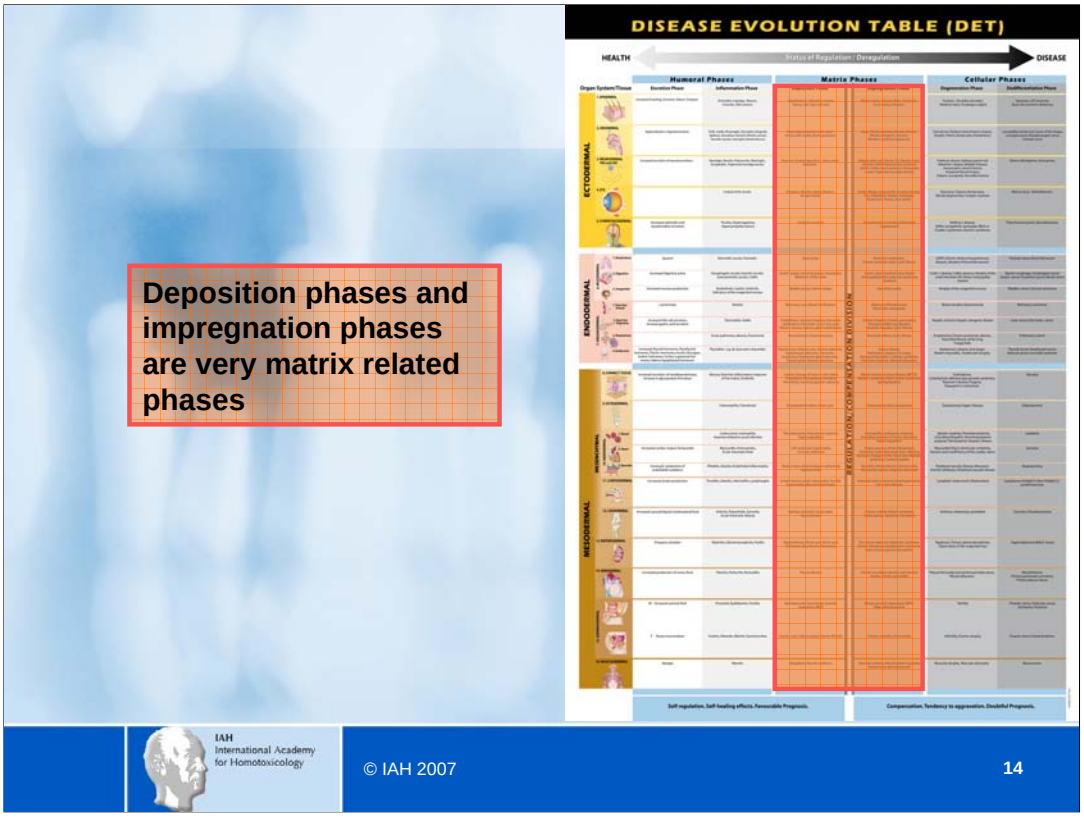
To resume: homotoxins stored in the ECM obstruct the transmission and filtering function of the biophysical filter and create a higher risk for cell hypoxia and deregulation of the cell functions. intracellular homotoxins may interfere on or damage intracellular structures and therefore higher the risk for degenerative pathologies.

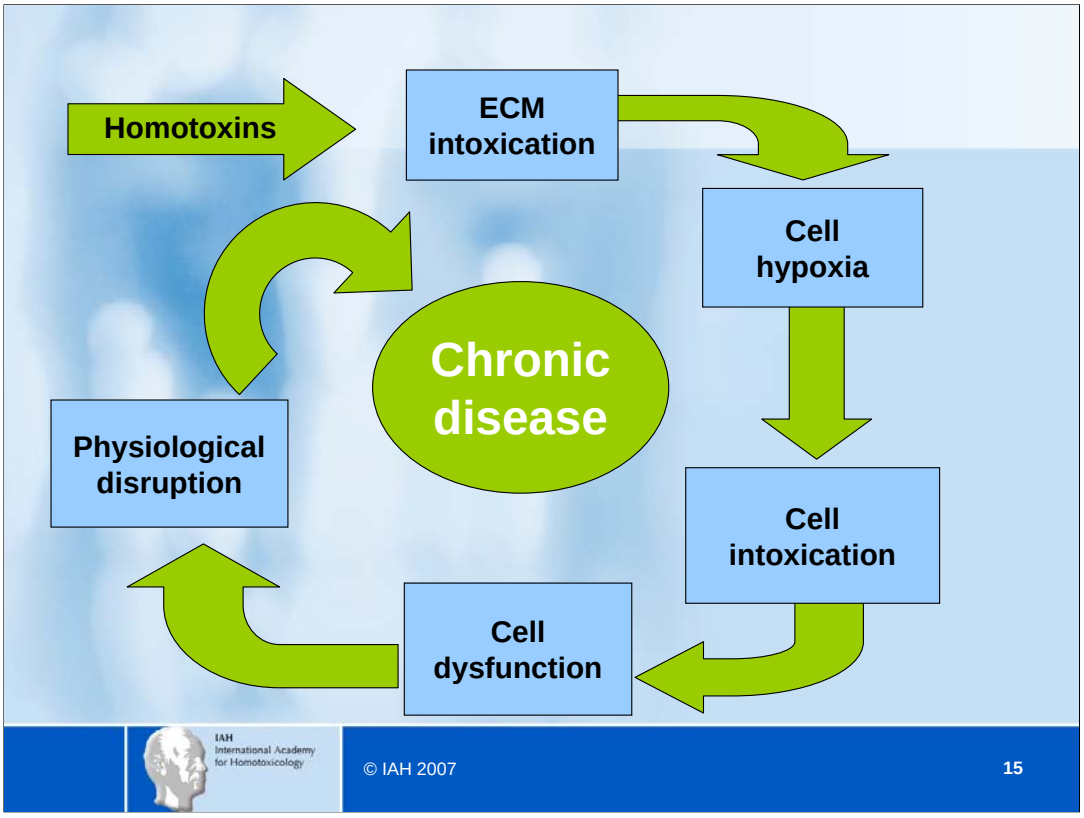


In the disease evolution table the deposition phase is at the edge between extra cellular and intracellular intoxication and/or dysfunction, and therefore a risk for the patient's health on long term**.**



We may state that the balance between a prolonged deposition of homotoxins in the matrix and the imperceptible impregnation of the homotoxins or their intoxicating and dysregulating effects into the cell is very brittle. Deposition phases are often ‘silent’ processes with few clinical complaints in the beginning (think about renal and gall bladder stones, polyps, cysts, amalgam in gums, DDT in liver,…). BY the time that the clinical symptoms appear lateral damage is often there and the cell is already affected.

That is why in the disease evolution table the deposition phase and impregnation phase are both very matrix related phases. The essential common cause is the status of the matrix.



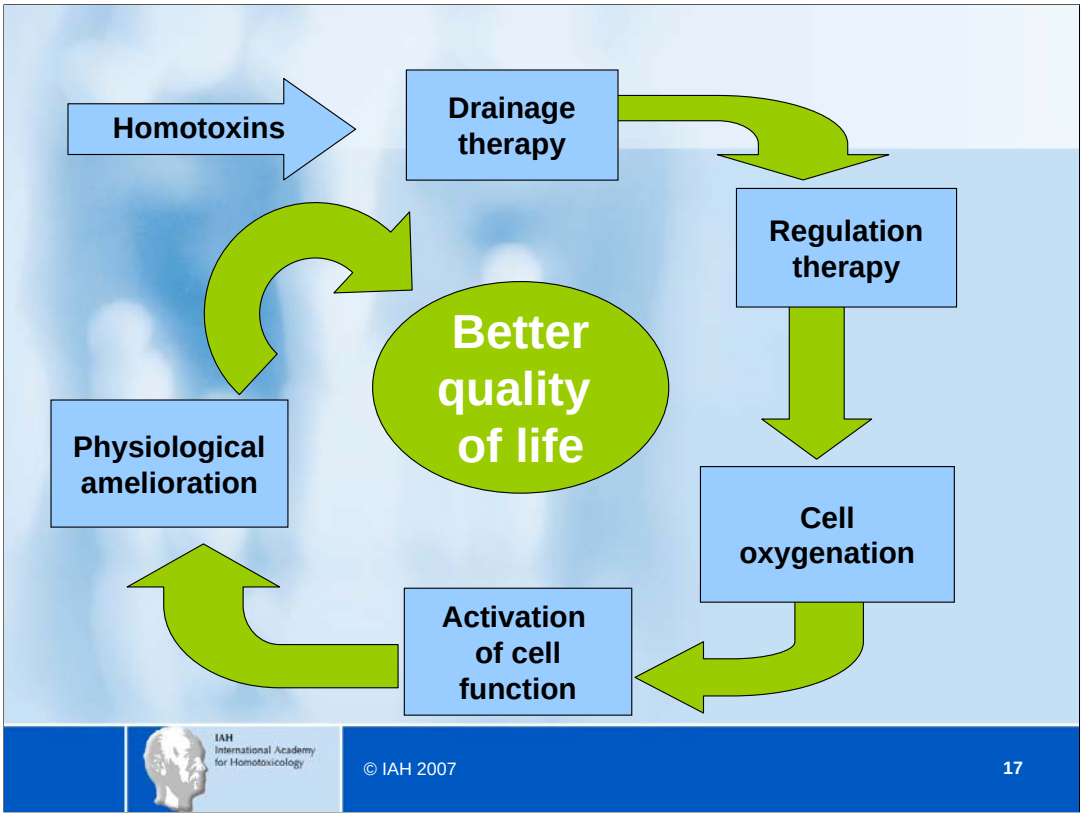
The cascade of the origin of a chronic disease goes over an ECM intoxication that causes a cell hypoxia. It is a question of time before the cell gets intracellular intoxicated or dysregulated and shows serious dysfunction. The more cells in the same tissue that are concerned, the more physiological disruption will be present in the tissue function. As there is more or less a long term physiological fall out installed, a chronic disease is born.

We will now discuss the three pillars or fundaments of homotoxical treatment of chronic diseases more in detail.

As time is not in favour of the cell as it comes to homotoxin storage, the sooner detoxification and drainage of homotoxines take place, the better it is for the cell. That is why the first pillar of homotoxicological treatment, drainage and detoxification, is there.

Often we see that drainage and detoxification trigger inflammatory processes due to the homotoxin transport and the higher chance of ‘detection’ of the toxins by the defense system. On the other hand mobilisation of defense to the intoxication site accelerates detoxification as inflammation can be seen as an accelerated cleansing of the matrix. By immunomodulation (the second pillar of homotoxicological treatment) we will mobilize defense on the one hand and keep the defense reaction between certain levels on the other hand. By this we do not decrease the life quality of the patient to much by encouraged inflammation processes.

We have seen in former slides that the life quality of the cell is endangered by prolonged extra cellular homotoxin storage. Not only there is the risk of cell hypoxia by the physical blocking of the matrix by the homotoxins (transmission is hampered). Also an impregnation of the homotoxin itself into the ell is possible. That is why the third pillar of homotoxicological treatment will be cell support and organ support.



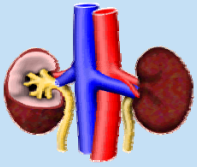
By inducing the three pillars of homotoxicology into our treatment strategy we lower the risk of disease evolution (evolution of the influence of intoxication to more important organs and tissues).

Drainage and detoxification will clear the matrix and by this the direct cellular environment. Regulation therapy will protect the patient from to heavy inflammatory reactions on the transport and handling of the homotoxins. By cell oxygenation the activity and function of the cell is optimised. Support of the cell function leads to a physiological *i*mprovement of the tissue which leads to lesser symptoms and better life quality.

By drainage is meant that homotoxins will be brought over the lymphatic system to the venous bloodstream. Liver and kidneys are the main detoxification organs so detoxifying means to activate detoxifying organs. Although the skin has some detoxification capacities, his main function is protection against and excretion of homotoxins. In the same way the internal skin (mucosal membranes) has about a similar function.

Detoxification through the kidneys

1. Regulation of body's fluid volume, mineral composition and acidity
2. Regulating excretion and re-absorption of water and electrolytes
3. Excretion of water soluble homotoxins (organic waste products) and some chemicals and heavy metals over urine production, mostly small polar compounds which have been made water soluble in the liver



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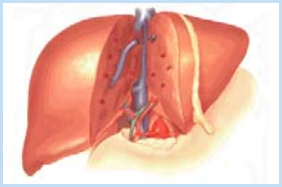
Kidneys detoxify intermediately and excrete.

Kidneys are responsible for concentration of minerals in the body fluid volume. Kidneys also regulate acidity, have an impact on electric potential (electrolyte management) and by more or less excretion of water will regulate the fluid volume in the body.

Kidneys directly excrete water soluble homotoxins which are mostly organ waste products, some chemical substances and heavy metals in the daily production of urine. Although in average an adult produces 150 litres of primary urine, only 1% of this volume (1,5 litres) is excreted as final urine full of unwanted substances, mostly homotoxins. The rest is reabsorbed and recycled to keep mineral and electrolyte balance in harmony.

Detoxification through the liver

1. Making fat soluble homotoxins water soluble to excrete them over the kidneys and the bile
2. Metabolization of homotoxins via sulfhydryl containing substances to non-toxic rest products
3. Combination of both



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The main detoxification organ in the human body is the liver.

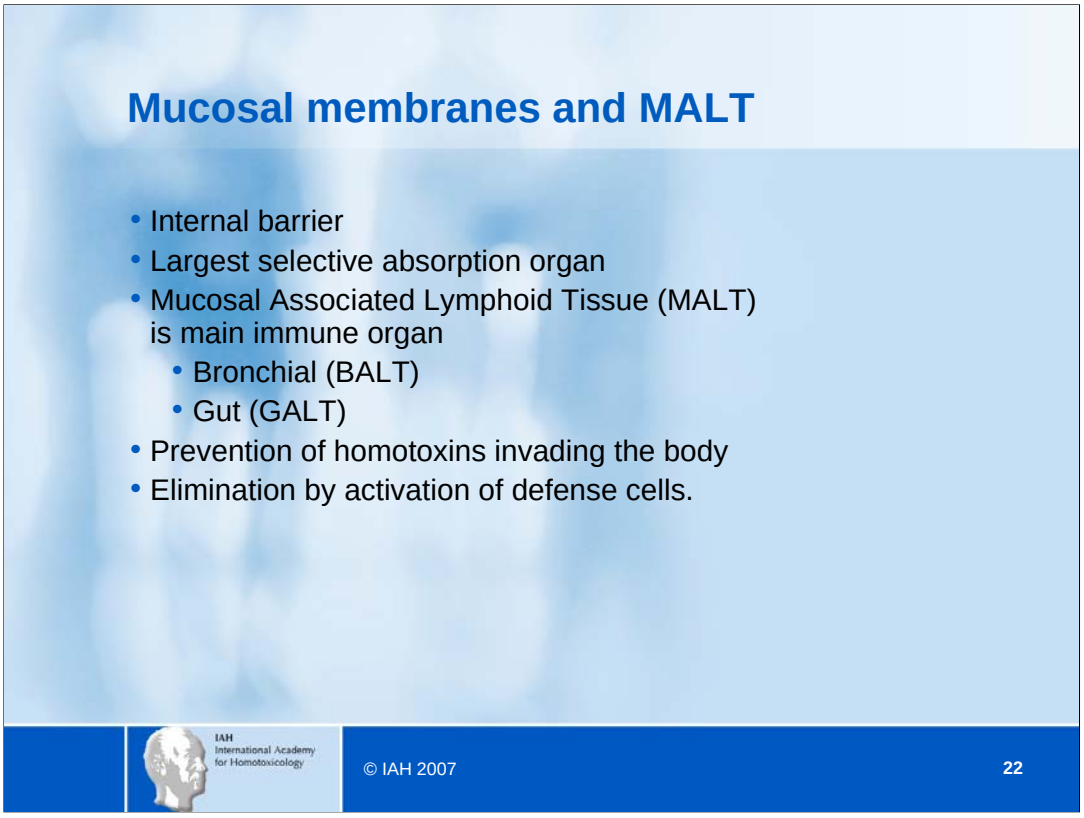
Fat soluble homotoxins that are presented by the bloodstream to the liver will be metabolically shift to water soluble homotoxins to be presented to the kidneys that will excrete them over urine production.

Some homotoxins will be directly metabolised over sulfhydril containing substances to non-toxic rest products, called homotoxons.

Of course in the detoxification process of the liver a combination of both metabolic processes is possible.

Although the skin is in the first place the first barrier of protection for the organism, we should not forget the drainage (excretion) and detoxifying capacities of this tissue.

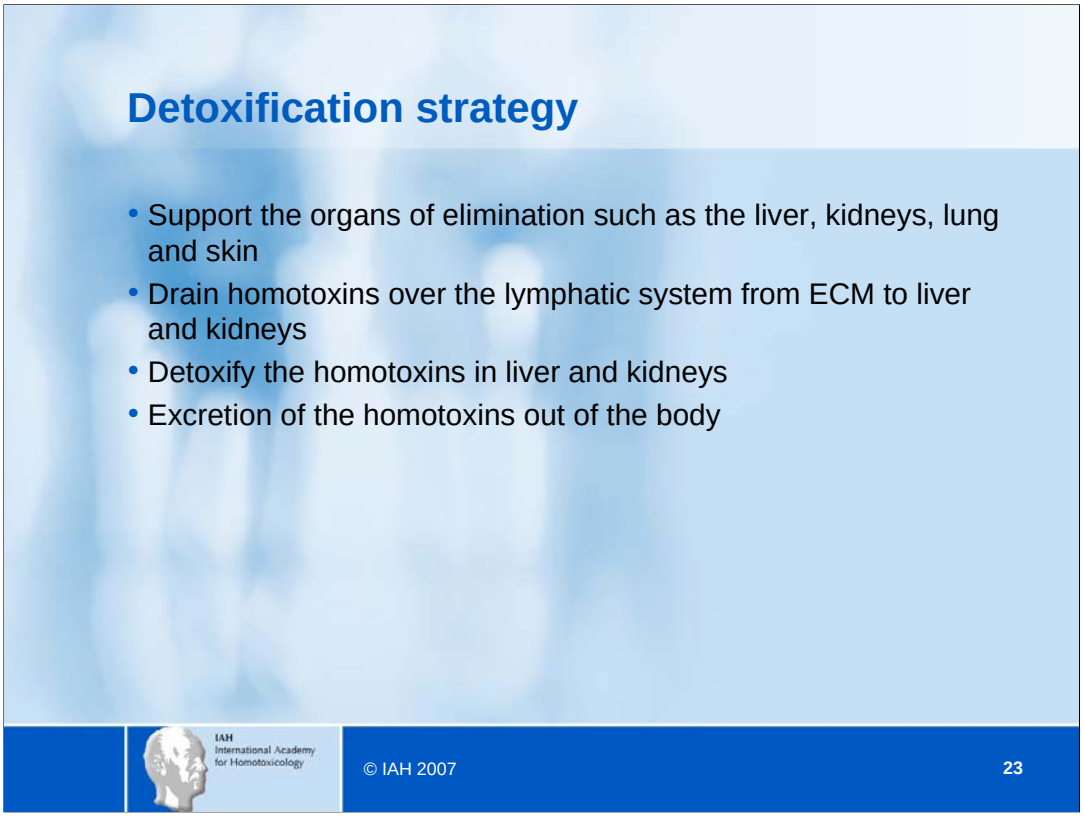
To keep the drainage and detoxifying capacities of the skin in mind is extremely important when it comes to more advanced, more complex detoxification programs. We often see that heavily intoxicated persons in a drainage and detoxification therapy react on the level of the skin with rash or eruption, nightly sweating, bad smelling, etc… In more advanced detoxification, specific skin detoxifying and draining medications will be taken in consideration. This is also the case when it comes to the treatment of skin diseases or diseases that have progressively evaluated from a skin disorder.



The barrier function of the skin at the outside of the body is internally done by the different mucosa. Beside its defense function it is in contrary to the skin our largest contact surface with the environment around us. By this it is also our main channel over which toxins get into the body and intoxicate the organism.

The mucosal associated lymphatic tissue, non encapseled competent lymph cells, is hugely present at the mucosal level. Main mucosa are the respiratory (with BALT) and intestinal (with GALT). The MALT functions as a barrier controlling dispersed organ to check incoming substances.

By activating defense cells the mucosal membranes with their MALT play a crucial role in detoxification of the organism.



Most homotoxins will be found in the extra cellular matrix and due to their size, kind or structure, most of them will be transported over the lymphatic system from the ECM to liver and kidneys. After detoxification in liver and kidneys homotoxins can be excreted over excretion organs out of the body.

Deficiency of the lymphatic system, the kidneys or liver will create a huge intoxication status in the body and this within a very short delay of time. That is why in most patients we drain and detoxify at the same time as a drainage without liver and kidney support might cause an overload of toxins at the level of these crucial organs

Of course we can activate the lymphatic system and drain the ECM with the lymph medication Lymphomyosot. But, as most chronic diseases suppose a long term storage of homotoxins, it might be that the amount of homotoxins transported in a quite short period overcharge the liver and kidneys, especially in those patients where there is already a slight or moderate dysfunction of these organs.

To play on the safe side, especially in chronic pathologies, the Detox-kit is a more complete and safe option for drainage and detoxification therapy. Not only the terrain is cleaned, the liver and kidneys are therapeutically supported to do their detoxifying task.

The standard dosage for Lymphomyosot in adults is 3 times 10 drops a day. We should not forget that for drainage purposes Lymphomyosot has to be taken for a few weeks at least as the lymphatic stream is very slow, compared to the venous system.

Good drainage and detoxification requires liquid, by preference water. A lot of rest products are proteins and they are easily carried and transported by water in the body. That is why an important aspect of drainage and detoxification therapy is that the body has the disposal over more water than normally daily used. Beside the normal consumed liquids the adult patient should additionally use 1,5 litres of water.

To higher the patient compliance it is the obvious way to use the Detox-kit components into 1,5 litres of water, to be drunk out during the day. For that purpose the patient will add 30 drops of each bottle of the Detox-kit (3 different bottles, 30 drops of each) into one bottle of 1,5 litres of mineral water (gas free). Little by little the patient has to drink the content of the bottle over the day. This should be done, day after day, for a least 3 weeks.

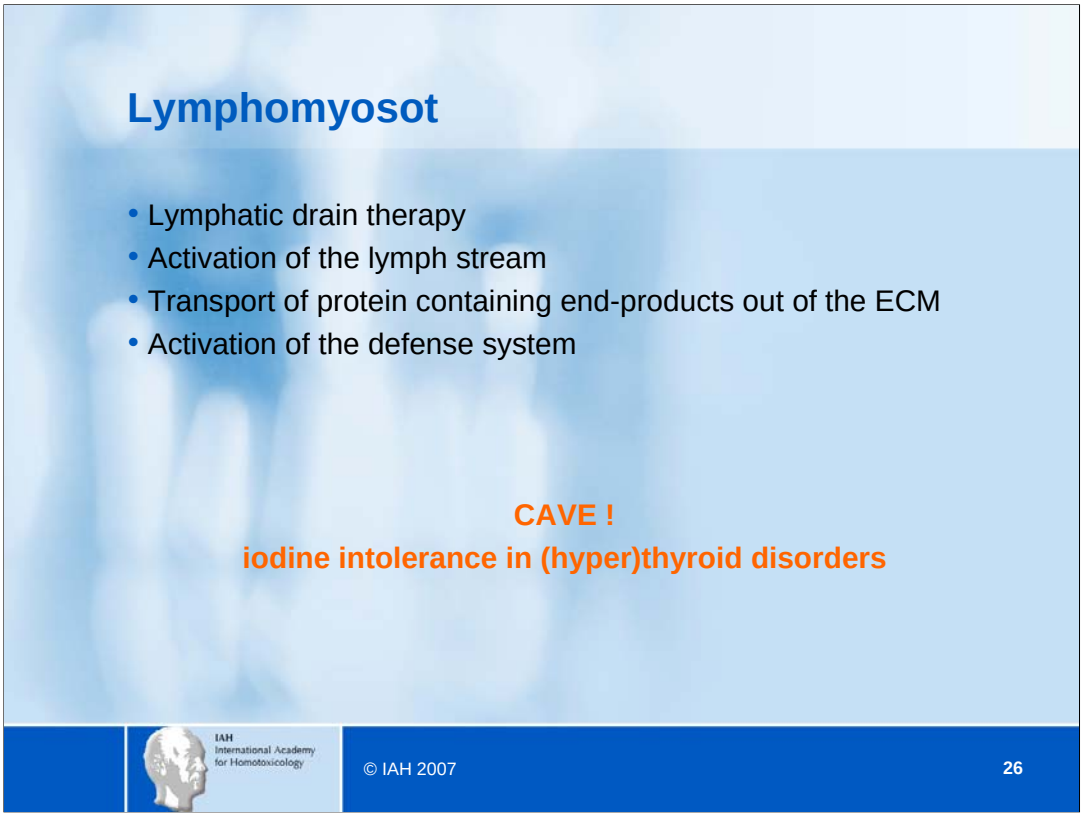
The Detox-kit is composed out of 3 different medications: Lymphomyosot drops, Berberis-Homaccord drops and Nux vomica-Homaccord drops.

It is not always very clear when to choose Lymphomyosot versus the Detox-kit. Here are a few tips that are suggestive, not binding.

As younger people have lesser risk in liver and/or kidney failure, Lymphomyosot alone might do the job of drainage and detoxification. Especially pathologies at the left side of disease evolution table are mostly efficiently helped with this medication to drain and detoxify their body. Important is the symptom of a long lasting fatigue despite good sleep and no tiring activities. Lasting fatigue in normal lifestyle is often a sign of heavy homotoxin loads, even intracellular, with higher risks of overcharging kidneys and liver in an isolated drain therapy. In that case liver and kidney support is needed. If intracellular intoxication is suspected an intracellular cleanse (see further) will be necessary.

When the patient is an adult or the pathology is at the right side of disease evolution table a more complex drainage and detoxification therapy is needed. Therefore the Detox-kit was developed as a therapeutic concept. Beside the transport of homotoxins out of the extra cellular environment, liver and kidneys are supported to detoxify and finally excrete the metabolic rest and waste products. Especially if a long lasting fatigue is present, without clear reason, the Detox-kit is mandatory and will even have to be assisted by more specific intracellular detoxifying medications and cell and organ protective medications.

In chronic cases it is advised to support elimination organs before to start a drainage and detoxification therapy. In this way the elimination organs are prepared before the flow of homotoxins they will have to deal with comes in.

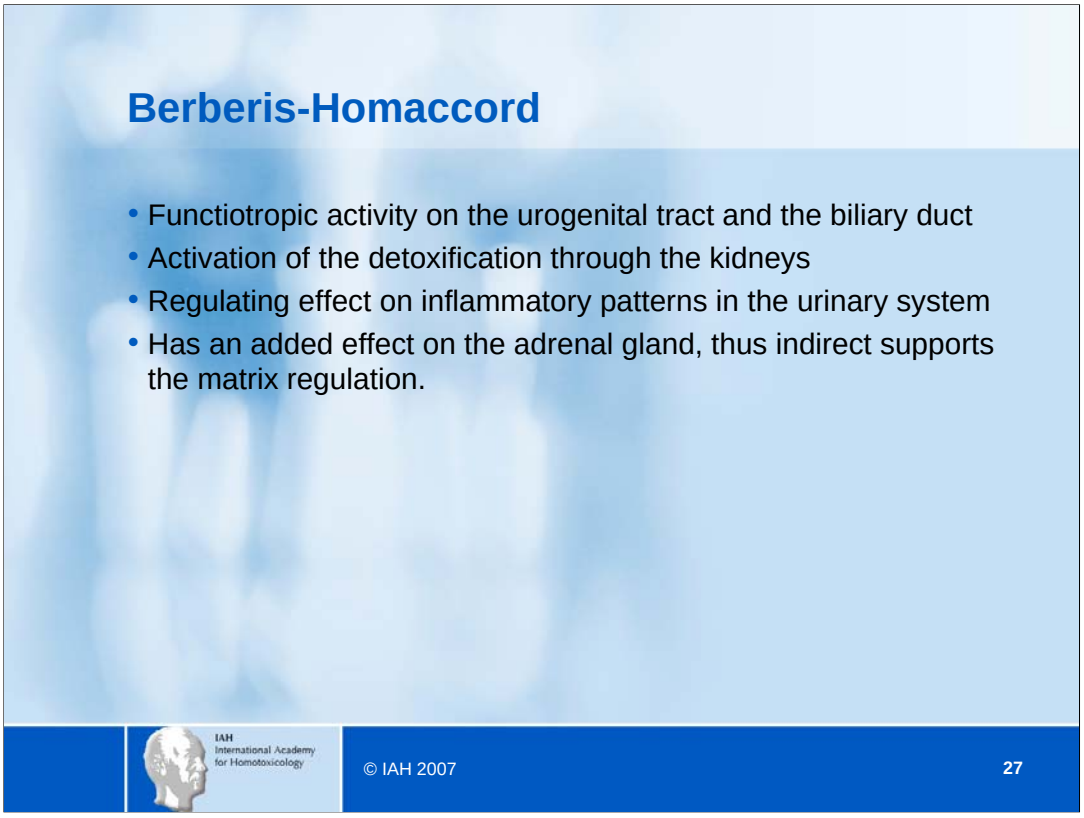


The lymph system is a parallel system to the venous system. It will transport liquid out of the interstitial space, passing over at least one lymph ganglion, before ending into the venous system. The lymph contains many waste products and homotoxins that partly already will be filtered out at the level of the lymph ganglia (filtering and defense sites).

Lymphomyosot will activate the function of the lymph system. It is postulated that Lymphomyosot speeds up the lymph stream and ameliorates the canalisation and drainage of the lymph liquid. In this way protein, end products and other homotoxins are transported out of the extra cellular matrix and the defense system at the level of the lymph ganglia is activated.

Although Lymphomyosot is well known as a homotoxicological medication to treat tonsillitis, tonsil hypertrophy and other lymph related pathologies like we see in lymph oedema or EBV-infection, it is in the first place a lymph drainage medication, used to cleanse the ECM.

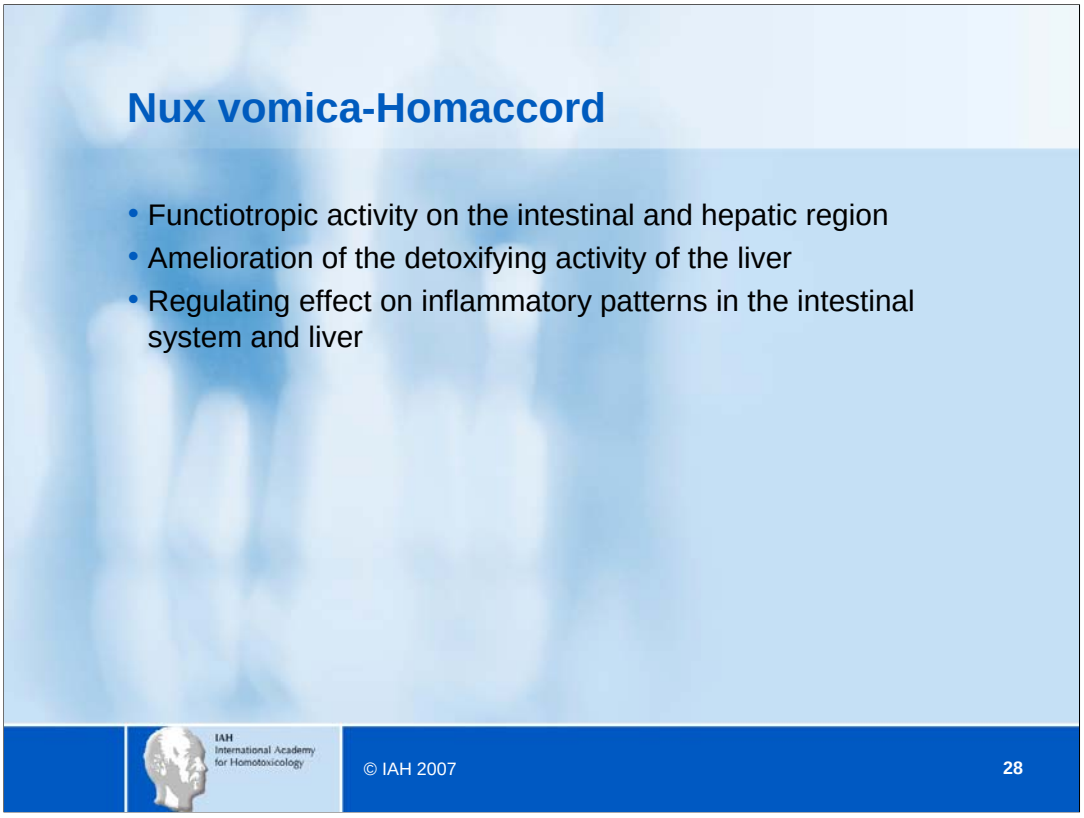
Cave! As Lymphomyosot contains a micro doses of Ferrum iodatum and Levothyroxin it is to be used with caution in extremely expressed hyperthyroid function.



Berberis Homaccord is an antihomotoxic medication which is often used for inflammation and irritation at the level of the urogenital and biliary tract. Beside that it has remarkable functiotropic activities on kidneys and bladder. It activates the detoxifying and excreting function of the kidneys in such a way that it became a valuable therapeutic instrument in drainage and detoxifying therapies.

As part of the Detox-kit it activates the detoxification through the kidneys and avoids that a higher bringing in of homotoxins during a drain therapy is not triggering inflammatory patterns at the level of the kidneys (due to the temporary higher concentration of the homotoxins).

Berberis Homaccord is a safe and very effective component of the essential triad included in the Detox-kit.



Nux vomica-Homaccord is used in daily practice for the treatment of gastro-intestinal disorders, especially if they occur after the abuse of nicotine, alcohol, coffee and other stimulants. It has highly supportive effects on the liver. Therefore it is chosen as one of the Detox-kit triad, more precisely to support the liver in his detoxifying function.

As during drain therapies a high amount of toxins are presented to the liver in a very short delay of time, liver disorders may occur due to the overload. Nux vomica-Homaccord protects the patient better against liver overcharging during drainage and detoxification therapy.

Nux vomica-Homaccord is a safe and effective antihomotoxic medication that procures a high functiotrophic activation of the liver's detoxifying function.

How to use the Detox-Kit® ?

- Mix 30 drops of each remedy of the kit in 1,5 litres of mineral water
- Drink out over the day
- Minimal 3 weeks use (1 kit)
- Optimal 6 weeks use (2 kits)

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As mentioned before the Detox-kit is a well balanced triad of a lymph medication (Lymphomyosot), a stimulator and activator of the renal (Berberis-Homaccord) and hepatic (Nux vomica-Homaccord) function.

The Detox-kit should be used long enough to create the drain and detoxifying effect. It should not be used for days but for weeks. One set (one package of Detox-kit) stands, under normal dosage, for 3 of weeks treatment. Optimal treatment requires a 6 weeks treatment that can be filled in with two successive kits.

We repeat that the standard recommended dosage is 30 drops of each of the 3 different flacons in 1,5 litres of water a day. The bottle of water is drunk over the day, additive to the normal content of liquids taken normally by the patient. Remind that a minor amount of water might inhibit the transport capacities of the homotoxins and cause temporarily higher concentrations of them.

Drainage/detoxification levels per organ tissue 1

	Liver	Urinary tract Kidney	Lymph	Skin
Basic Detoxification/Drainage	Detox-Kit	Detox-Kit	Detox-Kit	-
Advanced Detox 1	Hepar comp.	Solidago comp.	Tonsilla comp.	Cutis comp.
Advanced Detox 2	Hepeel	Reneel H	Galium-Heel/ Lymphomyosot	Schwef-Heel
Advanced Detox 3				
For cellular Detoxification in addition	Coenzyme comp./ Ubichinon comp.	Coenzyme comp./ Ubichinon comp.	Coenzyme comp./ Ubichinon comp.	Coenzyme comp./ Ubichinon comp.

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With the Detox-kit we drain and detoxify over the main organs. Other organs and tissues have also detoxifying and drain capacities and therefore should not be neglected.

Beside the lymph, liver and kidneys other organs are to be considered as detoxifying. We mention the skin, the gut, the bile, the connective tissue and the respiratory tract. In some cases, the more complex ones, we will have to be more specific in drainage and detoxification. In here the Detox-kit alone will not fulfil our objectives. In the table on this slide and the next one the specific medication is mentioned to do a proper drainage and detoxification of the affected tissue or organ.

We could put that a ‘first line’ drainage and detoxification the Detox-kit will do to attempt a satisfying drainage and detoxification. If more specific tissues have to be approached we will first look at the upper line to chose our additive remedy.

The line under is mentioning the remedies to be used to detoxify the intracellular toxins and to ameliorate the cell oxygenation.

Drainage/detoxification levels per organ tissue 2

	Gut	Gallbladder	Connective tissue	Respiratory tract
Basic Detoxification/Drainage	Detox-Kit	Chelidonium-Homaccord	Detox-Kit	Bronchalis-Heel
Advanced Detox 1	Mucosa comp.	Hepar comp.	Thyreoidea comp.	Mucosa comp.
Advanced Detox 2	Nux vomica-Homaccord	Leber-Galle Tropfen (new)	Pulsatilla comp.	
Advanced Detox 3		Injeel-Chol	Galium-Heel/ Lymphomyosot	
For cellular Detoxification in addition	Coenzyme comp./ Ubichinon comp.	Coenzyme comp./ Ubichinon comp.	Coenzyme comp./ Ubichinon comp.	Coenzyme comp./ Ubichinon comp.

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In more chronic and more severe cases it might be we have to go for a more advanced drainage and detoxification scheme. In up going order of depth of impact medications per organ or tissue are mentioned in the successive lines of advanced detoxification. As the Detox-kit is draining the ECM and stimulating the activity of liver and kidneys nothing is done to support the organ cells directly, which is certainly needed in intracellular intoxications and chronic cell suffocating serious extra cellular transmission blockage by massive stored homotoxins. Suis organ components in composita preparations will support the cell and increase her chance to survive. By this the organ function in general is ameliorated.

Coenzyme compositum and Ubichinon compositum ameliorate the citric acid cycle and therefore have cell supportive and cell detoxifying characteristics.