

The pH Management of Heavy Metal Detox

© 2003 Timothy Ray OMD LAc

Deleted: ¶

Deleted: A Paradigm Shift

Understanding Urine pH:

The urine represents what we are eliminating; the saliva represents what we are keeping. The urine does not accurately represent the state of the body, but does represent what it is eliminating – ideally acidic wastes. The unmedicated (no mineral supplements for 24 hours prior) first morning saliva pH is the indicator of the state of the body: tissue, lymph, interstitial fluids and blood. In people with vibrant health, normal urine pH is about 5.8; normal saliva pH is about 7. *I am not suggesting that one acidify the body by acidifying the urine, but that one alkalizes the body by draining the acids via the urine, represented by an acidic urine pH, and simultaneously restoring the alkaline reserve as represented by the saliva pH at 7.*

I've noticed that people with a urine pH of 6.8 and above, who also have low urine conductivity, show disturbed Phase 1 & 2 liver detox pathways. If the acid wastes of metabolism, and other acidic toxins are successfully leaving the body, the urine pH will reflect this by being acidic, at about 5.5 – 5.8. If LiverLife™ (BioRay) is given to a person with liver dysfunction, their urine pH goes down and the conductivity comes up, and of course, they feel much better because the acids are now leaving the body. If one drains these acids, one also sees the saliva pH gradually return to where it should be, at about pH7, or alkaline. People with a urine pH of near 7 tend to have pelvic congestion, and don't get rid of virus very efficiently; they also have trouble with detox - because the acids are re-circulating instead of leaving the body.

When a person takes large amounts of K Citrate we could be seeing the urine pH go up because the body is spilling additional potassium that it cannot utilize. I think that eventually the exclusive restoration of the alkaline reserve will lead to improved liver function, so having an alkaline urine pH during this type of therapy (massive doses of alkaline forming minerals) is acceptable, because it probably masks the organic acid content of the urine during a pH reading. However, I find that simultaneously draining the acids by directly improving liver function while restoring the alkaline reserve leads to better clinical results, especially during detox of any kind. Consider that it takes 32 parts of pH 10 water to restore one part of 3pH water to a neutral pH of 7, and you can see that only restoring the alkaline reserve can be a long and fruitless battle.

Deleted: ¶

Instructions:

1. Urine pH

Get some pH paper. Do not take any supplements, especially mineral supplements, for 24 hours. Measure your first morning urine pH. This is the 'baseline'.

Deleted: and measure your urine pH throughout the day.

- a.) If the 'baseline' number goes higher than 5.8, start to take LiverLife (BioRay Inc.) at 1-3 droppersfull 2-3 times a day in between or before meals until the urine reaches 5.5 - 5.8 pH. LiverLife™ increases the elimination of acids by correcting Phase 1 & 2 liver detoxification pathways. Ramp up the dose until you find what works for you.
- b.) If the first morning urine pH is a number less than 5.5 focus on taking a good multi-mineral (that at minimum contains potassium, calcium, sodium and magnesium in a capsule or a liquid, not a hard tablet) with an enzyme supplement (like Wobenzyme) with meals until it goes up to 5.5 - 5.8 and then start NDF™. (Nanocolloidal Detox Factors – Bioray Inc.)
- c.) If the number shifts radically up and down, take both LiverLife™ and the minerals/enzymes until it becomes more regular.

Deleted: before and after meals

2. Heavy Metal Detox = NDF™

After the first morning urine is stabilized at to pH 5.5 - 5.8 start NDF™ or NDF Plus™. Ramp up the dose slowly, never taking enough to make you feel worse, and keep checking the urine pH occasionally. If the acid cannot get out of your body, you will feel bad. (Full clinical information on the use of NDF™ is available at www.healthdetox.org.)

Deleted: -

Deleted: stabilized

Deleted: S

Deleted: , r

Deleted: ing

3. Water

If you take 3 oz. of good quality water every 15 minutes following the dose and up to the first urination following the dose, the metals will come out predominantly via the urine. If you take less water or none at all, the metals will come out predominantly via the bowels.

a.) If the urine is very dark and cloudy increase your water intake, not by taking a larger glass of good water, but by drinking a few ounces of good water more frequently.

b.) If the urine is very clear and has no color, decrease the volume of water taken at a sitting to a few ounces, hold it in your mouth for a while before swallowing, and drink only when thirsty.

Normal urine has a medium yellow and mostly transparent appearance. Use high quality spring water, like Volvic or Canadian Music, not distilled or R/O or tap water for general drinking purposes. During detox: NO chlorine exposure! No alcohol with meals ever if you still have amalgam fillings in your teeth!

Deleted: I recommend taking an acidic water (reverse osmosis, distilled, penta-hydrate) with the dose of NDF™ and up to the second urination following the dose, as it contains no minerals; and then switching to an alkaline water (Volvic, Canadian Music) thereafter.

Deleted: ¶

4. Diet

Eat the main foods that you ate during the first 5 years of your life (in a healthy form) and chew each bite to a liquid (i.e. instead of a Big Mac, a piece of organic, rare filet mignon on a piece of organic sprouted wheat or millet bread with a fresh green salad with lemon dressing).

Because the volume of food we consume is greater than the volume and impact of the remedies we consume, diet has to be adjusted in order to reach a successful outcome. It may take you some experimentation to find the foods that allow your pH's to stay in normal range, but it is well worth the effort. Please see the paper 'Common Sense Health' at www.healthdetox.org for more detailed food suggestions.

Deleted: If you notice that your urine and saliva always go out of range during the next few hours after a meal, try changing your diet to

Deleted: e

Deleted: ing

Deleted: Check to see the impact of this on the pH's.

Correcting Tissue Acidity

Excessive tissue acidity (free radicals, lactic and oxalic acid, etc. causing lack of oxygen) is a cause of pain and fatigue, but may not be the only cause. If the situation is complicated by viral, bacterial, parasitic, chemical and allergic causes, the tissue acidity caused by heavy metal toxicity will block the successful elimination of these other causes.

Deleted: more superficial

Your first morning saliva pH will tell you what your body is 'keeping'. Start to check it after a week or so. If it is less than 6.8 or greater than 7.2 continue with the LiverLife™ and or minerals/enzymes until it has stabilized in that range. (If saliva pH is greater than 7.2 it is usually an alkaline response of the buffers to excess tissue acidity and does not denote tissue alkalinity.) Stabilizing saliva pH can take longer than urine, months sometimes, so be patient with it. The more efficient you are at keeping the urine pH at 5.5 - 5.8, draining the acids during detox, the sooner the saliva pH will respond towards normal alkalinity at 7. The goal is a saliva pH of 7 and a urine pH of 5.8. The longer they stay this way, the better a person generally feels, and the easier it is to treat other imbalances in their system. These suggested remedies are general ideas, and may not be the exact ones that you need to correct the problem, which is to normalize the elimination of acids via the urine and replenish the 'alkaline reserve' as seen by the saliva.

There are many causes of tissue acidity, posted is a free Questionnaire at www.healthydetox.org to assist with identifying these Obstacles to progress. Identifying and eliminating these Obstacles is critical to a successful case outcome.

Heavy metals are acid forming, and NDF™ and NDF Plus™ are very effective at neutralizing them and pulling them out of the body.....but the name of the game is *slowly*. Both DMPS and a 'healing crisis' cause and are an increase in tissue acidity, which hurts. So if you keep the pHs in normal range by adjusting the dosage and frequency of the remedies and water volume, you will be less likely to feel bad in general or during detox (ramping up the dose to tolerance point) with NDF™ or NDF Plus™. If you can keep the pH's in this range, you will probably notice that you can ramp up the dose of NDF™ & NDF Plus™ more rapidly without having an aggravation! I am seeing that this is the way to prepare for, manage and speed up heavy metal detox.

Deleted: pH's

Calcium Phosphorus Ratio

One cannot completely correct acidemia or free calcium levels or the calcium / phosphorus ratio prior to heavy metal detox because the heavy metals are acidic and acid forming by a multitude of pathways. I have seen this over and over again in clinic. The person is taking loads of minerals, eating alkaline forming foods, regulating their elimination, practicing stress relief, yet the first morning saliva pH stays acidic (= pain and low energy). Once the metals are removed, the restoration of the alkaline reserve proceeds more smoothly. Therefore, I prefer to

Deleted: ¶

- 1) Improve liver function and drain acids,
- 2) Restore the alkaline reserve, and
- 3) Institute heavy metal and chemical detox –

at relatively the same time. Looking back over the years in clinic, this general approach has worked the best.

We're all on a learning curve with this issue. I think one of the reasons NDF™ & NDF Plus™ have been able to work so well on their own is that they,

- 1) Improve liver function and stimulate the elimination of acids via the urine,
- 2) Contribute nutrients and minerals towards the alkaline reserve, and
- 3) Provoke heavy metal and chemical detox.

Deleted: it

Deleted: s

Deleted: s

Deleted: s

Deleted: s

Using LiverLife first is simply a safety measure to insure that all of the acids can get out before any provocation takes place; also, some folks require more liver support than others. Same thing with the alkaline minerals - some require more than others. You can detect these differences by monitoring urine and saliva pH. That's not the whole story, (see BTM™ - Biological Terrain Management™), but it is enough of a general indicator to allow a person some measure of immediate and objective control during detox.

Deleted: place,

NOTE: If this doesn't make sense to you or if it doesn't start to work within a week, consult with your physician. Meanwhile, go to www.healthydetox.org and learn everything you can about metal detox and NDF™. While you're there, if you still have amalgams in your teeth, see the paper in Clinical Tips and the article "Mitigation of Methyl Mercury...." related to this subject as a high priority.