

# The pH Management of Heavy Metal Detox

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## Understanding Urine pH: A Paradigm Shift

*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 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 5.8 - 6.0. If Liver Life® (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 toxins very efficiently; they also have trouble with detox - because the acids are recirculating 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.

## Instructions:

### 1. Urine pH

Get some pH paper and measure your urine pH throughout the day.

a.) If the number goes higher than 5.8, start to take Liver Life® (BioRay) at 1-3 droppers full 2-3 times a day in between or before meals until the urine reaches

5.8 pH. Liver Life® 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 urine pH is a number less than 5.8 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 Wobenzym) with meals until it goes up to 5.8 and then start NDF.

c.) If the number shifts radically up and down before and after meals, take both Liver Life® and the minerals/enzymes until it becomes more regular.

## **2. Heavy Metal Detox - NDF**

Start NDF®, ramping 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.

## **3. Water**

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, Nariwa) thereafter.

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 a 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!

## **4. Diet**

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 eating 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). Check to see the impact of this on the pH's.

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.

### **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 and allergic causes, the tissue acidity caused by heavy metal toxicity will block the successful elimination of these other more superficial causes.

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 Liver Life® 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 5.8, draining the acids, 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. Heavy metals are acid forming, and NDF is 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 pH's 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®. If you can keep the pH's in this range, you will probably notice that you can ramp up the dose of NDF more rapidly without having an aggravation! I am seeing that this is the way to prepare for, manage and speed up heavy metal detox.

### **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 now prefer to:

- 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® has been able to work so well on its own is that it

- 1) improves liver function and stimulates the elimination of acids via the urine,
- 2) contributes nutrients and minerals towards the alkaline reserve, and
- 3) provokes heavy metal and chemical detox.

Using Liver Life® first is simply a safety measure to ensure 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.

NOTE: If this doesn't make sense to you or if it doesn't start to work within a week, consult with your physician. 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.