THE COMPLETE

CHELATION THERAPY GUIDE

Your Complete Roadmap for Safe & Effective Heavy Metal Detoxification

Dr. Kam Tecaya, NMD
Larrea Naturopathic Medicine | Tecaya Health
1601 N Tucson Blvd, Suite 8 | Tucson, AZ

Contents

Part 1 Non-Negotiables — Required for Safe Chelation

Part 2 The Chelation Protocols (Oral & IV Options)

Part 3 Daily Supplement & Treatment Schedule

Part 4 Power-Ups — Therapies That Improve Results

Part 5 What to Expect — Timeline & Success Factors

THE GOLDEN RULE

Your exits must be open BEFORE and DURING chelation. Chelation pulls metals from tissues into bile and blood, then out through stool and urine. Without proper support, metals redistribute and you will feel worse instead of better. Chelators unlock metals from storage; support therapies create the pathways for metals to exit. Without the pathways, the key just moves metals around.

Part 1 · Non-Negotiables

Required for safe chelation. These foundations must be in place before and throughout your program.

1. Daily Bowel Movements (1–2x daily minimum)

Why: Metals exit through bile into stool. No exit = reabsorption.

- **Magnesium:** citrate or oxide for constipation, or glycinate if stools are already loose (300–400 mg daily)
- **Vitamin C:** start 1,000 mg 2x/day, increase until stools slightly loose, then back down
- **Fiber:** pectin, PHGG, or acacia daily
- **Bile stimulators:** arugula or radicchio before meals, or a digestive enzyme with ox bile
- **Healthy fats:** olive oil, grass-fed butter, coconut oil, eggs at each meal

ABSOLUTE RULE: If you are not moving your bowels daily, chelation pauses.

2. Aggressive Hydration + Electrolytes

Why: Kidneys filter metals through urine. Dehydration causes metals to stagnate.

- **Water minimum:** body weight (lbs) ÷ 2 = ounces daily (150 lbs = 75 oz)
- **Electrolytes:** add daily — sodium, potassium, magnesium powder or drops
- **Trace minerals:** zinc, selenium, molybdenum supplement or drops
- **Bonus:** lemon water throughout the day

3. Liver & Bile Flow Support

Why: 80–90% of metals exit through bile.

- **Prima Essential for Detox:** primary liver support
- **Prima Liver Phase 2:** enhances detox pathways
- **Phosphatidylcholine:** rebuilds liver cells
- **Artichoke extract or ox bile:** in digestive enzymes
- **Phase II support:** NAC/glutathione, MSM, calcium-D-glucarate

4. Binder Strategy (CRITICAL)

Why: Binders catch metals in your gut and prevent reabsorption.

- **Choose:** Tox-Affix, Ultra Binder, ToxinPul, MycoPul, charcoal, zeolite, or GI Detox
- **Timing:** take AWAY from chelators (2+ hours apart) — often best at bedtime
- **Also separate from:** medications and other supplements (2+ hours)
- **Always:** take with plenty of water

5. Mineral Repletion

Why: Chelators pull beneficial minerals too — you must replace them.

- **Daily:** Min-Rex or a complete mineral complex
- **Timing:** dose AWAY from chelators (opposite end of day)
- **Example:** chelator at 7 AM, minerals at 6 PM

6. Antioxidant & Mitochondrial Protection

Why: Metals create significant oxidative stress that damages cells.

- **Prima Essential for Detox:** key antioxidants
- **Glutathione:** master antioxidant
- **Annatto Vitamin E:** antioxidant and mitochondrial protection
- **PQQ10:** or CoQ10 + PQQ separately
- **Carnitine, Ribose:** mitochondrial energy support

SUPPLEMENT TIMING SUMMARY

- **AM:** chelator with breakfast
- **Midday:** liver support, antioxidants, gut support
- **PM:** minerals (6+ hours from chelator)
- **Bedtime:** binder (2+ hours from everything)

Part 2 · The Chelation Protocols

This program is designed for heavy metal detoxification over a 2–4 month period. Two options are available — Gentle Oral Chelation for a gradual approach, or IV Chelation for more intensive detoxification. Both require consistent support supplementation and binder use to safely escort mobilized metals out of the body.

OPTION 1 · GENTLE ORAL CHELATION PROTOCOL

Chelation Schedule

Duration: 2–3 consecutive days, every 2 weeks, for 2–4 months.

TIME	DMSA (250 mg caps)	EDTA / CHELEX (caps)
8:00 AM	1 capsule (250 mg)	2 capsules
12:00 PM	1 capsule (250 mg)	2 capsules
4:00 PM	1 capsule (250 mg)	2 capsules
8:00 PM	1 capsule (250 mg)	2 capsules
Bedtime	—	—

DMSA total: 4 doses (4 capsules) per day. EDTA (Xymogen Chelex) total: 4 doses (8 capsules) per day.

Binders (critical for toxin removal)

Choose: Tox-Affix, charcoal, zeolite, or other binder.

- Take 2 capsules 30+ minutes after the last DMSA/EDTA dose
- Take at bedtime on all chelation days
- Continue for 2 additional days after chelation days end
- Always take binders away from medications and supplements (2+ hours)

Post-Chelation Support (Days 4–10)

- **Min-Rex (mineral repletion):** 2 capsules twice daily with food; continue for 7 days after chelation days end

Chelators pull beneficial minerals too — Min-Rex replaces them.

Daily Supplements (entire 2–4 month protocol)

Take every day throughout the protocol, including non-chelation days.

- **Glutathione:** master antioxidant — 1 dose daily for 2–4 months, taken away from food
- **Turmeric-Sorb:** anti-inflammatory — 1 capsule twice daily with food
- **Methylated B Vitamins (Activated B):** 1–2 capsules daily with food
- **Prima Essentials for Detox:** liver and antioxidant support — 2 capsules daily with food

ADDITIONAL SUPPORT FOR MERCURY

If mercury is a primary concern, add:

- **ALA-Max:** 1 capsule daily
- **NAC:** 600 mg twice per day
- **CoQ10 Ubiquinol:** 1 capsule daily

OPTION 2 · IV CHELATION PROTOCOL

IV Treatment Day Schedule

On each IV chelation day, take DMSA capsules in addition to your IV.

DMSA (500 mg capsules):

- 1 capsule around 8:00 AM
- 1 capsule around 4:00 PM
- Available at our office or prescribed through Synergis Compounding Pharmacy

Binder (Tox-Affix, charcoal, zeolite, etc.):

- 2 capsules 30 minutes after IV treatment
- 2 capsules at bedtime
- Continue at bedtime for 2 days after each chelation session
- Take extra magnesium if constipation occurs

WHAT'S IN YOUR IV

Carnitine, taurine, calcium, magnesium, zinc, selenium, vitamin C, and reduced B vitamins. Infused slowly over approximately 1 hour.

Expected Treatment Duration

- **Minimum:** usually 10 IV treatments to begin
- **Optimal:** 30–50 IV treatments may be needed for significant change
- **Testing:** recheck post-provoked metals urine test 2–3 weeks after your 10th IV

Daily Supplements (IV Protocol)

Continue throughout the entire 2–4 month IV chelation period.

- **Min-Rex (mineral repletion):** 2 capsules twice daily with food
- **Turmeric-Sorb:** 1 capsule twice daily
- **Glutathione (Readisorb or QS liposomal):** 1 dose daily; optional extra glutathione IV push each week for enhanced results
- **Methylated B Vitamins (Activated B / B-Active):** 1 capsule daily with food
- **Prima Essentials for Detox:** 2 capsules daily with food

UNDERSTANDING THE DETOX PROCESS

Heavy metal detoxification is not linear. If your next test shows higher metals, that's a good sign. It means your body's detox pathways have improved and the provocation agent is now pulling deeper, more tightly stored metals. Progress is real even when numbers look worse.

Part 3 · Daily Supplement & Treatment Schedule

Keep this section with your supplements for easy reference.

EVERY DAY · DAILY SUPPLEMENT ROUTINE

Take these supplements daily throughout your chelation program (minimum 2–4 months or as directed).

Supplement	Dose	When to Take	IV Day Notes	Why It Matters
Min-Rex (Minerals)	1 capsule	With food (any meal)	Take away from chelators	Essential mineral replenishment; take 2+ hrs from DMSA
Turiva / Curcumin	1 capsule	Daily with food	Continue daily	Anti-inflammatory support throughout program
Glutathione (Liposomal / Readisorb)	1 dose	Daily (AM or as tolerated)	Extra dose on IV days if possible	Critical antioxidant; especially important during chelation
Annatto Vitamin E (150 mg)	1 capsule	Daily with food	Continue daily	Antioxidant & mitochondrial protection
Tox-affix/MycoPul	1 capsule	Daily	Continue daily	Mold & toxin binder; continue throughout program
Liposomal Catalyst	½ tsp to start	Start a few days after IV	Begin slowly, assess tolerance	CoQ10, carnitine, PQQ; increase gradually

ON IV DAYS · ADDITIONAL CHELATION PROTOCOL

These are added ON TOP of your daily supplements on the day you receive an IV, and for 2 days following.

Supplement / Agent	Dose	Time	Duration	Notes
DMSA (500 mg capsules)	1 cap (500 mg)	~8:00 AM	Before IV	First dose morning of IV day
DMSA (500 mg capsules)	1 cap (500 mg)	~4:00 PM	After IV	Second dose afternoon of IV day
Binder (ToxAffix / Ultra Binder / MycoPul / GI Detox / ToxinPul)	1 capsule	~1 hr after IV	IV day + next 2 days	Take at ~1 hr post-IV and again at bedtime
Binder (bedtime dose)	1 capsule	Bedtime	IV day + next 2 days	Prevents metal reabsorption while sleeping
Extra Magnesium	As needed	With or after meals	Especially on binder days	Use if bowel movements slow; type per stool

Critical Rules — Non-Negotiables for Safe Chelation

Rule	Target	Why This Matters
Daily Bowel Movements	1–2 per day	Chelation pulls metals into stool. If no exit, metals recirculate. If not moving daily, chelation must pause.
Hydration	½ body weight (lbs) in oz daily	Add electrolytes. Avoid plain distilled water alone. Lemon water helps the kidneys.
Timing: Minerals & Binders	2+ hrs away from chelators	Take Min-Rex and binders away from DMSA to avoid binding minerals instead of metals.

QUICK TIMING SNAPSHOT · A TYPICAL DAY

Time of Day	What to Take
Morning (with breakfast)	Glutathione (1 dose) · Activate B Complex · ON IV DAYS: DMSA 500 mg (1 cap) at ~8 AM
Midday / Lunch	Min-Rex with food (2+ hrs from DMSA) · Turiva / Curcumin · Annatto Vitamin E ·
Afternoon	ON IV DAYS: DMSA 500 mg (1 cap) at ~4 PM
Evening / After dinner	Liposomal Catalyst (½ tsp to start) · Tox-affix/MycoPul · ON IV DAYS: Binder 1 cap ~1 hr after IV
Bedtime	ON IV DAYS & 2 DAYS AFTER: Binder 1 capsule · Extra Magnesium if needed for bowels

Part 4 · Power-Ups

These therapies significantly improve your results by opening additional pathways and protecting your body.

1. Sweating Therapies (2–3x weekly)

Why: Opens an additional exit pathway for arsenic, cadmium, and nickel.

- **Infrared sauna:** 20–40 min at 120–140°F
- **Traditional sauna:** 15–30 min
- **Detox baths:** 2 cups Epsom salt + ½ cup baking soda, soak 20–30 min
- **Critical:** shower after and rehydrate with 16–24 oz water + electrolytes

2. Colonics or Enemas (1–3x weekly during intensive phases)

Why: Directly removes toxins, especially helpful when constipated.

- **Coffee enemas:** stimulate bile flow + glutathione activation
- **Colon hydrotherapy:** professional sessions during intensive chelation

3. Lymphatic Support

Why: Prevents metals from stalling in the lymph system.

- **Rebounding:** 10–15 min daily on a mini trampoline
- **Dry skin brushing:** 3–5 min before shower, brush toward the heart
- **Castor oil packs:** over the liver 2–3x/week (apply oil, cover, add heat, rest 30–60 min)

4. Nervous System Regulation

Why: A parasympathetic (rest and digest) state improves detox pathways.

- **Breathwork:** 4-7-8 breathing (inhale 4, hold 7, exhale 8) for 10 min daily
- **Vagus nerve:** humming, singing, gargling, cold water on the face
- **Magnesium glycinate:** before bed
- **Adaptogens:** ashwagandha or rhodiola (if tolerated)
- **Sleep:** prioritize 7–9 hours

5. Gut Barrier Protection

Why: Prevents irritation and leaky gut during chelation.

- **Core products:** Renew Gut Thrive or Intestinal Restore
- **Add-ons:** L-glutamine, zinc carnosine, aloe vera
- **Immune support:** colostrum or immunoglobulins
- **Timing:** take on an empty stomach, away from binders

6. Anti-Redistribution Diet

Emphasize:

- **Protein:** 20–30 g per meal — eggs, chicken, fish, grass-fed beef
- **Crucifers:** broccoli, cauliflower, Brussels sprouts (if tolerated)
- **Sulfur foods:** garlic, onions, shallots
- **Healthy fats:** avocado, olive oil, coconut oil, grass-fed butter
- **Cilantro:** small amounts ONLY with active binders

Avoid:

- High sugar — candy, sodas, desserts
- Alcohol — completely during active chelation
- Ultra-processed foods
- High-mercury fish — tuna, swordfish, king mackerel

7. IV Support (Optional — Discuss with Provider)

- **IV Glutathione:** usually added with chelation IVs
- **IV Vitamin C:** high-dose antioxidant support
- **IV Phosphatidylcholine:** rebuilds cell membranes
- **Ozone adjuncts:** improves circulation and redox balance

Part 5 · What to Expect

Timeline Expectations

Phase	What to Expect
Months 1–2	Body adjusting. You may feel worse before better as metals mobilize.
Months 3–6	Symptoms begin improving. Energy increases and mental clarity improves.
Months 6–12+	Continued gradual improvement. Some patients need 12–24 months depending on metal burden.

Remember: Progress isn't linear. Good weeks and challenging weeks are both normal.

Why Chelation Fails

It's not because the chelator is weak. Chelation fails when:

- Exits aren't open — constipation, poor kidney function
- Binders aren't used — metals reabsorb
- Liver support is inadequate — bile stalls
- Minerals aren't replaced
- Hydration is insufficient
- The patient rushes the process

Key Success Factors

1. **Consistency is crucial —** follow the protocol exactly as prescribed.
2. **Hydration —** drink plenty of water throughout (body weight in lbs ÷ 2 = ounces daily).
3. **Binders are essential —** they prevent reabsorption of mobilized toxins.
4. **Support supplements —** protect your body and replace depleted minerals.
5. **Monitor symptoms —** report any concerning reactions to Dr. Tecaya.
6. **Bowel regularity —** if not moving bowels daily, chelation should pause.

THE EXITS MUST BE OPEN

Chelators unlock metals from storage. Support therapies create the pathways for metals to exit. Without the pathways, the key just moves metals around. Everything else builds from there.

Questions? Call or message the office, or bring them to your next appointment.