

DIY Chelation Therapy Protocol: Version: 1.7

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Purpose: This document outlines DIY chelation therapy protocols using transdermal delivery with DMSO for heavy metal detoxification, targeting lead (Pb), mercury (Hg), Arsenic (As), aluminum (Al), Cadmium (Cd), Nickel (Ni), and barium (Ba). It is designed for self-administration with emphasis on safety through monitoring, remineralization, and breaks. This is not medical advice; consult a healthcare professional if needed. Disclaimer: This protocol is user-initiated and DIY-focused. Chelation can pose serious risks, including mineral depletion, renal stress, and cardiovascular issues. Pause immediately per the Black Box Warning.

- Protocols:
 - Protocol A: CaNa_2EDTA for Pb, Hg, Al, As
 - Protocol B: L-Malic Acid for Al, As (extended for accumulated Al, e.g., from 72 injections; brief child detection possible from Vitamin K shots).
 - Protocol C: Alpha Lipoic Acid for Hg, As, Cd, Ni, and glyphosate remediation, via glutathione recycle
 - Protocol D: CaNa_2EDTA and Alpha Lipoic Acid (Planned)
 - Protocol E: DMSA (Planned)
- Administration: Transdermal via roll-on, varying from neck (brain targeting) to torso/upper arms (weaker spread); advantage over IV to avoid brain regression.
- Duration and Cycling: EDTA up to 2 months, then 1-month break or 2-week washout switch to Malic acid. Malic acid extended until Al-free.
- Monitoring: Daily BP and strips; teach child (e.g., daughter) for education; urine kidney tests (e.g., 14-parameter strips) Sunday pre-dose for pause warning.
- Child Adaptations: Daughter (50 kg): 8 ml EDTA weekly (10.7 mg/kg <15 mg/kg limit); lower results promising.

0. Sourcing Materials

- DMSO: Pharmaceutical-grade, e.g., Stellar Chemical Dimethyl Sulfoxide Gallon (<https://www.amazon.com/Stellar-Chemical-Dimethyl-Sulfoxide-Gallon/dp/B0C5ZQFCKB>). Transfer from gallon to glass bottles (e.g., <https://www.amazon.com/dp/B08GTZFPFX>) for storage.
- KitchenTour Digital Kitchen Scale (e.g. <https://www.amazon.com/dp/B07D7P7MJJ>)

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- CaNa₂EDTA: For Pb/Hg, from eBay (e.g., <https://www.ebay.com/itm/203672581828>).
- Amazing Formulas Calcium Magnesium Zinc D3 (e.g. <https://www.amazon.com/dp/B06X9YYMKT>)
- L-Malic Acid: (apple-derived, not DL synthetic)
- For Al , from Amazon (e.g., <https://www.amazon.com/BulkSupplements-com-Malic-Acid-Powder-Supplement/dp/B0CB793SCW>)
- Alpha Lipoic acid: for Hg, As,Cd, Ni, and glyphosate remediation(e.g., <https://www.ebay.com/itm/194465398241>)
- KitchenTour Digital Kitchen Scale (e.g <https://www.amazon.com/dp/B07D7P7MJJ>)
- Syringes: 20 ml sterile (e.g., <https://www.amazon.com/20ml-Syringe-Sterile-Luer-Slip/dp/B08HKVP161>) for mixing.
- Roll-On Applicators: For dosing/push doses (e.g., <https://www.amazon.com/dp/B0DG8KJ3TR>).
- BP Monitor: Phone-logging device (e.g., <https://www.amazon.com/dp/B0DKTL5S3D>) for EDTA baseline and daily tracking (teach child-safe use).
- Urine Test Strips (Heavy Metals): For Pb (daily use confirmed), Hg, Al, Ba, hardness, sulfates (source as per your experience; teach child to interpret under supervision; await friend's imminent high-exposure testing to confirm Al adequacy). <https://www.amazon.com/dp/B07V2PDM17>
- Urine Test Strips (Kidney Monitoring): 14-parameter (e.g., <https://www.amazon.com/dp/B0DFYJ5B4J>) for protein, blood, pH, specific gravity, creatinine, etc.; test Sunday pre-dose as pause warning.
- Preparation Videos: EDTA: <https://rumble.com/v6xjppk-preparation-of-calcium-disodium-edta-dmso-and-water-solution.html>; Malic Acid: <https://rumble.com/v6xk5mk-malic-acid-al-chelation-preparation..html>.
- Notes: Use sterile, pharmaceutical-grade materials from reputable sources.

1. Solution Preparation (Multiple-Dose Batch) Prepare a standardized multiple-dose solution for each chelation protocol:

- Ingredients:
 - Chelation agent: 8 g CaNa₂EDTA (for Pb/Hg/As) or malic acid (for Al,As)
 - DMSO: 40 ml (from glass storage)
 - Sterile water: 80 ml
- Preparation Steps (Per Videos):
 - Use 20 ml syringes to measure 40 ml DMSO.
 - Add 80 ml sterile water with syringes to DMSO in a sterile container (120 ml total).
 - Stabilize until exothermic reaction ends and cools.
 - Weigh 8 g agent with precision scale.

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- Add agent gradually, stir until dissolved.
- Verify clarity; filter if needed.
- Transfer to sterile amber glass bottle.
- Label: Agent, date, 120 ml, 66.67 mg/ml, storage instructions.
- Storage:
 - CaNa₂EDTA: Room temperature (>66°F). Stable ≥1 month sealed.
 - Malic Acid: Refrigerate (2–8°C). Practical for extended use (e.g., until Al-free) with twice-weekly dosing.
Detection of Spoilage: Malic acid solutions are typically clear, colorless, and odorless or slightly acidic. Spoilage may appear as cloudiness, turbidity, discoloration (e.g., yellowing or browning), precipitation or crystals, or mold growth. Smell may become off, fermented, musty, or sour/vinegary if microbial degradation occurs. Discard if any signs appear; proper refrigeration and sterile preparation minimize risks.
 - Check for spoilage before use.
- Yield: 8 doses of 15 ml (1 g) for adults; adjust for children (e.g., 8 ml/533 mg for EDTA, 7.5 ml/500 mg for Malic acid) or landing dosages (e.g., 7.5 ml/0.5 g).
- Notes: Ratio ensures solubility; use syringes for accuracy. Prepare fresh batches for extended EDTA (2 months) or malic acid protocols.

2. Dosing Guidelines

- Solution Concentration: 66.67 mg/ml (1 g/15 ml).
- CaNa₂EDTA (Protocol A): Adults: Start at ≤1 g (15 ml), capped at 20 mg/kg. Children: Start at 8 ml (533 mg) weekly (per daughter's dose, aligning with ~50 kg at ~10.7 mg/kg under 15 mg/kg limit). Landing Dosage: Taper dose by 50% (e.g., adults to 0.5 g/7.5 ml; children proportionally, e.g., to 4 ml/267 mg) when Pb/Hg decline/stabilize per strips (e.g., when indicators match green levels (Tue/Wed), indicating low/safe detection; Pb dominant in your case may delay tapering for months; typical Hg cases taper sooner; chelation provokes excretion, so unprovoked levels may appear nearly undetectable). Adjust based on BP/electrolyte monitoring to prevent mineral depletion.
- Malic Acid (Protocol B): Fixed dosing—Adults: 1 g (15 ml). Children: 500 mg (7.5 ml). This simplifies administration for extended protocols targeting accumulated Al (e.g., from 72 injections), continuing until Al-free per urine strips; note potential brief detection in children from Vitamin K shots (trace Al).

3. Chelation Protocols

- Protocol A: CaNa₂EDTA (for Pb/Hg/As)
 - Solution: 120 ml (8 g CaNa₂EDTA, 40 ml DMSO, 80 ml water).
 - Dose: Adults: Start at ≤15 ml (1 g) transdermally, ≤20 mg/kg. Children: Start at 8 ml (533 mg) transdermally weekly. Landing Dosage: Taper dose by 50% (e.g., adults to 0.5 g/7.5 ml; children proportionally, e.g., to 4 ml/267 mg) when Pb/Hg decline per strips (e.g., green levels indicate time to head toward landing doses)

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to minimize beneficial mineral chelation.

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- Administration (Per Thread):
 1. Calculate/fix dose (weight-based cap or child-specific, taper as needed).
 2. Clean/dry site: Vary application from the neck region (emphasis for brain targeting) to different parts of torso and upper arms (weaker spread); advantage of DMSO delivery over IV to avoid regression into brain.
 3. Transfer volume to roll-on applicator.
 4. Apply until empty (~10 min absorption).
 5. Follow with DMSO/water push dose via roll-on.
 6. Avoid washing for 1 hour.
- Frequency: Weekly on Sunday morning.
- Remineralization: Adults: 2 daily doses of Ca, Mg, and Zn, on Thursdays and Fridays (adjust frequency/dose based on BP decline, e.g., persistent lowering BP despite 2 daily doses may indicate approaching end of chelation; doses TBD). Children: 1 daily dose over 3 days (Thursday/Friday/Saturday; aligning with blood uptake over 2–4 hours and normalized BP post-remineralization; e.g., if adult daily is 500 mg Ca/200 mg Mg/15 mg Zn, child dose ≈500 mg Ca/200 mg Mg/15 mg Zn daily over 3 days; persistent lowering BP despite 1 daily dose may indicate approaching end of chelation). Week 4 adjustments ensure month 2 safety; her lower results (promising) suggest less load; monitor to confirm safety by end-September 2025.
- Duration: Up to 2 months (8 weeks, 8 Sunday doses) with confirmed safety by end-September 2025; Pb dominance expected for months in your case (out of norm due to lead poisoning), while typical cases might show Hg. Do not exceed 2 months without a break or switch to malic acid.
- Monitoring (EDTA Only):
 1. Blood Pressure: Pre-chelation baseline—daily for 1 week before starting. During protocol—daily (before/after dose, and daily). Adjust remineralization/landing dosage if BP declines (e.g., persistent lowering despite adjusted doses indicates approaching end of chelation); teach child (e.g., your daughter) to monitor (e.g., checks post-remineralization for normalization after 2–4 hours).
 2. Urine Test Strips (Heavy Metals): Daily at least for Pb; optimal Tuesday/Wednesday; low/no detection Sunday/Monday. Monitor Pb, Hg, Al, Ba, hardness, sulfates; note dietary spikes (e.g., rice). Trigger landing dosage when Pb/Hg decline (e.g., consistent low levels over 2 weeks or green levels). Teach child to perform and interpret under supervision. Weekly renal function, electrolytes, symptoms (intensify over 2 months).
 3. Urine Test Strips (Kidney Monitoring): 14-parameter (e.g.,

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<https://www.amazon.com/dp/B0DFYJ5B4J>) for protein, blood, pH, specific gravity, creatinine, etc.; test Sunday pre-dose as pause warning. Abnormal (e.g., positive protein/blood, low pH, abnormal SG, elevated CRE) = pause per Black Box Warning; retest daily until resolved. Primarily for EDTA (weekly); optional bi-weekly for malic acid.

- Protocol B: Malic Acid (for Al/As)
 - Solution: 120 ml (8 g Malic acid, 40 ml DMSO, 80 ml water).
 - Dose: Adults: 15 ml (1 g) transdermally. Children: 7.5 ml (500 mg).
 - Administration: Vary from neck to torso/upper arms (brain targeting); roll-on until empty, DMSO/water push dose.
 - Frequency: Twice-weekly—Sunday mornings and Wednesday evenings.
 - Remineralization: None required.
 - Duration: Extended as needed (e.g., 2+ months) until Al-free per urine strips (targeting accumulated Al, e.g., from 72 injections); pause to switch back to EDTA with 2-week washout.
 - Monitoring:
 1. Urine test strips (Heavy Metals): Daily optional for Al/markers (Tuesday/Wednesday optimal if mobilization patterns similar to Pb); monitor skin irritation; note potential brief detection in children from Vitamin K shots (trace Al); you may start showing Al; await friend's imminent high-exposure testing to confirm strip adequacy for Al (remind refrigeration). Teach child if applicable.
 2. Urine test strips (Kidney Monitoring): Optional bi-weekly (e.g., Sundays pre-dose); lower priority for malic acid but useful if symptoms.
 3. No BP emphasis, but general symptoms (e.g., cognitive improvements as proxy for brain Al reduction).

4. Crossover Schedule with Breaks and Washouts

- Procedure (Min. 1-Week Gap per Thread; 2 Weeks for Washout):
 1. Complete Protocol A (up to 8 weeks, Sundays, adjustable remineralization/landing dosage; BP and strip monitoring, child teaching). Note Pb dominance in your case.
 2. Break/Washout: After 2 months EDTA, off 1 month (no chelation) or switch to Protocol B with 2-week washout; daily BP if deviations persist; daily strips for residual; optional remineralization if BP declines. Washout periods are critical to allow body recovery and prevent interactions between agents.
 3. Initiate/Continue Protocol B (extended until Al-free, twice-weekly, no remineralization).
 4. To switch back: Pause Protocol B, implement 2-week washout, then resume Protocol A (up to 2 months, with landing dosage if metals declined).
 5. Cycle as needed: EDTA 2 months on/1 month off, or alternate with malic acid to

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maintain safety. Repeat/terminate based on BP, strip results (e.g., Al-free = no detectable Al over consecutive tests; reduced Pb/Hg or green levels triggering landing dosage).

- Example Schedule (Child, starting after 1-week BP baseline):
 1. Weeks 1–8: Protocol A (8 ml Sunday mornings; remineralize 1 daily dose over Thu/Fri/Sat, align with 2–4 hour uptake and BP normalization; push doses; daily BP; daily strips, best Tue/Wed; teach monitoring).
 2. Weeks 9–12: Break (1 month off, no chelation; monitor BP/strips) or 2-week washout then switch to Protocol B.
 3. Weeks 13+: Protocol B (7.5 ml Sunday mornings/Wednesday evenings; push doses; continue until Al-free; optional child monitoring teaching).
 4. To switch back: 2-week washout after Protocol B, then restart Protocol A for another 2 months (taper to landing dosage if Pb/Hg declined).

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Serious Circumstances for Pausing the Chelation Process WARNING: This DIY chelation protocol involves significant risks and should be paused immediately under the following serious circumstances to prevent potentially life-threatening complications. Remineralization is covered in the protocol, but these conditions warrant halting all chelation (EDTA, Malic acid, Alpha Lipoic Acid) until resolved. Do not resume without confirming safety through self-monitoring (e.g., BP normalization, strip clearance).

- Signs of Kidney Damage or Renal Stress: Pause if you notice symptoms like decreased urine output, swelling in legs or face, blood in urine, or elevated creatinine levels (if self-testing). Chelation can strain kidneys, especially with heavy metals like lead, and continuing may lead to acute kidney injury.
- Severe Mineral Depletion or Electrolyte Imbalance: Stop if persistent symptoms of hypocalcemia (e.g., severe muscle cramps, tingling in extremities, confusion, or seizures) or other depletions occur despite remineralization. EDTA binds essential minerals like calcium and zinc, potentially causing life-threatening arrhythmias or neurological issues if unchecked.
- Cardiovascular Complications: Pause immediately for persistent hypotension (low blood pressure causing dizziness, fainting, or rapid heartbeat), as chelation can deplete minerals needed for heart function and lead to cardiac arrest in extreme cases.
- Allergic Reactions or Anaphylaxis: Stop if you experience severe rash, hives, swelling (especially face/throat), difficulty breathing, or rapid onset of symptoms post-dose—these indicate a potentially fatal allergic response to the chelator.
- Heavy Metal Levels Normalize: Discontinue if urine or blood tests show sustained normal levels of targeted metals (e.g., Pb below 5 mcg/dL), as ongoing chelation without poisoning can cause unnecessary harm by removing essential nutrients.
- Pregnancy or Breastfeeding: Halt if pregnancy occurs or is suspected, as chelation can mobilize metals to the fetus or infant, risking developmental toxicity.
- Abnormal Pre-Chelation Test Strip Results: Pause if Sunday pre-dose kidney urine test strips show abnormal readings (e.g., positive protein/blood, low pH, abnormal specific gravity, elevated creatinine), indicating potential renal issues; retest daily until normal.

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5. Safety and General Guidelines

- Medical Supervision: Essential for extended EDTA (2 months, monitor renal/electrolytes closely) and children (e.g., your daughter's 8 ml dose); recommended for malic acid extended use. Per your preference, this is designed as DIY with self-monitoring, but pause per Black Box Warning for serious issues.
- Monitoring: EDTA: 1-week pre-BP baseline, daily BP/strips (Pb daily, Tue/Wed optimal); adjust remineralization/landing dosage on BP decline or metal reduction; teach child (e.g., daughter monitors BP normalization post-remineralization, 2–4 hours). Malic acid: Strips for Al (daily optional, Tue/Wed focus); aim for Al-free status; note brief child detection from Vitamin K (trace Al). All: Strips for Pb/Hg/Al/Ba/hardness/sulfates (dietary notes); note Pb dominance in your case vs. typical Hg. Kidney urine tests Sunday pre-dose as pause warning.
- DMSO Handling: Glass storage; roll-ons for application.
- Push Doses: DMSO/water after main dose.
- Documentation: Log BP history, strip results (daily Pb/Al, Tue/Wed focus), adjustments (e.g., landing dosage) for "Chelation Nation" (post-July 2025).
- Adverse Events: EDTA: Hypotension/mineral depletion (adjust remineralization/landing dosage), renal stress (monitor over 2 months); malic acid: Irritation. Stop if issues; breaks minimize risks; refer to Black Box Warning for pause criteria.