



EPISODE #217

TRUE CELLULAR DETOX WITH CYTODETOX - NANONIZED ZEOLITE WITH DR. DAN POMPA

In this episode...

02:18	about Dr. Dan Pompa	2
08:05	three components to "true" cellular detox	4
10:25	5R's of true cellular detox	5
12:50	binders	6
27:18	detox as a lifestyle	12
35:07	cellular detox with CytoDetox	15
36:02	detoxification and minerals	15
37:25	detoxing chemicals	16
40:32	healing	17
43:38	where to find Dr. Dan Pompa	18

Wendy Myers:

Hello, my name is Wendy Myers. Thank you so much for joining the Live to 110 Podcast.

Today, I have a good friend, Dr. Daniel Pompa, on the show to talk about my favorite subject, detox. And he's going to give us some really interesting perspective on how to do a true cellular detox, the things that impede a proper detox, and also different products you can use that actually get into the cell membrane to improve your body's ability to detox, how to detox your brain, and also how the liver and gut need to be working to detox, and why a lot of detox is ineffective. A lot of really good stuff on the show today!

But before we get into that, I have to do the disclaimer. Please keep in mind the podcast is not intended to diagnose or treat any disease or health condition and is not a substitute for professional medical advice. The Live to 110 Podcast is solely informational in nature. So please consult your healthcare practitioner before engaging in anything that we suggest today on the show.

Please go check out my book, Limitless Energy on Amazon. It's Limitless Energy: How to Detox Toxic Metals to End Exhaustion and Chronic Fatigue.

The number one complaint of thousands of clients that I've worked with is fatigue. Everybody wants more energy. And in my book, I explore the different metals—arsenic, aluminum, tin, thallium, cesium (a lot of these, you've probably never heard before)— and how they actually poison enzymes that transport nutrients into your mitochondria.

And your mitochondrias make your body's energy. If they don't have the nutrients that they need to do so, your ability to produce energy will be compromised.

I give you lots of tips in the book about how to detox these metals, the importance of detoxification. So good check it out on Amazon. It's called Limitless Energy.

02:18 ABOUT DR. DAN POMPA

Wendy Myers:

Our guest today, Dr. Pompa, he completed his undergraduate education at the University of Pittsburgh in 1988 and earned his degree of chiropractic at Life University's College of Chiropractic in Marietta, Georgia.

Dr. Pompa hosts the popular Cellular Healing TV Podcast. He's been doing it for about four years. It's a fantastic show. He and his wife, Marilyn, live in Park City, Utah with their five children, and love to bike and ski.

You can learn more about Dr. Daniel Pompa at DrPompa.com.

Dr. Pompa, thank you so much for coming on the show.

Dr. Dan Pompa:

Thanks for having me. Happy to be here.

Wendy Myers:

Why don't you tell the listeners a little bit about yourself and how you got into detoxification?

Dr. Dan Pompa:

Well, I didn't choose it. It must've chosen me. Actually, at that time, I had a very large characteristic office. I was in the structural correction. And I had two young boys at the time. And life, as I know it, came to a screeching halt. It changed.

And it started, I would say, like many people. It just started with simple fatigue. And then, it went to insomnia, then I became allergic to everything that I ate. And then, I became allergic to the planet. I became very chemically sensitive to where it was very tough for me to even leave my environment.

So, like many, I was looking for answers.

And I tell the story so many times that it just becomes like watching a movie. But to share just a little bit more about the symptoms (because so many people will have really unexplainable symptoms or unexplainable conditions), the brain fog was horrific. I went from like a photographic memory to where I couldn't remember anything (like so many people). The fatigue was debilitating.



And of course then I wasn't sleeping at night. I would wake up with even feelings of dread, debilitating anxiety.

And at that time, I really knew my thyroid wasn't functioning right. My hair was falling out. I had all types of skin things going on. I got skinny/fat, the typical thing you would expect.

Wendy Myers:

The dreaded skinny fat.

Dr. Dan Pompa:

Yeah, exactly. But like so many people I'm sure watching this, my blood work was normal. It's very frustrating. My adrenals were shot. I couldn't even handle loud noise.

I remember going to a movie. In trying to go to a movie, I had to leave and leave my kids because I couldn't handle the sound. It was just too much. I remember watching a football. Just the excitement, I couldn't handle it.

So, my existence changed. My wife would literally have to take the kids out of the house when they were screaming at times because I would just go into a rage. I couldn't handle any emotion at all.

So, fast forward—this is years now of digging. Though, like many people, I supported my adrenals. Some things got helped, but some things got worse, like the thyroid. I went down the whole thing.

I found Mad Hatter's disease. You know what it is. Maybe some of our listeners don't. They're making felt hats using mercury. And I said, "My gosh! This is me." And I said, "My gosh! This is me. I'm mad as a hat."

And I went and got a blood test like so many would. It came out normal. It was about a year or so—I was very disappointed, by the way. It was a year or so later, I was working with a very bright endocrinologist. We became friends. And he finally said, "Dan, I think you have mercury poisoning." My body temperatures were so low. And I said, "I thought so. And I got a blood test." He said, "Wrong test. Challenge it out. Do this test."

So, I did. And then, I saw mercury, lead, and other things that were very abnormal.

So then, I asked the obvious question most people would. "Where do you think I got it from?" He said, "Did you have any dental work done around the time this all came." And you know, I was a cyclist at that time, probably the best shape of my life. I was logging my miles because I was racing competitively. And so I knew when it started.

I called my good friend who I knew put some gold crowns in. I took two of my amalgam fillings out

(which your audience I think knows contain 50% mercury). And it was just days after that the fatigue started. It just trickled down from there that I never put two and two together.

So, there lies my story.

So, I spent the rest of my time figuring out, "Okay, I better take the rest of these out correctly." And then, mostly, I knew that the problem was in my pituitary and hypothalamus—even before I knew it was mercury because I knew my thyroid, my adrenals, that whole axis was not functioning correctly. But I just didn't know what was wrong. Now I did.

And by the way, when you look at studies, that's where most of that mercury bioaccumulates, the brain. So I knew ultimately I had to get to that to really get my life back.

And so, there's my research, how to get them out safely, and then how to get it out not just from the body but from the brain. So there it is! That's what I did.

Wendy Myers:

Yeah, I have a very similar story where I was going into rages and I had depression and trouble losing weight and all kinds of various problems.

And it was odd because, like yourself, I was taking such good care of myself. I went searching for answers myself. And thankfully, I found detoxification.

08:05 THREE COMPONENTS TO "TRUE" CELLULAR DETOX

Wendy Myers:

So, what is true cellular detox? Is that the program that you have? I know you train medical doctors in detoxification. Just tell us a little bit more about what exactly is true cellular detox.

Dr. Dan Pompa:

Yeah, I train all types of practitioners—DC's, MD's, ND's, you name it, across the board. That really came about obviously from pain to purpose.

True cellular detox, I think that I started saying the word, "Look, real detox has to occur at the cell." And what I mean by that is when you talk to scientists, they get it. If you don't up-regulate cell function, you're not going to really detox the body. That's the problem, right, the bombardment of toxins, neurotoxins, today. Really, it creates problems at the cell.

So, I don't have a problem with a colon cleanse, a liver cleanse. As a matter of fact, some of that is great to open up the downstream pathways. But unless you actually get upstream and fix what's broken at the cell, then you really haven't completed the full picture of what real detox is.

So, I have three components to what I call true detox. Number one is you have to up-regulate cell function. I have my 5 R's of cellular healing and detox that I taught doctors. And it just kind of caught on in the public.

The second one is you have to open up downstream detox pathways. It's very important.

And thirdly, you have to use true binders which is a mistake a lot of people make. We've all done these things.

I mean, there's nothing wrong with chlorella, but as far as really grabbing things like heavy metals and biotoxins solidly and pulling them all the way out, it just doesn't work good for that. It works good for other chemicals and toxins perhaps, but it's not a real binder. It's a very weak binder.

Cilantro, it crosses the blood brain barrier. It has the ability to do that. But there lies part of the problem because, it's true, it's not a real strong bond, especially with things like heavy metals.

So therefore, these things can stir the pot.

We have major issues with some of these weak bonds that people do. You have to use real binders or chelators that actually have the ability to move something from the cell all the way out of the body.

So, those three things or components really make up what I call real detox.

10:25 5R'S OF TRUE CELLULAR DETOX

Wendy Myers:

And so, what makes your approach different than say other detox programs?

Dr. Dan Pompa:

I think because it really does focus in and around the cell.

So, if you look at, for example, my 5 R's—and I don't want to spend a lot of time here and lose your people on the science—our number one is you have to remove sources, meaning if you're living in a moldy house, good luck getting well. That's a source. If you have silver fillings in and it's vaporizing mercury into the brain every day, good luck with all the detoxes. So, R #1 is remove the source.

R number two is regenerating the cell membranes. When you look at this, what goes in the cell and out is really determined by the cell membrane, even the inner mitochondrial membranes and the smooth endoplasmic reticulum membranes. This is what's being damaged. And this is what has



to be repaired.

So, we know now even up-regulating the membrane and the endoplasmic reticulum is vital for real detox. The mitochondrial membrane and the outer cell membrane, all of it has to be regenerated. That's R #2.

R #3 is restoring cell energy. I sat in a room, leading was Joe Mercola, and then there were some other amazing scientists in the room, and one said, "Look, real detox, you have to up-regulate ATP, cellular energy," and he went on. I'm like, "That's one of my R's. He's right on the money." And yet if that's not accomplished, everything else fails.

R #4 is the obvious, reducing inflammation of the cell, which a lot of the dietary approaches that I do play into that as well (and obviously, some of the supplements).

And finally, R #5 is re-establishing methylation. Methylation parallels glutathione. Methylation is vital to up-regulate other cellular detox pathways. Methylation protects and turns genes on and off. So we establish the methylation. It's very critical in why people don't feel well.

So, when you put those 5R's together, it gives us a roadmap to what real detox is. You don't fix the cell, you won't get well. And that's another one of my motto.

So, I think that we would have in common a lot of other ways to open up downstream pathways. And I think using real binders is another thing that I think is unique to my detox.

12:50 BINDERS

Wendy Myers:

And so, what is your favorite binder that's really, really strong as opposed to weak binders?

Dr. Dan Pompa:

I mean, there's a new one that we've been using, which made life a lot easier. I'll talk about what we used to do—and still do. There are some binders that I think are still useful when used correctly. The CytoDetox is its name.

A gentleman, bright gentleman, that you should know (and perhaps have on your show), he's from Greece. Nikolas Tsirikos is his name, a good Greek name. He developed it. He hydrolyzed a particle—and it's a clinoptilolite particle—that many people have made small, but they didn't get the molecular weight just such that it actually can enter the cell and cross the blood brain barrier. He did that.

So yes, nano size (small size) matters. However, the molecular weight as far as it actually crossing

a membrane is actually what matters most.

So, put the two together, that's what he really did well. It's the only product shown to actually be able to cross a membrane. What they use with pharmaceuticals is a PAMPA study—not Pompa like my name, but PAMPA. They're like, "That's your study?" No, no. Anyway, it shows that these things have the ability to cross a membrane like the blood brain barrier. And that's what makes it unique because now that acts as a vehicle.

So, imagine, when we up-regulate the cell—I always want to draw these things. So when we up-regulate the cell—I'm like reaching for something to draw here because I think if I did this, it will really help. So, imagine this. Here's the cell. Can you see that?

Wendy Myers: Yes, I can.

Dr. Dan Pompa: I can see it. Okay...

So, this is the cell. So we up-regulate cell function—and we'll just put 5R's in here because I talked about that as being the roadmap to do that. And once that happens, now toxins will start moving out, right? But the problem is they can redistribute. And that can be dangerous.

Wendy Myers: Yeah, that's a huge problem.

Dr. Dan Pompa: Yeah, exactly. So, if we draw a liver here—I don't know if that's a good liver, but...

Wendy Myers: I think you need to work on your drawing skills.

Dr. Dan Pompa: I got to work on more than that. But yeah, you're right. Being a dyslexic, I better work on my spelling skills too. But there lies some of my brilliance, my dyslexia.

Anyways, the toxins come to the liver, for example. Now, this one—I think I can draw a little better hopefully—that's a gut, that little S down there. Do you see that? There's a gut.

Wendy Myers: Yeah, yeah.

Dr. Dan Pompa: So, the toxins, oftentimes, make it to the liver and even perhaps the kidney from the cell. However, oftentimes, they don't. They're redistributed.

So, if I write the word "CytoDetox" here, CytoDetox becomes the vehicle that moves it from the cell safely out of the body.

But now, we have another sticking point. What happens is, sometimes, they can bind up here in the liver and in the bile. So there's some methods that we do to push it from the bile to the gut.



Now, the problem here is that, when it does that, the bile that holds the toxins can go to the intestines. And then, your body is designed to reabsorb bile, and it brings back the toxins. That's auto-intoxication.

So, we put another binder here that we call "bind" here to make sure it's a catcher's mitt. It doesn't even leave the gut, but it makes sure that we don't auto-intoxicate.

So, we use a binder here. We up-regulate cell function. And we use CytoDetox as a vehicle to make sure it moves all the way down to this point. And then, we use bind to make sure it doesn't get reabsorbed back into the liver.

So, using these true binders as vehicles to make sure it goes all the way out of the body, up-regulating cell function, therein lies what I call "true" cellular detox.

See, a picture is worth a thousand words. So now that I showed you, you probably have other questions.

Wendy Myers:

Yes! And I think it's so important because our body is designed to absorb nutrients hepatically where the liver is absorbing nutrients and fats and metals that we ingest in our food and water. They get taken up with those nutrients and fats the liver is going to process. And this is a huge, huge problem with anyone doing any kind of detoxification, whether they're doing an infrared sauna or doing anything where they're mobilizing toxins. That is the real danger that a lot of people don't understand when they're doing a detox.

Dr. Dan Pompa:

That's right! And you have to understand that here's the big problem.

You're going to laugh at this one. But that's a human. That's a human head that has a brain there. So I drew an eye, I should draw a mouth. Okay, now we're really good.

Alright! When we get this redistribution, when we up-regulate cell function—remember, this has to be done for true detox—we can start mobilizing metals, many of which end up crossing back into the brain. And then that can happen again here at the gut because, it does, they bind up to the bile in the liver. The bile gets dumped into the gut when you digest fat. And then, your body is designed in the lower intestine to re-absorb that bile, but it brings the toxins back. And again, you can end up redistributing in here into the brain and other tissues as well.

You have to understand that process. And when you do, that's real detox. I wish it were so simple that we take the 10-day cleanse and we're done. And you hear this. I know that you hear this too. You hear people say, "Oh, I did heavy metal detox" or "I did a whole month of it" or "a whole three months."



Look, I cleared mercury out of my brain very consistently for two years—I would say four years pretty consistently. It bioaccumulates from the in utero. The number of fillings you have in your mouth, according to studies, is proportional on autopsies of how much—the Duress Study, just to name the study—we find in a baby's brain. So, there you have it. In utero, it starts accumulating.

By the way, the number one cause of lead is from moms. During pregnancy, most of the lead is stored in our bones from a lifetime of accumulation. And then, during pregnancy, it's very normal to lose bone, but out comes the lead. The baby gets the lead and the mercury.

Oh, and then we start vaccinating it with more mercury, more aluminum, and other neurotoxins. And we wonder why, by 2032, it's estimated that one in two kids are going to be on the autism spectrum.

Oh, and there's one more thing that I'll add to that. You look at Stephanie Seneff's work. In 2012, she did a study showing that glyphosate, the active ingredient in RoundUp, is basically causing these heavy metals to cross deeper into the brain.

And therein lies the mix—inherent lead, inherent mercury, then we add glyphosate to the next generation.

One in two kids on the autism spectrum, surges in cancer in kids, neurodegenerative diseases, Alzheimer's, one in three by 2050. I mean, come on. When you look at that, we better take metal detox serious, and we better do it at the cellular level.

Wendy Myers:

And it's almost laughable when you see—and I just watched John Oliver last night on the this television show. It was Last Week Tonight. He was trying to refute the vaccine claim that vaccines cause autism. It really was a poorly done report.

It's just insane to think that we have all these toxins in our environment. And it's proven research after research that mercury causes hundreds of different diseases and symptoms. Lead is a known neurotoxin. But yet, magically, they don't affect our children. It's a more toxic form of aluminum that's put in vaccines that's injected into our child.

My daughter had an autism diagnosis at one point. And it was absolutely because of the toxins that were in me, and then I injected into her ignorantly before she was 18 months old. There is such a strong correlation, but...

Dr. Dan Pompa:

For paying the purpose, we both educate doctors and the public alike about these topics.

I have a small picture here. This is my family when they were young—I guess when I was young too.

Wendy Myers:

That is a big family!

Dr. Dan Pompa:

So, these two, they're turning 21 this year. That should say how old the picture is. But all seven of these people have their story in heavy metal. Mine, you heard. My wife had serious high lead levels from her mother. Her mother ended up dying of cancer. She never got to the cause (and that's a whole story itself). But my wife gave the lead to my biological children who ended up with colic and different issues despite doing things right and not being vaccinated.

Now, these two, we inherited later. Their parents tragically died. He, as you can see even in that picture, he wasn't right here. He was on the autism spectrum, Asperger's, sensory integration. If you met him today, you'd be like, "Holy cow!" He's our easiest kid. He is amazing!

But anyways, he was vaccine damaged. And I always tell his mom, "Look, one more vaccine, and he's going to go over the edge." And that's what happened. Family pressure really caused that vaccine to come. But needless to say, he ended up in my life. So, I applied what I did to myself to get Dylan well.

Ironically enough, this is a great story because a Olivia who wasn't affected—they're twins, biological twins. She wasn't affected. Now, as she became a teenager, she started getting fibromyalgia, sensory integration, all these bizarre things happening. We put her through CytoDetox. And she's going through it now. It got her out of that. But she still is detoxing.

So, Dylan is back detoxing because, as he hit puberty, et cetera, metals and different things started coming out again.

But anyways, the bottom line is we're realizing that, yes, estrogen has a protective effect when they're younger from some of these neurotoxins. That's why we have 4:1 boys to girls on the autism spectrum. But later in life, they're moving into autoimmune and other problems. So no one gets a break.

But the point though is every one of us have dealt with this issue. And there lies my passion—just like yours.

Wendy Myers:

Yeah. And I applaud you. It's such an important message to people. Toxins are the primary drivers of disease and illness today. And they have to be addressed to get to the underlying root cause of people's symptoms. If you ever have any hope of improving your life and your diagnosis and your energy levels and brain function, it's that simple.

Dr. Dan Pompa:

Yeah. And I think that's a really important thing. When I look at how I got my life back, I knew the problem was the pituitary-hypothalamus that controls your thyroid, your adrenals. It really was



doing—I call it the brain phase.

So, in the three parts to true cellular detox, as I've already mentioned, there are three phases. There's a preparatory phase where we want to prepare our downstream pathways first and the cell. And then, there's a body phase where our goal is to just really set up concentration gradient, to get the easy toxins out of the body first, extracellular if you will.

And then, we go to the brain phase which is the deep level.

I did brain phases consistently for two years, and then more random for another two for at least four years. I still do them today. Obviously, we're still being exposed to toxins. And Dylan too. These kids all do brain phases. It's like, yes, it's every one of them.

But that's how we got our life back. It is the bioaccumulation of these stressors into the nerve tissue, into the brain that runs and heals our body in a daily basis.

You know, we have this brain and the second brain—the gut, the brain in my gut. They're both being bombarded with neurotoxins. And it's why we don't feel well, folks.

So, maybe your child doesn't have autism. Maybe you don't have an autoimmune or a diagnosable condition. But if you have brain fog, or are having trouble losing weight, you have energy issues, and you don't sleep well, you have a neurotoxic issue.

Something you and I really align on is get detoxing correctly, and the emotional component that goes around this, the emotional stressors, the body can heal itself.

Wendy Myers:

Yeah. And it's so important. It's such an important message to get across to people. A lot of people have brain fog, they have fatigue, they go to their doctor, their doctor misdiagnoses them, "Oh, it's just your thyroid" or "It's just this... it's just that..." They don't really have any tools in their tool kit to address toxicity. They're completely missing the boat—unless you're going to a really brilliant functional medicine practitioner (which most people are not). They're not addressing this underlying root cause factor which is toxification.

Wendy Myers:

Eighty percent of diseases are mitochondrial diseases today—from cancer to diabetes, you just go down the list, thyroid. The mitochondria is so fragile to toxins. And when we look at that, the mitochondrial membrane and how it's really bombarded with neurotoxins—

And Otto Warburg back in the early 1900s identified that it's this mitochondrial issue. He targeted environmental toxins—even light, he talked about (which is a whole other subject). But environmental toxins is causing the mitochondria to malfunction, therefore setting up a metabolic



issue. And yet it's taken us how long now to where we're just going, "The son of a gun! He was right."

So, toxins are a big problem.

27:18 DETOX AS A LIFESTYLE

Wendy Myers:

And that's also another important point to get across to people. It's not a 10-day detox.

I applaud people when they want to do a detox and they're trying to do juicing or they're trying to do some sauna or they're trying to do a little bit of something. But many people will report that they're kind of frustrated when they do it for three months and they don't really feel any better.

Detox is a lifestyle. It is not just something you do for a few months.

Can you talk a little about that and how long a detox should be done? I know you said that you have been detoxing for several years. I've been detoxing for five years myself, and I still have a ways to go.

Dr. Dan Pompa:

Look, it's years, not months. That's my saying. I don't know that that's a popular message. It's easier to say to people, "Hey, here's the 10-day cleanse," and at the end of the 10 days, people pooped a lot more and felt better about themselves. I call them poopers, detoxing poopers. And again, there's a benefit to that. You've got to move it through. But it's not real detox, and it's not done long enough to matter.

So, I tell my doctors this, "Look, your job is to educate the person to do this long enough to matter." It is a lifestyle. I said I do brain phases, brain phases periodically. Why? Because we're constantly being exposed.

I'll tell you, it came out in layers. I mean it's in this brain in layers And it happened in utero as I pointed out. And it does, it's years, not months.

And when you learn the process, a good practitioner's goal—'doctor' means teacher—is to teach you the process so you can do it long enough to really truly matter.

And you know what, Wendy? You said it. The problem is people, they do some detox, they say, "I've done that. That didn't work," and then they're on to the next thing. If you're not upstreaming to the cause, you're not going to get well. It's not about the next pill. Although you and I, we understand that there's a need for supplementation, there's a need for pills. However, you must be

removing the interference, then the body will truly heal.

Wendy Myers:

Yeah. And like I said, I've been detoxing for five years. And I've tried a lot of different types of detoxes, but I'm still looking for that next level.

And I tried CytoDetox. I have a bottle of it right here. I've been doing it for about a month. And I think it's just a fantastic product. I had an hour and a half long conversation with Dr. Nikolas—I can't pronounce his last name.

Dr. Dan Pompa:

Tsirikos.

Wendy Myers:

Tsirikos, yes! And I was so beyond impressed with how he developed it and the lengths that he goes to to produce this product. There are several clinical trials going on next year. I think it's just such a well-researched product. And I highly, highly recommend that people try this and add this to their detox. You can do this without a practitioner.

And we have a special offer for everyone. If you want to try CytoDetox, you can go to 110DetoxReport.com. You can take a detoxification quiz and get a report to see. You can try it right now for free and just see if it's right for you if you qualify to utilize CytoDetox.

Wendy Myers:

Yeah, and for many people watching this, just adding a real binder, a chelators like that to what you're doing is a game-changer. Remember when I drew the circle, CytoDetox is what brings it from the cell. It has the ability to cross the membrane (and other membranes, by the way) and bring it safely out of the body. And it has the ability, as shown by the PAMPA study, to actually cross into the brain.

So, for some people, just taking that are going to get them to be like "That's a game-changer!" But using it in a whole system for the very sick watching this, the system that I call TCD or true cellular detox takes it even to the next level. That's when, okay, now you're fixing the cell membranes, now you're up-regulating these other cell functions, now you're using another binder in the gut. That takes it to a whole other level.

But let's talk a little bit about that. I think you have a viewing audience that maybe I wouldn't go into this subject with other viewing audiences, but you have a very educated viewing audience. I think that we're going to get questions about—

When I talk about true binders as being a part of real detox, we criticize the alternative side of using some of these herbal binders that really aren't strong binders. They can cause redistribution. And that's a disaster for people. But let's look at the other side, at the allopathic side.

Many people watching this are like, "I've done chelation." They go to their doctor, and they get IV DMPS or EDTA, whatever they are. Look, in an acute situation, it can be a game-changer. It can help people.

However, the problem here is these things have what they call a thiol group. And this sulfur-hydrogen bond is a very real binder. It works. It's a true binder, a true chelators. It grabs on and it doesn't let go.

But the problem is this. You go in for the IV. They put a lot of this agent in. It's water-soluble. It goes out very quickly—which is nice. It's great to test with. The problem is it set up a concentration gradient, and now you get all this metal redistributing because the binder goes away so quickly.

Therefore, you have to take it within its half life. So if you did an IV, you'd literally have to do one every eight hours—for example, if you're using DMPS—to make it safe. And you have to do it for at least three days before you stop, so when you stop, it doesn't cause this redistribution.

So, therefore, oral DMPS or DMSA can be done right if it's taken within its half life. So, DMPS, you have to take a pill every eight hours for at least three days; DMSA, every four hours unfortunately. You have to get up in the middle of the night because it has a short half life.

So, you can use those things. However, they don't cross the membranes like CytoDetox does. The nice thing about CytoDetox is that you have to take it twice a day. So it has a longer half life in the body because of the different sized particles.

So, those binders can be used correctly. But there's another problem with those binders. The sulfur can sometimes feed pathogens like Candida. You experienced that. I never was able to get my Candida under control until I got my metals down to a certain point.

Wendy Myers:

Yes.

Dr. Dan Pompa:

Parasites, we can talk about that. All of those things, when you have something like heavy metals, you beat them back and they come back because the metals knock down the healthy terrain so much that these things just take over again.

But the point is that some of those sulfur binders that are real binders, number one, they need to be used correctly; number two, they can flare up pathogens.

So we used to use those in the past within this system of true cellular detox. CytoDetox has enabled us to move past those. And it's much less symptoms. I think it works much faster. And no

doubt, I think that it makes it much easier because you have to take it twice a day.

So easier, safer, and more effective, I think it's a no-brainer. But if you do use those true binders, they can be used, but they have to be used correctly.

35:07 CELLULAR DETOX WITH CYTODETOX

Wendy Myers:

Do you have any tips on how often you should take CytoDetox and how much?

Dr. Dan Pompa:

I like for people to take it first thing in the morning if they can; and then maybe right before bed if they can (or some time close to that), just evenly spaced some time throughout the day.

Before and after bed is important just because people remember to do it, right? They set it in their bathroom. By the way, that's really important, to comply, because when you miss a dose, you can then start to have some redistribution. You don't want to miss a dose.

Some people do better taking it three times a day just because they actually keep the level of the binder up high enough that they don't get any redistribution—so two to three times a day, three times a day even, being on the safe side.

Typically, 10 drops twice a day is all what most people need.

36:02 DETOXIFICATION AND MINERALS

Wendy Myers:

And so, we know that anything that grabs on to metals can also grab on to minerals. Do you see that there's any issues in your client population with them having a reduction in mineral levels at all?

Dr. Dan Pompa:

It definitely prioritizes the metals over the minerals. It will let go of a mineral for a metal. But every binder has an effect on minerals. That's why you always have to be taking minerals.

And here's the other issue. When you're using a real binder, you're pulling metals out. You're leaving what we call "mineral gaps." So, a lot of that, you're depleting magnesium, et cetera, because your body needs now to put minerals in the place of those metals.

So, mineral gap, yes, you absolutely need minerals no matter what when you're doing real detox.

Wendy Myers:

Yeah, and you need them anyways. Even if you're not doing a detox, you need to be taking lots and



lots of minerals.

Dr. Dan Pompa:

Absolutely, yes, especially today, right? Minerals like magnesium, selenium, zinc, I would say, are the ones that people really can lack; other things like iodine, of course, too. So their devoid in the soils today (especially because of a chemical called glyphosate).

And then, when you have heavy metal issues, you even have more issues with those minerals.

37:25 DETOXING CHEMICALS

Wendy Myers:

And so, we've been talking about metals. But why don't you tell us some of the chemicals that CytoDetox can also remove?

Dr. Dan Pompa:

Well, that clinoptilolite particle in there, which they use actually in the environment to clean up glyphosate (which is what they're spraying on our food supply). That's what kind of what I said earlier, it allows these metals to cross into the brain. So that's why we're seeing this explosion of certain conditions. We have mercury at birth, we have lead at birth, plus exposures, plus over-vaccination. Then we add glyphosate to it? Just forget it! But they use that to also bond glyphosate.

So, here's a little trick. When we go to Napa, because of the run-off of water (because they irrigate), even the vineyards that aren't using glyphosate still have glyphosate exposure because of the runoff.

So, when we go to Napa, we always have...

Wendy Myers:

...to drink wine.

Dr. Dan Pompa:

Yeah, we do it all day. So therefore, we're minimizing our exposure.

One thing I do want to add—and I don't know what made me think of this—detox should be cycled. A woman's cycle is a detox cycle. And it's everything in nature. Nature cleans itself periodically. It cycles everything. And in our bodies, I think we emulate that.

So just a real common cycle for the CytoDetox is a week on, take a week off, week on, week off.

Now, I'm going to say this though. Many people benefit by staying on for a month or two in the beginning because it just clears that. And they go, "When I stop, I feel worse." So it's okay to stay on it in the beginning longer. But after that, it's better to actually cycle it. It rests detox pathways.

It also sets up what we call concentration gradients. So when we talk to scientists about detox, they get lower concentration here. And we move things from higher concentration to lower.

So, just to bring this back up real fast again, I said there's three phases—the prep phase where we prepare these downstream pathways (the liver, the gut, kidneys, and the cell); and then the body phase, we just want to clear easy to get toxins; the last phase is the brain phase where we go deeper.

The body phase really is to set up a concentration gradient that things will automatically start to move from the brain in the deeper tissues.

So, concentration gradient is really important. So cycling weekly like that, even a three or four day on cycle in a 7 to 10-day off cycle, is a good cycle—even three days on, and four days off.

I like to keep cycles weekly because people can do it right because then they go, "Oh, okay. I detox Monday, Tuesday, Wednesday" or "I detox these four days, and then take ten days off. So it's a 14-day cycle."

So, cycling is really important in nature. It's important in our bodies too.

Wendy Myers:

Yeah, that's a very good point. You can't just keep going, going, going, going. You have to give your body a little bit of a break sometimes.

40:32 HEALING

Wendy Myers:

So, is there anything else that you want to add to this discussion that maybe we haven't covered so far?

Dr. Dan Pompa:

No. I mean, we've made mention of getting rid of the neurotoxins that we're bombarded with, and the emotional toxins. I think you have one of the best blogs on. You've done so many great shows on removing the emotional toxins.

I think that when you do these two things together, I think there's magic there. When we start moving physical toxins out of the body, it sounds odd, but you could actually start moving emotions out as well—and vice versa. You start taking emotions out, trapped emotions, you can literally start to move things physically.

So, I think there's a caution. And you're one of the few people putting it together. So I applaud you, no doubt, for that.



I think that some other tricks that people need to hear is—I make this comment, and maybe it stirs things up. Today, once you're challenged and sick, you won't get well from the perfect diet. But I'll say this. You won't get well without the perfect diet. I no doubt would've never gotten my life back even with the perfect diet, but I can tell you that I definitely wouldn't have gotten my life back if I didn't have the perfect diet.

And what is the perfect diet is a whole other show. But my point is that multi-therapeutic approach is key.

So, when we get these challenging cases, we're using something that I call diet variation, feast/famine cycles, using fasting, dietary shifts, along with the CytoDetox, along with emotional things. So, putting it all together is what I call a multi-therapeutic approach. And that's what a growing group of doctors around the country are doing. So, I'm blessed to be a part of teaching it.

Wendy Myers:

Yes, I am too. I'm just so passionate about what I do because detoxification is such an important missing piece of the puzzle in so many people's health regime that are working so hard in their diet and taking supplements and trying to exercise and sleep and take care of themselves. And just like myself, I didn't understand what it took to feel better because I was working so hard on it. You have to add detoxification to your health regime if you plan on getting better. It's just that simple.

Dr. Dan Pompa:

You do! Today, like I said, if it were just so simple to change the diet. It's not so simple anymore now. But it's just so simple to exercise.

I think that most people would say, "I did those things, and I still can't lose weight. I still don't have energy. I feel somewhat better, but I'm just not there yet." You have to go upstream. You have to remove the cause. And you have to do it right. Safe and effective, that's what we do.

43:38 WHERE TO FIND DR. DAN POMPA

Wendy Myers:

So, Dr. Pompa, thank you so much for coming on the show. Why don't you tell us again where the listeners can learn more about you and learn more about your detox program?

Dr. Dan Pompa:

Yeah, DrPompa.com. I do a blog like this that you can listen or watch. It's called Cellular Healing TV. And I've written thousands of articles and thousands of videos.

These topics, there's not many of us really going out for the real reason why people are sick—but we are! So educate yourselves.

Wendy Myers: Yeah. And that's why I wanted to have you on the show. I wanted to add another facet, another dimension, different types of detoxification that you can do. And if you want to try CytoDetox, go to 110DetoxReport.com. You can watch some educational videos and try CytoDetox for yourself.

Dr. Dan Pompa: Thanks for having me.

Wendy Myers: Thank you so much for coming on the show.

And listeners, if you want to learn more about me, you can go to Liveto110.com. You can learn more about my healing and detox program at MineralPower.com.

Thank you so much for listening to the Live to 110 Podcast.















