



TOXOPHERESIS

root-cause oriented, modular, holistic

MedSelect GmbH

HEALTH
reimagined

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Your partner for holistic therapy

Intro



Toxopheresis is an advanced and flexible form of extracorporeal blood therapy.

It is guided by **individualized diagnostics, tailored filter selection**, and an integrative treatment approach.

Unlike standard apheresis methods, toxopheresis provides a broader range of options, giving physicians the freedom to combine different **filters, therapeutic methods, and treatment strategies**.

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From precise diagnostics to targeted intervention

- Detailed blood and metabolic analyses are performed to identify the underlying causes – not merely to treat symptoms.

Filter selection is tailored to the individual patient, for example to target:

- **Environmental toxins**
- **Inflammatory mediators**
- **Lipid-bound toxins**
- **Immune triggers or circulating pathogen components**

The foundation of this approach is **clear detectability and a robust data basis** – ensuring an evidence-based course of treatment.

Technological platform with maximum flexibility

- Use of an open, **high-performance device** platform that enables a variety of apheresis techniques:

Plasma exchange

Adsorption

Plasma cleaning

Whole blood procedure

- Access to **exclusive special filters** that are not generally available.
- Direct cooperation with manufacturers enables new, **targeted medical applications.**

Toxopheresis is embedded in a medically holistic therapy system, also known as the Holobiome concept:

Before considering various therapeutic approaches, a thorough diagnostics process takes place. This includes existing data, laboratory values, full-body examinations, and more, in order to enable the appropriate individualized therapy.

- **Autologous blood procedures** for immunomodulation
- **Cell therapy** for mitochondrial or systemic regeneration
- **Infusion therapy** for stabilization (micronutrients, anti-inflammatory substances)
- **Mitochondrial & microbiome therapy**
- **Orthomolecular & functional medicine**

Integration of complementary therapy methods

A case report

Initial situation:

At the beginning, the patient reported no acute symptoms – he generally felt healthy. However, due to decades of occupational exposure to environmental pollutants, he wished to undergo a preventive examination and a toxopheresis treatment.

Relevant medical history:

- Twelve gold dental fillings present for decades
- Regular contact with environmental toxins

Laboratory findings and diagnostics:

The detailed laboratory tests revealed a clear picture:

- Chronic strain on the immune system (TH2 shift) due to viruses and bacteria:
 - Cytomegalovirus and herpes viruses
 - Chlamydia pneumoniae (can cause vascular calcifications)
 - Candida (favored by metal exposure)
 - High exposure to toxoplasmosis pathogens
 - Staphylococci
 - Borderline borreliosis (Lyme disease)

A case report

Metabolism & Cellular Function:

- ATP deficiency due to mitochondrial dysfunction
→ resulting in an energy deficit
- Thiol deficiency → reduced defense against free radicals

Heavy Metals & Environmental Toxins:

- Very high levels of gold in the blood (from dental fillings)
- Additional presence of nickel, manganese, palladium, platinum, and silver
- Significant lead exposure (e.g., from tap water)

Nutrient Deficiencies:

- Omega-3 fatty acids
- Vitamin D

Eluate Analysis:

The filter showed a heavy load of sludge and various environmental toxins – factors that pose a long-term risk for:

- Vascular calcifications (heart attack, stroke)
- Joint and muscle diseases
- Neurological damage

Symptoms revealed only upon closer questioning:

- Increasing fatigue and loss of energy (ATP deficiency)
- Joint and muscle pain, early-stage osteoarthritis
- Allergies, gastrointestinal complaints (often associated with metal exposure)



A case report

Conclusion:

Although the patient was **initially symptom-free**, it became evident that **years of environmental exposure had left traces in the body**. Through toxopheresis, **heavy metals and toxins could be specifically removed**, representing an important step toward **prevention** and long-term health.

Indications & Patients

Toxopheresis is particularly suitable for:

Chronically ill people with persistent systemic burdens, e.g.:

- Crohn's disease
- Ulcerative colitis
- Chronic Lyme disease
- and many more

Systemic diseases with complex pathophysiology, including:

- Autoimmune diseases (e.g., systemic lupus erythematosus, rheumatoid arthritis)
- Mitochondriopathies
- Chronic fatigue syndrome (ME/CFS)
- Long COVID
- Multiple sclerosis
- and many more

Metabolic and vascular diseases, e.g.:

- Diabetes mellitus and prediabetes
- Diabetic polyneuropathy
- **Vascular diseases such as:**
 - Microcirculation disorders
 - Endothelial dysfunction
 - Peripheral arterial occlusive disease (PAOD)
 - Raynaud's syndrome
 - Post-COVID-associated vascular issues
 - and many more

Longevity through early intervention



A special advantage of toxopheresis lies in its **preventive potential**:

Through early diagnostics and targeted intervention, **harmful factors can be eliminated beforehand**, before they show any effects.

This enables **medically documented prevention** before manifest diseases develop — for example, in cases of:

- oxidative stress
- toxic pre-exposure
- systemic inflammation
- metabolic dysregulation

Preventive toxopheresis = disease prevention at the molecular level.

Conclusion

Medical precision for chronically ill patients & prevention

Toxopheresis combines state-of-the-art apheresis technology with **diagnostics, therapy, and aftercare** — it is a **cause-oriented, integrative treatment approach for:**

- chronically ill individuals
- complex systemic diseases
- and patients who want to take preventive action before chronic processes manifest



What is toxopheresis?

Toxopheresis is a modern medical blood purification procedure specifically designed to **selectively remove harmful and disease-causing substances from the blood**. It goes far beyond simple **“detoxification”** — its goal is to treat the underlying **causes of chronic diseases** and to stabilize the body holistically.



Possible fields of treatment

- Dry age-related/adult macular degeneration
- Retinitis pigmentosa in Refsum disease
- CIDP (chronic inflammatory demyelinating polyneuropathy)
- Guillain-Barré syndrome (acute/chronic)
- Multiple sclerosis / disseminated encephalitis (in cases of treatment failure)
- Stiff-person syndrome
- Eaton-Lambert syndrome (tumor-associated)
- IgM-associated polyneuropathy (tumor-associated)
- Lupus erythematosus (with kidney involvement or in cases of treatment failure)
- Behçet's disease (in cases of treatment failure)
- Raynaud's disease (therapy-resistant)
- Polymyositis (in cases of treatment failure)
- Scleroderma (progressive systemic, with kidney involvement)
- Rheumatoid arthritis (therapy-resistant, highly progressive)
- Cryoglobulinemic vasculitis
- Linear IgA dermatosis
- Pemphigus foliaceus / vulgaris (in cases of treatment failure)
- Diabetic foot syndrome (with risk of amputation, therapy-resistant)
- Pemphigus foliaceus / vulgaris (in cases of treatment failure)
- Scleromyxedema (with paraprotein, kidney involvement, treatment failure)
- Dilated cardiomyopathy (beta-receptor antibody positive)
- Familial hypercholesterolemia (heterozygous/homozygous) with treatment failure/sequelae
- Lp(a) hyperlipoproteinemia (with severe atherosclerosis, etc.)
- Peripheral arterial occlusive disease (with impending limb loss, therapy-resistant)
- Thromboangiitis obliterans (as an alternative to amputation)
- Transplant vasculopathy (post-heart transplantation)
- Hemophilia (with factor V antibodies)
- Inhibitor hemophilia
- Glomerulonephritis (e.g., focal segmental sclerosis, post-transplantation, with treatment failure)
- Nephrotic syndrome in glomerulonephritis (therapy-resistant)
- Scleroderma/scleromyxedema-associated kidney involvement
- Xanthogranulomatosis (necrobiotic, with paraprotein)
- Refsum disease (storage disease)
- Necrobiotic xanthogranulomatosis (with paraprotein)
- HLA sensitization in kidney transplantation
- Ulcerative colitis (in cases of treatment failure or surgical indication)

Innovative treatment fields

- Alzheimer's dementia (pathogenetically based)
- Parkinson's syndrome (toxic origin, e.g., due to environmental toxins)
- Multiple sclerosis (also in the context of apheresis therapy studies)
- Guillain-Barré syndrome (refractory to immunoglobulin therapy, e.g., in Lyme disease)
- Myalgic encephalomyelitis (ME)
- Aerotoxic syndrome (neurotoxic, environmentally induced)
- Post-vaccination syndrome
- Chronic fatigue syndrome (CFS)
- Fibromyalgia syndrome
- Late-stage Lyme disease with severe autoimmune sequelae
- Chronic hepatitis C (therapy-resistant)
- Hyperbilirubinemia in congenital liver metabolic disorders (with risk of CNS damage)
- Cardiovascular diseases
- Arterial hypertension with autoantibodies against Alpha1/Angiotensin1 (therapy-resistant)
- Cardiomyopathies in autoimmune Lyme disease
- MCS (Multiple Chemical Sensitivity)
- Exposure to environmental toxins/heavy metals/solvents with secondary diseases (e.g., CFS, MCS, kidney damage, toxic neuropathies, skin diseases, autoimmune diseases)
- Ciguatera poisoning (neurotoxic)
- Bullous skin diseases (e.g., caused by environmental toxins)



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Who is toxopheresis suitable for?

Toxopheresis is particularly suitable for:

People with metabolic and vascular diseases, e.g.:

- Diabetes mellitus
- Circulatory disorders
- Microcirculation problems
- Gout
- Thyroid disease
- Stroke
- Thrombosis
- Coronary heart disease
- Hypertension (high blood pressure)

Patients with chronic diseases, e.g.:

- Fatigue syndromes (e.g., Long COVID, ME/CFS)
- Autoimmune diseases
- Chronic inflammations
- Heavy metal or environmental exposure
- Asthma
- Migraine

People who want to take preventive action, e.g.:

- oxidative stress
- family predisposition
- occupational environmental exposure
- unhealthy lifestyle

How does the treatment work?

After a comprehensive **blood and metabolic analysis**, an individual treatment plan is created. A suitable filter is selected to specifically remove certain toxins, inflammatory mediators, or harmful blood components.

The treatment is performed using a specialized device platform that enables various procedures, including:

- **Plasma exchange**
- **Plasma purification**
- **Adsorption methods**
- **Whole blood procedures**

This allows for a **tailored and particularly effective treatment**.

What happens after toxopheresis?

An essential part of toxopheresis is **targeted aftercare** to strengthen and regenerate the body:

Support through:

- Infusions with micronutrients
- Autologous blood or cell therapy
- Detoxification support for liver, kidney, and intestines
- Stabilization of the immune system

This not only improves the current condition but also lays the **foundation for long-term health**.

MedSelect® – Personalized
medicine through connected
expert knowledge

What makes Toxopheresis[®] special?

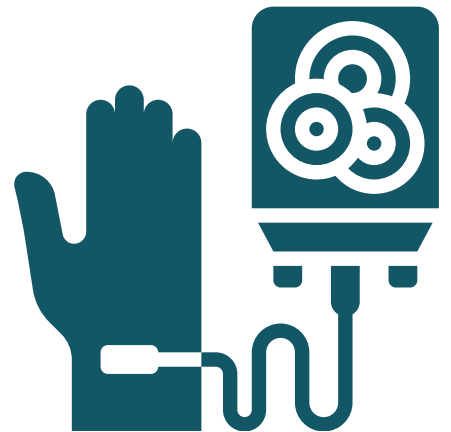
**Cause-focused therapy instead
of symptom treatment**

Personalized based on diagnostics

**Can be combined with supportive
therapies**

**Prevention and Chronic Care
Management**

**Applicable even for complex
systemic diseases**



A background image showing a person's hand raised in the air, likely in a classroom or meeting setting. The hand is positioned on the right side of the frame, with fingers spread. The background is a bright, out-of-focus interior space with large windows.

Frequently Asked Questions

Q&A

Is the treatment painful?

No — it is administered through one vein for access and another for return (similar to an infusion) and is generally well tolerated.

How often is toxopheresis necessary?

It depends on the condition. Usually, series of 3–6 treatments are performed.

For chronic diseases, regular treatments may also be beneficial.

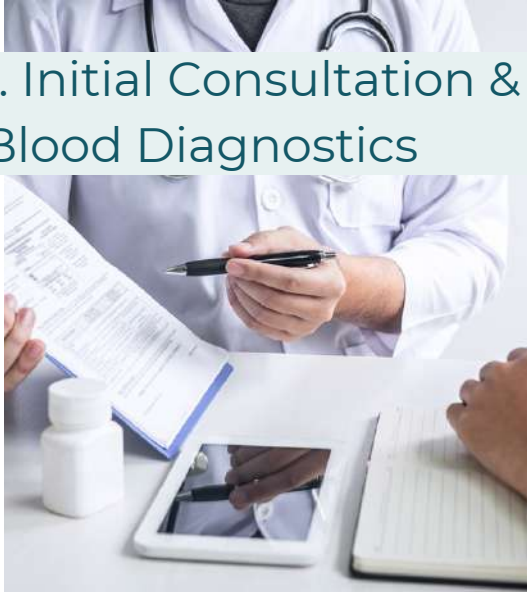
Are there any side effects?

Mild circulatory symptoms or fatigue after the treatment are possible but usually temporary.

Your Path to Toxopheresis

Your path to Toxopheresis begins with MedSelect

1. Initial Consultation & Blood Diagnostics



2. Personalized Therapy Planning



3. Treatment with Toxopheresis



4. Follow-up Care & Supportive Therapies





MORE INFORMATION CAN BE FOUND HERE:

