

Emerging Therapies for Heart Disease

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Chelation Therapy

30 Years Experience

Bismuth for Lyme Disease

A Non-Antibiotic Rx

Silver for Avian Flu?

Anti-viral Support

Coley's Toxins for Cancer

A Detailed Recipe

Tryptophan for Depression

When Prozac Isn't Okay

Menopause Support

Alternatives for
Hormone Replacement



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Heart Disease and Chelation Therapy

My View After 35 Years Of Research

by **Garry F. Gordon, MD, DO, MD(H)**

I have been involved in the field of chelation for over thirty-five years. I wrote the initial American College of Advancement in Medicine (ACAM) chelation protocol, which, with little modification over the ensuing years, has been successfully and safely used by physicians to treat well over ten million patients, without a single death attributed to the chelation treatment.

Chelation therapy dramatically improved my own health when I was disabled with angina at an early age. As a co-founder of ACAM, I have spent over 35 years attempting to discover how chelation therapy helps patients with heart disease and other conditions. With my background in radiology, I knew that angiograms were grossly misleading and completely failed to accurately reflect adequacy of blood flow. Therefore, I looked to other ways of documenting the efficacy of treatment. My protocol required doctors who provided chelation in the past to become knowledgeable in non-invasive vascular testing such as plethysmography, thermography, Doppler, etc. Through these noninvasive measurements on thousands of patients, we have documented improved circulation for well over 85% of all patients who were adequately chelated. I wanted to prove that chelation therapy routinely increased blood to the head, the feet, and all parts between. I was required by the California Health, Education, and Welfare (HEW) authorities to write that protocol to protect the public. Today, with my current belief that virtually everyone can benefit from chelation therapy, I still love IV chelation, but I have focused recently on oral chelation since I believe that everyone needs to get the heavy metals out of their body, and not everyone has access to IV chelation. I am also very pleased with the results being reported to my Chelation Discussion Group (CDG) by doctors offering the newer five-to-ten minute chelation protocol from Europe, which utilizes the more convenient, less expensive, entirely painless calcium EDTA. ➤

Heart Disease & Chelation

► I am distressed, however, about the serious level of misinformation, regarding all aspects of chelation, that I encounter everywhere I go. Claims about enhanced chelation, I feel, are often exaggerated and not cost-effective. Since long-term chelation is required for real long-term benefits, this means prolonged oral chelation is necessary for years. Then there are those who insist a chelating patient will become mineral-depleted even if on aggressive mineral supplementation. In my experience, with over 20 years of prescribing the aggressive use of oral chelation, this has never happened. Reluctance to change also exists, with doctors resisting the use of oral chelation therapy or the new short form of chelation therapy. I thought that getting \$29 million from the National Institutes of Health (NIH) to study chelation (the TACT study) would finally force those who claim that chelation therapy is unscientific to realize they are clearly seriously uninformed.

I admit that I contributed to some of this entrenched resistance to chelation for vascular disease from academia. Thirty-five years ago, I fully believed that we must be reversing plaque in patients if we were getting these dramatic clinical results, in which gangrene was healed, vision and memory was restored, and patients were released from from a hospital bed straight to the tennis court. Now we know that lowering blood viscosity or increasing nitric oxide levels can strongly influence blood flow. Even today, many patients believe they are reversing plaque through chelation, and although this may occur, it is clearly not a predictable benefit. Heart surgeons are aware that they often find extensive plaque during bypass surgery in patients who had been chelated.

This failure to reverse plaque was clearly true for my deceased brother, who had taken well over 200 chelation treatments before he had his first near-fatal heart attack while skiing. He underwent another intensive series of chelation preceding his fatal heart attack, but he still showed extensive plaque throughout the body at autopsy.

It is now clear to me that plaque reversal is not the primary mechanism of action with chelation therapy. In the rest of this article, I will share what I now believe explains how and why chelation therapy works and is so effective for treating and preventing heart disease. (In the interests of full disclosure, I should point out that I have a vested interest in the comments I will make here, since I formulate oral chelators for three companies and have worked with another company to introduce the parenteral product used for the short "push" form of chelation, using calcium EDTA.)

I believe intravenous calcium EDTA is ideal for patients in cases where lowering total body burden of toxic metals rapidly is an important part of their treatment program, since each of these short IV treatments removes 147 times more lead over baseline. This is a significantly greater lead reduction than is routinely achieved with the two-to-three-hour protocol and removes as much lead in one day as my oral program removes in a month. Ideally, however, both IV and oral chelation should be used: IV chelation to start the cleansing, and oral chelation to make sure that patients always continue to lower their lead levels. We all need the "heparin-like" protection that adding Dr. Lester Morrison's formula to oral chelation provides against fatal cardiovascular events.

I believe that anyone visiting my web site (www.gordonresearch.com) and typing in the search area words

like LEAD or EDTA or oral chelation, and keeping an open mind, will soon be convinced that most of what they now believe about chelation and heavy metals is largely incorrect.

I will not take the time here to assemble the nearly 7000 references that I have collected over my 35 years of research in this field to back up the statements I make, but suffice it to say, I am confident that I can successfully support the strong statements that I make here. It is important to recognize that average bone lead levels today worldwide are 1000 times higher than they were 400 years ago. I am convinced by research conducted at Cal-Tech that showed nearly everyone on earth today has nearly 1000 times too much lead in their bones. The study also showed that excessive levels of all of the other heavy metals exist in body tissues. Researchers at Harvard have published a study in *JAMA* that shows this bone lead is in equilibrium with other tissues, even the lens of the eye, as the higher your bone lead, the sooner you get your cataract. In fact, all causes of morbidity and mortality are tied to blood lead levels throughout life. These metals are now proven to have serious adverse effects on health. Since bones in adults take 10-15 years to remodel, it is essential to chelate continuously for at least 10-15 years to significantly impact health favorably. Otherwise, the benefits that your patients receive will be transient.

I believe that chelation therapy using the current ACAM protocol does not routinely reverse plaque, but it does routinely increase blood flow. Over 80% of chelating patients dramatically improve clinically. I have attempted over these 35 years to determine why we see such dramatic clinical improvement using chelation therapy.

Patients are confused to learn that, although their symptoms are

gone, their plaque is not only still there, but sometimes even worse. Yet, EDTA always lowers the total body burden of metals, although some metals are held in place by pathogens. In that case, combined therapies to deal with both the pathogen and the metals are required. My protocol as outlined in my book on autism (*The Puzzle Autism: Putting It All Together*; co-authored with Dr. Amy Yasko) has been found to remove all heavy metals, including lead, cadmium, tin, antimony, and mercury, without using IV therapies. In fact, we show cases where IV DMPS, which I use only selectively, had not shown any mercury excretion, yet children on the total correct oral program excreted mercury off the chart for months using the EDTA RNA-based program. My web site contains over 500 abstracts documenting the safety and effectiveness of oral EDTA. Dr. Amy Yasko and I have collected over 10,000 data points from the weekly urine tests given to over 200 autistic children, all of whom had been successfully detoxified using chelation therapy that consisted solely of oral products containing EDTA, garlic, and malic acid, supplemented with EDTA bathing and EDTA gum.

Oral EDTA chelation therapy works. It is safe and effective even though it has an absorption rate of only five percent. I do not need higher absorption since the current program has had no failure in 20 years. Also, I prefer to have a significant amount of EDTA remaining in the intestine at all times to help prevent the re-absorption of the toxic metals, the oxidation of bile salts, and the diminishment of the free radical effects on bowel contents, which leads to the formation of mutagens and carcinogens. I need patients to remain on oral chelation for many years if I am to significantly improve their long-term outcomes. To the best of my knowledge, no one taking the

recommended dosage of oral chelation therapy in years has died with a fatal MI. It appears this race will be won by the turtle, not the hare.

It also appears that proper formulations with EDTA can lower blood viscosity. Beyond Chelation Improved, an oral chelation formula I developed, has been shown, using rheologic equipment, to provide this benefit. This is partially due to the particular form of sulfated polysaccharides the formula includes, which were developed by Lester Morrison at a cost of over \$10 million and which Morrison documented could safely eliminate excessive clotting tendencies. It seems that lowering lead and other heavy metals is a desirable goal, and oral chelation is a safe and affordable method for doing so. Oral chelation, however, must be done long enough to permit bones to completely remodel. Lower lead levels means higher IQ, more energy, and research indicates lower morbidity and mortality. So we live longer if we get the lead out.

The reason for failure to reverse plaque is that plaque is a multi-factorial problem. My original protocol was far too narrow in its approach to routinely expect plaque reversal, which I now achieve with a more broadly based and personalized approach, facilitated with a 40 SNP gene test. The results permit me to correct methylation problems, found in everyone, using different, specific RNA-based therapies. RNA also assists patients with inflammation and stress, as well as safely improves all biochemical parameters, including lipids and glucose levels.

Four general areas must be addressed in dealing with complex degenerative diseases, whether it is heart disease, cancer, or premature aging. These include environmental toxicity, total body burden of pathogens, genetic issues, and specific nutritional therapies, which can lead to lowering blood viscosity, for

example, as oral chelation has been shown to do, or to controlling free radicals, or simply to helping deal with inflammation and infection. Interestingly, although it is not widely appreciated for this ability, EDTA also has significant anti-viral activity, which is one of the reasons it is a vital part of the treatment of autistic children. This antiviral activity may further explain some of the more dramatic responses reported in vascular disease patients, since we now recognize that lowering total body burden of pathogens is another major goal in cardiovascular disease.

I have previously written extensively about chelation therapy's history and mechanisms of action. The most recent of those articles (with over 180 references) was published by ACAM and can be found on my web site. I have identified over 30 reasons for the clinical benefits seen in vascular occlusive disease in any part of the body. My experience and research, as director of a large, trace element lab, has convinced me that "getting the lead out" will provide benefits for anyone seeking to optimize their health and longevity, and that it should be a part of the protocol for virtually every disease condition, from cancer to aging.

Today, I receive calls from and accept patients who have had ultra-high-speed CAT scans or angiograms that showed their vascular conditions to be significantly worse after completing a course of chelation. If you go to my web site and type in the word, "calcification," many of the reasons for these worsening conditions are discussed there. I have even more information available in a free, "by invitation only" discussion group, with over 670 health professionals from around the world. This site has over 50 different protocols that these participating health professionals employ for treating many conditions from



Heart Disease & Chelation

► Alzheimer's and autism to breast cancer. Often, we find chelation therapy has merit in these non-vascular-related conditions.

Since the *NEJM* published an article showing that calcium EDTA can be effective in postponing dialysis in patients with early renal failure, concerns about renal toxicity have been largely eliminated. The *NEJM* article also discussed the effects of low levels of lead on the IQ of children and concluded that "no safe level of lead," exists. So we see a very large benefit-to-risk ratio in using some form of chelation for patients.

The claim that oral chelation will seriously deplete a patient's trace mineral status is simply not supported by the published literature, which you can read on my web site. In fact, many references show EDTA may improve some mineral status, particularly if you use a therapeutic well-formulated mineral vitamin supplement.

Autistic children have shown us through genetic defects, as in COMT, that a total program is necessary, including specialized RNA supplements to deal with these defects in eliminating the heavy metals all of us are exposed to every day in our water, food, and air (see www.autismanswer.com). In the future, prospective parents will want detoxification programs. I feel it is important to chelate prospective mothers during pregnancy. This makes it essential that we clear the air regarding benefits and risks around chelation. Since early researchers found mutations in chelated rat pups when zinc was not supplemented, an informed consent procedure to help mothers balance the risks and benefits is needed.

In this regard, it is important to know that EDTA is an antioxidant. In addition, in 1961, oral EDTA was found to make substances like heparin work orally without the need for injections. This discovery led to my work with sulfated

polysaccharides with Lester Morrison. Hypercoagulability leads to many miscarriages and is now believed to be involved in the death of over 1.5 million patients a year from illnesses diagnosed as heart attacks, pulmonary emboli, and strokes.

I routinely advise my patients to cancel stents or bypass procedures since I know how bad the benefit-to-risk ratio is for most vascular surgery and how favorable that same ratio is when you completely understand my current approach to heart disease, wherein a lifetime of oral chelation, for both its heparin-like effect and its ability to lower lead, is a vital component of my program.

Garry F. Gordon, MD, DO, MD(H) is a world-renown biochemist and researcher who is recognized as the "Father of Chelation Therapy." He is recognized as the doctor to the doctors, since the majority of his patients are doctors from all around the world. An expert on nutrition, mineral metabolism, and longevity, Dr. Gordon focuses on developing effective nontoxic alternatives for the treatment of every disease known to man, including aging.

A medical practitioner for more than 40 years, Dr. Gordon currently operates a medical research facility, Gordon Research Institute. He is a medical consultant, legal expert, and conference organizer; he lectures extensively on *The End of Bypass Surgery Is In Sight* and *The Future of Chelation*. He is one of the cofounders of American College of Advancement in Medicine (ACAM) and is on the board of Homeopathic Medical Examiners for Arizona. He is also President of the International College of Advanced Longevity (ICALM) and co-author of the best-selling book, *The Chelation Answer*.

Dr. Gordon also serves as consultant for Longevity Plus, a Payson, Arizona-based nutritional supplement company, where he is responsible for designing

supplements widely used by health practitioners around the world. In addition to helping thousands of patients globally as a consultant, he also maintains an e-mail discussion group distributed to 500 licensed medical practitioners daily.

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