

# Critical Issues to *Save Your Heart Now* Without Daily Drugs or Surgery

## ... Maybe You're Reluctant to Try Something *New*?

The first question to ask yourself, now, is ... **how's *that* working for you**, doing what you're doing *now*?

**What if ... medical science has known about a treatment that is ideal for you ... for over 60 years?** History often seems to be a dull subject, conjuring up images of thick dusty books stuffed into wall-to-wall shelves of dimly lit libraries, where boring people study long hours and rarely talk, and then only in hushed whispers. The history that matters *most*, however, is *your own*. What happens to *you* truly does matter ... to you, to your family, to your friends. Now you have reason to celebrate what has become available to you now, from the history of medical care in the past *several dozen years*.

The history of chelation therapy (pronounced “key-**LAY**’-shun”) should matter to you in a very *personal* sense, because this “advanced medicine of the future” that has been around for **over 60 years** *will* finally be adopted as “***the*** standard of care” for the treatment of diseases created or worsened by environmental pollution/poisoning. Until then, you can enjoy the benefits right now rather than waiting for some distant time in coming decades. Since the planet is becoming ever *more* poisoned – and at an accelerating rate, as countries strive to be like American and European societies – you *will become sicker* as you get exposed to the exploding number of toxic metals and chemicals. But ... will you settle for usual drugs and surgery, despite the fact that those treatments *cannot* reduce toxic metals and, therefore, *cannot* reverse or control the relentless worsening of diseases due to (or magnified by) such poisons?

The historical *studies* are clear: **chelation therapy reduces toxic heavy metals**. Indeed, it is the *only* method approved by the Food and Drug Administration (FDA) to reduce these poisons in your body. The historical *observations* are clear: **chelation therapy also improves overall health** and relieves *many* distressing symptoms in the *vast* majority of patients who choose this miraculous form of healing. Studies large and small confirming these improvements have been published in medical journals all over the world. More to the point: **chelation therapy has been proven to help most patients regain better function with heart disease**. Better function, in *your* daily life, means

greater **comfort** and **capability** as the years go by, so you can continue to **live independently**, in your own home, rather than what you are facing now: suffering and growing weaker and finally wasting away in a nursing home.

The *real* question to ask yourself about “history,” then, is **whether you are ready now** to take simple steps to restore and maintain better health, even if you haven’t before heard of what many advanced physicians consider to be the *best way* you can reverse the ravages of diseases with which you have suffered and worried. *That situation changes right now!*

**Leader, Scholar, Innovator**

“Birds of a feather ...” you know the old adage. For the almost 30 years that I have known John, we knew we “clicked” from the very start. We shared a **commitment to enrich the lives of our patients by doing more than simply caring for each one**: we served as leaders who worked on committees and projects to expand the understanding of Chelation Therapy and nutritional medicine. We made political efforts to soften the resistance against our treatments in the conventional medical communities and in government itself. All during these years, **we gave lectures** to new “inductees” as well as experienced practitioners, **we wrote articles** to share our perspectives, we gathered research data to give proof to our conclusions. We have seen our mentors grow older and depart, we received the baton from them with a commitment to persist in our endeavors for a brighter future. Over the decades, these activities have meant many months away from our offices, from patient care. We made these choices willingly, and they did not go unnoticed: **each of us has been honored as a Fellow of the American College for Advancement in Medicine – and later with a Lifetime Achievement Award from the International College of Integrative Medicine**. Perhaps most rewarding, all the **patients seen in our offices benefit immensely from our diligent investment of energy and enthusiasm in these advanced activities**. Each of us has been blessed to guide thousands of people on their journeys to better health and longer life.

L. Terry Chappell, M.D., FACAM, Chelation Specialist  
Leader, Researcher, and Teacher of Alternative and Complementary Medicine  
Author and Speaker, Consultant to Five Medical Schools

Are you hesitant to seek treatment until some distant time when doctors (and insurance companies) will finally endorse chelation therapy? Then the real question now is whether *you* will survive long enough and still feel well enough when “*that time*” finally comes. So far, doctors have dragged their feet for over 60 years – but **you, right now, can embrace the incredible power of chelation to restore your better health and relieve your suffering.**

You might raise an eyebrow and suspect that this “might be too good to be true” ... and *that* very reason is why **you will treasure this article** for the rest of your life! One more point: ***your family and friends will be thrilled*** – right *now* – that you have chosen to create a refreshing and joyful personal history by giving yourself the chance to feel dramatically better with chelation therapy.

**No Longer Near Death Like Before**

I came here with damage to my heart, clotted arteries, pain my chest, an overall weakness and much more. **All doctors before gave my family not any hope.** I was told to slow down, limit my activities. One doctor said it would be a fast decline in my health and **that nothing could be done** except to make me more comfortable.

When I came to Dr. T, he gave me and my family hope. **My family has seen a change**—from a father who could not walk very far without pain to one who can enjoy life and be active. **My family went through the pain of seeing me near death many times at hospitals.** Always the doctors gave us no hope. We thank Dr. T for giving me back my life!

Jose G., Pasadena

**The Postal Service, Social Security, Medicare,  
Veterans Administration Hospitals,  
and Now ... Faceless Government Agents  
in Charge of Your Health?**

While no one would claim that any Congressman is biased against a reasonable medical treatment and, therefore, would not want to have his mind confused with “the facts” ... the following exchange at a 1999 hearing on chelation therapy held by the House Government Reform<sup>1</sup> gives you pause to reflect ... or even *worry* [the person speaking is indicated by CAPITAL letters]:

“[Committee Chair Indiana Representative “Dan”] BURTON [at the start of the hearing, from which Committee member Representative Waxman had just excused himself after making a brief introductory statement]. It kind of bothers me that, you know, no disrespect to Mr. Waxman, but he reads the information that comes in from the agencies, i.e., the National Heart, Lung, and Blood Institute, and makes a statement about that, and then leaves before we even

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<sup>1</sup>“Cardiovascular Disease: Is The Government Doing More Harm Than Good?” EDTA Chelation Therapy. Hearing before the House Committee on Government Reform. March 10, 1999. Available at < [http://commdocs.house.gov/committees/gro/hgo59973.000/hgo59973\\_0.htm](http://commdocs.house.gov/committees/gro/hgo59973.000/hgo59973_0.htm) >, accessed June 5, 2009.

have a chance to have the chelation experts testify. That is disappointing.”

Late in the hearing, after Mr. Waxman had returned to his seat ...

“Mr. WAXMAN. Mr. Chairman, I have a conflict.

“Mr. BURTON. Well, you know, Mr. Waxman, you have been gone all day. We have been sitting here hearing testimony. We had doctors, prominent, eminent doctors here, testify [*sic*] about the efficacy of chelation therapy. You weren’t here to hear their testimony, which was disconcerting. If you need to have 5 minutes now, we will give you 5 minutes.

“Mr. WAXMAN. Mr. Chairman, I don’t need a lecture from you on how to do my job. I have conflicts in my schedule. I am sorry that I was not here to listen to all the witnesses. I would have regretted not being here and not listening to other people in other meetings that I have at the same time. But I am entitled under the rules to be able to ask questions, and the Chair went 5 minutes beyond when his time had expired. After I leave, He can continue on in another round. Those are the rules; so let’s follow the rules. Under the rules, I want to ask some questions.”

If Representative Waxman had been the *only* committee member to leave, you might understand that, *as a very important Congressman*, he has more vital issues concerning him than just protecting free choice in medical care options for millions of Americans (like *you*). Apparently **(basically *all*) other elected representatives “attending” had more pressing business as well and did not attend:**

“Mr. BURTON. My good friend, Dr. Vega.

“Dr. [Victor] MARCIAL-VEGA [of Puerto Rico]. How are you doing? Thank you, Mr. Chairman, and *one member of the committee that I see*.

“Mr. BURTON. Rest assured that the other Members will get the information. I promise.”

*Certainly* at some future time, *your* health and that of *your* family and friends will finally receive from the Congressmen the attention that you feel you deserve, so that they can insist on government agencies giving chelation the proper consideration it needs rather than a casual dismissal. *Right?* After all, almost two-thirds of Americans (even *you?*) are ***still suffering and dying*** from heart attacks and strokes, despite all the advances in conventional medical and surgical technologies. Will your Congressmen *ever read* the committee testimony they missed? ***Or ever read the bills they pass that affect your critical choices for staying alive and healthier?*** Or *ever read any* of the bills they pass?

Well, *maybe*. Congressman Burton was then moved to ask the chelation specialist physicians, appearing as witnesses before the Committee, about a *suspicion* that was gnawing at him:

“Mr. BURTON. OK. I have a pretty hard question, and then I will accede to my colleague here. I suspect from your testimony, and the testimony of other doctors with whom I have talked about the chelation therapy and alternative therapies, that there is not only a bias by the conventional medical system, the AMA, the IMA, Indiana Medical Association, and all the medical associations, but that there might be some kind of a — **I don’t like to use word “conspiracy”— but an organized opposition to these alternative therapies because it might cut into the profits** that they might be making from pharmaceutical companies or other specialties. Do you have that kind of suspicion? Or is there any indication that you have seen that that is the case? .....

“[Chelation specialist Dr. Norman] LEVIN [of Virginia]: I think that there has been **a deliberate campaign to produce the misconception that physicians doing chelation are akin to gypsies** in the business of selling driveway repair jobs to little old ladies who don’t know any better. Nothing could be further from reality. Most of the chelating physicians I have met at conferences were trained at the finest medical universities in the country. Many are board-certified cardiologists. And a surprising number used to do cardiovascular surgery.”

None dare call it conspiracy ... unless you have letters or memos or telephone transcripts that prove a concerted and deliberate effort to interfere with the activities of others. But is it *odd* that the *overwhelming* percentage of the “other” doctors seem to have the exact *same mind-set* about chelation, and the *same interest* (even the *same words*) in **discrediting** both chelation practitioners and the surprisingly **good to excellent results gained by about 90 percent** of their patients?<sup>2</sup>

**Colleagues Get Up Close and Personal  
I Didn't Realize How Lonely I Had Become**

I knew Dr. Trowbridge through his reputation for years before I had the pleasure of knowing him personally. I can talk better. ***I can express myself again!***

**acknowledged by his professional peers as a world expert in chelation** for so many years. ~~In his time speaking at and then serving as lead professor at the~~ Advanced Training Seminars in Heavy Metal Toxicology, he has shared his **uncanny insights in diagnosis and treatment** with many of today’s practitioners. I am thrilled that he continues to share his expertise with younger doctors and to **focus his exceptional clinical skills on helping people who have lost their hope of ever feeling better** to revitalize their lives. Dr. Trowbridge is truly a gifted physician and **those who qualify for his care benefit from his career of extraordinary scholarship and acumen.**

Page 3 of 62

Edward Kondrat, M.D., Chelation Specialist  
Bestselling Author  
Internationally Recognized Expert in Reversing Vision Degeneration

<sup>2</sup> Null G: *Death by Medicine*. Edinburg, Virginia: Praktikos Press (now Praktikos Institute), 2011.

## **The Scientific Facts** **Get More Persuasive *Every Year***

The year 1993 will be remembered for the siege and storming of the Branch Davidian religious compound outside of Waco, Texas, *and* for the first bombing of the World Trade Center in New York City. But more important in the big picture for our future was a brief announcement from CERN, the European Organization for Nuclear Research in Geneva, Switzerland, that an emerging tool of the information age, the “World Wide Web,” would soon be available free to the general public.

The significance of “free access” to information could barely be appreciated back then – the Web *now* has over 1 *billion* websites and over 1 *trillion* pages and is explosively growing daily! *Today’s* easy information-gathering *would* have been treasured by Stephen F. Olmstead, M.D., **clinical medicine professor and cardiologist** at the University of Washington School of Medicine in Seattle, Washington. He **had used chelation to treat lead toxicity** (maybe from window sill paint or lead solder used in grain alcohol stills?) when serving in the Indian Health Service. Unfamiliar with its usage in heart and blood vessel disorders, he felt that it deserved the same objective scrutiny as any other drug when he was asked by the first director of the Office of Alternative Medicine at the National Institutes of Health (NIH) to review the prospect of developing research protocols.

Olmstead was committed to maintaining a purely objective viewpoint, to finding honest answers. Like early chelation researchers, he waded through mountains of journals and files bulging with sheaves of papers, all required for him to assemble his report to the government in 1994. Seeing the value in outlining his

findings for the benefit of future investigators, he published in 1998 a definitive review of chelation therapy.<sup>3</sup>

“Whatever the current prevailing medical opinion regarding the use of EDTA chelation, **patients are seeking out this treatment in hopes that chelation therapy will improve their health.** Physicians continue to provide chelation therapy on demand despite strong opposition from many of their peers and sanctions from regulatory agencies. Whether history will place EDTA chelation among ineffective treatments, such as bloodletting, or memorialize the therapy as an effective procedure irrationally rejected by organized medicine, remains to be resolved.” [page v, conclusion of Preface]

The discouraging medical-political *setting* in which chelation therapy is still practiced after over 60 years now is, for the most part, **the intended result** of those medical/political leaders whose specific mind-set has been to create and encourage **a false and disparaging history** for this step-child treatment.<sup>4</sup>

**Our Family Is So Thrilled That Mom Is Better**

When the chelation treatments began, mother was unable to function independently. **She was unable to do anything for herself.** If the downward trend had continued, she would have been bedfast and just existed for probably not very long.

The treatments have been so successful with her that **other family members will follow in her footsteps before they begin to have problems** with hardening of the arteries.

Words can never express our thankfulness to **Dr. T for being ahead of his time in diagnosis and treatment of his patients.**

Sandra D., Brenham

*What if* ... chelation treatments did nothing more than helped *only* a very few people who suffered with oddball problems and for which they sought care from only a few physicians? *What if* ... physicians made little or **no** income with chelation? *What if* ... chelation treatments made **no** improvements with heart and artery disorders, **so there was no “competition” with doctors who make substantial income from prescribing drugs and performing high-risk operations?** **What if?** Well then, if chelation were like *other* “orphan drugs,” it could help only a few people. And it would provide little (if any) financial disruption to the Medical Establishment. And, unless you had a special and limited

<sup>3</sup> Olmstead SF: *A Critical Review of EDTA Chelation Therapy in the Treatment of Occlusive Atherosclerotic Vascular Disease.* Klamath Falls, Oregon: Merle West Medical Center Foundation, 1998.

<sup>4</sup> Carter JP. *Racketeering in Medicine: The Suppression of Alternatives.* Newburyport, Massachusetts: Hampton Roads Publishing Company, 1992.

need for help with your oddball illness, you would never hear about chelation at all. Believe it? *Believe it!*

### **Treating the True Cause of Your Symptoms**

**Few physicians or scientists know as much about chelation therapy as Dr. John Parks Trowbridge. Not only has he performed and supervised chelation treatments for almost 33 years, he's studied the history of chelation therapy and chelation research more intensively than anyone I know.**

You've likely heard or read somewhere that chelation therapy is very useful in reducing the symptoms of cardiovascular disease—angina, poor circulation, high blood pressure, heart failure, even reversing gangrene without surgery—but Dr. Trowbridge makes it very clear that chelation therapy can be **unbelievably helpful in so many other conditions.** How is this possible?

Our planet is awash in toxic metals: mercury, lead, cadmium, arsenic, and tin are some of the more common culprits. Toxic metals can take years or decades to show up as symptoms and illness, but the vast majority of these are not recognized as ultimately caused by toxic metal damage. **Drawing on his long experience and unique expertise, Dr. Trowbridge makes it quite clear which illness issues very frequently can be helped** with chelation therapy. With the comprehensive factual information he provides to every prospective patient, you'll be able to **make a much more informed decision.**

Jonathan V. Wright, M.D., Chelation Specialist  
Internationally Acclaimed Author and Speaker

Editor, *Dr. Jonathan V. Wright's Nutrition & Healing Newsletter*  
Former Medical Contributor, *Prevention Magazine* and *Let's Live*

Important for you to recognize is that *every* single chelation therapy physician began his professional career as a *conventionally-practicing* physician or surgeon. That means that he or she graduated from basic science theory and clinical patient training in one of the 150 or so accredited university medical schools in the United States or in one from other countries. After graduating with an M.D. or D.O. degree, each then served an internship year (and perhaps even a few more years in advanced specialty training) in one of the 150+ academic medical centers (or hundreds of larger community hospitals) in this country or in one of many overseas. The later choice to offer chelation as a treatment program often came from their *chance* observation of **patient benefits they had never before seen in their usual drug and surgery training or practice.** Perhaps the case is better explained by chelation specialist Norman Levin, M.D., in testimony offered at a 1999 hearing of the House Committee on Government Reform<sup>1</sup>:

“[Chelation specialist Dr. Norman] LEVIN: I always make it a point to talk to the new physicians coming to a conference for the first time. And one of the questions I ask is why are you here. Almost all report getting interested in chelation therapy because patients

requested that they look into it. **Then they become further involved for the same reason that I did, because it works.** .....

“I think it is important to point out that you would be hard-pressed to find a doctor who administers chelation who doesn’t chelate themselves and their family. To me, that says something significant about the nature of the treatment and the physicians who are offering it to their patients.

“And not uncommonly, the **results are so dramatic and life-changing** in people that their gratitude brings tears to your eyes because it is such a wonderfully fulfilling feeling to be treating people this way and to so consistently be getting this kind of feedback.”

A comment offered by Ohio Representative Dennis Kucinich at that 1999 hearing of the House Committee on Government Reform<sup>4</sup> gives this poignant reminder:

“Mr. KUCINICH: ... I would like to say that I think these hearings on alternative and complementary medicine are important because, as much respect as we all have for allopathic practice [*usual medical care as provided by conventional M.D.s*] in this country, which is second to none in the world, it is important that we **keep our minds open with the new frontiers** because the **allopathic practice, which we recognize today as being the best, was advanced through many years of having to push the barriers and create debates over their practice. And things that were years ago considered at the fringe are now at the heart of allopathic practice.**

“So we have to consider that our understanding of human health and the ways in which we treat disease keep changing. And it **keeps changing because we learn** of newer and sometimes alternatively effective ways of doing things.” [Emphases added]

The problem of **suppression of this medical miracle** unfortunately *appears* to come down to this simple perception, as paraphrased from chelation specialist Elmer Cranton, M.D.: “If chelation were adopted as a recognized treatment program, a significant number of practicing physicians and surgeons would suffer a substantial **economic dislocation.**”<sup>5</sup>

## **Chelation Lies? Heart Surgery Truths?**

The real question, when “getting down to brass tacks,” is **whether all chelation physicians – and all their patients? – are ... lying?** Deceiving? Fabricating? Fibbing? Exaggerating? Claiming something that they *know* to be

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<sup>5</sup> Cranton EM: private communication in years past with Trowbridge JP.

false with the intention that others will gullibly take it for the truth? Certainly **that's** what conventional (“regular”) doctors would appear to “sorta kinda” *mean to say* when they *dismiss 60 years* of studies, case reports, and observations showing **unexpected benefits in virtually every organ system** of your body.

Here's a very telling skeptical conclusion from a detailed statistical review for the British government by Martin Connock, Ph.D., from the University of Birmingham in the United Kingdom, referring to the startlingly quick results described in the 1990 report by Olszewer and colleagues published in the peer-reviewed *Journal of the National Medical Association*<sup>6</sup>:

“**Implausible** intervention results: **all** [Chelation Therapy] patients **improve dramatically** and all placebo [control] patients remain essentially unchanged or deteriorate; after cross over to [Chelation Therapy treatments for the last half of the study,] the original placebo group **all improve dramatically**. . . . .

“The recommendation for the use of chelation therapy for intermittent claudication [leg walking pains] and coronary heart disease chelation is: **Not supported**”<sup>7</sup>

What “exactly” does the word “*implausible*” mean? Try these synonyms: unlikely, improbable, questionable, doubtful, unrealistic, far-fetched, incredible, unbelievable, inconceivable, fanciful, ridiculous, absurd, preposterous, outrageous, hard to swallow, cock and bull. Or ... **maybe he just meant that he was “surprised” (even dismayed) that the patients did so very well**, a finding that had been *repeatedly* “observed” and reported by pioneering Detroit physician Norman E. Clarke, Sr. and many dozens of other doctors and scientists since the mid-1950s? Or ... maybe, you might ask, **do the critics honestly believe that all chelation doctors and all of their patients really are lying?** After all, one of Connock's concluding statements [page 33] is that “The direction of evidence indicates that [Chelation Therapy] may **completely lack benefit**.” What “exactly” does the word “*completely*” mean? **Totally. Utterly. Wholly. Fully. In every way. In every respect.** You might guess from “university experts” like this that we chelation doctors **and** patients **must** be lying. His conclusion is all the more “interesting” when *you* review **60+ years** of chelation therapy studies and reports and *you* then find **clear and convincing documentation that “about 90 per cent”**

<sup>6</sup> Olszewer E, Sabbag FC, and Carter JP: A pilot Double-Blind Study of Sodium-Magnesium EDTA in Peripheral Vascular Disease. *J Natl Med Assoc* 1990 Mar; 82(3): 173–177.

<sup>7</sup> Connock M, Wilson J, et al: “Chelation Therapy for Intermittent Claudication and Coronary Heart Disease”: report #33. 2002. Department of Public Health & Epidemiology. University of Birmingham: Birmingham, United Kingdom. Available at < <http://rep.bham.ac.uk/pdfs/2002/chelation.pdf> >, accessed June 1, 2009; and at < <http://www.birmingham.ac.uk/Documents/college-mds/haps/projects/WMHTAC/REPreports/2002/chelation.pdf> >, accessed August 2, 2015. [Emphases added].

**of patients treated show “good” to “excellent” results.**

So you could go ahead and *ignore* your personal invitation to visit my chelation therapy clinic, overseen by an exceptionally well-trained, long experienced, and conscientiously practicing specialist physician. After all, Connock offers the conclusion that there is a good chance not only my *patients* are lying but also *me* **and** my treatment *assistants*, ***all of us*** might try to give you “implausible” information. But maybe ... you *could* read for yourself the many reports published in the medical journals. Many of them are available online, others through the library at your closest medical school. But you might protest ... “I’ll get confused, I don’t understand the medical language ... and how would I know whether the *evidence* is any good?” Dictionaries and a doctor friend could help with the first two issues. But the third one, whether the evidence is any good, that could be a real puzzler. Have you heard the pompous-sounding term **“evidence-based medicine”**? The medical community has turned to that as a scientifically rigorous effort to “apply the current best evidence in making decisions about the care of individual patients.” *Should* be simple and a great idea, right? But *their* world gets a little muddy (and often *shown to be fraudulent*) when you start applying that very same “evidence-based” standard to look at their *conventional* treatment methods that are accepted and approved and practiced by virtually “all” doctors for heart disease. ***What??!!***

First, let me bust your bubble about the “miracles of modern medicine” as delivered over your lifetime by your conventional doctors. Very telling conclusions offered by the Office of Technology Assessment (OTA) in 1978 have been virtually ignored by the professional medical community. Wrestling with the difficult task of trying to determine whether testing and treatment decisions were based upon “good evidence” of “efficacy” and “safety,” their report plainly states something to the effect of that famous phrase from the aborted Apollo 13 moon mission: “Houston, we’ve had a problem.” **The conclusions that the OTA proposed will not comfort you much if you believe that your doctor is providing care that has been proven to be of value:**

“Evidence indicates that **many technologies are not adequately assessed** before they enjoy widespread use. ... [page 4]

“Existing technologies are identified much less frequently for study than are new and developing technologies; thus, they are studied much less frequently. ...

“The quality and appropriateness of medical literature, the primary source of synthesized information, has been criticized. ...

“ ... It has been estimated that **only 10 to 20 percent of all procedures currently used in medical practice have been shown to be efficacious** by controlled trial. Given the shortcomings in current assessment systems, the examples of technologies that entered widespread use and were shown later to be inefficacious or unsafe, and the large numbers of inadequately assessed current and emerging technologies, improvements are critically needed in the information base regarding safety and efficacy and the processes for its generation.”<sup>8</sup> [page 7]

So ... since the in-depth evaluation commissioned by Congress determined that **80 to 90 per cent of the “regular” testing and “regular” treatments offered by your “regular” doctors have not been sufficiently studied to conclude that they will work as intended** for you ... then how is it reasonable that your doctor, in good conscience, can condemn chelation therapy as “unproven” or even “dangerous”?

#### **Would You Settle For Less Than the Best?**

Medical practice doesn't make perfect – but the effort brings us closer every day. I have known Dr. John Trowbridge since he was a **faculty member** in some of the training I took almost 20 years ago. He calls me one of the “younger bucks” now that he is one of the “gray beards, long in the tooth.” When AMESPA – the Advanced Medical Education & Services Physician Association – was founded, Dr. Trowbridge honored me by attending as one of *my* “students” after I had earlier been one of his students. **Dr. Trowbridge's experience and depth of knowledge in treating adults with heavy metal toxicity are second to none.** And when I voted as Chairman of the American Board of Clinical Metal Toxicology, Dr. Trowbridge was the first person I asked to serve on the board along with me. If *you* need to address heavy metal toxicity, you would do yourself justice to seek out Dr. Trowbridge and benefit from his wisdom.

Rashid A. Buttar, D.O., FAAPM, FACAM, FAAIM, Chelation Specialist  
Bestselling Author and International Speaker  
Medical Director, Center for Advanced Medicine and Clinical Research

### **Frightening *Evidence*: the *Failed* Promise of Heart Surgery**

Many will remember 1995 as the year when “The Juice,” legendary football running back O.J. Simpson, was acquitted of double murder in the deaths of his former wife, Nicole Brown Simpson, and her friend, Ronald Goldman. In the

<sup>8</sup> Congress of the United States, Office of Technology Assessment: *Assessing the Efficacy and Safety of Medical Technologies*. Washington, D.C.: U.S. Government Printing Office, Superintendent of Documents. 1978. Available at < <http://ota.fas.org/reports/7805.pdf> >, accessed August 3, 2015. [Emphases added]

words of defense attorney Johnnie Cochran: “If the glove doesn’t fit, you must acquit.” The evidence presented to the jury simply wasn’t persuasive enough for them to find him guilty. But what about the many **serious questions that have been raised whether the *evidence* regarding heart *bypass surgery*** “fits,” or shows it to be a “safe” and “effective” treatment?

In 1995, chelation specialist Julian Whitaker, M.D., editor of the wildly successful health newsletter, *Health & Healing*, tackled this “evidence” problem head-on when he published a marvelous book *Is Heart Surgery Necessary? – What Your Doctor Won’t Tell You*,<sup>9</sup> a book that expanded on his lecture first presented in 1992. Daring to read the **original** journal articles (ask **your** doctor if *he or she* has done so!) and to share *their* conclusions, Whitaker boldly points out that ...

“The first major study of the results of bypass was the publicly funded Veterans Administration Cooperative Study (VACS) ... The surgical group of 286 patients got bypass surgery, while the medical group of 310 patients continued with their regular therapy [medications].

“At the end of the trial three years later, the **difference** between the two groups’ **survival rate was statistically insignificant**. The surgical group had a survival rate of 88 percent, and the medical group’s survival rate was 87 percent. ....

“If bypass is **meant to extend the life** of low-risk heart patients, then in this respect, it was **a failure**.” [page 16]

**But wait – there’s more.**

“The Coronary Artery Surgery Study (CASS) ... sought out surgical centers with the highest patient volumes, the lowest death rates, and the most experienced surgeons and cardiologists. The results were shocking. ....

“... [These] were patients with **very serious heart problems**.

“... After five years, the **two groups [surgery vs. drugs] were statistically identical**. The nonsurgical group had an annual mortality [death rate] of 1.6 percent, while the surgical group had an annual mortality of 1.1 percent, but that figure does not include the 1.4 percent perioperative [dying at the time of surgery] mortality. ... The annual **survival rate for those who refused surgery this time was even better** than in the case of the VACS nonsurgical group – more than 98 percent.

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<sup>9</sup> Whitaker J: *Is Heart Surgery Necessary? – What Your Doctor Won’t Tell You*. Washington DC: Regnery Publishing, 1995. [Emphases added throughout these several following quotations]

“CASS researchers concluded: “patients similar to those enrolled in this trial [remember: very serious heart disease, meaning a history of heart attack or persistent angina chest pains and a 75 percent or greater blockage in one, two, or three main arteries] can **safely defer bypass surgery until the symptoms worsen** to the point that surgical palliation [operating to ease pain *not* to cure the patient or extend life] is required.” .....

“A **ten-year follow-up study** on the CASS patients was published in 1990, comparing the death rates of the medical and surgical groups. The numbers were **still statistically identical**. About 80 percent of both groups were still alive. The researchers again concluded that **bypass surgery did not prevent heart attacks or cardiac death.**” [pages 17-18]

**But wait, *there’s more!***

“In the eight-year follow-up of another group of Veterans Administration heart patients, 468 patients were randomized into high- and low-risk groups. ...

“Among 181 low-risk patients, cumulative **mortality, after eight years of follow-up, was significantly lower in the medically-treated patients (16.8 percent) than in the group that had surgery.**” [pages 18-19]

**But wait – yes, *there’s even more.***

“The European Coronary Artery Surgery Study (EuroCASS) Group came out with a study in 1988 that purported to prove that bypass patients had a much higher survival rate than those treated medically. But when they looked at the same patients years later, they were forced to conclude that ‘the patients originally assigned to **surgical treatment who survived to five years fared worse than those in the medically treated group**, and the benefit of early surgical treatment gradually decreased.’

“EuroCASS also found that **patients who underwent surgery had just as many subsequent heart attacks as those who were treated medically.** [Medical treatment did *not* include chelation therapy – or even nutritional support that has finally been recognized by the American Heart Association as helping maintain or restore heart function, *merely drugs* readily available to be prescribed.] ...

“**Not only does bypass not cure heart disease, it also does not extend longevity in most patients.**” ...

“... Dr. Harvey Simon of Harvard Medical School, reviewing the current literature, notes that ‘**after five years, 40 percent of**

**bypass grafts are at least partially blocked, and after 10 years the failure rate is about 75 percent.**” [pages 19-20]

**But wait, there’s still more!** At least bypass is pretty *safe*, right?

“ ... A major study published in the *New England Journal of Medicine* concluded that **progression of significant heart disease** – defined as a loss of 25 percent or more of the lumen (the cavity of a tubular organ [such as a blood vessel]) – **was more than ten times as frequent in bypassed arteries as in those that were not operated on.**” [page 21] .....

“ ... [A] six nation study published in 1990 ... found that a person **after bypass runs a high risk of stroke, severe cases of anxiety and depression, and even hallucinations.** This same study concluded that bypass was **more traumatic than any other surgery.**

.....  
“Among the other side effects of bypass surgery are **pneumonia**, hemorrhage [**bleeding**], **heart attack**, cardiac causalgia (intense, **burning [chest] pain**), **irregular heartbeat**, bursting wounds, and **reoperation** due to reclosed grafts.

“With each repeated procedure, **the risks increase geometrically.**” [pages 23-24] .....

“The worst side effect of bypass surgery is, of course, death. While the **death rates** at specific hospitals can range anywhere from zero to 52 percent, the national **average is about 3 to 5 percent.** **Would you fly on an airline if one out of twenty of their flights crashed?** .....

“ ... Every year some **ten thousand people who have had bypass surgery die from heart attacks** (that does not include the 5 percent who suffer from heart attacks during the surgery itself). .....

“The Stanford [University, Palo Alto, California] researchers have found that [the artery and tiny branches beyond the bypass graft or, in angioplasty balloon surgery, beyond the opened blockage] **constrict** within thirty minutes of surgery **and stay constricted, negating the effects of the operation before the patient even comes out of anesthesia.**

“**How many bypass operations are unnecessary? Nearly half**, according to a Rand Corporation study published by the *Journal of the American Medical Association* in 1988.” [pages 24-25]

**Surely your doctor has thoroughly studied these and other highly critical studies**, in order to offer an *informed* recommendation for you to have bypass surgery and to share with you early on – **before surgery!** – the **facts that you need**

*to know.* Feel free to bring up for discussion with your cardiologist or surgeon just whether these published findings – from the most respected surgery centers – could mean that **you (too) might be at higher risk than you expect.**

You might suspect that surgery has improved over the past 10 to 20 years and that outcomes are so much better as to make heart bypass or angioplasty balloon surgery and stents more desirable now. Just remember – these studies over 20 or 30 years ago took into account only the drugs available back then (for the “medically-managed” or “non-surgically managed” patient groups) ... more refined medications are available *today*, just as better surgical procedures are now used. Yet, **none of these newer programs produces survival statistics nearly as impressive as chelation therapy.** Chelation “treats” *all* of your 100,000+ miles of arteries and veins ... **surgery treats only a few inches of arteries at a time.** *You decide which therapy is more likely to offer you life long health.*

Doctors might feel “justified” in claiming that “observations” in published clinical studies from chelation doctors are overly optimistic and that *chelation* is “unsafe” – but certainly no one will argue with the survival and side-effect numbers reported in large long-term studies of heart surgery by the smartest surgeons in the world? At best, your heart doctor might offer, “Well, I doubt that chelation is likely to hurt you, but I don’t know that it could help you.” Such a statement would simply confirm that he is *totally* ignorant about the long-established safety of chelation treatments – as accepted by the FDA! After you have read this article, after *you* have “seen the numbers” ... **what do you feel your cardiologist or surgeon, in all honesty, should be saying to you about chelation treatments?**

### What About the **Failed** Promise of Angioplasty **Balloon** Surgery?

So ... if bypass surgery maybe has some problems, what about angioplasty “balloon” surgery? ***Oops – there’s more.*** Again, Dr. Whitaker reviews major published studies summarized in his book, *Is Heart Surgery Necessary? – What Your Doctor Won’t Tell You*<sup>9</sup>:

“When artery walls are injured [by inflammation], fatty deposits form and are soon joined by other substances, including calcium, which makes the arteries sclerotic – that is, hard and rigid. [Balloon] Angioplasty is an attempt to push the plaque aside, allowing freer blood flow. ...

“The risk of death increases with age. One study found the **death rate from angioplasty in Medicare patients was 3.9 percent, roughly one in twenty-five patients.** The **complication rate was 13.5 percent.** .....

“Restenosis is the clinical term for reclosure of an artery. The **rate of reclosure in angioplasty is scandalous. More than a third of treated arteries close up within six months.** .....

“What happens when a procedure becomes popular and profitable, even though it doesn’t work? The medical establishment will go to great lengths trying to fix it. ....

“One attempt was something called a ‘stent,’ a small piece of coiled wire that resembles the spring inside a ballpoint pen. The stent is inserted inside the artery just after the angioplasty balloon has expanded and the artery is open. It is supposed to keep the artery from closing back up. ....

“A study published in the *American Journal of Cardiology* found significant **bleeding and damage in 16.8 percent of stenting procedures.**” [pages 57-59]

Incidentally, various stents have been coated with chemotherapy or embedded with radioactive particles, so every cell of your body can be exposed to low levels of these “toxins,” which have been *intended* to reduce the reclosure rate of angioplasty-”treated” heart arteries. Wish it always worked that way.

**No Longer Fearful Of Needing Another Balloon Angioplasty Stent**  
I was in a bad fix when I came here. I had **already had TWO balloon tests** run [“angioplasty to open blocking arteries in the heart], which were **certainly no success.** Then I came here and was **an emergency case—but not for long** after these treatments! I have been **improving more and more** after each treatment. Now I can **walk** more than a mile, I am **up early** and going all day long. I feel so much **better** each day. They have helped me **more than any other treatment I have had.** My wife and son are so proud I am doing so well ... and **my wife is now taking the treatments!**

Ed H, Richards

**But wait, yes, there’s even more.** Dr. Whitaker simply couldn’t ignore the studies from the most prestigious medical centers, published in the most respected medical journals. He goes on to offer ...

“In fact, angioplasty and bypass are being performed repeatedly on the same patients. ... As Dr. William Castelli, head of the prestigious [Harvard] Framingham Heart Study [in Boston,

Massachusetts], says, ‘**Angioplasty is like a potato chip. You can’t have just one.**’ .....

“ ... In the Emory [University, Atlanta, Georgia] study 10 percent of the angioplasty **patients required emergency bypass surgery!** .....

“In the Emory study **14 percent of the bypass patients and 63 percent of the angioplasty patients required a repeat procedure within three years.** .....

“As part of this new ‘marketing strategy’ [where medical “practitioners are ... behaving like entrepreneurs, seeking out and acquiring new patients”], EKGs and stress tests are often offered at a very low cost by hospitals. They may seem like a good deal. But those screening devices are often used to find potential patients and funnel them into bypass or angioplasty.

“As a result **even patients who are not sick can find themselves being wheeled into the operating room.**

“An angioplasty is an operation. If your doctor says you need one, get a second opinion.” [pages 60-62]

And if you believe the startling Harvard cardiology studies from the late 1980s by Thomas Graboyes, M.D., you have ***no need to rush into surgery*** in the coming weeks (or even *years?*), since you are ***not*** likely to be a “ticking time bomb” unless you finally worsen to the point of suffering with worsening chest pains while simply sitting or lying down.

#### **Chest Pains Petrified Me!**

I had all the symptoms: chest pains, elephant sitting on my chest, short of breath. Then I had a heart attack. **Told that I wouldn’t live a year without surgery**, I had heart bypass in July 2000. During the operation, I almost died several times and I spent 2 weeks in the ICU. At home, **I was never feeling any better.** A repeat angiogram showed that the ***veins used to bypass by blocked arteries had quickly closed off.*** I was **right back where I had started but worse for the wear.** The doctors told me I wouldn’t live through another heart surgery and **sent me home to die.** Then God stepped in: my cousin had a friend improving with Chelation; with nothing to lose, I decided to check it out. **Here I am now almost 15 years later, enjoying an active life with no chest pains.** My daily schedule is busier than ever and I care for my house and yard and dogs. I am so glad that I came here instead of a doctor I had heard about in Houston. I’ve met people who started there and then came here because of bad experiences. I’ve only heard praises for Dr. T’s services here. **They saved my life and made it worth living.**

Cindy N., Houston

**Delay**

**of**

**Surgery is *NOT* a Death Warrant –  
But Rather *the Chance to Survive!***

A skyrocketing rate of diagnostic cardiac catheterizations (angiogram X-ray heart artery pictures) is partly to blame for the upsurge in bypass operations, noted Dr. Graboys. In this procedure, a catheter tube is inserted through the skin near the elbow or in the groin area. This tiny tube is carefully threaded through blood vessels into the coronary (heart) arteries so that dye can be injected and X-ray pictures then taken to find blockages. Angiogram (blood vessel) pictures are often advised as “*necessary*” when patients complain of chest pains or when there are abnormal EKG or stress-test results. **Necessary? Not so!**

Graboys’ group of respected Harvard cardiologists gave second opinions to 168 patients whose *other* doctors had recommended cardiac catheterization (angiogram pictures): the second-opinion experts considered the angiography diagnostic procedure to be **unnecessary** in all but 6 cases because the **patients were medically stable** and their condition could be controlled merely by life-style changes or medication *instead of* consideration for surgery.<sup>10</sup> Their **fatal heart attack rate was only 1.1 per cent annually over the next 5 years, much lower than the up to 3 to 5 per cent rate associated with heart artery bypass operation** and that of 1 to 3 per cent rate for balloon angioplasty surgery. Again, because these are conventional doctors who use only their regular medications, **none** of the “medical” treatment patients received chelation therapy, despite the facts in published medical reports since 1955 have shown that **this** “medical treatment” could have helped to improve their condition even more.

**My Choice Was To Live Or Die**

I came here having had a heart attack at the *age of 36* in 1989 – rare for a woman but it happened to *me*. **I am now doing great – can run up and down my stairs at home and chase after my 3-year-old. I’m going to stick around long enough to see my baby grown—and give my husband a lot of trouble!**

Marsha R., Humble

When you come to realize that **you do have a lot of time to learn about whether chelation therapy might be a wonderful choice for you**, then pause to reflect on comments offered by chelation expert Norman Levin, M.D., at a 1999 hearing of the House Committee on Government Reform:<sup>1</sup>

“[Chelation specialist] LEVIN: It’s a sad comment on the times that most patients choose not to tell their other doctors that they are taking chelation therapy because they are **afraid of the response**

<sup>10</sup> Graboys TB, Biegelson B, et al: Results of a second-opinion trial among patients recommended for coronary angiography. *J Am Med Assoc* 258(2):537-540, 1992.

**that they will get from their other doctors. ....**

“Why do people come to me for chelation therapy? I don’t advertise or market my practice in any way, nor do I give public talks to recruit patients. We don’t even have a brochure to hand out or fliers or any kind of promotional material. Nevertheless, I see two to four new patients a day.

“Most of the patients that I see have already been through the so-called system and have either not responded satisfactorily or have had such bad experiences one way or the other that they **refuse to continue on the conventional or, ‘acceptable’ medical path.**

“Most of the people who come to me are there because of word of mouth. They have come because a patient recommended the treatment based on their own experience or they know of someone who has responded well to the treatment. Or they have read about chelation and want to try a non-invasive therapy before undergoing surgery.”

These comments are far from casual: this is *sworn testimony* before Congress. And the *viewpoints* are far more than casual as well.

**No Other Doctors Expected To Help Me ... Ever**

So happy to report **continuing improvement** after these several years! I’m still a long way from where I want to be, but I’m excited that **I never expected to enjoy better health ever again.** My balance keeps getting better and better, ringing in my ears is still improving. My **energy** is so much improved! Even my teeth feel better and I smile more. I hardly believe how well I **handle teaching stress** so much better than ever before.

Carolyn L., Houston

Practicing physicians might have a bias, but what about medical school faculty? Chris Calapai, D.O., a member of the American College of Nutrition and a **professor** of family practice at the New York College of Osteopathic Medicine, makes the case quite plainly:

“Doctors do not realize that there are phenomenal risks to even the smallest surgical procedures when you’re trying to remove or strip off the cemented type of plaque [from blood vessels]. .... **When you compare the risks from surgery to the absolutely nil possibilities of having adverse reactions from chelation, it almost boggles the**

**mind as to why doctors are constantly pushing for all these surgical modalities** before trying something like chelation.”<sup>11</sup>

Once again, we find that we’re back to ... *“Remember ... about 90 per cent of chelation patients get good to excellent results, with hardly any risks!”*

## **Chelation Can Help Problems Far Beyond *Any* Operation**

Perhaps this report emphasizes too much the *heart blockage* problems treated by chelation ... and overlooks giving you details on how ***all*** blood vessels in your body can be improved. What your regular doctor or cardiologist might “forget” to explain to you is that the primary precursor to heart disease, atherosclerosis (fatty, hardened, blocking arteries), is ***not a “localized” injury but rather a “systemic” condition.*** In other words, atherosclerosis blockage changes are present ***not only in the coronary (heart) arteries, but also everywhere else, in the arteries of your brain, lungs, liver, kidneys, legs, all other areas.*** Did your doctor explain that “conventional” drug and surgery treatments perform poorly in addressing problems in ***all*** of these areas. While chelation *can* treat *all* of these many different areas, surgery is severely limited and has devised different and specific operations for only a few inches (or total replacements) for each. Shuffle the deck, draw a card, any card – ***“yep, we’ve got an operation for that”*** ... *and you’re the winner!*

Beyond helping with blood vessel hardening and blockage changes throughout the ***100,000+ miles of arteries, veins, and capillaries*** in your body, chelation therapy can have ***dramatic benefits for your organ functions*** as well. Remember, toxic metals can (and *will!*) “deposit” in *any* part of your body, *any* organ, *any* cell. Toxic heavy metals interfere with normal functions – energy production, maintenance and repair, cell reproduction, and simply doing all the jobs that you rely upon those cells to be doing. ***Toxic heavy metals*** also dramatically enhance the formation of oxidizing free radicals, which can damage cell functions beyond repair, by ***amplifying inflammation*** that destroys your tissues.

Medical doctors have ***no drugs*** other than our Food and Drug Administration (FDA) ***approved chelation medications*** to remove toxic metals. Modern medicine has ***no other methods*** except chelation therapy and nutritional

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<sup>11</sup> Professor Chris Calapai, D.O., as quoted by Null G, “Chelation Therapy: One of Medicine’s Best-Kept Secrets?” From Natural Health Solutions section of Natural Healing House website. Available at < [http://www.naturalhealinghouse.com/hm\\_secret.htm](http://www.naturalhealinghouse.com/hm_secret.htm) >, accessed June 8, 2009.

supplements to reduce inflammatory free radicals and to reverse these widespread damaging changes. **Surgeons have no operations that can remove toxic metals** and free radicals. The only semblance of “reverse-the-damage” operations are those that simply cut out the damage, removing organs or “patching” problems or implanting “new plastic and new steel.” *Yet, these toxic metal burdens throughout your body must be treated because these are the reasons why you become ill, in every organ and every system of your body!*<sup>12</sup> Toxic metals and free radicals, when present in cells and tissues of anyone having unsuspected mild (or even profound) nutritional deficiencies<sup>13</sup> can overwhelmingly amplify the destructive changes caused by raging inflammation.

## Digging Your Grave With Your Teeth?

“Nutritional deficiencies?” You might be like most people who think that they “eat well,” but the *studies show otherwise*. Overall, Americans are overfed and undernourished.<sup>14</sup> Even when food selections *are* reasonably good, reviews published by the United States Department of Agriculture and others<sup>15</sup> repeatedly show that **various nutrients – especially minerals and vitamins – are sadly missing** in crops grown in many parts of the world, *especially including* here in America. Even in fresh foods. Certainly *always* in canned and cooked foods. “Refined” and “junk” foods almost *always* are “empty calorie” foods, providing excessive calorie intake (sugar, starch, even hazardous/unhealthy fats) but few (if any) essential nutrients. **Synthetic chemicals present in foods** (bleach, additives, artificial sweeteners, sugars in drug-dosage rather than flavor enhancing amounts, “high fructose corn syrup,” “corn syrup solids,” pesticides, preservatives, emulsifiers, stabilizers, imitation vitamins, inorganic minerals, and so on) can dramatically decrease the availability of critical nutrients needed for health while, at the same time, **amplifying the inflammation “fires”** that literally destroy all of your organs.

*Cooking* methods themselves – such as boiling, microwaving, “over”-cooking, intensive grilling – can alter nutrient-dense (good) foods by altering or removing susceptible nutrients, far more readily than you might expect. Even something as simple as **insufficient daily water intake** – as has been documented

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<sup>12</sup> Trowbridge JP: *Inflammation: The Fire Within*. Humble, Texas: Life Celebrating Health. DVD, 2009.

<sup>13</sup> Gaby AR: Nutritional factors in cardiovascular disease. *J Advancement Med.* 2(1&2):89-105, 1989.

<sup>14</sup> U.S Department of Agriculture: *Dietary Guidelines for Americans*. Washington, D.C.: Government Printing Office. 2010.

<sup>15</sup> Davis DR, Epp MD, Riordan HD. Changes in USDA Food Composition Data for 43 Garden Crops, 1950 to 1999. *J Am Coll Nutr.* Dec;23(6):669-82, 2004.

in many studies in America and elsewhere – can challenge your wellbeing and comfort.<sup>16,17,18</sup> Former United States Surgeon General C. Everett Koop cautioned, “Your choice of diet can influence your long-term health prospects more than *any other action* you might take.”<sup>19</sup>

What about when food *selections* are “less appropriate”? Consider this: **about 25 per cent of the American food dollar is estimated to be spent every day on ... “fast foods.”** And every day at least 47 million customers are served daily at ... you guessed it, the *Golden Arches*. “Ronald” has 20 per cent of the fast-foods market share ... and he would like to welcome you with popcorn and a Coke as you settle into your comfortable chair ... to watch the movie *Super Size Me*. This Academy Award-nominated 2004 film was produced by and starred Morgan Spurlock. The film was the 10<sup>th</sup> largest grossing documentary of all time, at over \$28 million worldwide<sup>20</sup> (of course, “*Mickey-D*” is also worldwide!). [DVD available at amazon.com and other retail outlets] Spurlock filmed his “progress” (a **frightening decline in his health**, gaining over 24 pounds) as **he ate every meal for a month at McDonald’s** (*super-sizing* whenever he was asked: only nine times). He did **what??!**

Results, of course, would have been similar at *any* fast-food “burger joint” (they call themselves “quick-serve restaurants”). Despite insistent advice from Spurlock’s three doctors during the last week, that he was **placing his health at serious risk** (including prospect of a heart attack), he completed his dining disaster *and* the movie. Can we be sure his doctors were *serious* in their warnings? Pause to realize that many stop-n-go locations offer major discounts on America’s favorite beverages – such as 99-cent specials for 44 ounce soft drinks – **each** containing over 140 grams of sugar, amounting to over **500 calories!** Consider that member of Parliament and English physician to *Queen Elizabeth I*, Thomas Moffett (1553-1604), had this to offer, long before the era of modern drugs and

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<sup>16</sup> Batmanghelidj F. *Your Body’s Many Cries for Water*, 3<sup>rd</sup> ed. Decatur, Georgia: Global Health Solutions, Inc. 2008.

<sup>17</sup> Batmanghelidj F. *Water: For Health, for Healing, for Life: You’re Not Sick, You’re Thirsty!* New York, NY: Grand Central Publishing. 2003.

<sup>18</sup> Batmanghelidj F. *Obesity Cancer & Depression: Their Common Cause & Natural Cure*. Decatur, Georgia: Global Health Solutions, Inc. 2005.

<sup>19</sup> Koop, CE. *Surgeon General’s Report on Nutrition and Health*. Washington, D.C.: Government Printing Office. 1988.

<sup>20</sup> *Super Size Me* movie article at wikipedia, available at < [http://en.wikipedia.org/wiki/Super\\_Size\\_Me](http://en.wikipedia.org/wiki/Super_Size_Me) >, accessed August 5, 2009.

surgery: “Men dig their Graves with their own Teeth and die more by those fated instruments than by the Weapons of their Enemies.”<sup>21</sup>

**Enjoying Our Marriage Like Never Before**

I had **no feeling in my hands** due to poor circulation. I also had skin **cancer** and dry crusty places and **raw sores** on my arms. These itched constantly and made me miserable all the time. I was also short of breath and couldn't get out and do much work in the yard.

**I noticed improvement almost immediately**, and now after 14 treatments my arms are getting smooth again and the itching has almost stopped. I have got most of the feeling back in my hands and now can enjoy my hobby of sketching and painting again.

It has meant so much to me to be able to **enjoy my hobbies and working around home again**. We **enjoy walking in the mornings** again and **doing things together**.

Edward H., Oklahoma

How easy is it to “eat natural” and “eat healthy”? Actually, it's always a whole lot easier to eat “the *other* way”: you'll bump into over 35,000 McDonald's locations around the world – dozens of thousands of others featuring “quick serve” food. From 1982 to 2003, American “quick service restaurant” annual revenues have mushroomed from \$26 billion to over \$126 billion while during the same period, obesity rates ballooned more than double, to over 30 per cent according to the Centers for Disease Control and Prevention.<sup>22</sup> By 2006, per person expenditure for the “hurry-hurry” fast food lifestyle in America was the highest in the world, approaching \$600 annually.<sup>23</sup> The White Rabbit star of Alice in Wonderland would be proud of those of us who “have to grab a quick bite to eat” because of the pressures to meet all the important demands competing for time in our lives: “No, no, no, no – I'm overdue! – I'm really in a stew! – No time to say “goodbye,” hello! – I'm late! – I'm late!! – I'm late!!!”<sup>24</sup>

The roles played by food production, selection, amount, even adequate

<sup>21</sup> As quoted by Greenwood PM and Parasuraman R. *Nurturing the Older Brain and Mind*. Boston, Massachusetts: The MIT Press, 2012. p. 97.

<sup>22</sup> “Fast Food, Addiction, and Market Power” article, in BNET business publications, derived from *J Agric Resource Econ*, Dec 2007, by Richards TJ et al., available at < [http://findarticles.com/p/articles/mi\\_hb5844/is\\_200712/ai\\_n32251930/?tag=content;coll](http://findarticles.com/p/articles/mi_hb5844/is_200712/ai_n32251930/?tag=content;coll) >, accessed July 30, 2009.

<sup>23</sup> Hofman O, *Who eats the most fast food?*, EuroMonitor International, August 11, 2006, available at < [http://www.euromonitor.com/Who\\_eats\\_the\\_most\\_fast\\_food](http://www.euromonitor.com/Who_eats_the_most_fast_food) >, accessed July 29, 2009.

<sup>24</sup> “I'm late,” from “Alice in Wonderland,” music and lyrics by Sammy Fain and Bob Hilliard, at Disney Song Lyrics, available at < <http://www.disneyclips.com/lyrics/alicelyrics1.html> >, accessed August 5, 2009.

chewing (often overlooked!) and cooking methods in accelerating degenerative disease onset and progression cannot be underestimated.<sup>25</sup> Not only can critical nutrients (essential for organ functions) fall into dangerously short supply,<sup>26</sup> but also toxins and free radical chemicals that are introduced into the foods without warning can challenge the wellbeing of even those who fancy themselves to be quite healthy. A final comment: “organic” foods, when properly grown, clearly provide better nutrition to help heal, repair, and maintain your organs<sup>27</sup> – worth the extra cost and effort? Scientific studies *confirm* the value of eating “closer to nature.” You decide.

## **Ready to Say “Goodbye” to Your Mind?**

Chelation therapy does not, in and of itself, “repair” damage caused by inappropriate food choices, dangerous health habits, or other health challenges *but* ... your body is *always* better able to repair itself when toxic heavy metals are reduced. Beyond merely treating these common toxic exposures, a well-trained and experienced chelation specialist with graduate training in nutritional science will evaluate your dental health, your nutritional status, and other health risks in order to prescribe specific therapeutic-dosage supplements and dietary changes intended to enhance your health and wellbeing. The **“damage” caused by toxic exposures** (heavy metals and various chemicals, including preservatives and such found in packaged or treated foods) **can cause or contribute to an astonishing variety of illnesses** with which your family and friends are suffering. **Dementia, Alzheimer’s, memory and concentration** difficulties, lightheadedness, visual changes, hearing difficulties, head “pressure,” pulsating noises in the background – this is a quick list, merely to illustrate examples of several ***distressing brain problems that have shown improvement with chelation.***

The list of problems that can arise over time in your **brain** is long, and you can imagine the similar lists that can be written for ***every other organ or system*** in your body. Yes, **chelation therapy can substantially help many of them.** Rashid Buttar, D.O., recent chair of the American Board of Clinical Metal Toxicology, has prepared a series of entertaining color DVD lectures (“Know Your

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<sup>25</sup> Alfthan G, Pikkarainen J, Huttunen JK, et al. Association between cardiovascular death and myocardial infarction and serum selenium in a matched-pair longitudinal study. *Lancet* 1982;2(8291):175-179.

<sup>26</sup> Willett WC, Morris JS, Pressel S, et al. Prediagnostic serum selenium and risk of cancer. *Lancet* 1983;2(8343):130-134.

<sup>27</sup> McCollum-Gomez C, Benbrook C, Theuer R. *That First Step: Organic Food and a Healthier Future*. Washington, D.C.: The Organic Center. Report issued March 2009. Accessible on internet at < <https://www.organic-center.org/reportfiles/ThatFirstStepReport.pdf> >

Options – The Medical Series”) that persuasively explain how people become ill. What is even more important is that these videos show how “advanced medicine specialists” (M.D.s and D.O.s using chelation therapy, nutritional prescribing, dietary recommendations, lifestyle changes, even referrals to “biological dentists” aware of the connections between your mouth and your organs) can dramatically improve many troubling problems and degenerative illnesses. (DVDs with supporting booklets available at amazon.com, at www.themedicalseries.com, and other retail outlets.) [Just so you know: I have authored and produced for your easy education **over 50 hours of CDs and DVDs on heart and blood vessel diseases and other major illnesses** that steal your health, your comfort, and, eventually, your life.]

This article is a review of chelation therapy as an opportunity to avoid your first or maybe more heart bypass and balloon angioplasty procedures. That’s why all *those* details are given here. The critics of chelation claim that 60 *years* of published studies should be ignored, despite the fact that **almost every one** of them shows dramatic clinical improvements, even when the patient numbers were few. But the *real* question is ... ***why are cardiologists and surgeons ignoring their own published studies, from major medical centers***, with hundreds of patients ... which show clear-cut evidence that bypass surgery and angioplasty are **extremely risky and their success rates are disappointingly dismal?**

#### **When Life Matters, Expertise Counts**

Probably what matters most is that John is well recognized for his **expertise** in chelation, certainly based on **his extensive background in nutrition and preventive medicine**. My friend of well over 2 dozen years writes from a lofty perspective, since **he’s “seen it all and done it all.”** He told me of his own training seminars starting back in 1983 – he was astonished to find his teachers had offered chelation treatments for 5 years, 6 even 8 years. He remembers thinking that “they have to know everything, they’ve got so much experience.”

Jonathan Collin, M.D., FACAM, Chelation Specialist  
Publisher, *Townsend Letter for Integrative Medicine*

## – INTERMISSION –

Congratulations on showing the interest and making the effort to learn how you can **improve your health in ways you never before knew** could be possible.

Take a couple of minutes for a “bio-break” and to refill your tea or coffee. Stretch a bit and pause to think about the exciting treatments that can add not only years to your life but – and even better! – **add life to your years.**

**Check [ X ] each box for issues you want to get answered today:**

I am thrilled with my doctors and the hospital is great – but I was hoping to **avoid needing more** and more “doctoring” or the prospect of more hospital stays.

I already have a heart or blood vessel condition that is **limiting** me in some ways, maybe even dramatically.

I am **worried** that I could already be developing a heart or blood vessel condition that would limit me, even though I “feel okay” right now.

I am **frustrated** that my treatments have not helped me as I had hoped because of what the doctors told me.

I had hoped to **find something better** to help me but, until now, all I’ve found is more of the same -- drugs and surgery – or stuff that really doesn’t work at all.

I am worried that my condition is **worsening** more, even though I maybe have been slow to admit it ... or maybe I just keep ignoring it.

My wife (or husband) and I have been talking about **what the future** holds for us when I worsen – or, heaven forbid, if *she* begins to suffer with medical problems where I can’t really help her.

Sobering thoughts. After all, **your future matters to you and your family.** And your future isn’t “just around the corner” ..... it’s **tomorrow** and **next week** and **next month.** Okay, so let’s **find out how you can make a brighter tomorrow.**

**Do People Foolishly Choose an Operation Over Chelation? –  
or More Medications ...  
Until Finally They Really “Need” an Operation?**

The *history of chelation* oddly enough shows you just *why* people routinely choose instead to have surgery – whether bypass or balloon angioplasty – when they *could* try chelation first and perhaps find their condition much improved for years to come, so much so that they delay or avoid surgery altogether. (***Remember that some 90 per cent of chelation patients enjoy good to excellent results.***) Why would people walk (or be wheeled) right *past* chelation offices and into the hospital operating rooms? Conventional doctors – such as your family practitioner, cardiologist, or cardiovascular surgeon – have insistently dismissed or ignored the historical data. They fervently claim that “no evidence exists” to show that chelation helps relieve symptoms and improve heart and blood vessel (and other) diseases. As a result of their “expert” opinions, ***medical insurance programs simply won’t pay for treatments (such as chelation)*** for which medical professionals claim that “no evidence exists.” **There you have it – is it always a “Follow the money” trail?**

**Almost Like Coming Back From the Dead**

Ever since starting chelation, my blood pressure is near normal. **I feel good all the time**, rested in the AM now. **Sleep good all night**. Work at my job and yard and garden with **enthusiasm**.

**Eyes have improved**, toenails grow again, and **circulation has returned** to my toes. Now I can enjoy leisure time and my hobbies of **gardening** and **Polka dancing**. I can now work many **productive hours** instead of just putting in time. **My outlook has really improved** because when you feel good all of the time, you have a more optimistic positive outlook.

My wife said I was half dead and did not know it. I was 50 years old when I started coming to Dr. T. At this **YOUNG** age, I was having all these worrisome problems. Now seven years later **I feel great. Like I did when I was in my 20s and 30s!** THANKS AND GOD BLESS YOU!

James W., Forest Cove

**But wait, there’s more.** The *real* question is ... why do insurance companies **still** pay for bypass surgery and balloon angioplasty, where surprisingly the success rates have been *proven* (in large, long, randomized, cross-over-controlled published university studies, using the finest surgical techniques!) to be **dismal** and the procedures are **risky**, even to the point of death. *Good questions!*

Since you're sharp enough to ask these pointed questions, let's break them down into the simple parts that really shed light on the answers:

1 – You've seen the criticisms of chelation by the AMA and the call for *studies to be funded by treating chelation physicians*. So ... where are American Medical Association DATTA [Diagnostic and Therapeutic Technology Assessment] reports that honestly evaluate the **major risks of these conventional therapies – heart bypass surgery or angioplasty** – emphasizing the very real concerns that survival numbers are, at best, comparable to regular medical management (drugs, which are less expensive and safer) for most patients? Where are the resolutions from the AMA House of Delegates, demanding more research studies for safety and effectiveness ... *to be paid for by the surgeons themselves? NONE!*

2 – Where are position statements from the American College of Cardiology, **warning that heart bypass surgery or angioplasty can be dangerous (even deadly)** and that repeated procedures are sometimes necessary and **even more risky**, especially as patients grow older? *NONE!*

3 – Where are warnings from the American Academy of Family Practice and the American Society for Clinical Pharmacology and Therapeutics? Why hasn't the American Osteopathic Association stepped forward to voice its concerns and to **warn patients that bypass or balloon surgery could be dangerous to health and survival? NONE!**

These leading professional *trade* organizations (the AMA and many others that deserve no more veneration than guilds or simple craft unions or fellowship lodges) of doctors who routinely use drugs and surgery in their practices but are strangely **silent** about serious problems with their surgical and medication solutions – ***maybe drugs and surgery are no solution for you after all?***

**Dancing My Best Texas Two-Step Ever!**

The chelation and nutrition program that Dr. T. developed for me brought me from angina heart pains after walking a city block to **a life of hope and physical activities that help me enjoy a wonderful quality of life.**

Now I lift weights, swim, and country-and-western dance again. **I just feel great and twenty years younger.**

James S., Dayton

The recent “recommendation” of the American Heart Association (AHA) (yes, another union group) with regard to “Chelation Therapy” is perhaps most telling:

“Up to now, there have been no adequate, controlled, published scientific studies using currently approved scientific methodology to support [chelation] therapy for cardiovascular disease. The United States Food and Drug Administration (FDA), the National Institutes of Health (NIH) and the American College of Cardiology all agree with the American Heart Association on this point. ....

“If people use chelation therapy and it doesn’t work, they may be **deprived of the well-established benefits from the many other valuable methods of treating these diseases**, such as lifestyle modifications, **medications** and **surgical procedures**.”<sup>28</sup>

First of all, how many people would “use chelation therapy and *it doesn’t work*”? As you will learn from this review, the benefits can be unexpectedly delightful for **most patients**, actually almost **all**. After seeing the results of large surgery studies at major university centers, do you pause to wonder ... exactly **which valuable** “well-established **benefits**” are they promoting with regard to “**surgical procedures**” – and just why there are **no warnings** that those benefits might be delivered at major risk and an extreme price, like ... the **prospect of unexpected limitations, permanent disability, or even death**? Okay ... so just what does the AHA *does* say about heart bypass surgery ... only this glowing but inexplicable endorsement: “One of the most common and **effective** procedures to manage blockage of blood to the heart muscle.”<sup>29</sup> [emphasis added] (I’ve got a bridge to sell you if you have reviewed the studies and reached the same conclusion!)

Even the American *Cancer* Society (long a champion of chemotherapy despite its sometimes devastating effects and limited results) felt the need to get “into the act” about the “dangers” of chelation ... but it remains **disturbingly silent with regard to risks and results of bypass and angioplasty**:

“However, available scientific evidence does not support claims that [chelation therapy] is effective for treating other conditions such as cancer. *Chelation therapy can be toxic* and has the potential to cause kidney damage, irregular heartbeat, and even death. ....

“Chelation therapy has also been promoted as an alternative

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<sup>28</sup> American Heart Association, Inc.: Position statement quoted by a presenter in 2009. Available at < <http://www.americanheart.org/presenter.jhtml?identifier=3054086> >, accessed June 4, 2009. [Emphases added]

<sup>29</sup> American Heart Association, Inc.: *Cardiac Procedures and Surgeries AT-A-GLANCE*. Brochure, page 2; 2012. At < [http://www.heart.org/idc/groups/heart-public/@wcm/@hcm/documents/downloadable/ucm\\_304569.pdf](http://www.heart.org/idc/groups/heart-public/@wcm/@hcm/documents/downloadable/ucm_304569.pdf) >, accessed August 3, 2015.

treatment for many unrelated conditions, such as gangrene, thyroid disorders, multiple sclerosis, muscular dystrophy, psoriasis, diabetes, arthritis, Alzheimer's disease, and the improvement of memory, sight, hearing, and smell. ....

“Chelation therapy is a proven treatment for lead poisoning and poisoning from other heavy metals. However, *available scientific evidence does not support claims* that the treatment benefits patients with cancer, heart disease, or any medical problems other than heavy-metal poisoning. ....

“**According to a number of well-respected organizations**, including the American Heart Association, the American Medical Association, the Centers for Disease Control and Prevention, the American Osteopathic Association, the American Academy of Family Physicians, and the FDA, there is no scientific evidence that chelation therapy is an effective treatment for any medical condition except heavy metal poisoning. .... Last Revised: 11/01/2008”<sup>30</sup>

**No more than echoes of what you've seen before?** “They” (the *others*) say it doesn't work and *they* say it isn't proven, and “*they*” must know, so “*we*” (the American Cancer Society) are going to say so, too – even though **none** of us (these trade unions) have discovered convincing new information that disproves the published observations over the past 60+ years. Incidentally, what are the “problems” associated with heavy metal toxicity? **Reduction of the total body burden of these poisons has been shown to improve immune system function** – which, of course, **can enhance your ability to handle the challenges of diseases such as cancer** ... but that's a subject for another article.

**Who Knew That Improvements Like This Were Possible?**

Body inflammation limited my everyday life, just trying to keep going to work. **No energy, no outside life, fatigued all the time.** My sex drive had driven off! My body no longer burns like it used to. My outlook is so much better. **Now I finally am so much more comfortable:** cleaning house, gardening, enjoying any activities. My energy is better, I'm exercising and even going places *after* I work 12 hours! **My husband likes that I am more like the younger me** – we really enjoyed our last vacation. I am getting better!

Lorraine G., Tomball

A brochure from the AHA has formally addressed the question about

<sup>30</sup> American Cancer Society (position statement). Available at < [http://www.cancer.org/docroot/ETO/content/ETO\\_5\\_3x\\_Chelation\\_Therapy.asp](http://www.cancer.org/docroot/ETO/content/ETO_5_3x_Chelation_Therapy.asp) >, accessed June 5, 2009. [Emphases added]

sponsoring research studies ... with the same shopworn “party line” that allows conventional practitioners to honestly say that, from their reading and discussions, “most doctors say it doesn’t work”:

**“Why hasn’t the American Heart Association funded a project to research this question?”**

“A scientifically valid trial would be very expensive. Also, according to qualified scientists who are familiar with research in heart disease, there’s only a *very small chance that chelation therapy will work*.”<sup>31</sup>

Interesting ... that they choose *not* to study something shown *elsewhere* to be working ... because they expect that there’s *just a small chance* for them *also* to find that ... **it does work!** Just can’t wait to see what they’ll say when later studies conclusively demonstrate that chelation works better than anyone ever expected.

Not to be outdone in the rush to crush chelation, the (“*medical experts?*”) at the United States Federal **Trade** Commission (FTC) vigorously pursued in the 1990s a complaint against the American College for Advancement in Medicine (ACAM), the first group organized by physicians endorsing chelation therapy:

“9. In truth and in fact, *scientific studies do not prove* that EDTA chelation therapy is an effective treatment for atherosclerosis.

“10. The acts and practices of respondent [ACAM] as alleged in this complaint constitute ***unfair or deceptive acts or practices***, and the making of false advertisements, in or affecting commerce in violation of Sections 5(a) and 12 of the Federal Trade Commission Act.”<sup>32</sup>

**Thank goodness they haven’t looked at misleading optimistic claims in hospital brochures and in the offices of cardiologists and heart surgeons, promoting (? “safe” and ? “effective) heart bypass operations and balloon/stenting procedures!**

In “explaining” and “defending” this bizarre FTC position to Representative Dan Burton, at a 1999 hearing of the House Committee on Government Reform,<sup>33</sup>

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<sup>31</sup> PHBB – at < [http://mdconsultant.tripod.com/med\\_info/chelation.htm](http://mdconsultant.tripod.com/med_info/chelation.htm) > in a webpage referencing < [Source: AHA - <http://www.americanheart.org/presenter.jhtml?identifier=449> & <http://www.americanheart.org/presenter.jhtml?identifier=3000843>] >, accessed August 3, 2015. [Emphasis added.]

<sup>32</sup> “*In the Matter of American College for Advancement in Medicine, A Corporation,*” Docket #C-3882 Federal Trade Commission (complaint). Available at < <http://www.ftc.gov/os/1999/07/9623147c3881acamcmp.htm> >, accessed June 5, 2009. [Emphases added.]

<sup>33</sup> “Cardiovascular Disease: Is the Government doing more Harm than Good?” EDTA Chelation Therapy. Hearing before the House Committee on Government Reform. March 10, 1999. Available at < [http://commdocs.house.gov/committees/gro/hgo59973.000/hgo59973\\_0.htm](http://commdocs.house.gov/committees/gro/hgo59973.000/hgo59973_0.htm) >, accessed June 5, 2009. [Emphases added.]

attorney witness Joan Z. Bernstein, J.D., Director of the Bureau of Consumer Protection at the FTC, had this “profound” conclusion to offer:

“Our inquiry focused on two claims that ACAM allegedly made to consumers. The first claim, which is alleged to be false, is that *scientific studies show* that EDTA chelation therapy is an **effective treatment** for atherosclerosis. Second claim, which is alleged to be unsupported by reliable scientific evidence, is that EDTA chelation therapy **is effective** in treating atherosclerosis. ....

“ ... The order is strictly limited to advertising claims that would be made by ACAM. It does not prohibit them from *any* advertising claim, but requires well-controlled clinical trials. **If they make a claim, that it is supported by such studies. They also must have substantiation or support for any claim they make, if they make a truthful claim.**”

This official government position **ignores** the major published studies that show the outright **falsity** of the claims of safety and effectiveness ... **for heart bypass surgery!** So ... it’s “okay” for ACAM to make any claim it wants ... so long as **all the other doctors** finally accept 60+ years of published research studies as truthful and convincing. Which, of course, *they don’t*. So much for *that* bad idea. This means that ... one of the major physician groups endorsing chelation therapy is **prohibited** by **your** government from reviewing the experience of its members or results documented in the published literature and then sharing with **you** a claim that the treatment **is** effective for heart and artery blockage diseases – **or** from stating *their* professional opinion that the scientific studies have *shown* it to be effective. So much for anyone ever remembering all the published studies showing that **90 per cent of patients enjoy good to excellent results with chelation!**

Oh – and about position statements issued by the Federal Trade Commission disputing claims by cardiologists and heart surgeons regarding the *benefits* of bypass surgery or balloon angioplasty ... or outlining *their* possible risks and limited results? Sorry, **you won’t find any**. The government simply **ignores** the major heart center studies that show the **risks** and extreme **limitations** with heart bypass surgery and heart artery stents.

### **Growing “Older” Better Than I Ever Expected**

Sleeping poorly was only one of the reasons for my **exhaustion – chronic fatigue and fibromyalgia** meant that I was **unable to work for a full year**. *Now* I probably have **more energy than 80 to 90% of people** my age – 56. Once again I’m an **avid outdoorsman**, I hunt, I fish, and I rock hound avidly, sometimes walking for miles. **I have not missed work for health-related issues in 4 years!** All aspects of my family and personal life are enjoyable again.

Gerald R., Vidor

## **Autism *NOT* Alzheimer’s Is the Modern Holocaust**

Since the Federal Trade Commission (FTC) chose to get involved regarding “truthful claims,” a valuable side-comment must be offered here. Keep in mind that the FTC has been painfully silent with regard to *most* other medical treatments. Heart and blood vessel diseases – along with immune system challenges such as cancer – are the **major causes of suffering and death** among adults.

Certainly the **rising tide of Alzheimer’s dementia** (often associated in published research with aluminum and other toxic heavy metals) and other brain disorders of evaporating memory, concentration, and function – including Parkinson’s disease – are of concern as you grow older.<sup>34</sup> But adults have children, and those children have grandchildren. And when compared to degeneration changes as an adult, the tragedy of a brain *development* disorder – autism – poignantly demonstrates that any brain (or any life) is a horrible thing to waste, so we *must* find successful treatments!

The label “autism” was introduced by Austrian psychiatrist Leo Kanner, M.D., in 1943. Since then, a wide spectrum of dysfunctions – from very mild to disablingly severe – has been catalogued. **More than one million Americans suffer** with the disaster of autism. Since the late 1980s, the rate of American children born and later identified as autistic has skyrocketed. The Centers for Disease Control and Prevention (CDC) now document that 1 child in 68 is found to be suffering with an “autism spectrum disorder,” from minimal to profound. The ratio favors boys more often than girls: about 1 in 42 sons will deliver heartache and despair to his parents. Autism is the fastest “growing” developmental

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<sup>34</sup> Demopoulos HB, Flamm ES, Pietronigro DD, et al. The free radical pathology and the microcirculation in the major central nervous system disorders. *Acta Physiol Scand* 1980;492(suppl):91-119.

disability. A family will consume (from insurance and generous government programs) an estimated 3 to 5 million dollars in medical and social services through the lifetime of each affected child. **More children will be diagnosed with autism this year than with cancer, diabetes, Down's Syndrome, and AIDS ... all combined.**<sup>35</sup>

The following excerpts from Congressional testimony offered by chelation specialist Rashid A. Buttar, D.O., painfully shows the **struggles that parents endure** when suspecting that a child appears to be autistic. Sadly, pediatricians often come to that realization many months *later* than parents. Even more distressing, the American Academy of Pediatrics insistently maintains that vaccines containing thimerisol (a *mercury*-based preservative) **“cannot”** have contributed to the epidemic of early childhood autism, despite the **extraordinary** increase in the number of early infancy vaccinations *and* various published studies to the contrary.

“DR. BUTTAR: On January 25, 1999, my son Abid Azam Ali Buttar was born. By the time he was 14 or 15 months old, he was already saying “Abu” which means father in Arabic, and a few other words such as “bye bye”. But by the age of 18 months, my son had not only failed to progress in his ability to speak, but had also lost the few words he had been saying. As he grew older, I began to worry more and more that he was suffering from a developmental delay. He exhibited the same characteristics that so many parents with children that have developmental delays have observed, such as stimming [repetitive behaviors], walking on tip toes, and lack of eye contact. Sometimes I would call to him but his lack of response would convince me there must be something wrong with his hearing. Certain sounds would make him cringe and he would put his hands on his ears to block the obvious discomfort he was experiencing. He would spend hours watching the oscillation of a fan. But through all this, when he would make eye contact with me, his eyes would say, “I know you can do it Dad.” The expression he would give me, for just an instant, would be that of a father encouraging his son.

“The oceans of tears that I cried and the hours that I spent trying to determine what was happening to my son are no different than that of any other parent in the same situation. The only

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<sup>35</sup> Generation Rescue, available at < <http://www.generationrescue.org/autism-facts-statistics.html> >, accessed July 10, 2009.

difference was that I was one of only a 190 some doctors throughout the U. S. board certified in clinical metal toxicology. And if this was [toxic heavy] metal-related as was a theory that I had read, I should know how to fix this problem. I tested him and re-tested him and tested him again, searching for mercury. ... [M]y son's [early tests and] his system showed no appreciable levels of mercury. But the older he became, the more obvious it became that my son was not developing as he was meant to be developing. My son was not meant to be this way and that was the only one thing that I knew for certain. From the time Abie lost his speech which was around 18 months or so, until 36 months of age, he had absolutely no verbal communication except for the one syllable that he would utter, 'deh,' on a repetitive basis.

"About the same time while desperately searching for the cause of the same ailment that had afflicted so many of my own patients previously, I ... [met to] discuss my son's situation with Dr. [Boyd] Haley [Chair of the Department of Chemistry, University of Kentucky]. That meeting turned out to be one of the key elements which resulted in our development and subsequent current protocol for treating children with autism, [and similar but less severe] autism-like spectrum and pervasive developmental delay. My son was the first one who went through this protocol [to remove toxic metals, especially mercury] once safety had been established. ....

"I started Abie's treatments on his 3<sup>rd</sup> birthday, using a rudimentary version of the current TD-DMPS (DMPS in a transdermal base) that my partner, Dr. Dean Viktora and I had played around with a few years previously. By the age of 41 months, **5 months after initiating treatment with the TD-DMPS, my son started to speak, with such rapid progression of his speech that his speech therapist was noted to comment how she had never seen such rapid progress in speech in a child before.** Today at the age of 5, Abie is far ahead of his peers, learning prayers in a second language, doing large mathematical calculations in his head, playing chess and already reading simple 3 and 4 letter words. His attention span and focus was sufficiently advanced to the point of being accepted as the youngest child into martial arts academy when he was only 4. His vocabulary is as extensive as any 10 year old's, and his

sense of humor, power to reason and ability to understand detailed and complex concepts constantly amazes me.”<sup>36</sup>

You might be surprised and more encouraged to hear from Abie himself:

“DR. BUTTAR: [Congressman] Dr. [Dave] Weldon before you leave is it alright for this 5 year old who at the age of three who was not speaking at all to address the chairman and the respective members of congress that are here. ....

“ABIE BUTTAR: Mr. Burton and Ms. Watson and Dr. Weldon, **thank you for helping my dad getting all the people better and the children better.**”<sup>37</sup>

The autism-mercury connection is far too involved to be reviewed in this article. What you should know – to share with your family and friends – is that studies by Dr. Buttar and others continue to demonstrate that autism *can* be substantially reversed, especially if treated early. [Yes, Abie continues to grow normally and now is a handsome, engaging, and entertaining young teen.]

**Could mercury really be a major explanation for several of the degenerative diseases that are slaying us by the millions?** Consider these results of a literature review, as presented by Dr. Buttar to the Congressional subcommittee:

“DR. BUTTAR: The search for the association between mercury and cardiovascular disease, the number one killer in the industrialized world, revealed 358 scientific papers exemplifying the relationship. The search for the association between mercury and cancer, the number two killer in the industrialized world at the time of this writing, revealed 643 scientific papers exemplifying the relationship. Both of these conditions represent 80% cause of all deaths in the industrialized world, according to the WHO (World Health Organization) as published in 1998. But the association of **mercury with neurodegenerative [brain and nervous system]**

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<sup>36</sup> Buttar RA, “Autism Spectrum Disorders: An Update of Federal Government Initiatives and Revolutionary New Treatments of Neurodevelopmental Diseases: Autism, The Misdiagnosis of Our Future Generations,” written testimony submitted to the U. S. Congressional Sub-Committee Hearing (Government Reform & Oversight Hearing, Subcommittee on Wellness & Human Rights), May 6, 2004, pp. 9 ff. Available at < <http://www.drbuttar.com/media/CongressionalHearing.pdf> >, accessed July 10, 2009.

<sup>37</sup> Transcribed from video tape presentation, Government Reform & Oversight Hearing, Subcommittee on Wellness & Human Rights, May 6, 2004, page 15. Available at < [http://www.hyperbaricmedicalassociation.org/390/text/591/files/3\\_Oral\\_Transcript\\_May\\_6\\_2004\\_Reform\\_Hearing.pdf](http://www.hyperbaricmedicalassociation.org/390/text/591/files/3_Oral_Transcript_May_6_2004_Reform_Hearing.pdf) >, accessed July 10, 2009.

**diseases is the most significant**, with the references numbering 1445.”<sup>38</sup>

Whether you’re an adult or a child, the take home message is simply this: **personal pollution by toxic heavy metals is the root cause of the degenerative disease killers** that are epidemic in our time.

The unending despair of autism cried out for a solution. Special treatment was needed for children: chelation therapy for mercury and other toxic heavy metals. Developed by a father agonizing over the sudden and unexplainable *loss of the son* in whom he saw so much potential. *A life saved*. Does it matter? Of course, that’s a silly question. But ... pediatricians, dentists, neurologists, and other specialists continue to *dispute* these improvements. While *they* (the “*medical experts*”?) continue to ignore for *another twenty years* the heartwarming benefits already reported by thousands of parents, *would it matter to start right now special chelation treatments* for the hundreds of thousands of American children whose brain development *will be* permanently arrested and then further retarded by toxic heavy metals? And what about the millions of children as yet unborn but facing the real prospect of being condemned to be autistic for their entire lives? As the FOX NEWS Channel says: “We report. You decide.”

#### **Feast on the Prospect of Better Health**

This article is a jewel – a treat you will enjoy and to which you will refer often, sharing with your family and friends the ideas that *they* need to learn to do more than just survive but to flourish and prosper. I’ve known John for over 25 years, I know his **personal commitment to professional excellence**. We’ve talked on the same stage at medical meetings, we’ve critiqued each other’s ideas, we’ve treated each other. Our shared interests are many and varied, but we have always returned to the goal that means so much: **teach people** what they need to know to take charge of their health so they can stay well and lead a healthier life – and **treat patients** for degenerative disease conditions they were not earlier able to avoid. **Don’t just read this article: devour it! Share with all those you know and love**, so that they can join with you at the banquet table of robust health and vitality through the coming years. My special wish for you: **Bon Appetit!**

Robert J. Rowen, M.D., Chelation Specialist  
Internationally Acclaimed Speaker  
Former Editor, *SECOND OPINION* Newsletter  
“Father of Medical Freedom”

<sup>38</sup> Buttar RA, “Autism Spectrum Disorders: An Update of Federal Government Initiatives and Revolutionary New Treatments of Neurodevelopmental Diseases: Autism, The Misdiagnosis of Our Future Generations,” written testimony submitted to the U. S. Congressional Sub-Committee Hearing (Government Reform & Oversight Hearing, Subcommittee on Wellness & Human Rights), May 6, 2004, pp. 1. Available at <<http://www.drbuttar.com/media/CongressionalHearing.pdf>>, accessed July 10, 2009. [Emphasis added.]

## **The Risks and Limited Results of Heart Surgery ... Are Killing Us!**

Since about a *million* Americans – your friends, neighbors, family ... *even you?* – are “being exposed” to the side-effects and risk of death from balloon angioplasty procedures every single year and about a *half-million* undergo heart artery bypass operations, please explain why the Public Health Service (PHS) has not issued *any* reports on these procedures from its Office of Health Technology Assessment, “based on a search of the medical literature with assistance from the Food and Drug Administration and the National Institutes of Health”? As the PHS falsely speculated when reviewing chelation (noted earlier), “Its safety is questioned and its clinical effectiveness has never been established by well designed, controlled clinical trials.” So ... what about a brutally direct, honest, and unbiased position statement informing you of the scientifically *documented* serious *risks* and limited *results from bypass?* Or balloon stent operations (angioplasty)? Sorry, you won’t find any. **They don’t exist.** You get no warnings from the government officers who pledged to protect you from harm.

The United States Centers for Disease Control and Prevention (CDC) certainly recognize the societal dimensions of heart and blood vessel diseases:

“The **burden of heart disease and stroke cannot be measured** by death statistics alone. The cost of heart disease and stroke in the United States, including health care expenditures and lost productivity from deaths and disability, is projected to be more than \$475 billion in 2009. As the U.S. population ages, the economic impact of cardiovascular diseases on our nation’s health care system will become even greater. ....

### **“The Cost of Heart Disease and Stroke:**

- More than 1 in 3 (80 million) U.S. adults currently live with one or more types of cardiovascular disease.
- An estimated 935,000 heart attacks and 795,000 strokes occur each year.
- Americans make more than 72 million doctor visits every year for treatment and management of cardiovascular diseases.
- More than 7 million hospitalizations occur each year because of cardiovascular diseases.”<sup>39</sup>

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<sup>39</sup> “Heart Disease and Stroke Prevention: Addressing the Nation’s Leading Killers.” Centers for Disease Control and Prevention. Available at < <http://www.cdc.gov/nccdphp/publications/AAG/dhdsp.htm> >, accessed June 5, 2009. [Emphases added.]

Are you surprised to hear these frightening statistics – when chelation therapy has been available for over 60 years and could dramatically reduce these costs, risks, and deaths for *most* Americans.

**Able To Get On With My Life**

**I feel as well as I did 30 years ago.** I work 12 to 14 hours each day and enjoy a lifestyle that I could not even think about 12 months ago. At that time, I spent most of my time in bed or on the couch. I'm keeping up my maintenance treatments to **continue feeling better for years to come.**

Marty Q, Katy

Another perspective on the **very real personal horror of cardiovascular disease** (and the urgency to review and widely adopt chelation therapy) comes from chelation expert L. Terry Chappell in his 1999 testimony before a hearing of the House Committee on Government Reform.<sup>40</sup> Regarding *two* extensive reviews of scientific reports that he had recently concluded, he noted:

“DR. CHAPPELL: The first [review] was looking at the 10 leading causes of death and how alternative medicine might improve those causes of death.

“When I looked at those carefully, I found that the **fourth leading cause of death**, which is often *not listed*, is prescription medications, **medications prescribed by physicians**. And even more shocking to me, when we added up the statistics, we found that the **ninth leading cause of death is cardiac surgery**.

“So *2 out of the top 10* leading causes of death are actually *caused by the well-meaning efforts by physicians to treat their patients*. **There is a significant risk in the [conventional] medicine** that we do practice today.

“Very interestingly too, **5 out of the top 10 leading causes of death are related to vascular disease**, and that is obviously the biggest challenge we face.”

So ... given the worrisome statistics from the large university studies of bypass and angioplasty, as recounted by Dr. Whitaker in his book, **where are the CDC position statements warning the public that heart bypass surgery or angioplasty can be dangerous (even deadly)** and that repeated procedures are sometimes necessary? Sorry, try as you might, ***you won't find even one***.

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<sup>40</sup> “Cardiovascular Disease: Is the Government doing more Harm than Good?” EDTA Chelation Therapy. Hearing before the House Committee on Government Reform. March 10, 1999. Available at <[http://commdocs.house.gov/committees/gro/hgo59973.000/hgo59973\\_0.htm](http://commdocs.house.gov/committees/gro/hgo59973.000/hgo59973_0.htm)>, accessed June 5, 2009. [Emphases added.]

The United States Food and Drug Administration (FDA) has *not* issued any warnings about the risks (and death rates) associated with bypass and balloon angioplasty for one simple reason: the FDA is not authorized by Congress to “approve” or even review surgical procedures. Why, then, does the FDA feel free to comment on the procedure called “chelation therapy,” noting that it is “not approved” for heart and blood vessel diseases? Because chelation involves the *use of a drug* – EDTA or others – that the agency claims *is* subject to review and “approval” by the FDA. Recall that FDA “approval” means the manufacturer can list on the label that the FDA finds it to be “appropriate” (meaning “safe” and “effective”) for the treatment of certain conditions – and that “listing” is the most important precondition to gaining insurance coverage.

You might be surprised to learn that ***a drug that has already been approved by the FDA for any one condition may legally be used by any physician for the treatment of any other conditions*** where, in his or her professional opinion, the patient will benefit from its use. Such use depends *solely* on the physician’s *observations* regarding the patient’s response to treatment – ***a research “study” is not required!*** Makes you wonder ... what are the “*observations*” that surgeons and cardiologists have made regarding patient responses (survival, side-effects) to their bypass or angioplasty operations, since their ***published studies overwhelmingly demonstrate in about 5 out of 6 patients no benefit greater from surgery than what is already available from simply using medications for most patients.*** And those studies did *not* include chelation therapy as an option for **any** of these “medication” patients, for which chelation specialists insist could dramatically improve the basic health and condition of their heart and blood vessels.

**Enjoying Golden Years Not Rusting Ones**

I had an **irritation in both eyes** for five months. Doctors could do nothing but help the pain but the medication gave me side effects. Also I had **macular degeneration** [vision changes in the eyeball], which was causing blurriness. Since starting chelation, I have needed no medication for my eyes and the **pain is GONE!** I can read without eyes getting tired and huring. **I can read** without having a blur across the words. Once again, I can enjoy **reading, sewing, and handwork.** And I enjoy preparing **Bible lessons and teaching.** Now I feel **my life has new meaning.** Thank you!

Mary W., Odessa

You might wonder ... is it really legal for a physician to offer a treatment such as chelation therapy when most of the other doctors disapprove? That very question was raised some 40 years ago in the Federal court on appeal from the

conviction of the nation's most prominent chelation specialist ... and you might be startled at learning of this powerful endorsement by the judge:

“The courts have rather uniformly recognized the **patients' rights to receive medical care in accordance with their licensed physician's best judgment** and the **physician's rights to administer** it as it may be derived therefrom. ... The Supreme Court in *Doe v. Bolton, supra*, observes that if a physician is licensed by the state, he is recognized by the state as capable of expressing acceptable clinical judgment. ... In *People v. Privitera*, Cal.App., 141 Cal.Rptr. 764, 774 (1977), the court in approving the patient's right to an abortion prescribed by her physician stated that,

“**To require prior State approval** before advising prescribing administering a new treatment modality for an informed consenting patient is to **suppress innovation** by the person **best qualified** to make medical *progress*. ***The treating doctor, the clinician, is at the cutting edge of medical knowledge.*** To require the doctor to use only orthodox ‘State sanctioned’ methods of treatment under threat of criminal penalty for variance is to invite a repetition in California of the Soviet experience with Lysenkoism [false science accepted as real only because *politicians* endorsed and enforced it]. The mention of a requirement that licensed doctors must prescribe, treat, ‘within State sanctioned alternatives’ raises the specter of **medical stagnation at the best**, statism, paternalistic **big brother at worst**. **It is by the alternatives to orthodoxy that medical progress has been made. A free, progressive society has an enormous stake in recognizing and protecting this right of the physician.**” *United States of America v. H. Ray Evers, M.D.*, 453 F.Supp. 1141 (1978). [Emphases added]

Yes, Dr. Evers successfully defended against this political attack by the Federal government. And his case clearly established for *all* of us that your physician (*of course!*) is in charge of using his professional judgment in offering the best treatment for *you* and *all* of his patients. *You* have already benefitted in many ways from this ruling – your own family physician and cardiologist *often* use heart or blood pressure medications that have been approved by the FDA to treat ... ***other conditions!***

### Success Story: Stress, Fatigue, Moods

A naturopathic doctor referred me to Dr. T – I was very skeptical but worried that there were no other options. *Other doctors had simply written prescriptions for drugs and didn't ever say what was "wrong" with me.* I lived with my **fatigue** all my life, but everything worsened in 2008. My **pulse** became irregular, I became more **moody**, and **stress** was really eating away at me. Chelation Therapy and nutritional supplements were *my life-saver*. My "well-being score" was 17/100 when I started – now it's 55/100 and continuing to climb. I am **thrilled that Dr. T is many light-years ahead of the average doctor.** Everyone should have this opportunity to finally feel better, to get out of their pain and on with their life.

Bill R., College Station

Once again, review just what are the “*observations*” that surgeons and cardiologists have made regarding patient responses (survival, side-effects) to their bypass or angioplasty operations, since the **published university studies over the past 35 years overwhelmingly demonstrate no benefit from surgery over what is already available from medications for most patients.** And none of these studies ever included the option of chelation therapy, which has been shown for **over 60+ years** to be dramatically more successful than surgery in many cases.

All of these are *great questions* ... so, what do you suppose could be the reasons why they *aren't* being asked on a daily basis regarding the risks and results of bypass and balloon angioplasty operations? Perhaps Mark Twain offered a most valuable perspective:

“The scientist ... will spend thirty years in building up a mountain range of facts with the *intent to prove a certain theory*; then he is so happy in his achievement that as a rule he overlooks the main chief fact of all – that **his accumulation proves an entirely different thing.**”<sup>41</sup>

As one of America's most famous humorists, his comments *would* be “humorous” if they didn't ring so true when applied to conventional physicians and surgeons who enthusiastically endorse bypass and angioplasty while warning people to avoid “the dangers” of chelation therapy: **“The fact is the human race is not only slow about borrowing valuable ideas – it sometimes persists in not borrowing them at all.”**<sup>42</sup>

<sup>41</sup> Mark Twain: “The Bee” (essay). Available at < <http://www.twainquotes.com/Scientists.html> >, accessed June 4, 2009.

<sup>42</sup> Mark Twain: “Some National Stupidities.” Available at < <http://www.twainquotes.com/Ideas.html> >, accessed June 4, 2009. {Emphasis added}

## **Chelation Therapy: *Unproven?* And Deserving of More Study?**

The story of this orphan treatment – available for over 60 years to improve comfort and survival for patients with serious heart and blood vessel diseases – is much more complicated than can be presented in a brief article. But you need to see another aspect of the “politics” involved. And *this story isn’t pretty*.

Each year, some **380,000 Americans die from coronary artery disease** – clearly a major threat to your comfort and survival as you grow older. In a 2007 survey, the National Institutes of Health (NIH) documented that **111,000 adult patients had sought out treatment with chelation therapy** in the previous 12 months. Hardly a “well-kept secret” – but surprising in light of how little is known about it by conventional (“regular”) doctors, whether heart specialists or not.

Acting on the application for funding by noted Miami cardiologist Gervasio Lamas, M.D., the NIH approved a large-scale, well-designed government clinical trial. This carefully controlled 10-year, \$31.6 million study was looking for a simple answer: does chelation therapy improve “event-free survival” (length of time after treatments began without a serious heart problem, such as heart attack or hospital admission for angina chest pains or other complications, stroke, or heart-related death) after someone has already suffered an earlier heart attack?

Titled the ***Trial to Assess Chelation Therapy*** (“**TACT**” for short), one hundred thirty-four clinics administered chelation therapy IV treatments to 1,708 patients, mostly men 50 years or older, who had already suffered a heart attack in the past, who had not had a surgical procedure for blockage of heart or neck arteries within the past 6 months, who had not been smoking within the past 3 months, who had not received any chelation treatments within the past 5 years, and who did not have known serious medical illnesses that would shorten their survival. On average, participants were 65 years old and had suffered a heart attack some 4.6 years earlier. Some 31% suffered with diabetes and 83% had undergone “coronary revascularization” (improving blood flow by either bypass or balloon angioplasty and stenting operations). Only 30 weekly IV treatments were given, followed by another 10 IVs given at 2 to 8 week intervals. Sadly, no other “maintenance” treatments were offered.

**Returned To the Life I Used To Love**

For years, I've had **no energy. No drive. Poor memory.** I felt “old” and that's what **the other doctors told me ... “learn to live with it.”** In just six months, I'm **full of energy and my memory is good again!** I don't lack confidence at work anymore and I'm **enjoying hobbies** that I thought were long gone. **My wife and daughter get more of me – I feel 10 years younger** than when I started Dr. T's comprehensive chelation program!

Phillip S., Kingwood

On November 4, 2012, Dr. Lamas presented the preliminary results to the Scientific Sessions of the American Heart Association.<sup>43</sup> The findings were unexpected and disturbing ... *but only to the conventional cardiologists* in attendance. Why? Because this large, formal, double-blind, placebo-controlled study suggests that **chelation therapy can improve survival in people who have already had a heart attack**, especially the most common one in the front of the heart, “anterior infarction.” Enrollment of patients into the study had taken years, largely because cardiologists refused to refer people to participate because they were absolutely convinced that chelation was a load of horse hockey.<sup>44</sup>

As you could expect, Dr. Gary Gibbons, politically-astute director of the National Heart, Lung and Blood Institute, which funded the study with the National Center for Complementary and Alternative Medicine, *cautioned* that “Further research needs to be done *before* this can join the mainstream of cardiovascular care.” Even Lamas, the principal investigator, cautioned against enthusiastically expecting that chelation is the best or only treatment for heart disease: “The trial needs to be taken for what it is — a step towards future investigation.”<sup>45</sup> Does it strike you as “*odd*” that leading physicians appear to discourage you from choosing treatments that might add years to your life ... until many more years of “studies” are conducted? How old will you be then? Will you still feel well enough to be capable and competent for independent living in your own home? Or will you still be here?

Dr. Lamas and colleagues reported even more astounding results to the American Heart Association Scientific Sessions in November 2013, also published in the online Journal of the American Medical Association.<sup>46</sup> When reviewing the

<sup>43</sup> < [https://my.americanheart.org/idc/groups/ahamah-public/@wcm/@sop/@scon/documents/downloadable/ucm\\_446204.pdf](https://my.americanheart.org/idc/groups/ahamah-public/@wcm/@sop/@scon/documents/downloadable/ucm_446204.pdf) > accessed July 31, 2015

<sup>44</sup> Wood S., ‘Extraordinary’ Chelation Effects in Diabetes Propel TACT into Spotlight Again. Medscape Medical News from the American Heart Association 2013 Scientific Sessions. Medscape. Nov 19, 2013. < [http://www.medscape.com/viewarticle/814643#vp\\_2](http://www.medscape.com/viewarticle/814643#vp_2) > accessed July 31, 2015. [Emphasis added.]

<sup>45</sup> Associated Press report: Doctors debate value of ‘fringe’ heart treatment, November 4, 2012, < <http://newsok.com/doctors-debate-value-of-fringe-heart-treatment/article/feed/458036> > accessed August 1, 2015

<sup>46</sup> Lamas GA, Goertz C, Boineau R, et al. *JAMA*. 2013;309(12):1241-1250. doi:10.1001/jama.2013.2107.

data from just diabetics, they found over the 5-year study **in diabetic patients a 40% decrease in total mortality, a 40% reduction in subsequent heart attacks, and a 50% decrease in heart-related mortality.**<sup>47</sup> Interestingly, limitations on the study funding and design prevented documentation of a significant improvement in those without sugar intolerance, despite dozens of positive “small group” clinical results in the medical literature. Nevertheless, the findings confirm many case reports or small series published in the medical literature over the past 60+ years regarding diabetic limbs saved from amputation.

“Lamas acknowledged that cardiologists have greeted the [original] TACT results with skepticism and/or derision but argues that the **results are actually intuitive for diabetologists and epidemiologists**, who over years of researching diabetes complications have demonstrated that accumulation of advanced-glycation end products [“rusting” sugar chemistry in blood vessels and organs] involves metal-catalyzed oxygen chemistry for their formation. As such, **chelation of metal ions may be that much more important in diabetes patients**, explaining the magnitude of benefit in this group. Indeed, note Lamas and colleagues in their paper, some common diabetes medications actually have chelating properties.

“The reason this is exciting is—if this is borne out by additional experimentation—it is **a way of treating the complications of diabetes that we have simply missed the boat on for decades**, not knowing that metal chemistry was needed to form the advanced-glycation end products,’ Lamas enthused. ‘If you look at these results depicted in these graphs, **there is simply nothing like it**. You show it to endocrinologists and they go bananas. Whether or not future studies show this to be true, the fact that it *might* be true is reason enough for there to be scientific interest in this.’”<sup>48</sup>

**Results in non-diabetics since 1955 have likewise demonstrated often dramatic clinical improvements**, but the TACT study was not intended to document changes beyond heart-related deaths and events. Sadly, the research design did not tailor the overall treatment program to individual patient needs and did not provide long-term “maintenance treatments” that often provide enhanced benefits.

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<sup>47</sup> Escolar E, Lamas GA, Mark DB, et al. The effect of an EDTA-based chelation regimen on patients with diabetes mellitus and prior myocardial infarction in Trial to Assess Chelation Therapy (TACT). *Circ Cardiovasc Qual Outcomes* 2014; DOI:10.1161/CIROUTCOMES.113.0000663.

<sup>48</sup> Wood S., ‘Extraordinary’ Chelation Effects in Diabetes Propel TACT into Spotlight Again,’ *Medscape Multispecialty*, November 19, 2013, found at < [http://www.medscape.com/viewarticle/814643#vp\\_2](http://www.medscape.com/viewarticle/814643#vp_2) >, accessed January 22, 2016. (Emphases added)

Given the excitement shown by the lead researchers, that they had demonstrated unexpected improvement in diabetic complications, **you might think that “regular doctors” would begin to look more seriously at chelation. And you would be wrong.** Admittedly, a number of “issues” have been raised regarding the study methodology and performance. Remember, though, that this is the very *first* reported government-sponsored study of a treatment that has been employed for over 60+ years. Funds were limited and the bias *against* completing the study – which cardiologists “knew” could show that chelation was of NO value – makes no sense. Why would they not want to “prove forever and for everyone” that chelation offers *NO* improvements? The Establishment doctors and research scientists have for many years been reluctant to “put chelation to the test,” in a comprehensive clinical study. And when they *did*, the results show that **chelation really works!**

**I’ve Witnessed and Heard *Hundreds* of “Miracle” Stories**

Houston is known around the world as a center for innovation, experimentation, and dramatic successes with life-challenging medical problems. No, I didn’t work at the Texas Medical Center. In fact, I do worry about why so many university specialists casually “turn a blind eye” to treatments (like chelation therapy) that have been producing spectacular results for over 60 years. Why am I a fan? **My Nana and Papa added joyful independent years to their lives thanks to chelation – which gave them the precious opportunity to see me and my sister frolic and grow and mature.** My Dad is a real proponent, and due to his treatments he looks much younger and “runs circles around” many other folks his age. These three older adults are just a representative (but cherished) sample of the **hundreds and hundreds of patients that I had the pleasure to serve in my part-time college job.** They were thrilled to be taking fewer (*if any!*) menacing medications and to endure fewer (*if any!*) serious operations. **And I am personally delighted that they felt better, lived more comfortably and longer in their own homes, and reclaimed the opportunity to see their grandchildren developing and laughing and playing and loving ... on them!**

Sharla Tyann Trowbridge

Senior Credit Analyst, Houston Oil and Gas Industry

Full Disclosure: Yes, “Dr. T” is my Dad and I worked for years in his office

The *first* attempt at a federally-funded study was one where I was intimately involved in the group of chelation specialists writing the detailed study protocol in the late-1980s. The Food and Drug Administration (FDA) had granted Investigational New Drug (IND) Application #128.847 in 1986, to study the use of “Disodium EDTA with Magnesium” (the IV chelator that we still prefer and use extensively today) in the treatment of claudicatory (walking leg pain) peripheral vascular disease. FDA approval was obtained largely as a result of persistent

efforts of my dear friend and colleague, chelation expert Ross Gordon, M.D. In approving the IND application, **the FDA** did *not* require *any* further safety studies, confirming *their long recognition of EDTA as safe* when given intravenously for treatment of toxic metal overload. The IND (FDA-approved research) study was performed at Letterman Army Medical Center Hospital in San Francisco and at Walter Reed Army Medical Center Hospital in Bethesda, Maryland, with full endorsement of the Department of Defense and the Veterans Administration. Termination of the federally-approved study occurred after about only thirty patients had completed treatment and testing in the study. *Why so few?*

**Feeling Better All Over – Who Knew?**

Both of my **feet were numb and cold**. My **legs were always stiff and sore** when I drove my car and got out. After I slowly took a few steps, I was alright. My **right shoulder has hurt** for about two years, as if I pulled a muscle. I had to be very careful as to how I used my arm, what I picked up, and so on.

**Thanks to chelation, I no longer have any trouble with my legs**. Most of the numbness in my **feet** has gone and they are beginning to feel warm. My **right arm** no longer bothers me. Also when I started treatments, I had a **speech problem and a writing problem; both are just about back to normal**.

Robert T., Anderson

Study enrollment had been slow due to (*can you guess .....?*) reluctance of Army *cardiovascular surgeons* to refer patients. Surprised? But actual termination of the research came only after Army physicians and nurses supervising the study were transferred to the Arabian Gulf in preparation for the first Gulf War. Neither an alternate clinical site nor final funding were available to complete the investigation. **Later review of the data showed that we would have proven its effectiveness** – the changes seen in the some thirty subjects showed three *distinct* groups: one group **improved** dramatically, another showed virtually **no change**, and the third group was “in between,” showing only **moderate** improvement. These groups *likely* represented those who received **full** dosage treatments with EDTA, those who received **none**, and those who received half-dosage treatments.<sup>49</sup>

Had the Army physicians been able to complete this carefully planned study 25 years ago, the FDA once again *might* have approved “labeling” of EDTA for

<sup>49</sup> Gordon R: private communication with Trowbridge JP (Interview). The history of chelation, 1995. When the data-blind was later broken because no further funding could be found to complete the research, these suspicions were confirmed: those who were treated with EDTA did very well, those treated with half-the-dose did better than those who received none at all.

the treatment of peripheral (leg) blood vessel disease. [The FDA originally *had approved* the drug (in the late 1950s) for listing in the *Physicians' Desk Reference* as “possibly effective” in the treatment of peripheral (leg) *artery* disease. The passage of the Kefauver-Harrison Drug Control Act in 1962 resulted in removal of that listing because the original study involved only 6 patients, considered by provisions of the *new* law to be too few to permit “labeling” as “effective” for blood vessel diseases.] **Millions of people are sadly hesitant to pay their own personal funds for treatments not “covered” by insurance or Medicare benefits and not approved by “their doctors,”** where coverage is available only for “labeled” indications. So-called “off-label uses” are not covered *regardless* of their reported clinical success! **Interruption of the IND study** by the Gulf War, a study that *could* have resulted in “labeling” and government acceptance *and* eventual insurance coverage, **likely has cost millions of patients their legs and even their lives.**

#### **One of America's Truly Advanced Physicians**

Medical practice doesn't make perfect – but the effort brings us closer every day. John was lead professor in the training I took to learn chelation. **His wealth of knowledge seemed then – and seems now – to be endless.** He calls me one of the “younger bucks” now that he is one of the “gray beards, long in the tooth.” When I founded AMESPA – the Advanced Medical Education & Services Physician Association – I was flattered and thrilled that he attended courses as one of *my* “students.” In recognition of his expertise and continuing accomplishments, **his Life Celebrating Health office was qualified as one of the leading Centers for Advanced Medicine in the country.** Are *you* ready to benefit from his wisdom?

Rashid A. Buttar, D.O., Chelation Specialist  
Bestselling Author and International Speaker  
Former Chairman, American Board of Clinical Metal Toxicology

This sad story is a crystal-clear example of the **Establishment bias against learning more about how chelation might provide results far superior** to drugs or surgery. Wyeth-Ayerst Pharmaceutical Company, which helped to support earlier portions of the IND study, had agreed to finance completion of the project with an investment of another \$6,000,000, after Army facilities were no longer available. The company hired a new president in 1992 for Wyeth-Ayerst Research, Robert I. Levy (immediately former director at the National Heart and Lung Institute and long an *opponent* of chelation therapy<sup>50</sup>). Soon after Levy settled into his new corner office, Wyeth suddenly withdrew its promise of funding and its support for completing the study. As recounted to me in private

<sup>50</sup> “Chelation Therapy - An informal summary.” Department of Health & Human Services. National Institutes of Health. National Heart, Lung, and Blood Institute. Bethesda, Maryland, June 1992.

communication with Dr. Ross Gordon: Ray LePicky, head of the controlling FDA Cardio-Renal division had strongly endorsed completion of a definitive study to show whether chelation therapy worked or not. LePicky's personal letter congratulating his friend, Robert Levy, on his appointment to lead research at Wyeth-Ayerst, had noted the **FDA's great interest in the results of that chelation study**. His letter reportedly crossed in the mail with Levy's official letter to LePicky, notifying him that the **drug company was terminating all support, "because we don't study what doesn't work."** Perhaps confirming his negative bias, Levy in 1981 had falsely proclaimed<sup>51</sup> that the decline in mortality from cardiovascular disease since the 1960s was due to "risk factor awareness and modification [cigarette smoking, hypertension control, diet change and reduction in cholesterol levels]," when many reviewers have instead concluded that their statistical analyses show the decline to have occurred *despite* such changes.

**My Everyday Life Is So Much More Comfortable!**

I used to be sick so many times in a year – now it's much less often, less severe, and shorter duration. I had severe back pains with walking or getting into/out of my car. Now my back feels normal again and I no longer get cramps in my feet. I function well in my very active life! Even my complexion has improved: the last time my skin looked this good was *before* I was a teenager! A family member asked what I was doing differently – hair, makeup, or what? – since I seem to have de-aged 20 years! Thanks so much, Dr. T, for your excellent chelation and nutrition program.

Nanda S., Atascocita

Let me share the kind of brutal criticism made widely available regarding the recently completed TACT trial [Trial to Assess Chelation Therapy] reports, blasted by *conventional* doctors all over the country. Here, for example, is the conclusion from a lengthy article **condemning every possible aspect of this study** of chelation, written by *surgeon* David Gorski, M.D.:

"For those of you not familiar with TACT, it was a trial designed to test a **favorite quack treatment for cardiovascular disease**, chelation therapy. It is, as I have described many times in the past, an **incredibly implausible therapy** based on a hugely simplistic concept that because calcium accumulates in atherosclerotic lesions, then using chelation therapy could remove the calcium and reduce the lesions. Chelation therapy is a favorite treatment option recommended by naturopaths, and the **claims made for it border on the absurd.**

<sup>51</sup> Levy RI: Declining mortality in coronary heart disease. *Arteriosclerosis* 1(5)312-315, 1981.

It's frequently referred to as a "Roto Rooter"<sup>52</sup> for the arteries that is a "safe and effective" alternative to angioplasty or coronary artery bypass.

"It's not. [He's *correct*; *that* crude explanation was abandoned when the chemistry of chelation therapy was clarified in the early 1980s – too bad he has to claim that the chelation doctors still insist on making such a ridiculous claim ... *which we don't!*] .....

"And if you're in the U.S., as I am, you paid for it to the tune of \$30 million. That's \$30 million that could have gone to actual, useful biomedical research. It's very sad that apparently neither Dr. Krumholz nor Matthew Herper can see that. It's even sadder still that *JAMA* [*Journal of the American Medical Association*] published this tripe. In that *JAMA* is every bit as guilty as *The Lancet* [a premier British medical journal] was in 1998 when it published Andrew Wakefield's antivaccine nonsense. I can (sort of) accept the argument that all clinical trials should be published. However, that doesn't mean a clinical trial so riddled with scientific and methodological flaws should be published in *JAMA*. If published at all, TACT should have been published in some crappy, bottom-feeding journal, because that's all that it deserves. In a world where medical publishing worked properly, no journal in the top or middle tier would have touched this toxically bad manuscript with the proverbial ten foot pole.

"Shame on *JAMA*! Shame on [the National Institutes of Health units] NCCAM and the NHBLI for funding this nonsense! And, yes, shame on all the **shruggie cardiologists** who are apparently unwilling or unable to look beyond the hype."<sup>53</sup>

Sadly, many family doctors, cardiologists, and cardiovascular surgeons will look no further than lambasts such as this and will erroneously discourage patients from ever considering this valuable treatment that can complement the results of needed drugs and operations ... or even help you to avoid surgery altogether.

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<sup>52</sup> By way of clarification, critics routinely point to the "Roto Rooter" concept and ridicule how silly it is – but chelation studies showed in the 1970s and 1980s that this earlier "explanation" was an obvious and incorrect oversimplification: the natural chelation process does nothing more than remove toxic heavy metals that are interfering with energy production, enzyme activities, membrane integrity, and other essential functions within cells, allowing for dramatically more normal function throughout all body organs. When your body later reduces and removes calcium-containing artery blockage (arteriosclerosis), as it *sometimes* does, that is a natural healing benefit that is *not* essential for the major improvements seen with chelation therapy.

<sup>53</sup> Gorski D (writing as Orac), Criticizing the Trial to Assess Chelation Therapy (TACT) is defending science-based medicine, Respectful Insolence, March 28, 2013, < <http://scienceblogs.com/insolence/2013/03/28/criticizing-the-trial-to-assess-chelation-therapy-tact-is-defending-science-based-medicine/> > accessed August 1, 2015. [Emphases added]

### **You Deserve Nothing But the Best**

True leaders are very particular. In any worthwhile endeavor, amateurs train until they get it right; **professionals train until they can't get it wrong**. That fact right there distinguishes John's medical practice. I have known him for over 25 years, and we've had our share of into-the-night discussions. Some doctors read an article, hear a lecture, maybe go to a weekend seminar, and then post a neon sign claiming that they're a trained expert. John has done his homework, year after year after year. Like mine, his lectures and books are based not only on clinical experience but also on countless hours of study and reflection. **Long recognized as one of today's leaders in chelation therapy, John has set a high bar** for others striving to deliver the best results from this incredible medical therapy. Certainly his extensive background in nutrition and physiology has crossed the **unseen canyon separating "newbies-forever" from the few gray-beards who continue to refine the procedures for chelation therapy**. Pay attention: **you won't always easily see what distinguishes the best from the rest.**

Jonathan V. Wright, M.D., Chelation Specialist  
Internationally Acclaimed Author and Speaker  
Editor, *Dr. Jonathan V. Wright's Nutrition & Healing Newsletter*  
Former Medical Contributor, *Prevention Magazine* and *Let's Live*

Dan Carter, N.D., [Naturopathic Doctor] has shared insights on how oppressive the conventional Medical Establishment can be, when faced with conclusions that don't meet their personal practice preferences:

**"Bias in medicine is common, and old ideas die hard.** It seems as though critics delight in negativity toward any subject they do not agree with. Even when bias or outright fabrications are found in clinical research, it is difficult to correct the misconceptions that have already been accepted as truth. This article points out many of the issues faced by medicine: <http://www.theatlantic.com/magazine/archive/2010/11/lies-damned-lies-and-medical-science/308269/>. Another article speaks to some of the questionable teaching methods that shape the thinking of most future physicians: [Haizlip J, et al. Perspective: the negativity bias, medical education, and the culture of academic medicine: why culture change is hard. *Acad Med.* 2012 Sep;87(9):1205-9. PMID 22836850]"<sup>54</sup>

**You place your life in the hands of your physician or surgeon – certainly you would not expect (or ever accept) that his or her opinions and**

<sup>54</sup> Carter D. The TACT Trial – Presentation by PI\* Dr Gervasio Lamas & the movie Unleaded. < <http://ivnutritionaltherapy.com/?p=377> > accessed August 1, 2015. [Emphasis added]

**recommendations are based primarily on a life-long *negative bias* that fails to recognize and hopefully welcome *newly discovered facts* in medical science?**

By contrast, a few physicians have published more rational viewpoints, such as this editorial commentary by cardioelectrophysiologist [heart rhythm specialist] John Mandrola, M.D., a regular columnist for *Medscape* online:

**“Diabetes** affects more than 24 million Americans. It’s a **terrible disease that more than doubles the risk of vascular death.** *Any therapy* that safely improves outcomes of this increasing prevalent disease has enormous potential to improve public health. These statements are inviolate, regardless of one’s preconceived biases or amnesia of medical history.

“Yesterday, at the [American Heart Association 2013 Scientific Sessions](#), Dr. Esteban Escolar (Mount Sinai Medical Center, Miami Beach, FL) presented a substudy of the previously published and controversial **TACT** trial. Using a cohort of 633 patients with **diabetes**, the research team found that **chelation therapy substantially lowered the risk of an adverse vascular outcome.** The **results are compelling**, consistent, and vetted. ....

“I learned as a boy that a game works only when players abide by the rules set out *before* the game starts. Changing rules in the middle of the game is strictly forbidden. It has to do with *integrity*.

“The medical establishment, the “anointed” if you will, have set out the rules of medicine. We shall use science as our guide to treat fellow humankind. These days, nothing has become more virtuous than evidence-based practice.

“Science, however, in its search for truth, can get messy. Humans do that to things. **Preconceived notions are strong**, conflicts abound, and of course there is the matter of hubris—a doctor’s greatest foe. One of the doctors whom I hold in highest regard sent this to me in relation to the establishment:

***The machine depends on people being sick to function. If people take control of their own health, the machine falls apart. And it is a billion-dollar business. Who wouldn’t aggressively denounce anything that threatens it? ....*** [emphasis added]

**“The criticism [of chelation therapy results in diabetics] from the establishment was massive.** Anyone who expressed anything less than disdain for this popular complementary and alternative therapy was brought to task. The machine roared. ....

“It would be a huge mistake to dismiss this science because chelation does not conform to preconceived notions or because it is practiced outside the mainstream of medicine. **Let’s not forget about the patients with this terrible disease [diabetes]. It’s not as if we have good treatments for them.**

“The authors have completely and thoroughly answered all questions posed to them. **The trial has been repeatedly inspected and vetted in two prestigious peer-reviewed journals.** Both the critics and TACT authors agree that it is too early to recommend chelation therapy. But surely the signal of benefit is strong enough to warrant confirmatory trials. It is time to replicate these findings.

“Finally, as a trained observer, I have spent my whole life interacting with other humans. My assessment of Dr. Lamas is that he is a good man whose scientific curiosity and open-mindedness brought him to a very inconvenient truth.

**“You can’t change the rules in the middle of the game.”<sup>55</sup>**

After more than 60 years of treating patients, about 90 per cent of whom insist that they have received good to excellent results, wouldn’t you think that physicians would have looked for better results than those usually seen with drugs and surgery, even our most recent advances? Why, then, does the medical community tolerate a sudden “changing of the rules” about how you read scientific study reports, in order to disregard and disparage the encouraging chelation benefits shown in the TACT trial?

**What Problems *Didn’t* Get Better?**

I came here with **cold feet, short concentration span, frequent urination, impatience, bursts of depression, tingling of hands** and sometimes arms. Now, no more wool socks and fleece-lined boots to keep my feet warm. **Thinking** more clearly, **general sense of wellbeing.** I’m returning to my foreign missionary service with **kidney function improved, more calm** disposition. I’m learning to let my mind run easy. Relaxation time has a greater quality, and I feel that **bouts of depression are behind me** as I am better able to **cope** with problems within and outside my family.

John M., Australia (*yep!*)

My long-time friend and colleague, Elmer M. Cranton, M.D., author of *Bypassing Bypass* in 1984, offers these pertinent comments on his website:

“The philosopher Schopenhauer once noted,

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<sup>55</sup> Mandrola J. Chelation Therapy: Promising for Diabetic Patients but Disruptive to the Medical Establishment, Medscape.com, < <http://www.medscape.com/viewarticle/814723> > accessed August 1, 2015. [Emphases added]

*“All Truth progress through the same three stages:  
First with **ridicule**, then with **violent opposition**,  
and **finally acceptance as self-evident**.”*

“The validity of the above observation has been demonstrated many times over during the past 50 years. Chelation therapy has now officially graduated through stage 1 (ridicule) to stage 2 (violent opposition). **In time**, people will forget how brutally those who advocated it were once treated, and **chelation therapy will become accepted by the medical establishment as obvious but that they merely wanted to be sure**.

“Also appropriate is a quote by Machiavelli describing the difficulty of changing a system:

*“There is nothing more difficult to plan, more doubtful of success, nor more dangerous to manage than the creation of a new system. For the initiator has the enmity of all who would profit by the preservation of the old system and merely lukewarm defenders in those who would gain by the new one.”*

Max Planck, the renown physicist [sic], once made the following observation about scientific progress:

*“A scientific truth does not triumph by convincing its opponents and making them see the light, but rather because its opponents eventually die and a new generation grows up that is familiar with it.”<sup>56</sup>*

The chelation therapy story – particularly as it relates to the spectacular benefits that might be obtained by you, your family, your friends – could go on for many pages. **But only two factors could influence you to miss out** on this incredible opportunity:

**First**, you simply *never found out* about it or you never got enough details to understand how precious it could be for you to feel comfortable and capable for many more years to come; or **Second**, you *asked for and then trusted the erroneous opinions offered* by your unenlightened physicians or well-meaning but unformed family or friends – **honestly, they simply don't know the facts**.

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<sup>56</sup> Cranton EM. TACT Study by NIH of EDTA Chelation Therapy Proves Highly Significant Benefits < [http://drcranton.com/chelation/tact\\_study.htm](http://drcranton.com/chelation/tact_study.htm) > accessed August 1, 2015. [Emphases added]

Right now, **this is your chance to learn the truth about chelation therapy** – and to take advantage of treatments available to you from one of the most experienced and renowned practitioners on the planet, long recognized as a specialist for over 30 years.

The facts about chelation are readily available to you, in clearly understandable language, thanks in part to my many articles, books, CDs, and DVDs. *But really* ... haven't you always thought that you should be able to rely *all the time* on your "real doctors" to take great care of you? After all, you're **betting your life on your physicians' advice and decisions**. Isn't it odd that **you** should have to make the effort and take the time to find out what **other** treatments could help you feel better ... *naturally*?

**He Claims *I* Am One of *His* Heroes**

Life brings us many challenging experiences, and professional practice occasionally introduces us to "old friends." Dr. Trowbridge is one of those – when we first met, we knew how much each of us treasured the privilege to help people recover from devastating degenerative diseases. In my delightfully long teaching careers, I have seen many enthusiastic students come through. In my years of practice, I have met hundreds of integrative physicians. **Rarely have I seen the devotion, dedication, and innovation as shown by John. We wrote articles together, we shared the stage at teaching conferences.** He has claimed for years that *I* am one of *his* heroes. What I am not sure that he ever truly appreciates, ***he* is one of *my* heroes. Perhaps the greatest testament: I would trust him with care of my life. You should, too.**

James P. Carter, M.D., Dr.P.H., Chelation Specialist  
Professor Emeritus, Tulane University School of Medicine  
Bestselling Author, *Racketeering in Medicine: The Suppression of Alternatives*

Consider this observation of the changing landscape in American medicine, offered by Harlan Krumholz, M.D., a frequent contributor to *Forbes Magazine*, when commenting on the National Institutes of Health [NIH] [TACT trial] report:

**“What do we do with *inconvenient evidence*?** Imagine studying a seemingly absurd practice [such as chelation therapy] that is used to an alarming extent by those who believe in it despite the lack of evidence – and finding that the intervention improves outcomes. And imagine that the people conducting that trial are famous scientists with impeccable credentials who have extensive experience with this type of investigation. Imagine that the practice is so out of the mainstream that the investigators cannot even posit [explain] how the treatment could reduce patient risk?

“We live in a world of evidence-based medicine, where we are urged to base our medical recommendations and decisions on clinical studies. **We base our guidelines on the medical literature and evaluate our practices by how well we adhere to the evidence. But what should we do with inconvenient evidence?**”<sup>57</sup>

So the remaining question is this: what will *YOU* do with this “inconvenient evidence” that you have never seen before and that your regular doctors likely will dismiss with the wave of a hand, even going so far as warning you that it could be dangerous? Will this become your choice for life long health? Or are you willing to turn away despite your new-found knowledge, to continue *suffering*, rather than to find out *why*, to fix it *right*—now – and settle for just living to regret it?

**Reversing the Ravages Of Being Sickly**

So happy to report continuing improvements! Brain is still improving although I’m still a long way from where I want to be, but I’m excited about everything getting better and better.

Jose G., Pasadena

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<sup>57</sup> Krumholz H. Chelation Therapy: What To Do With Inconvenient Evidence, Forbes Magazine online, March 27, 2013. < <http://www.forbes.com/sites/harlankrumholz/> > accessed August 1, 2015. [Emphases added]

**You yourself can decide whether *he* is competent to offer a positive review** of the TACT trial simply by referring to the online published biography of Dr. Krumholz: “I am a professor of cardiology, epidemiology, and public health at the Yale University School of Medicine and director of the Yale-New Haven Hospital Center for Outcomes Research and Evaluation. I also serve on numerous cardiovascular care committees for national organizations, including the American Heart Association and the American College of Cardiology and am an elected member of the Association of American Physicians, the American Society for Clinical Investigation, and the Institute of Medicine. I’ve published more than 500 articles and am the author of the book, ‘The Expert Guide to Beating Heart Disease.’”

## Questions to Ask Yourself Right Now

Knowing what you know now, *what's next?* How will you use these valuable, life-saving facts? Could *yours* be the life you save? Or the precious life of one of your family members or friends? *Feeling better is no longer a mystery* – it merely depends on you being motivated to seek chelation therapy right now ... or just bury this report somewhere in your files ... or just toss it out.

### **Trust the Doctor That Other Doctors Trust**

Dr. Trowbridge has been one of my trusted colleagues and advisors for over 2 dozen years. I have valued his perspectives and commentaries for one reason: he's right. **How can someone be "right" all the time. Simply because he knows a lot, he knows what he knows, and he's honest enough to state, "I don't know" when he doesn't.** Today's challenging medical environment often seems impossible to navigate. I strongly urge you to **seek and depend on his counsel, his care, his compassion.** Do your problems stem from *The Yeast Syndrome*? He literally wrote *the* book. Is chelation therapy critical for your recovery and wellbeing? He's written *several* books. **You can trust the doctor that other doctors trust – you'd be foolish to make any other choice, regardless of convenience or cost or any other excuse.**

Dr. Bruce West, D.C.

Internationally Recognized Specialist in Nutritional Medical Alternatives

Editor, *Health Alert* Newsletter

Full Disclosure: Dr. Trowbridge has been on my editorial board from the very start

### **If you have *never had* (or don't suspect that you now have) *heart disease*:**

1 – Am I ready to invest the time, effort, and expense right now to reduce toxic metals already present inside me – such as lead, mercury, arsenic, others – **poisons that I know** are documented to create and worsen heart disease (and other deadly ones) that kills more Americans?

2 – Am I ready to improve many (or most) of my organ and body functions, even though I don't feel sick – maybe not "the best," but certainly not sick?

3 – Am I not willing to "run the gas tank dry" before I stop to "refuel" my body?

### **If you are *already taking medications* for your heart disease:**

1 – Am I done tolerating discomfort and side effects, so I might avoid higher dosages?

2 – Am I not willing to wait for more drugs to be added as my condition worsens?

3 – Am I ready now to take all the steps for my family (and my personal affairs) to reduce my risk for heart attacks (even strokes, gangrene, kidney failure, blindness) that medications *cannot* prevent?

**If you have *already had surgery* (balloon with stents or even bypass) for your heart disease:**

1 – Am I looking to reduce or even repair frustrating limitations that I did not expect from surgery?

2 – Am I wanting to avoid or postpone my next operation, even though the earlier one (or ones) seemed to take care of my problems?

3 – Am I planning now to spare my family from the expected increased risks of repeated operations?

### **A Colleague Trusted By His Peers**

John has been my respected professional friend for more than two dozen years, he is one of a small circle of physicians who are **trusted without question by colleagues at the leadership level** in alternative/integrative medicine. I am flattered that he long ago asked permission to reprint my booklet on chelation therapy to share with his own patients, since he himself has **long been respected as an author and lecturer, nationally and internationally. His general expertise in the field is second to none.**

In this time of unsettling changes in health insurance, “regular doctors” looking for ways to increase their breadth of medical offerings and practice income are going in unprecedented numbers to weekend seminars on subjects such as chelation therapy and nutrition. Mainstream medicine is beginning to embrace alternative/integrative care. Without changing our practice philosophies **John and I somehow are becoming more mainstream with passage of time.**

While it is gratifying to find the medical profession moving in the direction of “old guard alternative/integrative medical doctors” like John and myself, it is also disturbing to find the emergence of purported “instant experts” offering “the same care” as seasoned physicians without benefit of their years of study, training and experience. **Expertise is clearly needed to deliver nutritional medicine and chelation therapy to properly aid healing and recovery** from serious degenerative diseases, particularly in the context each patient having needs not quite the same as the next. **Patients need to choose wisely the physicians who serve them.**

Martin A. Dayton, D.O., M.D., Chelation Specialist  
Leader and Teacher of Alternative and Complementary Medicine  
Author and Speaker, Assistant Professor at Medical Schools  
Lifetime Achievement Award Honoree of the  
International College of Advancement in Medicine

## **– TIME TO FEEL BETTER NOW –**

Now that you know your health can be better in ways you never before knew could be possible, how do you get started to add *life to your years*?

First, check what concerns describes your situation:

- I have already had one or more “stents” or bypass operations.
- I have already had one or more heart attacks.
- I am having angina “heart pains” – or needing to take medication to avoid chest pains.
- I am short of breath in ways that limit activities I used to do easily.
- I am having pains in my legs with walking – or numbness or tingling or burning feelings in my feet, maybe discoloration in my toes.
- I have blood sugar problems (even diabetes) and I know that folks with these issues more often suffer with heart attacks, stroke, gangrene, blindness, and so on.
- Very worrisome: I have had a stroke (“CVA”) or maybe come-and-go strokes (“TIAs”) and wonder when another might be coming.
- I see that my condition is worsening despite the best of medical care and I haven’t had a treatment that improves my problems instead.
- My wife (or husband) and I have been talking about what the future holds for us when I worsen – or, heaven forbid, if *she* begins to suffer with medical problems where I can’t really help her.

Sobering thoughts, as before. On the next page, you’ll find out how you can make a brighter tomorrow, starting today!

## **— GETTING STARTED NOW —**

This special report version, prepared for our friends in the media, provides tons of material as background for stories on cardiovascular disease and especially for treatments with chelation therapy and nutritional support.

Tens of thousands of trusting people in your audience have no idea that safe, effective, and incredibly valuable alternative treatments are available to improve their health and wellbeing and even to save their lives. They are looking to you to share these details!

**For interviews, background, or commentary:**

**Call me! 24-hour 1-800-FIX-PAIN** (349-7246)  
**Private cell 832-472-3683**

Questions you need answered?  
**[finditnow-fixitright@earthlink.net](mailto:finditnow-fixitright@earthlink.net)**

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because if you don't *KNOW*  
that you have health choices *now* ...  
then you *DON'T HAVE any!*

Coming late summer 2016,  
Dr. Trowbridge's latest book  
on modern alternatives to help save your heart health:

**YOUR DOCTORS  
DON'T IMPRESS  
ME MUCH  
(but *some* really do)**