# CRITICAL ISSUES TO SAVE YOUR HEART NOW

## *WITHOUT DAILY DRUGS OR SURGERY*

By John Parks Trowbridge, M.D.

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# Chelation Therapy:

# How to Save Your Heart NOW

Without Daily Drugs or Surgery

by John Parks Trowbridge, M.D.

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# Introduction

Hello! I'm Dr. Robert Trowbridge, and I've written this special report in an attempt to help you learn about something new – something that may just be able to save your life.

Many people are reluctant to try new things, and I completely understand that. I have two important questions I'd like to ask you right away:

1. How do you feel about what you're doing now for your heart, and is it truly working for you as well as you'd like?
2. If medical science has known for over 60 years about a treatment that is ideal for you, would you be interested in learning more?

History has always been a notable subject; world history and the history of your local area and country are certainly important, but the history that matters most is your own. What happens to you truly does matter - to you, to your family, to your friends.

The history of chelation therapy (pronounced "key-LAY'-shun") should matter to you in a very personal sense, because I believe this "advanced medicine of the future" that has been around for over 60 years will eventually be adopted as the standard of care for the

treatment of diseases created or worsened by environmental pollution/poisoning.

What exactly is chelation therapy? WebMD describes it best:

*Chelation therapy is a chemical process in which a synthetic solution—EDTA (ethylenediaminetetraacetic acid)—is injected into the bloodstream to remove heavy metals and/or minerals from the body. Chelation means "to grab" or "to bind." When EDTA is injected into the veins, it "grabs" heavy metals and minerals such as lead, mercury, copper, iron, arsenic, aluminum, and calcium and removes them from the body.*

The historical studies are clear: chelation therapy reduces toxic heavy metals in the body. 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 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!

**This report 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 the 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?

If even one of the following statements applies to you, then the content contained in this report will be information you'll be keen to learn.

- I'm thrilled with my doctors and the hospital is great, but I'm 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 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 “significant other” and I have been talking about what the future holds for us when I worsen – or, heaven forbid if he or she begins to suffer from medical problems where I can’t help her.

# The Scientific Facts Get More Persuasive Every Year

During the advent of the internet in the early 1990s, widely-shared information on medical studies was much more difficult to come by for many people – both for doctors and patients alike.

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 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 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.[1] He wrote:

> "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]

***"Medical/political leaders […] create and encourage a false and disparaging history for this step-child treatment."***

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

[1] 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.

medical/political leaders whose specific mindset has been to create and encourage a false and disparaging history for this step-child treatment.[2]

It's important to note that throughout history – even to this day – every single chelation therapy physician began his or her 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 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 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

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[2] Carter JP. *Racketeering in Medicine: The Suppression of Alternatives*. Newburyport, Massachusetts: Hampton Roads Publishing Company, 1992.

at a hearing of the House Committee on Government Reform[1]:

> 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 same hearing[4] gives this poignant reminder:

> 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 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 to 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.
>
> "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."

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."[3]

[3] Cranton EM: private communication in years past with Trowbridge JP.

# Questions About: Heart Surgery

There have been many serious questions that raised whether the evidence regarding heart bypass surgery "fits," or shows it to be a "safe" and "effective" treatment.

***"If bypass is meant to extend the life of low-risk heart patients, then in this respect, it was a failure."***

In 1995, chelation specialist Julian Whitaker, M.D., editor of the successful health newsletter "Health & Healing" tackled this "evidence" problem head-on when he published a book titled "Is Heart Surgery Necessary? – What Your Doctor Won't Tell You," 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:

> "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]

I know what you may be thinking: "Any one study doesn't necessarily prove or disprove anything." Luckily, Whitaker had many more studies that proved his point:

> "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.

"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] (Emphasis added)

And another study:

"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]

And another study, this one particularly of interest to those patients potentially considering bypass surgery:

> "…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] (Emphasis added)

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 wonder if surgery has improved over the past 10 to 20 years and whether outcomes may have improved, as to make heart bypass or angioplasty balloon surgery and stents more desirable now. 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.

***Chelation "treats" all of your 100,000-plus miles of arteries and veins; surgery treats only a few inches of arteries at a time.***

Yet none of these newer programs produces survival statistics nearly as impressive as chelation therapy. Chelation "treats" all of your 100,000-plus 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 lifelong 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?

# Questions About: Angioplasty Balloon Surgery

So, if bypass surgery maybe has some problems, what about angioplasty, otherwise known as "balloon" surgery? Again, Dr. Whitaker reviews major published studies summarized in his book, "Is Heart Surgery Necessary? – What Your Doctor Won't Tell You":

> "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] (Emphasis added)

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.

***"Angioplasty is like a potato chip. You can't have just one."***

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] (Emphasis added)

Furthermore, if you believe the startling Harvard cardiology studies from the late 1980s by Thomas Graboys, M.D., you have no need to rush into surgery anytime soon, 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.

# Chelation Can Help Problems Far Beyond Any Operation

I have yet to touch on a key benefit of chelation therapy that is important to share with you, so I'd now like to share some details on how all blood vessels in your body can be improved with chelation.

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, your lungs, your liver, your kidneys, your legs, and 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.

Beyond helping with blood vessel hardening and blockage changes throughout the 100,000-plus 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 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." 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![4]

Toxic metals and free radicals, when present in cells and tissues of anyone having unsuspected mild (or even profound) nutritional deficiencies [5] can overwhelmingly amplify the destructive changes caused by raging inflammation.

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 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.

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[4] Trowbridge JP: *Inflammation: The Fire Within*. Humble, Texas: Life Celebrating Health. DVD, 2009.

[5] Gaby AR: Nutritional factors in cardiovascular disease. *J Advancement Med.* 2(1&2):89-105, 1989.

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 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.

# The Risks and Limited Results of Heart Surgery

Since about a million Americans – your friends, neighbors, family, and possibly 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 people undergo heart artery bypass operations yearly, 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, "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 & Stroke:
>
> - More than 1 in 3 (80 million) U.S. adults currently live with one or more types of cardiovascular disease.[3]
>
> - An estimated 935,000 heart attacks and 795,000 strokes occur each year.[4]
>
> - Americans make more than 72 million doctor visits every year for

treatment and management of cardiovascular diseases.[5]

- More than 7 million hospitalizations occur each year because of cardiovascular diseases."[6]

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

***"[Two] out of the top 10 leading causes of death are actually caused by the well-meaning efforts by physicians to treat their patients."***

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.[7] Regarding two extensive

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[6] "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.]

[7] "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 <

reviews of scientific reports that he had recently concluded, he noted:

> 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

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http://commdocs.house.gov/committees/gro/hgo59973.000/hgo59973_0.htm >, accessed June 5, 2009. [Emphases added.]

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? Try as you might, you won't find even one.

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.

# Chelation Therapy: 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 report like this.

Each year, about 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 4.6 years earlier. 31% suffered from 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.

On November 4, 2012, Dr. Lamas presented the preliminary results to the Scientific Sessions of the American Heart Association.[8] The findings were

[8] < https://my.americanheart.org/idc/groups/ahamah-public/@wcm/@sop/@scon/documents/downloadable/ucm_446204.pdf > accessed July 31, 2015

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 convinced (mistakenly) that chelation was not a viable option.[9]

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.[10] When reviewing the data from just people with diabetes, they found over the 5-year study in diabetic patients a 40% decrease in total mortality,

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

[10] Lamas GA, Goertz C, Boineau R, et al. *JAMA.* 2013;309(12):1241-1250. doi:10.1001/jama.2013.2107.

a 40% reduction in subsequent heart attacks, and a 50% decrease in heart-related mortality.[11]

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.

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.

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,

[11] 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.

some "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.

If they're so sure, 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 works!

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?

In closing, 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's 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?"[12]

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 lifelong 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?

[12] 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.

# 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 further information on chelation therapy right now.

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

- 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?
- 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?
- Am I unwilling to "run the gas tank dry" before I stop to "refuel" my body?

**If you are already taking medications for your heart disease, then ask yourself:**

- Am I done tolerating discomfort and side effects so that I might avoid higher dosages?
- Am I unwilling to wait for more drugs to be added as my condition worsens?
- Am I ready now to take all the steps for my family (and my personal affairs) to reduce my risk of 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, then ask yourself:**

- Am I looking to reduce or even repair frustrating limitations that I did not expect from surgery?
- Do I want to avoid or postpone my next operation, even though the earlier one (or ones) seemed to take care of my problems?
- Am I planning now to spare my family from the expected increased risks of repeated operations?

# The Next Steps

Many folks think that now they have to make a choice on what kind of care they want, especially if their usual doctors have not recommended our treatments here.

Actually – maybe happily! – you're not at that point yet.

First, we need to meet to find out whether your condition and your outlook will allow you to qualify for the special kind of care we provide.

We'll need to have you and your significant other come to the office to meet with one of our key Treatment Counselors, to go over some important medical details with you. Simply stated: there is no way that we'll accept you for care unless you are very likely to enjoy improvements in your well-being and feeling of better health. Period.

If your situation suggests that you might qualify for care here, you'll have the chance to meet directly with me, Dr. Trowbridge, so that you can look me in the eye – after all, you're planning to trust my team and me with your life.

We need to be sure that you have problems that we expect to treat, and that you are honestly committed to feeling better. Sadly, some people have just given up

and choose to accept whatever "The System" offers, even as they are steadily worsening. Unfortunately, those types of patients will not qualify for care with us.

After 33 years of offering chelation therapy, I know how to help many patients on their road to feeling much, much better. At this stage in my life, I'm interested in devoting time, effort, and expertise to people who will dearly value more years in their life, and more life in their years. We're too busy to do it differently. Appointments are limited. We stay busy – taking care of patients who are thrilled with the results of their programs.

Will you avoid future surgery? Maybe. Perhaps you would avoid a catastrophe, such as heart attack or stroke, blindness, kidney failure, or amputation? Maybe. (Actually, we have a pretty good reputation based on dozens of years of results with compliant patients.) Do you qualify? We hope the answer is yes – read the final page for your next steps!

# FOLLOW THESE SIMPLE STEPS:

1. DIAL 1-800-FIX-PAIN (1-800-349-7246) to call our office (Life Celebrating Health), conveniently located south of FM 1960 East, west of US Highway 59 in Humble, TX.
2. Tell the receptionist that you need to schedule a "Qualifying Interview" – let him or her know that you read Dr. Trowbridge's Chelation Therapy report.
3. Your scheduled Qualifying Interview with one of our Treatment Counselors will take about 30 minutes, since we want to be sure we fully understand your current state of health.

- Please schedule a time where you and your spouse can be here together, so all of your questions can be answered easily and without confusions or misunderstandings. If only you are available right now, we'll gladly have you both come back on another day, because we are just that thorough.
- Dr. Trowbridge might be in the office to personally meet you if it appears that you might qualify for treatment; many days, however, he is out of the office at medical meetings, teaching other doctors, and furthering the study of chelation therapy!