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Where is the New Chelation Movement Headed?

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Chelation therapy has significantly helped more than one million people enjoy a higher level of health. Yet for many it clearly is not reversing plaque, although most patients see significant clinical improvement when treated with EDTA. I believe this is due, among other things, to enhanced NITRIC OXIDE produced in the body by our endothelium that simply functions far better when all lead and other toxic metals are removed. When this simple idea is understood we can make EDTA chelation a standard part of medicine. The nitric oxide benefit is already published and we can now help virtually everyone by giving up on the complex, and nearly impossible to prove, idea of reversing plaque.

There are over 32,000 published articles on Nitric Oxide. These explain why chelation can enhance blood flow, even without reversing plaque, and this research clearly proves that almost every other benefit that has been reported in patients receiving the standard 1.5-3 hour chelation therapy can now be fully explained simply by the increased production of Nitric Oxide. I believe once this need to improve function of tissues through heavy metal detoxification is understood by everyone, we can then immediately extend most of the benefits we ascribe to EDTA therapy to everyone living on our metal toxic planet, affordably and conveniently, by switching to CALCIUM EDTA given orally everyday and further enhanced by periodic parenteral administration for deeper cleansing.

The rapid IV [intravenous] push will not entirely replace the older IV [intravenous] drip, but it can extend many of the benefits of EDTA to every person on the planet. It is possible that some of the anti-aging benefits associated with perturbing pathologic calcium through parathyroid stimulation can only be achieved with the standard slow IV [intravenous] use of Sodium EDTA. However, those who get the lead out will also see dramatically improved health, more conveniently and economically with the new approach to chelation that I am advocating.

There are also many complex factors regarding the causes and potential treatments for pathologic vessel calcification to consider. I have written extensively on this elsewhere and will not try to discuss this now. It is interesting to note that a widely used nanobacteria protocol has been using Calcium EDTA in suppositories. There is very weak evidence that it is any better absorbed than oral, which is far cheaper and much more convenient, particularly since we may need this EDTA assistance daily for a lifetime.

Yet the question "WHY USE CALCIUM EDTA?" is still being asked by those who do not understand how VITAL it has become to detoxify everybody with any health problem in order to increase the probability of a favorable outcome. Some question the use of calcium since vascular diseased arteries already show too much calcium. Chronic Calcium deficiency in the face of Phosphorus excess is a proven cause of secondary hyperparathyroidism, epidemic in our population, and a major contributor to calcified

arteries. First read the 500+ published abstracts on my website proving the powerful detoxification and other benefits from ingesting oral Calcium EDTA and you will no longer ask "How could Calcium EDTA help anyone?". Anyone asking this question clearly has no understanding of the adverse health effects that everyone on earth today suffers from the massively increased body burden of lead and other heavy metals science has proven we all have.

The quick answer, use Calcium EDTA because it is available, cheap, safe and LEGAL to use for heavy metal detoxification. Then once you have shown how much benefit this offers it is also my contention that Disodium EDTA may help remove calcium from arteries, but NOT in every case. The 1.5 - 3 hour treatment time and discomfort associated with its use makes it time to look at a chelating agent that quickly, safely and affordably removes the toxic metals present in every patient with any health concern.

It is hard to believe that at least 50% of what we thought we knew about EDTA was all wrong! ! Many doctors have been trained for years to believe that giving Sodium EDTA slowly increased renal safety. Now with Calcium EDTA you have a totally painless chelator that has been given by direct push in Europe to thousands of patients without recorded serious adverse effect. And, giving it rapidly permits reaching the necessary concentration in the blood to move more toxic metals and in some cases some mercury that even DMPS was not touching. Thus, you have avoided the known RISKS of potential DMPS toxicity when given DMPS parenterally, but now you can give several chelators orally on the same day, and at the same time enhance the BENEFIT to the patient by giving EDTA, slowly or rapidly, achieving advanced detoxification effects from the total combined effect. Because we still today do not completely understand how EDTA has helped so many patients over the years, as chelating doctors, we must try to quantify the benefit to risk ratio associated with all potential methods of administration of EDTA and other chelators, and to discuss this intelligently with our patients, while admitting all the answers are still not known. My suggestions for an INFORMED CONSENT can be seen on www.gordonresearch.com.

Oral CALCIUM EDTA provably is taking out lead and other toxic metals from EVERY patient and is doing it extremely economically and safely. There is no question about it -- anyone on oral EDTA is getting provable detoxification benefits. Yet, many of the chelation doctors are heavily invested in producing the slow IV [intravenous] treatment that the new rapid IV [intravenous] and oral chelation threatens to eventually replace so they are unfortunately having difficulty accepting the new movement, which I am convinced can only increase their practices. This will happen over time so there is no rush; however, in the meantime, we can acknowledge the benefit that over one million patients have received. I am convinced many of these benefits go beyond our understanding of simple detoxification and go into MAJOR lifetime anti-oxidant and anti-coagulant benefits, and I believe the use of EDTA in any form will be found to increase lifespan.

The controversy we are having now is that many still hope and or even half believe that IV [intravenous] SODIUM EDTA, as given in the 1 & 1/2 - 3 hour infusions, really reverses the plaque by dissolving away the calcium portion of the plaque. This may happen in some, if all other risk factors are adequately addressed, but will not be easily documented, since it requires a multi-factorial approach. However, once we can get the doctors to understand endothelial dysfunction and what the heavy metals are doing to diminish the endothelium's ability to elaborate substances that decrease the resistance to blood flow such as Nitric Oxide, prostacyclin and heparin, they will all agree to first offer this simple convenient oral form of chelation augmented with the rapid push technique to

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But we need to ask ourselves, "Has the planet become so toxic that everyone needs a safe, affordable, effective, practical means of detoxification to enjoy optimal health?" If so, is it not our duty to offer the least expensive and most convenient forms of chelation, starting with oral chelators such as Garlic, EDTA, Malic Acid and DL methionine, to all of our patients?

Therefore, I believe the time has arrived when we have to DETOXIFY everyone for optimal health.

DMPS, DMSA, and/or Penicillamine all have their place but we must learn their limitations and stop relying on these very limited answers to a complex nearly universal problem. Oral EDTA/garlic/malic acid etc. can conveniently and affordably be consumed long term, which I believe is essential to prevent re-accumulation AND to finish the detoxification. This is not possible with any of the other widely available chelators today. Combining oral and IV [intravenous] chelators for their heavy metal toxic patients, and concurrently giving Lipoic Acid as well as regular long-term ascorbic acid and daily Garlic/EDTA, fiber products, alginates etc. can finally provide doctors with adequate detoxification therapies that will maintain their patients' improved health. Furthermore, nothing can be more cost effective or safer than homeopathic detoxification. Products offered by the HEEL company of Germany are well known to be very useful in assisting this goal of safe long-term detoxification.

Speak to someone doing chelation with the new method that has also used the old method such as the president of the homeopathic board that I also serve on, Dr. Bruce Shelton. As a Homeopathic physician that is the medical director of HEEL for Germany's American division, he sees how their oral detox kit is a perfect complement to our Essential Daily Defense (garlic plus oral EDTA).

Gary Osborn is the pharmacist who is working with Dr. Ben Thurman in developing new detoxification protocols targeting particularly MERCURY. He will state that there is no one single answer that will work in all patients, but when everything available is used in the proper sequence, the doctor he works with is seeing some dramatic successes that make it clear - we must learn how to get all of the metals out, particularly the mercury. Dr. Thurman also likes the Heel products to finish some of the deeper detoxification after EDTA has done its part and he is seeing benefits when oxidative therapies such as OZONE and ultraviolet blood irradiation are incorporated in the total programs. These enable the patient and physician to deal with the microbial/infection component that everyone acquires when the heavy metals are preventing the immune system from functioning well enough to control the Herpes, CMV, chlamydia, etc. that significantly contribute to the degenerative diseases we all suffer today.

Apothecure located in Dallas, Texas, at my request, made CALCIUM EDTA and made it affordable for the first time for the American market. They supply the powdered oral Calcium EDTA as well as the injectable and have seen some amazing clinical results believed not possible without total advanced heavy metal detoxification. However, they have found the level of knowledge about chelating agents they have encountered in the chelation doctors needs significant advancement. The doctors need teaching in how far reaching the adverse effects of metal toxicity, for example Mercury, is on the body and why no single chelator is able to do everything. Therefore, Apothecure has decided that their October 19th conference date was coming too fast for the doctors to get their basic understanding up to speed and have postponed it. I plan to

offer a basic course that same week-end in Phoenix, AZ to cover the basics so that more physicians are available to meet the public demand that I am certain will begin when the public begins to learn that some of the benefits of EDTA chelation may now be available more affordably and conveniently.

Thus, before any doctors can assimilate the new chelation information with the advanced, complex protocols that Dr Thurman and Gary Osborn have been working on, they will need basic training and information. I am going to have a full day of training in Grand Rapids, MI on September 18th and I will also schedule a 1-1/2-day workshop in Phoenix on the weekend of October 19th, hopefully along with the help of Dr. Shelton. We will keep to the SIMPLE BASIC concept, namely that ANY disease is easier to manage with any therapy if you have provided effective heavy metal detoxification as part of the therapy. Heavy metal detoxification not only serves your patients best but also can expand your practice in a safe, legal direction well beyond your expectations.

If you cannot attend these training workshops, learn what chelating physicians, members of ACAM (American College for Advancement of Medicine), around the world are researching on their own about oral chelation on my website www.gordonresearch.com. One of these doctors let me know by fax that he believes this work "will prove to be of major importance to the health of our industrialized society over the next century."

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