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### Oral Chelation - Hoax or Heart Protector?

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Permission granted via Garry Gordon, M.D., D.O. M.D.(H)

Last month I told you about a more patient friendly form of intravenous chelation therapy - the quick-push method pioneered by Dr. Walter Blumer of Switzerland. While the quick-push method works wonderfully well, it still requires visiting a physician knowledgeable about both IV [intravenous] chelation therapy and willing to do the short method instead of the prolonged three-hour drip. Many of you may not be close to a chelating physician, nor have the financial means to obtain any IV [intravenous] treatment, so what can you do for similar help?

I'm repeatedly asked about oral chelation therapy. It seems every few weeks I get another hyped promotion for an oral chelation product. Like magnets, which I'll cover in full next month, the hype can be most confusing. However, I had seen some excellent published data and knew the FDA had approved a form of oral EDTA treatment for lead poisoning, so I wanted to find out more.

Most chelating physicians (yes, me too) were trained to believe that EDTA is not well absorbed orally, hence it would be of little use. We were also trained to believe that a significant part of the effectiveness of EDTA was due to the ability of EDTA to pull calcium out of the body (theoretically from vascular walls).

However, the incredible results of Dr. Blumer using calcium EDTA, which does not remove calcium, indicate otherwise. With calcium EDTA, the calcium is left in the body and the EDTA picks up a metal ion, which has a greater affinity for EDTA. Dr. Blumer has seen tremendous success using calcium EDTA, which suggests the actual removal of toxic metals may be what is so good for the body, not the calcium removal. EDTA not only binds lead and cadmium, both closely associated with vascular disease, but also picks up free iron. You already know that iron can be as deadly as it is life giving. Iron, when it's bound by enzymes and proteins, is healthy in the right amounts. When the iron isn't bound, it's a powerful generator of highly destructive free radicals, but it's also available for EDTA binding and removal!

The next question is if oral EDTA is absorbed. The worldwide literature shows oral EDTA is absorbed from five to 18 percent. Comparing this modest absorption with the typical three grams given intravenously once or twice weekly, one might take orally six to 7.5 grams (one gram per 35 pounds body weight) daily. The calculated absorption at an average of 10 percent would be some four to five grams over a week, quite comfortably in line with what is administered intravenously. However, rather than a cost of perhaps \$800 for IV [intravenous] administration (eight over a month), the oral cost is approximately \$60/month, a price most everyone can afford.

But is it safe? EDTA is universally used as a food preservative (therefore, it's generally recognized as safe) and we're exposed to a rather large amount (15-50 mg) every day. EDTA, by binding and

neutralizing the action of iron and heavy metals, prevents oxidation and rancidity in prepared and processed foods and oils. With regard to depletion of nutritional minerals, there seems no evidence of this occurring. In fact, there's animal evidence that oral EDTA actually increases tissue stores of nutritional minerals and bone calcium, while lowering toxic metals!

Now how about effectiveness? The medical literature around the world has repeatedly shown a dramatic kidney and fecal elimination of lead via oral EDTA chelation, some two-and-a-half to three times as much as without! (This compares favorably to the five-fold excretion of lead induced by IV [intravenous] chelation.) One study documented removal of 1,200-2,600 mg lead in just five days with oral chelation. Elimination far outstripped any possible increased intestinal absorption of lead pulled into the system by the EDTA. A compilation of the literature over the past 50 years documents such an overwhelming consensus of the safety and efficacy of oral chelation that the FDA has approved it for the treatment of lead poisoning.

Remember that modern humans have 1,000 times the lead in our bones as our 16th-century ancestors. It does not take a nuclear physicist to realize we all could stand to lower these awesome poison levels, and this simple and inexpensive treatment can do just that! Now, if there's enough absorbed oral EDTA to reach for lead, it stands to reason that the other toxic metals (such as cadmium and free iron) will be picked up as well.

But more on lead for a moment. A recent article on EDTA in rodents in a major kidney journal found oral EDTA effectively lowered lead from soft tissues and organs, but not from bones. So stored heavy metal would serve as a "source of permanent exposure," (quoted from the study) as the lead slowly escape the bones. Therefore, it's vital oral therapy is used on a regular basis and for an extended period of time, to pick up the slow long-term release.

There's scientific evidence that long-term exposure to low levels of lead may contribute to chronic renal disease, and that chelation therapy may slow or reverse the progression of kidney impairment. Of course, low level lead is also associated with brain dysfunction, cancer development, dementia, bone marrow disease, organ dysfunction, and more.

The bones are the greatest reservoir of lead in the body. You can be exposed to a very toxic load of lead today, easily measurable in the blood for just a few days. It then disappears from measurement, as it's taken up and stored in bone (actually the body's short-term means of reducing toxicity), only to be slowly released over the years, as the bones remodel or thin. (Hence, a static single blood or urine measurement is a very poor way to assess total body burden of lead). If you have osteoporosis, oral chelation is something you need to seriously consider. A 2002 article from Harvard researchers indicated osteoporosis patients are exposed to a significant release of the lead, which was released from their failing bones.

I've observed significant improvement in the mental well being of my chelation patients. A recent report in a psychiatric journal confirms improvement in a wide variety of such symptoms. Neurasthenic (mental) and nonspecific multi-organ symptoms improve significantly following oral EDTA chelation therapy, resulting in a marked improvement in the overall quality of life.

Additional information from research years ago shows that oral EDTA may enhance B<sub>12</sub> absorption, the vitamin hardest to assimilate. Polysaccharides, such as heparin, are also made more absorbable, which is very important in people with blood-clotting problems.

Oral chelation, with a product containing calcium EDTA (about one or two grams daily), can be taken on a continuous basis, along with adequate nutritional minerals (which would help to avoid any

**Medical data is for informational purposes only. You should always consult your family physician, or one of our referral physicians prior** theoretical risk of oral EDTA depleting nutritional minerals). The significant savings to patients (over expensive IV [intravenous] therapy) can be channeled into high-quality nutritional supplements and into oxidation or other therapies, thereby speeding improvement and supporting a wider array of physiological systems than does chelation therapy alone. Unfortunately, oxidation therapy does not have a good oral alternative.

Worrisome recent literature has confirmed that relatively “non-toxic” low-levels of multiple heavy metals can combine to produce extreme toxicity. An amount of either lead or mercury that would be lethal to only one percent of laboratory rats when combined together killed 100%! Friends, we have 1,000 times the amount of lead in our bones as 500 years ago, and mercury is coming at us from all sources, including implants deliberately placed in our teeth. This tells me oral chelation is a must for everyone.

On a personal note, since investigating the information for these articles, I’ve decided to resume chelation with both the fast-push IV [intravenous] technique once weekly, together with oral chelation. I’m taking one capsule three times daily of a product formulated by Dr. Garry Gordon. This particular product also contains malic acid, a naturally occurring organic acid found in apples, which possesses a wonderful ability to help dissolve aluminum deposits, chelate and carry the aluminum into the blood, and escort it through the kidneys for safe elimination. This is great to know considering the aluminum-toxic environment (vaccine preservatives, antiperspirants, antacids, drinking water, medicines, etc.) we live in, especially knowing that this is a highly toxic metal that’s associated with Alzheimer’s disease. EDTA itself does not chelate aluminum, so it’s important to look for a product with this organic acid. There are other quality oral EDTA products on the market, so shop wisely.

If you’re looking for the improvement chelation therapy can bring, but unable to afford it, this information should hearten your spirits since you now know inexpensive oral chelation with calcium EDTA isn’t a hoax. In fact, it’s effective (in heavy metal removal), safe, and quite affordable!

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Note: The oral chelation supplement developed by Dr. Garry Gordon and considered the premier oral chelation product on the market today, is Beyond Chelation Improved and is available from Longevity Plus. <http://www.gordonresearch.com/>