

EDTA THERAPY AND IONIC CALCIUM DEFICIENCY

Great controversy rages about EDTA chelation therapy both in the US and Canada. I am vitally interested in both that therapy, and controversy, for the following reasons. I feel that the therapy not only validates the concept of ionic calcium deficiency diseases that I have applied in practice for over 30 years, but that the controversy will end in a victory for the therapy that will do much to "break the back" of the opposition of the orthodox against Preventive or Alternative medicine.

In 1954, following four years of pure clinical research in practice, I concluded that chronic asthma and the chronic non infective diarrhoeal diseases represented the break down of autonomically or automatically stimulated adaptive functions of the lungs and intestines. These were functions that were attempting to effect biochemical compensation for chronic cellular deficiency of calcium which had been ionized by vitamin D, which deficiency had been inflicted by defects of lifestyle, including diet. For example, over the next 30 years I treated between ten to twelve thousand chronic asthmatics with large doses of the A and D vitamins and calcium-magnesium. In the under five year of age class of this disease this therapy provided moderate to excellent resolution of the disease in over 90% of cases within one to three weeks.

In the 1970s I recognized that these and other such deficient patients demonstrated an acidic salivary pH which I proposed represented the result of acidifying adaptive function of the lungs and intestines which, in some, might be broken down to create chronic asthma or ileitis with chronic diarrhoea. This physical-chemical finding, which can be determined by a one cent litmus paper test performed and read by untrained individuals, became the "trade-mark" of ionic calcium deficiency and of disease provoking adaption versus the deficiency.

As well as defining those and other diseases, such as hypertension, arthritis, and diabetes, as the "indirect-adaptive" effects of that deficiency, separate common complaints such as muscle aches and cramps, headaches, chronic fatigue and anxiety, constipation, peeling and cracking of fingernails, nasal "allergies", and others, were treated and defined as the "direct non adaptive" effects.

EDTA chelation therapy which is primarily prescribed to "chelate out" toxic minerals such as lead, mercury, and cadmium, also "chelates out" calcium which has been deposited in molecular form in large arteries, blocking the circulation they carried. As the EDTA therapy removed the calcium in the arteriosclerotic blockages to improve circulation angina patients have been spared angioplasty and coronary bypass surgery, stroke patients have recovered a large percentage of their paralysis and diabetics faced with amputation have been spared that surgery.

As these patients originally reported unexpected benefits which could not be attributed to such improvement in circulation, those improvements were described as "fringe benefits". Now, years later, relief of diseases and complaints such as arthritis, muscle aches and cramps, chronic fatigue, chronic nasal and lung respiratory disease, blood cholesterol and blood sugar levels, and others, these are looked on as "secondary expected results". In favor of this change in perspective is the report which Dr. E.M. McDonagh of Kansas City made to the American College for the Advancement in Medicine at its recent annual convention in Anaheim. Dr. McDonagh who has prescribed EDTA chelation therapy to over 20, 000 patients since the 1960s, reported that one in six patients coming to his clinic for this therapy have other than circulatory problems, such as diabetes, arthritis, raised cholesterol levels, and others. On that basis he predicts that within a year that ratio will be one in five, and will continue to fall. I predict that, in time, the importance of those benefits may exceed the benefits gained from improvement in circulation.

Those "fringe" or "secondary" benefits of EDTA therapy roughly parallel the "symptoms and diseases of ionic calcium deficiency" which I have relieved in approximately 20,000 patients over those many years by a therapy of vitamin D,

along with vitamin A and cal-mag. On that basis I propose that as EDTA "chelates out" calcium from arterial molecular deposits of calcium it serves as a "surrogate vitamin D" to ionize that molecular calcium and to resolve any existing total body deficiency of that ion, and deficiency symptoms or disease.

I, therefore, propose that further research on EDTA therapy will validate the following several conclusions.

FIRSTLY: Combined chronic deficiency of dietary calcium and of the dietary and daylight or sun on skin generated D vitamins, and the depreciation of the adaptive potential of the body which they create, represent the underlying cause of many common symptoms and diseases. Stress, allergy, and other factors, therefore, only represent secondary factors which have further depreciated that adaptive reserve to a critical level where tissues responded with reaction creating a "mal-adaptive" disease.

SECONDLY: These deficiencies, which are created by defects of lifestyle, and the adaptive and mal-adaptive function they excite, may be easily corrected by improvement of the diet and the taking of supplements of those deficient factors.

THIRDLY: Except in circumstances where long standing tissue or organ deficiency has given rise to physical changes in a tissue or adapting organs, therapy of the deficiency will induce relief of the symptom or mal-adaptive disease.