

## 21<sup>st</sup> Century Chelation, Part 1: Vascular Diseases by Stephen Weiss, M.D., Holistic Medical Doctor/Classical Homeopath

For many years, no alternative therapy has been more controversial in the eyes of the medical establishment than the use of EDTA chelation for reversing or stabilizing vascular diseases. These include atherosclerotic coronary artery disease, cerebrovascular disease (a precursor of stroke), and peripheral vascular disease (plaque induced narrowing of the arteries in the legs resulting in leg pain while walking which resolves at rest). So pervasive was the association between chelation and quackery, that as recently as a decade ago, I avoided this therapy like the plague.

My viewpoint totally changed in 1999 when I accepted a position as Staff Physician at the Schachter Center for Integrative Medicine in New York. Michael Schachter, the founder and Medical Director of the Center, is Past President of ACAM (American Academy for the Advancement of Medicine--the main organization which certifies physicians in intravenous chelation) and a strong proponent of this therapy. While working there, I got to see first-hand the benefits and safety of intravenous EDTA chelation in patients with angina, chest pain, coronary artery disease and carotid stenosis, and am now convinced that EDTA has an important role to play in the treatment of these conditions.

The controversy has been fueled by conflicting studies on EDTA chelation with proponents and critics on each side referencing individual studies to support their point of view. Suffice to say that there is scientific evidence to back up the clinical improvements I and hundreds of chelating physicians have seen in our practices. A rigorous, randomized, double-blind, controlled multi-center clinical trial funded by the National Institutes of Health & National Center for Complementary and Alternative Medicine was started in 2003 and will soon put the controversy to rest. The Schachter Center is one of several centers participating in this clinical trial.

Since returning to New Mexico in 2000, I have been introduced to a new delivery system of EDTA – the suppository, one which I now exclusively use in my practice (“Detoxamin”). This often maligned treatment method actually has many benefits over the IV route, and appears to be at least as effective: 1) Detoxamin costs 70% less than IV chelation! (Usually \$100/month for 6 months, followed by maintenance of \$28/month for someone weighing less than 175lbs; slightly more for those above 175lbs or with more severe symptoms). 2) Chelation with Detoxamin occurs while you sleep, in the comfort of your own home, compared to a 2-3 hour infusion plus waiting time and travel. 3) Detoxamin is extremely safe – the dose is only 25% of that used intravenously, because EDTA absorbed from the rectum bypasses the liver and is safe for use in children and adults.

. EDTA (ethylene diamine tetraacetic acid), is a synthetic amino acid approved by FDA for removing certain heavy metals from the body. In my next article, I will discuss the use of Detoxamin and other products for removing toxic heavy metals. The exact mechanism of action of EDTA in patients with vascular diseases is not known, but

researchers at Ohio State University have shown that 3 different forms of mercury – methylmercury chloride (an environmental toxin), thimerosal (used as a vaccine preservative) and mercuric chloride (inorganic form) all activate the enzyme phospholipase D, which has been shown to damage cells lining blood vessels known as endothelial cells. Men (and their partners/spouses) will also be happy to learn that chelation may improve erectile function in patients whose E.D is due to poor circulation, which is a significant percentage, particularly in men 55 years and older. As far as I know, this has not been studied in scientific trials, but has been observed clinically in certain patients.

Sandra is a 60 year old woman who first consulted me in November of last year for severe hypertension—her initial blood pressure in the office was 202/108. I ordered a coronary calcium score on her which was very elevated, indicating a very high likelihood of coronary artery disease. 1 month after starting Detoxamin, she returned for her scheduled follow up with a smile on her face. Her blood pressure was much improved. “I’m really thrilled with the Detoxamin. I’ve had no more chest pain. I feel younger, “sparklier”, capable of doing more. I want to go dancing again. I feel like I’m 45.”

Rebecca is a 63 year old longstanding patient of mine whose mother had a stroke and 2 prior heart attacks. During careful physical examination, I detected a bruit (abnormal whooshing sound) in her right carotid artery, the main artery in the neck supplying blood to the right side of the brain, which usually signifies significant blockage. A carotid Doppler (ultrasound) confirmed my clinical findings (50 to 69% blockage).

We discussed various treatment options and she decided to use Serrapeptase, a silkworm derived enzyme used in Germany with some success for her condition. Two years later, her repeat Doppler showed progression of her blockage to greater than 70%. In Western Medicine, 70% is the cut-off value for surgery, since double-blind clinical studies have shown that carotid surgery in these patients reduces the risk of subsequent stroke. Rebecca was adamant that she did not want to have the surgery. She had heard about EDTA chelation, and wanted to see if it could improve blood flow in her carotid artery. I started her on Detoxamin suppositories, one every other night at bedtime. Since her LDL cholesterol remained high despite treatment with non-pharmaceutical cholesterol-lowering supplements, and her blood pressure continued to be elevated, I also started her on a statin and increased the dosage of her blood pressure medication, in order to more aggressively treat these two risk factors which were contributing to her problem.

At her 3 month follow up, Rebecca shared the following: “Feeling better. Most days I have more energy. I feel lighter of spirit.” She had stopped her statin drug because of severe muscle pain, a very common side effect. However, she was only taking 50mg of CoQ10, which at higher doses can prevent this side effect, so I increased her CoQ10 to 300mg and put her back on the statin. At her 7 month follow up, I learned she was off the statin again due to side effects. A repeat Carotid Doppler 6 months after starting Detoxamin had shown improvement in her carotid narrowing, back down to 50-69%, which is no longer considered critical. Some would argue that the statin caused the regression of her plaque, since high doses of one of these drugs have been shown to do

this over a 2 year period. Because Rebecca's statin dosage was low, and because she only tolerated the drug for a few months, I am more inclined to believe that the improvement was primarily due to Detoxamin.

Rebecca is less concerned about which therapy helped her. She'll let the pundits debate that until they're blue in the face. She's delighted that she has avoided surgery and has a sense of well-being she did not have before chelation.