Vol. 15 No 3 Journal of Immunity 2017

Aloe Vera reverses tooth decay

Scientific research finds that a component of aloe vera (Acemannan) stimulates stem cells in tooth pulp to produce a protective coating - dentin.

Conrad LeBeau

In 2016, I published a report about a senior citizen in my hometown of West Allis who effectively stopped an aching tooth that was decayed and had been a source of pain for about 6 months. Several drug store remedies were tried over a 6 month period but to no avail. The tooth was scheduled to be removed in September of last year. However, the date was cancelled when the aching tooth healed itself with the use of aloe vera. Here is a quote of what I wrote last year:

A local senior citizen has had a lower tooth that decayed enough to cause a near permanent ache in the right side of his mouth….

A visit to his dentist late in August confirmed the decay and a date was set in September to have it extracted with the help of an oral surgeon, as the decay was significant…..

Being aware of the availability of large fresh aloe vera leaves in a local Mexican market, he decided to buy one and try a slice of the raw leaf and apply it to the tooth.

….he cut a piece of the Aloe leaf about 1 inch long and 1/2 an inch thick. He removed the spines and the green skin of the outer leaf and placed the piece of the aloe flesh directly over the troubled tooth. He chewed on it lightly and allowed the juice from the aloe leaf to soak into the tooth and surrounding area in the mouth. Within an hour, he noticed some relief and decided to drop all the other treatments and just use the aloe to see what its healing potential was.

The fresh aloe vera was applied over the tooth twice day. Within one week, all the pain was completely gone. He would not longer have any sensitivity in the tooth or in the surrounding tissue near the tooth.

Update: the appointment to have the tooth extracted has been cancelled. I have read some reports on the Internet of tooth decay being reversed but never witnessed it until now.

I know the person who had this experience very well – you see - that person was me. I published this account in Vol 14 No 3 last year.

A second case report on Aloe Vera stopping tooth decay.

April 10, 2017 - An email from ASHLEY HEDGES

"Conrad, I have had a toothache, on my lower left back molar, tooth #19, I believe for the last 2 months. Painful to say the least. Have tried everything to alleviate the pain, only thing that subdues it is ibuprofen, 400 mg, for about 5 1/2 hours, then back again. Tried curcumin, garlic, turpentine (8 drops), goldenseal tincture, colloidal silver, cloves oil, none works, till I tried fresh aloe inner leaf gel, just placing it on the tooth, then chewing and swallowing the gel. Twice per day, and from the very first day, seems to be HEALING, NO PAIN, ETC. Will keep it up."

Note - I don't think this aloe remedy would work on a tooth that is substantially decayed, but one where the decay has been recent. You can contact Ashley at ashleyhedges1013@gmail.com

Scientific searches on Aloe Vera for stimulating dentin production

My interest in doing this search happened after reading an article in the "Well Being Journal" (1) about stem cells in the tooth pulp that can by stimulate the production of a protective substance in the teeth called "dentine." The article was written by Alan Danenberg DDS. It discussed a method of stimulating stem cells in the tooth to repair itself.

I recalled my own use of aloe vera that healed my damaged tooth that has now not bothered me now for the past 12 months. I decided to do a search at the National Library of Medicine on aloe vera and dentine to see if they were linked.

Eight search results were retrieved are a real eye opener. Here they are –

1. Stimulation of **Dentin** Regeneration by Using Acemannan in Teeth with Lipopolysaccharide-induced Pulp Inflammation.
Authors: Songsiripradubboon S, Kladkaew S, Trairatvorakul C, Sangvanich P, Soontornvipart K, Banlunara W, Thunyakitpisal P.
J Endod. 2017 Jul;43(7):1097-1103.

2. Comparative evaluation of the effect of chlorhexidine and **Aloe** barbadensis Miller (**Aloe vera**) on **dentin** stabilization using shear bond testing. Authors: Sinha DJ, Jaiswal N, Vasudeva A, Garg P, Tyagi SP, Chandra P.
J Conserv Dent. 2016 Sep-Oct;19(5):406-9.

3. The effect of **Aloe vera** gel on viability of dental pulp stem cells. Authors: Sholehvar F, Mehrabani D, Yaghmaei P, Vahdati A…..
Dent Traumatol. 2016 Oct;32(5):390-6.

4. Clinical, radiographic, and histologic analysis of the effects of acemannan used in direct pulp capping of human primary teeth: short-term outcomes.
Songsiripradubboon S, Banlunara W, Sangvanich P, Trairatvorakul C, Thunyakitpisal P.
Odontology. 2016 Sep;104(3):329-37.

5. Antibacterial effect of triantibiotic mixture, chlorhexidine gel, and two natural materials Propolis and **Aloe vera** against Enterococcus faecalis: An ex vivo study.
Bazvand L, Aminozarbian MG, Farhad A, Noormohammadi H, Hasheminia SM, Mobasherizadeh S.
Dent Res J (Isfahan). 2014 Jul;11(4):469-74.

6. Direct and transdentinal (indirect) antibacterial activity of commercially available dental gel formulations against Streptococcus mutans.
Tüzüner T, Ulusoy AT, Baygin O, Yahyaoglu G, Yalcin I, Buruk K, Nicholson J.
Med Princ Pract. 2013;22(4):397-401.

7. Comparative evaluation of the antimicrobial activity of natural extracts of Morinda citrifolia, papain and **aloe vera** (all in gel formulation), 2% chlorhexidine gel and calcium hydroxide, against Enterococcus faecalis: An in vitro study. Authors: Bhardwaj A, Ballal S, Velmurugan N.
J Conserv Dent. 2012 Jul;15(3):293-7.

8. Acemannan, an extracted product from Aloe vera, stimulates dental pulp cell proliferation, differentiation, mineralization, and dentin formation.
Jittapiromsak N1, Sahawat D, Banlunara W, Sangvanich P, Thunyakitpisal P.
Published in: Tissue Eng Part A.

Stimulation of **Dentin** Regeneration by Using Acemannan in Teeth with Lipopolysaccharide-induced Pulp Inflammation.

Thunyakitpisal P. st al
Published in - J Endod. 2017 Jul;43(7):1097-1103.

[Note: Acemannan is a component of the whole aloe vera leaf]

"This study investigated the effect of acemannan (Aloe vera gel polysaccharide) on dentin formation. Primary human dental pulp cells were treated with acemannan. New DNA synthesis, bone morphogenetic protein-2, alkaline phosphatase activity, dentin sialoprotein expression, and mineralization were determined by [(3)H]-thymidine incorporation, enzyme-linked immunosorbent assay, biochemical assay, western blotting, and Alizarin Red staining, respectively. Then the upper first molars of 24 male Sprague Dawley rats were intentionally exposed and capped with either acemannan or calcium hydroxide."

"At day 28, the teeth were histopathologically examined and evaluated for the degree of inflammation, dentin bridge formation, and pulp tissue organization. The results revealed that acemannan significantly increased pulp cell proliferation, bone morphogenetic protein-2, alkaline phosphatase activity, dentin sialoprotein expression, and mineralization, compared with the untreated group."

"The acemannan-treated group also exhibited a complete homogeneous calcified dentin bridge and good pulp tissue organization, whereas neither was detected in the calcium hydroxide-treated and sham groups. In the acemannan-treated group, either mild or no inflammation was found, whereas the other groups had various degrees of inflammation."

"The data suggest that acemannan promotes dentin formation by stimulating primary human dental pulp cell proliferation, differentiation, extracellular matrix formation, and mineralization. Acemannan also has pulpal biocompatibility and promotes soft tissue organization."

Better than fluoride treatments? Adding aloe vera juice to your favorite mouth-wash helps rapidly heal your teeth and gums

There are several ways to introduce Aloe Vera to your mouth, teeth and gums. One is to use a piece of raw aloe leaf (remove the green skin) and chew on the translucent inner gel.

Another way is to simply buy aloe vera juice by the quart and use it directly on the teeth and gums. Rinse the mouth with about ¼ cup of aloe vera diluted with water, then swallow it.

Another way is to mix a regular mouthwash (like Listerine) half and half with aloe vera juice. When the bottle of Listerine or other mouthwash is half empty, fill the bottle with aloe vera, shake it and use it as a mouth rinse. Hold the mixture in the mouth for about 1 minute. There is usually no need to refrigerate it as the alcohol or other preservatives in the mouth rinse will also preserve the aloe vera.

The convenience of using a mouthwash that is half aloe vera is that you are more likely to use every day when you do not have to take the time to go to the refrigerator and get the aloe vera for use as a separate final mouth rinse.

Do not expect your dentist to endorse this method of stopping and reversing tooth decay. Of course the aloe vera rinse should only be used after regular brushing and flossing of your teeth.

From the scientific research cited here and from my experience and that of Ashley Hedges, aloe vera can be a critical component to the solution to the nationwide tooth decay epidemic. The other component is to reduce the consumption of refined sugars that directly feed the bacteria that promote the growth of plaque and tooth decay bacteria.

When I told my dentist of my use, last year, of aloe vera to stop a toothache of 6 months duration, he blew it off by saying the nerve in the tooth was dead. He did no testing to support that opinion. You could say this the science of belief – no supporting facts or research is required.

Petition for a Presidential Pardon for Samuel A Girod

Conrad LeBeau

On June 30 2017, Federal Judge Danny Reeves from the Eastern District of Kentucky sentenced an Amish farmer to six years in prison for making and selling herbal health products with health claims not preapproved by the FDA. Girod defended himself pro se in the case of US V Girod (5:15-cr-00087) and claimed that his products were herbal supplements - not drugs.

This petition requests a full presidential pardon for Samuel Girod as his Constitutional right to freedom of speech and press were violated by the Dept of Justice (DOJ), the Food and Drug Adm (FDA) and Judge Reeves based on commercial speech he used in the labeling of his health products. The DOJ/FDA classification of his products as "drugs" was not based on the composition of the substances in his formulas but solely on what he said (his speech) expressed in the labels and promotional literature.

Girod's "intended use" for his products is opinion; his opinion is speech that is supposed to be protected under the First Amendment and not requiring preapproval from the government. Under the Dietary Supplement Health and Education Act of 1994 (DSHEA), herbs, vitamins and mineral supplements are classified as foods per their composition. Girod's products were not drugs but food-based herbal supplements based on their composition.

Under the FDCA (21 USC Sec 301 et seq), the FDA/DOJ and the courts have unfortunately misinterpreted the definition of "drug." since 1906. A review of the Congressional Record of 1906 indicates the first legal definition of drug was intended to inform the public of the presence of narcotics and opiates (cocaine, heroin) in the labeling of patented medicines, and drugs. This over-reach of the law defining "drug" was never intended to include food, water, dietary and herbal supplements. This over-reach of authority was done to please political donors from Wall St – big drug companies with deep pockets, who want the laws and regulations of the federal government to favor

their medical monopolies and eliminate competition from low cost natural remedies. Amish farmer Samuel Girod's "intended use" as expressed in the labeling of his products was "commercial speech."

Girod never intended his speech to convert his products into drugs or controlled substance like cocaine. In the case of Central Hudson 447 US 562, (1980) J. Powell writing for the majority stated:

> *"In applying the First Amendment to this area, we have rejected the highly paternalistic view that government has complete power to suppress or regulate commercial speech."*

J. Blackmun concurring with the majority in the same case wrote:

> *"If the First Amendment guarantee means anything, it means that, absent clear and present danger, government has no power to restrict expression because of the effect its message is likely to have on the public"*

Unlike the many patented drugs and narcotics (FDA approved) that contribute to the death of over 100,000 people each year, no one died or claimed an injury from using Girod's herbal remedies. Unlike many FDA approved drugs, there is no cottage industry of lawyers today suing dietary supplement companies because of the adverse effects of herbal remedies.

I urge you, Mr. President, to grant a full pardon to Amish farmer Samuel Girod and to include a statement defending the First Amendment rights of distributors of health foods and herbal supplements to state the intended uses of their products. Please do not seek the advice of the DOJ/FDA in making your decision. The 6 yr. sentence imposed on Mr. Girod is an outrage and a travesty of justice. May God guide you in correcting this judicial faux pas.

To sign the shorter White House Petition – Go To https://petitions.whitehouse.gov/petition/requesting-presidential-pardon-amish-farmer-samuel-girod

We need as many signatures as possible. Refer this newsletter or our website at keephopealive.org to your email list, and friends on Facebook, and Twitter.

Source for this article: naturalnews.com Amish man slapped with six-year prison sentence for growing and selling his own herbal remedies. Also see thesheeple.com

"Mary from Brooklyn" update - HIV negative status holds 10 months after stopping all treatments

July 19th, 2017
Conrad LeBeau

After several weeks and no contact, I began to doubt if I would hear from "Mary" again, then on July 19th the phone rang. It was my first converstion with her since Feb 2017. I found out the lab test that she was suppose to have in May had been delayed until July 17th. She told that her most recent lab test had very good news. The results - breathtaking. The PCR test for HIV was still negative but that her CD4 count had dropped slightly to 480. The CD4/CD8 ratio also declined to 2.37 although this high a ratio is unheard of in AIDS cases. I asked her if she also had the HIV finger prick blood test for HIV antibodies (elisa /western blot). She said she had that done in May and it was negative.

Background: She had been first diagnosed with HIV by her physician in Jan 2015. In March 2015, she was prescribed HIV meds. By May, she integrated the use of black seed, Vitamin D and other dietary factors, along with a lot of prayers with her prescribed meds. In May of 2016, she went to a private testing center and had the finger prick test for HIV. The tester who remembered her found that she no longer tested positive for the virus and stated at the time "this is impossible."

On Oct 1 2016, she discontinued all treatments for HIV, including both prescribed drugs and her own home remedies. Her HIV negative status in May, 2017 and now a non detectable viral load as measured by PCR on July 17th 2017, increases the possibility that this is the real deal - possibly even a cure. A comprehensive discussion and timeline of the background of this case can be found in Vol 15 No 1 of the Journal of Immunity.

To date, no one on our email list has tried to exactly duplicate the same protocol that "Mary"* used. *Mary is not her real name and it is used here for privacy reasons

Zimbabwe -A report on Blackseed and home remedies for HIV by N Dhliwayo

Email: "I just collected my results ..cd4 is 243 up from 163. My viral load is 462 from 2200. I'm now taking vitamin D i.u 10,000 each day. Its been exactly 8 and a half months since I started on black seed herb. I'm so excited about the development. My next test should be in October. I'm more than happy for you to publish my results.

"I am a lady aged 52 years and I am from Zimbabwe, Africa. I tested positive in September 2014 and I weigh 103kg - I'm tall. I have never taken Arvs. Before black seed herb I was taking an imported herb but due to financial problems I stopped. It cost $120/month yet black seed costs $25 for a months supply. I started taking black seed in November 2016. I take 3T twice per day.

"I crush the black seed and drink with water and honey or plain water. Since then my life has changed for the better. I'm not on any special diet. However, everyday I take about 3T raw honey with raw Propolis. I also take 2T twice per day raw unfiltered apple cider vinegar. But all these supplements I just started taking around May 2017.

"Before I just took normal diet and black seed herb. Every morning before brushing my teeth I drink 1 Litre hot water with 6 or more slices fresh lemon in it. I drink lots of warm water during the day. Once in a while I chew 4 dandelion leaves. I once took vitamin D for 3 months from January to march 2017. I just resumed vitamin D 10,000 i.u last week.

"In my first conversation with you I indicated that urine tests revealed some significant amount of protein and my Dr was worried but after introducing apple cider vinegar into my diet - my urine is so clear according to my latest results. Both My kidney and liver are functioning perfectly well. My Dr is in a shock and has stopped pushing Arvs. However, all this was so possible with a lot of prayer.

Please note that Nyasha is not my real name so its OK. But one day should you require correct identity not for publication I will certainly supply. You can send an email to Nyasha at nyanyaishe@gmail.com

EDTA CHELATION - THE REAL "MIRACLE" THERAPY FOR VASCULAR DISEASE

Adapted from Life Enhancement Magazine, June 1997 republished at **healmindbody.com**. The story of EDTA chelation therapy is as much political as it is medical. Consider these facts:

- EDTA chelation may be one of the most effective, least expensive, and safest treatments for heart disease ever developed, yet it is practiced by perhaps only 2,000 physicians in the United States.
- EDTA chelation is not typically covered by medical insurance, even though insurance companies would save billions of dollars each year if they did.

What Is EDTA Chelation?

EDTA chelation is a therapy by which repeated administrations of a weak synthetic amino acid (EDTA, ethylenediamine tetra-acetic acid) gradually reduce atherosclerotic plaque and other mineral deposits throughout the cardiovascular system by literally dissolving them away.

EDTA chelation has frequently been compared to a "Roto-Rooter" in the cardiovascular system, because it removes plaque and returns the arterial system to a smooth, healthy, pre-atherosclerotic state. A better metaphor might be "Liquid-Plumr," because, where Roto-Rooter violently scrapes deposits off the interior surfaces of your plumbing with a rapidly rotating blade, Liquid-Plumr simply dissolves them away.

Roto-Rooter is a far better metaphor for conventional medical treatments for heart disease, all of which are closely tied to the concept of the cardiovascular system as plumbing. When a pipe/artery gets clogged, simply ream it out or flatten the deposits (angioplasty). If that doesn't work, just cut away the bad section(s) and replace it (them) with a new piece of pipe (coronary artery bypass graft, or CABG). It's the same basic strategy older cities use for replacing their century-old water mains.

"Because EDTA is so effective at removing unwanted minerals and metals from the blood, it has been the standard 'FDA-approved' treatment for lead, mercury, aluminum and cadmium poisoning for more than 50 years."

CABG, known affectionately in the medical profession as "cabbage," is the most frequently performed surgery in the United States. At up to $50,000 per procedure, that indeed amounts to a lot of "cabbage," not only for cardiac surgeons but also for hospitals. As we shall see, these figures provide a powerful incentive for physicians to reject

an effective, but inexpensive and unpatentable treatment like EDTA chelation.

It is commonplace for physicians who regularly prescribe EDTA chelation to encounter heart disease patients who have failed all the standard treatments but who make remarkable recoveries once given EDTA. Other patients, on waiting lists for CABG surgery, found they did not need the surgery following a series of EDTA chelation treatments.

EDTA exerts its beneficial effects on the body because this molecule is extremely proficient at chemically bonding with mineral and metal ions. This bonding process, known as chelation, is a natural and essential physiologic process that goes on constantly in the body. EDTA's chelating abilities make it ideal for many tasks:

- Because EDTA is so effective at removing unwanted minerals and metals from the blood, it has been the standard "FDA-approved" treatment for lead, mercury, aluminum and cadmium poisoning for more than 50 years. EDTA normalizes the distribution of most metallic elements in the body.
- Because it is so safe and effective, EDTA is also used widely as a stabilizer for packaged food. Minute amounts of EDTA (33-800 PPM) added to food help to preserve flavor and color and to retard spoilage and rancidity. (Read your food labels.)
- Because EDTA inhibits blood clotting so well, it is routinely added to blood samples that are drawn for testing purposes.
- EDTA improves calcium and cholesterol metabolism by eliminating metallic catalysts that can damage cell membranes by producing oxygen free radicals.

EDTA Chelation vs. Conventional Therapy for Vascular Disease

Researchers first started to notice EDTA in the days during and after World War II when men who worked in battery factories or painted ships with lead-based paint began coming down with lead poisoning from their high exposure in these jobs. EDTA was found to be extremely effective for removing the lead from the men's bodies, but what really made people sit up and take notice was an apparent reduction in symptoms of heart disease in many of these men.

The first systematic study of EDTA in people with atherosclerosis was published in 1956.1 When the researchers gave 20 patients with confirmed heart disease a series of 30 I.V. EDTA treatments, 19 of the patients experienced improvement, as measured by an increase in physical activity. Another study 4 years later in a similar population found that 3 months of EDTA infusions resulted in decreases in the severity and frequency of anginal episodes, reduced use of nitroglycerin (a common anti-angina drug), increased work capacity and improved ECG (electrocardiogram) findings. 2

It soon became clear from these and later studies that EDTA treatments result in progressive and widespread improvement and stabilization of cardiovascular function. This is in contrast to standard treatments, such as angioplasty or CABG, which instantaneously restore normal function in the few treated arteries, but leave the rest of the body completely untreated (there's every reason to believe that if arteries are clogged in the heart, they're also clogged in other vital organs, like the kidneys and brain).

High-tech treatments for heart disease, such as angioplasty and CABG, long hailed as medical breakthroughs, are in fact, oversold, overpriced, and ineffective, especially when compared with EDTA chelation. The truth of this assertion has been demonstrated on numerous occasions over the last 2 decades:

- The average mortality for CABG surgery is 4% to 10%.[3,4] In fact, CABG has no overall effect on improving survival. According to one study published in the New England Journal of Medicine, "As compared with medical therapy, coronary artery bypass surgery appears neither to prolong life nor to prevent myocardial infarction in patients who have mild angina or who are asymptomatic after infarction in the five-year period after coronary angiography."[5] By contrast, mortality rates for EDTA chelation, when carried out according to accepted protocols, approaches 0%.[6]
- Grafted coronary arteries are more than 10 times as likely to close up again within 3 years compared with coronary arteries that are not replaced with a graft.[7] Improved blood flow following EDTA chelation therapy is permanent as long as regular EDTA therapy (either oral or I.V.) is maintained.
- Significant cerebral dysfunction, especially in older patients, is commonly seen following CABG.[8] Because EDTA chelation restores blood flow to the brain, it often results in improved cognition and memory.[9]
- Atherosclerosis is typically a body-wide disease. If your coronary arteries are occluded, it's a safe bet that arteries in your brain, kidneys, lungs, and other vital organs are also occluded. Angioplasty or CABG can clean out only a few arteries supplying the heart. Another surgical procedure, endarterectomy, is commonly used to clear out the carotid arteries that supply the brain. When patients who have undergone carotid endarterectomy are treated with EDTA afterwards, the degree of subsequent restenosis (re-occlusion) drops by 10%.[10]

- Despite the danger and costs associated with these procedures, they are often only temporary fixes. Restenosis of treated coronary arteries occurs within 6 months in as many as one in three cases.[11] By contrast, EDTA chelation permanently removes blood vessel obstructions throughout the body without dangerous and expensive surgery. How well does EDTA chelation work? Virtually every study that has looked at the efficacy of EDTA chelation in vascular disease has demonstrated significant improvements. Here is a brief sampling of a few of the major results:
- A 1993 meta-analysis of 19 studies of 22,765 patients receiving EDTA chelation therapy for vascular disease found measurable improvement in 87%.[12]
- In a study of 2,870 patients with various degrees of degenerative diseases, especially vascular disease, almost 90% of the patients showed excellent improvement, as measured by walking distance, ECG, and Doppler changes.[13]
- A small, blinded, crossover study of patients with peripheral vascular disease found significant improvements in walking distance and ankle/brachial blood flow.[14]
- In 30 patients with carotid artery stenosis, there was a 30% improvement in blood flow after EDTA treatment.[15]
- Using retinal photographs in patients with macular degeneration, one researcher demonstrated significant improvement following EDTA treatment.[16]
- EDTA chelation treatment was evaluated in patients with carotid and coronary disease using technetium 99 isotope techniques. Significant improvement in arterial blood flow and ejection fraction (a measure of heart pumping ability) was reported.[17,18]
- When 65 patients on the waiting list for CABG surgery for a mean of 6 months were treated with EDTA chelation therapy, the symptoms in 89% (58) improved so much they were able to cancel their surgery. In the same study, of 27 patients recommended for limb amputation due to poor peripheral circulation, EDTA chelation resulted in saving 24 limbs.[19]

Negative Results?

Of course, there have been a few studies that did not (at first) seem to support the efficacy of EDTA chelation therapy. The most prominent apparently well-controlled studies have been two Danish trials 20,21 and a New Zealand trial,22 all of which reported no apparent benefits. A close analysis of these studies, however, revealed problems with both the controls and the interpretation of the data.

As noted by Chappell and Janson,6 the standard EDTA chelation treatment protocol was not followed in these trials. They all included primarily smokers (notoriously poor responders) with severe vascular disease who received only 20 I.V. treatments. With such patients, 30 to 40 treatments are normally required before a significant effect is typically seen. Although the New Zealand trial was supposedly placebo-controlled, the "placebo" used actually had chelating properties of its own. Thus, the fact that the differences from "placebo" were small is meaningless.

When the raw data from the New Zealand study were examined, it was found that 26% of the EDTA-treated patients compared with only 12% of the "placebo" controls achieved an improvement of greater than 100% in walking distance; among nonsmokers or smokers who had quit, 66% of the EDTA-treated group increased their walking distance an average of 86% compared with 45% of the controls, who improved by just 56%.

How Safe Is EDTA Chelation?

EDTA, is a safe, nontoxic substance. The LD50 (so called when the dose will kill 50% of experimental animals) for EDTA is 2000 mg/kg body weight, which makes it about 3.5 times less toxic than aspirin. Although the FDA refuses to approve it for treating vascular disease, EDTA chelation has been the approved treatment for lead or other heavy metal poisoning for 50 years. When administered according to the treatment protocol developed by the American College for Advancement in Medicine (ACAM), I.V. chelation is more than 300 times safer than CABG surgery. Most side effects of treatment involve minor discomfort (e.g., nausea, dizziness, headache) that resolves quickly.

The greatest risks occur when an infusion is given too rapidly or in too large a dose. These risks virtually vanish when EDTA is administered by a properly trained physician who follows the ACAM protocol. To the extent that oral EDTA is a completely noninvasive therapy, it is even safer than I.V. EDTA.

I.V. or Oral EDTA?

Most chelation therapy carried out today involves I.V. administration of EDTA, however, oral EDTA, which has a history at least as long as its I.V. cousin, is an option that is only now starting to be appreciated. Clinical experience suggests that oral chelation provides some, but not all, of the benefits of I.V. therapy. Overall, the difference in benefits is more one of degree and speed than of quality.

I.V. therapy has a direct and powerful effect on the body almost instantaneously. An I.V. session usually lasts about 3 to 4 hours, during which about 1500 mg to 3000 mg of EDTA (plus vitamin C and other nutrients) are administered. The number of treatments necessary (generally about 20-50 sessions) depends on the

individual's condition. Candidates for I.V. chelation are people that have been diagnosed with serious atherosclerosis, heavy metal poisoning, or symptoms of vascular occlusion or significant calcification of tissues.

Only about 3% to 8% of an oral dose of EDTA is absorbed, compared with 100% of an I.V. dose. Therefore, the time and dosage required to achieve the same benefits with the oral form are quite different. What can be achieved in only a few hours with I.V. EDTA chelation may take several weeks or months with oral EDTA chelation. However, oral EDTA may be appropriate for people whose condition does not demand rapid action. For example, oral chelation can be used to:

- avoid complications and diseases that result from heavy metals and calcification
- prevent the formation of blood clots, thus reducing your chance of a heart attack or stroke
- lower the level of blood cholesterol
- help thin the blood
- aid in reducing lipid peroxidation, a major cause of atherosclerosis
- protect the body against certain carcinogens, pathogens and other toxins that can reduce the quality of health
- Editor's Note – oral EDTA capsules should be taken with meals due to their high acid content.

Oral EDTA is not meant to replace I.V. therapy for those people who have serious vascular disease. It is very useful, though, for people who have completed an I.V. course and want to stay on a maintenance program, for people who "for whatever reason" are unable or unwilling to undergo I.V. chelation, and for those whose I.V. treatments may have been interrupted.

The Politics of EDTA Chelation

Organizations like the American Heart Association and the American Medical Association, which condemn EDTA chelation as ineffective for treating vascular disease, often quote the Danish and New Zealand studies, mentioned earlier, to support their position.20-22 What they fail to mention is that the Danish studies were criticized by the Danish Committee for Investigation into Scientific Dishonesty because of improper randomization and double-blinding, as well as premature breaking of the blinding code, which amounted to a deliberate bias.

When the results of the New Zealand study were examined by two independent statisticians, it was concluded that the trial actually supported the efficacy of EDTA.23 It is unlikely that any other issue in modern medicine has been more highly politicized than that of EDTA chelation therapy, and it is clear that most of the opposition to EDTA is due to the threat this therapy represents, not to patients' health but to the bank balances of orthodox physicians, pharmaceutical companies, and hospitals. Treating cardiovascular diseases is big business in the United States (and the rest of the Western world), bringing in tens of billions of dollars each year.

As Garry Gordon, MD, DO, the "Father of Chelation Therapy" has pointed out, "Every time a surgeon does a heart bypass, he takes home a luxury sports car." Each CABG procedure costs between $25,000 and $50,000; each angioplasty costs about $15,000; drugs for reducing cholesterol, lowering high blood pressure, and normalizing heart rhythm bring the pharmaceutical industry hundreds of millions of dollars each year. And these are just the most common examples. What happens when you add EDTA chelation therapy to this mix?

A course of I.V. EDTA chelation therapy costs between $2000 and $4000; oral EDTA is even less costly. To the degree that these therapies reduce the need for the more expensive conventional therapies – a large degree, indeed – they threaten to diminish the income of a significant portion of the medical establishment. Consider this one example: As noted earlier, in a study of 65 patients who were treated with I.V. EDTA while they were waiting for CABG surgery, 58 (89%) no longer required the procedure.19 At $50,000 per procedure not done, that means that surgeons and hospitals gave up nearly $3 million just for these few patients. Now remember, that *CABG is the most common surgical procedure performed in the US* (368,000 in 1989).24

Given these figures, it's not hard to understand why the medical profession is so in love with CABG and related procedures. As one physician noted, "It pays the bills." So enamored are they of these procedures that they perform them even when they are not necessary.

CABG surgery is no better than conventional medical treatments for improving survival,5 you have to wonder whether the real "miracle" of heart surgery does not entail bringing people back from death's door, as much as turning a common chronic degenerative disease into a source of outrageous fortune. If you needed one example of why the cost of health care has gone into earth orbit, you need look no further than the conventional treatment of heart disease.

Conclusion

Due to our 8 page limit for this newsletter, we are unable to list all the potential benefits of EDTA chelation therapy and the 23 scientific footnotes in this article. The entire article can be read at **healmindbody.com**. For a consultation, you can call Dr. Ron Peters MD in Scottsdale Arizona at 480-607-7999. Local doctors who offer chelation therapy may also be found at acam.org

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