I have spent over 35 years researching chelation therapy (CT), trying to determine how and why it helps patients with cardiovascular disease (CVD). I strongly believe that some form of CT should be a part of the treatment for anyone with CVD. My knowledge of CT has permitted me to safely advise against all bypass operations on my patients for over 30 years.

Due to my own CVD, I have intensively studied all aspects of it for most of the 50-plus years of medical practice. I have a complex medical history with lifelong heart disease issues that by age 29 had become nearly disabling; I avoided most physical activities until I was well in my 30s. When I first chelated, it was with great results: hours after my eighth intravenous EDTA treatment, I felt like Superman! I could for the first time in my life run uphill without a racing heart, or chest pain, or fatigue. I knew that this was working, but I jumped to the wrong conclusion: I thought that somehow CT must be reversing plaque, never dreaming that removing heavy metals could bring these benefits. My error probably set back the widespread acceptance of CT by decades, as knowledgeable invasive cardiologists often found that serious "obstructing" plaque was still present after CT.

I have since identified over 30 mechanisms of action of EDTA. Any one or all of these working synergistically can explain why over 80% of patients get both subjective and objective improvement. However, it is still not possible to predict when sometimes more-dramatic benefits will occur, including occasional rapid saving of gangrenous legs, reversal of heart disease or blindness, or the occasional autistic child who within hours recovers speech. Since we have poisoned our planet, I believe that heavy metal detoxification is a big part of the explanation for the benefits seen, even in nonexposed patients. All causes of morbidity and mortality have been shown to relate to how low lead levels are kept throughout life.

There is no magic program that can remove all of our heavy metals or other toxins overnight. We need several years to decrease the body burden of lead, as bones will remodel over a period of 15 years. I recommend continuous use of one or more aids to detoxification such as chelators, high-dose vitamin C, fiber, lipoic acid, zeolite, saunas, and daily exercise. These all provide benefits that greatly exceed any risks involved. For example, the various claims about chelation toxicity, such as harming the kidneys, although possible, are greatly exaggerated. In fact, repeated EDTA infusions often postpone indefinitely the need to start dialysis for many patients in early renal failure.

I have acquired and reviewed thousands of articles and books about chelation and heavy metals; I have treated hundreds of patients, and seen many dramatic responses, yet I warn my patients that CT does not predictably by itself decrease plaque. However, improved blood flow happens in over 80% of patients. With more treatment and improved compliance with my "FIGHT" Program (Food, Infection, Genetics, Heavy metals/Hormones, Toxins), over 95% will improve, even if the angiograms report that plaque size has increased. This experience and my radiology training confirm the limitation of angiograms, which fail to identify the existence of collateral circulation, as seen with a PET scan.

Obstructing plaque or vascular calcium scores may appear worse after CT, yet the patient has dramatic subjective and objective improvement, and is now winning in competitive sports. I prefer noninvasive tests that more accurately assess the true status. They are useful and can motivate patients to try harder, as a poor response may just be a patient’s failing to address all risk factors.

In my own case, I had a mouthful of amalgam fillings, and part of my dramatic early response was due to removing heavy metals, which we now know interfere with healthy enzyme function and thus impair nitric oxide levels. Improved nitric oxide function is another reason for the predictable improvement in blood flow seen with all noninvasive measurements, including segmental blood pressures, thermography, plethesmography, Bio Clip, and multifunction ECG.

Researchers at California Institute of Technology have shown that average bone lead levels today are 1000 times higher than a few hundred
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years ago. Studies at Harvard have shown that higher bone lead contributes to atheroma formation and 6 times more heart attacks. I conclude from my 35-year review of literature and worldwide attendance at environmental, anti-aging, ACAM (American College for Advancement in Medicine), and related conferences that we cannot reach our maximum intended useful lifespan and enjoy truly optimal health unless we are continuously detoxing.

Soft tissue lead stores are readily mobilizable, whereas bone lead is not, since bones take 15 years to remodel. While detoxing bones, we are still breathing in heavy metals as particulate matter from coal-burning for power, as well as taking in lead every day from our water, food, and air. This has made safe, convenient oral detoxification daily for life so essential today.

Frequent consumption of fish leads to mercury toxicity, and lead makes mercury more toxic, so we develop symptoms that are not cured by drugs. Genetics is involved, whereby some people after eating fish excrete mercury efficiently in 40 days, while others require 140 days. There is no simple solution that meets all our detoxification needs, as we must deal also with organics. Some newer forms of zeolite work well for mercury, as well as for some organic toxins. I recommend regular use of one or more of the following detox measures: parenteral or oral EDTA, DMSA, DMPS, zeolite, greens, maca, garlic, vitamin C, fiber (as stabilized rice bran or modified citrus pectin), NAC, lipoic acid, exercise, sweating, saunas, and organic foods.

Dr. Rodger L. Bick, as a world expert on thrombosis, stated that blood clots kill over 3 million in the US alone each year, but are usually just called heart attacks or strokes, which occur when the vulnerable plaque ruptures. My patients are shown a five-minute video of a vulnerable plaque breaking open and exposing subintimal tissues, which leads to the formation of a fatal blood clot. This graphic helps them understand that their supplement program is essential for life. Noninvasive vascular tests such as a new vascular age test, the Bio Clip, and the new multifunction EKG that is better than angiograms permit patients to see improvement and help me fine-tune the program when improvement is not adequate.

I rely on the textbook The Vulnerable Atherosclerotic Plaque for what I think is the best explanation of how and why death occurs from heart disease. (It took the American Heart Association many years to publish this.) I use this text, plus my professional experience and knowledge, to challenge most of the current dogma regarding the etiology and treatment of CVD. As a result, I routinely advise against all invasive procedures including angiograms, stents, and bypass surgery, as my program has a better risk-benefit ratio.

I explain the basic heart support program I use for patients in “The End of Heart Attacks Is in Sight,” a guest chapter for Tony O’Donnell’s latest book. Lester Morrison, MD, PhD, developed this approach to heart disease after he concluded that cholesterol was not the primary problem. Blood clots kill and heparin prevents clots, so he set out to develop a safe alternative to Coumadin and heparin. He spent $10 million doing the research that led to his nutritional research was done, other nutrients such as vitamin D, resveratrol, vitamin K2 have become recognized and may now be part of the oral chelation packets. I have found that the nine-pill packets taken twice a day have virtually eliminated all fatal heart attacks and/or strokes in my patients for over 20 years now.

Ideally, most patients would also benefit from many other nutrients, such as CoQ10, carnitine, lipoic acid, acidophilus, and NAC; but due to cost, these are optional and taken separately along with other nutrients used by metabolic cardiologists.

Also, based on history or prior blood clot and/or lab tests results (for example with Leiden 5), I will recommend adding additional natural enzyme-based anticoagulant protection such as nattokinase, Wobenzym, or preferably lumbrokinase (Bolouke). Intracellular magnesium levels are relatively deficient in most chronic
illnesses, partly because inflammation leads to increased intracellular calcium, which results in a relative magnesium deficiency. I often recommend the use of a series of weekly IV Myers cocktails, initially to provide magnesium and B vitamins, since even aggressive oral magnesium supplementation fails for a while, as it is poorly absorbed.

Lowering lead levels benefits almost anyone. Doctor’s Data found that calcium EDTA removes more lead than disodium EDTA per infusion. Thus I recommend a short series of IV calcium EDTA, which is painless, so it is often administered by chelation doctors over a 5- to 10-minute infusion time in place of the standard 3-hour infusion of disodium EDTA. Calcium EDTA may be given alone or as a mini-infusion with Myers or separately, one after the other directly from a syringe.

On my website forum, FACT (Forum on Anti-aging and Chelation Therapy), members report that they like this approach to chelation, as the results are comparable or even better and the process no longer ties up a room for hours. Patients like it since they do not lose a day’s work and will come in weekly for a time, and then monthly. This provides an opportunity to check their vitals, review their supplement programs, and reinforce the need to follow the total FIGHT Program.

I wrote the original protocol for the safe use of IV chelation 37 year ago, which was subsequently officially adopted by ACAM. Since then millions have been safely treated. Now with our improved understanding of the risk factors and the multifactorial aspects of CVD, I use the acronym FIGHT. I direct patients to my website (www.gordonresearch.com) to learn more and watch webinars on each of those topics. I also record every consultation and e-mail the digital copy to them so that they can review all of my recommendations anytime. That protects everyone: since I am routinely advising against bypass surgery, statins, and Coumadin, they have the recording, which explains why I believe that the benefit-to-risk ratio is better with my program, as it has proven extremely effective in showing low morbidity and mortality for over 20 years.

Since infection/inflammation is always involved in CVD, I often recommend a course with a well-documented advanced silver product that safely lowers the total body burden of all pathogens including cytomegalovirus, Coxsackie, Chlamydia, candida, and Lyme. Also I routinely recommend 8 to 12 g of a high-dose, well-tolerated, powdered vitamin C delivery system that includes nutrients for methylation support. I also use sublingual B12 along with 5-MTHF.

If vascular testing shows high calcium scores, I recommend therapeutic levels of K2 to help reverse vascular calcification. This also requires stopping bone loss, so I add exercise, vitamin D, and a safe natural alternative to biodentical hormone therapy: HRT Plus, a SERM (selective estrogen receptor modulator) beta from Thailand that also has proven anticancer effects, so it is safe for lifetime use. I explain how long-term management of CVD requires preventing calcium accumulation in arteries and that maintaining strong bones helps decrease vascular calcification and leads to soft, flexible arteries. High-dose calcium supplements alone are not the answer, since by age 80 the average person has 140 times too much calcium in his aorta.

I have attended hundreds of conferences hoping to improve my CV health and that of my patients. I share my information freely, as do the over 2300 health-professional members of FACT. Members can search any topic, such as the use of calcium EDTA or alternatives to Coumadin, and retrieve the latest information from the ever-growing shared database.

Also if necessary, members may get a free “curbside consultation” about a patient or an issue, but only after you have exhausted your own review so that questions are not repetitive. I hope that you will visit the FACT forum website at http://promed. gordonresearch.com/factforum/index.php, and register and join us. I believe that you will find your practice becomes exciting and fun again.

Notes
Garry F. Gordon, MD, DO, MD (H), received his doctor of osteopathy in 1958 from the Chicago College of Osteopathy in Illinois, his honorary MD degree from the University of Arizona in 1962, and his radiology residency from Mt. Zion in San Francisco, California in 1964.

A board member of Arizona Homeopathic Medical Examiners for nine years, and cofounder of the American College for Advancement in Medicine (ACAM), Dr. Gordon is currently president of Gordon Research Institute (GRI). Presenting over 40 years of scientific and clinical research, Dr. Gordon hosts an online FACT group (Forum on Anti-Aging & Chelation Therapies), where medical professionals can confer and exchange knowledge with over 1000 alternative medicine practitioners.

Recognized as the “Father of Chelation Therapy,” Dr. Gordon is an expert on nutrition, mineral metabolism, and longevity. He serves as full-time consultant for Longevity Plus LLC, a nutritional supplement company based in Payson, Arizona, where he is responsible for designing effective, natural, nontoxic alternative supplements for the treatment of every disease known to man.