Chelation, Heavy Metals, Heart Disease, and Health: An Oral Detoxification Program That Is Now Essential for Optimal Health and Longevity – Part One

by Garry F. Gordon MD, DO, MD (H)

Introduction

At the recent Orthomolecular Medicine meeting in San Francisco, I mentioned to Dr. Jonathan Collin the tremendous success I was enjoying with our horses, using an oral protocol called the Oral Detoxification Program™ (ODP). My ODP protocol was dramatically improving the horses' performance beyond any expectations. Not long before, they had started competing in Grand Prix Jumping and had gone from being lame and tired and worth very little to jumping as high as five feet, five inches and becoming stars of the horse show. We collected 35 Blue Ribbons while competing at an annual Grand Prix Horse Show held in Thermal, California. The horses were suddenly winning while competing against top jumpers, some of which are worth millions; most had trained rigorously for years. Our horses had only been on the ODP protocol for two to three months, and two had been quite lame three months before the show began. I had no idea that our rather nice but ordinary horses would suddenly come to life as they clearly did. Today, in fact, we now individualize their doses based on their show schedules. Grand Prix horse shows are generally won by the horse with the greatest endurance, so I "get their lead out." Today, many horses, like Barbaro, needlessly break legs. Until now, no one considers the level of lead and toxins in the bones of horses or humans. I intend to change that.

I have studied chelation therapy extensively, and in years past, I was director of a large Trace Element testing lab with offices in Amsterdam, Tokyo, and the San Francisco Bay area, testing lead, mercury, etc. in thousands of people from around the world. Despite those experiences, and despite reviewing thousands of articles I had collected and lectured about, I did not fully appreciate that the time had come to take action. Then, I was shocked into action by a series of photographs accompanying an October 2006 National Geographic article, "Chemicals Within Us." Seeing the photographs of children with lead toxicity suddenly made me realize that, almost without exception, everyone is toxic today. If we are all to enjoy a higher level of health, we must start to routinely consume safe synergistic nutrients that can help us overcome these toxins. I came up with this idea for an advanced total nutritional detoxification protocol, using substances with which most of us have some familiarity, although we may not have seen the potential synergy achievable with the right combination. I made these nutrients into a comprehensive protocol that, with a few alterations, both my horses and my patients consume twice daily.

My own experience with IV chelation over 35 years ago changed my health dramatically; nonetheless, I never dreamed that similar powerful results would be possible with any oral-based protocol, so I did not really try. Since then, I have attempted to develop a program that simulates, for my patients, the benefits that I enjoyed after my first eight intravenous (IV) treatments were completed. I have continued to research this idea, spending a small fortune going to conferences around the world. Over these years, I have participated in many other useful projects which include developing stabilized forms of vitamin C and Detoxx programs employing nutrients like stabilized rice bran. I
also worked with Dr. Lester Morrison on mucopolysaccharides. Using oral EDTA with mucopolysaccharides, I have been able to routinely lower blood viscosity as well as the incidence of fatal blood clots. These developments and many others came together finally in one protocol – ODP (More details on the ODP protocol can be found on my website – www.gordonresearch.com – where various potential applications for this program, including those for pets, children, and adults, are discussed in greater depth.)

Previously, I had employed many different treatments with which I had worked before, but I had never put it all together in one protocol. Once I could see how dramatically helpful this approach was with horses, I wanted to learn what it could do for many other athletes: either two- or four-legged. And, of course, all this has implications for anyone who just wants to optimize their health.

In the past, I had not considered using any form of chelation therapy for apparently well athletes. Now, it should be apparent that we have a widespread need for detoxification for everyone, not just athletes. Thus, the “walking wounded” who need to “get the lead out” will see results with my ODP protocol: longer lives, more energy, and less developing health problems. Today’s levels of pollution have now made a life-long detoxification program beneficial for everyone, particularly if we want to achieve our maximum intended useful lifespan and enjoy optimal health. It seems obvious now that if IV chelation continues to help so many patients, we need a real Detoxxx program for those who do not have the time or finances, or who feel they need to wait until they are sick enough to qualify for IV chelation.

Once I realized that tired lame horses could become champions, the thought crossed my mind that, yes, it might be fun to keep the details of our Blue-Ribbon-winning protocol a secret and have fun continuing to beat others in competition. I quickly decided that rather than just collecting more blue ribbons, I preferred to share what I have learned. As you read the rest of this article, I think you will agree that once the word gets out, my ODP protocol has the potential to change the face of athletic competition. I believe that ODP will raise the bar in all competitions so, to be competitive, everyone will need to be on effective long-term detoxification. Performance is easy to measure, whereas total body burdens of lead or mercury are complex and nearly impossible to accurately assess without costly test equipment, like that needed for the X-ray fluorescent measurement of bone offered at Harvard School of Public Health. I hope that this information will help others develop other even newer and more effective long-term strategies for lowering heavy metals in all living creatures.

Years ago, we lacked knowledge about long-term adverse effects of even very low levels of toxic heavy metals, such as we see in everyone today. We were also still learning about what we now see as the long-term safety of prolonged chelation. When I wrote the protocol for IV chelation for American College for Advancement in Medicine (ACAM), a process that took almost one year of my life, I had been warned that no deaths were ever to be attributed to my protocol. Thus I spent so much time satisfying that demand from the authorities that the wider potential applications of Chelation therapy had to wait. Now, we have had over ten million patients around the world with no known fatalities when my basic protocol was followed and proof that renal toxicity was almost non-existent. And, in fact, Chelation therapy generally protects kidney function. Today, we have multiple published studies from mainstream medicine documenting the dangers of very low levels of lead and mercury. So, now is the time to begin to utilize this knowledge.
to improve the health of all living creatures. The potential benefits are finally becoming understood, and the risks are minimal compared to the benefits.

Years ago, I had to guard against giving the impression that Chelation therapy in any form was some kind of a panacea for all health problems. Those of us treating documented severe heart disease patients met with tremendous resistance back then. I had been program chairman for ACAM when a leading expert on lead from Columbia University Medical School, who was my invited main speaker at an early ACAM conference and who was to speak on the adverse effects of lead on children, was researching DMSA. He stalked out of our conference after he heard the speaker before him, Dr. John Olwin, a vascular surgeon from Rush Medical College and a world-class expert on using IV ethylene diamine tetraacetic acid (EDTA) for vascular disease, state that lowering lead levels with IV EDTA would be helpful for cardiovascular disease. The expert refused to speak to our group, since he was only interested in studying lead toxicity for children. He was shocked that ACAM would permit someone to suggest that there was any connection between lead and cardiovascular disease. Now, we find lead to be a "Silent Killer," so-called in 2006 in Circulation, the voice of the American Heart Association. Until recently, Chelating doctors have focused on Chelation therapy primarily for severe heavy metal poisoning or for vascular disease.

Moving Beyond Simple Cardiovascular Care

I have lectured around the world about the massive increases of lead and mercury building up in all living things for many years. There is extensively published literature today that clearly documents that getting the lead out is crucial for optimal health (Nawrot TS. Low-level environmental exposure to lead unmasked as silent killer. Circulation. 2006; 114: 1347-1349). I am convinced that my ODP protocol, along with IV chelation, can safely cancel nearly 90% of heart bypass and stenting operations for coronary arteriosclerosis. We need to begin to use the ODP protocol for far broader, non-cardiovascular-related applications. We should no longer focus on simply preventing heart attacks. We all need more energy and better memories, and we no longer need to base the decision on whether or not to treat on how advanced our occlusive vascular disease has become. Today, for instance, one in four children is prescribed drugs for everything from ADHD to autism, depression, diabetes, or cancer. We need to start treating at the preconception level and help eliminate illnesses in children. Detoxifying children at all ages will lead to improved performance in sports or scholastics. As this improvement becomes widely known, others will become more interested in lowering the level of toxins in their bodies. In turn, this might lead to a greater demand for cleaner water, food, and air.

Over the past 20 years, I have received hundreds of testimonials from clients around the world who report many benefits from what I previously categorized as a form of oral chelation. However, the term oral chelation has become so abused that we may need to drop it. We have autistic children who need heavy metal detox and heart disease patients unsure if they need Chelation therapy or just some oral program. Those who need their mercury and lead levels lowered have no idea what really works and what is hype. They are confused about where to turn and what to do, so many wind up doing nothing. Patients are told by some doctors that orally ingested EDTA is worthless; while other doctors suggest that taking oral EDTA is such a great approach that, particularly if administered with liposome or taken rectally or topically, no one ever needs IV chelation.

Today, we can often benefit cardiovascular patients, sometimes dramatically, even without any form of Chelation therapy. No one can fail to appreciate the importance of recent, often dramatic new developments in nutrition: supplementation with ribose, Lipoic acid, co-enzyme Q, carnitine, magnesium, garlic, vitamin K-2, vitamin C, stabilized rice bran, omega 3, Wobenzym, resveratrol, etc. The documented benefits from these and other advanced nutrient therapies are changing nutritional medicine and have led to a new field called Metabolic Cardiology. Some of these developments can eliminate the need for pharmaceutical therapy. For example, we now recognize that most people do not get enough minerals such as selenium or magnesium, nor do they receive enough fiber or vitamins C, E, D, or K. Some so-called oral chelation programs simply employ certain nutritional concepts that may improve heavy metal excretion, but do not offer adequate nutritional support to really help lower overall morbidity and mortality from heart attacks and strokes. Other so-called oral chelation programs just employ a few herbs and provide little hope for any real long-term benefit to the user, often at high price, claiming miraculous overnight removal of all toxic metals, which is clearly not possible.

I think that the most potentially harmful aspect of these poorly formulated products is that they can further confuse consumers who soon find that those products do little or nothing — and who then turn to drugs to help deal with their health issues. In contrast, with an adequate explanation of what to expect along with my ODP protocol, patients will be warned not to expect overnight miracles. This way many may stay with the protocol long enough to really see their symptoms abate and their need for drug-based therapies substantially reduced. Everyone
today has numerous neurotoxins and carcinogens in their blood at all times, and the longer they follow my ODP protocol, the lower all toxin levels will become and the better they will feel.

No one can really provide significant long-term detox benefits over a lifetime by simply using a single chelator, whether that is EDTA, DMSA, Malic acid, or ascorbic acid, delivered by any route — inhaled, used topically or rectally, or liposome-treated, for a few weeks or even a couple of years. We now live on a toxic planet, and if you stop my Detoxxx program, heavy metals will reaccumulate, and you cannot eliminate much of your body burden of toxins overnight. Short-term treatment can be very useful and may stop angina and/or offer often-dramatic symptomatic relief, but I like to think in terms of no more heart attacks for the next 20-plus years. We are all living longer, now let's live better.

My early oral chelation protocol, Beyond Chelation, routinely helped eliminate most symptoms of advancing cardiovascular problems. I believe many of the benefits seen were largely due to Dr. Morrison's mucopolysaccaride/EDTA contribution. His research developed a safe nutritional program that routinely lowers blood viscosity to the level seen in menstruating females, who, incidentally, seldom have fatal heart attacks. We now understand how blood viscosity and circulatory health are related.

Since my ODP protocol predictably eliminates most heart attacks and strokes, you may then focus on other goals, such as helping your patients avoid health problems associated with aging, such as Alzheimer's disease, cancer, osteoporosis, etc. I believe my earlier basic protocol of Beyond Chelation (and later, Beyond Chelation Improved) has added many years to patients' lives around the world. If you are planning to live into your 80s, the added protection from my far more comprehensive ODP protocol will make sense. Clearly, we are all living longer, and the Alzheimer's Foundation predicts that by age 85, 50% of patients will have Alzheimer's disease. I am unaware of any of my patients developing Alzheimer's disease in the past 20-plus years. This is not just due to lower blood viscosity or lower lead levels that Beyond Chelation Improved produces, but Beyond Chelation has always included ingredients like Phosphatidyl serine and Ginkgo, which have been a routine part of my oral protocol for over 20 years now. All my patients are instructed to take their nine-pill packets twice a day.

Recently, I worked with autistic children and successfully co-developed a protocol getting mercury out of all children, without exception, even when IV chelation previously had produced little or no effect. Sometimes, we found excretion levels off the chart at Doctors Data lab on urine and or feces. This heavy excretion sometimes continues for more than six months to two years. This "autism" program does not require the use of IV therapies. I mention these applications to show that we are all still learning about heavy metals and their removal. We need to keep open minds about which treatments will eventually become widely adopted and which, over time, should fall by the wayside.

Dr. Garry Gordon is enjoying great success using the Oral Detoxification Program with his horses.

Building an Open Dialogue and Sharing Information

Although it is still too early to lay down any hard and fast rules, hopefully, we can begin an open dialogue. I now have over 1100 physicians as members of my Forum on Anti-Aging and Chelation Therapy (FACT) online discussion group. All licensed health professionals are invited to join and search on our site for comments from the group on any topic from DMPS to Lipoic acid to autism. You are encouraged to offer your observations and comments if you join the FACT group at www.gordonresearch.com. In addition, I created a special area on my website (www.gordonresearch.com/townsend) to support the comments in this article and further this discussion. There you can find many articles I refer to here,
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and also the National Geographic photographs, which you can review and download.

I have written more about the mechanisms of action of EDTA than any other researcher/author in the world, yet I know that we still lack adequate knowledge to maximize all the potential benefits. We will need to learn more as our world becomes increasingly toxic. Most experts agree today that there is no safe level of lead or mercury. I am totally convinced of the long-term safety and minimal risk from continual administration of these metal-binding substances or chelators, including Malic acid, garlic, DMSA, EDTA, ascorbic acid, and even fiber. The alternative, to just live with these toxins, is no longer feasible. I have decided to vigorously promote the use of chelators all over the world. Once you review some of the over 500 abstracts on oral EDTA on my website (www.gordonresearch.com), you can better decide if you want to personally choose an ODP protocol for yourself and/or your family.

As one of the major early proponents introducing IV chelation therapy to the world, I have had to defend myself from medical society challenges and medical boards' litigation. Therefore, I have amassed an extensive library on the subject. I want to share as much of that information as possible with you, here and on my website. For your convenience, I have placed 500 abstracts on oral EDTA on my website (www.gordonresearch.com), where use of the available Search feature will help provide easy access to information that may change your life, as it has mine. Just use any word, such as lead, mercury, EDTA, DMSA, Malic acid, or garlic etc.

Then you will conveniently access some of the scientific information that I have collected over the past 30-plus years since I co-founded what became known as ACAM.

I also have developed over my nearly 50 years of medical practice many in-depth protocols for treating various conditions like cancer, multiple sclerosis, ALS, Parkinson's, Alzheimer's, etc. Those may be accessed only by joining FACT, which, as noted earlier, is only for licensed health professionals. Currently, over 1100 health professionals members tell me they find this discussion group invaluable. Members can query FACT on any subject and often quickly get help from colleagues. FACT works as an open and searchable "curbside consultation" from colleagues on almost any health-related topic. Access to FACT requires registration. Members are then assigned a password that will permit them to read daily updates, ask questions or search my protocols on many topics from autism to prostate cancer, etc. Practitioners enjoy the many positive comments there from the leading chelation doctors who have started to incorporate new ideas they picked up on this site. For example, many are interested in sharing results they are seeing in patients after they finally try the short chelation, particularly after years of offering only the three-hour version of IV chelation. Many comment that this approach permits them to offer help to patients who could not arrange the necessary time from work or finances for the longer form.

Most seem to feel that the shorter IV helps more patients faster, no matter what the diagnosis.

Medical progress often means that things we previously believed may no longer be true. I know that many ideas that I expressed over 30 years ago in writing and teaching about chelation therapy were simply wrong, like my belief in the early years that we had found a magic "root-rooter" that routinely diminished plaque on arteries. Clearly, I was wrong, and that concept is no longer valid. Many chelating doctors, including those at ACAM, were initially worried about using my short chelation employing IV calcium EDTA. In particular, they argued that if the patient's vessels are already calcified, IV calcium was contraindicated, but, in fact, the truth seems to be that high transient levels of IV-administered calcium can actually provide many beneficial actions in the body. If lowering lead levels is as important as many experts now believe, then clearly calcium EDTA, which is routinely extracting more lead than the slow infusions of sodium EDTA may wind up becoming the treatment of choice for many patients.

Doctors using the FACT website generally report better results than they were seeing with the three-hour treatment, which many have used for 20 years. Of course, many doctors using FACT have learned more about my other detoxification programs and now employ the broader protocol: my ODP protocol. There are many added components here; in its simplest form, the protocol adds the proprietary form of well-tolerated and better-absorbed vitamin C complex called Bio En'R-G'y and the Advanced Beyond Fiber with inulin and stabilized rice bran. When these are employed, along with metal-binding nutrients, then you have the basis of my ODP protocol.

I believe that the doctors using this broader protocol may skew the results reported by the 1100 doctors using the FACT discussion group. Since we all have better nutritional support programs for our patients, the IV EDTA is no longer the main active component in our therapy. With the new short form of Calcium EDTA, our IV chelation efforts are more focused on what I believe should be its primary function, which is mainly enhancing lead and heavy metal excretion. This may lead you, as a practicing health professional, to see that, from the first visit on, this advanced ODP protocol is protecting your patients more than ten chelation treatments would, because of the vastly improved total protocol, particularly with the
oral heparin-like activity we provide, virtually eliminating the formation of pathologic blood clots.

In addition, most chelating doctors today know much more about heart disease and nutritional approaches to heart disease treatment than we knew 35 years ago back in the infancy of the chelation movement. I believe that most of us now routinely use a more sophisticated and broader spectrum in their management of their cardiovascular patients – indeed, all their patients. Many of their patients today with cardiovascular disease are receiving far superior nutritional support to anything we dreamed about 35 years ago when I wrote, for ACAM, that first protocol for safe use of IV EDTA in vascular disease. When I wrote that protocol, I was strongly motivated by the demand of the State of California authorities who said in essence, “develop a protocol or we will stop all further chelation by members of your group.” Today, many of us are incorporating the new well-documented menaquinone-7 form of K-2 along with programs using at least some of the elements of my ODP protocol in treating calcified coronaries.

The ODP Protocol Response: Getting the Lead Out

My basic ODP protocol involves special combinations of stabilized fiber, combined with an advanced form of stabilized vitamin C and calcium EDTA. The horses clearly have responded beyond my wildest dreams to this simple ODP protocol. I think that since athletes no longer can legally continue to abuse their bodies with drugs, many of them may want to learn about the dramatic benefits they can enjoy from this legal detox protocol that I am convinced will help any athlete, at any age, perform better. Of course, those who are on my ODP protocol will start to raise the bar for all other athletes. Those not on an effective protocol that really is getting the lead out will truly be competing with a handicap. This applies equally to scholastic performance at all levels including spelling or math competitions for children. It is documented, by the Centers for Disease Control and the Environmental Protection Agency, that the higher the lead, the lower the IQ, the energy level, and even lifetime earnings potential will be. Programs like ODP can help keep our country more competitive in world markets, since when our work force is healthier, we are more competitive.

We know there are probably thousands of toxins adversely affecting us, and my protocol helps deal with many of them, but focusing on lead and mercury helps to simplify our understanding regarding why this is a marathon, not a sprint. This is a lifetime project. Lead is primarily concentrated in bones, where it is not readily assessable to chelation. There are no chelators or detox programs that, contrary to wild claims being made, can significantly access our average thousandfold increase in bone lead stores in the one to three months most programs are claiming. Any real treatment must be continued long enough for bones to completely remodel. For children, this is five-plus years, for adults, 15-plus years.

The surprisingly dramatic responses from detoxing our horses reminded me that over 15 years ago, a top racehorse vet in Canada attended an ACAM conference where I was in charge, and he gave me his book. He explained to attendees from the podium that he regularly chelated his clients' horses intravenously. Like most doctors today, back then I was only focused on the cardiovascular and circulatory benefits from IV chelation, never thinking that, in time, pollution would become so serious that we would all need a lifetime gentle detoxification protocol. Now, low-level lead levels are adversely affecting everything, including the cardiovascular system, thus removing lead alone could explain some of the often rather dramatic improvements seen in chelated patients who may clinically improve (again, often dramatically), but who, all too often, may not have enjoyed any reversal in obstructing areas of plaque. I initially focused on trying to reduce obstructing plaques, believing that the limiting blood flow to crucial area is the main reason for symptoms. Yet, we have learned that we can restore most heart patients to apparent high-level cardiovascular status with IV EDTA Chelation therapy, and yet often we find there is no accompanying reduction in plaque; in some cases, plaque even becomes worse, even when the patient takes 30 or more IV chelation treatments. I have explained several reasons for this paradox in prior articles, where I list over 30 possible mechanisms of action for IV EDTA chelation. One small example from that list is that improved nitric oxide metabolism associated with “getting the lead out” can dramatically improve endurance and blood flow.

Over the years, I have been consulted routinely about patients whose coronary calcium levels soar while on IV or oral chelation. As mentioned, we have seen plaque become even more obstructive, yet often the patient may have become symptom-free in spite of this clear-cut worsening of their case technically. This indicates to me that IV chelation does not predictably routinely reverse coronary arteriosclerosis, but getting the “lead out” with IV chelation or with my ODP protocol may be just as or even more important than reversing plaque. The optimal solution is not either IV or oral; the answer is both.

Today, with ultra hi-speed coronary CT scans, we have an easy measurement for coronary vessel calcium levels, so more patients can now be treated more adequately on a preventative basis and will come to realize that detoxification is a lifelong process. My ODP now also electively incorporates therapeutic levels of vitamin K-2 and more recently, the Herbal Remedy from...
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Thailand (HRT; actual technical name is Pueraria Mirifica), which is a bio-mimic estrogenic adaptogen, to enhance the desired effects of calcium relocation whenever significant vascular calcification is documented. My complete protocol routinely lowers pathologic calcium in coronary arteries, while reversing osteoporosis.

I believe that ODP will, over time, provide highly effective symptomatic improvement in well over 80% of patients, particularly now that we have ancillary approaches with diet, exercise, the new fibrin-digesting and anti-inflammatory enzymes, and useful supplements like ribose, Lipoic acid, resveratrol, co-enzyme Q, etc. Any or all of those can be added to the basic protocol, so that, with all these additional well-documented nutrients available to us today for cardiovascular disease, I seldom fail to achieve the response my patient seeks. I have often cancelled recommended heart transplants in children and adults because the response has been so good.

The benefits seen with my ODP protocol alone are not achieved as rapidly as IV chelation results may be. I would not expect the ODP protocol to provide the dramatic increase in endurance that IV chelation gave me. By my eighth IV (over a three-week interval), my disabling angina was completely gone. At that point, and for the first time in years, I also had no dyspnea on exertion. I could run up a mountain and wear out my two-year-old Irish Setter. My response was so dramatic that I have devoted the past 35 years to trying to learn how and why IV chelation provides these effects in some patients. I believe that with my protocol, we can now start to deliver some of those benefits to millions around the world who simply want to "get the lead out" and start to enjoy a far higher level of health.

Chelation Choices

Now, since I believe we have these choices, when do we absolutely need IV chelation? That decision must remain in the hands of the physician. It never hurts to do both, but I argue here that I do not believe IV chelation alone is ever enough. If we are to really stop most fatal heart attacks, we need long-term daily protection. I believe nothing currently available today exceeds the efficacy I achieve with my patients on my ODP protocol.

Clearly, when a patient calls about an acute condition, such as the recent onset of stroke or pulmonary embolism or heart attack, I have always explained that, ideally, IV chelation should be started as soon as possible. Meantime, however, we can use oral enzymes including Wobenzym, Nattokinase, and/or Boluoke. These enzymes can, in my estimation, save lives. The use of tissue Plasminogen Activator (tPA) first illustrated that clots could be dissolved after they form. Tissue Plasminogen Activator is rather expensive, must be given IV in a hospital environment, and has a very narrow window of opportunity with which to work. It has been proven useful for dissolving fresh blood clots. Nattokinase and Lumbrokinase (Boluoke) offer similar effects, but I prefer to take them preventively, although there have been reports of favorable effects even days after a stroke or heart attack, often using double doses of these oral preparations, which may be more effective in some cases than the IV injection of tPA.

These enzymes and other therapies like Hyperbaric Oxygen (HBO) therapy and IV chelation offer surprising benefits, even a few days after a major circulatory event. Oral enzyme products may provide some fibrin-digesting activity and anti-inflammatory activity. They can be used along with Essential Daily Defense, the key product resulting from Dr. Morrison's research. Essential Daily Defense is a crucial part of the ODP protocol. It offers a gentle but vital heparin-like effect that I believe significantly contributes to my remarkable success preventing any reported fatal MIs in users of my ODP protocol. I always recommend that patients with any acute condition also get IV treatments, even IV magnesium and/or ascorbic acid can offer huge benefits if EDTA is not available. This IV can be administered as either the new short form of IV chelation or the standard version or given one after the other, as an IV Myers Cocktail after an IV chelation treatment.

Generally, IV Chelation therapy always will work quicker, and perhaps cleanse deeper, as Simonizing does more than just wash a car. IV EDTA generally, in one day, removes as much lead as two to three weeks of oral chelating. This enhanced lead excretion seems to be particularly true with the new short form of chelating that I have recently helped introduce to the world. This IV uses calcium EDTA. This form of EDTA treatment is entirely painless and thus can be conveniently given in five to 15 minutes, saving patients valuable time and money. The more rapid infusion time means that blood levels of EDTA will be higher. I have also found that the short form of IV chelation routinely removes more lead per treatment than we see with the three-hour standard chelation. There will probably be some continuing need for the original three-hour treatment for many years. That protocol has proven itself, and there is no need for it to be replaced. However, I always look for ways to make other people feel as good as I do, having had only four IV chelations in the past 15 years, after needing nearly 200 IV chelations prior to that, but not going a day without some oral chelation every 12 hours for the past 20-plus years. Now with the increasing mercury levels in our environment, I have increased my personal program and have added daily Heavy Detox (with DMSA).
Treating Vascular Calcifications

Most doctors are more familiar and therefore more comfortable with the original IV Chelation therapy. There is no right or wrong answer regarding who needs the shorter treatment and who needs the longer, older treatment. However, recently the three-hour form of chelation has become slightly less necessary, since it appears that vascular calcifications are routinely reversible with advanced targeted nutritional support therapy that includes vitamin K-2 (menaquinone-7), which by itself routinely lowers pathologic calcium in vascular tissue. Nonetheless, I also prefer to increase bone health at the same time as I lower vascular calcium levels.

There was a time when patients with vascular calcification had to hope that the three-hour IV EDTA treatment would treat their problem. This was because the IV EDTA three-hour treatment lowers serum calcium levels, often by 50%, and therefore induces a tripling of Para-thormone (PTH) production. This spurt of PTH theoretically should help lower pathologic calcium levels in many tissues. I have studied the subject of pathological calcium increases associated with aging of our vascular tissues extensively for many years. We all get calcified vascular tissues the older we are. The average aorta at age 80 contains 140 times more calcium than age ten.

Calcified vascular tissue is a proven risk factor for heart disease. One problem is that it contributes to stiffness and loss of elasticity, thereby increasing the workload for the heart. This may contribute to rising blood pressure along with other factors. I now routinely expect to reverse both osteoporosis and vascular calcifications with newer approaches I have developed. Herbal Remedy from Thailand and vitamin K-2 (which I formulated into a synergistic formula, Beyond Bone Defense) with strontium, Boron, curcumin, and other factors, has worked very well on everyone so far. I treat the bones and the vascular tissues concurrently, since I believe that as we prevent and reverse osteoporosis, there will be less vascular calcification. Since lead contributes to bone-related issues, I also incorporate my ODP-based approach with the above.

Beyond Chelation Improved

A key part of my ODP protocol is called Beyond Chelation Improved. This product contains nine pills in one convenient cellophane packet, which is usually taken twice a day. I co-developed the Beyond Chelation Improved formula more than 20 years ago with Dr. Lester Morrison. Three capsules in each packet of nine pills form the key part of the formula called Essential Daily Defense. This contains a unique heparin-like mucopolysaccaride from red algae, identified by Dr. Morrison (after ten million dollars in research), as an agent for reversing and preventing arteriosclerosis. I was in radiology in 1964 in San Francisco at Mount Zion Hospital, because my disabling angina onset at age 29 forced me to close my general practice and go into residency. Since then, I have actively studied the benefit-risk ratio for most therapies offered to cardiovascular patients. Remember most fatal MIs are due to acute blood clots. Clots do not easily form in the presence of heparin. There is a gentle, safe anticoagulant effect with our combination of EDTA when in the presence of the particular mucopolysaccaride that I have found can replace injections of heparin for life-long protection.

Dr. Morrison’s goal was to lower clotting tendencies. I find this formula reduces the need for aspirin-related therapies, since it works as he intended and described in detail in the three books that summarize his years of research in solving this problem. I often find that with this product as a vital part of my anti-clotting protocol, along with many other things including Omega 3 supplementation, etc., I am able to routinely offer effective

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all-natural, anti-clotting, anti-platelet approaches for my patients who often do not tolerate drugs like Plavix or Coumadin. However, my patients are warned that they must assume full responsibility if they decide to discontinue their Coumadin. I

My ODP concept goes beyond providing another oral chelation product. It is meant to help us all focus more on our vital need for long-term detoxification...

Understanding Chelation and Lifetime Detoxification

Like many of you, I still offer IV chelation to my patients. I love to observe the often dramatic improvement we sometimes seen in our IV-treated patients. Obviously with patients with recent stroke or gangrene, I will also use everything from HBO to IV chelation and Nattokinase or Boluoke and Wobenzym. But, I fear that due to confusion and lack of knowledge about what was loosely called oral chelation, the end result of this confusion is that most of us today fail to recommend enough oral chelators for our patients. It seems that some practitioners are afraid to add to the confusion. In the consumer’s mind, it’s either one form of chelation or the other. This confusion means that many doctors fail to effectively lower blood viscosity or provide safe anti-coagulants over a lifetime. Far too few patients understand – unless someone educates them on the long-term implications of today’s pollution and the need for continued lifetime detoxification – that although all their symptoms may have disappeared, they can still have a massive MI or stroke. The reasons are complex and include genetics (five percent of Americans have LEIDEN 5 as a risk factor), stress, chronic infections, and heightened levels of toxins. I believe that, today, combating this clot-forming tendency has become essential for long-term survival for the majority of patients. I consider aspirin to be totally inadequate and the benefit-to-risk ratio causes me to not bother using it. Also, taking aspirin provides a false sense of security; and since patients do not realize how little protection it provides them, consequently, they do not bother to look further and find out about programs like my

and I hope this concept will help many more patients receive optimal treatment.

Remember the tortoise and the hare. You won’t necessarily win the race by the speed with which you improve your patients’ conditions; the real race will be won when your patients understand the long-term view, when you inform them what your protocol can and cannot do, and when they understand how vital it is that they never stop their oral protocol. I am now convinced that the Beyond Chelation Improved formula was a very important breakthrough in medicine. In 1941, Dr. Morrison published his research on cholesterol in the Journal of American Medical Association (JAMA), but he almost immediately concluded that cholesterol was not the main culprit. He then went to work on researching clotting and blood viscosity. I am convinced this is where the future lies and that, in a few years, we will see that statins have been an expensive experiment for our country. Statins cause provable harm and provide little benefit compared to the protocol I have developed. Certainly, they will not cause horses to win blue ribbons. We have many reasons to explain why we generally find today, after adequate testing, that our patients tend to be hypercoagulable, particularly at the time they suffer their acute MI or stroke. The reasons are complex and include genetics (five percent of Americans have LEIDEN 5 as a risk factor), stress, chronic infections, and heightened levels of toxins. I believe that, today, combating this clot-forming tendency has become essential for long-term survival for the majority of patients. I consider aspirin to be totally inadequate and the benefit-to-risk ratio causes me to not bother using it. Also, taking aspirin provides a false sense of security; and since patients do not realize how little protection it provides them, consequently, they do not bother to look further and find out about programs like my

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ODP protocol, which really provides clear-cut, long-term benefits with no downside.

I am convinced that the total ODP protocol, particularly if I add either Boluoke or Nattokinase, will result in far fewer deaths and/or need for any subsequent hospitalization or surgical intervention than any protocol currently offered anywhere else in the world. I routinely advise my patients against most invasive procedures for coronary artery disease, since I am convinced they all carry significantly greater risk than my approach. There are many complex reasons for the success of my protocol. I am sure I have not yet fully identified all of them. With over 100 active ingredients in the total protocol, the complex synergies at work will not be easy to separate and study. Those too busy to learn about the ten million dollars that went into the formula might misconstrue Beyond Chelation Improved as just another oral chelation product. The Beyond Chelation Improved product is clearly far more complex that the oral or rectal administration of EDTA or the application of DMSA or DMPS on the skin. Those approaches are clearly inadequate when you realize the minimum 15-year requirement for ongoing therapy. I hope my ODP concept helps us move beyond the confusion that an imprecision for ongoing therapy. I hope my ODP protocol, which really provides greater protection against sudden death than 50 IV chelation treatments taken over one to three years, which is too short a time for long-term benefit to develop. Experts agree that the oral EDTA, which is a small part of the ODP protocol, has only about five percent to 18% absorption rates. This is a vital component in providing the heparin-life effect we need. Remember that there are only a few drops in the bottom of a lavender tube for a CBC, but that is all it takes to prevent those blood specimens from cloting.

The protocol also lowers lead levels slowly, continuously, over patients' entire lifetimes if they choose to follow my ODP protocol. However, I do not believe that being lead-free or mercury-free is enough to prevent fatal blood clots. My ODP protocol involves much more. However, we have many other reasons to focus on safe long-term lead and mercury detoxification. Those references relate to IQ and worker productivity over time, as well as lower lead levels link to lowering all causes of morbidity and mortality. The New England Journal of Medicine (NEJM) published research stating that calcium EDTA reduces the likelihood of renal failure as well as the subsequent need for dialysis. A Harvard School of Public Health study, published in JAMA a year ago, links cataract development to the level of lead in bones. This shows bone lead is in equilibrium with all tissues, including the lens of the eye.

The multiple health benefits from toxic metal removal achievable with my new ODP protocol seem to increase the longer the protocol is continued. However, even after seven years on this protocol, adults still will have lowered their bone lead levels by only 50%. Dr. Clair Patterson from Cal Tech has spoken at ACAM twice at my invitation. His impressive world-wide research has proven that average bone lead levels today are well over 1000 times higher than bone lead levels were just 400 years ago, anywhere you live on earth today. There is no escape, but after seven years with my nonstop protocol, you should have only 500 times too much lead still remaining, which still can help kill you if you become injured and inactive. Remember, if you are not able to weight bear, inactivity accelerates osteoporosis. This accelerates the loss of bone lead and its subsequent increase in your other tissues, impairing immunity, leaving you vulnerable to hospital-acquired infections. That is a hidden benefit of becoming as lead-free as possible. After 15 years, you will be much less likely to die of complications should you inadvertently wind up in a hospital.

Pro-Oxidative Therapies

I have given many lectures on pro-oxidative therapies, a vital adjunct to detoxification. Nothing else deals as effectively with the pathogen burden. You may view more on these topics online at http://www.gordonresearch.com/category_presentations.html. You can also view the entire proceedings from my highly successful, exciting March 10, 2007 conference. If you have a patient suffering from cancer and all else is failing, please watch the presentation by Dr. Contreras. Dr. Contreras documents how to administer oxygen therapies with high-dose IV vitamin C. Vitamin C alone will not work, as cancer cells are hypoxic and the vitamin C must be metabolized intracellularly into H2O2. He documents substantial benefits using this protocol, after all chemo and radiation and all other alternative cancer therapies have failed. I have been teaching the methods and reasons for alternating between high-dose, pro-oxidant therapy and my new ultimate form of vitamin C (Bio En'R-G'y C) for truly effective, life-long antioxidant therapy. Since the recent JAMA article alleging that antioxidants are harmful, the study of pro-oxidant and
antioxidant therapies is vital; we owe it to ourselves and our patients to understand the genesis of the JAMA article's confusion.

I am excited to have co-developed a professional version of vitamin C that is proven to provide benefits no form of vitamin C has ever provided before. Bio En’R-G’y C with GMS-Ribose is also uniquely tolerated in very high doses without gastrointestinal (GI) upset. This formula has been documented to lower Reactive Oxygen Species at ppb levels, a benefit never achieved before with any vitamin C product in the world. Clearly, Bio En’R-G’y C is a nutrient system and not just a vitamin C.

Dr. Contreras’s research with pro-oxidant therapy documents significant life prolongation and tumor reduction in over 90% of terminal cancer patients with his IV vitamin C and oxygen in a new protocol with Perftec. Yet, we do not want high-level pro-oxidant activity every day of our lives, so now we can safely cycle back to effective antioxidants, based on this new stabilized form of oral Bio En’R-G’y C formula.

In general, vitamin C, like all weak organic acids, is also a chelator, thus workers in lead factories taking vitamin C orally have lower levels of lead than those not taking it. This means that high-dose IV ascorbic acid is working both as a pro-oxidant therapy and a chelator. I believe that learning more about the benefits and risks of aggressive high-dose IV vitamin C treatment may save lots of lives, since such treatment combines at least those two vital functions at once. It can lower heavy metal levels while also lowering the total body burden of pathogens and tumor cells. I almost always prefer to augment that chelation effect with EDTA and my oral ODP protocol.

I hope you will come to future ACAM conferences and learn more about oxidative therapies, since we all face cancer or antibiotic-resistant infections such as Lyme disease, etc., everyday. I find that oxidative therapies can offer a realistic solution to antibiotic-resistant infections and, with the coming epidemics of infections experts predict, you will need this new information.

We need to learn how to maximize, for the majority of our lives, effective antioxidant therapies, which we can enhance with concurrent administration of some nutritional metal-binding agents or oral chelators. Some oral chelators may increase the antioxidant effect of other nutrients, while concurrently helping to lower levels of heavy metals at the same time. They may even help stabilize other useful nutrients, such as vitamin C, which, in the presence of the metal-binding agents I have selected, may finally turn out to be even more useful than Linus Pauling predicted. Vitamin C could, with the help of some oral chelators, turn out to be the ideal oral chelator, universal antioxidant, and all-purpose nutrient support molecule that we all have hoped it would be.

To help further my work in this area, I am currently co-authoring a book about Chelation therapy and the detoxification of heavy metals with science writer David Jay Brown. We summarize the most important Chelation therapy research and present the most effective detoxification protocols, so that physicians and their patients can have easy access to this valuable information. The book includes sections on the dangers of environmental toxins and heavy metals, as well as information on how to improve cardiovascular health, circulation, brain function, and cognitive performance using Chelation therapy and nutritional supplementation. The working title for the book, which will be available in the fall of 2007, is Ultimate Detoxification: EDTA Chelation Therapy and Beyond.

I hope this information proves valuable to you in your own health and in helping to improve the health of your patients.

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Part Two of the article will appear in the July issue of Townsend Letter.

Garry F. Gordon, MD, DO, MD (H) received his Doctor of Osteopathy in 1958 from the Chicago College of Osteopathy in Illinois. He received his honorary MD degree from the University of California Irvine in 1962 and completed a Radiology Residency from Mt. Zion in San Francisco, California in 1964. For many years, he was the Medical Director of Mineral Lab in Hayward, California, a leading laboratory for trace mineral analysis worldwide.

Dr. Gordon is on the Board of Homeopathic Medical Examiners for Arizona, Co-Founder of the American College for Advancement in Medicine (ACAM), Founder/President of the International College of Advanced Longevity (ICALM), Board Member of International Oxidative Medicine Association (IOMA), and an advisor to the American Board of Clinical Metal Toxicology (ABCMT). He is also a member of the Scientific Advisory Committee for The National Foundation for Alternative Medicine.

With Morton Walker, DPM, Dr. Gordon co-authored The Chelation Answer. In addition, he was the instructor and examiner for all chelation physicians. Currently, he is responsible for peer review for Chelation therapy in the State of Arizona.

As an internationally recognized expert on chelation therapy, Dr. Gordon is now attempting to establish standards for the proper use of oral and intravenous chelation therapy as an adjunct therapy for all diseases. He lectures extensively on The End of Bypass Surgery Is In Sight and The Future of Chelation.

Dr. Gordon is President of Gordon Research Institute and a full-time consultant for Longevity Plus, a nutritional supplement company located in Payson, Arizona. He is responsible for the design of the majority of their supplements, which are widely used by alternative health practitioners around the world.

Dr. Gordon is co-authoring a book about Chelation therapy and heavy metals detoxification with science writer David Jay Brown, tentatively titled Ultimate Detoxification: EDTA Chelation Therapy and Beyond.

Author’s Note: I have extensive references to support the concepts I have expressed here. My last article published in ACAM Journal 2001 has 183 pertinent references. That article, and others mentioned here, can be viewed at www.gordonresearch.com/search. When there, use the Search feature if you want to learn more about specific topics such as autism, cancer, mercury, multiple sclerosis, etc.

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G. Gordon, MD, DO, MD (H), is a consultant to many companies around the world involved in nutritional product formulation, development, and marketing. These include several companies providing metal-binding products for use in his Advanced Nutrition Detoxification protocols, which he is introducing around the world. Dr. Gordon has not been paid to write this article.

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