

Kevin C. Harrison, D.O.
Internal Medicine
9460 Amberdale Drive, Suite C
Richmond, VA 23236
(804) 276-2470
FAX (804) 276-2473

CHELATION THERAPY – AN INTRODUCTION

WHAT IS EDTA CHELATION THERAPY?

Chelation Therapy is an intravenous treatment intended to help accomplish several health goals. Some of these are: the removal of toxic heavy metals such as lead, mercury and aluminum; the improvement of circulation; the reversal of hardening of the arteries; and helping prevent the formation of vascular plaque.

The intravenous solution's active ingredient is EDTA (Ethylene Diamine Tetraacetic Acid), a synthetic amino acid. When administered intravenously, the EDTA latches onto toxins in the body and extracts them through the kidneys. Some of these toxic materials have been accumulating in our bodies since childhood. It is these toxic materials that contribute to and accelerate aging and disease. EDTA removes these harmful elements and allows the body to function more normally, actually repairing some of the damage done by these toxins.

A related concept is EDTA's ability to reduce free radical damage to cells. EDTA does this by removing the toxic metals that catalyze lipid peroxidation. (Lipid peroxidation is a destructive process – in other words, spoilage.)

HOW DOES CHELATION WORK?

The word chelation comes from the Greek word “chele” meaning claw. EDTA is a molecule that will wrap itself around a heavy atom, inactivate it, and remove it in the urine.

A BRIEF HISTORY:

Industrial use of chelating chemicals has been widespread since the 1920's. The first research for human application was prior to WW II when chelating agents were evaluated as a treatment for victims of chemical warfare. In the United States the first human patients to be treated with EDTA were workers who had been exposed to lead (battery factory workers and U.S. Navy ship painters). This was in the late 1940's. Interestingly, several of the worker's who had coexisting health problems such as angina and arthritis reported an unexpected improvement in their other symptoms.

These unexpected, and at that time, unexplainable improvements in other conditions created an interest in evaluating these benefits. As clinical treatment of other conditions progressed, the benefits were astounding. Numerous patients were offered a second chance at health in the face of limited and often drastic options such as bypass surgery and amputation.

Recently, a study published in Medical Hypothesis involving 2,870 patients treated with EDTA chelation showed “marked” or “good” improvement for 93% of the patients with ischemic heart disease and for 98.6% of the patients with peripheral vascular disease. There are over 3,000 articles in the medical literature documenting the benefits of chelation.

IS CHELATION SAFE?

Chelation therapy is among the safest of medical treatments. Over one million patients have received over 10 million treatments. In the past twenty years, there have been no documented deaths from EDTA chelation therapy when the protocol of the American College for Advancement in Medicine (ACAM) has been followed. There is even an FDA approved dosing schedule for children. The potential

for harm is related to the dosing of excessive quantities of EDTA, that is why each individual's dose is calculated according to ACAM protocol.

CAN CHELATION THERAPY BENEFIT ME?

Chelation therapy is an option to be seriously considered by persons suffering from coronary artery disease, cerebrovascular disease, brain disorders resulting from circulatory disturbances, generalized atherosclerosis, exposure to toxic materials and other related ailments which promote an accelerated physical decline.

In addition, chelation is an option that may help avoid bypass surgery or angioplasty as well as improve the results of these surgeries if you have already undergone them. Very severe, large or immediately life threatening vascular blockages may still need bypass or angioplasty surgery. Chelation and surgery are not mutually exclusive. Even if surgery in the future becomes necessary, the possible benefits of generalized improvement in the entire circulatory system can improve the surgical results and speed recovery.

Since we are all victims of aging, we can benefit at any point in our lives from a program that slows or actually reverses the ravages of time. Naturally, prevention is much more effective than trying to correct an existing condition so it is not surprising that many patients with no obvious health problem are requesting preventative treatment with chelation.

IS CHELATION THERAPY APPROVED BY THE FDA?

There is FDA approval for the use of EDTA intravenous chelation for hypercalcemia (too much calcium in the body) and digitalis toxicity. The FDA has not yet approved EDTA chelation for the treatment of vascular disorders, though studies are currently under way to achieve FDA approval for this purpose. As long as any medication is approved by the FDA for human use, it may be used for any other medical purpose the physician deems appropriate. A similar example would be the physician's recommending daily aspirin as a blood thinner (a side effect of aspirin) when aspirin's commonly intended use is different.

Unfortunately, until the FDA approves EDTA chelation for circulatory treatment, no insurance company, including Medicare, will cover the cost of chelation treatments or any related expenses such as lab tests. At present, it is not known if or when this approval will be forthcoming, nor is it known how the insurance companies will approach this issue in the future. In the meantime, it is the patient's financial obligation.

HOW LONG BEFORE I SEE RESULTS?

Again, each case is unique. Some notice an improvement very early on, others take longer. Typically, 30 treatments are necessary to establish improvement. Some have required more than 30 treatments to reverse severe conditions. There are no hard and fast rules.

HOW OFTEN SHOULD I GET A TREATMENT?

We have found that a treatment once or twice a week is both effective and convenient. If a treatment is delayed or missed, you would still get the benefit of prior treatments. The ultimate benefit would simply be delayed proportionally. After receiving 30 treatments, we generally recommend treatments once a month for a maintenance program depending on your overall condition.

EDTA can remove necessary as well as toxic minerals. It is important to use oral supplements to replace any essential elements that are drawn out during treatment. As elements are removed from your body, it takes a short time for your system to readjust to these changes. The maximum number of treatments we will administer per week is three. It is our opinion that more than three treatments a week places an unnecessary strain on your system.

WHAT IS INVOLVED WITH A TREATMENT?

Once a treatment is scheduled, please keep your appointment. If a change needs to be made, let us know at least a day in advance to reschedule. If there is an emergency reason for rescheduling, call me to

let me know if you will not make your appointment. Your individual treatment set is made before office hours the morning of your visit. Once mixed the set must be destroyed if not used that day. There is a \$30 charge for no shows or cancellations with less than 24 hours notice.

Upon arrival, your weight and blood pressure are noted. If any laboratory tests are needed, these are done before the I.V. infusion is started. The EDTA infusion is administered through an extremely small needle usually in the back of the hand. For those of us who are squeamish, do not despair. We are sensitive to this emotional discomfort in many people, and we make it as comfortable as possible. For those who started with misgivings about an intravenous needle, by the second or third treatment, each has become comfortable with the idea.

Eat a good breakfast before coming for a treatment. Bring healthful snacks such as fruit or a lunch. You will enjoy your time more and this will help keep your blood sugar normal. Please drink plenty of water before your treatment. This enables the nurse to find your vein easier. Please avoid caffeinated drinks the morning of your treatment as it constricts your blood vessels. We will provide coffee and tea at your request after your I.V. is started.

Once the I.V. is started you are welcome to move about. Drinking fluids is an important part of your treatment activity. This helps dilute the toxins coming out of your body and reduces any strain on the kidneys. Of course, with drinking fluids, you will need to use the rest room. This is quite easy to negotiate even with the I.V. running. The patient can simply carry their I.V. bag to the restroom, hang it on a hook inside the room, take care of business, and return to the recliner. It is a good idea to wear comfortable and convenient clothing.

Patients who are not fully capable of getting themselves to and from the restrooms or self care while in the restroom will need to be accompanied by someone who is able to assist with this need.

Most patients are able to drive themselves to and from their treatments.

The treatment may surprise you in that it is not a frightening experience which most of us typically anticipate with a medical procedure. I am continually pleased to hear the humor and sharing that takes place among our chelation patients. We consider all our patients as our guests. We want you to be comfortable and to enjoy this time. Let us know if there is anything we can do to make your time more pleasant.

HOW DO I GET STARTED?

Each patient's situation is unique. However, certain things must be done prior to the first chelation treatment: 1. A physical examination (within 6 months), 2. An EKG (within 6 months), 3. Laboratory blood work including blood count, sugar, liver and kidney function (within 3 months).

A 24-hour urine test before and after the first treatment and/or a non-invasive circulation study (Doppler test) may be recommended for your particular condition. A relatively inexpensive hair analysis test can be done to check for heavy metal toxicity.

Any of these tests may be performed in my office, though as long as the information is recent and accurate, previous medical records are certainly acceptable. If your physical, EKG and lab work were done in another office, please send that information to my office prior to scheduling a consultation with me. Your consultation time is devoted to reviewing your medical records, evaluating your condition and answering any questions you may have.

All patients must have an initial consultation with Dr. Harrison prior to beginning chelation therapy. Our office is happy to schedule a physical exam and any labs or tests you might require prior to beginning treatment. However, we will gladly accept all this information from your primary care physician as long as the information is up to date as previously stated.

WHAT DO I TELL MY OTHER DOCTORS?

As you might be aware, EDTA chelation therapy is not universally embraced by all physicians. If you feel strongly that your family physician or specialist would disapprove of your treatments and consequently jeopardize your relationship with them, I will respect your wishes of confidentiality. However, if possible, I encourage all chelation patients to include their other physicians by making them aware of any treatment you are receiving. It puts your other physicians at a disadvantage if they are kept in the dark, and they will be able to provide much better care if they know what is going on.

LIFESTYLE/NUTRITION:

The success of your chelation therapy depends on several factors. These include limiting alcohol intake and discontinuing tobacco use. In addition, a proper diet and exercise (as recommended by your primary care physician) assist in your overall response to treatment. We recommend a low fat (low cholesterol diet). We also recommend that all of our patients should at least take a multivitamin to replenish the minerals lost during chelation therapy. In addition we recommend Vitamin E for its antioxidative properties. Our office carries a high quality Vitamin E supplement – please inquire at the front desk if interested. Some patients may require further supplementation depending on their medical condition.

RECOMMENDED READING:

In order to better understand the science of chelation therapy, we recommend that you do additional reading. Many of our patients recommend Bypassing Bypass by Elmer Cranton, M.D. because it presents a good overview of chelation therapy including its history and scientific studies. A few copies are available for your review in the chelation room. If you would like to purchase a copy, please inquire at the front desk.

IN GENERAL:

You will have many questions, either before or after starting chelation. I will do my best to answer your questions completely and understandably. If your question has not been answered to your satisfaction, please let me know. I believe you will find that my staff and I are approachable and pleased to assist you.

Kevin C. Harrison, D.O.

Sources: Cranton, M.D., Elmer and Brecher, Arline. Bypassing Bypass: The New Technique of Chelation Therapy, Medex Publishers Inc., Trout Dale, VA 1990

Schacter, M.D., Michael. “Chelation Therapy for Heart and Blood Vessel Disorders.”

8-09