

## Chelation-It's Time

By Nedra Downing, DO, Retired. Founder of The Downing Clinic

A federally funded study published in JAMA (The Journal of the American Medical Association) in March, 2013 showed reduction in incidence of heart disease-fewer strokes and heart attacks- among those who received IV therapy with EDTA, known as chelation therapy. EDTA, a chelator, binds metals and carries them out of the body via urine or feces. Traditionally, 3 Gm. of EDTA is given intravenously over a period of several hours, usually in a doctor's office. A series of twenty to thirty of these are done on a weekly basis, and then maintenance therapy of one or two per month is begun. Physicians are careful to monitor kidney function and excretion of metals from EDTA. Down through the years, patients have been enthusiastic about benefits they have received from chelation. Such things as: ability to walk further without leg pain, disappearance of chest pain, improved sense of well-being, and lowered blood pressure have been reported by patients. But these subjective reports were never considered valid, and were called "anecdotal." Chelation therapy has been safely offered by alternative physicians for fifty years, and has been scorned by mainstream medicine as being dangerous and ineffective.

The Boston Globe carried a report of the JAMA article as well as responses by researchers who conducted the study who did not want to believe the results. They said they were expecting the study to confirm that chelation therapy is risky and useless for heart disease. Instead, the study showed modest benefits among those who received EDTA who were 18% less likely to have a heart attack, stroke, or need a stent, as well as modestly improved clinical outcome after an acute heart attack. Many Americans stand to benefit from knowing there is an alternative to bypass surgery, stents, and prescription drugs. Had such findings come from a new prescription drug, there would have been much hoopla and major headlines.

The chelation study, called TACT (Trial to Assess Chelation Therapy), lasted nearly ten years and included 1,700 patients who got either chelation or a placebo, so it is the gold-standard for medical research: a double-blind, placebo-controlled study. Medicine is based upon the idea that if good research studies show benefit outweighs risk from a given procedure or drug, then physicians are expected to start using the treatment, and conversely, if risks outweigh benefits, they are not expected to use it. Researchers conducting the study were reputable, including some cardiologists; and the statisticians were considered to be experts. These workers stood to gain nothing financially or otherwise from positive results. When results were presented to these researchers, their responses were those of shock. "No, you must be kidding me," was one comment.

An emotional debate among the physicians when they received the report of positive findings from the TACT study revealed the bias that exists against alternative medicine. One cardiologist said he does not want to completely ignore the large, federally-funded study but he

is not ready to start chelating his patients. An eminent cardiologist at Cleveland Clinic says he believes people should immediately stop a therapy he still considers to be risky and ineffective.

A larger issue here is that if a safe, relatively inexpensive therapy came into wider use, the numbers of surgeries and diagnostic procedures, as well as expensive prescription drugs in use could be reduced. Cardiologists and heart surgeons might face lowering of their incomes; and since bypass surgery is a big money maker for hospitals, they do not want to change the status quo.

Years earlier, when a patient asked one of the cardiologists at Mt. Sinai Medical Center in Florida whether she should get chelation, his quick response was, “Of course not,” but when he thought about it, he had to say, “I don’t know.” Thus the study began.

JAMA editors debated whether to publish the study at all, but decided to go ahead since taxpayer money had funded it, it was done by well-respected scientists, and because many patients were already using chelation. Part of the problem, it seems, is that nobody really understands just how chelation works to help improve circulation. One important finding from the study is that EDTA does no harm.

The link to the full article is: <http://jama.jamanetwork.com/article.aspx?articleid=1672221>