

"But It's Merely Anecdotal ..."

A Personal Experience with Chelation Therapy

Janine White¹

Introduction

Quite by chance I have been catapulted into the role of a medical reporter and auto-observer by a coincidence of two events. One, Dr. Abram Hoffer invited me to write out my experience with Chelation Therapy (possibly, maybe, perhaps) for the *Journal of Orthomolecular Medicine*. Two, my husband urged me to write to the famous vascular surgeon who had done bypass surgery on my aorta at the bifurcation in 1971, to inform him of my current vascular status so that he could update my file.

I had already written to him over five years ago. In response to the reports I sent him, he telephoned me bright and early in the morning to come right out to Texas, with assurances that he would take care of it.

To dare to tell him what I chose to gamble on doing instead ...?

This, then, is the result of those two events.

Five years ago I was in a crisis. My foot was blue-gray-black. The pain, from my hip to my toes, through the calf muscle and thigh, was no longer "intermittent claudication" (as it was called), for it no longer intermitted. My foot was numb to halfway up my leg. The pain was constant and beyond exquisite. The accompanying parasthesias were infinite. I could not lie down for more than thirty minutes without the sensation of wire bands causing excruciating pain coupled with the numbness. Nor could I walk. The barest necessities, the simplest, most ordinary tasks, were impossible for me to perform. No sleep and minimal, tortuous mobility were my facts of life. I was fragile, underweight.

1. A pseudonym.

Weak. Exhausted. Beyond stress. And the fear ...

I was so cold. No pedal pulses. None. Blood pressure could not be heard on the cuff. So low. Low blood sugar. Low blood pressure. Low spirits.

It was after a local vascular surgeon recommended immediate surgery that I sent reports to Texas where the good doctor concurred. Why then didn't I fly right out to Texas while I still could?

Of course the second surgery is even more difficult than the first. And then what...? If the artery occludes yet again? And the odds are in favour of that happening again — and again — ad infinitum.

I asked if there were any possible alternatives to surgery.

You know the answer. "No."

So I started to explore. I was compelled to verify this before I would submit to surgery again, particularly in my weakened condition.

Somewhere in the back of my head I remembered hearing the word "chelation", but I was never able to pin anyone down on what it was, or where it might be available. I should have taken a message from that. I should have been satisfied to leave the matter alone. But I was determined to find out for myself.

By a circuitous route I found a chelating physician within a reasonable distance from my home, and, without any promise from him, opted to give it a try.

It took me twenty minutes to virtually creep out of the house to the car in the driveway. I had to manually lift each leg to drag it inside the car after sitting down. Then I had to wait until I was in condition to drive. I could barely make it on my own momentum into the physician's building — stop and go, stop and go — dragging myself into his office.

So why did I present myself to this ordeal when all I had to do was fly to Texas, or go to a hospital here at home just fifteen minutes away?

I'll tell you why. I'd already been there ... thirteen years prior to that time. Virtually nothing was known then about what has now become a household word — "Bypass Surgery". So it is understandable that back then it took two years and many doctors to find a diagnosis for my suffering beyond pain into intermittent paralysis and tortured numbness of my lower extremities.

When I could no longer feed the birds, walk down the hall or safely cross the street, I succumbed to bypass surgery. I was grateful that it existed for me, and that I survived it. The gentleman in the bed next to mine in the Intensive Care Unit did not.

I met a lovely young woman who was back for another surgery six weeks after her previous one. Another gorgeous woman had returned for her tenth bypass operation in nine years, but because she was gangrenous when she entered the hospital, her surgery had to be delayed.

I returned home to convalesce with a severe *Candida albicans* infection (from the gargantuan amounts of antibiotics that were used), plus a bladder infection, severe anemia, and a grim bowel impaction. The surgery was a success. I developed severe allergies that exist to this day.

After recovery I continued to have severe muscle spasms, and, although mercifully I could walk on level ground, I could not manage a blade of grass, a pebble, a grain of sand, a curb, or steps, without difficulty. Additional surgery was not suggested unless, or until I occluded totally again. In time I accommodated. This brings us full circle.

These surgeries are truly miraculous. I know. But none of us who have been subjected to them ever tell you the rest of it as I just did. It's a nightmare. People die. Iatrogenous illness is rampant. The majority have to have multiple surgeries. A dear and close friend of mine had five surgeries in a seven year period.

Why?

This, I learned, is what chelation therapy addresses. There are many theories. Nobody knows what causes these occlusive plaques. Cows get it. Dogs get it. Some people build more

plaque, and some build it faster than others. Vegetarians get it. There are also several elaborate theories as to how and why chelation by intravenous infusion of EDTA (Ethylenediamine tetra-acetic acid) is effective in clearing the arteries of plaque, but, although this is arguable according to one's persuasion, the truth is, no one knows.

But it works. In most cases. Actually, it works better and faster for clearing the coronary arteries than it does for the main artery, the aorta, simply by virtue of mass to vessel ratio. Therefore the odds against success for my occlusion are much greater. But it is working.

Needless to say, I am "non compis mentis" among my friends, family, and physicians who are dear friends and relatives (other than my chelating physician, of course, and his professional peers).

Nobody, I repeat, nobody, ever calls me to ask me how I am, except my sister, and now, occasionally, my sister-in-law and brother, and some, but only some, friends.

My doctor friends are angry that I am doing so well. Shocking? Not to me. Not anymore. I've lost my innocence.

"It's nature at work."

"You're throwing your money away on quackery."

"You've developed collateral circulation." (I was told that it is impossible to develop collateral circulation in that area, the femorals and iliacs, by my outstanding doctor who is credited with creating this bypass procedure.)

"Even HE can be wrong. What else could it be?"

Me, meekly: "Well, I've been having chelation."

Nonsense! We were really afraid you'd lose your leg."

"So was I."

Well, thank God you didn't."

When my dear friend THE DOCTOR, who is a recently retired chief of staff at a prestigious hospital, came to our home socially, although I was never his patient, in great good humour, and out of friendship, said, "Let me feel your popliteal artery."

He had not been able to palpate it in several previous attempts. This time a shocked, pleased expression flickered across his face. He knew I was also ruberosa dependent. Now he pressed each little toe and smiled after the colour returned almost immediately after the blanching.

"That's goooood! How far do you walk?"

I'm not a statistician. "Not very far. But I can do everything around the house now, and get from here to there."

He frowned.

"But I swim every day," I continued.

"Wonderful!"

"And do aquatic stretching and kicking exercises."

"That's really great. You're not still throwing your money out and wasting time on that chelation quackery, are you?"

"Of course I am." I smiled. "And I'm finally getting a pulse in my groin." He shook his head in dismay.

Since that evening, every time my husband extols my ongoing progress, he laughs and chides me on my remarkable "spontaneous recovery" and chuckles about how my observable, incremental progress, objectively measurable by standardized tests, was "merely subjective".

For the past five years I have led the therapeutic life, comprised primarily of intravenous EDTA Chelation Therapy with an individually customized mix of nutrients and substances tailored to my specific needs, determined by history, blood tests, and findings from analyses of standard laboratory tests.

A dietary regimen was an equally major component of the total therapy. Gradually, as I became able, exercise was added to the program.

The recipe for my chelation mix, then, consisted of EDTA, magnesium, adrenal cortex extract, lipotropins — B vitamins, including B₁₂ (which "no one needs" — right?), heparin, procaine, and bicarbo-nates, in either Ringer's solution or distilled water.

My menu of nutritional supplements consisted of multi-vitamins, minerals, anti-oxidants, digestive enzymes, hydrq-chloric acid, L-carnitine, mucopolysaccharides, essential fatty acids, adrenal glandular substance, chromium,

manganese, zinc, potassium, calcium, lysozyme forte, folic acid, vitamin C, vitamin E, and nicotinic acid. Changes have been made periodically through frequent monitoring of my metabolic requirements as I progressed.

There is no need to list all of the changes in my dietary and supplement regimen, but only to indicate that any given individual might have different requirements at different times. As an example, there were periods when I required salt (heresy, isn't it?), did not require calcium, and needed traces of copper (even though Dr. Hoffer, with all due respect, doesn't believe that anyone on this continent ever needs it). At present I am including germanium, Co-Enzyme Q₁₀, and ginkgo biloba in my armatorium, under physician's advice. Wow!

As to the diet, total abstinence of the following: wheat, milk, sugar, chocolate, alcohol, and, would you believe — total abstinence of FRUIT! Yes, fruit...! Gradually, after time, I was allowed, oh, glory be, two (2) pieces of fruit per week, which I saved for snacks during chelation therapy. I needed the potassium, and it was essential that I eat during the infusion to prevent hypoglycemia, which had been a problem for many years prior to my starting the therapy.

Many chelating physicians (M.D.'s and D.O.'s exclusively) test their patients for food, inhalant, chemical, and environmental allergies, and use a combination of abstinence where possible, and/or treatment where sensitivities or intolerances are found. Many cardiovascular patients (as well as victims of any other diseased condition) have ecologic illness (E.I.), also known as environmental illness, as do I. In my case, as with others who are chelated by my physician, I was under allergy treatment independently, with a clinical ecologist. In a holistic sense, each category of treatment helped and augmented the other, to be more effective. There is a tremendous body of research, literature, and clinical experience in each of these specialized fields.

My therapeutic life also includes Homeopathy, which further enhances the recovery process without the use of dangerous drugs and their side effects. However, there is no question that of all

of these elements — as I had been involved in the others — Homeopathy, diet, supplements, exercise, and allergy treatment for many years prior to starting chelation therapy, that chelation was the modality that made the singular difference, not only in my circulatory status, which was the main issue, but also in my total well-being.

I am normal to the naked eye. My husband commented the other day, after two and a half weeks of twelve family members visiting us, and then an interim trip with the whole group, and still another trip after they all left, with requirement for more walking and physical activity than I had been able to do in years, and right after that, the resumption of all the seemingly normal physical activities after we returned home, none of which I could have done at an earlier time — that I was a "miracle", and again, with an impish smile, I replied, "Oh, well, it's merely anecdotal."

He continued, "You know, honey, you're really getting ahead of this thing. It's incredible!"

Earlier in this sequence of events, my husband's cousin, a fine physician, scolded us publicly, in front of dear friends and relatives, for being so dangerously stupid — in response to my husband telling him that I was trying intravenous chelation therapy instead of surgical bypass again — "... for falling for that fraud".

At a later event, he came up to me and registered genuine surprised pleasure at seeing me dance with my husband, commenting, "I never thought you could do that. You couldn't even walk." And in the same breath he went on to say, "You're not still doing that chelation, are you?" (I must confess, although I am not normally manipulative, that I did arrange it so that he would be certain to see me dancing.)

My husband replied to his question, "Of course she is. How else do you think she'd be dancing?"

"Well," came the reply, "that's nature at work. It's a (here it came again) 'spontaneous remission'. The older you get (thanks a lot), the longer you wait, the more chance the body has to take care of itself. That chelation (he spat out the word) is just a placebo." "But, (I am not normally

confrontational, but my frustration level had reached its zenith by now from this double-think contradiction. It was more than I was willing to bear.) but YOU insisted I have surgery the first time, and now again." "Surgery is the cure," he countered. "But you just contradicted yourself. Surgery was not the cure, or I wouldn't have needed it again."

Well, you built collateral circulation." "Without even exercising? Without even being able to walk before I started chelation? I used a wheelchair in airports and on trips. I have a disabled sticker on my car."

He shrugged and walked away. But he is so persuasive throughout that side of the family, that nobody in his sphere gives me the time of day. Does it hurt? Yes.

I usually explain that I chose this therapeutic life to buy time, if possible, for laser surgery, if, hopefully, someday it will be perfected and approved, whereby if my condition allows me to be a candidate for it, perhaps it could more completely open my artery where it had been totally blocked. If not, if I don't regress, and can maintain a holding pattern, I can live my life with the help and unyielding support of my husband, son, sister, brother-in-law, two dear friends, and physicians. If I can continue to literally "break through", all the better. That would be an additional bonus.

But I have a fear ... as do all knowledgeable chelating patients and their families and physicians.

Consider ... Chelation is our life blood. But there are those who would take it away from us under the pretext of saving us from ourselves. We not only have to deal with our conditions, but also with the continuous stress (which we're not supposed to have — nobody would argue with that ...) of trying to preserve, not only ourselves, but to have to fight for the right to choose how we will preserve ourselves. I cried when I re-read this last paragraph as the reality of it hit me so forcibly. Chelation is my life blood.

There have been many successful surgeries. There have been many successful results from chelation therapy. Nobody impugns any person who undergoes surgery, including angioplasty.

There have been many unsuccessful surgeries. There have been many deaths from surgery. Many cardiovascular surgeries must be repeated multiple times. Some patients are inoperable or are no longer operable. I personally know of many such cases. Surgery is expensive. Medicare and insurance companies don't blink at the cost, do not balk, and do not hesitate to pay for it. Medicare, however, will not pay for intravenous chelation therapy. As a result, most insurance companies will not cover chelation costs either, under the rubric "not usual or customary". How medically and economically imprudent this is. Actually, in simpler words, downright stupid, unconscionable, murderous — criminal.

It's understandable, to me, at least, that if the majority of physicians who know nothing about chelation, whose field it is not, who naturally then will not prescribe it, needless to say leave themselves and their patients uninformed or dangerously misinformed. I consider this malpractice in its purest form. I am not alone in this opinion.

My case is my own, and that is what I am reporting here. I have a congenital band. Symptoms started when I was in my early twenties, but was recognized only in retrospect twenty years later, when I was diagnosed as having total blockage of the aorta femoral on both sides. At the time I knew nothing of this, I nonetheless followed a totally wheat-free, sugar-free, caffeine-free, fat-free, milk-free diet from the age of sixteen for most of the years of my adult life. I walked daily, danced, marched in bands, was a drum majorette through high school and college, and swam in the ocean many summers of my life. I wish someone would explain it to me.

Genetics? My mother, at her death, at age eighty-five, was ninety percent occluded throughout her entire vascular system. She ate beautifully, never smoked, did not drink coffee, ate extensively of fresh fruits and vegetables, yet had difficulty walking from her early thirties. My sister had occlusions in her carotid arteries, coronary arteries (angina), and abdominal aorta. She smoked in the past, but gave it up many, many years ago. She does not drink anything alcoholic, she does not drink coffee, and follows

an excellent diet by any known standard with appropriate nutritional supplementation. Nonetheless, she ran into severe problems, as did I.

She has been undergoing chelation therapy for over a year now, and is finally following a form of allergy treatment through the use of the Interro!* She is responding well, and looks, acts, and feels better than she has in years. Can it be familial after all?

It was discovered during my surgery that my arteries are exquisitely small. If I were to envy anyone anything, it would be normal or large arteries. Not only are my arteries small, but the interior spaces that house them are small, also.

I hesitate to state how many chelation treatments I have had. Inasmuch as I had a calcified condition in my bypass when I started, my physician said, "if I could use dynamite, it would be quicker". Even so, after only two weeks of infusions twice a week, and only half doses at that, I was able to lie down and sleep through the night for the first time in two months. That alone was worth it all. By now, after twice a week for an extended period, then every week for a time, then extended to every ten days, now I go twice a month with occasional longer stretches in between, I have had somewhere in the vicinity

** The Interro is considered by many authorities to be the most sensitive of currently available diagnostic techniques for testing reactions to foods, chemicals, medications, environmental factors, molds, dusts, pollens, insect venom, metaltoxicity, as well as their effects on various organ systems, and can anticipate pathology before it evidences itself. The FDA has approved it for diagnosis only, but it can be used for treatment when required by determining the appropriate remedy(ies) and precise dilution which a patient requires. Those physicians who use it with impressive results consider it to be state-of-the-art electrodiagnostic instrumentation. It can be used in many different ways. In addition to its use in allergy testing, it is also used in the practice of Homeopathy, or both. The Interro has been in use in Europe for over twenty years. It's currently being used by thousands of professionals in Europe and the United States.*

of over two hundred infusions.

I will never forget my very first time. I was stunned by the roomful of people comfortably seated in recliner chairs, men and women of all ages and backgrounds, hooked up to their bottles, happily chattering away, joking, eating, drinking lots and lots of water, smiling, talking, laughing, reading, dozing, learning, sharing experiences of all kinds. It is still that way. Friendships are bonded.

Of course there is careful monitoring of kidney and liver function as well as periodic blood tests, and follow-up cardiovascular examinations through all available modes and technology.

I was told by other patients undergoing treatment that I would meet a host of intelligent, widely travelled people from all over the world with vast experience — that it would be a tremendously stimulating learning experience — in addition to the health benefits that would accrue from it, and I found it to be true.

Most chelating physicians use the therapy prophylactically for themselves and their families, as do many people who are privileged to know about it. Such as my husband. He felt wonderful. He felt cobwebs clear out of his head that he hadn't realized he had. Many others have described this, also.

What is so strange about it? Most of us have our teeth scaled routinely by a dentist. Why not clean out the arteries?

Even though this is my story, I feel compelled to comment on some of the many people I have seen first-hand through this process — their conditions, their history, and their medical experiences.

If I have met one, I have met over three dozen people who have had multiple bypass surgeries and/or angioplasties, who still need surgery again, and are either no longer operable, or who have left their hospital beds, and successfully been restored to normalcy through intravenous chelation therapy, verified by pleusthma-graphs, thermographs, magnetic imaging resonance, and echochograms, in addition to angiograms and arteriograms.

I am reminded of a relatively young man who had already had three separate surgeries for

coronary artery bypass — a double and two triples — plus two separate angioplasties, who was scheduled for a third angioplasty just prior to the time that he started chelation therapy. His cardiologist and surgeon (who are affiliated with a well known hospital famed for its cardiovascular wing) expressed amazement that upon examination after he completed a series of chelation treatments, that his arteries were cleaner than they had ever been. Neither one could bring himself to say the word ("chelation"), but they simply told him to go on doing — whatever it was he was doing. I have heard similar stories many times. Even my skeptical doctor friend finally said, reluctantly, "Well, I guess you're doing something right."

The most touching situation I witnessed was an elderly gentleman who had been my doctor's former teacher in medical school. He had previously had a leg amputated as a result of arteriosclerotic disease from diabetes. When he was ready to lose his other leg, he underwent chelation therapy with his former student. His leg was saved. I could go on and on. There is a story in every person I have met.

This is my fifth anniversary of intravenous chelation therapy. For the longest time now I walk upstairs multiple times daily. Impossible in the past! Straight up. Without a pause. Incredible! Where are my marshmallow muscles? Hard now, and taut. Even now, "It's a miracle!" as was expressed by my dear friend whom I described earlier.

At the present time the FDA is presumably studying Chelation Therapy. That could be good news. On the other hand, it could be very bad news indeed. Usually, when the FDA or other federal agencies or major research hospitals or drug companies do such studies, any studies that are not currently approved by the medical and drug company establishment are usually skewed, so it is possible that Chelation Therapy, after such a study by such an agency, will possibly not only be unapproved as it is now, but could very well be outlawed, thereby making it illegal. As it is now, it is legal, even though not approved. This is a frightening possibility. I pray that this will not happen. We must not allow it to happen.

Chelation Therapy is approved, however, for toxic lead poisoning. It was through this use that it was discovered to be so effective for arteriosclerosis, as well as all other conditions that are influenced by a derangement in calcium metabolism, or hypercalcemia. EDTA is an amino acid that has a strong attraction for calcium, which, in its ionic form, it escorts out of the body in liquid form and disposes of through the kidneys.

This is an oversimplification of an elaborate process that starts at the cellular level in the mitochondria. Lay people hear from physicians on a constant basis about fats and cholesterol in the arteries, as relates to atherosclerosis. Actually, as is understood now, the atheroma is the basic lesion located on the intima (the lining) of the artery wall. It's true that the centre of the plaque consists of fat, most of which is cholesterol in one of its forms, but there are many other complexes of proteins, starches, fibers, and calcium, also. Chelation, then, reduces the excess of misplaced abnormal calcium and heavy metals, and in this process increases the level of beneficial minerals such as magnesium and potassium, as well as other minerals, and thereby also improves the function of cells and enzyme systems.

Statistically, only one out of five people who suffer a heart attack have elevated cholesterol levels. Additional research is ongoing now beyond what is already known about not only the HDL and LDL ratios, but other components of

this process as well. There is much to know. The work goes on. If there are answers out there they will be found.

I would like to quote here a portion of a letter from a very dear friend:

"Darling Janine,

... I want to tell you that you really are a living miracle. You walked so well from the car to the restaurant that I almost forgot about your condition. Also your precious shoes with heels. I never missed a thing. You look so well and seem so happy and light in spirit. What progress over such a long process ..."

And so I wrote to the famous vascular surgeon and gave him my progress report as per my husband's insistence. In the past he was always quick to respond.

I have not heard from him.

It has been a good exercise for me to review my situation, and, remembering how I cried the first time my doctor was able to hear a pulse on an audio-doppler when there had been nothing time and time again before, I wonder where, or IF I would be — if it had not been for Chelation Therapy.

As to the often heard criticism that no double-blind studies have been done, thereby deeming it unscientific, to this charge I reply, "I am my own double-blind."

I no longer use an electric blanket — in August.

And oh! My feet are a lovely baby pink...