The Role of Heavy Metal Detoxification in Heart Disease and Cancers : A Pilot Study in Detoxification of Heavy Metals

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ABSTRACT

Heavy metal detoxification has been shown to decrease cancer mortality by 90% in a 18-year controlled clinical study by Blumer and Cranton. Frustachi et. al. has shown a very strong correlation between cardiomyopathy (heart disease) and heavy metals accumulation in the coronary arteries and heart muscle. The role of heavy metal detoxification in the prevention and/or treatment of cancers and heart disease is paramount for optimum healing or prevention. Heavy metal accumulation can cause suppression of the immune system, bind receptor sites, inhibit proper enzyme systems, and lead to undesirable free-radical and oxidative functions.

A pilot study utilizing a unique oral detoxifying concentrate, DeTox Max, containing true disodium EDTA, microencapsulated in essential phospholipids microspheres was utilized as a provocation, detoxifying agent for a 16 patient pilot study. Significant quantities of heavy metals were excreted in a 48-hour collection versus each patient's baseline 24 hour collection.

The pilot study results confirmed substantial excretion of heavy metals. A surprising outcome of the study was the remarkable clinical healing and significant increase in brain acuity in patients that occurred within 2 weeks after only one vial was utilized, compared to previous pre - provocation.

Detox MAX Clinical Study Proposal

- To assess the heavy metal detoxifying ability of Detox MAX, an oral detoxification agent containing 22 grams of essential phospholipids (EPL's); micro-encapsulating 1 gram of sodium endetate.

- To ascertain the most efficacious dose regimen of Detox MAX

Heavy Metal Accumulation

- **Linked to increased free-radical activity and oxidation processes**
- **Can contribute to premature aging and aging diseases**
- **Can cause suppression and/or deregulation of the immune system, leading to a ten fold increase in cancer mortality** (Blumer, W. and Cranton, E.)
- **Suspected to contribute to learning disorders and neuro-degenerative diseases**
- **Increases risk of cardiomyopathy**
  (Frustachi et. al.)

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Ninety Percent Reduction in Cancer Mortality after Chelation Therapy With EDTA

Walter Blumer, M.D. and Elmer Cranton, M.D.

ABSTRACT: Mortality from cancer was reduced 90% during an 18-year follow up of 59 patients treated with Calcium-EDTA. Only one of 59 treated patients (1.7%) died of cancer while 30 of 172 non-treated control subjects (17.6%) died of cancer (P=0.002). Death from arteriosclerosis was also reduced. Treated patients had no evidence of cancer at the time of entry into this study. Observations relate only to long-term prevention of death from malignant disease, if chelation therapy is begun before clinical evidence of cancer occurs. Control and treated patients lived in the same neighborhood, adjacent to a heavily traveled highway in a small Swiss city. Both groups were exposed to the same amount of lead from automobile exhaust, industrial pollution and other carcinogens. Exposure to carcinogens was no greater for the studied population than exists in most other metropolitan areas throughout the world. Statistical analysis showed EDTA chelation therapy to be the only significant difference between controls and treated patients to explain the marked reduction in cancer mortality.

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Marked elevation of myocardial trace elements in idiopathic dilated cardiomyopathy compared with secondary cardiac dysfunction

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Abstract

OBJECTIVES
We sought to investigate the possible pathogenetic role of myocardial trace elements (TE) in patients with various forms of cardiac failure.

BACKGROUND
Both myocardial TE accumulation and deficiency have been associated with the development of heart failure indistinguishable from an idiopathic dilated cardiomyopathy.

METHODS
Myocardial and muscular content of 32 TE has been assessed in biopsy samples of 13 patients (pts) with clinical, hemodynamic and histologic diagnosis of idiopathic dilated cardiomyopathy (IDCM), all without past or current exposure to TE. One muscular and one left ventricular (LV) endomyocardial specimen from each patient, drawn with metal contamination-free technique, were analyzed by neutron activation analysis and compared with 1) similar surgical samples from patients with valvular (12 pts) and ischemic (13 pts) heart disease comparable for age and degree of LV dysfunction; 2) papillary and skeletal muscle surgical biopsies from 10 pts with mitral stenosis and normal LV function, and 3) LV endomyocardial biopsies from four normal subjects.

RESULTS
A large increase (>10,000 times for mercury and antimony) of TE concentration has been observed in myocardial but not in muscular samples in all pts with IDCM. Patients with secondary cardiac dysfunction had mild increase (5 times) of myocardial TE and normal muscular TE. In particular, in pts with IDCM mean mercury concentration was 22,000 times (178,400 ng/g vs. 8 ng/g), antimony 12,000 times (19,260 ng/g vs. 1.5 ng/g), gold 11 times (26 ng/g vs. 2.3 ng/g), chromium 13 times (2,300 ng/g vs. 177 ng/g) and cobalt 4 times (86,5 ng/g vs. 20 ng/g) higher than in control subjects.

CONCLUSIONS
A large, significant increase of myocardial TE is present in IDCM but not in secondary cardiac dysfunction. The increased concentration of TE in pts with IDCM may adversely affect mitochondrial activity and myocardial metabolism and worsen cellular function.

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Free-radicals and Oxidation Processes

- Heavy metals are known to catalyze free-radical activity and increase the aging process
- Heavy metals are used in chemical synthesis as a catalyst to enhance free-radical propagation
- Heavy metals catalyze oxidative processes

Premature Aging

- **Systemic heavy metal and vascular decalcification treatments can lead to anti-aging processes and enhanced cardiovascular (Heart) functions**

Immune System

- Heavy metals can cause suppression and/or deregulation of the immune system leading to binding of receptor sites, inhibition of proper enzyme functions, decreased antibody response, improper hormone functions and undesirable up regulation of the immune system contributing to autoimmune disease

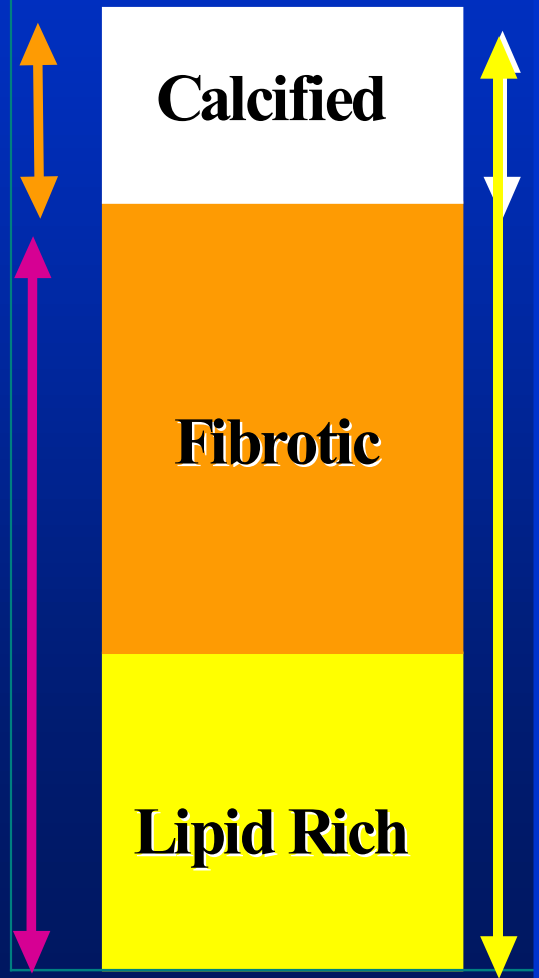
Learning Disorders and Neuro-Degenerative Diseases

- Heavy metals, particularly aluminum and mercury can bind and accumulate in brain tissue
- Affects proper brain functions
- Has been found in high concentrations in degenerative neuro diseases such as Alzheimer's, Parkinson's, ALS (Lou Gehrig's disease) and Dementia
- Enhanced risk of Autism

Total Coronary Artery Plaque and EBCT Coronary Calcium

20%

80%



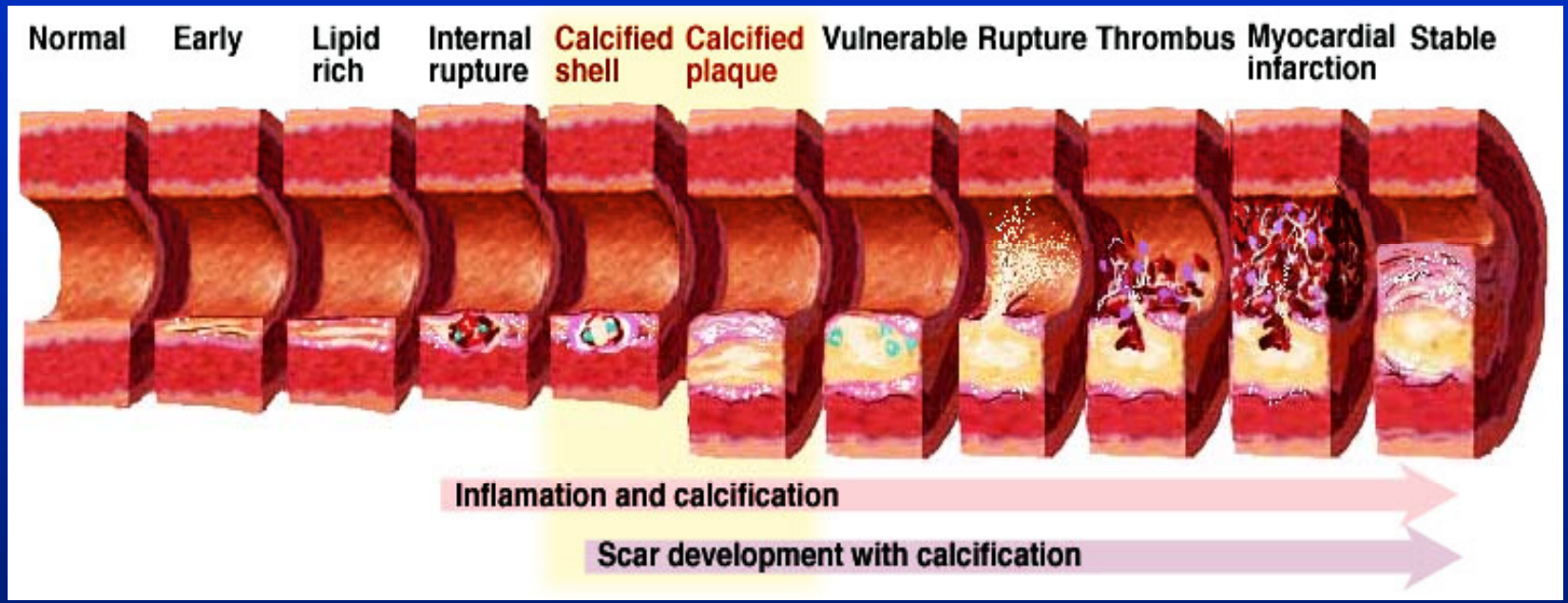
Plaque Detectable by IVUS, Pathology

20%

80%

Historical Development of a Coronary Artery Plaque

EBCT "positive" for coronary calcium



This process, in various stages of development, can be seen in many areas of the coronary artery system, consistent with the "diffuse" nature of coronary artery disease

CARDIOVASCULAR BENEFITS

(DeTox Max contains 22 grams of EPL's)

1 to 2 grams of Systemic Essential Phospholipids (EPL's)

Can promote (100+ clinical studies in Europe):

- **Decreased "Unstable" or Vulnerable Coronary Plaque**
- **Decreased mean total Cholesterol (-12% to -25%)**
- **Decreases in mean LDL (-34%)**
- **Increases in mean HDL (+50 to +100%)**
- **Reduction of serum triglycerides, Type II Diabetes (-37.7%)**

CARDIOVASCULAR BENEFITS cont.

- Significant lowering of cardiovascular risk ratio (-33+%)
- Decreased reactive platelet aggregation (-60%)
- Decreases of angina in Stage III & IV attacks or elimination
- Increased walking exercise tolerance with angina patients by as much as +900% before angina or nitro is needed

Essential Phospholipid Microsphere EDTA System

- Supplies microsphere encapsulated droplets of disodium EDTA in an essential phospholipid delivery system with no diarrhea symptoms and extremely high gastrointestinal assimilation to circulating bloodstream
- Slow release of EDTA systemically over a 48 hour + time duration, greatly decreasing possibility of overloading kidneys with heavy metal toxicity
- "True" plasma soluble ion exchange properties; thereby minimizing beneficial mineral excretion via unique delivery system

Clinical Protocol

- Baseline 24 urine was collected for each of the 16 patients before provocation.
- Patients consumed 1 vial of Detox Max in 6-8 OZ. of fruit juice.
- Two successive 24 hr. urine collections.

Protocol - Bedtime DetoxMAX

- Empty bladder before taking DeTox MAX
- Take 1 vial of Detox MAX with 1 glass of cranberry or pineapple juice at bedtime (mixed thoroughly).
- Collect all urine after taking Detox MAX. Note the time of the 1st urine specimen and continue saving urine for the next 24 hrs. Put all urine in container labeled #1.

Protocol - Bedtime DetoxMAX cont.

- KEEP CONTAINER OF URINE ON ICE AT ALL TIMES!!!!
- After collecting urine for 24 hours, put container #1 on ice and begin collecting urine again in container #2 for the next 24 hours.
- Return container #1 to the clinic at 8:00 AM, keeping it on ice.
- Return container #2 to the clinic at 8:00 AM, keeping it on ice.

Detox Max Study Results

	Increase Over Baseline 0-24 Hrs.	Increase Over Baseline 24-48 Hrs.	Maximum Increase Over Baseline Total 48 Hrs.
Aluminum	>100 %: 960 ug/24 Hrs	0 %	>>100 %: 960 ug/24 Hrs
Antimony	0 %	50 %	50 %
Arsenic	75 %	1483.30 %	1558.30 %
Beryllium	0 %	0 %	0 %
Bismuth	4967.70 %	1833.30 %	6801 %
Cadmium	133.30 %	100 %	233.30 %
Lead	2033.30 %	2300 %	4333.30 %
Mercury	0 %	312.50 %	312.50 %
Nickel	977.80 %	1011.10 %	1988.90 %
Platinum	>100 %: 0.8 ug/24 Hrs.	0 %	>100 %: 0.8 ug/24 Hrs
Thallium	100 %	200 %	300 %
Thorium	>100 %:0.05 ug/24 Hrs	0.00 %	>100 %: 0.05 ug/24 Hrs
Tin	1380 %	600 %	1980 %
Tungsten	50 %	100 %	150 %
Uranium	>100 %:0.09 ug/24 Hrs	0 %	>100 %: 0.09 ug/24 Hrs

Preliminary Patient Outcomes
1 vial of DeTox MAX

Patient # 3

52 year old male with pancytopenia/myelodysplasia

- **Platelets ~35,000 before 1 vial of DeTox MAX**
- **Platelets~54,000 1/21/2002 after 1 vial of DeTox Max**

Preliminary Patient Outcomes
1 vial of DeTox MAX

Patient #6

59 year old male with Cardiomyopathy, Diabetes Mellitus, long term Erectile Dysfunction, previous Myocardial Infarction and family history of Alzheimer's

1 week post treatment, patient's family notices significant memory and energy level increase with erectile dysfunction no longer a problem

Preliminary Patient Outcomes
1 vial of DeTox MAX

Patient #8

46 year old female with type II Diabetes, 4 Coronary Artery Bypass failure, Depression, Virtually No Exercise Tolerance (20 feet) and daily substantial angina chest pains upon any exertion

1 week post 1 vial treatment, mental capacity has increased and patient is able to clean entire house without angina chest pains

Preliminary Patient Outcomes
1 vial of DeTox MAX

Patient #16

75 year old male with Prostate Cancer, Hypertension, Coronary Artery Disease and Renal Insufficiency approaching a need for Kidney Dialysis Treatments

2 weeks post 1 vial treatment, he notices significant increase in daily energy, exercise tolerance, mental capacity and is sleeping better and his kidney functions have dramatically increased!

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