

TOWNSEND LETTER *for Doctors & Patients*

THE EXAMINER OF MEDICAL ALTERNATIVES

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MCS and Asthma – Are They Both Environmental Illnesses?

Homeopathy for Autism

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Iodine Supplementation: How Much is Too Much?



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Medical Journalist Report of Innovative Biologics

by Morton Walker, DPM with Randall Walker

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The Ultimate Oral Chelator is Finally Formulated as CHELOREX

In 1961, a group of university historians pressured the Government of France to dig up Napoleon Bonaparte's body (died 1821) in order to finally determine the cause of the former emperor's death. A mineral analysis of the corpse's hair was performed, which found it to contain more than one hundred times a normal level of the heavy toxic metal, arsenic. This suggested that *Le Petit Caporal* (the little corporal) had been poisoned.¹

The poisoning was not necessarily carried out by Napoleon's political enemies, but rather, could have come from any number of unsuspected but potential sources on the Island of St. Helena. They might have been contaminated seafood, well water, burning coal, poultry or livestock feed additives, wood preservatives, wine, wallpaper dye, colored chalk, and other chemical pollutants of that time.

Because heavy metals are responsible for so many disease symptoms, their toxicology has attracted considerable notice from consumers as well as the scientific community. Metallic poisonings of all varieties and their infusion into the planetary ecosystem have increased manifold in the 21st

century with its technologic explosion. Metallic contaminations appear destined to worsen even more into the next century. Unquestionably, they are hazardous to human existence.

What is the Definition of Toxic Metals?

Toxic metals are loosely defined as those elements whose presence at certain concentrations are known to interfere with normal metabolic functions usually at the level of the enzyme and the mitochondrion. Several of the more poisonous metals such as lead, mercury, cadmium, and aluminum have no known biological role. Others are thought to be essential at lower (trace) concentrations but are poisonous at high levels as in the case of iron, nickel, arsenic, and copper. Some metals are especially predisposed to producing illnesses when they are placed in close proximity to human tissues which is the situation for dental restorative materials. Most metallic products used in dentistry not only are toxic for the patient but also for the dentist and his technicians.

Because of modern industrial technology, each person living in Western industrialized countries today is theorized to be at least a

thousand times more polluted with heavy metals and aluminum than was anyone who lived when Christ walked the earth.

Contamination of the human body with various toxic metals is common. There are 22 damaging toxic heavy metals. Aluminum is toxic but with a specific gravity of only 2.7 is not one of the heavy metals.² Six of the toxic metals are entering our everyday environment in ever-increasing amounts: mercury, cadmium, lead, aluminum, arsenic, and nickel. These are indestructible, recycled, and poisonous to both internal and external body processes. While the toxic metals may be polluting a person as the result of occupational exposure or generalized ecological contamination, other metals are actually implanted into individuals by health professionals such as orthopedists, and cardiac surgeons and dentists. In addition to mercury, dentists implant other more subtle but less recognized metallic poisons, for instance, copper, palladium, tin, nickel, silver, and zinc.

If it can be avoided, under no circumstance should anyone allow him or herself to remain in prolonged intimate contact with

toxic heavy metals; otherwise, one's risk of experiencing an illness syndrome is high. In late 1993, the Toxic Element Research Foundation of Colorado Springs, Colorado used a questionnaire devised by the then functioning Huggins Diagnostic Center under the supervision of Hal A. Huggins, DDS, which was distributed to 1,320 patients who were in treatment for heavy metal toxicity. The Sidebar of Table 1 shows these patients' frequency of dysfunctions.

Evolution of a Chelating Formula Administered Orally

Recognizing the incident growth of illness syndromes and the percentage of recurrences of the same dysfunctions and/or discomforts for people all over North America, numbers of holistic health professionals have become disillusioned with the practice of standard modern medicine. They saw that mainstream medicine was failing its patients. Some of these doctors sought to enlighten themselves by any effective means possible, and this was the case for one particular physician working in Baltimore, Maryland.

"Fifteen years ago, noting the lack of progress toward healing in many of my patients, I felt frustrated and dissatisfied. While many patients improved with the correction of nutritional deficiencies, the administering of drugs never seemed to cure anyone, even though these patients were taking vitamins," says Alan Greenberg, MD, formerly of Baltimore, Maryland. "I was practicing neurology and psychiatry, and had taken several years of post-graduate training in biochemistry under a National Science Foundation grant, but felt that

Medicine was not addressing the real causes of disease.

"And then it happened! I became increasingly aware of medical literature regarding metal toxicity, chemical poisoning, environmental pollution, and fluoride poisoning. I began doing hair analysis on all my patients and was shocked and amazed to see the high incidence of metal poisoning in them. I was not yet aware that the World Health Organization had stated in a 1974 Report on Toxic Metals that 82% of chronic degenerative disease was caused by toxic metals. I purchased

a textbook of naturopathic medicine and was impressed by the large amount of useful information in contrast to standard allopathic textbooks of medicine in which almost every disease was said to be either genetic or idiopathic. I began to see increasing numbers of patients with multiple chemical sensitivities, chronic fatigue and fibromyalgia, whose lives were significantly affected. Invariably I discovered that these people



Table 1 — Frequency of Signs and/or Symptoms for Heavy Metal Toxicity

The percentage of times a certain set of signs or symptoms were experienced by 1,320 respondents who had been poisoned by toxic metals:

Symptom Recorded by the Patient	Percentage Experienced
1. Unexplained irritability	73.3
2. Constant or very frequent periods of depression	72.0
3. Numbness and tingling in the extremities	67.3
4. Frequent urination during the night	64.5
5. Unexplained severe chronic fatigue	63.1
6. Cold hands and feet, even in moderate/warm weather	62.6
7. Bloated feeling most of the time	60.6
8. Difficulty with remembering or use of memory	58.0
9. Sudden, unexplained or unsolicited anger	55.5
10. Constipation on a regular basis	54.2
11. Difficulty in making even simple decisions	54.2
12. Tremors or shakes of hands, feet, head, etc.	52.3
13. Twitching of face and other muscles	52.3
14. The experiencing of frequent leg cramps	49.1
15. Constant or frequent ringing or noise in ears	47.8
16. Getting out of breath easily	43.1
17. Having frequent or recurring heartburn	42.5
18. Feeling excessive itching	40.8
19. Experiencing unexplained rashes, skin irritation	40.4
20. Having constant or frequent metallic taste in mouth	38.7
21. Feeling jumpy, jittery, nervous	38.1
22. Fighting off a constant death wish or suicidal intent	37.3
23. Having sleepless nights and frequent insomnia	36.4
24. Undergoing unexplained chest pains	35.6
25. Feeling constant or frequent pain in joints	35.5
26. Experiencing tachycardia (100 heart beats per minute)	32.4
27. Unexplained fluid retention	28.2
28. Burning sensation on the tongue	20.8
29. Getting headaches just after eating	20.1
30. Experiencing frequent diarrhea	14.9

Oral Chelator

➤ contained elevated amounts of toxic metals such as mercury, lead, antimony, arsenic and uranium. I saw that all my patients working with metal – welders, machinists, auto mechanics, plumbers, painters, carpenters and jewelers had evidence of metal toxicity with high levels of toxic metals. Toxic metal poisoning was causing their various difficulties – mental problems such as depression, irritability, impaired impulse control, violent behavior, sleep disturbances, impaired concentration and memory, speech disturbances and neuropathies, severe headaches including migraine, premature aging, hair loss, chronic pain syndromes, hypertension, Raynaud's syndrome and thyroid dysfunction, GI disturbances, porphyria, gout, diabetes, autoimmune disturbances, allergies, immune suppression, and kidney, liver and heart failure.

“The effect of toxic metals on mitochondrial function causing impaired energy metabolism and the concomitant release of free radicals is a major issue in the pathologies of degenerative disease. Some 85 to 90% of free radicals produced cellular disruption from mitochondrial dysfunction. This leads to chronic fatigue and tissue damage resulting in long term degenerative disease. The overwhelming majority of metal poisoning (perhaps 98%) is due to chronic rather than acute exposure to toxic metals.” Dr. Greenberg states. “This leads to gradual insidious development of symptoms, often overlooked initially until damage is far advanced.

“The detoxification of metals in the liver is an energy-dependent process utilizing three molecules of glutathione for every molecule of toxic metal excreted,” says the physician, “For this leads to chronic depletion of glutathione, which together with selenium is necessary for the detoxification of chemicals, for protection against intracellular free radicals and for the conversion of relatively inactive thyroxin to the much more active T3.

“Initially I attempted to remove metals from the patients' tissues by using two potent synthetic chelating agents, DMPS [2,3-Dimercapto propane-1-sulfonic acid] and DMSA [2,3-Dimercaptosuccinic acid]. But many patients, especially those with chemical sensitivities with impaired detoxification mechanisms, encountered severe adverse reactions to taking these highly potent drugs. So I began seeking out natural and nontoxic chelating agents, and I found a whole host of them which I kept adding to my formulation,” Dr. Greenberg advises. “I used green foods such as cilantro extract for mobilizing toxic metals from the central nervous system and chlorella algae as ionic exchange resins to prevent reabsorption of toxic metals from the GI tract. Plus I formulated into my new and evolving orally-administered, over-the-counter food supplement trace minerals such as magnesium and selenium which reduce metallic toxicity and zinc which stimulates metallothionein synthesis.

“Into the oral chelator I put the amino acid N-acetylcysteine (NAC), the glutathione precursor L-glutamine, and alpha lipoic acid to raise glutathione levels. I included taurine for enhancing biliary excretion, inhibiting cytokine

release, and protecting the central nervous system, eye and leukocytes.” says Dr. Greenberg. “Alpha lipoic acid also binds intracellular toxic metals, and quenches free radicals. Vitamins C, known to enhance toxic metal excretion and vitamin E are part of the formula too. Methyl-sulfonylmethane (MSM) is added to enhance cell membrane permeability and reduce inflammation.”

Ongoing Studies with Dr. Greenberg's Commercial Product

This metal detoxification regimen was made into a commercial product initially called “Metal Flush,” but now marketed exclusively as *Chelorex*. In this product is a synergistic blend of ingredients which enhance the body's natural mechanisms for excreting the entire range of toxic metals and which also enhance the body's ability to detoxify chemicals. Because the formula contains both hydrophilic chelators and lipophilic agents which raise intracellular glutathione and pass through the blood brain barrier, it can remove toxic metals from intracellular locations and mobilize heavy metals from the central nervous system. For the past three years the manufacturer has maintained an ongoing study of *Chelorex* revealing very impressive decreases in levels of the entire range of toxic metals in hair and feces in all patients adhering to the recommended regimen.

The most impressive results have been seen in those patients with the highest initial toxic metal levels. The Carolina Center Study conducted by John Pittman, MD, (reported below) was remarkable not only because of the enhanced

Oral Chelator

fecal excretion of mercury but because of the impressive release of other metals including platinum, tungsten, beryllium, bismuth, lead, cadmium, uranium and arsenic. Why is this important? Because the presence of multiple toxic metals significantly lowers the toxic threshold for each of the metals present. Furthermore, synthetic chemicals, including pharmaceutical drugs, can and do cause mitochondrial dysfunction with its serious adverse consequences.

“Because Chelorex contains only natural substances, it causes minimal or no adverse side effects even for highly sensitive chemically-reactive people,” asserts Dr. Alan Greenberg.

The optimal Chelorex dosages for eliminating prolonged deposition of toxic metals from overburdened body tissues are the following:

Take one caplet per 10 pounds of body weight each morning; Take 1 caplet per 10 pounds of body weight each evening.

While drinking seven glasses of purified water per day, continue this therapeutic regimen for 45 days. Some persons may choose to take only one dose of 1 caplet per 10 lbs per day for 90 days. Following this therapeutic regimen, the manufacturer, Science Formulas, Inc., recommends a maintenance dosage level, which consists of three-to-six caplets daily with food.

Except for some infrequently-occurring minor side effects such as slight increase in urination or bowel movements, a feeling of sluggishness, transient mild headache during the first few days of ingestion from enhanced mobilization of toxic material, potential physiological benefits are likely to accrue. Reported by various

subjects are possible improved vision, increased energy and vigor, a greater sense of well-being, stimulation of libido, more stamina, reduced hypertension, a lower blood cholesterol reading, deeper sleep that comes on sooner, smoother skin tone, the lightening in color of age spots, improved coordination and balance, clearer thinking, better memory, reduction of pain, and diminished allergies.

For you to experience these potential benefits from taking Chelorex, Science Formulas, Inc., and its coordinating organization,

Cellphysics.org, are conducting a clinical study among participating volunteers. To be a participant, merely photocopy the “Participant’s Agreement” (a confidentiality agreement) shown here in Sidebar A. Fill in the information being requested, and mail/fax the signed form to Cellphysics.org, 6800 Fort Smallwood Road, Baltimore, Maryland 21226 USA; 410-636-0730; fax 410-636-0819. ➤

Sidebar A — Participant’s Agreement

This is a Confidentiality Agreement: Cellphysics.org or Science Formulas, Inc., will NOT release any participant’s personal information or records to a third party without the expressed permission of the participant. The participant’s final study data will be included in future reports and/or literature with the participant’s name and address. **Due to overwhelming response we are no longer accepting applicants for our study at this time**

This agreement:

I hereby agree to participate in a clinical study of the oral chelating agent Chelorex. I have read and understand this entire document and I agree to the above confidentiality agreement. I understand that neither Cellphysics.org, Science Formulas, Inc., its employees, affiliates, or officers make any claims to improve health and they are not responsible for any negative health effects that this clinical study may bring about or to which it may be a contributing factor.

Signature _____ Date _____

Printed Name _____

Street Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Email _____

Mail or fax this signed form to Cellphysics.org, 6800 Fort Smallwood Rd., Baltimore, Maryland 21226 USA; 410-638-0816 x247; fax 410-636-0819; Email: timw@scienceformulas.com, Mail hair sample to the same address.

(Please do not write below this line – Only for in-office use)

Cellphysics.org Clinical Study: DGB1D-2 _____

Cellphysics.org Staff ID _____

CP Staff Approval _____ Assigned Subject # _____

Date _____ Notes: _____

Oral Chelator

➤ Acquire your own hair sample in accordance with the Doctors Data, Inc. collection procedures as discussed in that company's *Hair Analysis Kit*. Mail your hair sample to the same address above.

Thereafter, a quantity of Chelorex will be supplied to you at no charge, and you will become a voluntary participant in the Science Formulas, Inc./Cellphysics.org study.

Responsibilities of the Voluntary Clinical Study Participant

The agreement that you signed as a voluntary clinical study participant may be withdrawn at any time. Merely mail a note, Email, fax, or telephone advising about your cancellation. If remaining in the study, you will do the following:

1. Provide a hair sample to Cellphysics.org for analysis by Doctors Data, Inc.
2. Take two doses per day, morning and evening, during a 45-day period or one dose daily during a 90-day period; Chelorex must become your regular and usual nutritional supplement. If Chelorex taken twice daily for 45 days becomes troublesome, then switch to one dose a day for 90 days. At 1 caplet ingested for every 10 pounds of body weight, a 180-pound person would be required to take 18 caplets per dose. Ninety doses would be 90 times 18 caplets for a total of 1620 caplets to complete the study. The caplets are furnished to you free.
3. On day 45 at two doses daily or on day 90 at one dose daily, stop taking the Chelorex food supplement.

4. On day 75 at two doses daily or on day 120 at one dose daily, provide another hair sample to Cellphysics.org as per the Doctors Data collection procedures. While the original test results will belong to Cellphysics.org and Science Formulas, Inc., copies of the participant's test results will go to the tested participant.

Please take note that only hair taken one-third inch from the scalp should make up the sample. Since hair grows at an average of 1/3 inch per month, at least 30 more days must pass to indicate the current level of toxic metal levels in the tissues. Make sure to use the test kit's scale to assure your sample quantity is adequate.

John C. Pittman, MD, is an Enthusiastic User of Chelorex

"About 18 months ago I listened intently to a presentation by Alan Greenberg, MD, on metallic poisoning and its neutralization. Dr. Greenberg's lecture was brilliant and exceedingly insightful. We had a long talk after his lecture," states Raleigh, North Carolina endocrinologist John C. Pittman, MD, Medical Director of the Carolina Center for Integrative Medicine, and a diplomate in chelation therapy. He has additional practice specialties in nutrition and preventive medicine.

Dr. Pittman continues, "The discussion between Dr. Greenberg and me resulted in my conducting a small Chelorex clinical study on the hair, urine, and feces of 19 patients divided into two groups. Fourteen people made up a two-dose group, taking the oral chelator for 45 days and five were in the one-dose group taking it for 90 days. I was one of the five.

"The patients each answered a questionnaire. My staff performed urine and stool sample collections at the study's start for a baseline, then two weeks into the treatment, and at the end of treatment. Hair samples were taken prior to treatment and finally, one month following the treatment's end. Analyses of the patients' hair samples were performed by Doctors Data, Inc." Dr. Pittman explains. "Hardly any of the patients experienced any side effects from taking Chelorex. I was one of the 90-day study participants who had symptomatic side effects which appeared as classic heavy-metal systemic stirrup. My symptoms included tinnitus, vertigo, sleep disturbances, fatigue, and a few tremors. However, elevated levels of mercury came down for me as indicated by a challenge test. Dr. Greenberg's Chelorex really works well as an oral chelator.

"The patients' laboratory results from Doctors Data, Inc. showed an overall heavy metal reduction of 84% in urine levels from baseline. Patients exhibited variable heavy metal reductions compared to hair sample readings at baseline. Also, compared to hair and urine testing, the participating patients' stool samples revealed even greater responses from Chelorex ingestion — a true chelating effect," assures Dr. Pittman. "The fecal samples at 14 days after the start of treatment revealed good mobilization of metals; one male patient had a 103% increase of toxic metals in his stool, and another man showed a 141% elevation of stool mercury.

"A 66 year-old female had a huge toxic metal jump in her feces content in two weeks to 23,393% elevation. The woman's poisons

continued on page 68 ➤

Oral Chelation Works!



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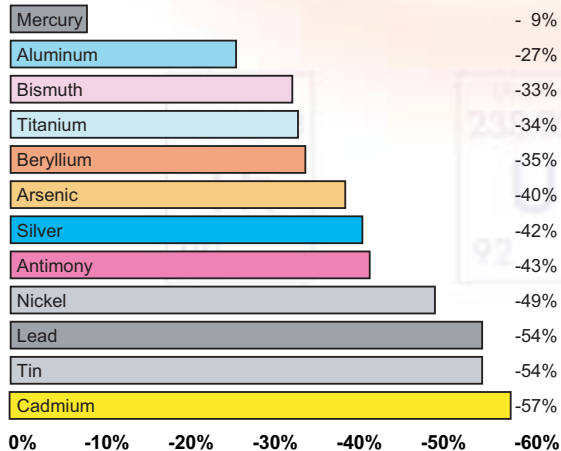


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Clinical Results Summaries

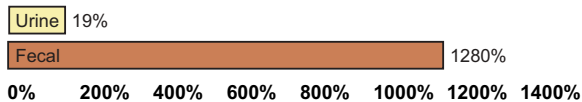
Toxic metal reduction after 90 doses of CHELOREX™



(Group average of 41 subjects)

Clinical results of toxic metal loss in hair for subjects with metals over the normal reference range after 90 doses.

Toxic metal excretion after 14 days of CHELOREX™



(Group average)

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What the Experts Say



Alan Greenberg MD, CEO S.F.I.

"CHELOREX™ has shown significant clinical results as both a stand-alone chelator as well as an effective adjunctive to boost IV chelation results."

Dr. Morton Walker, Author 72+ Books

"The Ultimate Oral Chelator is finally formulated as CHELOREX™" ...



John Pittman MD, Carolina Center

"My recommendation for anyone undergoing standard IV chelation therapy should be to combine their IVs with daily self-administration of CHELOREX™"



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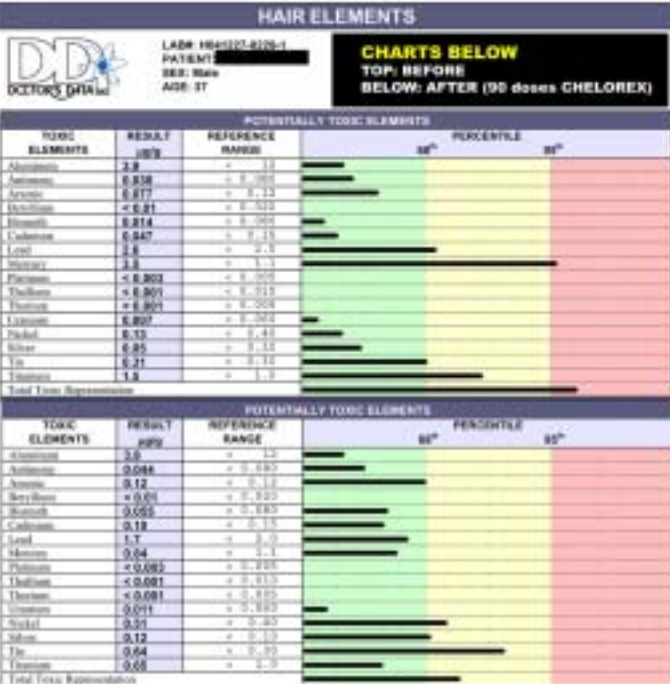
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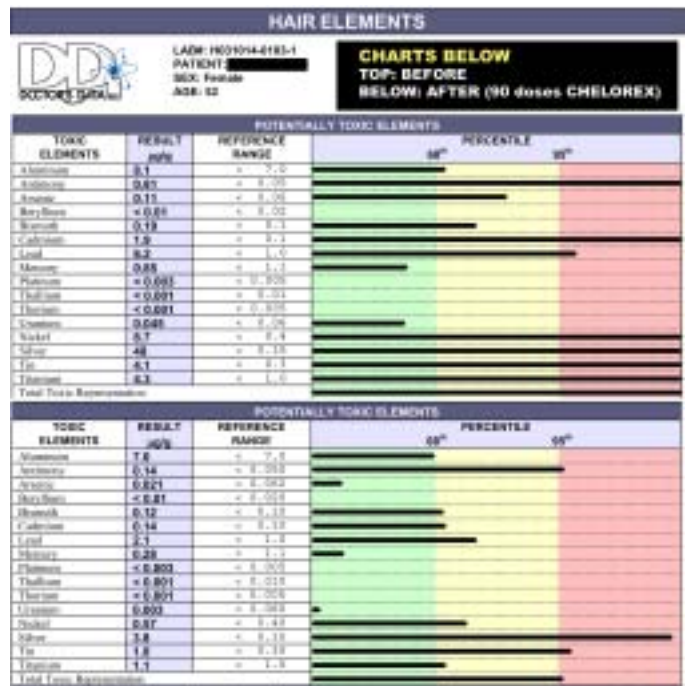
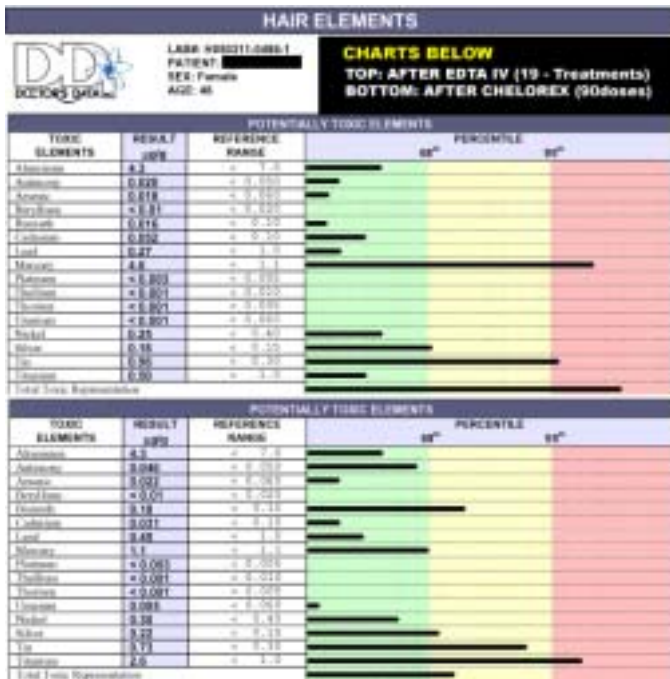
† THESE STATEMENTS HAVE NOT BEEN EVALUATED BY THE FOOD AND DRUG ADMINISTRATION. THIS PRODUCT IS NOT INTENDED TO DIAGNOSE, TREAT, CURE OR PREVENT ANY DISEASE.

Oral Chelator



Doctor's Data Chart: 37 year-old male who had amalgam removal 4 years ago. Subsequently had 10 IV DMSA treatments with severe side effects. In past year has had increasing fatigue, impairment of concentration, anxiety and difficulty with balance. Hair analysis reveals elevated Hg level 3.5 mcg/g.

Post-treatment Chart: After chelorex 1 caplet per 10 lbs of body weight for 90 days, mercury level in hair reduced to 1.1 mcg/g with marked improvement of all symptoms.



Doctor's Data Chart: 52 year-old female. Optician experiencing severe fatigue, impaired concentration and fine motor coordination, high pitched tinnitus, pain the elbow and lower back, swelling of body, hard nodules along tibia and chronic constipation. Hair analysis reveals marked elevation of antimony, cadmium, lead, nickel, silver, tin and titanium with moderate elevation of arsenic and bismuth.

Post-treatment Chart: After taking 4 caplets of chelorex twice daily with regimen of on 2 weeks and off 1 week for 18 months, levels of all metals are markedly reduced with marked improvement in fatigue, coordination, concentration, tinnitus, swelling of body, constipation and also reduction of tibial nodules in spite of continuing occupational exposure to metals. Note highly significant numerical reductions on chart.

Doctor's Data Chart: 46 year-old female diagnosed with lupus, fibromyalgia and chronic fatigue had eighteen IV EDTA treatments with severe side effects including nausea, headaches, fatigue and impairment of vision requiring a day in bed after each treatment. One month later hair analysis revealed elevated mercury at 4.6 mcg/g. Pt still had fatigue, and episodes of sensitivity to sunlight, impaired sleep, muscle aching, respiratory allergies and widespread pain.

Post-treatment Chart: Pt took Chelorex 1 caplet per 10 lbs of body weight twice daily for 45 days without diverse side effects. Pt noted marked improvement in energy and significant reduction in frequency and severity of episodes of sun sensitivity, impaired sleep, respiratory allergies and pain. Repeat hair analysis after 1 month revealed reduction of mercury to 1.1 mcg/g.

