



ASHEVILLE INTEGRATIVE MEDICINE

James Biddle, M.D.

The Sacred Cow of Bypass Surgery

Today's topic is perhaps the most controversial of all alternative medical therapies — Chelation Therapy. What is it? The IV infusion of a synthetic amino acid called EDTA that binds lead and other toxic metals, pulling them out of the body thru the urine. Why is it so controversial? Because some physicians also use it to treat vascular disease, or clogging of the arteries from cholesterol plaques. Why do conventional physicians get so outraged about Chelation Therapy? Because they think it doesn't work for vascular disease.

To put this in perspective, let's first look at the usual and customary treatments for heart disease, or clogging of the coronary arteries. The conservative approach is to give medicines like nitrates and beta-blockers to decrease the heart's demand for oxygen, which lessens angina. The next approach is angioplasty, in which a catheter is used to balloon open the narrowed part of the artery. The last approach is coronary artery bypass grafting, in which segments of the clogged arteries are replaced surgically. These procedures can help decrease symptoms, but are they needed and do they improve survival?

A Harvard group of cardiologists published two studies in JAMA showing that when patients are sent for bypass surgery or angioplasty, 75-80% were judged not to require the procedure upon referral for second opinion. Then, in the journal *Circulation*, there was no difference in survival between patients randomized to have either bypass surgery or conservative medical treatment. Even worse, the *Lancet* showed that when patients were randomized to have either angioplasty or conservative medical treatment, the angioplasty group actually had more heart attacks and deaths (6.3%) than the medical group (3.3%). Therefore, the published data show that these invasive and expensive procedures are 75-80% unjustified and do not improve survival overall.

On the other hand, studies published in the *Journal of Advancement in Medicine* show that of 22,765 vascular patients treated with IV Chelation Therapy, 87% had objectively-measured improvements. In addition, 30 patients with narrowing of the carotid artery had an average of 30% improvement by ultrasound after 30 treatments of EDTA. But my favorite study is from Denmark, where they gave IV Chelation Therapy to vascular patients who were already on the waiting list for either bypass surgery or leg amputation. Using IV EDTA, 58 of 65 bypass patients and 24 of 27 amputation patients were able to cancel their surgeries and walk away.

With such remarkable data, why is Chelation Therapy not given more consideration? I believe the main culprits are publication bias and paradigm boxes. You see, the *Journal of Advancement in Medicine* is not listed in the National Library of Medicine, so the "powers that be" will not consider the data. However, all the journals that are listed have refused to publish any positive studies concerning Chelation Therapy, while they are happy to publish negative studies. That's publication bias.

A paradigm box is the limitation of our ability to consider a concept or option outside of our current knowledge and training. Physicians truly have the best interests of their patients at heart, but they've been fundamentally trained to reject Chelation Therapy, so are generally unwilling or unable to take an honest look at the data. Unfortunately, their paradigm box has

been constructed by the huge pharmaceutical giants, who are the sole advertisers of every medical journal listed in the National Library of Medicine. I dare to say that they have a vested financial interest in suppressing knowledge of a relatively inexpensive, non-invasive, and non-toxic alternative for treating vascular disease.

I've seen scores of vascular patients improve dramatically with Chelation Therapy. Just as in the studies above, I've seen about 80% respond favorably, which makes me think that probably 20% of patients actually will benefit from angioplasty or bypass surgery. Maybe if we limit these procedures to those who first fail a trial of Chelation Therapy, we actually can improve survival and also save Medicare from bankruptcy.

Tragically, the Tennessee Board of Medical Examiners is proposing a resolution that will make it a crime for a physician to administer IV EDTA Chelation Therapy to treat vascular disease. We had similar problems here until 1994 when a grass-roots patient advocacy group called Carolinians for Health Care Access got the state legislature to pass a law that prevents the medical board from persecuting alternative physicians unless a physician is actually causing harm. Just recently, a similar grass-roots response turned back another effort to criminalize alternative healers in North Carolina. Our recurring lesson is that "The Price of Freedom is Everlasting Vigilance."