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## MTM Newsletter

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# **Laboratory News**

# Chelation Therapy and Diagnostics – What we should and shouldn't do

The phone calls, letters and e-mails we receive on a daily basis signal that the information flood is confusing to newcomers interested in pursuing chelation therapy.

In this issue, we provide scientifically based information, explaining logic and reason behind present diagnostic and therapeutic protocols, and because we critically and analytically evaluate our own work and the data received on a daily basis, we can make suggestions that can contribute to a wider recognition of the effectiveness of chelation therapy.

As before, we like to assure you that it is not our place to tell you, the physician, how to diagnose and treat. We can, however provide information that allows the critical evaluation of the enormous and often overwhelming amount of material.

### Note from E.Blaurock-Busch, PhD Editor

Through my present engagement, I publish research and related information on metal toxicology. I have been involved in the development of chelation protocols, both for diagnostic and therapeutic use, and I teach on an international level.

This may indicate that I "know-all" when in fact, I realize on a daily basis that I don't know much on what rules, regulates and creates difficulties for the practitioner and his/her personnel.

Let me know how your approach differs from others, and why. Let us know how we can help you and you staff.

If you have questions, I like to hear from you. Send an e-mail to service@microtraceminerals.com.



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## Practical Chelation Tips from Dr. Strey MD - about Injection needles

To administer EDTA or DMPS, a 25 gauge butterfly needle or 24 gauge Intra-Cath is recommended. A small needle serves two purposes:

- 1. it is easier and less painful to insert,
- 2. the small lumen prevents an excessive rate of infusion and
- 3. the inner diameter of approximately 0.30mm and the considerably shorter length of 15mm provide less surface (14.13mm2). Hence, the chelating agent has less surface to bind metals during contact, especially during longer injection or infusion times and. Also, if the chelating agent has been drawn, it should be administered as soon as possible.

We have noticed that provocation results of some clinics regularly show elevated urine concentrations of nickel, chromium and vanadium. Variations may be chromium-vanadium, nickel-chromium and chromium-nickel-vanadium steel needles. This coincidence may be due to the use of larger needles and we are presently evaluating this.

No.	Inner diameter	Length	Inner wall surface
1	0.65mm	40mm	81.64mm <sup>2</sup>
2	0.57mm	40mm	71.59mm²
12	0.47mm	30mm	44.27mm²
18	0.27mm	25mm	21.19mm <sup>2</sup>
25	Butterfly (about 0.34mm)	15mm	16.01mm <sup>2</sup>



#### About Dr. med. Reinhard Strey

Dr. med. Reinhard Strey, specializes in internal medicine, sports- und occupational medicine. He is Vice President of the German Medical Association for Metal Toxicology (KMT). As an experienced chelation therapist he advices us on the practical aspects of chelation.

We hope you find his information useful.

### Contrasting agents and diagnostic aspect

The information provided on sample submission sheets is valuable. It eases the analytical and the validation process. For example: if your patient received a contrasting agent such as gadolinium or iodine, it is important for us know. Tell us what agent was used and when. Reason: if the body has been flooded with high amounts of a contrasting agent, urine excretion will be extreme for several days after exposure. A urine baseline sample would show extreme values, - and our instruments will be in dire need of cleaning, which takes valuable time.

Chelating agents bind metals such as iodine or gadolinium and if a provocation test is taken, the analysis will show extreme concentrations of the contrasting agent, because all chelating agents first bind the metal that is most easily available in high quantities. In other words, the toxic urine profile taken one to several days after the administration of a contrasting agent would show extreme concentrations of said agent. The binding of other metals will be limited, because, the chelator's 'claws' were quickly saturated.

If your goal is to use chelation to quickly eliminate the contrasting agent from the body, there is no need to do a urine test. It can be safely assume that the chelator will cause the urinary concentration of the contrasting agent to be extremely high. There is no need to prove that fact with numbers that may have little meaning. If, however, you need proof, ask for a single element test. You save the patient (and us) money.



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We appreciate receiving detailed sample submission sheets, and we do put that information to good use, for your benefit and ours.

### Sample Shipping

Aside from the sample submission sheet, our urine kits include a metal-free urine tube and a protective container.



Please make sure that the urine is not place inside the protective cover as is shown here. The urine sample would be contaminated.

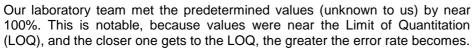


### **Export/Import Papers**

Samples that arrive via postal service without proper custom papers will not be delivered to us – unless we pay an extra €35 to the German postal service. This charge will be passed on to the patient or submitting party.

#### MTM participated in environmental research testing of blood tubes

For a population representative environmental study by the German Environmental Protection Agency (UBA), we examined blood tubes (glass and PET vacutainers) for metal contamination.







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# **Medical Workshops and Conferences**

International Conferences & Workshops 2015 / 2016

**Toxicology Workshop for Beginner** 

(Applied for Accreditation by German Medical Board)

Nuremberg, Germany (German)

More information...

**KMT Workshop** 

10/31/2015 49. Medizinische Woche 2015

Baden-Baden, Germany (English/German)

More information...

**Medical Seminar** 

02/20/2016 Update on Chelation, Diagnostics & Treatment

Nuremberg, Germany (German)

Seminar Melbourne

03/06/2016 Update on Chelation, Diagnostics & Treatment

Melbourne, Australia (English)

Seminar Brisbane

03/08/2016 Update on Chelation, Diagnostics & Treatment

Brisbane, Australia (English)

**Seminar Sydney** 

03/09/2016 Update on Chelation, Diagnostics & Treatment

Sydney, Australia (English)

**Nonmedical Seminar** 

04/09/2016 Update on Chelation, Diagnostics & Treatment

Nuremberg, Germany (German)

#### More information about Toxicology Workshop for Beginner:

This workshop (in German) is not only for those inquiring about chelation protocols. We recommend it to those chelation therapists who strive to update existing knowledge. Dr. Strey will provide practical information and discuss patient cases.

## More information about KMT Workshop:

09:05-09:30:

Lecture from E.Blaurock-Busch: ADHD, Autism and Alzheimer disease - similarities

15:45-17:45:

KMT Workshop; Prof. Efrain Olszewer. History and results of chelation-therapy – relevant links to orthomolecular medicine I am proud to say that I could convince Prof. Efrain Olszewer of Sao Paulo, Brazil to lead this year's KMT Workshop (in English with translation). He is one of the most reclaimed chelation therapists in the world whom I have known for over 30 years, and during my participation at this year's Congresso Ortomolecular in Sao Paulo, I was once again impressed by this multitalented speaker and humble man. About 1500 physicians and allied health practitioners attended lectures, most from South American countries.





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Details and updates under:

http://www.microtraceminerals.com/en/workshops

# **Studies and Analyses**

■ Environmental research - Chronic Metal Exposure, Air Pollution and Cancer in Haifa, Israel

Air pollution is a worldwide problem to millions of people exposed to concentrations of air pollutants above safety standards, including fine particulate matter (PM2.5). In Haifa, Israel, the apparent link between pollution and cancer development is a topic of concern. Our study evaluates the metal exposure of children and adults residing in the Haifa area. We detected a high toxic burden to combustion metals such as nickel, and potential carcinogens such as mercury.

We collected samples of hair from people living in and around Haifa between 2007 and 2015. We analyzed test groups of adult males and females, and children with a median age of 6.6years. Multiple metal exposure was determined in all groups, with the greatest burden found in children.

The study can be viewed or downloaded here:

http://www.microtraceminerals.com/en/diagnostic-humans/hair-mineral-analysis/hair-analysis-research

If you have any questions please feel free to contact us.

We wish you a nice time.

Your

E.Blaurock-Busch and Team