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Dr. JULIAN WHITAKER, host:

Well, today we are going to talk about heavy metals and we're going to talk--we're going to have a special guest, a **Dr. Rashid Buttar**. He's an excellent wellness physician. He practices in Charlotte, North Carolina. He is board certified in wellness medicine. He's board certified in allergy medicine. He is a fellow of the preventive medicine--he is a fellow of the American College of Advancement of Medicine; it's a group that I belong to. And we're going to be talking about heavy metals.

But first let's talk about lead, this is a primary heavy metal that we are exposed to.

By the way, our telephone number is 1-800-307-3002. That's 1-800-307-3002. Please join this conversation. We invite you to join this conversation. And when you call in to ask a question or to make a comment, this is what I want you to do, this is going to be a new rule for the Dr. Whitaker show, as soon as you call in, the first thing you do is you give me one thing that you're grateful for.

Gratitude. I want to instill gratitude, regardless of the problems are that you have, you'll always have those. I want to instill gratitude. Gratitude makes you prosperous. The more grateful you are, you are by definition more prosperous even though nothing has changed. If you're grateful for something, it becomes a magical plus in your life. So, you call in to the Dr. Whitaker show, I want to hear some gratitude. Then ask your question.

But let's talk about lead. Automobile and industrial emissions have been contaminating the soil; lead-based paints have been contaminating the soils, lead soldered pipes, especially pre-1950--in sump cans. In recent years we've lowered the amount of lead in gasoline and we banned lead-based paints. But we still carry enormous amounts of lead that have been deposited in our environment in the past.

It all started the first couple of decades of the 20th century. There was a gentleman that discovered that adding lead to gasoline would eliminate some of the knocking. It didn't make the gasoline more powerful, it didn't give you better gas mileage, it just made the engine run a little bit smoother. With that discovery and with the addition of lead to gasoline, we polluted the entire continent in only 35 years.

We have now lead in glaciers that was never present before. We now have lead in our systems, which we are accepting as acceptable, which were never present before because lead was never so widely distributed in such small amounts that it could get into our system.

What are the acceptable levels? The current acceptable blood levels of lead from occupational exposure is 40 micrograms per deciliter. Levels as low as 10 micrograms, however, are linked to very adverse effects in children. To make the point in specific, there is no safe level of lead. And that's what we're

going to be talking about with **Dr. Buttar** in just a few minutes.

Children--lead toxicity is devastating. It's associated with two to three point decrease in IQ test scores for every increase of 10 micrograms in the blood. It's also associated with neuro-developmental abnormalities. It's likely that lead is a part of all of the attention deficit disorders that we're seeing, behavioral disturbances, learning disabilities, deficits in fine and gross motor development.

In adults, the lead harms kidneys, the nervous system, causes anemia and miscarriages and increases the risk of high blood pressure and accelerates free radical damage.

We're going to be talking about a therapy called chelation therapy. This is the infusion of EDTA. EDTA is a molecule that when it gets into the blood, it will go to the bone, it will go to the tissues and it will chelate lead, meaning that it will bind onto a lead molecule. With the EDTA binding onto the lead and also arsenic, it causes a mobilization. It actually sucks the lead out of bone and out of tissue, puts it into the blood supply and when it's in the blood supply, it goes to the kidney and it is excreted. When you give EDTA intravenously and then you test the lead levels in the urine, they dramatically increase because the lead is mobilized and is removed by the EDTA.

Both Dr. Buttar and I have been using EDTA as treatment modalities in our patients for 20 years, at least I've been doing it for 20 years. And I remember when I first started using EDTA I was always hesitant because it's all so political. Doctors who do chelation therapy are harassed; we're criticized for using this for cardiovascular disease even though it helps our patients. But the primary thing it does, it is a treatment for these lead levels.

Stay right where you are, there's more to learn on this subject. I'll be right back.

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(Commercial Break)

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WHITAKER: This is Julian Whitaker, America's wellness doctor, here in Newport Beach, California, director of the Whitaker Wellness Center. And I am happy to have as my guest, **Rashid A. Buttar**. He is a doctor of osteopathy, he's a fellow of the American Academy of Preventive Medicine, a fellow of the American College for the Advancement of Medicine and a fellow in the American Academy of Integrative Medicine. He, like me at Whitaker Wellness, uses chelating therapies in his practice.

And the first chelating therapy that we want to talk about is the intravenous use of EDTA. EDTA has been around for over a half a century. It is approved by the FDA for the treatment of lead toxicity. I know, and correct me if I'm wrong, **Dr. Buttar**, but I think that is the only therapy that they were using when they had Chernobyl and they had the meltdown in the radioactivity and they had a lot of radiation sickness and so they used EDTA to attach and remove some of the metals as a treatment for radioactivity. Is that correct?

Dr. RASHID BUTTAR (Osteopathic Doctor): Yes, sir, that is correct, Dr. Whitaker.

WHITAKER: Yeah, because you see the radiation was in the metal and when you put something in that attaches to the metal, radioactive or not, you need to get the metal out in order to get the radiation out. And that is one of the elements that they were using. But we use it because people that have cardiovascular disease, people that have peripheral vascular disease, pains in the legs, they get substantial results when treated with EDTA.

They now have an NIH sponsored trial called the TACT Trial on EDTA chelation therapy. It's moving forward. Are you involved in that trial, Dr. Buttar?

Dr. BUTTAR: Yes, Dr. Whitaker. I was actually one of the first four sites that was granted as an investigational site. The problem was, unfortunately, that almost all the patients that came to us-- we had probably three dozen patients that came to us, but when they found out that there was a 50 percent chance that they would not be getting the actual chelater, that they may be getting a placebo--we had everybody that opted to actually not participate in the study and actually just wanted to get treatment. So, we, unfortunately, have not had very good success with enrolling patients in the TACT Trial.

WHITAKER: Well, I didn't even try it for that very reason because, number one, when patients come to me as they come to you, they come because they want to get well. So it wasn't something that I was interested in either, but it is ongoing and it is a study to look at chelation therapy. Chelation therapy has been experienced by millions of people in the United States.

You've infused 300,000--not patients, but 300,000 infusion. Mine is up there close to that as well. Haven't really counted it, but I've been doing it actively for 20 years. And so we both have a lot of experience in EDTA. Why don't you explain to our listeners how EDTA works to reduce the body burden of both lead and arsenic?

Dr. BUTTAR: Actually, Dr. Whitaker, the--I'd like to take a step back and just bring up one historical fact that I think goes right along with what you mentioned with how long EDTA has been approved before we go into the other aspect, if I may.

WHITAKER: Go right ahead, please.

Dr. BUTTAR: I wanted to mention that EDTA stands for ethylenediaminetetraacetic acid. EDTA was actually an approved drug by the FDA for cardiovascular disease and was actually listed in the Physicians Desk Reference in the 1950s as one of the first line of therapies against cardiovascular disease. But upon the advent of bypass surgery, that recommendation in the PDR mysteriously disappeared. I wonder why that happened.

WHITAKER: Oh, it happens all the times and our listeners know how it happens, and so, you know, it's a turf war. You know, they have this surgical option and all of a sudden we have non-surgical, very inexpensive option so they want to eliminate us to eliminate the competition to the surgeries. People have to know that's how the world works. If you don't know that that's how the world works then you haven't been watching the world. But go ahead, we're listening.

Dr. BUTTAR: Well, it's a very disturbing fact as it is to you, Dr. Whitaker, as it is to me and as it is to thousands of other doctors that do understand that there is a better option out there than having bypass, that modality treatments such as EDTA has gotten not only unfair scrutinization but condemnation from the medical profession. The question that you asked me was how does EDTA work at improving the symptoms of cardiovascular disease. And there are many postulated theories for this, but the basic commonality comes down to the fact that there's a metal in the body and metals cause oxidative damage.

Certain types of metals we refer to as heavy metals and even certain metals that are considered essential minerals, like copper and iron, in too high of a dose will cause this oxidative stress. And oxidative stress is essentially the free radical reaction. And for the listeners, to simplify this concept, if you take an apple and you cut it, within a couple of minutes the edges of the apple where you cut turn brown, that is evidence of oxidative stress, or what we call the free radical reaction or the reduction reaction. It's also oxidation.

Now, that happens inside the body at a constant rate and certain things that we do accelerate that, like eating, exercise--that accelerates it, and then the bodies create our own antioxidants. An antioxidant is something that actually essentially prevents that browning of the apple--or also it is referred to as the rusting process. And an antioxidant actually slows down the rusting process and that's essentially what EDTA does.

But EDTA goes into the body, the way it does it is it goes into the body, binds to the metal and pulls it out of our bodies so now that the cause of the rusting process is no longer there. So it reduces the oxidative burden in our systems. What the metal does in our system to cause this free radical reaction, or this rusting process, to occur is a phenomenon referred to as lipid peroxidation. And what that is--is--causes the cell membranes within the vascular tree, within the arteries--it actually causes them to oxidize and it causes there to be damage on that cellular membrane.

WHITAKER: OK. There's--

Dr. BUTTAR: **Now there's many different--I'm sorry, go ahead.**

WHITAKER: Yeah. Let's jump to the chase now and let's take this and bring it down to the clinical realities of the improvement. Basically, let me reiterate what you said, that you have a lot of these metals in and of themselves that are toxic--lead and arsenic--and then when you have high levels of copper and high levels of iron, they also act as oxidative lightning rods and so you're having damage to be done.

Then we use EDTA. EDTA is put into a solution; it is administered along with magnesium because magnesium helps to dilate the arteries and to smooth out the heart rhythm. There are other vitamins in the infusion fluid as well and that's variable, but the key thing is the EDTA. Now the EDTA gets in and it binds with these metals and then they take a quick trip to the kidney, where they are excreted.

I like to tell my patients you can tell if it's working--is if when you pee into the toilet, you hear tinkles of a metal going into the toilet, but actually they never do that because it's liquid. That's essentially what's happening and the amount of metal that you find in the urine in people who have received the EDTA treatment is substantial.

So it is--our experience, with patients facing amputation, patients facing angioplasty, patients facing bypass--it's one of the options that are without question, in my opinion--gives a superior and safer result than does the surgery in question.

Dr. BUTTAR: **Oh without a doubt, Dr. Whitaker. I would like to mention also is what they found is that many of the studies that have been done that show that the cause of heart disease is actually the atheroma, the plaque formation, which actually is a response to microvascular damage, I mean small, small microscopic damage. But when somebody undergoes bypass, there's no longer microscopic damage because they have to cut that vessel and now it becomes macroscopic damage. And the studies in the Journal of the American Medical Association itself showed that patients that have bypass surgery had a rate of--atheroma formation, clot formation, 10 times greater after the surgery than they did before.**

WHITAKER: Oh yeah, and I can talk about that. I think that the whole surgery thing is a house of cards. The CASH study back in 1983 showed that there was not even a trend of benefit when it came to a reduction in heart attacks or heart death. And when patients have this out of fear, they're being dishonestly made fearful.

We will be right back to discuss more of the options for cardiovascular disease. We're talking to one of the experts in EDTA chelation therapy. This is Julian Whitaker, America's wellness doctor. Call us, 1-800-307-3002. We'll be right back.

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WHITAKER: And I am broadcasting from the Whitaker Wellness Institute here in Newport Beach, California. And again I want to welcome our new listeners, 1360 KMNY in Dallas, Texas. They are 50,000 watt. They're a blowtorch down there. Welcome Dallas. Hey, give us a call Dallas. Our telephone number is 1-800-307-3002. That's 1-800-307-3002. Any health problem that exists I will try to

give you a wellness solution.

We have an expert guest with us, Dr. Rashid Buttar. We're talking about the use of chelating agents to take out heavy metals, and also excessive amounts of other metals to improve health. He and I have been using these therapies for--me, for 20 years. How long have you been doing it, Rashid--Dr. Buttar?

Dr. BUTTAR: I've been doing it, Dr. Whitaker, for 11 years, since 1996--12 years, when I got out of the Army.

WHITAKER: That's excellent. I was already in a holistic wellness practice, but I didn't start the chelation until the mid-1980s. And one of the reason I didn't start is the same reason physicians will be hesitant today. It is competitive with heart surgery. It is competitive with the drug industry for cholesterol control. It is competitive with the treatment of diabetic ulcers. It is competitive with a lot of elements because we do a better job, we get better results and it's safer, and it's far less expensive.

So when you have that kind of a competitive edge in terms of cost and usefulness, the guys doing the surgeries get upset and come after us tooth and nail by manipulating the state boards, manipulating the insurance companies and the like. But in general, the therapy is--has been growing in popularity from word of mouth, from patients who've had it and tell other patients about it, and we welcome your calls, listeners, at 1-800-307-3002. Any question at all and when you call in, I want you to give me something that you are grateful for because that will increase your prosperity.

Dr. BUTTAR: Dr. Whitaker, while we're waiting for a question to come in, I was going to make a comment, if I may, about gratitude--

WHITAKER: Go right head.

Dr. BUTTAR: It's such an important thing and I wish other doctors would spend as much time as you mentioned just now, because that's one of the things I spend with my patients, talking about love and gratitude. But the fact that when you are grateful, it just--more things seem to come your way. So it's a phenomenal component to actually share with patients and I appreciate you doing that on the radio.

WHITAKER: Well, I appreciate you noticing that. I think we're definitely in the minority there when it comes to docs, don't you think?

Dr. BUTTAR: I agree with you 100 percent and I think to be a doctor, to be an effective doctor, you must take care of your patient on all levels, not just the health but the whole system. And I think that that one component right there, being in a state of love and gratitude, is probably the most essential thing from a basis to achieve optimum health, and many other things too. But just the health aspect alone, when a person is grateful they start realizing how much--how much they could have been suffering and they're not suffering and then one day in that better state of resonance, you know, just better things start to happen.

WHITAKER: You know, you've got two pages of--in your bio, but what you've just said has caused you to rise in my estimation far more than what I've read because--

Dr. BUTTAR: Well, thank you, Dr. Whitaker, you actually--when I was in general surgery residency, I remember getting these patients that were bringing these news letter and these news letters had, you know, Julian Whitaker on there and I remember that was my introduction to you, way before I even knew about holistic medicine. And you know one of my--I think my uncle, Montevelli, so that was almost my exposure.

WHITAKER: Oh yes.

Dr. BUTTAR: And so, that was also my exposure, but you know it's interesting what you said, you

were already in holistic practice when you learned about chelation. I'd like to tell you and the listeners what my introduction to chelation was.

WHITAKER: Go ahead. I'll tell you what--

Dr. BUTTER: It was in 1993, I was the chief of emergency medicine at Moncrief Army Community Hospital at Fort Jackson, South Carolina and I had a patient that came into me at 2:00 in the morning who was having some rectal bleeding. And I asked him some questions. He had constitutional symptoms; I suspected some type of neoplasm, sent him up for a CAT scan, sure enough it was cancer and I asked this gentlemen--he told me that he'd been having this problem for 10 months and I said, 'What in God's name made you wait 10 months--wait 10 months with rectal bleeding and then finally come to the hospital at 2:00 morning?'

And he said, 'My chelation doctor told me it would clear it up.' That was my introduction to chelation. My first question was, 'What the hell is chelation?' And my second question was, 'Who is this idiot who told this patient that it would correct the bleeding?'

WHITAKER: That's a fly in the ointment.

Dr. BUTTAR: That's obviously a wrong thing to say because the doctor, whoever said that, was given a piece of misinformation. And I want to make sure that the listeners also realize that there are good doctors and bad doctors, just like there are good mechanics and bad mechanics and good in everything, but that was my introduction to chelation. And 12 years later, 13 years later, well actually in 2003, I became the vice chairman of the American Board of Clinical Mycotoxicology and in 2006 I became the chairman of the American Board of Clinical Mycotoxicology.

WHITAKER: A bunch of chelaters.

Dr. BUTTAR: So I went from one extreme to this other extreme.

WHITAKER: I know. It's because--just because you had a bad doctor saying the wrong thing doesn't make the therapy wrong.

Hey, let's go to Lisa in Los Angeles, California. Hi, Lisa. What's going on with you and what are you grateful for Lisa?

LISA (Caller): I'm grateful to have my parents alive.

WHITAKER: Fantastic. OK. Now give me another thing that you're grateful for, just a thing. Anything else you're grateful for?

LISA: A thing?

WHITAKER: Excuse me?

LISA: Like--I don't know. I'm grateful for air.

WHITAKER: Air. OK. It's nice to breathe. All right. Lisa, what's your question?

LISA: My question is, would this help somebody with iron overload, the hereditary--

WHITAKER: Absolutely. What do you think, Dr. Buttar?

Dr. BUTTAR: Absolutely. I think it is one of the best things for iron overload, a very, very simple aspect. In fact, one of the things that we have to do when we're doing chelation on patients is

monitor their iron level in case it drops too low.

LISA: Oh, I see.

WHITAKER: And there's special iron chelators as well that--I know some iron overload is treated by regular phlebotomies, meaning that they let blood out. OK, that's one way of doing it. Then you can also treat with--what is the iron chelator?

Dr. BUTTAR: **Deferoxamine.**

WHITAKER: Deferoxamine, right. And that can be used. So yes, chelation can be used and should be used for iron overload. Anything else?

LISA: No, that's it. Thank you.

WHITAKER: You're so welcome. Hey, get your family member in the hands of a chelation physician and take care of that iron, even if they're getting phlebotomies, which is meaning "bleeding," the chelation would be very, very helpful. OK.

LISA: OK, great. Yes. Thank you so much.

WHITAKER: You're so welcome.

Ben in California. Ben, what are you grateful for?

BEN (Caller): I'm grateful for not taking any drugs, for being enough informed not being sick from taking drugs. (sic)

Dr. BUTTAR: **That's awesome.**

WHITAKER: Hey, you're a man after my heart. How can I help you, Ben?

BEN: OK. I would like to ask you, a couple of weeks ago you talked about this formula by Schiff, Move Free.

WHITAKER: Move Free Advantage, right.

BEN: OK. In one of the ingredients, it says it has polyethylene glycol, isn't ethylene glycol antifreeze?

WHITAKER: Yes--actually, it is and I think that is some kind of excipient in small amounts and I'm not sure what the poly means. And to tell you the truth we're going to have to have Dr. Luke Bucci on the next hour and he actually is a research assistant for Schiff. So if you want to, you can pick up this same show on Healthy Talk Radio, call us in and ask him that question when he's on and he'll tell you. But frankly, Ben, I can't tell you.

But I can tell you I know the Schiff company, they've been around for a long time and I can almost assure you that there's no negative consequences from that excipient in that particular product, OK.

BEN: Can I ask you one other thing?

WHITAKER: Please do.

BEN: OK. Are you familiar with scleroderma or morphea--it's a form of scleroderma--if there's anything that can be done about it?

WHITAKER: My feeling about scleroderma is that the most effective therapy is DMSO.

BEN: DMSO?

WHITAKER: DMSO. Yeah. It's the same kind of therapy they use with horses. Now, the problem with using DMSO is that it has a terrible odor. It's like fried eggs or gar--I mean not...

BEN: Garlicky.

WHITAKER: ...like rotten eggs or garlic...

BEN: Yeah.

WHITAKER: ...or--or stuff like that. And the people that have the odor don't--don't know it. I know I was using a lot of DMSO in my practice 10 years ago and the whole hotel stunk. And you'd walk in where there'd be 40 people having dinner, and there'd be two or three people that had a table all to themselves.

BEN: Yeah.

WHITAKER: So, we have curtailed the use of DMSO, and we now use MSM in large amounts. But--

BEN: You use--you use this as a cream to put on--on top of those of those lesions? Or...

WHITAKER: Yeah. Now, if you use it as a cream, you're not going to have much of an odor.

BEN: Oh. I see.

WHITAKER: So, if it's on your hands--

Dr. BUTTAR: Dr.--Dr. Whitaker, if I can interject here?

WHITAKER: Please do. Please do, sir.

Dr. BUTTAR: DMSO is a very effective chelater. One that we use--and we've had tremendous success with scleroderma and other autoimmune diseases, even--including myasthenia gravis and some of these--is DMPS, which is another chelater.

WHITAKER: Right.

Dr. BUTTAR: It--the reason DMSO works so well, and the reason DMPS works so well, is because they chelate out mercury. And again, we're talking about chelation with EDTA. But in scleroderma and these other autoimmune diseases, one of the biggest common causes of the people having these symptoms is the heavy metal burden that the body can't dump.

In other words, a normal person with cardiovascular disease, when you chelate them, you'll actually see the metals coming out. With scleroderma and autoimmune diseases, sometimes you can't see the metals coming out because they're so engrained within the system. So, it takes more consistent treatment. But as you start getting these metals out, especially mercury, you will see a vast improvement of scleroderma.

WHITAKER: Very good point. Ben, take that to heart. Call...

BEN: Yes.

WHITAKER: ...somebody that does this. We're local in California and Newport Beach. We do what we--what we've just been talking about. He's available in North Carolina. You can find some other chelation docs. We're the American College for the Advancement of Medicine. But there are ways to handle

scleroderma other than just steroids. Thank you so much for the call, Ben. OK?

BEN: Thank you.

WHITAKER: Tony, California. What's going on, Tony.

TONY (Caller, California): Hi, Dr. Whitaker.

WHITAKER: Hi. How are you?

TONY: Good. I--

WHITAKER: What are you grateful for, Tony? What are you grateful for?

TONY: I am grateful to be in love.

WHITAKER: Wonderful! All right! I won't press you on that. It'll take all day. So, anyway, what's your question?

TONY: My question is is there anything other than--than Mirapex to treat restless leg syndrome? Because I've had it for about four years and I just haven't--I haven't heard or found anything that is genuinely effective.

WHITAKER: I--you want something genuinely effective?

TONY: Yes, sir.

WHITAKER: Well, you got a pencil and paper?

TONY: Yes. I'm--yes, I do, right now. Yes.

WHITAKER: All right. Here's something genuinely effective. OK? And it's something I've been using for 25 years. Back in the '80s I started using this. And it's Dilantine. It's an anti-seizure drug. D-I-L-A-N-T-I-N-E.

TONY: OK.

WHITAKER: Now, don't take my word for it. I want you to go--you can call this number. Write this down. Here's a telephone number, that--we have the book I'm recommending. The telephone number is 800-810-6655. That's the number to my store.

Now, what I'm recommending is a book by Jack Dreyfus. He's the one that did the Dreyfus Fund. He's a Wall Street tycoon. He has spent \$80 million studying--used studying Dilantine for non-seizure disorder. Restless leg syndrome is a non-seizure disorder. Dilantine compared to that Mirapex, or whatever it is you're talking about, doesn't have anywhere near the potential for side effects as that drug does.

TONY: OK.

WHITAKER: And this worked. So, that's your solution. You--in the book, you can look up restless leg syndrome; you can look up anxiety; you can look up depression; you can look up, you know, bipolar. You can look up all these things that people are taking all this chemical soup for. And Dilantine just kind of alters a little bit of the re-polarization variant in the nervous system and eliminates a lot of these repetitive movement problems. OK?

Dr. BUTTAR: Dr. Whitaker...

TONY: My I ask another question?

Dr. BUTTAR: ...if I can add something to that?

WHITAKER: Go right ahead, sir. Please do.

Dr. BUTTAR: One of the components of restless leg syndrome is also vascular insufficiency. And they actually end up having--it's a neurological manifestation of a poor circulatory system. It can, actually, also be seen with diabetics because of diabetic insufficiency--diabetic vascular insufficiency. And the most effective thing for this is actually the subject of this call, which is EDTA chelation.

WHITAKER: EDTA chelation.

Dr. BUTTAR: It'll improve the vascular supply there. And I have had many patients that have come in in the middle of the night in emergency rooms, when--when I was doing emergency medicine 10 years ago. This is one of the most effective ways of increasing circulation in the lower extremities, improve sensation. With diabetics, their glucose levels drop down, the pain disappears, the restless leg--leg syndrome disappears. It's phenomenal. So, in addition to the Dilantine, I would certainly recommend...

WHITAKER: Yeah.

Dr. BUTTAR: ...that you see--get...

WHITAKER: Yeah. That--yeah.

Dr. BUTTAR: ...evaluated for that component.

WHITAKER: That would get right to the heart of the problem. It would also improve your health, as well.

Get a hold of the book, consider either coming to a physician to be evaluated for your circulation and evaluated for chelation, and get on with your life, Tony. OK? That--that book is "The Remarkable Drug" (sic) by Jack Dreyfus. And I do chelation, and you can find other physicians that do chelation, as well.

Now, we have been talking with Dr. Rashid Buttar. He is an expert in EDTA chelation and other forms of chelation to improve the circulation and improve the general health. I'm going to have him stay for the final segment, which is coming up in just a few minutes. Call in. Our telephone number is 1-800-307-3002.

Leonard in Ohio, we'll be with you first, next. Stay right where you are.

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WHITAKER: And I am an MD and I am broadcasting from the Whitaker Wellness Institute. And I have, as my special guest, **Dr. Rashid Buttar**. He is also a DO and practices medicine out of Charlotte, North Carolina. And we are both chelation doctors.

And Leonard in Ohio. Quick question. What can we do for you, sir?

LEONARD (Caller, Ohio): Hi, Dr. Whitaker. I'm calling for--

WHITAKER: First, what are you grateful for?

LEONARD: I'm grateful that I found--I found your show about six years ago, and now, I'm much more healthier.

WHITAKER: Hey, that's great! Thank you, Leonard.

LEONARD: You differentiate the truth from the false.

WHITAKER: Hey, I--hey. You're--you're a man after my own heart. Go ahead. What can I help you with?

LEONARD: This is for a lady who has breast cancer. She just had the lumpectomy. She's got the hormonal type of cancer. And two of her lymph nodes--now, I don't know if she meant the nodes themselves or cross-sections--show that, you know, it has cancer cells.

WHITAKER: OK.

LEONARD: So, she's got--

WHITAKER: Let me tell you--hold on. Don't go any further. All right. I've had him on the show before. You might have heard his name. It's Dr. Stanislaus Burzynski. Have you heard of him?

LEONARD: Right.

WHITAKER: All right. Here's his telephone number. 713-335-5697. That's 713-335-5697. Tell him I told you to call him.

Now, let me tell you what. **Dr. Buttar** and I could put together treatment for cancer that is better than anything that is done by any conventional oncologists. I know we could. The reason we don't--or at least the reason I don't--is I don't want to go to jail and I don't want to live in Mexico.

Dr. BUTTAR: Exactly.

WHITAKER: But we could. However, Dr. Burzynski is a step above that because he has discovered the antineoplastons, which actually block the--the cancer cells' division rate. And it does it non-toxically. It's not even toxic. And by doing that, then the cancer just dies.

Secondly, he's such an intelligent guy, that when you--you begin to look at the chemotherapeutic agents, he does genetic tests on patients, particularly breast cancer, to find out if the therapy they're--they're receiving that is going to work based upon the genetic profile. So--many physicians don't test because the pharmaceutical companies don't tell you that they genetically test the individuals that they enrolled in the trial. And then, that makes the trial look good. And then, doctors use it on all patients, even though the genetic testing of all of them would show that only maybe 20 percent of them could expect results. So, he does both.

He has a very effective therapy for the--the cancer itself, and he genetically tests. And that number is 713-335-5697. OK, Leonard? Call--call me back in three weeks and let me know how you're doing. OK?

This is Dr. Julian Whitaker. I've enjoyed my hour with **Dr. Rashid Buttar**. It's like old home week. He and I do many of the exactly the same things. We will be sure to have him back with us.

Dr. Buttar, thanks for coming on the show.

Dr. BUTTAR: Thank you, Dr. Whitaker.

WHITAKER: All right.

We're winding up this hour. It's been fun. I hope it's been helpful. I hope it's been informational. And I hope that you can take this, and hope that you can live longer and stay healthy.

This is Julian Whitaker, MD, America's Wellness Doctor, signing off. Thank you very much for listening.

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