



The Center for Advanced Medicine and Clinical Research
Dr. Rashid A. Buttar
9630 Julian Clark Avenue
Huntersville, NC 28078
704-895-9355 Fax 704-895-9357

Position Statement regarding Dr. Buttar's TD-DMPS® Treatment Protocol

The word is rapidly spreading regarding the results achieved with the TD-DMPS®. The results speak for themselves in the form of new words spoken by children who have never before spoken. But as is inevitable with anything that disrupts the status quo no matter how beneficial, in the words of Einstein and Maurice Maeterlinck, "each progressive spirit is opposed by a 1000 mediocre minds appointed to guard the past." There have been a few who have not observed results (because they stopped treatment after 2 or 3 months) and many who have had problems with extensive rashes (because they chose to pursue a path other than what we developed). That is each individual's prerogative but is NOT indicative of result of the treatment we developed. The longest period using TD-DMPS® before significant improvements have been observed has been 11 months. During my congressional testimony, I stated that based on my observation, children older than 9 years did not appear to show 100% resolution although they did show some improvements. I now find myself eating these words, but with "relish." We have significant improvement in cognitive function in a number of children over the age of 10 and with one male individual aged 34.

A number of parents who have visited our clinic however, have voiced complaints regarding the extent of testing required by my protocol using TD-DMPS®. As a result, I find myself having to explain the basis of my reasoning and rational, something that I would have thought would be intuitively obvious to anyone having dealt with the bureaucracy surrounding the issue of mercury and autism. But as it appears, my reasons have eluded some and as a result, caused resentment and elicited complaints regarding our extensive testing. Therefore, I will attempt to explain why I will always use this so called "extensive testing" as the absolute minimum during the first year of treatment with TD-DMPS®, until it is approved.

I am treating a medical condition known as autism (which in reality is mercury toxicity) that has no known cure (which it obviously does), using a new treatment modality utilizing a drug that is not approved in the US (but is approved in Europe and has been for over 50 years). The treatment is contraindicated in the pediatric population (but is the only thing I have found to be effective) to remove a supposedly safe substance (mercury which is the 2nd most dangerous metal known to man) that supposedly does not exist in children with autism (which it does), but is initially NOT measurable (since these children by definition have an impaired pathway of detoxification and elimination for metals).

So let's put this into perspective. I am treating a condition without a cure, with a treatment that is unapproved, to remove a substance that doesn't exist, using tests that do not show the substance, in a patient population in which that particular medication is contraindicated. I have risen against the state medical board when they questioned my research and have openly spoken against the pharmaceutical industry, thus instigating further recourse against myself, only in the process of trying to help as many children as I can in the same manner my own son was helped. I have not asked ONE SINGLE person to come to my clinic and I have never advertised or marketed TD-DMPS® to anyone. Even as far back as March 2003, I had asked at least one very prominent physician NOT to release the preliminary information regarding our success until I had sufficient data accumulated to either prove or disprove my clinical observations.

Furthermore, my results, protocols, and supporting content have been provided AT NO CHARGE to any physician who has requested the information. We have never charged for this information, even paying for the mailing of the information ourselves. I have even put money out of my own pocket to test and treat a few of these children that are NOT related to me, just so they can have a fair chance since their parents were unemployed and practically living on the street. And I will continue to do anything and everything I can to "right" this catastrophic "wrong" committed against our future generations.

However, there are a few things I refuse to do. I refuse to ignore the first rule of medicine, to DO NO HARM. I refuse to use any medication simply on the grounds that it is approved, despite the medication showing no clinical benefit and potentially being harmful. And I refuse to act in a manner that will surely result in

professional self-destruction and suicide. If anyone chooses to come to our clinic and have their child treated with TD-DMPS® or any other treatment for any disease process for that matter, they will have to do it my way! In this particular case, my way happens to be the safest and most comprehensive way because we are constantly monitoring the patient with extensive testing to document how and where the mercury is being eliminated. But there is another perhaps greater reason for this “extensive testing.”

Re-read the 4th paragraph of this paper and then answer the following questions: Do you think that we are at risk from the very same bureaucracy that caused this atrocity to be committed in the first place? Do you realize that by simply removing the mercury (effectively), we have clinically proven that mercury is the cause of not only autism but Alzheimer’s as well? Do you realize that the bureaucracy that allowed this to happen in the first place, has it’s bulldogs watching us like hawks for the first opportunity to rain on this parade? Have you not noticed that the opponents of the argument condemning the connection between mercury and autism simply state, “prove the connection”? Even among the doctors that sincerely care and are trying to help these children to improve their conditions, there is no consensus or agreement as to how, in what manner, or in what body compartment the mercury exists or from where can it be removed.

The answer to these and many other questions was determined by this very same “extensive testing” over which I am now being criticized! Yet, there is still much more to be done. We have accumulated over 24,000 data points trying to understand what is occurring and have documented the result of what we found to be an effective treatment. It is for this reason that we measure the metals every 2 months in urine, fecal, hair and blood, along with other tests necessary for safety and efficacy such as the standard labs and others. We find mercury and other metals coming out in different places at different times, without any apparent consistency. The reason has now become obvious due to all the variables in question. I’m not going to repeat what I said in front of the US Congress or at the numerous medical conferences, in front of which I have been invited to lecture, where all the variables in question and subsequent results have previously been discussed.

It is the RESULTS and KNOWLEDGE I have acquired from this very same “extensive testing” that has caused so many patients to seek care in our clinic in the first place. But at the same time, people are quick to criticize and complain to my staff that they can’t get a new patient appointment for up to 18 months. This same “extensive testing” will allow me to prove what I’m doing in court when the governmental agencies come crashing through my clinic doors and allow me to defend my actions in front of the global medical community. We have already had individuals outside our office filming the clinic and upon contacting the police with license plate numbers, were notified they were government vehicles with the Dept. of Defense. We know we’ve upset the pharmaceutical cartel and the “powers that be” so we are preparing for war.

We realize the tests are expensive so we give you claim forms to submit to your insurance company. Many insurance plans cover the tests. Of course, there is no guarantee that insurance will pay. Our staff are here to help you. For any one who does not wish to have “extensive testing”, you are welcome to go to any other doctor or any other clinic and seek care. The TD-DMPS® is available to any doctor with a license to prescribe. In fact, I would prefer that most parents that require extensive “hand holding” do NOT come to our clinic because we can NOT handle the additional burden with our current patient load. This may seem harsh but it is the ugly truth. We are here only to get the child better and I am only interested in those who need NO convincing, who have done their homework and are ready to end this torment for their children and themselves. The technical questions have been answered repetitively and are well documented in the FAQ’s and protocol sheet. You may be better served to find a different doctor if you require extensive “hand holding” and constant reassuring. My staff and I are just far too busy and we do not want to disappoint anyone or fall short of their expectations.

Some parents have come to our clinic and after spending an hour and a half or more with my nurse practitioner and another 15 or 20 minutes with me, still complain that they didn’t spend any time with me. I wish I had unlimited number of hours to spend with everyone but I do not have that luxury. We have kept our initial office visit cost lower than anyone I know, but as a result I also can NOT spend an hour with each of you. My nurse practitioner (NP) and PA who have extensive experience in this arena, are well versed in what we do. I review EACH and EVERY patient’s chart with my NP and PA, and every patient is assigned to one of them so that two sets of eyes review and nothing is missed. They are both very capable of providing you with the same care and treatment since I trained them myself. Please remember any competent health care provider can do this, if given appropriate and sufficient training and guidance on how to and what to do.

Recently, I had the pleasure of meeting the parents of a new patient from New York, with both parents in the health field. It was refreshing to hear the father, who has already spent over a \$100,000.00 on his son's condition with only minimal improvement, make the comparison of our treatment protocol (including the testing) to ABA therapy. He informed me that they had spent over \$26,000.00 each year for the last few years in just ABA, not to mention all the other treatments, which is twice the cost of what our protocol of testing and treatment combined cost. He went on to say that there will always be someone who has something to complain about and encouraged me to ignore the critics because obviously their focus was NOT on getting children better. Both he and his wife's appreciation for what we are doing was reward in itself, a sentiment that I have come across many times but one that will never lose its impact on me and one that I will always remain grateful to be a recipient of. There are a few other unrelated points that I also feel must be addressed.

Although I know that each of you would like to tell me your own child's story personally, the stories are all virtually the same. The child is born and develops normally, only to start losing speech within the first 18 months of life, with progressive regression. The parents were told they were crazy by the physicians initially and later, after the diagnosis of PDD, Autism, Autism like spectrum or even mental retardation, told that there was no cure and they should just accept their child's condition. After going to numerous "other" doctors and being promised numerous things, the parents saw minimal improvement or no improvement, only to have run their savings into the ground. Now they are gun shy, hesitant, and want some type of guarantee. The stories obviously have some differences but this is the essence of each story.

There have also been a few questions from parents, instigated by a woman that is NOT a parent, nor involved in the care of a child with developmental delay. Her motives are one of financial gain. This is the same individual who has claimed that DMPS can NOT transit the skin. Of course, this same individual also has told my patients to question if I have a real medical degree and also has gone on to intervene in a physician patient relationship, thus effectively committing a felony by herself practicing medicine without a license. Please be aware and forewarned that this woman does NOT have your interest, nor your child's interest at heart. The half-truths being spun are creating confusion and discourse among not only my patients, but those of other highly competent and well accomplished physicians in their own right. It is interesting however, that not one single parent this woman has solicited, stopped treatments, since each of them have witnessed first hand the improvement in their own child, regardless of who the physician was that prescribed the TD-DMPS®.

I will address some of these issues in the hopes of illuminating this darkness. The first is regarding the fact there was no IRB for our study. Our study however, was a retrospective analysis of the patients that I treated in the same manner as my son was treated. It was NOT a prospective study. An IRB is a means by which to protect an individual from being used as an experimental guinea pig. I was not experimenting with anyone, least of all my son. I knew that the treatment would not harm him, since I administer DMPS intravenously but I didn't want to torment my son and subjugate him to frequent IV therapy. I didn't know if it would work effectively but I knew it was safe. DMPS has been approved in Europe for over 50 years. I have administered DMPS via IV route almost 5,000 times and have personally had 27 IV treatments myself. Furthermore, it is used by many doctors through out the US who recognize the efficacy of DMPS to remove mercury and arsenic, just as I do.

A related issue to the IRB brought up by this same woman, was that there was reportedly no "informed consent". This again is a half-truth. First, every parent that came to our clinic prior to my congressional testimony, was told to go to a website called www.dmpsbackfire.com because it tells some horrendous stories regarding DMPS and how bad, dangerous and terrible a substance DMPS is and how it should be avoided at all costs. However, I have never once witnessed any of these occurrences in my patient population using DMPS. Remember to distinguish the USER from the SUBSTANCE. If the USER is not competent, it is NOT the fault of the SUBSTANCE for being effective. The USER stands guilty. Tylenol, if prescribed incorrectly, has the capability of killing someone. But that doesn't make Tylenol bad. I have always told the parents to go to this website first, and then, if they still want to use the TD-DMPS®, to come back. Almost everyone did. Beyond that, all patients, on their first day of visiting our office, must sign a "consent for treatment" clause on their initial paperwork. Lastly, the same "recurring consent for treatment" form that we use for all our intravenous treatments, including DMPS, was adapted to also reflect the transdermal application of any of our treatments, as well as the oral and rectal application of all our treatments. However, even this was probably NOT necessary.

When a doctor writes you a prescription for a medicine, does he/she ask you to sign an "informed consent?" Of course not! Then why would I ask for an "informed consent?" I was not conducting a study where I was using something that is a new chemical. I am using a drug approved for bulk compounding in the US and that has

been injected into the body since before I was born. I am a clinician, treating patients. I don't have time to wait another 20 years until someone came up with this same conclusion after wading through tons of paperwork and hundreds of millions of dollars to prove what was already a self-evident truth to me. If you remove a known poison, the common sense assumption says the individual should get better. So in my son's case, I started to EFFECTIVELY take the documented poison out of his system and he got better. So I started doing it with other children, hoping that it might work on them as well. And it did. Time after time, it worked. This is the only thing that is important to me as a clinician and as a parent. And it is the only thing important to the parents of the kids I'm treating, explaining why nine parents/patients treated with TD-DMPS® went to Congress with me.

The next issue that this woman tried to confuse patients with was regarding safety. Her statement to at least 2 patients as well as a physician using TD-DMPS® was that it was dangerous to use because there had been no long term studies on the transdermal version that we have stabilized. Notice that the first statement was that it did NOT transit the skin. Now, I suppose that because it does NOT transit the skin, it becomes dangerous? And to top it all off, the DMPS administered IV is presumed to be safe, (which it is, in the hands of a competent and experienced physician), but when stabilized and administered through the skin, becomes dangerous, although it supposedly can NOT get through the skin? The absolute lack of any semblance of logic here reinstates the fact that the human animal is capable of immense stupidity and greed. It is this same stupidity and greed that led to this very problem that we are trying to solve in the first place, i.e., our children being injected with a known poison while mothers have it leaking into their systems from amalgams. TD-DMPS®, according to this woman, is dangerous because long term studies haven't been done (although DMPS has been used orally and IV for over 50 years). The need for an "informed consent" specific to just TD-DMPS®, a transdermal version of a chemical used orally and IV for over 50 years, would be analogous to getting an "informed consent" to brush your teeth.

On a side note, it is important that everyone look at www.dmpsbackfire.com. When one reads this site, it becomes painfully obvious that it is the propaganda of a pharmaceutical company, attempting to have physicians stop using DMPS by intimidation from disgruntled patients and encouraging patients to go after their doctors who are only trying to help them get better. Lastly, this woman was also very adamant in trying to show that "Dr. Buttar's study" was not set up correctly. Reportedly, every year the NIH and private organizations spend over 180 million dollars, supposedly spent to elucidate the CAUSE of autism. This is just the cause only, and has nothing to do with a treatment, let alone an effective treatment. Regarding this "concern", I will state again that I'm a clinician. I wanted to prove something to myself only to see if it would work consistently. Critique the researchers on how they do research. My job is to take care of patients. I'm not interested in setting up a study! I treated kids and collected data necessary to document what I was looking for and it's up to the researchers now to prove it, study it, debate it, contradict it, tear it apart, for the masses etc.. I already know the answer, just as Galileo knew the earth revolved around the sun. The difference is Galileo was vindicated 350 years after his death. I don't care if I'm ever vindicated because I have my son back. Enough said.

It is important for anyone reading this to realize I am not asking or have ever asked anyone else to try this treatment. I am not imposing this on anyone. For those that may have been offended by what I have said in this position statement, I apologize for offending you. However, I truly do not care if you choose to use TD-DMPS® or my protocol for that matter. I did NOT develop this treatment for you or anyone else. It was developed for my own son only. If tomorrow everyone decides to stop using TD-DMPS®, it will not make one ounce of difference in my life. My son is back and he's far better, stronger, smarter, faster and more emotionally and spiritually evolved than any 5 year old I have ever seen. My life and my battle will continue because it was my promise to God that if my son got better, I would never stop. But I battle ONLY for others like myself that believe their children were meant to be "normal" and refuse to give up. I do not seek and have never cared for anyone's approval in anything I do except for my father, my God, and since going into private practice, my patients. No one else matters. God has blessed/cursed me with this responsibility but the smiling faces, comical remarks and sensitive actions of the children that have fully recovered, continue to fuel my fire.

Lastly and most importantly, for those parents that have sent us their prayers, their gratitude, their well wishes, have stood up for us and defended us, who have volunteered to help us, who have encouraged us, and have profusely thanked us, I and my staff are eternally grateful to you for your kind words, generous gestures and sincere sentiments. If it were not for you, much of this would be for naught. You have made a very difficult time for us, more tolerable. For the rest, remember that if you are not part of the solution, you are part of the problem. For all, I wish you peace and respite from your torment.

Rashid A. Buttar, DO, FAAIM, FACAM, FAAIM