

Arizona State Board of Homeopathic Medical Examiners

Substantive Policy Statement Regarding

Chelation Therapy

SPS 04-01

This substantive policy statement is advisory only. A substantive policy statement does not include internal procedural documents that only affect the internal procedures of the agency and does not impose additional requirements or penalties on regulated parties or include confidential information or rules made in accordance with the Arizona administrative procedure act. If you believe that this substantive policy statement does impose additional requirements or penalties on regulated parties you may petition the agency under Arizona Revised Statutes § 41-1033 for a review of the statement.

Whereas in *A.R.S. § 32-2901 Definitions*, states that chelation therapy means an experimental medical therapy to restore cellular homeostasis employing some form of the chelator EDTA (Ethylenediamine Tetraacetic Acid). Chelation therapy is not an experimental therapy if it is used to treat heavy metal poisoning. Therefore, the Board of Homeopathic Medical Examiners' updated policy statement regarding newer methods of chelation therapy is hereby stated to be the following:

It has long been known that the primary function of Chelation or Metal Binding therapy is to deal with Heavy Metal Detoxification. Licensed Homeopathic physicians also utilize chelation therapy in the State of Arizona for

purposes such as vascular disease and other non heavy-metal related health problems.

There are many different ways to accomplish this goal including the use of several different prescription as well as natural substances that are well known to act as heavy metal chelators. These include pharmacological chelators, such as EDTA, Penicillamine, DMPS, DMSA, Desferoxamine, BAL, as well as many natural chelators and or metal binding substances, such as Ascorbic Acid (Vitamin C), Malic Acid, Garlic, Selenium, and various Amino Acids, etc.

Many of these substances may be given by more than one route of administration. These include, for example with EDTA, not just intravenous as covered in detail in the ACAM protocol, but intramuscular injections, rectal suppositories, and oral ingestion of EDTA. Furthermore these chelators may come in different forms, for example, EDTA is available in several different salts of EDTA.

Due to the relative high cost and until now, the lack of widespread availability, the disodium salt of EDTA, which is discussed in detail in the ACAM protocol, has been the most common form of EDTA employed by our licensees in Arizona. In Europe, however, the Calcium salt of EDTA, which has been widely available and very affordable there, is far more commonly employed, and this form of EDTA, given orally as well as parenterally, has been considered by some to be the preferred form of EDTA, particularly when given primarily for the treatment of increased body burden of toxic heavy metals.

There are also other salts of EDTA, including Magnesium EDTA and Potassium EDTA, which are also available. For various reasons some physicians may prefer one form of EDTA over another in a specific case. We hereby acknowledge that all of these are recognized as legitimate and acceptable variations of the chelation therapy modality for our licensees.

(NOTE: Adopted at the Board meeting of May 13, 2003)