

Advancements in Medicine

Chelation therapy and other natural approaches

An Interview with Michael Schachter, MD
Director, Schachter Center for Complementary Medicine



Dr. Schachter, I know you're a psychiatrist, and I'm curious how you became involved in alternative and complementary therapies.

I first became interested when I learned of two cases that were dramatically helped by vitamin E. This was thirty years ago, and at the time vitamins were barely mentioned in medical school, if at all. I had completed my residency in psychiatry and practiced medicine in the air force before working at a mental health clinic in Rockland County, New York. There, I was a staff psychiatrist and later director of the outpatient department. I followed a traditional approach, but was always interested in unusual fields in psychiatry, like hypnosis and bioenergetics, founded by Dr. Alexander Lowen.

Around this time, someone I knew told me that her husband had a serious case of recurrent lung clots from phlebitis in the legs following a construction accident. The lung clots kept recurring, in spite of medications administered. But when the man took vitamin E, the recurrent blood clots stopped. When I mentioned this to my secretary, I learned that her daughter had also successfully been on vitamin E for clotting problems. I immediately wanted to learn more, and read a little book, *Vitamin E for the Healthy and Ailing Heart*, by Dr. Wilfrid E. Shute.

This fascinating book included a study showing that some children with brain damage had remarkable improvement with vitamin E. At that time, my 2 ½ year-old daughter suffered from cerebral palsy and despite 1 ½ years of daily sessions at a well known rehabilitation center in my area, she still could not get up on all fours; she could only crawl around on her belly. I then wondered if vitamin E might help her. I started her on 100 units a day, and within days she was more alert and had more energy. After three weeks I doubled the dose. Later that day, she got up

on all fours and started to rock back and forth. Needless to say, this was mind-boggling and an emotional experience. Her mother, and my wife at the time, was pregnant with our third child and had been feeling exhausted. I reasoned that if our little girl was deficient in vitamin E, maybe she was too. I started her on 400 units of vitamin E and her energy level improved dramatically. This led me to believe that perhaps nutritional factors could be playing a role in other conditions. Since I was a psychiatrist, I decided to explore the possible role of nutrition in psychiatry.

DR. MICHAEL SCHACHTER is a recognized leader in orthomolecular psychiatry, nutritional medicine, chelation therapy for cardiovascular disease, and alternative cancer therapies. He graduated magna cum laude from Columbia College, and received his MD degree from Columbia's Physicians & Surgeons. He is board certified in psychiatry and has achieved advanced proficiency in chelation therapy from the American College for Advancement in Medicine (ACAM).

A co-author of *Food, Mind and Mood* (Warner, 1980, 1987) and author of *The Natural Way to a Healthy Prostate* (Keats, 1995), Dr. Schachter was a major contributor to *Alternative Medicine's Definitive Guide to Cancer* (Future Medicine, 1997). He served as president of ACAM from 1989-91, and is the past president of the Foundation for the Advancement of Innovative Medicine (FAIM). A frequent lecturer to both professionals and the public, Dr. Schachter is often a guest speaker on radio and television.

I then started to read voraciously about orthomolecular psychiatry—the use of nutrients instead of drugs—and I connected with key leaders in alternative fields. When I attended conferences on these subjects, each lecture was more fascinating than the one before. It was an “ah-ha” experience, like “Where have I been all my life?”

I later learned of chelation therapy and started to attend meetings of a group of physicians now called the American College for the Advancement of Medicine (ACAM). Chelation helps remove toxic metals from the body, and members of this organization claimed that chelation could greatly benefit patients with heart disease and all forms of cardiovascular disease, as well as many other conditions. I have been on ACAM's board for many years, and this organization's semiannual workshops and conferences quickly became my main source for learning about complementary and alternative medicine.

I also explored natural treatments for cancer when my mother developed it, and our clinic now sees many cancer patients. You know, there's gradually been a change in outlook by some who treat cancer traditionally. The head of the National Cancer Institute is beginning to talk about approaching cancer as a chronic degenerative disease and trying to “manage” it rather than cure it. Surgery can be very useful when indicated, but radiation and chemotherapy are so damaging to the system that often any benefits are outweighed by negative reactions. While this new talk about cancer is encouraging, the emphasis will unfortunately be on seeking to develop patentable drugs that introduce synthetic substances into the body. These will generally be less toxic than current conventional treatments, but more toxic than natural substances would be. Since natural substances are not patentable and therefore not capable of earning massive profits for pharmaceutical companies, there isn't much interest in developing these natural substances as treatments for cancer, although there is much available evidence that they could be very useful.

By the way, I never use the word cure with regard to cancer, because frequently patients may develop recurrences of the original cancer or metastatic spread years down the road from the original cancer. I prefer to use the term “control the cancer,” or “help put it into remission.” In other words, I believe that we can often help people manage their illness effectively.

You mentioned chelation. Can you give us a primer on this treatment?

Chelation comes from the Greek word *chelos*, meaning claw, like the claw of a crab. Chelation involves an organic molecule being capable of grabbing or binding itself to a mineral. The

process is omnipresent in our environment and there are many chelated substances in nature. For example, chlorophyll is a chelate of magnesium. Vitamin B₁₂ is a chelate of cobalt. Hemoglobin is a chelate of iron; it is capable of binding oxygen and carrying it to all the cells of the body. Life could not exist without chelation.

Chelation helps minerals to get into the body, while “chelation therapy” generally refers to the binding of minerals to remove them from the body.

The process of chelation is necessary to help get minerals into the body. Let's take calcium chloride: when the calcium gets into the system it is chelated to amino acids, which then carry the calcium into the blood stream. Minerals sold in chelated form, available in health food stores, are absorbed into the body more easily than non-chelated minerals because the chelation process has already been carried out. So, chelation helps minerals to get into the body, while “chelation therapy” generally refers to the binding of minerals to remove them from the body.

One accepted use of chelation therapy is to remove toxic metals like lead, mercury, cadmium, aluminum, and arsenic, which tend to be relatively toxic even at low levels. These toxic minerals end up binding to important organic molecules such as enzymes in the body, thus tying them up and preventing them from doing their jobs. Frequently, they bind to sulfur atoms within an enzyme or to sulfur atoms within a peptide hormone like insulin. Insulin, which is important for sugar and fat metabolism, has a couple of sulfur atoms, and it normally binds to zinc. But toxic metals, such as cadmium, can get in there and replace the zinc with the result that the molecules do not work properly. These toxic metals can affect the cells of the brain, the endocrine glands, and many other organs and body systems. Even low levels of lead have been found to be involved in high blood pressure, learning disabilities in children, and anemia. People can get very sick and even die from toxic metals.

What are some of the main chelators used in therapy?

Perhaps the best known chelator, EDTA (ethylenediamine tetraacetic acid) was synthesized for industrial use in Germany in 1938 to remove calcium from dyes. During the 1950s, clinicians began to use EDTA to treat lead toxicity in automobile workers in Michigan. At that time, Dr. Norman Clark, who had

been treating some of these patients suffering from lead poisoning, reasoned that EDTA might also help clear soft tissue calcium from plaque in arterial blood vessels in patients with atherosclerosis, since the deposition of calcium in the plaque appeared to be an important part of the atherosclerotic process. Intravenous treatments were used for atherosclerosis and some excellent responses were reported. This was the beginning of chelation therapy in the West.

Over the next few years, a number of positive clinical reports were published suggesting that chelation therapy could benefit patients with cardiovascular disease. However, for a number of reasons, including the fact that the patent on EDTA had run out, chelation therapy was not accepted into mainstream cardiology. It was now the 60s; cardiac surgery and new drugs were evolving, and traditional medicine moved away from chelation.

Most practitioners who currently use chelation therapy to treat cardiovascular disease continue the practice because they are seeing good results. They use it for themselves, for their families, and for patients and friends, because it generally works for them. On the other hand, most conventional cardiologists, internists, family practitioners, and other conventional physicians refuse to do a treatment unless it is proven with large, double-blind, placebo-controlled studies and has been approved by the FDA; hence, chelation therapy for cardiovascular disease is regarded at best as unproven and at worst as quackery. Dozens of small descriptive positive medical reports exist, and more than a thousand physicians, and tens of thousands of patients, are convinced

that it works. Yet, in some states the medical boards have actually suspended or revoked the medical licenses of physicians who use chelation therapy to treat cardiovascular disease. EDTA chelation therapy for cardiovascular disease has been extremely controversial for almost 50 years.

The real question is: does it work? If it does, then many more physicians should be doing it and insurance companies should reimburse for the treatment. On the other hand, if it doesn't, then patients with cardiovascular disease should stop wasting their time and money on the treatment. Spurred by Gervasio A. Lamas, MD, a research cardiologist from Miami, the National Center for Complementary and Alternative Medicine (NCCAM) and the National Heart, Lung and Blood Institute, under the auspices of the National Institutes of Health, approved the funding of a large 30 million dollar, double-blind placebo-controlled study to determine if chelation therapy is effective for heart disease. This clinical trial, currently underway, is known as the Trial to Assess Chelation Therapy (TACT).

Our center is participating in the study, along with centers across the country. Of special interest is that probably for the first time in history, conventional cardiologists, university research centers, and complementary and alternative chelating physicians are working together to try to determine if this treatment is beneficial. The protocol is in line with the procedures used by the doctors in ACAM who administer EDTA chelation therapy, and the goal is to see if it benefits people in terms of "hard end points," like avoiding heart attacks, strokes, and death.

Besides EDTA, there are other chelators that are receiving a lot of attention now for removal of mercury.

How to Participate in the TACT Study

A Trial to Assess Chelation Therapy for Cardiac Disease

Participants of the study must be at least 50 years old and have a history of a heart attack. If you know people who might be interested, they can call the NCCAM Clearinghouse at 1-888-644-6226, which is open from Monday through Friday from 8:30 AM to 5 PM, Eastern Time. Anyone calling this number to learn if he/she is a candidate for the TACT trial will be screened and if determined to be a candidate, given information about nearby centers participating in the study. For more information about TACT, please visit the Schachter Center website at www.schachtercenter.com.

Could you discuss some of these chelators?

Sure. First, let me point out that some nutrients, like vitamin C—ascorbic acid—are weak, natural chelating agents. Sulfur tends to bind to minerals and the amino acid cysteine, which contains sulfur and may function as a chelator.

Some of the important drug chelating agents, such as DMSA and DMPS, contain sulfur. (EDTA, by the way, does not contain any sulfur.) Chelating agents containing sulfur are generally effective in chelating mercury, which has become an important issue because of mercury's possible connection to autism and related disorders.

Mercury toxicity has been linked to many conditions, including in part: autism, attention deficit disorders, autoimmune disease, and an increased risk for infectious diseases through reduced immune system function. The role of genetics sets the stage for how the body reacts when confronted with environmental insults.

Exposure to a neurotoxin like mercury does not automatically result in toxicity. The ability to neutralize or excrete the toxin plays a critical role.

At a recent ACAM conference, Dr. Michael Godfrey presented compelling information on how genotypes for the protein apolipoprotein-E (apo-E) are associated with increased risk for Alzheimer’s disease. The information relates to the connection between the development of Alzheimer’s and whether this protein has cysteine associated with it. You need the cysteine, which has sulfured amino acids, to bind with mercury. Some people have a genetic profile for which apo-E has arginine (no sulfur) instead of cysteine. In these cases, there is a greater tendency for mercury toxicity and Alzheimer’s. It’s a complex subject, but these new understandings are opening the door for better treatments and prevention. The concept here is to determine which families have the apo-E with arginine, warn them to avoid exposures to mercury or lead, and chelate these toxic minerals out of the body if they are present. In particular, Godfrey is most concerned by the presence of mercury-amalgam dental fillings in these patients and advocates their proper removal, along with mercury

detoxification procedures to help prevent the development of Alzheimer’s disease later in life. A similar approach to genetics and the environment could be applied to other disorders.

How should people best avoid mercury exposures?

Godfrey had compelling evidence of a relationship between people with dental amalgam fillings and mercury toxicity. This is the main source of mercury for humans, though this has been denied by the American Dental Association for years. People should not allow these to be used, and should consider having current ones removed. Of course, now we are getting large amounts of mercury from fish, and that is a big problem. If you eat fish, make sure it is from a safe source. With children, you have a different situation. Fillings are not going to be the issue as much as exposure to mercury through thimerosal, the mercury-containing preservative in some vaccines. Officials continue to deny that its use has any adverse effects. The Institute of Medicine (IOM) recently concluded that mercury plays no role in autism and recommended the matter should no longer be researched. Many physicians and scientists who have studied this subject in

Association for Comprehensive NeuroTherapy

Do You Need Help?

*My child won’t go for this.
I don’t know where to start. . .*

*I’m confused and overwhelmed.
It’s been three weeks—I’m ready to QUIT!*

If you feel you need help, you’re in good company. Most people have trouble taking the beginning steps on the road to health. This is especially true in our modern society where we’re bombarded with more information than we can possibly absorb, much less follow through on.

Could you use someone to talk to, someone to help you sort things out and get things rolling? Baby steps or big steps, it’s all up to you. After advising hundreds of families over the years, Sheila Rogers, director of ACN, is offering coaching services by appointment. Her role: to help you make the best use of what you’ve already learned, and to assist you in discovering new approaches and answers related to diet, environmental changes, and working with schools. **If you feel coaching might help you,** schedule an appointment for a complimentary consultation. Call (561) 798-0472 (9 to 5 EST) or e-mail Sheila@Latitudes.org and put “Coach” in the subject line. Coaching appointments are flexible and include evenings and weekends. **Cost:** Level I Quick-Start Sessions: After your complementary consultation you receive three 20-minute phone sessions for \$90.

Strictly confidential. All proceeds support the Association for Comprehensive NeuroTherapy



Sheila Rogers, director

depth are highly critical of this report.

One of the major concerns with regard to the question of truth relates to conflicts of interest. When a trusted governmental agency whose main job is to protect the public takes a controversial advocacy position on issues, such as allowing mercury in vaccines or promoting fluoride use by children, the credibility of this agency becomes damaged when new scientific information becomes available indicating that the position is wrong. Once the advocacy position is taken, the agency can no longer be neutral or unbiased in its determination of safety with regard to these issues, and seems to try to obscure and deny any dangers.

Do you follow the DAN! protocol (see page 7) when treating autism?

Yes. I might point out that one admirable aspect of the DAN! protocol is that it is regularly updated by leading experts. This is important, because the treatments that can result in the reversal of autism in some young children are part of an evolving field, and reassessment and refinement are essential.

When mercury or other toxic minerals are present, this protocol currently calls for an oral chelating agent, DMSA (dimercaptosuccinic acid), which is an FDA approved oral medication for the removal of lead but can also be used to remove mercury. Selenium is also used to bind mercury, to prevent it from combining with the sulfur we have been discussing, and zinc can also be helpful. Sometimes, a therapeutic trial may be given on the basis of a history of mercury exposure, even when the laboratory results are unclear, because at times it is difficult to show the mercury buildup in the brain by laboratory testing.

Alpha lipoic acid, another sulfur-containing natural substance, is usually administered, but later on in the process because you don't want to release too much mercury at a time or you can have a worsening of symptoms. Vitamin E, vitamin B₆, taurine, and glutathione are all part of this DAN! mercury detoxification protocol. Together, they work synergistically to remove mercury from the body. Vitamin C intravenous drips also appear to help children and adults with mercury overload.

DMPS (dimercaptopropane-1-sulfonate) is also used by some practitioners as a challenge or to treat mercury toxicity. It can be administered by injection or orally. I believe there have been a small number of negative reactions to it, and it is not yet approved by the FDA.

What do you mean by a challenge?

A challenge involves giving the patient a single dose of a chelating agent, such as DMSA, and then collecting all urine for a period of time (usually six hours, but sometimes as long as 24

hours). A sample of the collection, along with its measurement and time collected, is sent to a laboratory to measure toxic metals. Sometimes samples of stool may be sent following a challenge. In our center, we would have the patient take the capsule on an empty stomach, avoid eating for several hours, and collect urine over a six-hour period. The lab measures heavy metal levels, and mercury overload may be identified. It is amazing how high the level often is among those who eat a lot of fish!

It is possible that someone has a toxicity that is not readily seen with the trial of DMSA. It may take time to mobilize the mercury, or one metal could be hidden behind another metal, and it will not be chelated until the other metal is removed.

We routinely do a red blood cell mineral test also, where we are looking at toxic metals like lead, mercury, cadmium, and aluminum in the red blood cells, and nutritional minerals as well. We want to know if a person is low in selenium, zinc, or copper, etc.

Does chelation require careful monitoring?

There should be monitoring. For example, with EDTA, someone can develop a deficiency in zinc, chromium, or even copper if these beneficial minerals are not replaced. Also, people need to be aware that by going too quickly, you can mobilize toxic metals and make people sicker.

Some of our readers have asked about NDF for chelation. Could you comment?

NDF stands for nanocolloidal detox factors. It is a dietary supplement, without sulfur, made from whole food products. NDF reportedly binds to heavy metals using the algae chlorella. Typically, chlorella is thought to mobilize heavy metals through the bowel, and those who developed this product claim it can also eliminate metals through the urine. I can't speak to whether research supports this. It is available without a prescription, but I would suggest checking with a doctor before its use.

What promising treatments do you predict will be increasingly used for the conditions we focus on in Latitudes: tics and Tourette syndrome, ADHD, obsessive compulsive disorder, developmental delays, and learning problems?

I believe that more attention will be focused on the depletion of neurotransmitters for these conditions: serotonin, dopamine, GABA (gamma-aminobutyric acid), and endorphins. These neurotransmitters can become depleted under various circumstances. When this happens, the medical profession generally deals with the symptoms by trying to give drugs that affect the neurotransmitters. They may affect them temporarily, but in the

long run they can make the depletion worse, and consequently there is a bad rebound phenomenon when they go off of these drugs. Sometimes the medications just stop working, because the neurotransmitters become so depleted.

In the future, there will be more emphasis on trying to actually create more neurotransmitters by supplying the needed precursors. With serotonin, we would tend to provide tryptophan or 5-hydroxytryptophan. For dopamine or noradrenalin, we would consider supplying tyrosine or phenylalanine.

For example, let's look at the SSRI antidepressants, the specific serotonin reuptake inhibitors. What happens biologically is that a nerve cell secretes serotonin and stimulates its buddy, the next nerve cell. Then, the serotonin is generally removed from what is called the synapse, the space between the two cells, and is taken up by the nerve which had secreted it in the first place. This is called serotonin reuptake. The SSRI drugs block the reuptake, and as a result the serotonin remains in the synapse for a longer period of time, giving the body the sense that there is more serotonin available and thereby reducing symptoms. But, if you keep doing this, what happens is that after a while the nerve cells become more and more depleted.

In the future, there will be more emphasis on trying to actually create more neurotransmitters by supplying the needed precursors. So, with serotonin, we would tend to provide tryptophan or 5-hydroxytryptophan. For dopamine or noradrenalin, we would consider supplying tyrosine or phenylalanine. DL-phenylalanine appears to increase endorphins. For GABA we might just supply GABA itself. These are just a few examples, and individual needs vary. We are moving more and more toward the notion of using neurotransmitters to replete the brain.

A specialized laboratory, Neuroscience, Inc., teaches physicians how neurotransmitters in the urine can be assessed, and the lab provides supplements to correct deficiencies. By careful monitoring and rechecking, neurotransmitter function can often be improved naturally by supplying the needed precursors, along with associated factors such as vitamins and minerals. These are natural substances that one might find in a health food store, so

as you can imagine, the medical profession and pharmaceutical industry don't like the idea!

When dealing with the conditions *Latitudes* focuses on, it is important to make sure that proper amounts of essential fatty acids are being provided, toxins are avoided and eliminated, vitamins, minerals, and various herbs are supplied as appropriate, and whole foods are consumed. Of course, I recognize the difficulty in getting children today to comply with a healthful diet, but it is necessary.

Clinical trials with dietary changes, such as eliminating gluten and casein, are often helpful. Candida and other intestinal yeast overgrowths, abnormal bacterial overgrowths, and parasites need to be identified when present, and properly treated. Research is increasingly validating the negative role of Candida and other pathological organisms.

Aside from the toxic metals discussed, what other environmental exposures are critical to avoid?

Of course, pesticides and toxic chemicals are harmful to the nervous system and are dangerously abundant in our society. Beyond these, one topic I have not seen covered in *Latitudes* is the fluoride issue. I believe fluoride should be avoided as much as possible.

I've been interested in this since the 70s, when I read a book by George Waldbott, MD, a world renowned allergist. He was the first to describe anaphylactic reactions to penicillin and was highly respected. When he looked into the dangers of fluoride, he was vehemently attacked. He wrote *A Struggle with Titans*, an amazing book on fluoride. As I looked into the subject, I understood that fluoride is a toxic element. It's actually a byproduct of phosphate fertilizers and the aluminum industry.

In the 40s the American Medical Association and American Dental Association came out against fluoride because it was killing livestock and plants. It was considered an environmental pollutant! The history of how it came to be used as a dental treatment or preventive is really quite remarkable.

The theory is that a small amount of fluoride exposure can reduce dental carries, while too much of it will cause white spots and even dental deterioration, a condition known as dental fluorosis. In my opinion, an intensive review of the fluoride research does not support its use at all. Still, the public health service continues to promote fluoridation.

When I see children with recurrent ear infections, the first question I ask is whether the child is taking a pediatric fluoridated multivitamin preparation. More often than not, the answer is yes! Considerable research indicates that fluoride is an enzyme inhibitor, which suppresses immune function. For these children,

who may have other risk factors as well, stopping fluoridated supplements seems to help stop the recurrent ear infections. Pediatricians and dentists often recommend fluoride-containing vitamin supplements for children when the family lives in an area where the water supply is not fluoridated.

I suggest to my patients that they avoid both fluoridated water and fluoridated supplements. I am also concerned about schools offering fluoride pills, fluoridated toothpaste, and the fluoride dental treatments offered to children by dentists.

According to dental authorities, the optimal amount of fluoride in treated water is 1 part per million, while toothpaste contains 1000 parts per million, and the fluoride rinse the dentist uses is 10,000 parts per million. Several years ago, a three-year-old in a dental chair swallowed the fluoride instead of rinsing; he went into seizures and died in the office. People don't understand how poisonous fluoride can be.

Dr. Schachter, your insights are greatly appreciated. Do you have any closing remarks for parents, some general advice that they could keep in mind?

Parents should keep the basics in mind: have their children eat wholesome foods and avoid sugars, synthetic sweeteners, artificial flavors and colorings, and hydrogenated fats as much as possible. They also may benefit from vitamins and minerals. Another type of supplement we have recently started to use in children, especially if they are refusing a variety of fruits and vegetables, is a concentrated extract of fruits and vegetables. One multilevel marketing company, which has begun to research this area and supplies excellent products, produces Juice Plus Orchard and Juice Plus Garden, extracts of fruits and vegetables respectively. They have a chewable form for children who can't swallow capsules. (See www.JuicePlus.com.)

Sometimes testing reveals deficiencies either from a genetic quirk or a diet-related issue, and these should be corrected. The red blood cell mineral lab test can be quite helpful in testing for mineral deficiencies. There is a urinary organic acid test from Great Plains Laboratory that I find very useful for helping to pick up an overgrowth of harmful bacterias and yeast in the colon, as well as nutrient deficiencies. For children with problems, laboratory testing may be quite helpful.

Essential fatty acids need to be in balance, and a red blood cell fatty acid test may be helpful in determining if, for example, a child is deficient in omega-3 fatty acids, which are essential for brain function, mood stabilization, and memory, as well as optimal brain development. For omega-3 fatty acids, as well as vitamins A and D, I often recommend an old standby that has largely been abandoned by our modern society, namely cod

liver oil from a pure source. Naturally flavored lemon or orange cod liver oil is quite tasty and seems to be accepted readily by many children.

I suggest people look into the fluoridation issue for themselves rather than just automatically following advice from a doctor or dentist. Read all the literature and make up your own mind. Also, don't get mercury-containing amalgam fillings; dentists are increasingly offering options. And, no thimerosal in vaccines!

Another important issue for children and adults is that we all need to get adequate sunlight. Research shows we aren't getting enough vitamin D in our foods or from the sun. There has been such a fuss about kids getting skin cancer, and yes—getting sunburns can cause cancer. Don't get burned. But moderate amounts of sun without covering the skin with a strong sunscreen (as long as no sunburn occurs) is very important for health.

Vitamin D, in addition to preventing rickets in children, also has anti-cancer and anti-autoimmune disease effects. Interestingly, not getting enough sun exposure can increase the risk of melanoma skin cancer. You need a proper balance. To learn more about Vitamin D and the importance of sunlight exposure, I recommend a newly published popular book, *The UV Advantage*, by one of the world's experts on the subject, Michael Holick, MD, PhD (Ibooks, 2004).

Lastly, we should all learn as much as we can about health. Question authority and conventional wisdom because it is often wrong. Pay attention to your own thoughts and feelings. Many of us make wrong decisions about health because we don't listen to our inner voice and we feel compelled to follow what the "authorities" say.

I want to thank *Latitudes* for allowing me to express my ideas.

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