

## CHELATION



# *A New Approach to Fixing Detoxification Pathways in Autism: Trans-Dermal DMPS*

**I**n January 1999, Dr. Rashid Buttar's son Abi was born. Dr. Buttar had given up treating patients with autism because they were just too difficult. He feels that Abi came to him so that he could learn how to help his patients.

### What Goes Wrong in Autism?

Autism is a raging fire, started by a single "spark" from diverse sources. Mercury is the "spark." The sources, we are learning, are many: maternal amalgam load, diet, the environment, vaccines and Rhogam.

Buttar believes that the underlying pathology in children with autism is mercury toxicity. No other poison on earth, not lead, yeast, food or gas, could cause a normally developing year-old child to regress and lose speech by age two. He has made two videos, one about the dangers of mercury, and the other about autism. Order them from DDR.

In the body, mercury binds predominately and preferentially to sulfhydryl groups of proteins, altering their integrity and enzymatic characteristics. When Abi was diagnosed with autism, Buttar searched for a way to help rid his body of mercury. He developed trans-dermal DMPS.

### What is DMPS?

Dimercaptopropane sulfonate (DMPS) is a safe and effective chelator that has a high affinity for mercury bound to the peripheral sulfhydryl groups of proteins. TD-DMPS® is a highly stable and oxidation resistant lotion that is rubbed into the skin. Its unique formulation, covalently conjugated with amino acids, permits the greatest level of assimilability into the body. The result is a generally well-tolerated, highly efficacious version of the original chelator.

### Protocol

The protocol Dr. Buttar has developed must be followed exactly for a minimum of 12 months to ensure the safest and most comprehensive treatment. Laboratory testing is mandatory to insure patient safety and to document mobilization of mercury.

### Lab testing:

- **Complete Blood Count (CBC)**  
Blood chemistry, lipids, thyroid Panel with TSH and iron profile;
- **Complete Diagnostic Stool Analysis (CDSA)**  
with parasitology;
- **Organic Acid Test (OAT) Metals & Minerals**  
(Hair, 12 hour-Urine, Fecal, and RBC);
- **Cardio-genomics.**

Repeat labs, Metals (Hair, Urine, Fecal, RBC) and OAT every 60 days for the first 12 months.

### Nutritional Supplementation

Supplementation is prescribed according to the results of lab tests, to detoxify and heal the GI tract. Vitamins and supplements are administered daily. Minerals should only be administered on the days the TD-DMPS® is NOT used.

### Follow-up

Office visits are scheduled monthly to review the extensive tests collected, and implement the necessary changes as a result of testing. The patient is present only every other month. Phone consultations are possible for those from out-of-state; still, the child must be seen at least once every 6 months.

Parents video the child for five minutes every month, with 2.5 minutes of random footage of the child playing. For the rest of the time an adult asks the child to perform specific tasks, such as "answer the phone, count to ten, take a plate to the kitchen," etc. These same questions MUST be repeated every month in the same manner, regardless of the child's ability to follow the instructions initially.

### Possible Complications

**Rashes** – Rashes occur in only 3% of patients. They are due to mobilization of metals, and are usually localized to the area of application. A few individuals may have an allergy. The vast majority of rashes are in patients who are not using the real TD-DMPS®. The rash is transient and usually abates in 2 to 3 weeks. If a rash occurs, rotate sites. If it persists, discontinue use, and notify your physician.

**Mineral depletion** – Erosion of minerals is the most common complication every physician must anticipate and monitor closely. Many doctors start an aggressive two-week mineral repletion program prior to initiating treatment with TD-DMPS®. This approach insures the resolution of pre-existing mineral deficiencies, which are very common.

**Substitutes** – Many pharmacies are trying to duplicate TD-DMPS®. However, if DMPS could have been put into a stable liquid form that does NOT become highly oxidized and oxidative, someone would have done it long ago. TD-DMPS® is patent-pending. Documented and verified results, clinical successes and the results reported to the U.S. Congress, all used the TD-DMPS® along with nutritional support ONLY.

Doctors with licenses to prescribe can order TD-DMPS® from Advance Medical Therapeutics (AMT) Pharmacy, 866-828-8203. Patients are urged to work only with dedicated, caring, medical professionals familiar with Dr. Buttar's protocol.

*Dr. Rashid Buttar, Vice Chairman of the American Board of Clinical Metal Toxicology, developed TD-DMPS® for his son only. He got his son back by using it. His work now continues, because he promised God that if his son got better, he would never stop. You can reach him in North Carolina at 704-895-9355.*