



Dr. Robert Rowen

*New Treatment Modalities for Chronic Diseases*

Cubberly Community Center  
4000 Middlefield Road, Room H1, Palo Alto, California

December 4, 2003 at 7:00 PM

**Meet Dr. Robert Rowen**

Dr. Robert Jay Rowen, a Phi Beta Kappa graduate of Johns Hopkins University and graduate of the University of California, San Francisco School of Medicine, is internationally known for his work in the field of complementary/alternative/integrative medicine. He is affectionately known as the "Father of Medical Freedom" for pioneering the nation's first statutory protection for alternative medicine in 1990 in Alaska, against a concerted opposition from the organized medical community and an imported "quackbuster". A few years later, the Alaska governor appointed him to a term on the state medical board against great opposition from the medical establishment. His appointment was ultimately confirmed by the legislature with overwhelming public support. The rare medical freedom he enjoyed in Alaska enabled him to greatly expand knowledge and experience in a multitude of disciplines and therapies not normally found in medicine. Jumping into alternative medicine in 1983 through a practice in acupuncture, he quickly expanded to nutritional medicine, chelation therapy, oxidation therapy, homeopathy and herbal medicine, and took intensive training in neural therapy and prolotherapy to help treat and eliminate acute and chronic pain. Alaska's laws enabled him to work extensively with innovative cancer therapies, ozone, and ultraviolet blood irradiation therapy. He is internationally known and respected for training hundreds of open-minded physicians in these techniques from

around the world.

In 2001, he became editor in chief of Second Opinion, one of the nation's leading monthly publications revealing the frontiers of medicine. He reduced his practice load considerably to write and teach, and relocated from Alaska to California where he works part time with his like-minded talented wife, Terri Su, MD at her Santa Rosa office, in the north Bay area.

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### **New Treatment Modalities for Chronic Diseases**

Dr. Rowen will be speaking about some of the newest discoveries he has uncovered in medicine. The first part is identification of a possible infectious link to a very wide variety of disorders, from chronic intractable neurological degeneration to vascular disease to chronic fatigue. The link may be Lyme disease, syphilis-like spirochete bacteria infection. It has been exceptionally hard to diagnose, until now, that is, and even more difficult to treat, again, until now. He will be discussing the implications and possible management of Lyme disease as recently published in his newsletter, Second Opinion. There are political implications of the Lyme epidemic which he will discuss if time permits.

He will address the latest in management of vascular disease and 1-2 shot "cholesterol cures", after debunking the cholesterol myth. Dr. Rowen also will be discussing oxidation therapy. He has used ultraviolet blood irradiation therapy for years. More than half a century ago, this therapy was in wide use to cure terrible infections in just hours to days with only a few sessions. It is an essential therapy and is on the way back, in this age of antibiotic-resistant bacteria and non-treatable viral infections. Excerpts from his published article (Int J. Biosocial Medical Research Vol 14(2) 115-32, 1996) on Ultraviolet Blood Irradiation, and two other treatments he uses appear below. These are Prolotherapy and Oral Chelation.

#### **Ultraviolet Blood Irradiation Therapy (Photo-Oxidation)**

Ultraviolet (UV) light has been known for decades to have a sterilizing effect and has been used in many different industries for such a purpose. Almost all bacteria may be killed or attenuated by ultraviolet rays, but there is considerable variation in the rapidity of their destruction. Those which live in the body are most easily affected, while those in nature adapt to the action of sunlight and become relatively resistant to irradiation. LTV-sensitive bacteria have not been shown to become resistant and toxins have been found to be very unstable in the presence of UV irradiation (Diphtheria, tetanus, and snake venom are inactivated by ultraviolet rays).

Botulism, a uniformly fatal condition, was treated by Dr. Miley. The patient was in a coma and could not swallow or see. Within 48 to 72 hours of one irradiation treatment, the patient was able to swallow, see, and was mentally clear. She was discharged in excellent condition in a total of 13 days.

LTV blood irradiation resulted in the prompt healing of chronic very long-term, non-healing wounds. Dr. Miley went on to discuss an "ultraviolet ray metabolism," based on the profound physiologic effects he noted, along with discoveries that hemoglobin absorbs all wavelengths of ultraviolet rays, and Dr. Gurwitsch's demonstration of "mitogenic rays, tiny emanations given off by body tissues in different wavelengths, all in the ultraviolet spectrum and varying in wavelength according to the organ emitting the rays..."

A summary of physiologic changes documented through the 1940s included the following. An inactivation of toxins and viruses, destruction and inhibition of growth of bacteria, increase in oxygen--combining power of the blood, activation of steroids, increased cell permeability, absorption of ultraviolet rays by blood and emanation of secondary irradiations (absorbed UV photons re-emitted over time by the re-perfused blood), activation of sterols into vitamin D, increase in red blood cells, and normalization of white cell count.

Infection produces inflammation, edema, and a significant lowering of oxygen tension and diffusion in the affected tissues, which is critical to immune cell functions. Benefits of higher oxygen tension can be seen in the accepted use of hyperbaric oxygen therapy for osteomyelitis, where healthy circulation is already slow. Deductive reasoning would suggest that any rise in oxygen tension would help the body's immune defenses. Such can be seen in anecdotal reports of hyperbaric oxygen therapy alone resolving necrotizing fasciitis.

German research documents a rise in oxygen consumption and oxidation within the body stimulation of mitochondrial oxidation results in greater ATP production.

In effect, UV blood irradiation therapy may be providing an inactivation of bacteria, a more resistant terrain, improved circulation, alkalization, etc. While perhaps not as dramatic a treatment as hyperbaric oxygen therapy, it may provide a similar and longer-lasting effect through the secondary emanations of the absorbed ultraviolet rays. Such emissions, which last for many weeks, may account for the observed cumulative effectiveness of the therapy. UV photons, absorbed by hemoglobin, are gradually released over time, continuing the stimulation to the body's physiology.

For eons, nature has utilized the sun's ultraviolet energy as a cleansing agent for the earth. The lack of resistance of bacteria to ultraviolet treatment is not surprising, since if bacteria could

develop resistance, they have had approximately 3 billion years to do so.

Only two discrepancies in accounts of this therapy could be found between the older American and modern German literature. Venous oxygen tension was reported by Dr. Miley to be increased, even up to one month after treatment.

## **Prolotherapy**

Prolotherapy, which is also known as nonsurgical ligament reconstruction, is a treatment for chronic pain. The treatment is useful for many different types of musculoskeletal pain, including arthritis, back pain, neck pain, fibromyalgia, sports injuries, unresolved whiplash injuries, carpal tunnel syndrome, partially torn tendons, ligaments and cartilage, degenerated or herniated discs, TMJ and sciatica.

In prolotherapy, a series of injections, consisting mostly of naturally derived substances such as cod liver oil, sugar, salt, or corn extract are given at the site of the chronic pain - usually where ligaments and tendons attach to the bone. These injections are designed to stimulate the immune system by tricking the body into thinking a new injury has occurred.

The injected substances, as foreign matter, mimic an injury by causing irritation and mild swelling in the painful area. The immune system responds to this "injury" by sending macrophages, cells that remove debris and irritants from the body. After the macrophages carry off the irritants for elimination, the immune system sends in fibroblasts, cells that rebuild connective tissue where damage has occurred. This rebuilding process results in new ligament growth, which can be 40% stronger than the original ligament. It also results in the acceleration of re-growth of cartilage tissue! Consequently, the physical structure supported by this connective tissue becomes stronger and more stable, thereby eliminating or greatly diminishing the pain triggered by the corresponding nerves and muscles.

The response to treatment varies from individual to individual, and depends upon one's healing ability. Some people may only need a few treatments while others may need 10 or more. The average number of treatments is four to six for an area treated. The best thing to do is get an evaluation by a trained physician to see if you are an appropriate candidate. Once you begin treatment, your doctor can tell better how you are responding and give you an accurate estimate.

Prolotherapy is effective because it attacks and eliminates the root cause of chronic pain: ligament and tendon relaxation. Ligament relaxation causes joints to loosen. A weak ligament will have difficulty holding a joint in place. The nerve fibers within the weakened ligament are

activated and cause local pain. They may also cause a referred pain. The muscles surrounding the loose ligament contract to help stabilize the joint-the reason why people with loose ligaments and chronic pain have tight, painful muscles. Only when the weakened ligaments are strengthened will the local and referred pain patterns, as well as the muscle pain, subside. The same is true for tendon weakness.

Reconstruction therapy (also known as sclerotherapy and proliferative) is given by a slender needle similar to the hair-like needles of the acupuncturist into the fibro-osseous junction. This is the area where the tendon or ligament attaches to the bone. The substances used in addition to the ones mentioned, may also include sodium morrhuate, which comes from cod liver fish oil and a local anesthetic. Repeated studies at the University of Iowa have shown that the areas injected have increased in size by 35-40% thus causing permanent strengthening.

Each treatment session results in more and more tissue being laid down in the needed areas. As a result the joints continue to become stronger. The patient notes more endurance in that they can do more activities as well as activities they couldn't do before. The main side effect of the treatment is less pain as the result of the joint being stabilized. Snapping, clicking and popping sounds go away. The patients can usually feel the joint becoming stronger with each treatment they receive.

### **Oral Chelation**

Most chelating physicians were trained to believe that EDTA is not well absorbed orally, hence it would be of little use. Furthermore, we were also trained to believe that a significant part of the effectiveness of EDTA was due to the ability of EDTA to pull out calcium from the body (theoretically from vascular walls). However, the incredible results of Dr. Blumer using calcium EDTA, which does not remove calcium, but in fact delivers calcium in exchange for a metal ion of greater affinity for EDTA speaks otherwise. It suggests that the actual removal of toxic metals may be the principle mechanism of action. EDTA not only binds lead and cadmium, both closely associated with vascular disease, but also picks up free iron. So readers know that iron can be as deadly as it is life giving. Iron, free from enzyme and protein binding is a powerful generator of highly destructive free radicals. However, free from protein binding, it is available for EDTA binding and removal!

The next question is if oral EDTA is absorbed and is it safe. The worldwide literature shows oral EDTA is absorbed from 5-18%. Comparing this modest absorption with the typical 3 grams given intravenously once or twice weekly, one might take 6-7.5 grams (1 gram per 35 pounds body weight) daily. The calculated absorption at an average of 10% would be some 4-5 grams over a week, quite comfortably in line with what is administered IV. However, rather than a cost

of perhaps \$800 for IV administration (8 over a month), the oral cost is approximately \$60/month, a price most everyone can afford.

Regarding safety, EDTA is universally used as a food preservative (therefore generally recognized as safe) and we are exposed to a rather large amount (15-50mg) every day. EDTA, by binding and neutralizing the action of iron and heavy metals prevents oxidation and rancidity in prepared and processed foods and oils. With regard to depletion of nutritional minerals, there seems no evidence of this occurring. In fact, there is animal evidence that oral EDTA actually increases tissue stores of nutritional minerals and bone calcium, while lowering toxic metals!

Now how about effectiveness? The worldwide medical literature has repeatedly shown a dramatic kidney and fecal elimination of lead via oral EDTA chelation, some two-and-a-half to three times as much as without! (This compares favorably to the five-fold excretion of lead induced by IV chelation.) One study documented removal of 1,200-2,600 mg lead in just five days with oral chelation. Elimination far outstripped any possible increased intestinal absorption of lead pulled into the system by the EDTA. A compilation of the literature over the past 50 years documents such an overwhelming consensus of the safety and efficacy of oral chelation that the FDA has approved calcium EDTA for the treatment of lead poisoning.

Remember that modern humans have 1000 times the lead in our bones as our ancestors? It does not take a nuclear physicist to realize we all could stand to lower these awesome poison levels, and this simple and inexpensive treatment can do just that! Now if there's enough absorbed oral EDTA to reach for lead, it stands to good reason that its other favorite target toxic metals (like cadmium and free iron) will be picked up as well.

### **Future Speakers:**

**January 22** Dr. Richard Kunin, on Health Implications of Vitamin Related Genomic Mutations

**February 12** James Wilson on Optimizing Immune Functions

**March 18** Kelly et al (Kaiser Hospital) on Theory and Practice of Accupuncture

\*\* All future meetings will be the third Thursday. \*\*

