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This is the transcript of a conference call that was conducted on March 4, 2006, in which physicians and other health care practitioners were able to ask questions of biochemist Rik Deitsch about the activated liquid zeolite detoxifier. Like the conference call itself, this transcript is intended solely for information purposes. It is not intended to market or promote any product or to be used as medical advice.

Rik Deitsch: It's always a pleasure to do calls like this. As far as my background, I'm a biochemist. I'm really an academic at heart. I call myself the accidental business man. I realized the only way to get the job done is to put a business spin on things. I'm the CEO of Nutra Pharma Corporation, which is a publicly traded biotechnology company, and we have drugs in clinical studies for HIV and MS. I'm also a nutritional biochemist, and I'd rather be able to prevent disease than to have to treat disease. To that end, I've done over 30 clinical studies on dietary supplements, and I've formulated dozens of dietary supplements. The one trend I see that seems to be increasing is the trend of people taking ownership of their health and becoming partners in health with their physicians. Instead of waiting for something bad to happen and having to go to the doctor, they're trying to be more proactive for their health. Part of that is the understanding that we live in a toxic environment. We're surrounded constantly by environmental toxins and pollutants, and a great many of the diseases that are so prevalent today are directly caused by a weakened system because of these environmental hazards. With that in mind, I think the watchword in dietary supplements is going towards detoxification. We really jumped in with both feet with liquid zeolite. I'd be happy to take questions now.

Question: I'm aware you have a relative who is a transplant recipient. Can you talk to us about the safety of using liquid zeolite with someone who has either a kidney or other organ transplant?

Rik: The danger in being a transplant recipient is you don't want to do anything that increases immune system reactivity or stimulates the immune system. So many products claim to be immuno-stimulants or immune system boosters. There is a large population of transplant recipients and people who suffer from auto-immune disorders – like multiple sclerosis, or myasthenia gravis, or lupus erythematosus – and those people can't do anything to increase their immune system function because, in their case, it is their immune system that is causing their problem. So if you increase the reactivity of the immune system, you could in fact make their disease worse. Liquid zeolite is not an immuno-stimulant. It's an immuno-modulatory agent. It seems to make the immune system work more efficiently. So the immune system works better. As such, it is perfectly safe for people with auto-immune disorders and for transplant recipients.

In my personal case, my father-in-law is a polycystic kidney disease patient, PKD, which is one of the most common genetic disorders that causes renal dysfunction. He received a kidney transplant a few years ago, and his BUN and creatinine levels – which are measures of renal function – were increasing pretty quickly over a few months. They thought it could be a rejection episode, but certainly it shows renal failure and renal insufficiency. They were talking about putting him back on dialysis, maybe putting him back on the transplant list, when he started using liquid zeolite. Within a couple of weeks, his BUN and creatinine levels came down sharply, and he was basically out of danger. It could have been that it was a rejection episode, and stabilizing the immune system stabilized against that rejection episode.

Question: We were told just this past week that we should not recommend or use liquid zeolite for a transplant patient.

Rik: I don't know who told you that. We've had no problem whatsoever with people with autoimmune diseases or with transplant recipients.

Question: That's super. My wife has MS, and I was a little hesitant to have her take it, but we're watching

her anyway.

Rik: Just so you know, I've been working with MS patients for 12 years. If you decide to do some investigation yourself, you can go to NutraPharma.com. We have a drug entering phase-two clinical studies for multiple sclerosis. I've been giving nutritional advice to MS patients for the last 12 years. I've been working with them closely, and I've seen nothing but this side of miraculous results with liquid zeolite and that population.

Question: Can people on kidney dialysis take liquid zeolite?

Rik: The question is What if they are already on dialysis? If there is renal insufficiency but they aren't on dialysis, certainly use the product. There is no issue whatsoever. The danger with dialysis is only that dialysis patients are limited in the amount of water they can drink. To get the best results with liquid zeolite and to eliminate any potential side effects, you need to drink plenty of water. My recommendation with dialysis patients is simply to take a lower dose of liquid zeolite. You see, as you start to waste these heavy metals and toxins — they're all considered to be electrolytic by the body — you will lose water. Liquid zeolite is not truly a diuretic. It's simply the body stabilizing itself against its electrolyte load. Now, of course, these electrolytes are bad electrolytes. There is nothing to replace. You simply want to get rid of this mercury, lead, cadmium, and other toxins. But the body is going to stabilize that loss by losing water. So if you use the regular detox dose [10 drops 3 times a day], you're going to have to drink eight to ten glasses of water a day. If you don't drink enough water, you could experience side effects; 99.9% of the side effects of this product are due to dehydration. A dialysis patient is not able to drink that much water. So the recommendation is to have dialysis patients use lower doses, more like 3 to 5 drops 3 times a day, and to drink what water they can. We have already seen that the zeolite is easily dialyzed out. So, during the normal dialysis, they will be sequestering and removing these toxins.

Question: I know a glass blower and a sculptor who are concerned about the toxicity of their trades, especially the silver and copper. They're excited about the potential about this product. Is there anything you could talk to us about that, Rik?

Rik: I guess I would have to know exactly what hazardous materials they're exposed to. Some copper is certainly necessary for general health, but hypercupremia can cause nerve dysfunction, etc. Copper is pretty low on the reactivity list [zeolite's affinity for copper is low]. But what we've found is that the lower a compound is in its reactivity to the zeolite, the more concentration has to do with zeolite's ability to sequester that compound. For example, iron is pretty low on the reactivity list but, if someone has hemochromatosis, or iron overload, some of that iron will be removed by the zeolite because there is such a high concentration of it. So if someone has hypercupremia, there is a great chance the zeolite will pull off some of that excess copper. But for someone who doesn't, who has a regular copper load, they probably aren't going to lose any of that copper due to the zeolite. Silver is the same thing. It has very low reactivity with zeolite. Many people don't want silver to be sequestered, because they're taking colloidal silver, and they have a concern that the zeolite might remove that. But we're looking at silver as part of our atomic-absorption spectroscopy series, studying urinary excretion of the heavy metals, and silver is very low on the affinity scale. So I don't think we're going to see much silver come off unless it is in incredibly high loads.

Question: How about the effect of the product with colloidal silver?

Rik: I'm not a proponent of colloidal silver, and I don't want to get into that on this call. I know the history of it and, for the most part, I don't recommend its use, except in a certain population. I don't recommend it for general health. But zeolite is not contraindicated with colloidal silver. So if they're using colloidal silver, they don't have to worry about wasting the zeolite or the silver.

Question: One of the artist's questions was about the aluminum that he works with, because he sculpts with aluminum, bronze, and other metals.

Rik: Metal workers have been indicated in a higher risk of Alzheimer's disease and a higher risk of early-onset Parkinson's disease. The belief is that these heavy metals do cause neurological dysfunction, and lead to known or easily identified disease states. Certainly we know that zeolite is going to take out a lot of these heavy metals. The last bit of research we did was that people were concerned that the aluminum in the product would get into the body, as an aluminum silicate. We proved that not only does all the aluminum in the zeolite come out, but additional aluminum was being excreted through the urine — which meant that it's efficiently pulling out aluminum. Aluminum is about six metals down on the reactivity series, but that's high enough that zeolite is actively pulling out aluminum from the body.

Question: Do you have any findings regarding liquid zeolite and children with ADHD or autism?

Rik: This was something completely new to me. I'd never studied autism. But after I received dozens of testimonials and reports about liquid zeolite's ability to increase awareness in autistic children, and increase activity in autistic children, I started looking into it. I found out that a lot of the issues had to do with deactivation of metallo-proteins. These are proteins and enzymes that use metals as co-factors. A lot of heavy metals can push away those cofactors. For example, mercury can displace magnesium in some cases, and lead or arsenic can displace zinc. So if you're displacing these natural metals as cofactors of metallo-proteins, then everything starts to shut down. That seems to be the case with a lot of these autistic kids. We don't know exactly which metals are so responsible. There has been a lot of research into mercury poisoning — for example, thimerosal in vaccines — for autistic children.

Regarding ADD and ADHD, there have been a lot of new studies done using PET scans and spectroscopes, identifying seven or eight distinct types of ADD and ADHD due to different cofactors. Almost all of them have to do with activation or deactivation of metallo-proteins. So again, zeolite is acting very simply to remove heavy metals, allowing the system to work more efficiently. And, in that population, we're seeing it as an increased reactivity or increased activity for improved neurological function.

Question: In our particular group, we're experiencing incredible results with autistic children. We're very excited about what this is doing for these kids. One of the things these kids are experiencing is chelation therapy. Rik, do you want to talk about how liquid zeolite is a natural chelator?

Rik: Absolutely. That is exactly what liquid zeolite is doing – it's chelating or sequestering metals and removing them from the body. But it's a much more efficient and much safer chelating agent. For example, a lot of people are using EDTA as a chelator. EDTA has a negative two charge, and it is only charge specific. It will take any plus two charge molecule out of the body. Certainly that includes lead, but it also includes calcium and magnesium. So when you're chelating with EDTA, you have to keep adding calcium and magnesium back into the patient, and you wind up with diminishing results – where eventually all you're chelating out is the calcium and magnesium that you keep adding back in, and you never get out all the heavy metals from the body. That is one of the negatives. Another negative is that as it chelates to the metal, the metal is still available to the environment to react. That's why chelators can cause a lot of kidney and bladder toxicity on their way out of the body. With zeolite, for the most part, heavy metals and toxins are absorbed into the zeolite cage and, for all practical purposes, they can no longer react with their surroundings. Zeolite is also very specific for the heavier metals. It has almost no reactivity towards calcium, magnesium, sodium, phosphorus, and the healthier elements. So it's a really efficient, very active chelating agent that is specific not just for charge, but also for molecular size, shape, and even the structure of the molecule is important. In some cases, some molecules have something called “induced fit.” As they get closer to the zeolite, they actually change shape to be adsorbed onto the surface of the zeolite.

Question: This is from a woman who has severe osteoporosis: I'm taking a supplement that will stabilize strontium, calcium, and magnesium to help prevent further bone loss. I am taking liquid zeolite at the same time. Will the liquid zeolite neutralize the effect of the three elements?

Rik: No. In fact, this particular zeolite [clinoptilolite] was used after the Chernobyl incident in Russia to remove radioactive strontium and cesium, which have a much higher reactivity towards the molecule. But non-radioactive strontium – non-ionized strontium – has very low affinity for zeolite. So, I don't think it's going to be an issue at all. In fact, by removing the other heavy metals, she's probably going to get better reactivity of her protocol.

Question: Our concern is the product removes toxins too well, as opposed to not well enough, and that there is a need for colonic therapy while taking liquid zeolite to assist with the elimination of toxins from the body. What is your opinion on the need for this therapy concurrent with taking liquid zeolite?

Rik: It's interesting. I've got to think of it in a more logical sense, because one of the big issues is compliance. I want people to be able to take something and very easily add it to their everyday usage. They can even carry a bottle around with themselves. I don't want to say that everyone needs to go in and get colonics and other cleansings along with the liquid zeolite. But, I know that Dr. Gabriel Cousens, as well as others, has a protocol where he includes a lot of things on top of the liquid zeolite, and has incredible results with zero side effects. What we've seen in highly toxic environments, with people that have multiple chemical sensitivities and a lot of issues, maybe 1 to 2% of the general population does have some detox effects. This could include a rash, could include swollen lymph, could include detox syndrome like nausea and headache — that are not directly associated to dehydration but to the fact that they're detoxing very fast and they have all these things moving around in the body. I call it "stirring the pot." You know, you're stirring all this stuff up, and it's reacting in the body. In that population, they're certainly going to benefit from additional cleansing. I will say that the company is launching two additional products into this detox/cleansing category, which will go hand in hand with liquid zeolite and make it work even more efficiently.

Question: Have any studies been done on people who are HIV positive and those with full blown AIDS? If so, what is the outcome?

Rik: We haven't looked at AIDS yet per se, although I have talked to several HIV patients who have been taking it. As a clinician, I have to say it is very hard to prove in a population like that that your product is causing benefits because the average HIV patient is taking no fewer than 10 different medications. That's why, when we approached a virus, we decided to approach hepatitis C, because most hepatitis C patients are un-medicated and they keep very stable viral loads. If their viral loads go down, you know it's because your product had an effect, which is what we've seen with the hepatitis C study that we're doing. I have been invited to conduct an HIV trial on failed patients. These are patients that failed all of their medication, that have been on medications for such a long time that their particular virus has mutated to the point that the medications they're on are no longer effective. These patients are looking for some sort of stop gap, something that can keep their viral loads down while new drugs are being invented. So I've been invited to do a study with liquid zeolite and that population, and we'll probably do that this summer.

Question: Testimonials have stated that cases of herpes zoster seem to have cleared up after people started taking liquid zeolite. Is there anything more scientific that you have on herpes zoster?

Rik: We haven't looked clinically at shingles or any other virus other than hepatitis C. But we have received two or three dozen shingles testimonials, and there is one published study on this particular zeolite, clinoptilolite, and herpes. There are actually two published studies on viruses –one on herpes and one on entroviruses. That is what encouraged us to do a viral study. I have been invited to do two different studies in Japan. One would be on shingles, and the other would be on Sjögren's syndrome, which is believed to be an auto-immune disease, where people have dry eyes and dry mouth due to inflammation of the lachrymal and salivary glands. We're going to start both of those studies no later than the beginning of June.

Question: This is a question about one of the studies that has already been conducted and completed with the 65 stage-3 or -4 cancer patients. I'm wondering if there are any further developments on the publication or possibility of publication of that study.

Rik: I have said this before. There are a lot of problems with that study. It was very limited in its scope, it was an uncontrolled study, and it was conducted by the pharmaceutical company that created the product [liquid zeolite], which is always a no-no. You want to do a study with a completely outside clinical research group or hospital. There was no control as to which patients were taken. Any cancer patient that wanted to be part of the study was accepted. Then there was no control as to what drugs they were taking, or what other protocols they were on. So every patient basically answered an ad in the paper that said, "If your doctor has given up on you, come to us." That's why we got mostly people who had completely end-stage cancer, whose doctors had sent them home to get their affairs in order. Of those 65 patients, eight died during the 14-month study, 51 are considered to be clinically in remission, and the six remaining patients at the end of 14 months were undergoing chemotherapy, radiation, or some other treatment.

Understand, throughout the study, many patients used some sort of adjunctive treatment. For example, a lung cancer patient was told to go home and get his affairs in order. After three months on zeolite, he was feeling much better. He went back to his oncologist, who said, "You're doing so well, you strong enough now to undergo more chemotherapy and radiation." So he stayed on the liquid zeolite, but he also went on chemo and radiation at that point. So it becomes a statistical nightmare trying to figure out what effect this particular product had. Certainly, because of the limitations of the study, there's no way we're going to publish in any decent tier-one or tier-two journal. But I have been speaking to the experimental biology journals, and they're interested in writing this up as some sort of complementary therapy with standard care therapy and the treatment of cancer. They're looking at this as if we just added a vitamin into their protocol, and certainly didn't couch this as something for the treatment of end-stage cancer. That's how we're writing it up. We're scrapping most of the statistics, and just taking some of the high ends—who were the patients, how were they treated, and what were their final results.

Question: On an earlier call, I remember you spoke about using liquid zeolite with people who have hemochromatosis. Could you please explain how liquid zeolite interacts with excess iron stores?

Rik: In a nutshell, hemochromatosis patients basically cannot waste iron fast enough, so they store their iron, and it doesn't turn over. The only real treatment for this disease is phlebotomy, to give blood usually every week or every couple of weeks. The two patients I was talking about were giving a pint of blood every two to three weeks to measure their iron scores. Since they started taking liquid zeolite, they no longer have to donate iron or donate blood.

When we looked at the atomic-absorption spectroscopy studies, iron was very very low on the affinity scale, and very few patients lost any iron at all. This is where concentration matters. Zeolite is only going to draw off iron when a patient has an excess of it. In that population, Liquid zeolite could be an amazing product by stabilizing the iron stores – if not completely eliminating the need for phlebotomy, then it might reduce that need greatly.

Question: Does liquid zeolite remove depleted uranium from our bodies? Our concern is about all the service men who will be returning after being exposed to our armaments that are now being laced with depleted uranium?

Rik: I have no data on that. Depleted uranium is positively charged and should have an affinity for zeolite, but I don't have any direct evidence of that. You have been kind enough and several distributors have been kind enough to send me tons of information about depleted uranium. As an academic, until I can do a study on that population and be able to somehow measure uranium that comes off the body, I'm not going to be able to give a definitive yes or no. I will say that normal excretion of radioactive compounds has been shown to be up-regulated with zeolite. In fact, there were three published studies right after Chernobyl that didn't measure uranium but that did measure radioactive strontium and cesium in goats and sheep that were fed this particular zeolite – clinoptilolite. Their excretion increased anywhere from 15 to 20 times over normal excretion just by adding clinoptilolite to their diet.

Question: Are dentists, dental assistants, and hygienists exposed to mercury poisoning from the mercury vapor when drilling an amalgam?

Rik: I've seen so many journal articles for and against the mercury amalgams, for and against the dangers of working with the mercury amalgams. Certainly they do put out mercury vapor. How much and how active that vapor is, is so much in the air. I will say that there is no good mercury in the body. And so as far as I'm concerned, you shouldn't use anything that contains mercury. Even the old blocking chemicals that hat makers used to use were mercury chemicals, where the mercury was not free, but the mercury vapors were such that — you know how they said "mad as a hatter." Remember the mad hatter in Alice in Wonderland? The mercury compounds that hat makers used to block hats would drive them insane. They caused insanity and mental breakdown. Certainly I would say that any exposure to mercury is a bad thing. Liquid zeolite has been shown to pull mercury out of the body, and that's a good thing. Mercury and cadmium are right on top of the list. They kind of compete for the highest affinity. Mercury comes out very efficiently right away. I can't say yes or no one way or another whether dentists are in more or less danger because they're working with these mercury amalgams. The jury is still out on that.

Question: You mentioned before that there was a hepatitis C study being done with liquid zeolite. When will this information be available? And the study that you mentioned that was being performed at Duke University testing the urine of people using liquid zeolite, when will those results be available?

Rik: At the conference in Orlando, Dr. Jim Flowers of Eno Research and Development, who was the principle investigator on the urine excretion study, will be onstage explaining the results. We used healthy students from Duke University, but we also used 20 miners from West Virginia, because that is such a timely topic. Everyone is concerned about the health of miners, the safety issues with them. It is so much in the news that, by including this population in the study, we are guaranteed publication. So it was just smart to include them. All it necessitated was an extra researcher who would drive every week or so to pick up urine in West Virginia. We'll have those results for the conference March 17th and 18th in Orlando. As far as the hepatitis C study goes, it is almost completed. We have three more patients that will be finishing up in two weeks. But because the company is so cognizant of the problem with talking about treating disease with the product, we won't be sharing the viral data at the conference. We will seek publication, we'll pursue this avenue of research, but we won't be talking about it in public forums with the company. It's the sort of thing where we can say that liquid zeolite stabilized immune system function and, if you want to know how, point to this article. But we can't call it an anti-viral because that would be making a claim that can only be made about a drug.

Question: I'm concerned about distributors claiming too much and then getting the FDA on our backs. Rik, can you give us some sense or some words we might use in trying to tell other people about liquid zeolite, so we don't overstep our bounds and get the company in trouble?

Rik: The easiest thing is to stick to what the company has already written. On the company website and in the company literature, all of those claims have been cleared by the FDA counsel for the company. So that is the safest thing to do. If you start thinking about what claims you can make, try to think about structure and function claims. Liquid zeolite has the ability to remove environmental toxins from the body. It has the ability to detoxify the body. It has the ability to stabilize a healthy immune system. It has the ability to stabilize healthy pH level. That is the sort of thing you can say. If you talk about stabilizing, talk about maintaining health, those are the great ways you can talk about the product. You can always point to published research. You can point to that hepatitis C study and say, "This study was conducted on the product." You can't just say, "This product cures hepatitis C, and this is the proof." Alright, so you have to be very careful about that. Understand I work with the FDA on a daily basis with my biotech company. I am not a conspiracy theorist when it comes to government agencies. I think there are a lot of people that have their hands tied by a horrible bureaucracy and therefore can't get the work done that they really want to do. But they do want to make sure that the public is protected from a lot of frauds, and so they watch what health claims are made in the public domain. The major job of the FDA is to write letters. I call them "the sleeping giant." They write a lot of letters and, if those letters get ignored, the FDA goes into action. And it's not just the dietary supplement companies. The FDA's after the drug companies too. They want to make sure that there are good products out there for everybody, and that the claims are legal claims to make.

Question: Of the Alzheimer's patients who have been helped by liquid zeolite, has it just stopped the progression of the disease, or are you seeing any signs of formal mental function?

Rik: We see all sorts of anecdotal evidence. But we haven't done any studies on this, and I have to always have the caveat that we can't make any claims about the treatment or prevention of disease. What I can say is that, in those disease states that seem to have as part of their causation or etiology heavy metal toxicity — for example, Alzheimer's and aluminum — then we do see improvements with liquid zeolite. Now does it stop the disease? Does it reverse the disease? I really don't have the evidence to support that.