THE CALCIUM LIE II: WHAT YOUR DOCTOR STILL DOESN'T KNOW

Robert Thompson, M.D. and Kathleen Barnes

To our readers: This is our gift to you, your doctors and your friends. Please disseminate it freely, with attribution.

CHAPTER 10

Doctor to Doctor: An Impassioned Plea

THROUGHOUT THIS BOOK, we've thrown out some—ahem—unconventional ideas about health, nutrition and the underlying causes of the diseases that are quite literally shortening our lives.

Everything in this book is based on solid, scientific evidence. There's nothing airy-fairy or mystical about it. Most of the premises in this book come from basic biochemistry, courses every doctor took in pre-med and medical school.

We'll be the first to tell you that many of these concepts are not well known or commonly accepted. Patients who take them to their doctors or nutritionists are likely to be summarily dismissed or even ridiculed. Your doctor might summarily veto your supplement regimen without any solid information or knowledge. Your nutritionist might tell you that your bones will crumble to dust if you don't take calcium supplements.

You've read this book. You *know* that your doctor and your nutritionist are operating on the voodoo wavelength and that we have presented you with solid science.

Doctors who espouse the commonsense solid scientific concepts presented in this book are likely to be ostracized by their colleagues. I know. I have been a victim of that sort of professional jealousy, jousting, personal attack, arrogance and intellectual dishonesty. This is still hard to accept.

Doctors generally choose what they want to believe like a religion, with little regard for each other and shamefully often with little regard for their patients. Protecting the status quo is paramount to them as is their income and avoiding lawsuits, not necessarily doing the right thing all the time. It is very difficult for them to see the impact of their exorbitant fees and the cost of the drugs they prescribe.

What is truly shocking is that two physicians with whom I had worked for years severely criticized *The Calcium Lie,* without ever having read it or checking a single

reference. One physician didn't like the first edition's subtitle, *What Your Doctor Doesn't Know Might Kill You* because she "disagreed with the premise." The other based his criticism on only this chapter in the original text. He also disagreed with the reliability of HTMA, despite qualified expert opinions endorsing it and scientific, published, peer-reviewed technical and clinical material confirming its reliability. He chose instead to believe unscientific Internet websites (his sole source of references) of repeatedly plagiarized material and insurance company negative opinions. This is all true and so sadly indicative of the way most conventional doctors think today.

We can only offer this plea from the heart: **Please, doctors, read this book!**

Patients: By all means, read this chapter and read it closely. But we have really written this concluding chapter as an open letter to all doctors, as an impassioned plea for them to put aside their prejudices and their adherence to The Calcium Lie, The Vitamin Lie and a dozen or more other erroneous belief systems that are not scientifically based and begin to make a difference through good nutritional science and genuine caring.

If we as physicians are ever going to make a difference in the overall health of our patients, their surgical needs and outcomes, and their all-too-prevalent illnesses and diseases from pregnancy to old age, we must begin to address the significance of the nutritional lies made apparent through this work. Protecting the status quo should not be acceptable ever again when considering the dismal health statistics and outcomes we see in our societies today, not to mention exorbitant costs of the care required as a result and the incredible impact of the loss of wellness on our lives. Our illnesses are big business and there is quite literally no incentive to change this. Obamacare is not the answer. It does nothing to change disease statistics. It merely insures everyone pays more and creates more bureaucracy.

We urge you, with our blessings, to copy these pages of this book and give them to your doctor. Better yet, buy another copy and make it a gift. Make your pleas for your physician to read these pages as impassioned as is our advocacy for you.

We know doctors are busy people, so we are making this chapter short and sweet to economize on valuable time; but doctors, we urge you to buy a copy of this book and read it in its entirety, challenge the assertions scientifically, check the compelling references—in short, do your homework. We think it will change your life, your practice

and will be of great service to your patients. Who knows? Maybe it'll even help you improve your health and heal yourself. The basic truths in this book are irrefutable.

Dear Doctor,

Your patient has given you a copy of this chapter with our blessing and permission. We have given this chapter to public domain to try to get the truth out as quickly as possible about calcium and the other assertions of the text. We care that this vital information lands in your hands and that you give it your careful and thoughtful consideration.

We ask you to set aside your preconceived ideas or what you think you know is true and give these few pages your careful consideration.

We also ask you to spend ten minutes to read these pages all the way to the end. It is our fervent hope that they will change your professional life and profoundly affect the lives of your patients.

The majority of physicians practicing today are there because they made a choice to help people. I felt the same way. I was a bright-eyed, naïve, idealistic youngster who, at age 19 felt a special calling to the practice of medicine. Almost all of us had those altruistic motives when we entered medical school, but the way medicine is practiced today, those altruistic motives have been largely beaten out of us and more often greed has become a deciding factor.

With all our current taxes, liability and exorbitant overhead costs, practicing medicine is a lot like being a hamster on a wheel. You have to keep turning that wheel to stay ahead. Despite what most laypeople believe, a license to practice medicine is not a license to print money. In fact, there is absolutely no security in practicing medicine. It is basically a service occupation, with high overhead and high risk of legal liability, and very little security. Maybe I should call this The Big Bucks Doctor Lie.

Sure, some doctors are earning beaucoup bucks, but the average doctor is confronted with huge debts, big overheard expenses, enormous insurance premiums, no paid time off to rest, vacation and recuperate, and no paid health and retirement benefits.

And doctors are expected to be knowledgeable about everything medical, make snap decisions when we are exhausted and always be right. Yes, you can make a comfortable living, but you have to work hard for it and make sacrifices that most people would never consider.

If you're on that hamster wheel and feeling overwhelmed, go back to those days when you were a bright-eyed med student. It was your choice to become a physician. In my 31 years of practice, I've discovered something that borders on the mystical: Enough money keeps on coming as long as I work hard and make the right choices, even in the hard times, and yes, I have had them too. As long as I keep my sights on my mission to help my patients feel better and improve their health, my conscience is at peace.

I have been the victim of professional jealousy, anticompetitive behavior, vicious gossip and professional attacks by colleagues who apparently felt threatened by the success of my patients. The behavior I have witnessed and experienced firsthand in this regard merely for being a leader is quite simply despicable, to say the least.

In 1996, I was ready to throw in the towel, ready to stop competing with my colleagues, ready to give up on the insurance companies and quit medicine for good. I had no idea what I would do, but I was just sick of the way many in my chosen profession cannibalize each other over money, with totally uncompassionate and anticompetitive behavior, in the name of good medicine.

Sometimes, unfortunately, a physician or group of politically entrenched physicians will protect and cover up substandard practice behaviors arbitrarily and capriciously, in the name of peer review and financial gain.

In 1996, on one of my lowest days as a physician, a phone call came informing me that I had been chosen one of the "Best Doctors in America." What an honor! My spirits soared in a conflict of irony and my thoughts of leaving the profession were diminished. Maybe I could make a difference. Maybe I could take whatever criticism and heat my colleagues could dish out as long as someone recognized that I was actually doing what was right, what I *had originally* set out to do. I *was* helping my patients get better and it was being recognized nationally. I was somewhat re-energized!

The message of this book is basically a continuation of that excitement about the ability to create better care, to recognize many of the simple untruths that we practice and advocate incorrectly as a profession and once again, to try to reach physicians and call them back to the roots of their educations, far away from the influence of pharmaceutical companies and insurance regulations.

At about the same time, I realized that I had been developing an increased awareness and intellectual accountability for my pregnant patients who would come in and ask me about the nutritional supplements they were taking. They wanted to use various herbs and

supplements, as well as prenatal "vitamins," and they wanted my recommendations about the best ones to take, and how much and which ones were safe.

These are the same questions we face as physicians every day concerning pharmaceuticals. I realized that I needed to practice the same due diligence in making these recommendations by educating myself about nutritional concepts and supplements with the same level of veracity that I would apply to any and all medication recommendations. Much of this information wasn't even in the books or taught when I was in medical school or, at least, not in the classes where I sat. I also needed to go back to my roots in basic science and biochemistry and apply what I did know to human nutrition and separate fact from fiction.

I'm pretty sure your experience in medical school was similar to mine: Out of thousands of classroom hours, we may have received four hours or less of instruction on human nutrition. Doctors are not "supposed" to have to know this "stuff." Yet this information is quite literally at the heart of how we treat our patients, no matter what our specialties. Virtually every disease process of the human body has a connection to nutritional imbalances, toxicities, shortfalls and deficiencies. Yet we spent so little time learning about nutrition in medical school that it is now time for us all to begin to re-educate ourselves. Our collective health and that of our patients demands it.

My award in 1996 not only re-energized me in my practice of medicine, I felt compelled to research other fields of medicine and nutritional products so I could provide my patients with the best possible care and guide them in what was safe, what works, what doesn't and what not to take. I started to learn more about herbs, supplements and other alternative therapies, including homeopathy.

Before you pooh-pooh homeopathy, think about it. The use of homeopathy or microscopic doses of various toxins or nontoxic substances with very specific effects to trigger an immune or physiological response works because these remedies are water-soluble and can be easily carried into the cells.

Think about your basic biochemistry and homeopathy will make sense to you. More importantly, it has been used for over two hundred years, has a scientific basis and, when used properly, it does no harm. If it works, great—use it. If it doesn't work some of the time, try something else. There is ample evidence-based medicine that it works. In my experience, homeopathic remedies work about 60 to 80 percent of the time in treating the symptoms. Remember, drugs don't always work either. This is simply an example. Homeopathy is not the answer. Like herbs, it merely treats the symptoms with less

toxicity. We must recognize and treat the underlying problems to get our patients better and truly reverse them or best of all, to prevent disease from developing in the first place.

We as physicians need to be accountable for all the practices of our field, all the science, not just that which we believe. The future of our civilization is truly at stake. I am continually challenged by what I do not know. To fail to re-examine and question the science of "what you believe is true" is practicing a religion, not a science. We have to doubt that which we think we know to advance our knowledge. Each answer should raise new and more profound questions.

Part of my examination based on my patients' requests for more natural ways to approach pregnancy and childbirth showed me that there was an impressive amount of medical knowledge regarding the use of herbs in medicine that are often the basis for our drugs. They have various effects, good and bad, some even stimulate immune responses, but like homeopathy and drugs, herbs as whole-foods largely treat symptoms but with less toxicity. Like homeopathy, herbs are not *the* answer, but they can be helpful when beneficial and safe.

Eventually, I realized The Calcium Lie and its links to mineral deficiencies, excesses, imbalances and disease.

In a nutshell, The Calcium Lie says that bones are not made of calcium alone, but of at least 12 minerals, including calcium. Expecting to keep bones strong by giving someone calcium supplements is like expecting that you can make a loaf of bread from yeast alone. It simply won't work. In the case of the use of, or recommendation for, calcium supplements, this lie can do great harm as crystallized excess calcium concretions make their way into arteries and joints; this forces the adrenals to compensate for the calcium excess to their own detriment. This problem leads to a continuous decline in sodium and potassium from the body, changes in cell membrane physiology and electrical potential, and causes the brain to shrink and become demented. More and more studies have validated the dangers of excess intracellular calcium since the publication of the first edition of this book in 2008.

We're not going to rehash this entire book here, but we're going to repeat The Calcium Cascade from Chapter 2, since you may have received these copied pages from a patient (with our blessings) and you may not yet have access to the entire book. The chart may help trigger some recollections for you of how and why the biochemical process we describe in this book is perfectly logical, based on the biochemistry classes you took in medical school.

It leads to a simple conclusion: Almost everyone needs trace minerals, not just calcium, because we simply cannot get all nutrients we need from food grown in our minerally depleted soils, picked before ripeness, especially in view of our society's propensity for nutritionally void foods. And most importantly: Calcium hardens concrete, not bones. Excess calcium can do severe damage to the human organism, especially the brain, arteries and other soft tissue.

THE CALCIUM CASCADE

Excess calcium in the human body begins a cascade of negative effects that have enormous adverse consequences to our health. This process cannot be diagnosed with standard blood tests. It requires a reliable, competent lab to conduct a tissue mineral analysis on a correctly collected hair sample you provide. I recommend Trace Elements Inc., the only lab with the correct ratios and databases. You can find information about them in the Resources section and through my website, www.calciumlie.com.

If you have excess or relative calcium excess in your body

THAT LEADS TO

Calcium seeking and needing more magnesium to try to keep your body's calcium and magnesium in balance

THAT LEADS TO

A relative magnesium deficiency in proportion to calcium that leads to increased muscle tension and nerve endings firing erratically and other "electrical" malfunctions in your body;

AND

In its need for more magnesium, your body has to suppress adrenal function in order to retain more magnesium to compensate for the high calcium; This adrenal suppression causes a continuous loss of sodium and potassium in your urine as well as immune compromise from the adrenal suppression.

THIS LEADS TO

A continual depletion of the sodium and potassium that are stored inside the trillions of cells in your body;

THAT LEADS TO

A loss of the sodium and chloride you need to produce the stomach acid you need to digest protein;

AND

This increases the incidences of heartburn and other digestive disorders, and the use of prescription drugs that have further destructive effects and impede digestion;

AND

Your body gradually loses its ability to digest protein and absorb the essential amino acids that are the building blocks of protein and neurotransmitters.

ALSO

The sodium depletion leads to a failure of membrane electrical potential and ion exchanges necessary for cellular function, the mechanism by which our bodies get essential amino acids and glucose into all our cells, except fat cells, which keep absorbing glucose without sodium while the rest of our bodies' cells are starving.

FURTHERMORE

Intracellular potassium levels decline dramatically and this leads to increasing degrees of thyroid hormone resistance (type 2 hypothyroidism), with all the symptoms of hypothyroidism and slowed metabolism with what are thought to be normal blood tests. Correct diagnosis requires blood tests, HTMA, basal body temperatures and total and reverse T3 ratio.

SO

All cells (except fat cells) become starved for glucose and amino acids,

RESULTING IN

Increased cravings for glucose and increased food intake.

This loss of minerals also leads to more food cravings

AND

Intracellular deficiencies of sodium, potassium and essential amino acids, and more cravings.

THE END RESULT IS

Multiple metabolic malfunctions, including obesity, heart disease, type 2 hypothyroidism, type 2 diabetes, anxiety, migraines, depression, dementia, hypertension *and the list goes on and on!*

When I re-examined my biochemistry and physiology thinking, I remembered the simple truth of this basic physiology, which I call the Calcium Cascade. It triggered insatiable curiosity in me. I began to quickly build my knowledge about nutrition and supplements, something I am somewhat ashamed to confess I had pooh-poohed to my patients in the past, just like so many other physicians. I began to discover what worked and what didn't in nutrition and supplements. I saw the results in my patients and myself and I was encouraged to persist.

I had to struggle to overcome the brainwashing I had received on The Calcium Lie. The simple question recurring in my head was, "Why had such an error in basic scientific truth and teaching become so entrenched in medical thinking and practice?"

I dug deeper and I found out about hair tissue mineral analysis (HTMA) application, about how scientifically reliable it actually is and how validated laboratory certified testing methods could provide me with a wealth of information about a patient's medical conditions. The HTMA also provides diagnostic clues and helps me to address them nutritionally, often reversing the problems.

I carefully examined the websites with plagiarized misinformation and out-of-date and misleading science pooh-poohing the reliability of HTMA. I also sought out the current knowledge on HTMA science. I did my scientific homework on the technology of micro-mass spectrophotometry, its applications, its reliability and its usefulness in practicing medicine. This is the same technology that is now being applied to bacteriology and has revolutionized microbiology in the last 10 years, although it is still not widely applied. With this technology, bacteria can now be identified in about 45 seconds accurately. At least 7,000 so far have been clearly "fingerprinted." This advance is huge, thanks to the same technology used in HTMA.

I began to look at the effectiveness of each treatment. Even more importantly, I searched for treatments for conditions that often had no good options and often went unaddressed or for which there were only drugs to treat symptoms. If one treatment wasn't working, I searched for alternatives and networked with other like-minded

professionals to find out if they had any answers and to learn from their experiences and absorb their opinions. I continue to do so.

I also became acutely aware that I was required to label patients with their afflictions. Someone with diabetes became a diabetic and was labeled accordingly. That's how we are trained. That's how we are paid. But as I began to change my way of thinking, I realized that there are no diseases we are "supposed" to have and that almost all of these labels are related to nutritional deficiencies and imbalances which, when corrected, cause the illness(es) to remit or resolve. This increased awareness opened a whole new way of thinking for me, a whole new approach to my patients, and has helped them immeasurably. That's so much more like the ideals that I had originally set out to practice as a physician.

As a little aside, I'll tell you that as soon as I began to change my way of thinking about diabetes and started treating the nutritional and mineral deficiencies and imbalances in patients with type 2 diabetes and insulin resistance, I began to achieve phenomenal success.

Over the past 16 years, my treatment plan has kept blood sugars normal in more than 100 patients with diagnosed type 2 diabetes without pharmaceuticals, and has done so effectively over long periods of time. This program is effective for virtually everyone with insulin resistance and every overweight person. If caught and treated early in the course of the disease, I have found that insulin resistance is nearly always reversible. Based on my experience, if the diagnosis of severe insulin resistance as type 2 diabetes has taken place in the past two years, the disease is nearly always reversible. If the diagnosis is more than two and less than five years old, type 2 diabetes is still sometimes reversible. If the diagnosis has been made more than five years in the past, my treatment plan may not be able to reverse the disease, but it can result in improved blood sugar control.

Joe R was one of these patients with recent onset type 2 diabetes. His fasting blood sugars were from 150 to 250 and postprandial sugars from 250 to 400. With immediate and correct supplementation, within two weeks all his blood sugars were normal and, with continued diet and supplement regimens, have remained so for more than 16 years.

For Joe and these other patients, the key was correct supplementation with the appropriate supplements to reduce insulin resistance, not just prescribing drugs to sensitize the patient's body to the overproduction of insulin, which increases fat cell glucose absorption. That means treating and reversing the underlying problem with the

correct supplements, not drugs. Chromium picolinate doesn't work, at least not very well, but chromium polynicotinate (ChromeMate™) does.

I don't expect the dairy and pharmaceutical industries and the supplement companies will like this book much, since it is challenging you to think and move away from the erroneous belief systems that they have so carefully nurtured.

No doubt, I will be personally attacked for my conviction and new direction in patient care. It's OK. I have pretty broad shoulders and thick skin and lots of faith. I have always been a leader. Doing the right thing for the right reasons has always been important to me. To the doctors who have criticized me for being a leader, please understand I have been right before about laparoscopy, Curaderm and now The Calcium Lie. This is just plain fact. I made simple observations and I am reporting them again, with even more evidence and more conviction in this edition than what I documented in the first edition of this book in 2008.

We have struggled in the writing of this book to put these concepts into simple terms that the average reader can comprehend. If we have oversimplified, we will take responsibility for that. Of course, biochemistry is very complex. There is no doubt that physicians are among the most educated and intelligent people in the world, and we know that they can take these simplified concepts and apply what they learned in medical school to acknowledge these truths.

I take intellectual honesty with great seriousness. I cannot have a knee-jerk reaction to a patient's question about a supplement, medication, surgery or any type of treatment. That knee-jerk reaction would be based on what I *think* I know and not necessarily on science. I continually take myself back to my roots in med school biochemistry and ferret out the answers based on science, not advertising or drug rep dinners or just "knowing" or believing something.

Before this goes too far, I want to say I don't consider supplements to be a panacea. In fact, many supplements are actually drugs, and as such can be harmful. This is the subject of Chapter 7 of this book, The Vitamin Lie, which says that we've been duped into believing that a single component of an extraordinarily complex molecule that comprises a vitamin is the vitamin itself. Case in point: Vitamin C is *not* ascorbic acid, although almost all vitamin C supplements sold on the market today are just that, ascorbic acid, not vitamin C. Unless someone takes in the whole vitamin C molecule harvested from 100 percent whole-foods, vine ripened and grown in mineral-rich soils,

your patients won't be getting the benefits of this remarkable life-giving vitamin and will suffer the consequences.

This is my plea to you: Remember your roots. Remember who you are and how you were trained. Remember your early education, especially your biochemistry, however painful this may be.

Put aside belief systems about medicine and open your mind to what some may think are "new" ways of thinking, but which are actually just basic, solid science.

I remember a fairly pompous medical school professor in my early days of medical school who told us that only 20 percent of everything that we were going to be taught was true. The only problem was that they didn't know which part was the 20 percent that was true—and neither did we. Maybe that one caveat contained more wisdom than I realized at the time.

Erase The Calcium Lie from your mind. Press the delete key in your brain. You *know* that bones are not made of calcium and you know that osteoporosis is the loss of minerals from the bones, not just the loss of calcium. Then treat your patients accordingly. See that they get a complete complement of trace minerals based on basic scientific evidence, and even better, based on hair tissue mineral analysis results from a reputable laboratory.

After all, isn't bone mineral density just another way of clinically measuring tissue mineral levels—in this case, in bone? Think about it. Bone density is just a general measurement of the total mineral content of the bone; the HTMA gives us the specific levels of all the most important minerals and their balance for the entire body. I have found HTMA mineral levels correlate quite closely with osteopenia and osteoporosis, with lots more useful information.

The only lab I trust completely to accurately measure whole body tissue mineral levels is Trace Elements, Inc. (www.traceelements.com or by phone at 800-824-2314 or through my website at www.calciumlie.com).

Dr. David Watts, founder of Trace Elements, Inc., has developed a database of more than 1,000,000 hair tissue samples from which he has extrapolated highly accurate predictions of disease risk based upon the basic science of known relationships of mineral deficiencies, excesses, imbalances and toxic ratios to known clinical disease and medical science. Find out your patients' mineral deficiencies and imbalances, and you'll be able to begin treating them medically and nutritionally with reliable, reproducible and gratifying success.

When you rearrange your thinking process, you can treat your patients as you did when you were a bright-eyed med student. Begin to question what you *think* you know.

You can re-energize your practice of medicine, care a little more about your patients and actually help them get better, rather than just treating their symptoms, as the pharmaceutical industry would encourage you to do.

Not everything that comes from the drug companies or supplement companies is good—nor is it all bad. We need to educate ourselves to discern what is good and what is not and whenever possible, treat the underlying issue. This is our sworn responsibility as physicians.

We as physicians have great power to help or to hurt. It is our choice how we will treat our patients and how we will, ultimately, make a difference in their lives, our lives and the world. If you use this information with honesty, honor and integrity, you'll attract more patients than you can imagine. My medical practice has morphed into a practice that is about 90 percent nutritionally based, with many men and children joining my women patients.

This book is a gift to you. Take and use this information with our blessings for you and your patients.

—From *The Calcium Lie* by Robert Thompson, M.D., and Kathleen Barnes
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Website: www.calciumlie.com