

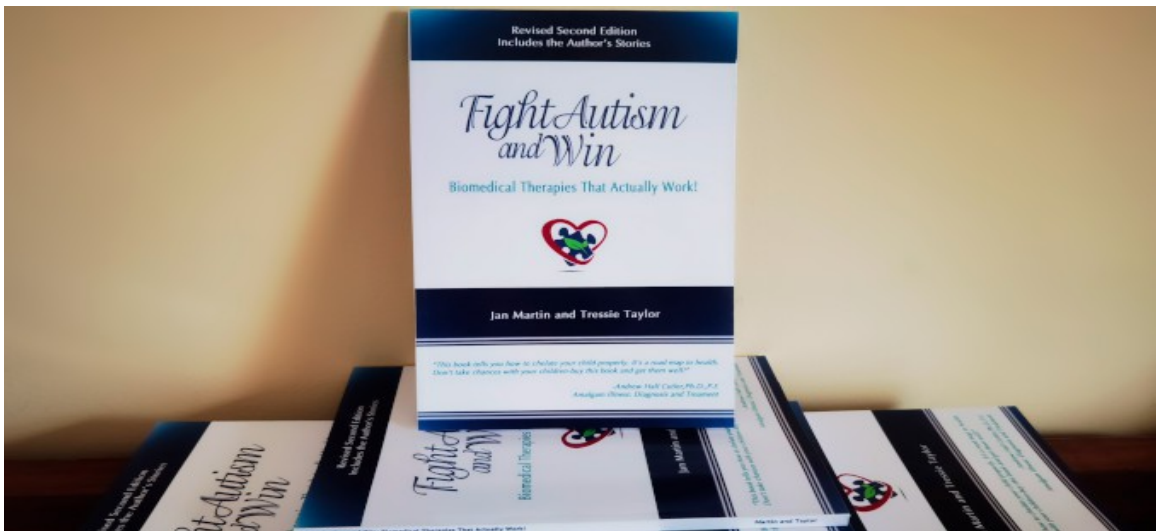
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The Solari Report

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Health Series: Chelating Mercury and Lead with Jan Martin



Jennifer Walters: Hello, *Solari* family. Welcome to the *Health Series* with me, Jennifer Walters. Today we will be doing something very exciting. We are going to go over chelating mercury and lead.

I have a great deal of experience with this. I have a recovering son because he was mercury toxic because of his vaccines. I chelated myself.

I have a wonderful guest. She was the moderator of a fabulous Yahoo group. We met years and years ago in that group. It might have been 3 am, and I had a three-year-old who was very sick. I would log on and start typing away, and I found this wonderful chelation protocol. I gathered all the information, and talked to all of my friends in the group, and Jan Martin was one of the moderators.

I got to know her quite well, and my son started talking and getting better. It's that slow and low dose chelation. It is very safe, and I am very excited about it. I think you are going to learn a lot.

Hello, Jan. Welcome.

Jan Martin: Hi. Thank you for having me. I am very happy to be here today.

Walters: This is going to be great!

I want to give a medical disclaimer: We are not giving you medical advice. We are just two moms, and we are going to tell you what we did to help ourselves and help our children.

I'm going to read you a little bio about Jan. Jan Martin is a mother, author, and detox coach. She is a recovered mercury poisoning victim with over 15 years' experience with the frequent-dose protocols. She co-authored the book, *Fight Autism and Win: Biomedical Therapies That Actually Work!*

Her children were affected by toxic metals, and her ASD child responded so well to this protocol that she wanted to share it with others. After seven years of selling her book on Amazon, they banned it in March 2019.

I wonder why they would do that pre-COVID? That's 'weird'! Did they set that up for something?

Jan has continued with her work to help others in the mercury and lead poisoning communities. This is a picture of her book, *Fight Autism and Win* (*Solari* website). These are the *Cliff's Notes*. It is spectacular. I wish I had this book when I started chelation. I have the Yahoo group and many notes, so I am so glad that you made this book.

I bought a brand new one so that it's all shiny and new and perfect. You should see my original! It's a disaster with coffee stains all over it.

Why don't you start out by telling me what brought you to Andy Cutler chelation? Tell us your story.

Martin: A few things were going down in my life at that time. I had a good deal of health problems in my 20's. I was aggressively getting sicker. I had seen many different kinds of doctors, and nobody knew why I was getting sicker.

I started doing some research on chronic fatigue because I seemed to have that. I stumbled across mercury as one of the things that could be linked to that. Then I found out that dental amalgam fillings were mercury, and I had many of those. So, things were starting to click there like, "Okay, this isn't good."

About that same time, I knew that my son was developmentally delayed. I wasn't sure why or what had caused that. The doctor suspected that he had PDD-NOS (pervasive developmental disorder not otherwise specified).

Walters: We had that, too!

Martin: They didn't know why; they didn't have any answers for me. They told me that he was a boy and that boys developed slower, but I knew better because I came from a large family and I had watched many children in my lifetime. So it didn't make sense to me.

I knew there had to be a reason because I was seeing gradual regressions. So, I kept doing more and more research. I spent plenty of sleepless nights, after the

children were in bed, researching mercury. There was a great deal of research out there that showed mercury, lead, and other toxic metals caused developmental delays.

One night I found the Autism Mercury group on Yahoo. That is how I met Dr. Andrew Hall Cutler. What can I say about Andy? He was amazing!

Walters: I miss him every day.

Martin: I do, too. I miss him so much. He was such a wealth of wisdom. Thankfully, we have his books and his old posts and things to pull from.

At that time in my life, I was in several online message groups. I was researching all different angles of detoxing and how to get this out of your body. I learned about many different protocols, but I also saw many people getting sicker and making themselves worse because the methods they were using were kind of haphazard. Some of the people were working with a doctor and were doing IV chelation under the doctor's guidelines, and they were getting horribly sick.

I paused on all of that and decided to do some more research because I didn't want to get worse because I was already sick enough. People were using chlorella and different types of supplements they thought would take out mercury. The things they were reporting was scary to me. There were a lot of neurological issues. So, I wasn't going to consider any of that; I was on hold while I continued to learn from Andy.

I didn't see anyone getting sicker doing his protocol when they were following it in the way he said. That made sense to me, believing there was something to that. As I got to know him and was messaging him, I realized that he was a Ph.D. chemist from Princeton, so he was very well-educated and could read research and medical papers and understand all of that. That is kind of how his protocol came about. He was looking for a better way to remove mercury that wouldn't make you worse.

What he was saying made a lot of sense to me. I just wasn't going to take any risks – especially not with my children. So, that is why I decided to use his protocol. It was working for people; it wasn't making anyone sicker. The adults

were reporting great things, and the parents were reporting good things.

Walters: Exactly! That is what I ran into also. I went to a few DAN (Defeat Autism Now) doctors, and they all used the eight-hour DMSA.

Martin: Yes, I saw plenty of bad reports from that, too. There were permanent regressions reported from parents who had done that.

Walters: I called many parents. I think I got some phone numbers from the General Rescue Angels or somewhere. I found a group of people who had plenty of problems with different sorts of IV chelations. I heard good stories and some recovery stories, but nobody I knew.

I would call and investigate more and find out, “We did that, but then this happened. Then his neutrophils dropped,” or whatever.

As a nurse, when I found the Andy Cutler chelation protocol, I thought, “It’s just using pharmacokinetics.” It’s the half-life of the drug, and it’s timing it. Since he was a chemist, he knew how that worked. I thought, “That’s easy! I know how to do that because that is how I dosed pain medicine to my patients and heart medications and seizure meds.” Everything says, “Dose every two hours,” or, “Dose four hours,” and it keeps that level in your body at that right level, so nothing is dropping off, and you are not having a lot of that mercury distribution.

Plus, I had a three-year-old. I thought, “I’m not going to IV dangerous stuff into him.” And I was already ‘loopy’ and exhausted and frustrated because I had a screaming child who lost all of his words and was banging his head on the floor. I thought, “This can help. I can do this. I can actually follow this protocol, and it’s just every weekend.”

We will get into that more, but I’m just saying that I did the same thing as you, and that is how I found the Yahoo group. Every night after everybody went to bed and slept for a few hours, I would be up and was on the internet and researching.

I also had books. It’s not like I only googled everything. I’m not even sure that

there was that much of Google back then. I think it was for researching and doing more research. Then you found another link and another link.

I would say that I probably read for three to four hours a night from when he was injured at one and a half until we started chelation and everything when he was almost three. It was this nonstop research, and that is when I found you in your group.

Martin: I'm glad that you did. It was similar for us because my son was about three and a half years old when I learned that I had a mouthful of mercury and my children were full of mercury. We did testing and other things, which we will get into shortly. There was no way that I wanted to do high-dose anything on a three-year-old. I didn't want to do IV's or needles. I couldn't even 'wrap my head' around that. I was also very sick myself with fatigue, so I was struggling to just do the basic everyday 'mom stuff'.

This protocol was feasible. It was much easier than dealing with all of that.

Walters: Definitely. You were a member of the Autism Mercury Group. How did you move and start moderating the children's group? This protocol isn't only to solve autism; this is detoxing mercury; it detoxes it and makes you better. Whatever is wrong with you, it can't hurt, and it will make you better.

Martin: I used the same information that is in that book; I used it on myself, and I used it on a neuro-typical child who was a little older. Adults are doing the same thing. So, you don't need to have a specific diagnosis. When I wrote the book, that was what we were doing; we were treating our children on the spectrum, and they were thriving for it. That is kind of how we ended up with the title of the book, even though it sometimes gets misconstrued.

Walters: Or censored or taken off Amazon.

Martin: So, me ending up a moderator is an interesting story because there were several of us parents on Autism Mercury, and at that time, the Autism Mercury Yahoo group discussed many different things – biomed and all different types of protocols. People were addressing all different sorts of health issues with their children. We wanted a place where we could just focus on the

protocol – questions specific to that rather than ‘weeding through’ all the other posts of a large group.

A mom started the smaller parent group, and then she brought me on as a moderator. She brought several other ladies on as well. Eventually, she got to a point where she wasn’t able to run it anymore. She was talking about closing the group unless I took it over.

She basically asked me, “Do you want to take this group over? I really can’t run it. I don’t have the time,” for whatever was going on in her life at the moment. I thought about it because I had never moderated or administrated a group, but it was a valuable support group. It was a great place where we were all supporting each other – not just with the protocol, but with everything that we were all going through and trying to help our children be healthy.

I agreed, and took it over as an admin and worked with the moderators that she already had there. We ran that for quite a long time.

Eventually, we ran into not finding moderators, and it was closed, but I ended up opening another Yahoo group that I ran until ‘Groups’ was shut down in 2019.

Walters: Everything happened in 2019. That’s so weird!

Martin: Yahoo was basically bought out by AT&T, and they nixed the ‘Groups’ function. They didn’t want to support it anymore for whatever reason I don’t know. Maybe it was because we were all having great, open discussions there? I don’t know. Unfortunately, they shut it down, but we pursued on with groups in other locations. We still keep the dialogue going and supporting each other.

Walters: I’m so glad that you kept it going. I couldn’t imagine where I would be without it. And I know so many other people who were helped by it.

Let’s get into this. What is mercury? What is lead?

Martin: They are toxic metals; they are both considered poisons with a long,

long track record of harming human health. They don't have any nutritional value in the human body. So your body can't use it for anything good; it tends to replace minerals in your body.

For example, your body will use lead like it's calcium. It will put it in your bones instead of calcium. So it's problematic. It causes a large amount of damage. I guess that is the best way to say it; it damages cells. Mercury damages neurons in your brain. There isn't a good purpose for any of that.

Walters: We know that it comes from dental amalgams and vaccines. Where else does mercury come from?

Martin: Some of the sources that I found – other than dental amalgams, which is the obvious one for many people – are some medicines that have it as a preservative. There are still some eye drop brands on the market that do contain mercury preservative. So, you may find it in some types of medicines. It's not as common as it used to be, but if you have an old bottle of eye drops laying around, it could be in there.

The other sources would be eating a lot of fish or living near coal-fired power plants because of the coal ash that comes from the smokestacks. That is a source of mercury for some people, and some of the vaccines still have mercury.

Walters: Especially the multi-dose flu shots.

Martin: Yes, for sure. Lead, you will find in older homes. There is lead dust, paint chips, and things like that. Even the soil around an older home has lead because at one time, the siding was painted with lead paint, so that will be in the dirt around the home. So, you may not want to grow vegetables there or let your children dig and play in the soil there. There could be some lead.

A bigger source of lead exposure for many children in the US is from imported wooden toys or art supplies that come from other countries. They don't have the same standards for lead that the US does. So, if your child gets some type of a little wooden train or something that has been painted in pretty colors, much of the time if you test that product, it is going to test positive for lead. If your children are chewing on those things when they are toddlers, that is another way

they can get lead.

Another way is with makeup. Many women aren't aware that they use lead in some makeup products like lipsticks and things like that.

Air pollution is probably less of an issue in the US these days because we don't use leaded gasoline anymore, but I have talked to parents in South America where leaded gas is still allowed, and there is plenty of lead exposure in the air from that or in the dirt where cars are driving.

There could be many places where you could find mercury or lead or any other type of toxic metal and not even know that you are being exposed to it.

Walters: Many people don't even think about it; they just think, "It's fine."

Reading labels is always a good thing. As for my makeup, I try to find natural ones. I also call the company.

I talk to every manufacturer – and I irritate them, I'm sure. I ask many questions so I know that I have the lowest amount of all toxins.

What is the website that helps with that? Is that EWG?

Martin: Yes, it's Environmental Working Group. They have a website called 'Skin Deep', which is where you can look up cosmetics or any products that you put on your body to see what the toxic rating is.

Walters: I love that website. It's fantastic.

How are autism and other neurological problems related to mercury? What do you think?

Martin: I'm going to base this from my opinion because you can't claim things. In my opinion, based on the research I've done and the things I've read, mercury is a neurotoxin. There is plenty of research on that. It causes damage to the brain neurons. That will cause many issues behaviorally, developmentally, and health-wise.

I think that is a big piece of it with children being exposed to toxins and toxic metals. It is disrupting how they grow and develop.

Walters: In your book, you have the Stephanie Cave research when she did a list, which was very enlightening.

I remember taking that to my doctor and my family. It's a chart on page three which goes through autism versus mercury poisoning.

I know so many people who had multiple sclerosis (MS) occur after COVID shots. MS has been huge in the mom population of children with autism. I know many people who have chronic fatigue and other issues, and they were helped, as well as moms with MS, by doing a mercury detox.

This list is amazing. It talks about movement disorders. Mercury causes arm-flapping, ankle jerks, rocking, circling, uncoordinated, clumsiness, inability to walk, stand, or sit, difficulty swallowing, and walking on toes. That is basically autism.

Arm-flapping, spinning, rocking, circling, walking on toes, and difficulty swallowing are all part of autism. I remember Brian (son) used to love little crackers. I would sit and eat a huge amount of them, and he would eat them, too. We would laugh while we were eating them. We would count and all that kind of thing.

After he went in and got numerous shots and became extremely ill, his brain swelled and he lost the ability to talk, he couldn't swallow the crackers anymore. He lost all ability to swallow. We had to go to swallow therapy, speech therapy, and I had to thicken everything.

To this day, he still has to swallow pills with some sort of sauce. It's not because he is afraid of swallowing them or that he doesn't know how to swallow them; it's that we are still working on the strength that he lost in his swallow. We are still chelating, and it is really helping. If we didn't do it when we did it, I don't know where he would be now at 16.

That was an important list that I wanted to bring up. I also wanted to talk about

testing.

When I went to my DAN doctor and talked to him about possible mercury poisoning, I did the math and looked at all the mercury and aluminum in the vaccines that I gave my son. That was hard. I was devastated; I had no idea.

In fact, I don't even know where that list is. I tucked it away so I don't cry. It's horrific. I know that you did that, too.

Martin: Yes, I did. I pulled all the lot numbers. I basically pulled his vaccine records from the doctor. They will give you the lot numbers if you ask. I looked those up and determined what manufacturer was making them at that period of time and what was in it and how much metal was in it. I had the same reaction that you did; I was horrified; I was so heartbroken.

Walters: Not only did we pay for it, but I remember being late to the appointment. I thought, "What a bad mom! I'm late. I'll strip him down to his little diaper."

Let's not go into that, it's a therapy show.

We didn't know, and now we do. That is the reason we never shut up and never stop.

Martin: Exactly.

Walters: For testing, I remember going into my DAN and saying to him, "I'm thinking that it's mercury. Here is Stephanie Cave's paper from 2001 or 2000. I found the different types of mercury. Here are the things I want to do. This is Cutler's protocol. What kind of testing do you recommend?"

They recommended doing a challenge test where they would give some with the chelator, and then watch the urine to see what happens. I thought, "If I want to do low-dose chelation, I probably don't want to give a large amount of chelator to my child and then see what happens."

So what kind of testing do we do in the Cutler protocol?

Martin: You are right that the challenge testing is not something that Dr. Cutler recommended because of the high doses of chelators that are given once or twice. That causes a large amount of mercury to move around and end up in your brain. That is how people get even sicker.

There were a couple of ways that were recommended. One of them, if you don't have access to any testing, is to put together a history on yourself or your child. Create a history of your known exposures and symptoms that you have. You can sometimes see a pattern there.

For example, "I went and got A, B, and C, and then I broke a thermometer, and then I developed these symptoms." Or, "When I was a child, my grandmother put Mercurochrome on me when I got cuts, and then I played with the little ball of mercury when the thermometer broke. Thereafter, I developed A, B, or C."

Some people can do it that way and go about it like that. If you are dealing with a small child, there isn't going to be that much history. You might know if your child had shots or not, or maybe you lived in an area that was toxic. Or you can do a hair test. That is the least invasive and easiest way to look for heavy metals.

There are things that people have to keep in mind with that; they have to know how to interpret the hair test. If you don't know what you are looking at, it could appear as though everything is great. The reason for that is mercury doesn't always show up on the hair. It is not always available to the hair. Many times it is stored in the brain, and there is no way to measure what is in your brain. So people would use Dr. Cutler's counting rules, which is what he developed to look for things on the test that are inconsistent and things that indicate that mercury is there and it is messing up the way the body uses minerals. He called that 'deranged mineral transport'.

His rules help you examine the results and see if you have deranged minerals. "Is there mercury in my body messing up all of that?"

In most cases, a hair test will give you some clues. There are a few cases where you may not be able to tell; it may not look obvious.

If you do a hair test and it doesn't meet the rules, and the metals aren't really

high, a person in that situation could do a trial of the protocol. There is a trial process available where you could try a trial of several rounds where you raise the doses in incremental amounts to see if you respond in any way.

Somebody who hasn't any mercury is not going to respond in any way to a chelator; they won't have any side effects, and they won't have any improvement. So, that is a method that can be used – unless you have dental amalgams, and then you can't try chelation with those still in your mouth. So, then you would be looking at a hair test or past known exposures.

Walters: That is something that is very important. Before you take any chelator at all, for the 'love of God', you have to get your dental amalgams removed safely.

I know that *Solari* subscribers know much about that, but I will be doing reports later on dental because I've been going through a lot of different holistic dental treatments. I've done plenty of research on it now, and I know they can look at the IAOMT (International Academy of Oral Medicine and Toxicology).

Martin: It's at www.IAOMT.org.

Walters: They are great dentists, and they will help you remove the mercury safely. I know that is a huge deal unless you want to dump a large amount of mercury in your brain.

Before you continue on about the testing, there is this book by Andrew Hall Cutler, *Hair Test Interpretation*. Is that still available?

Martin: Yes, you can still purchase that from his website at www.NoAmalgom.com.

Walters: It's very helpful. It's large and long, but it basically goes through various ways that you can read the doctor's data on the hair element test. I will put up the link for that so you can get it. I usually get mine from www.MyMedLab.com or www.DirectLabs.com. They send the kit to you, you snip off a piece of hair, and send it in. Then when you get the hair results, it will be a little 'freaky' at first because you'll say, "Oh my God! Cadmium!" or

whatever.

Pay attention to the minerals below, and you will see the different derangement. My son had an obvious mercury toxic poisoning. His hair showed the tiniest line. There wasn't any mercury. So that meant it was probably all in his body. But everything was deranged.

I was excreting mercury, so my mercury was 'off the chart' in the hair test, but I was probably still loaded with it. Who knows?

I do know that my mineral derangement was bad, if that makes sense; I was deranged.

Martin: That is a wonderful book. If someone is willing to read it, that is what you need to know to interpret your own hair test. Andy has so much information in there about figuring out what those levels mean and which mineral levels aren't even relevant because some of them aren't relevant to your body burden. The book goes into which ones are, and what it means if it does meet rules. It's not the same as if it doesn't meet rules. It's a great book.

Walters: It is a great book, but it can get confusing. I know I get many emails because people will get the book and read it, or find the YouTube video of my son recovering. They will send it to me and say, "I got the test, and the test results say this."

I'll tell them, "Don't go by the doctor's data test results; you actually interpret it yourself using the *Hair Test Interpretation* book."

Martin: That is correct.

Walters: I know many people like to do urine challenge tests, or they try to do bloodwork. Can you tell us a little about that?

Martin: There are two other tests that a doctor typically suggests. One is urine porphyrins, which is a good test, but one of the reasons you might not do it is that the sample is extremely sensitive. So, it can actually degrade in transport to the lab and in going to get tested. So by the time it is tested, the results might

not be accurate.

It's common to get a false negative or a false positive. You usually get a false negative with the porphyrins test. It doesn't mean you can't do it, but you have to be diligent that that sample is being handled in transport correctly.

Typically, most people will do a hair test instead.

Walters: Right, and that is fairly easy. The way I did it was by doing my hair test later, but I did speak with Andy on the phone years ago. I said to him, "I don't have any amalgams." I was very lucky that I didn't have any silver in my mouth. I didn't have that many cavities as a child. I only had white composite fillings because of the dentist I went to. I got lucky.

He said, "Oh, there are no amalgams. Just do an ALA test," which tests for aminolevulinic acid. He said, "Start small, and do a round on the weekend."

He told me the timing, which is the timing that we all do. He said, "Try it, and see what happens. See how you feel the next week. You can start at 5 milligrams; you can do 20 milligrams; you can do 30; you can do whatever you feel."

I thought, "I'm pretty toxic." I was going to start my three-year-old on 2.5 milligrams, which is a very small dose of ALA; that is what I started him on. So, I thought I would start myself with 5. I thought, "That's easy." I'm not even sure I could find 5 milligram capsules back then. I had to take a 25-milligram capsule and dump it out and divide it up with a credit card like I was in a Miami Vice scene cutting up cocaine.

I did that, and took 5, and I was okay during the weekend. I felt a little spacey, and I thought, "I'm probably going to have a weird reaction." I felt like I had been hit by a truck by Tuesday. I started it on a Friday afternoon after school. So, I picked up the children and got them set. Then I went Friday, Saturday, and Sunday. On Monday, I was a little tired. On Tuesday, I felt exhausted; I felt like somebody had beat me up.

I emailed Dr. Cutler and he said, "You probably should start chelating." So that

is how I tested myself.

Martin: That is a trial of a protocol; that is a ‘proof is in the pudding’ situation. That is what we would tell anyone. If you’re not sure, and you’ve done all these other types of tests, or maybe you can’t do those tests, or you don’t know your history if you were exposed to mercury or not, just try a round. That will definitely let you know.

Walters: It will. I remember being on the floor, thinking, “I’m mercury toxic.” But I did feel better. I didn’t do as many rounds as I should have. I’m at probably 60-100. My son is well over 300 rounds. I stopped counting after that. It’s there somewhere on a piece of paper, but it’s a long time. This is very low and slow.

So, we talked about dental. Let’s discuss a little about how half-life is key, and then we’ll start talking about chelating. We are suggesting it, so let’s talk about it.

This is why I like the protocol – the half-life of the supplements that we use. We know how long it stays in the body at a certain level, so we are not going to get a lot of metal redistribution like a movement of mercury. So tell us a little about that.

Martin: Half-life is the key to this protocol. It’s what makes it different from any other detox or chelation protocol I’ve seen. The concept is based on what you mentioned, which is pharmacokinetics. That is the length of time something lasts in your blood before it starts breaking down or being used up.

That concept is used to dose all medications. It’s why, when you get a bottle of aspirin, it says, ‘4 to 6 hours’. If you don’t want your headache to come back, you need to take it sometime at the 4 to 6 hour point.

With a chelator, the idea is that you need to prevent your blood levels of chelator from dropping before a certain time, otherwise, you have a lot of mercury still ‘bouncing around’, and that is going to be settling somewhere in your body. That is how your body works; it will put it back in storage for you. It doesn’t want it floating around in your blood.

Basically, you want to avoid redistribution; you want to keep that mercury from your brain. So, you dose it based on the half-life to maintain steady blood levels, or at least 64 to 72 hours. The reason for going that long is that by the time you reach that point, your blood levels of mercury are very, very low. So, when you stop taking the chelators, there is nothing going into your brain versus taking a chelator for 6 hours or 8 hours and then quitting. If you do that, you will have plenty of mercury in your blood that hasn't been pulled out by those chelators, and that will go into your brain.

Walters: I kept hearing from all these naturopathics and homeopathics and well-meaning and smart people to use cilantro and chlorella and all of it because they are chelators. Dr. Cutler told me that it's because they don't know the half-life, and there is no way to control it. Is that why we shouldn't use it? Is there more to it?

Martin: Exactly. Cilantro does move mercury or bind to mercury, but no one has ever studied the half-life; we have no idea how long it lasts in the body. So, there is not a way to maintain steady blood levels. Anyone who is juicing cilantro and drinking it three times a day, we don't know if that is correct; we don't know if they are getting redistribution in between that. There is no research on it.

The problem with chlorella is that it doesn't bind mercury; it just moves it around in your body. It doesn't latch onto it to help you excrete it and get rid of it. So a lot of the time when taking that, you are just bouncing stuff around, hoping that your body can get rid of it on its own. Sometimes it can't. That is why we wouldn't suggest those. Typically, people who are doing those things, tend to finally feel worse or get worse.

Walters: Let's talk about how to begin, which is basically 'Chelation 101'.

Martin: If you were going to start this protocol, there are some supplements that you need to be on first to give your body antioxidant support and also help your body heal the damage that you have. So, those would have to be started two weeks beforehand. Then you would need to determine which chelators you need, and what you are going to use.

Everyone is going to use alpha-lipoic acid for the mercury. But if you have lead or other metals, you might need more than one chelator; you may need DMSA. But I will mention that is a prescription in the United States, so you would need to work with a doctor to use those.

The ALA is over-the-counter; it is a supplement that happens to also bind mercury. So, you would be choosing your chelator, getting on your support supplements, and figuring out your starting dose. Then you want to determine out how to take them. For most adults, it is one capsule. That is easy. If you were working with a small child or someone who couldn't take capsules, then you can mix the powder in to juice your food and take it that way. It can be quite easy.

Walters: I would always empty out the capsule, divide it up, and then my son would get his 2.5, his 2.5, and his 2.5. I would put it into a little juice. I would use pear juice or apple juice or whatever I juiced. I would put it in a tiny syringe and a tiny shot glass. I would pull it up, and even if he was asleep – because it's every so-many hours, I would stick it in the side of his mouth and squirt it in. Then he would eventually swallow it.

Martin: That is exactly what we did; we mixed it into juice with a medicine syringe. We put it in the side of his cheek, and they typically sleep right through it. It's rather easy to get night doses done, and during the day as well. We did the same with supplements; we mixed things into juice or food, or would use chewables or gummies or whatever was easy for the child to take.

Walters: Quickly, what are the main things? Are those the essential four? Is it only antioxidants? Is it vitamin E? Is it magnesium? What are the supplements that you take to get ready for chelation?

Martin: We have the basic four, which are vitamin C, vitamin E, magnesium, and zinc. That is the bare minimum that someone can try to chelate with. I would suggest that you look at additional support supplements as well, which we detail in the books. There are other things that you can take that are helpful, if you need selenium or whatever. I wouldn't just limit myself to that.

Walters: You have a lot of information in your book, and everybody has their

own favorite supplements they like to take.

Martin: Some of that depends on need, of course; it depends on what deficiencies someone may have or what other health issues they may have.

Walters: I remember Andy telling me, “For the love of God, take magnesium.” That was a huge thing. We all know how important that is.

So, we measured, mixed, and dosed. What do we expect when we are doing this protocol?

Martin: You may see improvements immediately. You might see an agitation of symptoms. You might not see much. It depends on the person, their mercury load, and how long ago their exposure may have been. It’s quite common to see an up and down with progress.

With my son, his first round was epic for us. I knew right away that this was what he needed. The child let me hold him for the first time in months. He was affectionate and happy. He was playing and running around. I was like, “Wow! Metals are an issue for him.”

But you may not see that with every child. With some children you might not see a whole lot; you may see very small incremental improvements, and it is common to have a pattern of ebbing and flowing. What we mean by that is up and down progress is normal. You might see a great gain. Maybe your child says a word on the round, or they are more engaged. That could go away after the round. You might think, “That went away. This isn’t working,” but it is working; the gain will come back on the next round.

You may see a pattern where the gain happens after the round, but then it fades away until the next round. So, you will see that off and on until eventually, if you keep doing the rounds, those improvements stay and they don’t go away; they stay permanently.

Walters: It’s ‘crazy’! It’s as if you can see the poison blocking whatever neurological process it takes for that child to do something – or even myself. I remember having trouble remembering his doses. I’m a nurse, and I know how

to do that. I would have seven patients at a time sometimes on a busy night and I could remember everything.

Then I found myself really slowing down, and when I started chelating again and helping myself to get clearer, I could tell that I didn't have a lot of regression; things didn't go away. Every time I would do a little more chelating, I would think, "I feel a little smarter," or I would remember something.

With Brian, it was amazing; he did so well. Then we hit this block where when we would chelate, he would get much worse. I thought, "What is it?"

It was because we were using DMPS and ALA. That is what his doctor and I chose. I found a nurse practitioner to work with me because I needed to get a prescription for the DMPS from a compounding pharmacy. I worked with that, and I found that was actually something that he probably didn't need anymore. It was a 'weird thing' with the DMPS, so we stopped that. Then we did ALA only, and we would do DMSA (another prescription) once a month for lead.

Then he started having weird reactions. Neutrophils would drop, and he wouldn't feel well. So, that is what I did. It was not a dangerous thing or that it was bad; it was just that Andy and a nurse practitioner said, "Let's not have him on that. Let's just bump up the ALA. Let's dump the DMPS," and I said, "Okay."

So I did that, and everything was 'smooth sailing' from then on out.

There are different people and different chelators and different things that happen.

Martin: Exactly. My chelation was different from my child's. Each of us responded in different ways. I had some rounds where I was like, "Yes! I feel great! My brain has finally turned on." Then I had other rounds where I was like, "Oh, Lord! Am I going to make it? I am so tired. I can't think," but you keep plugging away, and keep adjusting things based upon what is going on. Not everyone can use DMPS; not everyone can use DMSA. They don't have to because the ALA is what is going to do it.

Walters: Yes, and it is over-the-counter and easy (until the government hears this discussion, and then they will say, “Let’s take that off the market.”) Let’s not have that happen.

Martin: Let’s hope not.

Walters: Oh, it won’t.

Another thing that can happen is some people get confused. They will think, “This is going so well. I am going to increase the dose during the round.” We are not supposed to do that, right?

Martin: Correct. The doses should stay the same for the entire round because you want that consistency; you want a consistent blood level. You shouldn’t change the chelators or change the doses or anything like that. You can adjust supplements, though. That is okay.

Walters: That is what I found. What worked for me was an extra vitamin E or taking a vitamin E with D. I took all the fat-soluble vitamins together. Then I would do my Weston Price cod liver oil. I had a complete thing I would do. It was mostly only fats and magnesium; it was minerals and fats. I was loading up on those, and it really helped me.

I know that Brian was a fast metabolizer. He needed his doses a little closer together. So instead of it being every three hours, we had to go to two and a half hours for a while because I could tell that there was a bit of it wearing off. Then I found out that actually is a thing. Can you talk a little about that, and also the different special circumstances we find with chelation?

Martin: With the fast metabolizer, I determined that only a few times was necessary for even myself. With some rounds, I was fine with three-hour dosing. But then there were some rounds where I could feel it wearing off at two and a half hours. So, I did closer together dosing, which Andy said was perfectly fine. That helps. It’s that for some reason, your body is burning through it a little quicker than normal or than typical. This has to do with your liver function, your liver phases, and things like that.

It's not a bad thing; it's that you have to adjust the dose timing schedule to accommodate that so you won't feel it wearing down on you.

Walters: What about people in our autism community or our vaccine injury community who have seizures? I am so lucky that my child doesn't have seizures. What about seizure disorders and chelation?

Martin: There are special circumstances and things to be aware of if you are going to do this protocol, and one of them is seizures. If your child has a seizure disorder or a seizure condition, that has to be treated by a doctor. They need to have that controlled with medication before and while they are doing detox or doing rounds. The reason is not that chelation causes seizures; it's just that chelation or moving mercury and metals around lowers the seizure threshold for some children.

If your child is already on medication and the seizures are well-controlled and you start chelation, and they have a seizure or they have symptoms implying they are going to have a seizure, you would talk with your doctor and have the medication dose adjusted because you want to prevent those at all cost. Typically, parents who are dealing with that can chelate their way out of the seizure disorder if they stick with the protocol.

I'm not guaranteeing anyone that will happen, but I know people to whom that has happened. I know people whose children were on anti-seizure medicine, and two to three years later, they are no longer on it. Ten years later, they are still not on it, and the seizures have never returned.

So, there is a possibility there, but you want to chelate them safely and make sure they are not having seizures.

Walters: We discussed some of the supplements that we use – the four basics. For me, I like milk thistle. That was very helpful for Brian, and it was very helpful for us. I guess something is wrong with our livers, but we needed that extra help.

What else do you like? I know that ACE (adrenal cortex extract) was helpful. What other supplements do you like? Then we can talk a little about the

different things that I learned in your Yahoo group.

Tell me a little about your favorite supplements.

Martin: Besides the basic supplements that you will need, which are vitamin C, vitamin E, magnesium, and zinc, I find that magnesium and vitamin C are almost priceless for controlling symptoms. If you are having a really irritable round-maybe you are feeling a little tired or a little off- upping your dose of those seems to help.

I love those. I do think that liver support is very important because of how mercury sludges up things like that. Your liver is trying to get rid of all this 'junk', so supporting it with a herb is perfect in my opinion. So, I think that is very important.

There are other things that are very helpful if you are mercury toxic, like essential fatty acids. One of the things that was pivotal for my children was cod liver oil. I know many people think, "Ew!" but it comes in great products now from what it used to, and that helped a lot with brain function; it helps the body repair damage to neurons and brain function. So you want fatty acids if you can get them in.

Liver support, the antioxidants, and fatty acids are good. It's not a bad idea to look at adrenal and thyroid issues if you have those occurring. Supporting those is really going to help.

Many children on the autism spectrum need B vitamins, and they need them very badly. That is another thing for people to look into.

Walters: Definitely, it doesn't hurt to try one thing at a time. Our motto has always been 'low and slow'.

I remember saying to you, "Hey, I want to try this supplement," and you would say, "Okay. Hold on. Don't start everything all at once. Don't throw the 'kitchen sink' at it. It's one at a time, and take a break in between to see how you react to it."

Can you give us a little advice on that and how you start new supplements? Then I want to talk about fighting yeast, adrenals, and thyroid things that you talk about in the book that are very exciting.

Martin: When it comes to managing supplements, this might be less relevant to an adult. I find that I'm not nearly as sensitive as my child on the spectrum. I've always taken that 'slow and low' approach, starting one thing at a time. Try one thing, give it three days, and make sure that nothing is going 'crazy' and that your child is not reacting badly to it. Some children have many sensitivities to the source ingredient. For example, vitamin C can be made from corn, and some children happen to be allergic to corn.

You want to go slow, and make a list of things that you want to try to add. Choose one to start; choose a reasonable dose to start. Give that a few days. If it's working great, then try the next supplement on the list. Start low, and give that a few days.

Eventually, you will have the basic supports you need in place for your child to feel healthier – or for yourself if you are doing this.

Walters: That is what I really like about your book. There is a chapter on this, and it talks all about the 'Basic 4 and More'. It's exciting. It's a complete list, and it talks about how to dose it, how much per pound, and it gives you some tips and tricks.

You will get this book, and you will say, "Look at that! Essential fatty acids. What are those?" and the book talks about them. It's all listed in this great way to look it up.

I also have to say that you will guide us on how to choose the right supplements. There is a PDF that you can download after you listen or read this which I think is very helpful on how to choose the right supplements.

Let's talk about the three most important things that I learned when I went on your Yahoo group. As a nurse, I already knew that fungus or fungal infections or yeast infections were something that could affect cognition. I had worked in the ER, I had trained at numerous very high-power hospitals, and I worked in

labor and delivery.

I remember when I was in my third week of nurse training, and was 'scared to death' while working at the ER in a very popular Santa Monica hospital. This little old lady came in, and the nurse said to me, "She probably has pretty bad fungus. I can tell because she is not talking."

I thought, "Because it's in her throat?" It didn't even occur to me that those two things were related.

Sure enough, she couldn't make words. People thought that she had a stroke. This nurse was adamant. She said, "No, look under her boobs. Look under her armpits."

We saw a large amount of red yeast rashes and that whole fungal-yeasty feel that you can have. It was everywhere. This nurse was great. She said, "I'm going to tell the doctor that there is a fungal infection happening. We will also test her for other things, but I think that she's dry and she needs hydration. She probably needs a magnesium drip, and I'm going to start her on an anti-fungal."

I went home and looked all of that up and researched it, and I went back in the next day. I didn't even recognize the patient. She was there the entire night before, and I wanted to see how she was. As a student, you get to follow up on those things that you don't normally get to do when you are a working nurse. I went in, and she was talking. She said, "I was here, but I couldn't make any words."

She remembered it all. This was after one day of being on a massive anti-fungal. She had a lot of die-offs, and she had some diarrhea. She didn't feel that great, and she kind of had a headache, but she was already starting to feel better.

Apparently, some doctor had put her on a high antibiotic, and it gave her bad fungus. It made her appear as though she had had a stroke and stopped talking. So that is my back story on yeast, which was before I got married and had a baby. So that was in the back of my mind.

When I started this protocol and talked to doctors, and went to the DAN

training, everything was about yeast. I thought, “I bet my son is quite high in yeast because he also lost his language.” It was for many reasons, I’m sure, but I was so excited when I went on to the Yahoo group because I didn’t have to order all that strong, nasty prescription anti-fungals that I didn’t want to put into my tiny baby. That would ‘suck’.

I was taught about grapefruit seed extract and all the other things that we do for yeast. So let’s talk briefly about the ‘yeast beast’ and what you suggest for that. That is also an entire chapter in your book.

Martin: Yeast overgrowth is very common in the autism community, but I also notice it a lot in adults, especially if they have used antibiotics frequently.

When I stumbled onto fungal overgrowth (and my child had plenty of signs of it), I had an epiphany. We started the herbal stock and the probiotics, and there was a little die-off, but many of his symptoms improved. He wasn’t so hyperactive anymore. He used to ‘bounce off the walls’, and it was hard to get his attention or get him to focus. He only wanted to eat starchy stuff and suck down bread and milk.

All that turned out to be driven by yeast overgrowth. I didn’t suspect he would have that because he had an antibiotic only once in his entire life, and he was allergic to it. But he still had it. Some of that is linked to metal toxicity; the body tends not to be able to control yeast as well.

Everyone has some yeast in their body, which is normal; it should be there. If your body is toxic, it can’t control it and it overgrows; it takes over, and it crowds out all the good things in your gut. Before you know it, you have athlete’s feet or some kind of other fungal thing going on. So, there are herbs people can use for that. My favorite, of course, is grapefruit seed extract. It is inexpensive, and it comes in tablets or liquids. You can crunch up the tablets and put them in whenever you want, or you can add the liquid drops to orange juice or something.

There are some other herbs that you can use such as oil of oregano, pau d’Arco bark, caprylic acid, berberine, or garlic. You have to keep in mind that if you are going to start something like that, you want to start low and slow with the dose.

It's a good idea to already have a probiotic going on.

If you are going to use grapefruit seed extract, I highly suggest a probiotic, but not at the same time. Give those four hours apart. You want to repopulate your gut with the 'good stuff' because some of these herbs are indiscriminate, similar to a prescription antifungal or antibiotic. It's indiscriminate; it's going to kill off whatever is there. So, you want to ensure that you are giving your body the 'good stuff', too, so it can gradually repopulate and rebuild your gut.

Before you know it, if you are doing detox and are treating these things with the herbs, eventually yeast isn't a problem anymore; it just goes away, which is 'really neat'.

Walters: It's amazing. All of a sudden, I noticed my son's foot wasn't covered in fungus all the time, and he wasn't itching everywhere.

Martin: Somewhere around 74 rounds, I noticed that my son didn't need so much grapefruit seed extract. The symptoms were gone, and his little tongue was pink again; it wasn't covered in white. From there on, it gradually got to the point where he didn't have it and he didn't have an issue with it.

Walters: That's amazing! We are still battling it off and on, but it is always brought on by junk food. If he goes with friends and has a bag of Lay's potato chips, then he starts to feel 'crappy' the next day, his sinuses get a little congested, and it's somewhere between allergies and growing yeast. We are still working on it, but he shouldn't eat junk food.

Martin: Even if somebody isn't mercury toxic, they can still get yeast overgrowth. It can happen based on what you're eating. If you tend to like crackers and bread a little too often, it doesn't take a large quantity to end up with too much yeast.

Walters: And bread is so 'yummy'.

Martin: It's delicious! Regarding grapefruit seed extract, it is one thing that we keep in our cabinet just in case it does happen to show up, which could happen. During the holidays, they might have a few too many cookies. Before you know

it, “Why is my child so grumpy out of nowhere? Who is this kid?” Give him a little antifungal, and you’re ‘good to go’.

Walters: I keep the liquid bottles around, and I can clean toilets with it or purify water and all sorts of things with a NutriBiotic. It only purifies water to a certain extent, but it does help. The NutriBiotic grapefruit seed extract does a great deal. I’ll try to include an information sheet on it.

Martin: The liquid one is great. You can also use it for a wash. You have to dilute it if you put it on your skin. If you have to wear dress shoes all day, and your feet sweat a lot and you are prone to athlete’s feet, you can take the liquid NutriBiotic GSE and dilute it with water, and wash your feet with it after work. It can be applied topically. It works for diaper rashes and things like that as long as you dilute it.

Walters: Yes, dilute, dilute, dilute.

Martin: It’s amazing because we eliminated diaper rashes with it when they were little.

Walters: I remember crying because I couldn’t figure out how to fix it. Then when I got this (grapefruit extract), everything got better. That is my powerful tool now. Unless you are allergic to citrus, it’s the best thing ever.

Some people can start taking it after they get further into chelation because their citrus allergy goes away. That is another thing.

The other things that I liked about this were adrenals and thyroid. You had some great tips in this book. Let’s start with the adrenals.

Martin: The adrenals and the thyroid are somewhat a ‘chicken and egg’ situation, but typically your adrenals are where you want to start because your thyroid can’t do its job if your adrenals are tired out. So, you can start with the adrenals.

One of the things that I came across a good deal on the groups – and I don’t know if this was widely recognized back then – was that many children had

adrenal issues; their adrenal glands were tired out. Both of my children were like that, and I was like that. The mercury disrupts so many things. There are so many symptoms that children and adults can have, and one of the primary ones is anxiety, which everyone has these days. There are so many meds to treat anxiety, but no one ever looks to see if their adrenal glands are working well.

We live in a very stressful world.

Walters: I have so many patients who are dizzy upon standing, and sometimes it's not their blood pressure; it's their adrenals.

Can you tell us about the way that we can test by charting temperatures and so on? That was quite helpful.

Martin: If you are not sure, even though you have many symptoms, like you were talking about getting dizzy when you were standing up for no reason, salt cravings, problems with your sleep, being very tired in the morning, and having anxiety, you can try to gauge how your adrenals are working by doing body temperature charting.

This is information that Dr. Rind has on his website at www.DrRind.com. We talk about it in the book. You are monitoring your underarm body temperature and writing it down, and do this for five to seven days. You are looking for a pattern of low temperatures or a fluctuating temperature range, or low and fluctuating. Those mean different things.

Someone who has a lot of fluctuating body temperatures as their daily average – if it is bouncing all over the place – their adrenals are typically not working too great and they are not 'up to snuff'. They are struggling a bit.

Walters: What do you suggest? I know what really helped us was adrenal cortex extract (ACE).

Martin: Adrenal cortex extract is granular; it comes in capsules. It has been one of our go-to's. It has helped many of our adrenal symptoms.

There are other things that people can try, too. I know many people have a

qualm about it because it comes from cows; it's bovine. So for some people, for religious reasons or whatever, they can't have that. So, they can try herbs; they can try Rhodiola. You can try higher doses of vitamin C or vitamins B5 and B6. Those nourish the adrenal glands.

Then there are adaptogenic herbs, which are hit or miss, in my opinion. As an adult, I would try licorice or ashwagandha or whatever. I would be a little more cautious with a small child because you can't always gauge how they respond to it. Is it making them more hyper? Is it irritating things? Is it actually helping things? You have to be really observant if you are using herbs. Or you can work with an herbalist or a naturopath to help you sort out support if you can't use the adrenal cortex extract. That is my 'go-to'.

Walters: I love it. We dose a couple of times a day. He doesn't have to take as much. I take it, and I still order it.

Martin: I do, too.

Walters: For thyroid function, I find that many people have different references, or they will go to their doctor and tell them, "I feel really crappy." Their hair is brittle, and they don't feel well. Their doctor will say, "Let me take your thyroid."

They do a thyroid panel, and the thyroid panel comes back, and they are told, "It's normal. Nothing is wrong with you. It's all in your head."

Martin: I've been there!

Walters: Talk about the tests that are recommended and a little about how to read the test results. Also, isn't there a temperature one for the thyroid?

Martin: Yes. When you are doing your temperature charting and trying to figure out if your adrenals are working, you are also looking to see if your temperature is low. When I get up in the morning, is my body 95 degrees? It shouldn't be. Is it 94 degrees? You want to look for that pattern. Am I getting to 98.6 degrees in the afternoon, or am I struggling and I'm barely there?

You'll be looking for that pattern of your temperature being too low overall, which is an indication that you probably don't have enough thyroid hormone. There are also blood tests. Typically with a child, I would do the temperature charting first before going to the doctor and 'poking' the child. I would want to make sure. If I'm seeing a list of symptoms and the temperatures aren't good, then I'm going to talk with the doctor and say, "I have a concern. I want to rule this out," and then do the labs. Then you can look at what is happening there.

You want to make sure they do the right labs because typically, they are quite stuck on TSH, which is actually a pituitary hormone; it's not a thyroid hormone. It only tells you that your pituitary is signaling to your thyroid, "Hey, we need more hormone down here. Get to work." So, it's not always going to give you a clear picture of whether or not you have enough active thyroid hormone to feel good.

Walters: It's the T3 and T4 (thyroid hormones triiodothyronine and thyroxine) that are the most important?

Martin: Yes.

Walters: Obviously you can do a TSH.

Martin: There's no harm in doing a TSH. You can do that, but you want 'free' tests – free T4 and free T3 tests. It does not hurt to add thyroid-stimulating immunoglobulin antibodies while you are at it to rule out autoimmunity or Hashimoto's or Graves' disease. That's an entirely different 'ball of wax'. It's less common in children, but I would mention it because many times if mom has Hashi's, the children have Hashi's.

So, test for TPO and TgAb. There's a bit of a higher risk to rule out there.

Walters: This is all in this book. You would be amazed. It's a great book. I love it. If it's not going to tell you every single thing that you are going to do, it gives you guidelines of the most important things that really help: they are kind-of the baseline. If your hair is falling out and you can't get up off the floor, here is what you want to look at.

Martin: Those are the basic things that you want to look at.

Walters: Let's talk about diet. I know that Andy Cutler was big on Weston Price. So, we immediately were doing that.

I know that you and I both did the Feingold diet first. Can you talk about different things that you've tried?

Martin: There are many different diets out there. Some of them are great, and some of them are not great. When it comes to my children, I always want it to be as nutritious as possible.

We chose to do the Feingold diet with my son because he had very obvious reactions to food coloring and food additives. Someone would give him a blue Popsicle, and a half hour later, he would be laying on the floor, screaming and out of control, and he didn't even know where he was at that point. We didn't know what happened to this child. His cheeks were bright red, and he was carrying on, and we couldn't calm him down.

I picked up on the connection there. I heard of the Feingold diet. It was used in the 1970's, 1980's, and 1990's. I knew people who had used it. To me, it made sense.

I did an intervention and said, "All this food has to go. Everything coming into this house or that he is eating needs to be clean." I got rid of chemicals, food coloring, preservatives, MSG, and I started there. That helped a great deal. I also pulled dairy because he wanted to live on milk. He wanted to drink a bottle all day long and not eat food, and he was three years old. I said, "This bottle has got to go, kid. It's food time."

So, I figured there was something going on with the dairy for him. Why did he want it so much? No one else drinks that much milk.

Walters: It has casomorphin in it.

Martin: Exactly! It's brain-soothing for some children, just like gluten can be, too. Sometimes children will crave gluten or dairy for that reason alone. It feels

good to their brain, even though it's bad for them.

Walters: I believe in raw milk. My other son uses raw milk. We eat the Weston Price way. We love it. But my oldest son – I don't know whether it was the injections with the fetal bovine serum in it that also has casein in it that caused him to never be able to tolerate casein, but I do know that many people can't have it. So we do other nutritious things.

Martin: At the time, when we removed dairy, I didn't have access to raw milk. I was beginning to learn more about more nutritious diets and started to read Weston Price's books. During that period of time, we pulled it until we could figure out what he could have.

Things morphed over time. You try different things. We did gluten-free, and then gluten-free and casein-free because that is very touted in the Autism community and I know it's wonderful. It helps many children.

Walters: It helped Brian.

Martin: We did that. He's no longer gluten-free. Today, he can eat dairy and gluten. He can even eat food coloring if he wants to – not that we do allow it.

Walters: Nobody should!

Martin: No one should, but if he had a treat that was junky, it doesn't affect him in any way now, which is one of the markers that Andy Cutler talked about. Eventually, your child should be able to eat whatever and not collapse from it. You will get to that point; it just takes some work.

Walters: That's the thing about lotus (herbal medicine) chelation . I know that many people like to get the IV, and they are done. This is low and slow; it is a marathon. You have to just keep going and going.

All of a sudden, it's been five years, and you think, "I feel so much better." And you will continue to feel better, but you have to work at it. It's not instant, and many people like instant. "Can't you just give me a pill?"

Martin: It's a process. The way I explain it now is that this isn't a 'thing we're doing'; this is our lifestyle; this is how we live now. Our entire lives were basically changed because we eat healthy now. We detox, and avoid metal exposure. It's just how we live; it becomes part of your life.

Walters: That leads me to this next point: We have mentioned doctors who we have used to be able to get certain things, like if we need a prescription or if we need something, but this is something we have done on our own – with the support of other moms. In this day and age, we are not dependent on the medical system. We have worked out of that and around it; we have worked through it, but we don't depend on them. Would you agree?

Martin: Exactly. I obviously couldn't depend on them. When your three-year-old who won't toilet train and is spinning around and flapping all day and won't answer you, and the doctor says, "Well, we don't know. We don't know why he's doing that."

Walters: "He's a boy."

Martin: Or you go to the developmental pediatrician, and they say, "Plan on an institution someday. We have nothing else."

Walters: That's what I got.

Martin: That's what I got, too. So, then you start looking because there has to be other answers. And there are. It's just putting in the research and making some lifestyle changes and eating better and 'staying the course'. We have to keep plugging away at it. Before you know it, your life has improved, and you are healthy again, and you are going out and living, and you can take your children out in public.

Walters: That's great! We're not locked down! That's one thing with COVID where people said, "Lockdown! Oh no!" I said, "I've been locked down before. I know how to handle this." I wasn't going to actually do it, but I knew how to do it.

Martin: We knew how to deal with it because when you have an autistic two-

year-old or three-year-old, you're not going to many places, and people aren't inviting you. You kind of know already.

Walters: Exactly! "All of my friends are on the screen."

I wanted to talk about the handout and discuss your book, and then we will wrap up unless there is anything else that you think is important to bring up about the protocol that we didn't talk about. There's so much, and we tried to cut it down. Otherwise, we would be here all day.

"It's a ten-hour lecture with Jen."

Martin: A quick thing I would mention about the protocol is that you were talking about taking things into your own hands and not relying entirely on a doctor or someone else to fix this for you. Most doctors don't know about this protocol. If they do, they don't do it; they don't supervise it, and they don't want to supervise it.

It's important to keep that in mind that they don't need to, which is why they don't want to. There is nothing in here that requires medical oversight. But you can still use practitioners for what you need them for.

When we needed someone to help with thyroid testing and medication, we found a doctor for that. It was usually out of pocket; you have to pay. Or if you need an herbalist, you pay for an herbalist. Whatever it is, you 'cherry-pick' for what is available because you are paying for these services. So, you shop for what you need. People in the medical community have a role, and they can help you with certain things. Other things, you have to do yourself.

Walters: That is when you 'find your tribe'. For me, it was bartering. I said, "Look, I'm a nurse. I can clean toilets. I can answer phones, and I can do this and that."

I would come up with different things. I made wedding gowns for people. I did anything that I could in the early days to try to figure out how to pay for all of this. Sometimes it can get expensive.

The one thing I really liked about this particular chelation is that it is not expected. I know that you live in a different state, and they have different rules for getting labs online. But you can figure out how to drive somewhere else, order it, or get it delivered – whatever you can come up with.

For me, I can go to www.MyMedLab.com. I can also go to Direct Labs, but the one I normally use is www.MyMedLab.com. I can log on and search for ‘hair test’ or check on allergy things or do a vitamin D level. I can order it myself. They have a doctor online who helps me go through it if I have any questions. Then the doctor ends up writing the script, and then they send me the Labcorp or Quest (whichever one they are contracted with), and I get that paperwork emailed to me. I download it, and then take it to the lab.

They love it at the lab. I hand it to them, and it tells them what vials to get. It’s somewhat like a ‘pick and choose’. I get blood work or do a urine analysis, or if it’s a fancy test, I can have a stool test or something. I haven’t done those in a while because they are quite pricey, but they are worth it to see what is going on. I have those mailed to me.

I’m not a huge telehealth for everything fan because I feel like I have to touch my patients, and smell them, and know what is going on. You can see the sweat, and you can see what is going on. You know what is happening in their life. But I feel like labs are easy; that is an easy fix.

What do you do for labs? Do you do the same thing?

Martin: We work with a functional medicine doctor. They are typically very open-minded. They love to learn from you; they like you to be a partner in your healthcare.

I have found some good practitioners that we have worked with over the years. We sit down as a team and go over what is going on and what we should test and what we should try. I think that is really helpful, especially if you are not sure what you are doing.

For some people, that is the best way – to work with a functional medicine practitioner. They think ‘outside the box’.

Walters: And you can have a team of them. Don't think, "I've gone to this one," and then your gut is saying, "This guy is a jerk," or, "I don't really like this person," or something is off, then get out of there.

Martin: You want to shop around. You want to find someone who you are comfortable with because not everybody is good at what they do. There have been practitioners who I have walked out on. There have been ones I've fired. It can take a little work to find somebody, but there are other tools.

There is plenty of access to ordering things on your own if you are comfortable with interpreting them or getting help from the lab doctor. There are many ways to make things work.

Walters: I think that we can do this. We don't have to be in the huge Medicare-run system. But if you are in the Medicare system, know that you don't have to constantly go to the doctors who are under your insurance card; you can step 'outside the box' and talk to them. The thing that I found is that the doctors in functional medicine and other practices, if it's a money issue, they are not afraid to say, "Well, what can you pay?"

I've never run into a doctor who has said, "I'm sorry. It's a billion dollars upfront or that's it." If I do run into a doctor like that, I'm going to leave.

I'm not trying to undercut how much they deserve, but if it's a \$500 appointment and I really need to see that person, I send them a letter and lab results and all the things, and then I say, "This is what I can afford," or, "Can I set up a payment system?"

Very soon, they say, "No, charity is part of our operation. We are going to do this, this, and this for you."

My whole point is to not be afraid. We've been through it all, and we can go anywhere. I drive to many places and fly to different places. I don't just go 15 minutes in the city for my doctors; they are everywhere.

Martin: You have to shop around and find out what you need and who can work with you to do that.

Walters: That is the protocol. I think this is very exciting. I would love to have everybody look into it. I want everybody to purchase your book. I will have a pdf download on how to choose the right supplements. I will have all of the links we've talked about – and probably some extras.

I feel bad for the subscribers; my links are always about four pages long. It may be too much information. The book is, *Fight Autism and Win: Biomedical Therapies that Actually Work!* It's not only about autism, but that is what we were doing at the time when you wrote that book. Know that it is for everything.

Always consider that we are probably toxic, and is the way I always look at it.

How do we contact you or purchase your book?

Martin: To purchase my book, you can go to www.FightAutismandWin.com. We have the paper book there, which is, *Fight Autism and Win*. It was written in 2011, so be aware of that. That is why it mentions DMSA, which today requires a prescription.

We also have a new digital book that we've come out with called, *Detoxing Kids*, for those who don't want a paper book, or maybe they are outside of the US. Shipping has become very difficult for worldwide shipping.

They can find me there. I also have a Gab account and I am on Facebook and Instagram. I have links which you can put at the bottom of the article.

Walters: You sent me the parents group, the adults group, and all sorts of 'goodies'. I follow you on Gab. You always have interesting things to say. It's very exciting.

This has been wonderful! I hope that everyone has enjoyed learning a little about Andy Cutler chelation with my wonderful friend, Jan. You are my superhero. My child would not be healed as much as he is without you for sure. I know well over 500 – maybe even 1,000 – people who I have spoken to throughout the years, and I know there are many more than that, but these are people who I personally know who are either on the road to recovery or who

are recovered by doing Andy Cutler chelation.

Thank you so much for joining us on the *Solari Health Series*.

Martin: You are welcome. I'm glad to have been here.

MODIFICATION

Transcripts are not always verbatim. Modifications are sometimes made to improve clarity, usefulness and readability, while staying true to the original intent.

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