



#537 Warning: Your Medical Scan Could Cause Gadolinium Poisoning with **Debbie Heist Lambert**

Debbie Heist Lambert

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Dr. Wendy Myers

Debbie, thank you so much for joining the show.

Debbie Heist Lambert

Hi, thanks for having me. This is exciting to talk about. This is close to my heart.

Dr. Wendy Myers

Yes, I've been wanting to talk about gadolinium or have somebody on the show for so long, but there aren't many people that know about gadolinium or gadolinium toxicity, or how to address it. It was very difficult to find. I think you actually found me.

Debbie Heist Lambert

I know, I did find you. I saw the movie that you guys helped produce, and I'm just a fan of that whole thing. And yeah, anything we can do to start the open dialogue about heavy metals and how they're impacting our world and our bodies.

Dr. Wendy Myers

Yes, yeah. And so let's talk about what you are an expert in, which is gadolinium. So, what is gadolinium, and what do people need to know about it?

Debbie Heist Lambert

Gadolinium is a toxic rare earth metal. It's number 64 on the element chart and is a lanthanide. It's never found in the human body unless it's at toxic levels. It's starting to be found in the human body more and more because it's in the water. A few years ago, they tested water-based cola products in six restaurants in Germany and found gadolinium in all of them. The main way it's found in the human body is because a radiologist put it there.

So, when you go in for imaging, it's injected into the bloodstream, and we call it "*glow in the dark*." It makes the body glow in the dark so that they can see everything that's going on inside you—in the vascular system, the bloodstream, the muscles, and the bones. So, it just kind of helps the radiologist read the report.

Dr. Wendy Myers

So, that's great for the doctor to be able to see your image. But I think what many people don't realize is some of that gadolinium stays inside of you. Depending on what type of scan you're getting, and we'll talk about that in a minute, you have to be informed about these contrasting agents that contain the metal gadolinium, and how some of it stays inside of you. So, I think I want to bring some information to you guys about what you may be getting into before you get certain types of medical scans, because some people get really debilitating health issues. They're not able to work any longer; they have pain syndromes. Let's talk a little bit about that, like what type of symptoms people would have if they are in fact suffering from symptoms of gadolinium toxicity.

Debbie Heist Lambert

There is a list, and we have that available; we can make the links available to you. But yes, gadolinium, the industry has said back in 2018, they released a letter to the doctors and the manufacturers all signed it. All the manufacturers of the brands signed it. There were eight brands at the time, linear and macro. There are two different kinds. They signed a letter saying, *"yes, we now realize that some is retained in everyone who's injected, and it's found in the brain, the bones, the tissue, and the organs."* So, that's an aha moment. Before that, we hadn't seen too much. The main thing was NSF, which is *nephrogenic systemic fibrosis*, related to kidney failure. Before that, we really didn't have a lot. But now, when they came out with that letter, and just recently, I might just read one quick statement from the CDC.

The CDC came out with a statement that says, ***"Gadolinium toxicity has the potential to cause disease in humans, and even in small amounts, may be associated with significant morbidity and mortality."*** And that's just one sentence in their statement that

they released right when they released the ICD billing codes. ICD billing codes really are going to help us because now that we have retention, and we have a large, growing community of people who are like, *"I've had an impact. I had adverse reactions. I don't know what's going on. Help me and doctors don't know. They can't figure it out. They don't have a cure. They don't have an antidote."* Science and medicine evolve. We have new things that come out. And then we learn as we go. That's just how we do things.

So, I think the top five that we focus on and we see in the group are *brain fog* and *cognitive issues*. That was the first thing that happened to me. My first injection, I got *terrible dementia*. I couldn't even drive to the dog park, anything. Couldn't drive to work, all kinds of things. And you're like, "What's going on?" So then you go to the doctor, and they say, "Well, let's look and see if you have Alzheimer's." So then they inject you with a second injection, and then symptoms just build. So cognitive brain fog, those are one thing. *Neuropathy* is a huge one. I know neuropathy goes across all kinds of diseases, right?

Diabetics have neuropathy. Parkinson's patients have neuropathy. Lots of people have neuropathy, but what is causing that neuropathy and why is it so bad? And we see that as a big one in the gadolinium community. A real deep burning. It's bone pain burning. It's also skin burning. It's a calcium channel blocker. So it gets into the bone, and that deep bone pain can be debilitating. People don't sleep. People who come into the group, you know, we tell them this is a marathon. It's not a sprint. So, get used to it. You have a long way to go to figure it out, and it's going to take some time. Right. But we encourage detoxing and we encourage chelation, all those things, then bone pain, and then *twitching*. So a lot of twitching, fasciculations, I think is what they call it for the medical term, but that's a big one. And then people have dental problems. You see their teeth deteriorating all of a sudden, and they're like, "What's going on?" And then they start to get autoimmune diseases. They're

like, "Why is my thyroid not working? Why did I get lupus? Why do I have mast cell activation syndrome?" So we just see a host of things. And as the medical community wants to learn more, they're also puzzled by it. I think the big thing, if I could say anything about gadolinium, is the human experience is very different from the scientific outcome. Because they can test all these things with their tools and all this stuff. But when you talk to humans, you get a very different story than what comes out of science, but we're learning together and we hope that the community would just like to have an open dialogue. We'd like to have open dialogue and encourage us to work together and partner together to figure this out.

Dr. Wendy Myers

There are so many other symptoms as well. They could be anything. And I think when people go to their physicians, they're presenting with pain; they're not looking at heavy metal toxicity, certainly not gadolinium toxicity, and...

Debbie Heist Lambert

It's never discussed.

Dr. Wendy Myers

Never.

Debbie Heist Lambert

And that is kind of... Informed consent is a big thing, right? Informed consent, truth, transparency. I would always encourage people, if you're going to have any kind of medical thing—whether it's a drug or whatever—ask for a copy of the medication guide. Ask for the name of the drug. Get on the FDA website. They put all the medication guides out there.

Read the medication guide. Read the list of symptoms. Ask yourself, *"If I were to have an adverse reaction, are the trade-offs something I would be willing to live with compared to what I'm facing?"* It's your body; **it has to be your decision, but education is key. So, read the medication guides and get educated.**

Dr. Wendy Myers

I think the problem, even with informed consent, is people think those things aren't probably going to happen to me, you know? They just want to go through with their procedure, whatever they're doing, whatever the doctor says. They don't think about it. They don't want to take responsibility or ownership in it. They just want to defer to the authorities. So, I think people just, I guess, don't think those things would happen to them, even if they read the medical insert, but that's another conversation.

So let's talk about, like, people have dermal changes that can have tightness, thickening, discoloration of their skin, fascia tightening, you mentioned that can have a lot of pain, head pain, deep bone pain, vision changes, lack of sleep.

Debbie Heist Lambert

You read tons and tons of research, right? And they always stop short of just saying, "More research is needed. More research is needed." But we see all those things. We see thickening of the skin. We see muscle loss. We see gut problems, right? So the tie to the stomach and your gut health is real. People have to start taking that. Metals feed on sugar, right? They love sugar. And then there's parasites, and those things all... it's all connected, and you can't disconnect them. They're all connected, right? So, it's all connected and it all matters how we look at this. It's a holistic thing and I think corporate medicine, not to bash corporate medicine, but when we move to corporate specialty medicine, everyone has a

specialty and they're like, "That's not my wheelhouse, that's not my wheelhouse." And so we don't get a collective image anymore of what's going on. And so one doctor prescribes the imaging, the other doctor does it, the two don't talk. The patient never talks to the radiologist. They talk to their doctor. They go back to their doctor. Their doctor may never ever connect the dots, "Oh, we injected you with the heavy metal. Maybe that's why you have some new symptoms." And when patients complain about that, then they're like, "No, *that's not right. We don't see that,*" but they do see it. I mean, we do.

Dr. Wendy Myers

Yeah. And also, people can get cardiovascular issues, hormonal changes, chronic fatigue, difficulty with body temperature regulation, inability to sweat, tinnitus, dizziness, edema, fatty liver, and balance problems. Just a whole host of symptoms that really can be anything when you present at your doctor with any or all of these symptoms. Good luck figuring out what's going on with you.

Debbie Heist Lambert

Right. And I think you do want to keep a list. as the patient, you have to be the advocate because your doctor's busy. They're seeing lots of people. They barely have time to read your test results before you come in if they even have time. And so you have to be that advocate and you're right, the list of symptoms is huge. And it's disconcerting. Because then people, all of a sudden their red blood cells are off or they have a cytokine storm. They get testing for cytokines and all the cytokines are off. And they're like, "What's going on here?" And it takes a while to get diagnosed. Mass cells are huge in that community. And that's just a sensitivity, right? That's a sensitivity to a lot of different things. A perfume can set it off, a smell, carpets, any, any kind of odors can set off a mass cell. And so you see a lot of that in people. The skin thing is really concerning because your skin gets thick. It feels leathery. It

can change color. And it used to be, well, that was considered NSF, which is, you know, nephrogenic systemic fibrosis. But now we say, "No, that's gadolinium iatrogenic fibrosis." And so we see fibrosis in patients who have functioning kidneys. So it's not limited to just people who have bad kidneys.

Dr. Wendy Myers

Yeah. And then how did you get started with this work? So you have a Facebook group. Can you tell us what that is for gadolinium advocacy and for people that are injured?

Debbie Heist Lambert

Yeah, there's all kinds of Facebook groups. Probably the largest Facebook group is the one that I'm involved in, and I'm an admin in there, but it's run by admins, all volunteers, all patients of either they've had gadolinium or they have children that may have had gadolinium, and so they've become advocates, and they wanted to learn more and be available and our patient group's going to reach around 8,000 here shortly, probably by the end of the month. So we're seeing about 300 a month join the group. And that's been ongoing. When I first joined, there was about 1200 people. Marcy Jacobs was one of the original Facebook people and she started a group. I think that group is still in existence, but probably not at the numbers that we have in our group.

There's groups all around the world. So we have, you know, if people come to our group, we'll. We can help them if they're not native speakers of English, we can connect them with the German group, right? Or a Latin America group. So we can get them in their own native language speaking support groups, which is helpful.

There's also www.gadoliniumtoxicity.com And that was, Sharon Williams and Hubbs Grimm. So when the FDA met, there was a whole group of people that went to an FDA meeting in 2017 and really advocated for patients. And that was when the FDA said, well, we need to look into this a little bit more and they put a box warning on the gadolinium and then also asked that all the medication guides be updated. And the verbiage was updated to say that you should get a medication guide. But you don't always and people now see all kinds of forms. There's not a standardized form, but people see the form and it says on the form, We're gonna use a we're gonna use gadolinium or we're gonna use a contrast dye and really there's not a whole lot of effects to it but please acknowledge it when you sign the form, right? It's not sufficient enough and even Dr. Taldano in the FDA meeting said, you "A patient injured is a patient injured and, and we're the people who are supposed to be protecting these people. It's not enough." And, I would say patients agree with that because we see lots of people every month say, "No, I wasn't, I wasn't afforded. an opportunity to talk about what this contrast was or that it's retained or whatever." So we have some gaps, but they're working hard at it. They came out with a thing called SAGE, which is **Symptoms Associated with Gadolinium Exposure** And they came out and they said, you know, we're going to look at some of these things. And I think they are, I think they're looking at it. So we learn as we go.

Dr. Wendy Myers

What is the name of your Facebook group again?

Debbie Heist Lambert

The Facebook group is [MRI Gadolinium Contrast Safety Side Effects & Toxicity Research](#)

Dr. Wendy Myers

Okay. So that is a mouthful. So you guys listen to that and write that down right now. So you don't forget that, but there'll be a link in the show notes on www.myersdetox.com as well. So tell us what type of scans, when people are injured or going to the hospital, what type of scans do people need to be wary about where they could be injected with a gadolinium contrasting agent?

Debbie Heist Lambert:

It's going to vary. It's going to vary by the doctor and their education and their knowledge. Some doctors are happy to just inject gadolinium for everything and other doctors have learned and are picking up on what's going on and they're really using it less frequently, but we see it for brain scans. We see it. There's a huge increase in mammography. So breast exams, they're injecting a lot more gadolinium and we're always saying it's not necessary. The research shows, and we give people links to the research paper that say, It's not really gonna make a difference or whatever, but you do have dense breast tissue, so it's easier for them to see. So if they don't use the gadolinium, they fear that they're going to not pick up on something that they would see otherwise. But. Overall, research tells us that it's not that helpful compared to some of the end results for the toxicity.

Dr. Wendy Myers:

What type of scans don't use gadolinium and which ones do?

Debbie Heist Lambert

Well, I don't think doctors are using gadolinium for knees and hips and bone kind of things, right? Joints. I don't think they're using it for that anymore. They're still using it very much for

the brain because they want to see and they don't want to miss anything in the brain because that can be problematic. Even the neurologist who did my chelation therapy, she gets gadolinium a couple times a year. She does a lot of detoxing and taking care of herself. And she just shared a juice recipe with us and we put it out in the group. But I just encourage people to read the medication guide and just really think hard. I think that small organs like mine were pancreatitis and the pancreas is a small organ. It's hidden behind the stomach. You know, it's hard to get too hard to see. So you might make a case why the doctors would want to see it. And I think the endocrinology community is still using it, right? Because it makes their jobs easier.

Dr. Wendy Myers:

Yeah. And then you mentioned that they use it for MRIs, but not for CAT scans typically.

Debbie Heist Lambert:

Yeah, CAT scans. Typically, we have people join our group and they'll say, I'm having a CT scan and we typically tell them that would be an iodine-based product, probably, which is different in the sense that the body knows what to do with salt products. You know, iodine is a salt, and it kind of knows what to do, right? It doesn't see it as a foreigner. I think the thing with gadolinium is the body sees it as a foreigner, then it sends out its macrophages, then it's T-cell killers and everything to like, grab it and move it and get it out of there or encapsulate it. And we see after people have MRIs, the contrast, we see that they're like, well, "I have now I have this new imaging and this is showing up or whatever. I have a stone and oxalate stone where I've never had stones or whatever". So it seems like the gadolinium likes to go to where there's been previous injuries. So in the group, you'll see people say, "Well, I had a knee injury, but now my knee is worse after I had gadolinium, but I already fixed my knee. Why is my knee hurting or why do I all of a sudden have frozen shoulder and

why, you know, and, And I got frozen shoulder, and it did take about a year, and they had to go in and break up the oxalate and vacuum it out. So is that gadolinium? Is it associated with gadolinium?" There's no way to prove that. There's no way.

Dr. Wendy Myers

Your body will form oxalates around heavy metals. It's kind of one of the mechanisms.

Debbie Heist Lambert

Yeah, it encapsulates it.

Dr. Wendy Myers

Yes, it's one of the mechanisms to try to deal with the heavy metals. Oxalates crystals in your tissues, hardening, calcifications of your tissues as a sign of metal toxicity, kidney stones as well.

Debbie Heist Lambert

And I think, Dr. Brent Wagner out of the University of New Mexico just last year— I think I get my years confused because they're going by so fast these days— but it was in 2022 or 2023 that University of New Mexico and Dr. Brent Wagner's team found that they can actually see gadolinium nanoparticles in the kidneys. And that's concerning because they believe that that sets off disease, right? So they very much do believe that. It's problematic.

Dr. Wendy Myers:

It's crazy that the very thing you're trying to do is to figure out what to do with your health ends up causing a whole host of health issues for some people. And do you know why some people have problems and others don't? Is there any kind of discernment there?

Debbie Heist Lambert

They haven't really been able to. There is Dr. Richard Semelka. He's like the head guy in chelation. He's been really instrumental. He was a radiologist and he spent his whole new career, second half of his life focusing on gadolinium toxicity and helped us get the disease named ***gadolinium deposition disease***, which isn't a formal diagnosis yet, but that's the way it's very well known. I mean, I don't know how we would ever not call it that because it is so well known as a name and it's an umbrella disease. There is some thought that some people, it's just, your body stores it and then you don't have a problem. It just goes and gets moved away on the side and it gets encapsulated or whatever, and it's fine, no problems. The pathways, maybe some people's pathways are open and they detox it because you're detoxing it through your urine and your stool. So maybe some people's bodies are more and the numbers that they're using are 1 in 10,000. We really don't know. And, the only reason I say that is because reporting is voluntary and so a lot of times people aren't even aware of it. And then second, if they are aware of it, doctors might say, well, let's take a wait and see approach and see if you get better and we'll try this and we'll try that. And then maybe we don't need to report it. So we really don't know what the true numbers are. And I know that they don't like me to say that no one likes to hear that, but it's true. We don't know.

Dr. Wendy Myers

Yeah, yeah, and I'm sure just genetically, there's some people that have a good ability to detox an olympic ability to detox, and other people who don't, and those are the ones that tend to be sicker and have more severe symptoms, chronic fatigue and disability, things like that.

Debbie Heist Lambert

I think, if you don't have a reaction right away, you might think that it was no big deal, right? But then what about six months later? And I don't think that we have research that shows that. I mean, I read research every single day. I'm looking for those reports where, where did we follow up with the patient? One year later, five years later, and what were their health symptoms then? And what new things occurred for them? Did they get autoimmune diseases? Did they get blood cancer of some kind? I mean, and then how do we back that up and start asking questions differently? I just don't think we're asking the right questions at this point.

Dr. Wendy Myers:

Yes, and so when you go to get a scan, what are your options? Can you request to not do a contrast scan? Can you plead with the doctor that you just don't want gadolinium or any medication or contrasting agents or dyes that contain gadolinium?

Debbie Heist Lambert

And your doctor has a right to turn down. Your doctor has the right to say, well, if you won't have the gadolinium, then I don't want to see you or we can't see what we need. And you got to think about the doctor's point of view, too. I mean, we go to the doctor because we have something wrong with us. We wouldn't get an MRI machine unless we were looking for something, right? Where we have an ailment and we're trying to pinpoint it and the doctor's trying to do all the right things. If the doctor doesn't do the testing that's available to him and to us, and something gets missed, then there's this lawsuit happy group, right? That opens a whole new dialogue. So you kind of understand why a doctor would say, no, we really need this, right? because they need to protect themselves as well. And they're trying

to protect the patients and do all the right things. And you might want to edit this part out. I don't know.

Dr. Wendy Myers

No, no, I mean, this is really good because I think also there can be ego involved. You know, doctors don't want to be told how to do their job. And I know like I hear people or even my own family, like, "Just tell your doctor this is what you want or push them to do this. Or I want this test or I want that." The doctors are like, "No, I'm the boss here. I'm a doctor."

Debbie Heist Lambert

Yeah. And so the doctors will turn you down or they'll say, well, I have to do it because your insurance won't pay for it unless we do it this way. There's protocols with insurance companies now that kind of drive some of our healthcare decisions within the industry. I mean, we're the patient, but at the same time, insurance is laid out for certain things and starts with the x-ray, then ultrasound, then maybe a CT and then an MRI, or depending on what the disease is or what the ailment is that you're looking for. They have their own schedules and protocols and all of that. So it can be, but no doctors will turn patients away if they turn down gadolinium. We hear that all the time and patients come to our group and then they're just even more distraught. Well, my doctor says, if I don't do this, then they won't see me, and that's hard on a patient who wants to know. So a lot of patients go back and have the gadolinium and then they come back to us and they might be sicker than they were before, and they might have new and worsening symptoms. And then we just help them. That's part of the support group. We just help them deal with that. We just say, well, you know what happened? Let's get on with the next thing. We can detox, we can do chelation. Here's where you go for research to find out about this. Here's where you go to

research or find out about that. Has to be your choice again, but we can give you leads to find next steps.

Dr. Wendy Myers

That's one reason I do this podcast and publish a lot of information on heavy metal toxicity. You don't get a lot of help with your conventional doctor or any of really typically on diagnosis or heavy metal toxicity or what to do about it or how it's affecting your health. Most people are just totally in the dark as to what's going on with them.

Debbie Heist Lambert:

We're seeing a younger group of people too. I mean, I'm in my sixties now, but the most heartbreaking thing for me is to see the 20- and 30-year-olds coming in by the droves. And the most heartbreaking stories for me are the ones where the doctors then send their patients or they tell the parents of the patients or the caregivers of the patients, this is a psych problem. Your child, your loved one needs a psych eval, and we've had people whose families have put them in psychiatric wards for their own protections because they may be so distraught that they just want to end it all, right? This is a dark topic to talk about, but it's real. And we have patients who are like, They've just given up all hope there. They feel so horrible when you have brain pain and you have bone pain and it's day in and day out 24/7 and no one will listen to you. No one hears you. And your doctor says you're crazy and they label you as crazy and they gaslight you. That's a real thing happening in our world right now. And when you're gaslit, you check yourself in or a family member convinces you to check in. Those hospitals. They're the least trained on heavy metal poisoning. I mean, they don't have the training. And then we introduce a whole lot of new things, right? People come to us and they're like, yeah, I was put on this drug and that drug and this drug for depression and whatever. And I knew it was heavy metal poisoning. It wasn't depression. Of

course, I'm depressed. I have heavy metal poisoning. So the new symptoms, new side effects, and it just cascades.

Dr. Wendy Myers

It's chilling because just based on my own experience, I have friends and family members, people that have had bad car accidents that have had tons of scans, tons of imaging, or they have chronic pain or they've had tons of imaging. Looking back at that, I could see where they would have gadolinium toxicity from all those scans and these correlated symptoms.

Debbie Heist Lambert

Well, and it's not only that it retains, but it accumulates, right? So, it's retained in the first one, then you go back and you get a second, a third, a fourth. I mean, we have people, sometimes I'm amazed people come into the group and they're like, I've had 15 MRIs with contrast, you know, 15. And you're like, oh my gosh, that's a lot, you know, and, and so the way we test, I know that you, I think you test with hair. So hair, yeah. Error and urine and so our group believes that urine is the best way to test and the reason that we suggest urine testing is because it shows how much the body's excreting at any given point. It's only that test is only good to show that you do have toxic levels and your body is excreting it right. And so we use urine for that as the baseline. It's really not good for anything else. That test isn't really good for anything else. And then you have people who come to the group and they're sick and it's been two, three years since they had an injection and it's, they're just connecting dots and they're just curious and they're wondering. And they may do a urine report and the numbers may come back within levels, but they still feel horrible. What we would say to those patients is because you can provoke it. You can put a provoking agent like DPA or EDTA or whatever and provoke the gadolinium, which will stir it up and then it will

show more in the urine, right? And it'll go up. My number went from 8.4 to 99 when they provoked it.

Dr. Wendy Myers

Yeah, and then you get all those symptoms because you've poked the bear. You've got all those symptoms happening because with hair mineral analysis, we don't test, that doesn't, we don't test for gadolinium. There's no hair mineral analysis lab I know of that's testing hair for gadolinium, so you would have to do urine.

Debbie Heist Lambert

Yeah, and there is a test, I think, for hair. Only reason I know that is because I participated in a kidney study at the University of New Mexico, and they tested hair, and it did show in the hair. You know, it showed interesting gadolinium in the hair, in the fingernails, everything that they tested, it showed there.

Dr. Wendy Myers

Do you know what lab that is?

Debbie Heist Lambert

I don't know the name of the lab, and it's one that the university there uses. So, you know, it's very different. And biopsies, we see in biopsies, we see it in autopsy reports. I mean, I've read lots of autopsy reports and it's in every organ that they test in the autopsies, right? So we know it's retained and we don't even encourage people anymore to really do biopsies or just to prove gadolinium because it's an invasive test. They're cutting you open, they're testing, you know, they're grabbing. It's an invasive test, which always opens the door to introduce new things, right? So we just tell people, if you've been injected with gadolinium,

you're retaining some, whether or not you have a lot of symptoms and a lot of problems, that's to be determined.

Dr. Wendy Myers

Yeah. And that's going to contribute to your toxic load, what you already have with lead, mercury, and arsenic, aluminum, and all the other ones. Also, Chuck Norris's wife, she was gadolinium poisoned and had years of debilitation. He's been very outspoken with advocacy about warning people about gadolinium. He lives right down the road from my mom in Texas. So I thought that was really interesting, but yeah, I think people are just not aware about this and how ill it can make one. And there's really no recourse. Like there's just almost nowhere to go to address this.

Debbie Heist Lambert

And you don't want to be naysayers and down Debbie Downers like that. That's my nickname, but not really, but yeah, it's huge. Unfortunately, it is so life-impacting. For me, it was that I had an NDE. I met God. He sent me back here. I begged him not to send me back here, but he did. And he said, "Listen to my whispers. You have the opportunity to help many." So that's the course I've been on, and that's when this whole thing started for me to really get involved and really do the research. I've spent thousands of hours reading research papers. I went and took the MRI safety course that the radiologists and technologies take, and it was very kind of them to invite me and allow me, and we did a Q and A. There was a lot of people in the group who were studying for the test, and it was sometimes the first time they'd ever met a patient. We did Q and A and all that. So, yeah, it's a bigger deal. They want to say it's not, but when you're getting 300 people a month every month, I mean, to your group.

Dr. Wendy Myers

Yeah, it's a problem. That's just one group. There's dozens of groups. People just don't realize. Like you mentioned, they go to the doctor, they have all these symptoms, they just get a psych eval, they get a card for a psychiatrist, especially with pain. It's just very difficult for any type of pain to have that managed properly, much less figure out the underlying root cause of it.

Debbie Heist Lambert

Well, and I think too, like pain medication doesn't typically work. I don't want to name brands, but there's a lot of medicines that patients in the group have taken, and they will tell you that they never touched my pain level. That medication never touched my pain levels. So when your doctor's throwing pain meds at you and it's not touching anything, and you're telling your doctor it's not working, it's not helping, it's not touching my pain, something else is wrong. We have to look somewhere else, and we get stuck on, well, you're here for your pancreatitis, and we're so focused on pancreatitis that we forget to look at the bigger picture.

Dr. Wendy Myers

And what, in your experience, has helped patients with detoxification of gadolinium? What are some of the alternatives or things they can do if they suspect they have gadolinium?

Debbie Heist Lambert

I think the first thing we tell people is get a urine report, and then you know your levels. You'll see that it's there. Take documentation to your doctor who may not believe you. Show your doctor, you know, here's a report. Here's what the research shows so that you can begin to open the dialogue. And then we do chelation. DTPA chelation is still the number one thing

because it pulls so much and it can be harsh. There's a nonprofit called www.gadttrac.org, which was started by Dr. Semelka, who's the chelation expert in the United States. He's put his career on hold as a radiologist to help the community. Chelation is still number one. It's preferred. The thing you want to do with chelation and what not all doctors who do chelation understand is you do want to track the liver function and the kidney functions. You know, do the GFR testing and all those, so that you're monitoring it, and then listen to your patients. What's their new symptoms? And help them get nutrients. So you do detoxing. You understand that you can't just pull out the foreigner that the body doesn't recognize. You have to also support the body and give it nutrients it needs that we're not getting in the foods, the macro, the micro nutrients. Put those back in so that the body has something to feel supported and then can build new healthy cells to go on. So chelation, detoxing. I don't encourage people to get on the supplement train because you start throwing new supplements and your body's not detoxing properly. You're just building a dam. It's like you're building a dam and it's just backing up, backing up, backing up. So you want to work with somebody who is a professional that knows how to do detoxing. We always encourage people to work with a doctor, work with a medical professional, work with someone who understands heavy metals. It's not something to do on your own, really.

Dr. Wendy Myers

Especially if you're ill. It's just not. It's not a DIY project for sure.

Debbie Heist Lambert

It's not DIY, and you can spend hundreds of dollars on supplements, and then you go down a pathway and you don't even know what supplements you're taking or what supplement does what and how it interacts with that. And then you may be on medications and how it interacts with that. It's complex. Healthcare is complex. We have to admit that.

Dr. Wendy Myers

Yeah, absolutely. And then I also imagine that I love bioenergetics and like Spooky2 Rife definitely has some programs in there that can help with gadolinium. They have programs for every different heavy metal unquestioning. They have programs for gadolinium as well. And I'd encourage people to explore www.Spooky2.com. I think it holds a lot of promise for facilitating the body's ability to detox just in general, but also helping with the immune system, calming down with the overreaction that we find with the immune system, the gadolinium, and helping to remove the gadolinium as well. I think it's a lot more simple.

Debbie Heist Lambert

And I think niacin detox sauna is a big one. Infrared sauna, and they use niacin. You know, our skin is our largest external organ. So sweating is good, right? Infrared saunas help you sweat. The niacin just brings it to the surface. And there's a couple programs, and I can share those with you, but they've really worked hard and they've studied what they've added the silicone and all of that to their protocols to help facilitate excreting it out of the body. So we tell people, infrared sauna, hyperbaric oxygen. That's huge, right? We suggest a book called *Breathe*. Tell people, you got to learn how to breathe again, cause we don't as humans. We're not breathing properly. So breathing, the deep breathing, that's huge. Acupuncture, all those things. Diet, exercise. And we tell people, I know you don't feel like it, but just go for a 10 minute walk, just walk around the block, walk to your mailbox. You know, because we have people who are like, I can't get out of bed. We're like, no, you have to get up and move. Get up and move. Walk to the mailbox, walk to your neighbor's house, whatever, because that's important. That helps with grounding, right? So those are all helpful things.

Dr. Wendy Myers

And it must be, I mean, incredibly difficult for people to be motivated to do anything if they're chronically fatigued and in a tremendous amount of pain. I mean, I just, I can't even imagine. Can you tell us some of the few things that you've learned working with all these people, all these patients?

Debbie Heist Lambert

Yeah. Well, I think what I learned is that we want to trust. Everyone wants to trust their doctors, and we have a responsibility to really be very direct with what our symptoms are and why we're there and what we're looking for. We have to own that. But we see patients with all kinds of things, and they just keep going back. You know, and it's like, well, why would you go back? If that's what's poisoning you, why do you keep going back to the same? Well, maybe try something new, try something different. What's your diet like? You know, parasites love sugar, right? So metals love sugar. So there's that interaction between parasites and the metal in our gut. And so what's your gut health like? Are you keeping a mood, food, poop, pain journal? And what does that look like? It doesn't have to be something complex, but just simple that you're making tick marks or you're putting a number next to it, and you're monitoring it. So you're looking for trends, you know? "Oh, every time I eat oatmeal, I flare." Maybe grains aren't your thing right now because of the heavy metals. Maybe it's interacting with the heavy metals and you have more sensitivities. So you can start to reduce some of your symptoms by doing that charting and starting to understand that it's all connected and it all matters, and you have to treat it holistically. And then mindset's huge, right? Mindset is huge. So if you pray, pray. If you meditate, meditate. You know, whatever gets you grounded and spiritually meeting whatever your spiritual needs are. That's an important part of this. So it's not just physical, it's physical, mental, spiritual, holistic. And we just can't teach that enough because when you're in pain, you're

just so focused on the pain that you can't look at the bigger picture. And I just encourage patients, look at the bigger picture. Look at it from above and look down and say, what is all this and try to dissect it and really understand, get in touch with your own body, because I think a lot of us aren't until something happens to you, then you're like, oh my gosh, I gotta figure this out.

Dr. Wendy Myers

So tell us some of the stories of patients that you've dealt with that are in your group and just to kind of illustrate what they go through.

Debbie Heist Lambert

We do have a book coming out called gadolinium deposition and toxicity, a life changing event. There's about 25 people in the book and we're really just patients who are documenting our stories from the beginning to where we are today when we're publishing this book. And it's really, really good because I think it humanizes it, right? It humanizes the experience. But some of the things, I mean, to be honest, when you inject a baby with gadolinium. We have a lot of babies. I mean, we have several baby stories where we've lost children. We've lost children, and it's always comorbid. We can't just say it's gadolinium because they have comorbidities. We all do or we wouldn't have gotten injected. So, how do they feed? So we've lost children. And that's always a real sad one. The younger people, you know, we've had people, their families have put them in, like I mentioned, mental hospitals and psych wards to like figure it out because they're suicidal. They're not sleeping. When I first joined, it was kind of funny. I joined and there were only 1200 people in the room group at the time. And there was a whole group of us who didn't sleep. We slept less than three hours a day for a year. And so what do you do when you can't sleep? Well, you get on Facebook, you get on social media, you text people, you whatever. And you form this

community who are up in the middle of the night, all night long, because they're pacing the floor and they can't sleep. And so they're talking to each other. They're reading research papers. They're sharing stories. They're like, well, what helps you? What doesn't help you? What do you do? Dah, dah, right? So there's that. And the patient groups, we see lots of different types of people come into the group. Some people are so sick that they just want to know they're not alone. Other people come to the group and they're really motivated. They want this gadolinium chapter behind them. They're gonna figure it out. They're gonna do whatever it takes, and they're closing their chapter and on with their life. And that may mean that they do chelation, and then they're gone. And that's hard on the group because when people get well and leave the group and it only leaves the sick people in the room, then people are like, do we have any success stories here? And you're like, yeah, we do. And we need to be better at capturing those success stories so that people give people hope. And that's really what we hope to do is give people hope. throughout this. So then I think the other part of the group is they're too sick to do anything. So they're just monitoring the group and they're talking to people, um, than the motivated ones. And then there's the long termers like me. I'm six years in and I've read thousands of hours of research papers. And, you know, I talk to people every day. I have people call 24 seven. My husband calls them. Is this a gataverse event. Because I get phone calls and I get text messages and stuff, and people want to get on with their life, but they can't and we do some polls. We do informal polls in the group. Just let me give you some ideas really quick. Um, some of the polls that we've done. informed consent. 91% of the people said they never got any informed consent before they got injected with gadolinium. 54 % of people that we polled said that they had new and worsening symptoms after being injected with gadolinium. 53%, and I found this one really interesting, and we know these are informal, unscientific polls, right? They're just polls of patients to bring the community together. but 53% said they never were on a single medication when they got injected, but now that they've been injected, they're on a lot of

medications. So there's that, um, 88% say they struggle with pain. 88%. That's huge, right? Bone pain, burning pain, all kinds of pain, whether it's skin or, and, and when you can't sleep, a lot of times it can be mast cell related, but even the touch of clothing or sheets on your legs or whatever has so much pain that you just want to avoid it. You don't want to go to bed because when you get in bed and you pull the sheets up, your whole body lights on fire. So why would you go to bed? Right? You just, um. We encourage people to buy the gravity chairs, gravity free chairs, because it takes the weight off of the joints. Um, so people find comfort in sleeping in gravity chairs that work. And then 54% said they have thyroid issues now. They didn't have thyroid issues before they got gadolinium. So there's a lot of informal polls that we do. And really it's just to help people feel connected and not alone. Um, in the groups.

Dr. Wendy Myers

Great. Yeah. And so the group again, is the **MRI Gadolinium Contrast Safety Side Effects & Toxicity Research** Correct?

Debbie Heist Lambert

It's interesting that the group has grown so much, but a few months ago, I started a new drug. Or was looking at starting a drug, which I don't, I just do. I'm doing palliative care at this point in my life, so I'm not treating anything. My last MRI came back; there was something wrong with every single organ.

There was a mass, a blockage, scarring, something, right? So, I get all these new labels and diagnoses. I just add them to the list and go on with life. But I do think it was interesting because my doctor had said, "Well, why don't you try this? You know, it's an old drug. Now you don't even need a prescription for it."

It really helps with cancer. And I'd like you to just look at it. So I went to that group and I started asking questions. It's a group that has over a hundred thousand people in it. Within three days, over a hundred people jumped out of that group and came to the gadolinium group because they think some of their problems are not their cancer, but their gadolinium poisoning, you know. So then they start to connect the dots, but when you see over a hundred people jump from one group into another group in three days, you think, "Come on." You've got to do a better job of connecting the dots.

Dr. Wendy Myers

Yeah, absolutely. Well, Debbie, thank you so much for coming on the show and imparting your knowledge. With this show, I'm just trying to help people get to the underlying root causes of their symptoms, connect those dots, and get those pieces of the puzzle so they can feel better. That's really why I'm doing the show. So, I wanted to thank you for your work and what you're doing. And what you're doing to do the same thing: to help people in pain find solutions. If you suspect gadolinium poisoning and any of this resonates with you, join the group that Debbie's an admin on—her Facebook group—and check out the other websites or places where we can find you.

Debbie Heist Lambert

Living with Gadolinium is a Facebook page called Living Without Gadolinium LLC. It's really about research. You can type in keywords like "brain" or "mammogram," and it'll bring up research papers. This was started because there was no accessible research I could find. A lot of research is being moved behind paywalls now, so you have a hard time accessing and finding it.

Dr. Wendy Myers

And where can people find your book?

Debbie Heist Lambert

It'll be on Amazon when it comes out, and we're figuring probably around May. It's in the final edits right now. So, yeah, and it's about the stories—we just want to raise awareness, humanize it. It's about humanizing and making connections, and connecting the dots. So yeah, we appreciate that. And all the money that comes from that book is going back directly to help patients. There's nobody making money off the book. We're putting all the money back into research either at the University of New Mexico or gadtrac.org, which is the nonprofit, or somewhere where it helps GAD patients.

Dr. Wendy Myers

Okay, fantastic. That's great news. So everyone, go check out Debbie's book on Amazon.com when it comes out, hopefully this year, correct?

Debbie Heist Lambert

Yes. Okay, great. Yeah. Well, everyone, thanks so much for joining us for the Myers Detox Podcast. I'm Dr. Wendy Myers, and I just love doing this show every week. I've been wanting to have someone on to talk about gadolinium toxicity for so long, for so many years. So, really thrilled that Debbie reached out to do this show. So I hope that for some of you, it really helps to connect the dots of some of your symptoms and what you're struggling with in your life. So thanks for tuning in.

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