#584 Gadolinium Toxicity: Symptoms, Treatments & Commonly Misdiagnosed Illnesses With Dr. Richard Semelka

Dr. Wendy Myers

Hello, welcome to the Myers Detox Podcast. I'm Dr. Wendy Myers, and today we've got a really good show for you. We have Dr. Richard Semelka on the show. He is a physician and an expert on gadolinium MRIs and gadolinium deposition disease, also known as gadolinium toxicity. We're gonna be talking about gadolinium toxicity symptoms and treatments, plus diagnoses that are actually gadolinium toxicity that a lot of people are suffering from. There's an incidence of 1 in 10,000 gadolinium toxicity sufferers that have received an MRI contrast scan and people that have received various medications that contain gadolinium that are used for these contrast scans, namely in MRIs, that are suffering from gadolinium deposition disease where gadolinium is injected, deposits in their body, doesn't exit the system and remains in their tissues and their bones.

Common symptoms include brain fog, burning skin pain, pins and needles in the skin, muscle spasms, stabbing, and burning bone pain mainly in the rib area, and skin discoloration, just to name a few. There are many others. Many patients are completely debilitated and many physicians are unaware of this, so they're skeptical about GDD or gadolinium deposition disease leading to misdiagnoses like fibromyalgia, Morgellons, ALS, chronic fatigue syndrome, stiff person syndrome, and

many others. Primary treatment involves chelation therapy using DTPA, but it requires knowledge, expertise, and careful management of dosing and side effects, and flare-ups that can happen post-chelation.

Dr. Semelka is really advocating that medical facilities should be implementing screening for prior gadolinium reactions before advising and administering another contrast agent for an MRI scan. So, if you've had a reaction before, you might not even realize that it's this contrast agent after having a scan. If you've had any kind of symptoms or just a strange illness happening, do not get another gadolinium contrast scan. Your symptoms are just gonna get worse. We talk about how you can refuse a gadolinium contrast scan and we discuss what other options are available. So it's a really good show. Anyone that's had a medical scan, an MRI scan before, please listen to this show.

Our guest, Dr. Richard Semelka is a leading expert in MRI and Safety and Medical Imaging. Dr. Semelka is the world authority on gadolinium toxicity, one of the components of the contrast dye used in many medical scans and imaging. Scholar GPS ranks his career as number 10 in MRI, number 14 in medical imaging and in the top 0.05% of all scholars in fields worldwide. You can learn more about his work on gadolinium toxicity and gadolinium deposition disease at gadttrac.org. Richard, thank you so much for coming on the show.

Dr. Richard Semelka

Pleasure to be here with you, Wendy.

Dr. Wendy Myers

Why don't you give us a little bit of your background?

Dr. Richard Semelka

Just to quickly go over my background, I am a physician and a radiologist. I did my training in MRI at UCSF some years back, 1988 to 1990, which was actually at just the time when gadolinium contrast agents came into being and we were one of the first centers in the US to use gadolinium contrast agents and specifically magnets. From there, I did some training at the Siemens MR facility that taught me more details

about the physics of MR. I went back to Canada for a couple of years. Unfortunately, I was so ruined by the weather in San Francisco that I couldn't return to Winnipeg, Canada with the winters. So, I then came down to Chapel Hill to the University of North Carolina for 26 years, and now I am in a private practice setting where I treat people with gadolinium toxicity from all over the world.

Dr. Wendy Myers

And I presume you have a thriving practice, correct?

Dr. Richard Semelka

Yeah. It's a very interesting practice and it's interesting how different it is in radiology. It's one of the, if you like, weaknesses of radiology that we really have very little patient contact. And that actually explains why gadolinium toxicity isn't well recognized because if you never see patients, then you don't know what's going on with what you're doing. Correct? So being in a situation then for over two decades looking at images, almost never speaking to patients, now the majority of what I'm doing is speaking to patients with gadolinium toxicity. I went from no patient contact to now full nettle jacket patient contact.

Dr. Wendy Myers

Just paint the picture for anyone who doesn't know, like how does someone get gadolinium toxicity doing medical scans, and what type of scans should people be concerned about and question about when their doctor is making recommendations for one?

Dr. Richard Semelka

Wendy, what I'd like to do is even take a little bit of a bigger picture and then go to your specific question. A number of physicians in particular don't believe that you can get sick from the gadolinium contrast agent because they're told that it's perfectly safe. Now if you look at the big picture, over maybe a million years of us developing as humanoids, we have developed a complex system of protection along our skin, GI tract, and lungs, protecting us from the outside world. Oftentimes, it's four layers of protection that we have over the last a hundred years. For the first time ever,

we have experienced direct injection of things into veins, which means that all of our native host defenses on the surface that we've developed for a million years are no longer in play. So, the thought that somebody could develop a reaction to a foreign molecule that's injected directly into your veins, avoiding all of your host immune systems on the surface, that people could be sick from it, doubting that seems remarkable to me. It seems obvious that if a foreign molecule is injected in your body, some people react to it. And in fact, it's amazing that more people don't react to it than they do just because of the nature of how it's done.

So, your question is, who gets gadolinium contrast agents? Basically, it's people undergoing MRI studies that have a contrast agent. When you're going into MRI and the technologist or the physician is telling you you're getting a contrast agent, it's like a contrast or a dye, you are like oh, a dye, that shouldn't be a problem. Well, you are always, essentially always getting, when they tell you you're getting a contrast agent, you are getting a gadolinium-based contrast agent. You are getting it in MRI. You're not getting it in CT or other studies. It really is what you get only in MRI. Having said that, when you get any foreign molecule, which includes what CT gives you, you're again having that foreign molecule injected into you. So, some people react to that as well, but that's where we get gadolinium from. It's from getting an MRI study with contrast.

Dr. Wendy Myers

Are there any alternatives? If some people obviously need MRIs for many different reasons, are there alternatives to it? Is there a different scan that you recommend or a different contrast agent that may be available for people that they should request?

Dr. Richard Semelka

What I tell patients because quite often speaking to patients who've had MRI with gadolinium and they got sick from it and they said, well, they were told they had to get it. What I tell people and what I'm telling your audience here is that you can always refuse whatever people, whatever a facility is telling you should get. I mean, it's your body. You have the right to refuse it. Having said that, the first level is you go in for an MRI, they say you need to have a contrast agent, or they want to do VMR, you can say, well, can we do this without a contrast agent? Now, contrast agents,

back when I started around 1990, because MR technology was still relatively primitive and there were a few numbers of different data acquisitions. Nowadays there's many more different types of data acquisitions. So quite often patients can get an MRI without a contrast agent and get a very good study. Now, the problem is that some people probably definitely do need an MRI with gadolinium, the problem is who is to know that as a patient and in addition, as a physician who is to know that.

So, the first step though I tell everyone is if you're very concerned about an MR with gadolinium, especially if you've reacted to it in the past, you should never get another MR contrast agent again. That's the first rule and that's the rule of avoidance. Once you've had it one time, you were sick from it, never get it again because you'll get progressively sicker every time you get that agent. So, the first thing is to say, can I get this without MRIs? There are new sequences that are almost as good, and for many situations, do this study perfectly well. One example I'll tell you is this sequence called diffusion weighted imaging. That for instance, your audience could say, I don't wanna have a gadolinium enhanced agent. I understand there are new MR sequences. Dr. Semelka has suggested one diffusion weighted imaging. Could we do the study without contrast?

Now the next level is that there are alternatives. There is CT. There is ultrasound. There's nuclear medicine. Now, what is critical to realize is that all of these studies have their own risks and dangers associated with them, which I think is beyond what we should talk about today. We could have another talk in the future about the risks of other agents, but I really wanna say that for us to stay focused on this and we deal with this comprehensively.

Dr. Wendy Myers

I just wanted to give people some alternatives. I've done a show about gadolinium toxicity before and I got a lot of questions like, what should I do? What alternative do I have? I think people can also be limited by the hospital or the doctor's facilities and what kind of scanning equipment they have. And I think you also have to really advocate for yourself, which is hard for a lot of patients to really stand their ground and be like, no, I'm not doing this. This is what I want. It can be very hard. Let's talk about what the symptoms are of gadolinium deposition disease, as you've termed

that. What are these symptoms? What do people look out for? I assume this is a condition that's probably not well recognized. When people go to their doctor, they're presenting all these weird symptoms that most doctors are not gonna be able to pinpoint what's going on. So it's kind of a mystery illness or I don't know what's going on. Can you clarify what the symptom profile looks like?

Dr. Richard Semelka

Well, actually, Wendy, one of the things that I'm hoping for in this presentation is that many physicians, hospitals, and radiology departments will listen to this presentation. That's why I plan for and would like us to stay focused on m and on this condition so that there really is no excuse for not knowing about it. So, the first thing is with gadolinium deposition disease, the symptoms arise fairly soon afterwards. Certainly, the great majority, maybe 90% within a week, maybe 99% within a month, but maybe as many as 80% it arises within one day. So again, just using common sense, no matter what the symptoms are, if you suddenly have something new that you're feeling that you didn't have before you had to study you, common sense tells you it's gotta be from this study. It's not like suddenly I have ALS, or suddenly I have lupus. So just common sense should not only inform the individual, but should inform their treating physicians and the hospital that it's probably due to this.

Why it's critical is if people can stop getting MRIs with gadolinium after the first dose fully, one third of them will do okay, even without the treatment that I'll talk about later, even without chelation. You would eliminate fully half of the cases, more or less if people were just attentive, including and especially the healthcare facility. Now, these are the critical symptoms I'm gonna tell you. The first one is brain fog, which maybe could expand to cognitive impairment in a larger sense, but people use the term brain fog. That's basically confusion about everything that you didn't have before, right? The things become specifically more related directly to this as more symptoms are described, burning, skin pain, but also burning internal deep tissue pain. And again, if you think about it, you were given this intravenously, it's now circulating throughout your entire body, centrally having burning internal pain. That probably is very distinctive for gadolinium, separating it from other heavy metals because many of the symptoms I'm telling you are the symptoms of heavy metals.

I think they all represent T-cell dysregulation. We have brain fog. We have burning skin pain. We have discoloration of the skin, which can be also transient, weird color discolorations everywhere, and they can be really odd and disturbing. Oftentimes it's like everything else. It's red, but some people get black discoloration, which you know, when you see black on the skin, you think skin death, but that can also be transient. So patchy skin discoloration and then boring bone pain. When I say boring bone pain, it's not like, geez, muscles and bone. It's like somebody's driving a screwdriver into your bones. Now the specific bones that are very unique to GA are the rib bones, but it can occur anywhere and occur in any joints as well. So they get bone pain and joint pain, which is quite often stabbing. Then they get pins and needle sensation, which is the sensation associated with small fiber neuropathy. That's what gadolinium causes.

Also, amongst the things that it causes is small fiber neuropathy, so pins and needles, which can be anywhere, muscle fasciculations, which is then something that you can say, well, that's gotta be something real. People will have twitching muscles all over their bodies quite often in their arms. Muscle fasciculation is one of the other critical things. Now, beyond that, since it is gone everywhere, it can basically do everything. Head pain is common, but it's not like a headache that you've had before. Most people describe it like you're putting on a swimming cap that's four sizes too small for you. Then eye problems, vision problems, hearing problems, and cardiac arrhythmias. GI tract is arrhythmias. Another big important symptom is imbalance. The list could go on for over a hundred, but those are all the critical ones. And I wanna emphasize the first thing, because most people get brain fog, skin pain, muscle fasciculations and the boring bone pain. Those are very critical symptoms that most people get.

Dr. Wendy Myers

It just sounds like a terrifying list of symptoms to deal with stabbing bone pain. I've been on some of these gadolinium Facebook groups and you hear what people are going through and their lives are just ruined. I mean, they can't work. They're totally debilitated. It's just extremely traumatic and I can see them very much being gaslit by their doctor. The doctor doesn't know what's going on with them, and they just can't figure out what the underlying root cause of all these symptoms are.

Dr. Richard Semelka

And that's what you and I today will help dispel all of that misinformation. Symptoms that occur oftentimes within hours. What else is it gonna be now? The next question is, well, who gets it? Who gets this? And we initially observed that the vast majority of people who get it are white women. Initially I thought it's because it's a heavy metal toxicity like iron and genetic hemochromatosis and iron toxicity is seen in white, people of French or garlic origin get that. So I thought most people are white who get this, but the more I think about it, it's probably that, but also it's the individuals who get autoimmune diseases. Most people who get autoimmune diseases are white women. And interestingly, unlike many of the diseases in the modern age that we see that are obesity related, this is not obesity related.

Most people are slim to medium build. As I said, 70% are white women, maybe 15% are white men. But then it turns out that basically any race and male or female can get this, but the majority are white women. When I think of complicating factors that make one at risk for this disease, being white, being a female puts you now in a higher category, then you add in other risks. The other most common risk that I've seen is, and again, it shouldn't surprise anyone, is that also a nebula term called multiple chemical sensitivity syndrome, which basically means you're sensitive to a whole bunch of different chemicals. Again, if you think about it, well, if you're sensitive to a whole bunch of different chemicals, why wouldn't you also be sensitive to this foreign chemical injected in your vein?

The more severe your multiple chemical sensitivity syndrome is, the more likely you are to get the gadolinium toxicity. The other thing to pay attention to, and this is important for your audience, if they're going with an MR and getting gadolinium because they're instructed, it's the most important test they can get, but they haven't had a reaction before to the test. Anything that disturbs your immune system in and around the MRI can put your immune system in a state that it is not able to defend itself well to another foreign invader. That again, also makes sense. So, big time potent antibiotics before this puts you at higher risk of major surgery, and it seems particularly people who get back surgery and particularly with the implants before the MRI. Shortly before the MRI, they're at higher risk. And then, the other category is people who have genetic abnormalities for other things that affect the immune

system. Perhaps the most common group we see, and I think it's maybe because it's also one of the most common gene variants, is the MTHFR gene variant. Most people wouldn't know that they have that to begin with.

I tell most people, if you're going in for an MRI study, it would also be true of CT. If you can avoid taking anything that's gonna affect your immune system dramatically, do that. Do not do something that's gonna affect your immune system. And it can be something as simple as, and I've had a number of individuals that have developed GDD because of this, going for a marathon or half marathon, or any extreme exercise within days before or even days after getting the MRI with gadolinium. Don't do it. The simple thing is, anything that could have the potential for a major impact on your immune system, avoid doing it.

Other things, maybe to be hydrated is a good idea and a number of people will drink a lot of fluids before or after. But it also fits into a concept that I use of the Goldilocks principle in that don't do it too much. Don't drink too much before. Don't drink too much afterwards because it's gonna have the opposite effect.

It will have the effect of retaining the gadolinium. You can say, well how's that possible? Shouldn't I be eliminating it all if I drink more? My theory is that when you drink a lot of water, your kidneys have to compensate for suddenly having to urinate out a lot of fluid. So, what they do to preserve the electrolytes that we need in our body to stay alive like sodium and potassium and magnesium is the kidneys make the assumption that they have to retain all electrolytes. That's why I think that they also retain gadolinium. The bottom line is to drink a little bit more than you normally would, but if you think you're doing yourself a protected thing by drinking two liters, three liters afterwards, you're actually having the opposite effect. Everything has to be basically in moderation.

Ads 23:03

For anyone listening who really wants to detox their body, go to heavymetalsquiz.com. I created a quiz for you. It only takes a couple of seconds and it’s based on some lifestyle questions. You can get your toxicity score and get a free video series that answers all of your frequently asked questions about how to detox your body. Check it out at heavymetalsquiz.com.

Dr. Wendy Myers

Yeah, and it sounds like what you're seeing with people that have multiple chemicals sensitivity are more likely to have gadolinium toxicity or suffer from these symptoms. These people are either very toxic, where they have a lot of accumulation or past exposure and they've reached a tipping point where their body isn't able to detox very effectively. So anything coming is not really going out, or they have a compromised detoxification, genetics, compromised liver function, and things that will facilitate the removal of various toxins. And we find that the population is gonna be more prone to complex chronic illness and just on average is sicker than the average person.

Dr. Richard Semelka

That's a hundred percent correct. Actually, I like to use this analogy because if you think about it, first of all, all of us, a hundred percent of us have lead in us. But all our bodies, our immune systems are dealing with maybe at a minimum of 10 different toxicities, which include foreign chemicals, microplastics, PFAS, and phosphates. We're already dealing with that. So, the analogy I use is that you're like those jugglers who can spin a bunch of plates and they can spin like 10 plates in a row. All of us, all of our immune systems are spinning 10 plates in a row at all times. We're doing all that. Well, how many more plates can we spin until they all come down is the point. This is just reverting what you just said. We're already dealing with a lot of foreign adversaries in our body, foreign chemicals and other things. At some point we reach a tip tipping point, just as you said, and sometimes that gadolinium is the tipping point.

Dr. Wendy Myers

Let's talk about what we can do about this. You have a patient coming in, they're presenting with your symptoms. How do you go about getting the stuff out of the body and lowering the gadolinium load in the body?

Dr. Richard Semelka

I'd like to look at it as a comprehensive approach. And this actually then ties into a lot of the work that you're doing. But basically, when we deal with some disease entity, when we're dealing with it, we really have to think of three properties, three ways of dealing with it. Number one is avoidance. So, the first thing is if you've had gadolinium agent in the past, even if it only lasted for two weeks, but you had symptoms that lasted for a while, as I described, say like skin pain or brain fog, that went away, you probably have a very mild form of GDD. As you get more gadolinium injections, it'll get worse and worse and more progressive. The first thing is, if you think that you've had gadolinium toxicity, no matter what anybody says, including me, don't get another one. Again, even if they say, oh, you had this agent, we'll use this one, never get another agent again.

The next phase is management, and that's a combination of detoxification, which is, I know your area of expertise, but also, other forms of management is detoxification, which is what our body does to kill cancers and infections. So that is a management component, but detoxification would relate to gadolinium. What I think many people don't appreciate is that unlike the other toxins that we deal with, we talk about the microplastics and PFAS and all these other chemicals, we actually can remove heavy metals. It's the one thing that we can actually remove out of the body. My point is this, when people say, well, you know, it doesn't work. And oftentimes people say it doesn't work based on having no knowledge whatsoever on it. I use the expression of this opinion unconfounded by knowledge that people have. My point is, if you have something that's making you sick in your body, if you can get it out, get it out.

The most effective way to do that is to chelate it. A chelator is a molecule that can pick up the heavy metal in your body. It's true for gadolinium and it's true for other heavy metals. Chelate comes from the Greek for claw. Basically, it's like a claw. It grabs the heavy metal and pulls it out of your body. So to think that removing the toxin from your body is not the treatment, again, defies reason. Of course, if it can be removed, you wanna remove it. Now, removing it well is a nuanced approach. It does require some knowledge. The basic level, I think, is doable by most people, but as I tell many patients who contact me, I like you to come to an experienced place for the first few times and then go elsewhere, because once you're on a track to getting it removed, it will continue.

The most effective chelator we currently have available to us is DTPA. I inform everyone dealing with all heavy metals on how to look at what chelator to use. There are two basic properties. The first property is how stable it is with a metal, and that's measured by the log stability constant. You should know that number if you're gonna use some chelator for something. The other critical thing to know, is it actually working in the body? If it's administered in the body, is it actually working? Because things can be so stable in their configuration that they actually can't pick it up in your body. So, check the log stability constant. Well, what is that? To give you an example, with DTPA, the log stability constant or gadolinium is 22. With EDTA, which many people use, the log stability constant is 17. That's a 300,000 times difference. DTPA is more stable than EDTA. And again, the question arises, if you could do something that's 300,000 times better, why wouldn't you do it?

You should also look at other metals. Let's look at lead. The stability constant for lead with EDTA is around 17, and for DTPA it's 17.8. So, DTP is a little bit better, but not that much better. If it's just lead, you know, EDTA is good, DTPA is better, but that's a little bit better, so you should know that. Then the next thing is, how do I know it's removing from my body? That's an easy test to do, and in my mind it's more accurate than it's about anything we do in medicine, knowing if it's working or not. What I instruct patients to do is to get a 24 hour urine for heavy metals prior chelation, preferably within a few days. Then after the chelation, and I mean immediately after the chelation, not days later, whatever, but with an IV chelator, it's easier to do it right away. So, within one hour after the first urination, during the period of chelation, but start collecting or after one hour for 24 hours. The same would be true for an oral chelator.

If you wanna see if it's working, you get a 24-hour urine before you take it and a 24-hour urine immediately after you take it and see what the difference is in heavy metals. In labs that measure multiple metals, which are doctor's data in Genova, you then have a panel of 20 metals. You can actually see what DTPA is removing, and you'll see in everybody it's removing gadolinium and lead extremely well. Others may not remove and sometimes it does remove, but that's a decision that you make based on looking at the profile. Then, for instance, if using the metal of mercury, if you found that DTPA didn't remove that much mercury, you could then look at adding in

another chelator like DMSA, but you should make the same assessment pre and post 24-hour urines. So that's the concept of chelation.

Now the other thing critical about chelation, and it's true of all heavy metals, people think that it's just gadolinium and lead. We don't have to do it. It always requires a number of chelations. I used as a rule of thumb, and the best-case scenario, if you had one gadolinium contrast agent, you require five chelation sessions. And we space them generally three to four weeks apart. I'll explain why we do that as well. And you say, well, why do you need five? Well, when heavy metals go into your body, they get distributed in different organ systems with different durability of how firmly stuck they are in it. With gadolinium, the two largest reservoirs are skin and bone. Skin is fairly easy to get gadolinium out of, which includes the other soft tissue organs like brain and muscle probably is the third largest reservoir. The brain, kidneys, lungs, and so on can remove gadolinium fairly well, but not so much from bone.

Now, DTPA can remove a little bit directly from bone, but relatively little. None of the other chelators can remove it from bone at all. DTPA can, but not enough. So then say, well, how do I get it out of bone? Well, we understood Le Chatelier's principle that everything strives for equilibrium. I'll just use my hands to give an illustration. You use the chelator. We say that gad is like this in bone and gad is like this in skin. We use the chelator, it drops the skin down to here, but it's not really doing much to bone over the course of the three to four weeks that we're waiting. You get Le equilibration, which is the S principle. So gad moves from bone. Some of it actually will move out through the kidneys, but it will move back to the soft tissue.

You drop the gad in bone and raise it in soft tissues. You need to cycle generally at least five, to keep that cycle of removing from soft tissues, then bone and soft tissues recalibrating, removing from soft tissues and having that chelation. So that's why you need three to five chelations at a minimum, generally for each gadolinium injection that you've had. The spacing is important because you wanna allow some time for libation, for gad to move from bone back to skin. Now the other thing, Wendy, that's critical to understand with toxicity also for lead, but it's certainly true from gadolinium with the knowledge that we've used from gadolinium, we've applied it to other heavy metals. If you really are sick from gadolinium, if you really have gadolinium deposition disease, when you remobilize the gadolinium out of your tissues by

chelation, it's pulling it out of the tissues into the circulation to be eliminated primarily by the kidneys. When you do that, now your immune system is again seeing a lot of gadolinium on the move. We will react.

We call that gadolinium removal flare. The first week you have to have some level of gadolinium removal flare. The second week you should have some period where you're suddenly feeling better. People will say, I've been definitely sick for two years, haven't been able to think, just body burning for two hours. I felt perfectly back to myself. And then that's in the second week, and then in the third week, you have re-libation. The symptoms start coming back. A number of people that will panic and say, oh my god. I'm now as sick as I was before. Nothing has happened. No, that has to happen. For a cure to happen, you have to go through those phases. You have to have the removal flare, cured, feeling better, and then the reaction flare. If you don't have those, then you don't have this disease. And then we have to panic because all the alternatives are worse. Things like ALS where there is no treatment for. In many respects, I tell people, listen, these things can be bad. They can feel bad, but it's a good thing because it tells us that you have a disease that we can actually improve you from because we can remove the metal.

I do though, and this is also very critical to understand, I don't want people to have full flares because again, from the physiology, it makes sense when your body first experiences the gadolinium exposure. Maybe there's a million T cells that have reacted to the gadolinium at first exposure. Then over the course of some months, those million replicate. So now you have 10 million. You can imagine. Then if you then remove gadolinium, you're not having 1 million cells reacting to the movement of gadolinium, you're having 10 million. That explains why the flares can be worse. But to control the flare, we always start with steroids. We always start with IV steroids, and I tell people, listen, when we treat you, you and I are working as partners. What we wanna do is remove as much gadolinium as quickly as possible. We also know that we wanna do it so that it's manageable, but the pain isn't too extreme. We have to do that in a measured way.

At the same time, we want to use steroids to manage the T-cell reaction. You're not getting intense flares, but we wanna do it as little as possible. We don't want to put you into a situation where you're then gonna get toxic from steroids either. I tell them,

listen, this is the guidelines that I give you. This is what I think you should do, but if you need less, then take less because we want to not become toxic from steroids. They are very much in charge of their treatment. I tell them as well, listen, our full dose management is full dose calcium DTPA day one and full dosing DTPA day two. But we don't start with that anymore. We start with a lower amount. And I tell them, listen, if that's as much as you tolerate, then we're gonna stay with that. It's all based on what you can tolerate. Some people, I tell them, listen, I think we should only use one half dose zinc, DTPA, because you can't seem to tolerate more. It may mean that we will have to chelate you longer, but it's the trade-off that we have to take.

So, it's very nuanced, Wendy, and on the surface that a person may think, well geez, how difficult is it to chelate. It's just the same way as all of us look at people who are playing water polo at the Olympics. You think swimming around and throwing a ball on the net, how difficult is that? Turns out to do anything extremely well is nuanced and difficult.

Dr. Wendy Myers

Yeah, and it's kind of the same. You're in the same boat if you're detoxing any metal. I think gadolinium is particularly problematic. But if you're detoxing lead, you're gonna get tired. You're gonna get brain fogged. If you're detoxing aluminum, you can be really irritable. There's a lot of different symptoms people have when these metals are getting into circulation and they're being removed from the body. They do cause problems.

Dr. Richard Semelka

Exactly.

Dr. Wendy Myers

Are there any binders that you know of, like C60 or modified Citrus pectin or any other supportive supplements that can help to bind and mitigate symptoms while you're doing a detox?

Dr. Richard Semelka

The supplements that I have found that patients tell me, and that's why I'm always listening to patients to tell me things, the supplements that most consistently work for patients are supplements that are fundamentally anti-inflammatory in nature. The ones that I recommend to everyone that is turmeric, tell everyone you should be on turmeric and also chlorella spirulina. People have had a lot of benefit from it, but at the same time, and as we talked earlier, many people are sick from other things as well. So, you not only maybe have to take supplements for gadolinium specifically, but for other things that maybe you're on supplements for, probably you'll still need to take those for whatever other conditions you have. The ones specific to gadolinium, I like those ones as anti-inflammatories. Initially I was recommending supplements that have mild metal binding, but the problem is that a number of these, because they don't bind tightly, can re-release the gadolinium and it can make symptoms worse. So, I shy them away from weaker chelators.

But the things that are fundamentally anti-inflammatory and critical, and I think this is exactly in areas that you know much more about than me, I tell them, listen, you now have to be on a diet. And in the end, if you only had mild GDD I tell people, listen, this is awful, but you now have to live a life that will probably give you a longer life than before. You have to pay attention to your diet. You have to eat a diet high in antioxidants and also high in anti-inflammatory foods. The subjects that you would discuss with your patients are exactly what you know. I try to tell my patients from reading literature and also from you what they should be doing. Foods like blueberries and pineapple, things that are anti-inflammatory, antioxidants, you just have to incorporate this in your diet and of course, you as much as you humanly can, as all of us should be doing, you have to avoid ultra processed foods. You have to eat healthy and also do mild exercise also for your entire life.

The other mistake that people make when they start getting chelated is they suddenly feel better. And if they've been marathon runners or weightlifters, they want to go back to weightlifting right away, and then they get a severe flare up and say, oh my God, what do I do? Dr. Semelka, what do I do now? I am sick as I was before. I tell them, calm down. You just have to go back to a low dose chelation. And depending on the individual, I tell them, oftentimes two weeks is a good timeframe. Take half a dose of calcium DTPA every two weeks and you'll get out of this flare. But the important thing is to not overdo it. Everything in moderation. Another thing I tell them

is that a sauna is for many things a good thing and also for this, but a number of people since gadolinium can act as a saboteur for the sweating mechanism because gadolinium can insert sodium sweat, so then it shuts down the sweating. If you're no longer sweating, if you go to the sauna, you'll have a flare that's outta control.

I tell them as well, whenever you try anything, including turmeric, do it in small measures and see how you do. As far as medications, for some people I'll use later on if things are not going as fast as I like, but low dose naltrexone in low dose, it seems to have an effective anti-inflammatory effect. I tell people, listen, we need steroids and maybe in the end. I still think that. Even if you don't wanna be on steroids, maybe just the days of chelation, just the tiniest amount of terror just to remind the immune cells, yes you're seeing gadolinium, but ignore it. But at the same time, take as little steroids as you can to keep your flares in the range of three out of 10, where 10 is unbelievably painful and three is annoying, but I can manage it. Do not take too many steroids.

I've had a couple people who've exceeded my recommendations by four times and then suddenly now they are crushing. Everything is in moderation, exercise in moderation, and eat a healthy diet. This is where the combination of what I'm doing and what you're doing is critical, knowing how to remove the metal with chelation, but also how to manage the detoxification process. That combination is essential.

Ads 44:00

This episode is brought to you today by Purity Woods Skin Care. If you care about your health and longevity, which let’s face it, if you are listening to this show right now you probably do, then I assume you know to watch what you eat, get plenty of exercise and prioritize sleep. But where I noticed many of my health-conscious peers can drop the ball so to speak is when it comes to their personal care products. Truly folks, we all need to be reading the ingredients list on any product that we are putting on our skin and absorbs directly into our bloodstream. But, how often do you buy skin care products because they’re labelled as clean or organic or they have organic in the name of the product or they say paraben-free only to find out that

there's a ton of toxic ingredients in them that are damaging to your skin, body, and hormones?

Why is it so hard to find skin care products that are truly 100% USDA organic certified? That's why I use and recommend Purity Woods Skin Care. Purity Woods' mission is to provide people with the cleanest and most effective healthy aging and longevity products available. All of their products are USDA certified organic non-GMO, free of anything artificial, free of toxic preservatives and additives like pesticides, chemical fertilizers, dyes, parabens, and of course, it's cruelty-free and never tested on animals. Purity Woods' best-selling products the age-defying Dream Cream has been flying off the shelves for a reason. This formulation includes red maple leaf extracts along with collagen-boosting ingredients like organic mango seed butter, organic gooseberry, which if you don't know is the most antioxidant-rich food on earth. As you know, I am a big research geek and in recent years, there has been some generally fascinating science coming out of the University of Rhode Island about red maple leaf extract for the skin.

So, this little-known skin care ingredient has been shown to block the breakdown of elastin, the key protein in your skin that allows it to stretch and remain firm. Some researchers are even calling this ingredient a potential plant-based Botox so to speak. So, if you are ready to detox your skin routine of all those hormone-disrupting synthetic chemicals that plague 99% of the skin care industry but you don't want to compromise on the results, I highly recommend that you try Purity Woods age-defying Dream Cream. If you do not agree that that is the best skin care you've ever used, your purchase is protected by their really generous 60-day happiness guarantee. But honestly, I've never seen a skin care product of this quality at this reasonable price point. Thankfully, the good people at Purity Woods have a special discount code specifically for my listeners. You can try yourself, for 27% off today, just go to puritywoods.com/wendy or enter Wendy at check out.

Dr. Wendy Myers

Yeah, it's really interesting what you said about the sauna because it makes sense that it's just not gonna work for some people. Are there any antagonist minerals that people can take for gadolinium? We know things like calcium will push out lead from

the bones, and zinc will push out mercury. They'll push out and displace these metals. Is there any kind of supplement or antagonist for a gadolinium that you're aware of?

Dr. Richard Semelka

When you brought up the breadth of what you were talking about, it actually may explain some of the other elements that I hadn't considered about why these chelators work. Calcium DTPA, basically, is a calcium exchange chelator, which means it gives up calcium and takes up heavy metal. Well, guess what? It's leaving calcium behind and maybe that's part of its beneficial effect. Now, zinc is a little bit more complicated, but zinc DTPA also leaves zinc behind, and that's actually one of the reasons why we do calcium day one and zinc day two. Calcium removes more gadolinium, but also more of the native metals. And the reason is that calcium doesn't bind as tightly with DTPA. It releases it fairly readily. DTPA can pick up not only gadolinium and lead, but can also pick up like zinc and manganese magnesium in your body. I use zinc DTPA the next day to restore at least the zinc component. It's interesting to think that maybe the zinc DTPA may have a particularly beneficial effect on mercury because it is actually adding zinc into your body.

Now, one of the dangers of zinc DTPA and why it's critical to space is that the body can achieve homeostasis for most things, but it takes about a week to recover. When you have too much of something, it takes at least a week to sort of recover from it. But using zinc DTPA, if you do blood work and you do blood work the next day looking at zinc, you'll see that the zinc level will be twice the normal. And the problem with getting that blood work is that physicians, like an emergency department would think, oh my God, now we have to do something to remove the zinc. Invariably, anything that they do would make everything worse. But over the course of a week, we found that by the time a week comes along, their body has restored the zinc balance.

If you think about it, that's what we do all the time. We do that with sodium, with drinking fluids and so on. Our body on its own manages how much sodium, how much potassium to take and so on. It either takes in or keeps in balance. Our body does that. We just have to allow it to do it. What makes me worried is that some people have used zinc every day consecutively for many days. My view on that is to

take zinc one day in one week and double it after one week. You wait and one week after, your body has restored homeostasis back to normal. But how much can your body do on its own when you and I are pushing it? When you're testing how much it can tolerate, you do twice as much zinc one day twice as much. Well, what about if you're doing zinc for more than two days? Two and a half times more 3, 4, 5. Every day will be additive. I don't know what would happen to the body if you had zinc five times the normal level. Clearly probably not a good thing.

That's the other critical thing of spacing. If you space things by a week, your body can achieve homeostasis for most things that it's familiar with within a week. That's another critical point. We do calcium day one, zinc day two in people. When we're at full dose, we want to get it out as much as possible, and I like the three to four week spacing because I want the body not only to drop the zinc from day two, but I also want the body based on subjects that you instruct a lot on, is to restore through diet, magnesium, and manganese and so on to bring it back to normal because with the calcium DTPA, we'll have removed those metals. Now, the one sort of small benefit, or it's a medium benefit of zinc, zinc binds DTPA so tightly that it can't be replaced by other native metals. Zinc won't remove magnesium or manganese and so on. Calcium will, but zinc won't because zinc DTPA is a tighter bond. One of the things we do like about zinc, is that it's not gonna remove native metals.

Dr. Wendy Myers

All the things that you're saying on this show really drive home the point that if you suspect that you have gadolinium toxicity, you really need to work with someone that knows what they're doing. I could see a lot of people listening to this show, maybe trying to find a functional doctor that does IV chelation. I think you really need to work with someone that really knows what they're doing because the symptoms and the flareups can be really scary and debilitating.

Dr. Richard Semelka

That's correct.

Dr. Wendy Myers

It can be done very wrong. I know a lot of people can have problems with chelation and they just need to be monitored and have their expectations managed as well.

Dr. Richard Semelka

Right, and a couple of points I think are very important about managing the expectations. If people know what's coming, then they're fine with it. I tell people, listen, you will have a removal flare. You'll have an abrasion flare the first time through. It may be intolerable, but we know how to manage it. We tweak the timing between chelations, the amount of chelator you're getting, the amount of steroids you're getting, other things that add in like low dose naltrexone, we can manage that, but you will get that. If you don't get that, we have a problem because that means you have something else and everything else is basically much worse. We can manage it, don't panic. That's very critical but also to know what to do basically as you're saying. And that's why I tell people, listen, come to an experience center for at least two chelations and that experience center should be able to share with another practice you go to. I tell them, listen, as long as they do the same thing that I'm doing, then you should be fine. And if there's problems, they can always contact me to figure out what they could be doing wrong. I think another point, Wendy, that needs to be also emphasized.

Interestingly, the chelation process seems to have some benefit for everything else. Now, I don't know how much of it is a number of metals and this, I'm sure with your study and your research realize that a number of diseases actually may arise from having a heavy metal toxicity. I don't try to make too much of it at this point because it's not in the peer-reviewed literature study, but if one reads about ALS or reads about lupus, they talk about the predisposing factors that may be involved in their development. Heavy metals appear in it. I have also quite recently written, this is not to say everybody should be on chelation. I think that's one of the reasons that formal medicine thinks that chelation is all quackery because giving it for ALS or giving it for autism, whatever, where's the data? You're just charging people stuff or it doesn't work. I don't recommend it as yet for those entities, but there's no doubt in my mind that you probably could have a subpopulation in them that it does actually work. You need to be able to figure out who that subpopulation is.

Now, it may be the subpopulation is simply a matter of, and I'm not advocating this, but if you have ALS, get their 24-hour urine beforehand. It may not be gad, maybe lead.It may be another metal and it may be a metal that right now we don't remove that. Well, like chromium, you see what the metals are free, then you chelate them with DPTA and if they get metals out and the symptoms get worse, then the heavy metal toxicity that we can treat with this approach, which we're for sure is gadolinium and lead, maybe this will be a benefit to you. It's at a point that there's no peer-reviewed literature on this, so I don't recommend it. I recommend gadolinium toxicity be treated with DPTA. You have the money and you wanna see if you have lead toxicity or you have lead toxicity. What we're doing with DTPA is a little bit better than EDTA, but not enormously better. But beyond that, I can't recommend to the public to do it because, for example, everyone has lead in them. It doesn't mean everybody needs to be chelated.

It's probably not dissimilar. It may not though be much dissimilar from gadolinium. That may be one in 10,000 actually have lead toxicity, which I would term them lead deposition disease. But most of the rest of us do not. I find as a physician what I have to do is be very cautious. I can't sound like I'm a quack, so that's why even talking about things that may be beneficial to get to gadolinium toxicity. And many of these are things that various naturopathic physicians and others use may be beneficial, but if it's not in peer-reviewed literature, I cannot advocate it because too much attention is paid on what I'm doing and I can't afford to look like I'm doing something that’s not based on science.

For instance, hyperbaric oxygen treatment is probably affected in some people helpful as an ancillary thing. I think ozone therapy, a number of you think that may be helpful. I can't advocate it until I see it in the peer-reviewed literature that it has shown benefit in this patient population. I can't actually, for the benefit of patients as well, look like a knot because it reflects them also on them that they're conditioned. Many physicians, as you probably have even heard, I mean there are people with gadolinium toxicity. Many of these women have been admitted to mental health facilities as inpatients because of this. They went to the doctor and they said, I think at the emergency department, I think I have really become sick after gadolinium. They say, well, your kidney function's normal. You can't be sick from gadolinium. I'm going to have you in psychiatry. And I do have some patients who spent months in

psychiatric facilities and it was all gadolinium toxicity all the time. And to me that's a credible shame.

Dr. Wendy Myers

Yeah, it's horrible. And that's what I was referring to before about potentially your doctor gaslighting you or maybe they just, they don't know any better and people are doing the best that they can but because there isn't a lot known about gadolinium deposition disease, people will be misdiagnosed. Patients advocating for themselves have to be very careful. And in that same line of thought, are there other diseases or conditions that people get misdiagnosed with? Because I can imagine like more gallons is one where you feel like your skin is crawling, people getting misdiagnosed with that and then get their diagnosis and then aren't looking further for underlying root causes. Are there any other diagnoses that you've heard of that might ring a bell for some people that have that diagnosis, but it may in fact be gadolinium?

Dr. Richard Semelka

That's an excellent point. I'm glad that you brought that up. I have this feeling that a lot of the modern chronic inflammatory diseases have a root cause of heavy metal. Now, it's not necessarily gadolinium, but more and more in the modern age, particularly if you've had a gadolinium injection, they may be gadolinium related. The first thing that springs to mind is fibromyalgia. I think many of those cases, maybe all of them, are due to a heavy metal toxicity in the last 20 years, maybe more and more progressively, more and more are actually gadolinium-induced. In fact, one of my colleagues feels that we should even call gadolinium deposition disease because of the similarity with gadolinium-induced fibromyalgia.

I worry about mast cell activation syndrome. How many of these, the root cause is a heavy metal toxicity. They're chronic inflammatory diseases as a category. How many of these are from this cytokine release syndrome? And you know, I have to think of an entity like stiff person syndrome and my views, people who may have these entities, in the common way of thinking, maybe also provided by physicians, they don't undergo chelation. It's dangerous. From my point of view, chelation is as safe as anything that we do. The only people who have bad symptoms after chelation actually turned out maybe ironic, but not the people who actually need it. If

you don't feel anything from chelation, you don't have something that is caused by gadolinium or lead. For instance, in my case, I've used myself as a model of gadolinium storage condition, which is people who've had a gadolinium injection but are not sick from it. I could say, well, who has gadolinium storage condition?

Everybody who's had a gadolinium injection and is not sick from it has gadolinium storage condition. We all retain gadolinium, and this is maybe a subpoint that clinics who are looking at this presentation, MRI facilities, cannot tell patients that within 24 or 48 hours, all the gadolinium is out of your body. We actually just recently have published a paper that replicates what the Lighthouse Project did, looking at the fact that everybody has gadolinium in their body and it's spontaneously eliminated by the kidneys for up to four months. So, if you looked at anybody who had a gadolinium injection, they have gadolinium coming out of their body and you can say, well, if it comes out spontaneously after four months, does that mean there's no gadolinium left? No, it just means that all the most accessible gallium has been removed. The gadolinium bound into the tissues is still there. How long is it there? For the rest of your life? Not to panic everybody. You also have lead in there for the rest of your life as well. Most people can manage that.

I, again, don't advocate that everyone who's had a gadolinium injection get chelation. I wanna just circle back to your question. Yes, I think if I had one of those conditions, if I had a stiff person condition, and most celebrities and other physicians really aren't that knowledgeable about modern medicine, I would get myself chelated to see if again, it pulls out a metal. If I initially feel worse, week two feels a little bit better, then week three starts feeling worse again, that tells me I have it, and I should keep doing chelation. And then the other question I think is important to tell your audience, well, okay, well when do you stop? I told you roughly every gadolinium injection needs five chelations. So, if you've had 10, that would be 50 cations. Actually, the way to know when to stop is maybe you had just one injection after the third chelation, you're feeling pretty good. I'll say, well, okay, we could look at stopping.

How to tell if you've had enough chelation and you don't need more is that after one month, everyone including you will have some libation. If it is manageable and over the course of three months, if recalibration stays low, that you don't really feel it as well, chances are over the course of a year and a half, two years, you'll be perfectly

fine. So, it's only the people who stop after however many chelations and everyone at one month will have some return of symptoms. But if it keeps escalating and getting worse, then you know it's too early. You still have too much gadolinium in your body that your immune system is still reacting to it. So, you have to go back to chelation. That also is a relatively easy question to answer, but again, except a little bit of recalibration because that means you're much better than you were to begin with, just a little bit.

Quite often, it will resolve on its own. Let your body heal the rest of the way. The other group that I worry about, which is a small group that keeps on chelating saying, I wanna get a hundred percent of the gadolinium out. So I'm gonna keep chelating and get a hundred, 200, 300 chelations. And the point is that it then becomes like an autoimmune disease, like the theory of the development of diabetes, that there's a virus and the virus finds your islet cell. The immune system is reacting to the virus islet cell. Eventually the virus dies off. There's only the islet cell left and your body keeps reacting just to the inset cell. Every time you chelate, you are reminding your body about gadolinium. You're reminding the body each time and at some point you don't even need to have gadolinium present.

It's like you started the engine, you've pumped the engine, the engine keeps going until you no longer need the gadolinium there for the engine to keep running. That's why you wanna stop and pause on the early side of the number of chelations, because if the chelation flare gets horrible at month two, then go back. But don't think to yourself, listen, I wanna be perfectly free of symptoms. You're never gonna be perfectly free of symptoms. I tell people, listen, you can use the potential for these symptoms in a good way, because I've used the expression near cure. Think of it like varicella virus. The virus with chickenpox and zoster or a herpes virus, which many people have. At moments of stress, you'll get an outbreak of a cold sore. What that is telling you is, hey, whatever I'm stressing about, maybe I should just calm down. So, you will get periods of flare that will come on. Even if you're perfectly fine, that will come on. You'll get muscle twitching or something like that, or pins and needles. Use that as an instruction to you to calm down. That actually is very good for your health.

I'm sure you also use this with your patients. Stress is one of the worst things that we could do for our health. No matter what you have, try to calm down with it because

the cytokines that are released by stress are very similar to the cytokines that are released by gadolinium toxicity. That is true of all of us.

Dr. Wendy Myers

Why don't you tell some patient stories? Are there any stories of people who were totally debilitated and have largely resolved their symptoms that are living a healthy life?

Dr. Richard Semelka

Now, this will add to it, but when asked to remember that we're treating gadolinium toxicity, and I mentioned this earlier, that's what we're treating. It may have a lot of benefits for other diseases, but it's not gonna necessarily treat what you even had the first MRI with gadolinium for. You'll still have that. If you had severe back injury and pain from an automobile accident, you'll be there. Now if you had renal failure for something else other than gadolinium toxicity, we're not changing that. It will have some benefit for a number of things, but it's not gonna cure cancer. Whatever you had before is still gonna be there. I'll give you some examples, and some of them are actually from physicians. Actually, I wrote a paper fairly early on, on physicians with gadolinium toxicity because the doubting Thomases in the formal medical field said, well, these are all patients. They don't know anything about medicine. How could you know they have these symptoms? They don't know anything about medicine, we can just ignore them.

So, I wrote a paper just on physicians with this disease. You're telling me now that you know patients are not physicians so that they don't know what's going on. Well, hey, these are just a group of physicians and they have this disease. One example of a physician who was completely bedridden from gadolinium toxicity. She said her brother had to pick her up from her bed to take her to the bathroom. She was that disabled, exceedingly brilliant physician. She couldn't remember anything about basically anything. She had constant pain, was bedridden, and kidneys failed, which I think actually was from iodine contrast and CT, because she had a severe motor vehicle accident with implants and rods along her entire spine. With fewer chelations, I recommended the number of chelations when I said five times the number of injections that you have. I think she had something like eight or 10, so that would be

50. At around 20 Chelations she's back mobile now. She has her thing with the MVA, fractured wrist from falling, probably from instability with gadolinium. She has those, but incredibly brilliant again and highly mobile, considering the baseline and functioning perfectly fine. After about 20 chelations, she does want to continue, which is fine. That's one example.

I have another individual who now is in the middle of getting herself a naturopathic degree because she's so keen on the subject of gadolinium and also physicians ignoring the health of their patients. She had four gadolinium injections and some of these at one of the major hospital centers in the US. And remarkably, a number of my patients have gone to the center. I keep on thinking they must be out of their minds. They've seen a bunch of these patients. How can they not think they have gadolinium toxicity? They have these symptoms and some of them had the symptoms from the gadolinium they had at your institution. To me, it is mind-boggling. But at any rate, she had four gadolinium injections ignored by the major center, went to many different centers and then came to me and I'm not sure what number we ended up with her at. Maybe, you had four, I think we ended up with 15.

She stopped taking steroids after maybe the sixth or seventh, which I don't recommend, but fine if she or others wanna do it because she liked the flare. It told her that something was happening. She liked to get a three out of 10 flare, but I told her that something's happening, so that's fine. At any rate, she was in a horrible condition. She couldn't do her job. For most of these patients, it's not necessarily the pain, but the brain fog. It just renders them unable to do their job. So, she really couldn't do her job, couldn't be a good parent, and so on and so forth. But after 12 or so chelations, she's perfectly fine with that and is doing brilliantly in the middle of an MD degree. Those are two examples now, and they had multiple injections. As I said, with one injection, a number of people will get better on their own. The ones who've had one injection that are a lot better, yes, it probably makes sense to get chelation because even if you get better on your own, you still have not gotten rid of the gadolinium that's still lurking in your body.

But I don't press that subject. I only really press the subject if you're sick from it. I have a number of people who've had one gadolinium injection and a number of them physicians, a number of them very high-power business people. The brain fog would

be their problem or other things. Many of them will have, of course, fasciculations, which I tell people, they say that, well, their major problem is fasciculation. I tell them, well, that's something you could live with. The brain fog and intense burning pain, you can't. If part of the symptoms they're having now after treatment, this part of the circulation, I tell them, well, you can still hold off because unless it becomes worse such that you can't function or it's really a big problem for you, then come back and get chelation.

I want to air on the side of less is more because I don't wanna get them into this cycle of trying to get all the gadolinium out and then inducing gadolinium deposition disease because their immune system is just all charged up and reacting. I have a number of people like that, but those were a couple of the noteworthy people.

And the other thing that's very gratifying, you have to admit again because we don't get this as a radiologist, I think many patients may not even know that radiologist is looking at their studies and they think it's actually their own family practitioner who made the diagnosis. It is remarkably gratifying to have individuals say, you saved my life. I hate to sound ad mode, but they're white. I saved their lives. I never heard that, ever as a radiologist for 30 years. But now I hear that all the time. I'm hoping that radiology departments and MRI facilities are listening to this podcast of yours because I think it is very informative. It'll prevent a lot of the sickness that they're causing in individuals. And if the excuse is, and I have this feeling that with vaccines, it's the excuse. Like children with catastrophic neurodegenerative disease from measles, maybe it's one in a million, say, well, it's one in a million. That's not that much.

You can say with gadolinium and toxicity, well, it's for all commerce, one in 10,000 maybe in people with a lot of complicating factors, it's one in a hundred or more likely. But if it's one in 10,000, it doesn't matter. Tell you what, if you were that person, what would you think? It’s one in 10,000 when you can avoid it. It's easy enough and that's why one of the things that I'm gonna focus on now is that all MRI Facilities have to instruct patients. Have you had a prior gadolinium enhanced injection? Did you have sustained symptoms that you feel were related to that injection? They check out those boxes. The kneejerk reaction, if they have not the ability to ask a physician about or who knows about this entity, their kneejerk reaction is, you shouldn't get a

gadolinium injection here. We will not give you a gadolinium injection in the study. We will try to replace that by scanning you on a newer MRI system that has more sequences that don't require contrast.

For instance, new MRI systems don't necessarily need gadolinium to do MRI Angiography. They can use souped up flight techniques that give images that are generally high enough quality. I think historically, and this applies to me as much as to anybody else, so I'm not saying blaming people that are not myself. I'm also reflecting back on what I've done. This is not a person who doesn't know, okay? I've written articles on the value of gadolinium usage more than anyone else in the world. Nobody's written more on it than me, so I feel a particular obligation to speak up when there are problems. This is a problem. You cannot ignore people because it's one in 10,000 or because it's manageable. They've had a reaction to gadolinium and you can't say, oh, well they had a reaction to a weaker gadolinium, , let us try it with a stronger one that's more tightly bound, like Dorin. No, they're sensitive to gadolinium. Your immune system is a small molecule. These agents, it's not like you're fooling them with a different agent. Your immune system is still recognizing the gadolinium there.

Ads 1:16:12

This episode is brought to you by Puori Supplements. Millions of people take protein powder every day. If you're going to take something every single day, it becomes especially important to make sure that it doesn't have toxins in it that will harm you. That's why I chose and recommend Puori's PW1 Whey Protein. After all the research that I've done over the years on the toxicity levels in many protein powders, especially plant-based protein powders, I'm very cautious when choosing a brand that I trust and I personally only take whey protein powder. I don't do anything plant-based because of the toxin levels.

There's a really interesting study, a new one done by the Clean Label Project that was just published and it's a study of 160 top-selling protein powders representing more than 80 percent of the market in the U.S. And shockingly, or maybe not surprisingly, it showed that nearly half of the top-selling protein powders in the U. S. exceed California's Prop 65 safety limits for lead, with a staggering 21 percent containing

double the acceptable amount of this harmful heavy metal. This discovery isn't just cause for concern, it's alarming when you're trying to buy something healthy and you're taking it every single day. And as you know, the potential health impacts of lead exposure are nothing to take lightly, ranging from cognitive problems to reproductive issues and lower IQ in children. So, it's really a wake-up call that demands attention that we address on this show.

Puori is so committed to creating the highest quality products. It third-party tests every batch of every product for more than 200 contaminants, ranging from heavy metals, BPA, forever chemicals like PFAS, oxidation, dioxins, pesticides, bisphenols, and many more. The results are published online on their website, puori.com, for full transparency. You can scan the QR code on the product to see the results. Puori's mission has always been rooted in transparency, safety, and virtuosity in the product category for any product that they produce. So, you can thoroughly trust that any of their supplements are clean and have the highest quality. I would never recommend a product that I don't use personally. That's why I recommend Pouri pasture-raised whey protein powder. It tastes great. It's super creamy and super delicious. I also have peace of mind that the products are tested and clean, especially when it comes to the chocolate flavor, which can be the most contaminated with lead, cadmium, and other heavy metals.

In P1W, they find real vanilla seeds from the bourbon vanilla from Madagascar, which is known for its high quality and amazing taste as well. Each serving of Puori's PW1 contains 21 grams of minimally processed, clean, high-quality whey protein powder from pasture-raised cows. So that means it contains no hormones, no GMOs, and no pesticides. I have never seen a supplement line that's dedicated to the highest level of quality. For my listeners, Puori is offering a special coupon code so you can try it for yourself for 20 percent off today. Just go to puori.com/wendy and enter Wendy at checkout. So that's puori.com/wendy and enter Wendy at checkout.

Dr. Wendy Myers

Our immune systems can react to anything. They can react to blueberries. They can react to bananas. So it's not far-fetched to think they can react to gadolinium, this foreign agent injected into us. I've heard from a lot of physicians, when I had breast

implants, my plastic surgeon said, oh, you can't have an allergic reaction to your implants. And I thought, you don't know what you're talking about. If you can react to a blueberry, you can react to anything. Another point I want to bring home is just because you had one gadolinium injection, like you mentioned, and maybe someone doesn't have symptoms, people need to be aware of that. We reach a point in our lives, like many people say, oh, I was healthy my whole life. And they have something like a contrast scan with a gadolinium contrast, or they'll have some sort of stressful event, or they'll be sick, or they'll have some sort of toxic exposure and they have an event that's a tipping point where the toxicity has been building up from various sources such as air, food, and water.

Then at some point it's the straw that broke the camel's back, and then they have all kinds of different symptoms and they're scrambling to figure out what's going on with them. So, I beg people that even if they don't have symptoms or they don't have a disease, they might have subclinical symptoms like fatigue or brain fog that are the body's cry for help, where they very well need to look into. Heavy metal toxicity is an underlying root cause, and look into how to detox the body because this is very prevalent. I've had over 500 experts on this show talking about toxins and how heavy metals are the underlying root cause for a wide range of health issues and diseases. So, it's definitely something you wanna look into.

Dr. Richard Semelka

Actually, you've prompted me with saying one of my favorite current Latin quotes, which is abyss invocat. One hell calls forth another. That's exactly what you're saying, that you may start out with some immune condition. You get gadolinium suddenly, now you have gadoliniu,m and that other immune condition, so the hell of the immune condition now has brought about the hell of gadolinium deposition disease. And it can go the other way as well. People will find, once you have gadolinium deposition disease, suddenly you're sensitive to a whole bunch of other things. That's why I also tell people, listen, pay attention to your body. If your body is telling you you can't wear nickel jewelry because you're reacting to it, don't wear it. If your body's telling you when you're eating some kind of food and it's not agreeing with you, you're feeling sick, don't ignore it. You have to now pay attention to what your body is saying, because one hell has called for another hell and that will keep going.

Dr. Wendy Myers

Well, Richard, thank you so much for coming on the show. That was really just really enlightening and important for so many people to hear and doctors to hear because I really wanna shine a light for people on mystery illnesses and the true underlying root causes of their health issues. You are doing the same thing and I just really admire your work. So, where can people work with you and how can they go about contacting you?

Dr. Richard Semelka

I think the best way to contact me is Richard Semelka, MD Consulting. Now individuals can also go to gadttrac.org. That is a nonprofit that I am part of. Many of the senior people in it actually have disease as well, but others are treating physicians, and the basis for the nonprofit, what we focus on actually is treating patients. One thing I didn't get into, and maybe I will just finish with this point, is that chelation, the way we do it, is expensive and most people can't afford it. So, the primary goal of the nonprofit is to provide funding for people to get chelation if they can't afford it. I think the next point is that oral chelation has to be the next important step to make it more accessible for more people. But it again, focusing on something with a very high stability.

Now an agent that does have a lot of potential for that is HOPO. I can't advocate people taking HOPO because it's not FDA-approved. However, if I had gadolinium toxicity and I was financially destitute, and many people are, I'm sure that you've heard stories about people also being abandoned by their family because the doctors told them they can't be sick from gadolinium and they must be crazy. I mean, some of these stories are horrific. People are living in cars. They had jobs but now, they don't have jobs, have no money, and are in constant pain. It doesn't get worse than that. And that's why, to me, it's inexcusable for physicians dismissing the possibility of this. I think you have not spoken to these patients. When they wanna do studies looking at the FDA data, I tell them, listen, you can go to websites of patients if you wanna study patients. Don't just study the numbers of the FDA. Go directly to the gadolinium suffering patients. I'm sure most of them, all of them would be prepared to be part of studies that involve their treatment. So, HOPO is an agent that if you

have absolutely no money, I would do it myself. I think there are advantages, and whenever you're looking at any chelator for anything, keep in mind it's important to know if it's noble and it fundamentally is noble

The other thing I would like for people to get from this, and I'm thinking scientists, is to work more on more chelators for more different metals, looking at things that have a high stability constant for metals like chromium and that are shown to take up that metal inside the human body and remove it. This includes other metals that we're chelating anyways for already with existing technologies, but to get better chelators. So, they need to look at these other metals. Is there something specific for aluminum that may also be very integral for many other things, like many important forms of dementia? Now look at developing chelators that are very specific and safe for these metals. To me, that should be a major focus of what science should be doing now.

Dr. Wendy Myers

Luckily, over the last 10 to 15 years, there's been a lot more education, a lot more stuff on social media about the importance of detoxification, where all these toxins are doing to us. And certainly RFK Junior, God, I'm just so happy that he is gonna be the head of Health and Human Services, shining a huge spotlight on all the toxins that are in our air, food, and water and doing something about it. So, I'm just really thrilled about that, educating people even more about these true underlying root causes of their health issues. Dr. Semelka, thank you so much for coming on the show. Everyone, I'm Dr. Wendy Myers. Thank you so much for tuning in every week. I hope this was very eye-opening for you, and maybe give you a clue or a glimpse into what might be ailing you. Thank you so much for tuning in every week.

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