Medicardium (Magnesium Di-Potassium EDTA) Suppositories for EDTA Chelation Therapy at Home

“The intelligent alternative to IV chelation”

EDTA chelation is a therapy by which repeated administrations of a weak synthetic amino acid EDTA (ethylenediamine tetra-acetic acid) gradually reduces atherosclerotic plaque and other mineral deposits (toxic calcium, lead, mercury, aluminum, cadmium, nickel, arsenic and uranium) that have built up in the soft tissues of the body, especially the cardiovascular system, by literally dissolving them away.

EDTA chelation has frequently been compared to a “Roto-Rooter®,” in the cardiovascular system, because it removes plaque and returns the arterial system to a smooth, healthy, pre-atherosclerotic state. A better metaphor might be “Liquid-Plumr®,” because, where Roto-Rooter violently scrapes deposits off the interior surfaces of your plumbing with a rapidly rotating blade, Liquid-Plumr simply dissolves them away.

For the last 50 years, hundreds of thousands of people have used chelation to help improve their health. Up until now, it was only administered by IV in a doctor’s office. It was an uncomfortable and time-consuming procedure, assuming that you were even lucky enough to have a chelating physician in your area.

EDTA Chelation by Suppository?

Yes. Now you can have all the benefits of chelation in the privacy of your own home. EDTA, the active ingredient used in chelation therapy, is now available in suppository form through your health care provider (to order Medicardium Suppositories please see page 16).

Unlike oral chelation, which you may have heard about, suppository EDTA is not destroyed by stomach acids, and so is a viable alternative to IV chelation.
Chelation may well be the most important thing you ever do for your health, and now, it’s available to you.

The following is a letter from Dr. Halstead, considered by many to be the father of modern chelation

31 May 2000

I have been involved in the development of the EDTA suppositories since the idea was first conceived seven years ago. The suppository delivery system was developed because it meets a special need. The primary purpose was to produce a drug delivery system that was painless and effective for children and for adults that found it difficult to take chelation therapy because of time constraints.

Research studies showed that the uptake of EDTA was effective by the colonic route. The low molecular weight of EDTA of 292.1 facilitates efficient absorption through the colon wall. Moreover, there is an additional safety factor because it is in a special time release formulation. There is clinical evidence available that the suppository is not only safe, but it is effective. It is my professional opinion that approximately 90% or more of the EDTA is absorbed through the colon. For additional information on this subject it will be helpful to review my book, *The Scientific Basis of EDTA Chelation Therapy*, Halstead/Rozema 1977.

Keep up the good work. Best Regards, Bruce W. Halstead, M.D.

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Ninety Percent Reduction in Cancer Mortality after Chelation Therapy With EDTA

Walter Blumer, M.D. and Elmer Cranton, M.D.

ABSTRACT: Mortality from cancer was reduced 90% during an 18-year follow-up of 59 patients treated with Calcium-EDTA. Only one of 59 treated patients (1.7%) died of cancer while 30 of 172 non-treated control subjects (17.6%) died of cancer (P=0.002). Death from atherosclerosis was also reduced. Treated patients had no evidence of cancer at the time of entry into this study. Observations relate only to long-term prevention of death from malignant disease, if chelation therapy is begun before clinical evidence of cancer occurs. Control and treated patients lived in the same neighborhood, adjacent to a heavily traveled highway in a small Swiss city. Both groups were exposed to the same amount of lead from automobile exhaust, industrial pollution and other carcinogens. Exposure to carcinogens was no greater for the studied population than exists in most other metropolitan areas throughout the world. Statistical analysis showed EDTA chelation therapy to be the only significant difference between controls and treated patients to explain the marked reduction in cancer mortality.

EDTA is well recognized as a therapy for lead toxicity. EDTA also removes other toxic heavy metals and nutritional elements such as iron, which promote cancer by catalyzing free
radical pathology.

Lead from automobile exhausts, petrochemicals form wear of automobile tires, cadmium, and other carcinogens are present in higher concentrations adjacent to heavily traveled automobile highways. These substances cause cancer and potentate other carcinogens.

It was reported in an earlier paper that cancer mortality among 231 adults living along a heavily traveled highway was higher than among persons living in a traffic-free section of the same city. Nervous disorders, headaches, fatigue, gastrointestinal disorders, depression, and substance abuse were also observed with higher frequency. It was postulated that lead exposure from automobile exhausts might be one cause of this difference.

Beginning in 1961, a group of 59 patients with such symptoms was treated with parenteral doses of Calcium EDTA. Symptoms improved and urinary delta-amino levulinic acid diminished.

Subsequent to the EDTA chelation therapy, a decrease in cancer mortality was observed. When compared with a control group of untreated patients who did not receive EDTA, many fewer cancer deaths were recorded. The control group was similar to the treated group in all ways except to the EDTA chelation therapy.

The purpose of this present study is to determine more precisely and to statistically analyze the long-term change in cancer mortality after treatment with EDTA.

**Statistical Data**

A group of 231 adults was studied beginning in late 1958. All resided along the main highway in a small Swiss city with a total population of approximately 3,000. Of these 231 people (105 men and 126 women), 31 persons, (17 men and 14 women) died of malignant tumors during the 18-year observation period (1959-1976). Causes of death included 4 cases of bronchogenic carcinoma, 5 of colon carcinoma, 5 of gastric carcinoma, 2 of breast cancer, 3 of ovarian carcinoma, 1 of pancreatic carcinoma, 2 of pleural endothelioma, and 9 cases of other types of cancer. In all but one case, histopathological diagnosis was confirmed by a hospital pathologist. Twenty-eight of the deceased individuals had lived for 10 or more years directly adjacent to the highway and most were normally present in their homes for 24 hours of every day.

Fifty-nine adult study patients received ten or more injections of 1.9 gm calcium EDTA plus vitamins C and B₁ from 1959 through 1976 and one (1.7%) patient treated with EDTA died from cancer. In comparison, of 172 untreated control subjects who had not received calcium EDTA, 30 (17.4%) died from cancer. This represents a ten-fold greater incidence of cancer mortality in untreated persons (P=0.002). The two groups were similar in all other respects.

The treated group consisted of 35 women and 24 men. It was initially thought that this higher percentage of women may have included fewer smokers which might partially explain the reduced mortality. Analysis showed that none of the 35 treated women died of cancer. Of 91 untreated women, 14 died of cancer, an incidence of 15%, and all female cancer deaths...
occurred in nonsmokers.

The treated group did not include a greater proportion of persons who were less exposed to carcinogens in their occupations or who spent more time away from the heavily congested highway during the day. Analysis of occupational data and location during the day showed no differences between the two groups. Housewives, the majority of whom remained at home each day, were represented equally in both groups.

No significant differences existed in age distribution between treated patients and controls. There were no significant socio-economic differences between the treated and the untreated persons. Cancer mortality was independent of monetary income.

**Laboratory Analysis**

Increased urinary lead excretion after injection of EDTA is a recognized test for lead accumulation in the body.\textsuperscript{6} Urinary lead excretion was measured before and after EDTA infusion in 5 patients with atomic absorption spectroscopy,\textsuperscript{7} using the method of Roosels.\textsuperscript{8} In every case, a substantial increase in lead excretion was measured. Simultaneously, urinary delta-amino levulinic acid (DALA) decreased. DALA was measured in the Central Laboratories of the University Hospital of Zurich, according to the methods of Doss and Schmidt.\textsuperscript{9}

It is emphasized that the population studied and reported on in this paper was not exposed to any more lead or other environmental carcinogens than residents of most metropolitan areas throughout the world.

Traffic flow past residences of the study subjects was 4000 vehicles per day in 1956, increasing to 8000 vehicles per day in 1968. Of those, 7000 were passenger cars and 400 were diesel trucks.

Environmental measurements of pollutants and carcinogens were made in the immediate and surrounding area of this study. Tests were done at the Woods Hole Laboratories, Massachusetts, USA, using ultraviolet spectrophotography, mass-spectrography and chromatography.\textsuperscript{10} Soil tests adjacent to the highway where the study population lived showed the presence of polycyclic aromatic hydrocarbons, which are known carcinogens. In more remote sections of the same city, levels of these pollutants were found to be approximately three times lower, inversely correlated with the distance from automobile traffic. Further analyses showed the majority of measured carcinogens to be from automobile pollution. Pollution immediately adjacent to the highway where the study population resided was at or only slightly above permissible levels allowed under public health and environmental regulations in the USA.

**Discussion**

Following preliminary communication of these data, the committee responsible for the surveillance of air quality in Switzerland scrutinized the results using a different statistical method.\textsuperscript{11} They found a higher incidence of death from cancer in the untreated group than in
the population of Switzerland as a whole.

The fact that an identical group treated with EDTA experienced a 90% reduction in cancer mortality, as well as a reduction in death from all causes was also confirmed. The fact that the general mortality as well as cancer mortality was lower in treated than untreated individuals was also confirmed by Knutti and Schlatter. Their proposed explanation was that treated patients might possibly have been more health conscious or under better medical care, but this does not seem an adequate explanation of the recorded facts. Residents of less polluted areas experience a lower cancer mortality, despite the same level of medical care.

Evidence presented in this paper indicated that (1) EDTA removes cancer causing or promoting substances from the body, and (2) those substances are correlated with environmental pollution from vehicular traffic.

The overall reduction of death from all causes and increased longevity in the EDTA treated group shows that chelation therapy also reduces other common causes of mortality such as arteriosclerosis and cardiovascular disease. Except for cancer mortality, exact data are not available for statistical analysis.

As early as 1961, it was reported from animal experiments that intravenous injections of EDTA could slow the growth of experimental carcinoma. A cancer-inhibiting effect has also been demonstrated for other chelating agents, including BAL, cystine, penicillamine and citric acid. Many tumor inhibiting medications, including 5-flouracil, possess metal-binding properties.

Lead potentiates the carcinogenicity of aromatic hydrocarbons such as benzopyrene by five fold. Areas adjacent to heavily traveled highways are polluted with many other carcinogens, including polycyclic aromatic hydrocarbons, nitrosamines, epoxides, cadmium and asbestos, in addition to inorganic and tetraethyl lead.

Since the data from this study were last reported new research has linked cancer to free radical pathology. EDTA removes transition elements, such as iron, which accelerate free radical pathology, including cancer. Iron is an essential nutritional element but it is also known to accumulate with age. Catalysis of lipid peroxidation by iron potentiates the cancer promoting substances. EDTA increases the urinary excretion of unbound and freely catalytic iron 10 times more than it does lead. There are many reasons why EDTA chelation therapy could act to prevent cancer.

A recent publication by McDonagh, et al confirms improvement in a wide variety of symptoms, as first reported in this study population. Neurasthenic and nonspecific multi-organ symptoms improve significantly following EDTA chelation therapy, resulting in a marked improvement in the overall quality of life.

Body stores of iron correlate with the risk of cancer and arteriosclerosis. EDTA removes unbound and potentially toxic iron from the body much more effectively than lead, which may account for the findings in this study.
Large scale, double blind, controlled studies should be undertaken to fully document the many benefits observed in clinical practice following treatment with EDTA. EDTA is an inexpensive and relatively safe substance to administer but the patent has expired and pharmaceutical companies have no incentive to fund such research.

References


**The effect of Magnesium Di-Potassium EDTA suppositories on the nervous system**

The autonomic nervous system (ANS) is divided into two parts, the sympathetic (SNS) and the parasympathetic systems (PNS). The SNS creates what is commonly known as the “fight or flight response”. In the event of a perceived emergency, the body will suppress all non-critical physiological systems and push the blood into the muscles for quick action. Non-critical systems include digestion, reproduction, gestation, milk production, immune function, higher brain functions, growth and repair processes, and sleep. That’s not to say that any SNS response is bad. For instance, it’s the SNS that keeps a person from passing out due
to the effects of gravity upon their blood when they stand up quickly. The point is that continual activation of the SNS is very detrimental to our health.

The PNS is the counterpoint to the SNS. It generates what might be termed the “relaxation response”, and when activated, helps suppress the SNS. When the PNS is activated, the body digests well, reproduction, gestation, and milk production are supported, the immune system is active, our brains are happy and functional, injured tissue is repaired, new tissue is formed, and we get a good night’s sleep.

Thus it makes sense to keep the body in a slightly PNS dominant state whenever possible. This can be accomplished very easily with Magnesium Di-Potassium EDTA.

To understand the effect that Magnesium Di-Potassium EDTA can have on the nervous system, we need to review the effect of minerals on the autonomic nervous system (ANS). There are four minerals that play key roles in the balance of the autonomic nervous system namely, magnesium, potassium, sodium and calcium. They work as follows:

<table>
<thead>
<tr>
<th>Mineral</th>
<th>Sympathetic system</th>
<th>Parasympathetic system</th>
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<tbody>
<tr>
<td>Magnesium</td>
<td>Blocking action</td>
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<td>Potassium</td>
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<td>Calcium</td>
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<td>Blocking action</td>
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Thus, Magnesium Di-Potassium EDTA can have a very powerful calming effect on the nervous system by both blocking the stress response as well as stimulating the relaxation response. Many clients report feelings of profound relaxation within 5 to 20 minutes of taking Magnesium Di-Potassium EDTA precisely because of how it affects the (ANS).

On the other hand Di-Sodium EDTA and Calcium Di Sodium EDTA can do the exact opposite. They turn off the relaxation response and stimulate the fight or flight response. This is most easily observed by the increase in pulse rate these forms of EDTA can cause.

Protocols

In regard to the amount of suppositories a client may take, there are three ‘levels’ that a client may choose

Level one: At this level, the client will do 15 boxes of suppositories. This will be the equivalent of the 15 IV chelation sessions that Dr. Blumer did when he achieved the 90% decrease in cancer and the 86% decrease in heart attacks. This is for the client who wants to improve his or her health but is mostly interested in avoiding death by these two diseases.

Level two: At this level, the client will take their age in years and subtract twenty (with a minimum of 15). For example, a 52-year-old client would take 32 boxes, but a 25 year old...
would still do 15). This is for the client who wants to go beyond just avoiding diseases and wants to create a state of vibrant health. This protocol will remove much of the toxic metals and pathologic calcium that has accumulated in their bodies from the time they were conceived. Enzyme pathways may be repaired, blood flow may be restored and the regulatory systems can become more efficient.

**Level three:** At this level, the client not only wants to create good health, they want to maintain it throughout their entire lives. This protocol involves one suppository every third day for life.

In regard to the frequency of suppositories a client may take, there are three ‘levels’ that a client may choose

**Protocol one:** If the client is in good health currently, he or she can take one suppository every third day, (one box a month).

**Protocol two:** If the client needs to resolve an immediate crisis (diabetic leg ulcers) or is in pain (fibromyalgia) you may wish to have them take the product every day for a period of time. This will accelerate the effect. When the immediate situation resolves, the client can go to ‘protocol one’ for maintenance.

**Protocol three:** If the client is in immediate life threatening danger (impending coronary) or is about to lose a limb (diabetic complications) you may wish to use the product as often as twice or three times a day for a few days.

While from an ingredient point of view, one box of ten 365 mg suppositories is the equivalent to only one 3 gram IV, some doctors think that one box has the effect of two 3 gram IV’s. This makes sense when you consider the short half-life of EDTA in the body. With a single 3 gram I.V> 95% of the EDTA is gone in 6 hours, whereas with 10 suppositories, the same EDTA is in the body for much longer.

Aside from the contraindications to follow, higher amounts of EDTA require monitoring of kidney function, which may be calculated by the following formula.

**Contraindications**

If a client is taking a drug that has a metallic element as an active ingredient (certain platinum containing chemotherapeutic agents for example), you should consult your physician.

Tuberculosis, pregnancy, nursing, and kidney disease are also relative contraindications, as are any conditions where the blood is thin or the platelets are low.

Keep in mind that EDTA can lower blood sugar with your hypoglycemic and diabetic patients. A drop of blood sugar from 270 to 120 in 4 days is not uncommon.

Rectal fissures or rectal ulcer are a relative contraindication since Magnesium Di-Potassium EDTA can sting an open cut. Sometimes even the passing of a hard dry stool can cause nicks in the rectal mucosa and the suppository may sting. Rolling the suppository in
olive oil before insertion can help decrease any stinging sensation.

**Precautions**

EDTA should not be used without medical supervision with pregnant or nursing mothers. EDTA is also contraindicated with Tuberculosis and kidney disease.

Since the suppository will most likely be cold upon insertion, it may tingle for a few minutes. Like table salt, Magnesium Di-Potassium EDTA will not hurt healthy tissue, but will sting on an open cut. If the client reports any burning, he or she probably either has hemorrhoids, or has been constipated lately, and a dry stool may have irritated the colon on its way out.

Since suppositories in general and Magnesium in particular may make the client want to evacuate, it is important that they have gone to the bathroom to pass stool that day.

If there is no stool in the lower colon, then there is rarely a problem.

Since the suppository is fully dissolved in 30 minutes, if the client feels the need to evacuate at that point, no product will be lost.

**Remineralization**

Chelation will also pull out certain healthy minerals from the body as it takes out the toxic ones. As such, it is necessary to supplement the client with the following minerals: Calcium, Zinc, Copper, Manganese, Cobalt and Chromium.

Water Oz Minerals** will replace your minerals safely and quickly.

EDTA is also known to increase the body’s need for vitamin B-6.

EDTA also removes magnesium, but this is not a problem with Medicardium since it actually puts magnesium into the client. Iron is also removed by chelation, but this is a mineral that many of your clients may be too high in. In addition, although many clients use chelation in their anti-cancer regimens, iron intake must be carefully regulated in cancer clients. For this reason, Iron will not be included in our mineral supplement.

The half-life of EDTA is 1 hour so within 8 hours over 98% of the EDTA is out of the bloodstream. Since you do not want the good minerals to bind to the EDTA, they should be taken first thing in the morning, and the suppositories should be inserted before going to sleep. This will assure that most of the EDTA is out of the bloodstream when the minerals are taken, and that they are fully absorbed before the next suppository is taken approximately 16 hours later.

**Editor’s Note: For suggestions about which of the 21 Water Oz minerals would most benefit you please order our Water Oz Protocol Booklet, Catalog and audiotape free with your next order. The Protocol Booklet provides suggestions for which minerals have been found to be helpful in the successful treatment of certain disease conditions of the body. For replacing the minerals lost during Magnesium Di-Potassium EDTA suppository treatment I
recommend 2 Tbs. each of Calcium, Zinc, Manganese, Cobalt and Chromium, potassium and sulfur and 1 tsp. copper and selenium mixed together daily and added to 8 ounces of distilled water and drunk within a few minutes.

The reason Water Oz minerals are sold in separate bottles is because if mixed together and left to sit for any length of time they clump together (unseen by the human eye at first but, after time, you can see the specks) and become less absorbable by the cells of the body.

**Frequently Asked Questions**

**How does suppository chelation compare with IV chelation?**

Answer: IV chelation has one advantage and four disadvantages over suppository chelation.

**Advantage:**

1. The advantage of IV chelation is that a larger amount of EDTA can be administered in a shorter amount of time. If a client is in a life-threatening situation, this may be necessary.

**Disadvantages:**

1. A higher amount of EDTA over a shorter period is more stressful on the kidneys, through which the heavy metals must pass.

   The ingredient used in IV chelation is Di-Sodium EDTA. This is a very caustic substance that burns tissue. That is why painkillers are injected into the IV bags. The painkillers do not stop the damage from happening, they only prevent you from feeling it. In addition, procaine, the painkiller normally used to cover up the damage is slightly toxic.

   Magnesium Di-Potassium (the ingredient in Medicardium) does not contain sodium and thus does not burn the body. No painkillers are required.

2. Di-Sodium EDTA raises sodium levels in the body. For most people taking chelation, this is not beneficial. More likely is that they are deficient in either magnesium or potassium or both making Magnesium Di-Potassium EDTA the logical choice.

3. Cells have pumps in them specifically designed to remove sodium and bring in magnesium and potassium. Thus a magnesium and potassium based EDTA will be more readily brought into the cell to remove the toxic metals as opposed to a sodium based EDTA which will be kept out.

4. Suppositories can be done safely, easily, conveniently and privately at home.

**What about oral chelation?**

Answer: Oral chelation is only 5% absorbed since it is destroyed by stomach acid. Since there is no acid in the colon, the EDTA in the colon is not destroyed when given as a suppository. Also, Di-Sodium EDTA, which is the active ingredient in most oral chelators, is known to cause hemorrhages (internal bleeding).
Is EDTA safe?
Answer: EDTA has been used for the last 50 years in the medical field. No side effects have ever been reported. EDTA is generally recognized as safe by the FDA and has a lower toxicity than aspirin.

What is the shelf life of EDTA?
Answer: EDTA is an antioxidant and a preservative, while we believe the shelf live to be decades, 3 years is the most that we are allowed to put the label.

How do I use it?
Answer: See Protocols on page 2.

When should I use it?
Answer: Anytime after you have had a bowel movement. However, since magnesium and potassium are relaxing, you will probably want to use it later in the day when you want to relax. People with trouble sleeping may want to take it before retiring. The only disadvantage to this is that you cannot drink water while you are sleeping and it is a good idea to drink several glasses of water for the first few hours after taking the suppository. This helps dilute any toxic metals that may come out of you, and puts less stress on the kidneys.

What should I notice?
Answer: If you are magnesium deficient, you may feel a wave of relaxation come over you in 5 to 10 minutes. The long-term effects may include more stamina, better mood, better memory, younger appearance and resolution of chronic medical conditions.

How long should I take it?
Answer: Many people take it their entire lives.

How much Magnesium Di-Potassium is in each suppository?
Answer: 365 milligrams.

I’ve heard it helps with menstrual cramps, is this true?
Answer: Many of our clients tell us that a suppository will make menstrual cramps reduce or disappear within 10 minutes.

Does it hurt?
Answer: Like table salt, Magnesium Di-Potassium EDTA does not hurt normal tissue, but it will sting an open cut. If you find that the suppository stings, then you may have hemorrhoids, an anal fissure, or dry stools that cause slight abrasions to your rectum when you go to the bathroom. If the suppository stings, you may want to consider taking a butyric acid supplement to help rebuild the colonic mucosa. Allergy research offers a product called ButyrEn than contains butyric acid. Butyric acid enemas are also available by prescription at some pharmacies. In most cases, any discomfort is temporary and minor.
I’ve heard that EDTA suppositories really sting . . .

Answer: What you are referring to are Di-Sodium EDTA suppositories, not Magnesium Di-Potassium EDTA suppositories. Certain groups do make suppositories out of the sodium form of EDTA and these can be very painful. They have also been known to cause hemorrhaging (bleeding) severe enough to warrant hospitalization. This is because sodium EDTA is extremely caustic and burns tissues. This is not an issue with Magnesium Di-Potassium EDTA, which does not burn tissue.

It melted, what should I do?

Answer: The product will melt above 80 degrees Fahrenheit. If the seal did not break (if there is no yellow substance outside the wrapper) then squeeze the bottom of the suppository to reshape it, and put in the refrigerator to harden. If the product did come out of the wrapper, or if you want the product replaced simply mail us back the suppositories and we will send you new ones. In the summer months, we will send the product with freezer packs to keep cold during shipping.

Is part of the suppository is missing?

Answer: When the suppository is made, there is a little bit of air at the bottom of the suppository due to the manufacturing process. If the suppository melts and then solidifies again, then that air bubble can move around the suppository making it look like part is missing. It is not a problem.

Part of the suppository crumbled/broke what do I do?

Answer: We only use cocoa butter as a base in our suppositories. There are no chemical stabilizers used. Because of this, occasionally the suppository will crumble or break. To fix them, simply put the remaining suppositories (still inside their plastic wrapper) in a bowl full of warm water with the points facing down for 5 minutes or until they have become soft. The water should not be too hot to touch but should be very warm. Next put the suppositories in the freezer for 30 minutes. They will now have reformed and they should be ready to use again. The heating does not affect the ingredients in any way. If you do not wish to do this, call us and we will replace them immediately. We would rather replace the occasional crumbled suppository than add toxic chemical stabilizers.

Why do I feel so relaxed?

Answer: What you are feeling is your ‘fight or flight” system turning off.

I feel a mild stinging sensation, what can I do?

Answer: You may have hemorrhoids. Make sure the suppository is frozen, then apply a light coating of olive oil to the suppository before inserting it. If you feel any discomfort, it will usually pass within a few minutes.
Why do I feel like I have to go to the bathroom after inserting it?

1. Your bowel transit time is too slow. A person can go to the bathroom every day and still be constipated if what comes out is what went in 3 days earlier. If this is the case, it should subside in a few days after you have normalized your magnesium levels and your transit time.

2. You mistimed the suppository and didn't use it soon enough after going to the bathroom. Next time, make sure that you have gone to the bathroom earlier that day. If the sensation is only mild, 80 percent of the suppository will be absorbed within five minutes. You may want to wait five minutes if possible. Staying seated will make this easier than walking around. Do not try to hold the suppository in if the urge to evacuate is strong, you could get cramps and nausea from trying to stop the natural peristaltic action of your intestines. Go to the bathroom, and remember next time to insert it after you have already gone to the bathroom.

3. If you get very loose stools after the suppository you should check to see if you are currently taking any other supplements with magnesium in them. Excess magnesium can cause loose stools even 12 hours later. Remove any other sources of supplemental magnesium from your diet.

I feel nauseous, why?
Answer: This can be related to your liver detoxifying. It will pass shortly.

My urine smells funny, why?
Answer: What you are noticing is the smell of the toxins leaving your body. This is normal and will pass in a few days.

I’m getting leg cramps, why?
Answer: Leg cramps are an indication of calcium deficiency, take 4 Tbs. of Water Oz Calcium morning and evening.

Will this cause bone loss?
Answer: Chelation has been shown to increase bone mass 1% per year (as opposed to the usually 1% loss per year) due to the action of the parathyroid gland and the stimulation of the osteoblasts.

How To Order Medicardium Suppositories

One box of 10 suppositories = $100 plus $7.50 shipping.

Order 3 boxes at once and we will pay the shipping. This saves you $21.50 on shipping if buying one box at a time.

Order suppositories and/or subscribe to The Road To Health Newsletter (email subscriptions are free) online at, www.road-to-health.com/edta — Sincerely, Bonnie O’Sullivan