

**Open Letter from Dr. Blaurock-Busch with Responses from Dr. Barrett Inserted  
September 28-29, 2014**

**Blue: Words of Dr. Blaurock-Busch  
Black: Words of Dr. Barrett**

Dear Dr. Barrett and Quackwatch editors,

I am very pleased to hear from you and am eager to communicate further.

In your statement (revised July 1, 2014) about urinary metals and how certain laboratories 'defraud' patients, you also list Micro Trace Minerals of Germany. [http://www.quackwatch.com/01QuackeryRelatedTopics/urine\\_toxic.html](http://www.quackwatch.com/01QuackeryRelatedTopics/urine_toxic.html)

The article does not accuse the laboratories of defrauding patients. It describes (accurately) how test reports are used (by practitioners) to mislead patients, which is why we considered provoked testing a scam.

I have written to you about this topic previously. I assume you did not receive the note, hence I will repeat my comments.

1. You are correct when stating that it is incorrect to compare urine test results of a 'provoked' sample (i.e. a sample that was collected after a provoking agent was supplied) with reference ranges of non-provoked urine.

Having had more than 100 reports from patients whose doctors made that comparison, I have concluded that the test reports are used to mislead people. You appear to agree that a doctor who says you need chelation solely because your test value is much higher than the non-provoked reference range would be scamming the patient.

To our knowledge all the laboratories you listed, with the exception of Micro Trace Minerals of Germany, are doing this.

The situation has been evolving during the past few years. We've seen evidence that one of the others offered reports that used lab-derived reference ranges, but we are not sure what they are currently doing.

2. Once again, we should not be put into the same category as the US laboratories you target on this and other issues.

The article merely says that you test urine specimens. It does not accuse you of doing anything wrong.

3. After thorough research and cooperation with members of *The International Board of Metal Toxicology (IBCMT)*, Micro Trace Minerals has developed chelator-specific reference ranges and has been using these since 2011. While developing these ranges, we communicated with the antidote manufacturer Heyl, Berlin and the Poison Center (GIZ-Nord) in Germany. We followed standard laboratory practices. If you are interested in specifics, let us know.

I am extremely interested. Please send me the ranges and any publications that explain how they were derived.

I would also like to see a sample report that uses the provoked ranges.

After I receive these, I will revise my article to make it clear that your lab is reporting differently from Doctor's Data.

4. We have communicated this change to laboratories.

5. We informed you about this change, but you have not responded. It is most likely an oversight, and I/we would appreciate a correction of your website information.

I always respond to this type of communication. I checked my e-mail archives and am certain that this is the first time I have received a message from you.

6. You state on your most visible internet site that Provoking Tests are Scam, and you list Micro Trace Minerals among US laboratories which you accuse of fraudulent practices.

Absolutely not. The article says nothing about you doing anything wrong.

Please remove this obviously wrong and libelous statement from your site.

7. When you accuse our laboratory of a scam, you also accuse the many doctors who, in fact, do not base their diagnostic evaluation on reports that compare provocation results with reference ranges of unprovoked urines.

I have seen lots of patient records and can assure you doctors who sell chelation therapy are doing exactly what I accuse them of.

8. Let me point out an official statement: "these (provocation) tests are of importance when the analysis of body fluids does not provide clear results." (Original text: „*Diese Tests sind dann von Bedeutung, wenn die*

*Untersuchung der Körperflüssigkeiten keine eindeutigen Ergebnisse liefert.* “ Meißner D; Toxichem. Krimtech. 2011 / 78(3) 447-452

I can't read German, so I can't judge what the statement means. Regardless, the viewpoint of the scientific community is clear.

**Continued Exchange Between Dr. Blaurock-Busch and Dr. Barrett  
September 30, 2014**

**Blue: Words of Dr. Blaurock-Busch**

**Black: Words of Dr. Barrett**

Dear Dr. Barrett,

Thank you for your prompt reply. Allow me to respond to your responses:

· You say practitioners use these provocation tests to ‘mislead’ patients and you refer to test reports that compare provocation test results with reference ranges of unprovoked urine. I would not hesitate to say that most practitioners are not aware that the reports compare apples with oranges. Please do not accusing them of wrong motifs.

We agree that the practitioners are misleading people. As far as I know, I have never written any conclusions about their motives.

· You judge your statements on 100 or so lab reports, and again, we should acknowledge that the situation has changed, at least here in Germany where we developed chelator-specific ranges. Standard clinical laboratories here in Germany are using similar ones.

We developed these ranges in-house, which is standard laboratory practice. Environmental agencies only provide some ranges for toxic metals in blood or urine, hence for those metals without reference, we are requested do this in house.

· To avoid confusion, we call our chelator-specific ranges ‘Orientation Ranges’.

· Method of OR Development: We started out to statistically evaluate unprovoked urines of so-called healthy people (N about 600). We checked different nationalities and geographies and we compared our results with the reference ranges provided by the various governmental/environmental agencies. We found good agreement.

· We started with a few clinics who followed protocol as provided by IBCMT and the Antidote manufacturer (such as Heyl, Berlin) and ‘chelated’ people who were not exposed to

metals occupationally. We compared test results and added more clinics. We statistically evaluated mean, Std dev, 65 and 95percentiles and compared these to our data base. We took care in separating patient groups (sick and healthy), evaluated the chelating agents DMSA, oral, DMPS iv, and EDTA iv. We paid attention to the amount of chelating agent administered. We did not include any data set that did not follow our requirements.

- Previously, we had developed chelator-specific standard urine collection times and based all results on mcg i.e. mg/g creatinine. Collection times took into account a chelator's half-life. We compared crea levels with mg i.e. mcg/l levels.

- Altogether, we statistically evaluated thousands of data sets and closely communicated with physicians and other laboratories about these changes before using them.

- You may find a sample of a baseline urine report under <http://www.microtraceminerals.com/en/diagnostic-humans/urine/>

- A DMPS sample report is attached. If no OR is listed for a given metal, DMPS-binding could not be statistically verified.

- We have developed ORs for DMSA, EDTA and DMPS.

I am very happy to hear about your determinations and to receive your sample report for DMPS orientation ranges.

I am extremely grateful that you sent the DMPS sample report.

I would further appreciate receiving sample reports with the orientation ranges for DMSA and EDTA.

In the meantime, I would greatly appreciate a favorable response and that Micro Trace Minerals of Germany is taken off your website. While you say you are not accusing us of anything, being listed on your site is not exactly favorable promotion- and I greatly apologize for having to say this.

I am definitely going to modify the article. Deciding what to do about mentioning your lab is not simple for me. I do not want readers to think you are doing what Doctor's data is doing, but if completely remove your name, then my list of labs that do multi-elemental urine testing would be incomplete. At the moment, I think the best thing to do would be to make it clear that you have established reference ranges and are not doing what Doctor's Data does. Would that bother you? I am also thinking about changing the "scam" to something milder, but that may have to wait until the court rules on our motion to dismiss the Doctor's Data lawsuit.

Full publication of your results in a scientific journal would be a great public service.

I am an editor of the journal Focus on Alternative and Complementary Therapies (FACT) and would like very much to consider such a report for publication.

(If you submit to FACT, be sure to let me know.)

**Continued Exchange Between Dr. Blaurock-Busch and Dr. Barrett  
September 30, 2014**

**Blue: Words of Dr. Blaurock-Busch**

**Black: Words of Dr. Barrett**

Dear Dr. Barrett,

**No! No! I do NOT say that practitioners are knowingly misleading patients.** I am sorry you interpreted my note this way. *I am saying, doctors assume (and rightly so) that the reference ranges of a lab report directly apply to the test results listed.*

I have worked with doctors here in Germany and in the US since 1974. The responsibility of educating doctors about interpreting laboratory results lies with the laboratory. Unfortunately, between the 80s and the late 90s, laboratories were ill prepared to deal with provocation urines, mostly because of a lack of communication between doctors and analysts. Inadequately filled in submission forms or wrong sample collections are causes of error. At Micro Trace Minerals we have learned our lesson and I have worked endless hours to improve communication between Drs and lab people.

The situation is a bit complicated. We know that Doctor's Data has held seminars in which they tell doctors not to diagnose lead toxicity or recommend chelation based on the test alone or based on a comparison of the measured value to reference values. But we also know that doctors are doing this in the United States, and we suspect that nearly all who do chelation do this. I can't read their minds, but they don't seem to care. The comparison chart is their main sales tool. That's why I wrote my article. Many patients have asked Doctor's Data to stop doing this in their reports, and I have made it crystal clear during our lawsuit and in our motion to dismiss the suit that they should stop. It will be interesting to see whether the judge orders them to stop.

I am proud to say that with the help of IBCMT members, we have educated many doctors and their personnel to submit information regarding chelator use (iv or oral), amount etc. Only this way could we develop 'clean' sets of data, the basis for developing ranges.

The report pictured in my article is from a patient treated by an IBCMT leader. I have spoken with the patient and reviewed his complete medical record. It is quite clear that the doctor did what you and I believe he should not do.

I will send you DMSA and EDTA sample reports in a separate mail. From these you can see how important it is that doctors provide correct information. If, for instance, we do not get any information about chelators etc... we cannot provide correct RRs or ORs. There is always that problem that laboratories have to deal with.

I don't understand why you could not simply erase Micro Trace Minerals from your website. Who would care other than you and I? Besides, you are not listing other German labs that compare provocation test results to DMPS-specific ranges for mercury, for instance. If you don't list these German laboratories, why single out Micro Trace Minerals?

It was not my intention to single you out. I am very interested in your statement that other labs are issuing reports that compare provoked results with non-provoked reference values. I would like to see what they are doing. Can you tell me who they are -- and identify their Web sites?

I hope you understand that it is not my intention to cause problems. Quite to the contrary, it is my aim to avoid them, professionally and personally.

All the best, EBB

I really appreciate your contacting me. One of the wonderful things about the Internet is the fact that people can provide valuable information and suggest that authors make modifications. I will very seriously consider what you have written and do what I believe would be most ethical.

Dr. Stephen Barrett

**Response to Dr. Stephan Barrett from Dr. Blaurock-Busch  
Tuesday, September 30, 2014**

Thank you kindly.

Attached are two sample reports, one for DMSA, one for EDTA.

I had them printed on TMI letterhead. Since we have an honest professional discussion, you need to know that TMI was under my supervision from 1984 to 1999 when it was sold to Dr. Frackelton. Micro Trace Minerals got it back after Dr. F's death a few years back. I forgot the date.

You list Trace Minerals International of Boulder, Colorado as one of the laboratories performing multi-elemental analysis, and you make it sound as if that was wrong.

Let me enlighten you, if I may.

Environmental ailments are largely the result of a long term toxic exposure, which is diagnostically and therapeutically different from an acute exposure where the culprit is usually known and the attack is immediate. Analysis is usually via blood or unprovoked urine specimen and rather simple.

Environmental exposure is difficult to diagnose, because the main offender is unknown. We have just completed a study (and I am attaching the pre-publication manuscript) where we found multiple toxins in the liquor of children living in highly polluted cities such as Mexico City.

Decades back, we did single element testing, based on the knowledge of that time. A doctor suspected lead, and we tested lead. If results were negative, the case was closed.

Times and toxic exposure have changed. People living in polluted areas are faced with multiple toxins. Diagnosis is difficult. Many toxic metals cause neurological disorders, anxieties, depression, headaches etc. So what element do we test for? Lead, nickel because it is in air and water? Cadmium? Mercury?

I used to work on AA (Atomic Absorption), analyzing one element at a time. This very tedious, time consuming and hence expensive undertaking was the basis for single element testing.

New instrumentation has changed this. We can now test multiple elements for the cost of what we used to charge for one or two elements. The advantage to doctor and patient is not just financial. Our analytical detective work often uncovers the unexpected. Single element analysis would not have provided us with the information we discovered in the Mexican study (see attachment).

I can't comment on Doctor's Data. That would be poor, but I can say that during the 2013 ICIM meeting in Wash. DC, I spoke about the need for chelator-specific ranges and DD's representative clearly showed disagreement. What reasons he had, I don't know, because he did not voice them.

As to the other German labs who use chelator-specific ranges, I will have a report scanned in for you and send it tomorrow along with info about websites. Since it is near midnight now, I might have to excuse myself and call it a night.

**Continued Conversation from Dr. Blaurock-Busch to Dr. Barrett  
October 8, 2014**

Dear Dr. Barrett,

Here is the information you requested on some European laboratories:

1. Labor Dr. Bayer, Stuttgart uses ORs for DMPS provocation tests (copper, mercury and boron). [www.labor-bayer.de](http://www.labor-bayer.de)
2. Synlab does for copper, mercury and maybe other elements. This is a group of laboratories we work with. [www.synlab.de](http://www.synlab.de)
3. Labor Bremen: <http://www.mlhb.de/aasicp-ms.html> (this gets you to the metal info) I know they use some ORs, but I am not sure which ones.
4. Toxiba. Toxikologisches Institut Basel, Switzerland. [toxib@digicom.ch](mailto:toxib@digicom.ch)

I am sure there are other laboratories, and if you need me to get more details don't hesitate to contact me.

And another note: if you check our TMI website, you will see that it is most identical to the Micro Trace Minerals website.

One difference between European and US laboratories that I find of interest is this:

- We don't spend so much time and money on marketing. That is why MTMs and TMIs share of the US market is miniscule. We also don't recruit patients directly and if they contact us, we refer them to a doctor's office. Very infrequently do we accept samples from patients directly.
- We also don't accept samples for testing that are not adequate i.e. stool samples for microbiological testing from out of town- unless we have a pick up that assures same day delivery. I am sure I don't have to explain to you why we do this.
- There is other problems I have made waves about such as expensive 'organic test profiles' or food allergy testing (shipped from overseas) for autistic kids, because we really don't want to test just to test and to get money. We are analysts and we follow laboratory requirements, rules and regulations. No more, no less.

Have to leave now. All the best,

Dr. E.Blaurock-Busch PhD