

# Buttar Autism Treatment Protocol

## Advanced Concepts in Medicine / Center for Advanced Medicine™

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### **First 12 months of Treatment**

Initial visit is to establish the patient's baseline, history of onset, current/past treatments, drug/nutrient history, possible adverse events that occurred in the past few years of life and answer all questions and concerns. The tests obtained are mandatory to support our treatment rationale, to insure patient safety and to document mobilization of mercury that has previously escaped adequate detection and not been adequately measured in all body compartments concurrently. The labs are as follows:

Standard labs (CBC with differential, Chemistry, Lipids, Thyroid Panel with TSH, Iron Profile)  
CDSA with parasitology – Complete Diagnostic Stool Analysis to access the GI tract  
OAT – Organic Acid Test to access balances of metabolites, vitamins, minerals, aminos, etc.  
Metals + Minerals (Hair, Urine (12 hours), Fecal, RBC) – Levels accessing various body compartments of toxic metals as well as essential minerals.  
Cardiogenomics – access various genetic predispositions including Apo E and MTHF alleles

TD-DMPS® is a transdermal lotion that is simply rubbed in after being applied to the skin. That's it! Each drop contains ~1mg of DMPS and ~4mg of GSH. The GSH serves to donate additional sulfhydryl groups to potentiate the metal binding effect of DMPS. Start TD-DMPS at 1.5 mg/kg, not to exceed 60 drops, every other day after testing is completed. This represents the normal dose administered every OTHER day. However, when collecting the metal tests (at the beginning, and every 2 months thereafter), administer twice the number of drops. This is the "CHALLENGE" dose and will ONLY be used when you collect the metal tests.

Thus, the first dose of the TD-DMPS® should be double the normal dose (CHALLENGE dose), and each time the tests are due (every 2 months), the TD-DMPS® dose should also be doubled. The only time it is acceptable to increase above 60 drops is if it is a CHALLENGE dose, which is ONLY used once every 2 months. Regular treatment dose will not exceed 60 drops in anyone. The Urine (12 hours), Fecal and RBC metal toxicity test MUST be done within 24 to 48 hours of the CHALLENGE.

Example 1: 44 lbs child = 20 kg - Normal dose = 30 drops every other day. CHALLENGE dose for collecting labs for metal toxicity levels (every 2 months) = 60 drops. It is most imperative for the Urine (12 hours), Fecal and RBC metal toxicity tests to be collected within 24 to 48 hours of CHALLENGE.

Example 2: 110 lbs child = 50 kg – Normal dose = calculates to 75 drops, but 60 drops is maximum. Thus give only 60 drops every other day. CHALLENGE dose for collecting labs for metal toxicity levels (every 2 months) calculates to 150 drops. But maximum for CHALLENGE dose is 120 drops.

Nutritional supplementation is done per the results of the various tests. For instance, if sIgA level is increased, consider allergy testing and specialized diets such as specific carbohydrate diet or casein /gluten free diet. Detoxify and heal the GI tract using the CDSA as a guide. Supplement with blanket vitamins and minerals and add additional vitamins and minerals as dictated by test results (OAT and Metals). Vitamins and supplements are administered daily. Minerals should only be administered on the days the TD-DMPS® is NOT being administered. Urine and RBC mineral levels (from tests) should be relied upon to determine how to replenish mineral stores.

Repeat Standard labs as well as all Metals (Hair, Urine, Fecal, RBC) and OAT every 2 months for the first 12 months and adjust supplementation per test results. Examples follow:

Watch the WBC for transient leukocytosis  
Watch Bun/Creat for renal function  
Watch Iron levels for iatrogenic depletion

Repeat CDSA with parasitology every 6 months.

Cardiogenomics does not need to be repeated although there those that believe the genetic predispositions may change after adequate interventions. Thus, it is theoretically possible for the cardiogenomics profile to actually improve. However, to date, we have not repeated this test to evaluate the possibility of improvement in the cardiogenomics profile.

Office visits are scheduled every month, with the patient (child) present every OTHER month. Visits are monthly to review the extensive tests collected and implement the necessary changes as a result of testing. For out of state phone consultations, the child must be seen at least once every 6 months.

Parents must also video the child for 5 minutes EVERY single month, with 2.5 minutes of random footage of the child doing what ever the child wants to do. The other 2.5 minutes of video footage is of the child being asked to perform specific tasks, such as “answer the phone, say your ABC’s, take this plate into the kitchen,” etc. These same questions MUST be repeated every month in the same manner, regardless of the child’s ability to follow the instructions initially.

The test collection procedure can be complicated and a little intimidating. Our nursing staff will spend all the time necessary to explain the correct specimen collection method for each test and they will show you exactly what you will need to do. If you are calling on the phone, the nurses will first send the specimen kits to you in the mail. Upon receiving them, please call our nursing staff. They will explain the exact procedure to collect all specimens. We wait until you receive the test kits and have them in front of you so the staff can effectively explain the details involved in collecting the specimens.

### **After the First 12 months of Treatment**

After first 12 months, and improvements have been noticed, testing frequency decreases to the following:

Standard labs (CBC with diff, Chemistry, Lipids, Thyroid Panel with TSH, Iron Profile) to be done EVERY 2 months. This is the same as previously done during the first 12 months of treatment and is continued in the same manner for safety purposes. THIS IS MANDATORY! If a parent does not continue with this schedule, we NO LONGER provide the TD-DMPS®. Remember, the first rule is DO NO HARM.

All Metals (Hair, Urine, Fecal, RBC) and OAT every 4 months – (CHANGE from first year of tx)

Repeat CDSA with parasitology every 6 months (same as previously).

Cardiogenomics does not have to be repeated (same as previously).

Office visit may go to every 4 months now – (CHANGE from first year of tx)

Continue videotaping every month (same as previously).

Continue to increase TD-DMPS® dosage as the child increase in weight. Do not exceed 60 drops every other day. Thus, if child weights over 88 lbs, or the patient is an adult, administer ONLY up to maximum dose, which is 60 drops (60 mg) every OTHER day. The only exception is when collecting the metal toxicity tests. Use the CHALLENGE dose on the days when metal toxicity testing samples (urine, hair, fecal, blood) are being collected, and this dose will never exceed 120 drops (120 mg).

NOTE: Many pharmacies are already trying to duplicate TD-DMPS® by creating their own topically applied form of DMPS. However, if it were that easy to put DMPS into a stable liquid form which does NOT become highly oxidized and oxidative to any other material it comes in contact with, it would have been done long ago and would have been widely utilized. The vast majority of the rashes patients have experienced is simply because the substance they are using is NOT what we have formulated or designed. These inferiorly combined substitutes are being marketed to capitalize on our research and impersonate TD-DMPS®. Remember TD-DMPS® is patent pending. The documented and verified results, our clinical success and the results reported to the US Congress were all using the TD-DMPS® along with nutritional support ONLY. Proceed at your own risk.

#### Possible Complications:

1. Rashes – Generally a rash may appear due to mobilization of metals and is usually localized to the area of application. **These rashes typically occur in only 3% of the patient population using the real TD-DMPS®.** The rash is transient and usually abates in 2 to 3 weeks. If this occurs, rotate sites. If the rash persists, discontinue use and notify your physician who prescribed the TD-DMPS® to you. Some individuals may have an allergy. For those patients who persist with a systemic rash, it is most likely due to mercury mobilization and it may become necessary to reduce the dose and/or pre-medicate with PO Benadryl and Tylenol prior to treatment.
2. Mineral depletion – This will be the most common complication that EACH physician must anticipate and monitor closely. Currently, we are still testing a number of liquid minerals to determine the absolute best combinations for children to prevent mineral depletion. This information will be announced as soon as it has been determined which type of minerals are the best for replenishing minerals in children, especially those undergoing treatment with TD-DMPS®. It is also wise to consider starting an aggressive 2 week mineral repletion program PRIOR to initiating treatment with TD-DMPS® to insure the resolution of any pre-existing mineral deficiencies which are more common than realized.

IMPORTANT: Two other formulations are currently being studied which so far, promise to facilitate the rapid repair of the brain, once the mobilization of the mercury has been effectively initiated and is in the process of being removed utilizing the TD-DMPS®. Both formulations are highly palatable powders and will help establish not only optimum brain repair but also will help to establish optimum gastrointestinal support for all children. These formulations are still being studied at our clinic and are not yet available. We anticipate that both these formulations should be available by the fall of 2004. If you send an email to [drbuttarclinic@aol.com](mailto:drbuttarclinic@aol.com) with the subject line stating, "notify me of new formulas", you will be notified via email with a contact phone number of a pharmacy where you may obtain these formulas. Or you may have your physician contact the number so that they may prescribe the formulas for your child.