The Evolution of Practice: An Interview With Tris Trethart, MD, CCFP, CCT

Interview by Karen Burnett

***Tris Trethart,** MD, CCFP, CCT, is a graduate of the University of Manitoba, having completed a family practice residency program and holds a membership with the College of Family Physicians of Canada. He is a past board member of the advisory council of Grant MacEwan University's Holistic Practitioner Program. He is also a past founding member and secretary/treasurer of the Canadian Complementary Medicine Association and founding member of the Holistic and Complementary Medicine Society of Alberta. Dr Trethart focuses on alternative and complementary medicine including chelation and bio-oxidative therapies, antiaging, regenerative and restorative medicine, and orthomolecular, preventative and nutritional medicine. He has practiced preventative health care in Edmonton, Vancouver, and Toronto, Canada, with more than 30 years of experience.*

Dr Trethart is a diplomat candidate of the American College for the Advancement of Medicine with a diploma as a certified chelation therapist. He is enrolled in the Master's program at South Florida University in antiaging medicine. He is a member of numerous associations including Association for the Advancement of Restorative Medicine, Orthomolecular Medical Association, American Academy of Anti-Aging Medicine and The Institute of Functional Medicine.

Dr Trethart's foundation of all treatment begins with the establishment of a supportive patient-physician partnership and is committed to the philosophy of continuing patient education, where patients will be given the opportunities to learn about the health implications of their particular lifestyle choices. He is also committed to providing patients with the support needed to take greater responsibility for determining and controlling their own health care treatment.

Integrative Medicine: A Clinician's Journal (IMCJ): How old you were when you decided that you wanted to become a doctor, and did you grow up in a medical family?

Dr Trethart: The first recollection of any talk regarding me becoming a doctor was—it's a very funny story, actually—when my grandmother went to see a fortune teller. The fortune teller told my grandmother that one of her grandchildren would grow up to be a doctor one day. It was just a little story that amused my family, like: who's going to be the doctor in the family? I guess I ended up being the only doctor because there was no one with a medical background or doctors in any of my relatives. I was the only doctor that came out of our family.

IMCJ: How did you become interested in joining the field of medicine?

Dr Trethart: I think I was primed from an early age to be interested in science. I used to, as a child, make those models of the ear and the eye and the visible head and the visible man and the visible woman—all of it, all of the body parts. Painting models and painting the organs—maybe doing all the glue sniffing—and putting those models together affected my thoughts at the time. I sometimes say that going into medical school was a momentary lapse of sanity.

IMCJ: Did you grow up in Canada?

Dr Trethart: Yes, I grew up in a small northwestern Ontario town called Fort Frances, which was right on the border of International Falls, Minnesota.

IMCJ: Where did you go to medical school?

Dr Trethart: I went to medical school very close to Fort Frances, in Winnipeg, Manitoba. The University of Winnipeg had a medical school and I took my premed there; my medical training was at the University of Manitoba.

IMCJ: What was your experience in medical school like?

Dr Trethart: It's been a long time since I've thought about what it was like; I know it was many long hours and hard work. I think I was a rebel and a maverick from the beginning. I do remember one of the yearbook comments about my style of practice—the paradigm I was working in, the

medical model I believed in—which was preventive. The comment stated that Dr Trethart gives orders on his patients' charts for bran muffins and intravenous carrot juice. I was ridiculed, even then, in medical school about my beliefs. And because I was ridiculed, many of the professors commented that I was a very quiet person and kind of reticent to give an opinion—usually because my opinions were essentially against the grain of what was being taught, so I just learned to keep quiet.

IMCJ: Do you remember how you came to have those unusual opinions?

Dr Trethart: Early in my premedical training, I read a book called *Sugar Blues* by William Dufty, and the information in that book actually changed my thought belief system and patterns of eating so drastically that it, essentially, changed my life. I went through my house and threw everything out of the cupboards that had sugar in it and everything from the fridge that had sugar, and I had no food left.

So I had to start over again with the concept of eating sugar-free, and it changed my life. The drastic improvements in my health changed my attitude towards the way I was living at the time, which included a very poor diet—the standard American diet; we call it the "SAD" diet: sugar and high carbohydrates.

IMCJ: Did you discuss this with your teachers in medical school … and what happened?

Dr Trethart: I remember a presentation that I put together for one of our open houses at the university, a slide show of good food and bad food and junk food and what a healthy diet should be. I suppose it entertained the other doctors.

IMCJ: As you moved on and became a doctor, did you make some discoveries that continued to reinforce your interests towards integrative medicine?

Dr Trethart: In those early days, there wasn't a lot of information out there. It was Adelle Davis and the local health-food store, and you'd learn about apple cider vinegar, various folk remedies, and a lot of herbs from the health-food stores.

One of my standbys of learning in those days and keeping me interested in pursuing the pathway that I had chosen was the old *Prevention* magazines. In those days, *Prevention* magazine was run by Rodale Press, and Rodale Press had a very strong ethic for natural medicine. Sometime in the early 1980s they started running ads for Tylenol and after that happened, my association with reading it ended.

Originally, the biggest part of reading *Prevention* magazine was that one of my mentors, Jonathan Wright, from Tahoma, Washington, wrote a little preventive health column. He would give case histories of people coming into his practice and how he would approach each nutritionally with diet and vitamins.

IMCJ: Did you have other mentors, or was he your major influence?

Dr Trethart: He was my major mentor. I also kept my eye on books that came out on preventive medicine, and I would order and read them—books by William Philpott, Roger Williams, and Abram Hoffer; I had some correspondence with Hoffer and I asked him what was I going to do when I got out of medical school to learn all of this preventive and orthomolecular medicine that was out there. I think Linus Pauling coined the term *orthomolecular medicine,* but Abram Hoffer was practicing it in

Victoria. He wrote me a very kind letter telling me to stay in medical school and when I got out of medical school, to mentor with other doctors of like mind throughout the country, and that's how I would learn.

By the time I graduated, I became aware of some of the organizations and associations in the United States that were very involved in the natural approach, including one of the primary ones called the American College of Advancement in Medicine (ACAM). I became involved with ACAM early on in my schooling because I would sometimes talk with some of the patients who were prepping for leg amputation in the hospital. I would tell them to read books on chelation so that they might find another option.

IMCJ: As you moved closer to complementary medicine, did you encounter some push-back from traditional medical rounds or other physicians?

Dr Trethart: When I first graduated from medical school, I practiced first in Winnipeg for a short period of time. When I came to practice in Alberta, I'd been practicing probably for only 2 months when I got my first letter from the College of Physicians and Surgeons because I had referred—this must have been 1983—a patient for a chiropractic evaluation and I was being cited for unprofessional conduct because of that. I was told that I had better cease and desist, or there would be further action taken against my license. That was my first taste of what I was coming up against from the orthodox medical establishment.

IMCJ: Has that proven to be something that's tapered off?

Dr Trethart: No, I'm afraid that I can't say that. That over the years I've had numerous communications with my professional licensing body regarding my style of practice, and I'm pretty above-board about what I do and tell them what I do; I'm in communication with them. It's mostly other doctors who are so entrenched in old ways of thinking that they think they are protecting the public and themselves by complaining to the college about my approaches with patients. It usually is colleagues who are not knowledgeable about what I'm doing who create problems.

IMCJ: You now have a large and popular practice in Edmonton with devoted patients. In addition to education, nutrition, lifestyle improvements, what other treatments do you offer to your patients?

Dr Trethart: I do have a nurse in my clinic, and we offer a lot of intravenous therapies. I have been trained in doing chelation for many years. [I was] one of the first doctors in Alberta who did intravenous EDTA chelation therapy for circulatory, cardiovascular, and diabetic complications. So I've been doing that since it was first allowed in Alberta.

The citizens of Alberta formed a coalition because the College of Physicians and Surgeons was extremely reticent and very much against having chelation approved in the province, but the citizens coalition of Alberta formed an association and placed a lot of political pressure upon the college and the government. Eventually, an act was passed that allowed doctors to do intravenous chelation therapy without harassment. That was a very important moment in complementary medicine in Alberta and across Canada.

That was preceded, of course, by Dr Robert Rowen's first victory in Alaska when his bill that prevented alternative doctors from being harassed for doing their treatments was passed. Most of this change is being driven by patients and consumers and not from any impetus from the medical establishment. It is really a grass-roots movement through patients who band together to put pressure on licensing bodies and create political pressure to make things happen.

IMCJ: That is often how these things happen. They're often powered by the patients who want something new.

Dr Trethart: Yes, people have to be empowered to create the groundswell of change that is coming.

IMCJ: Do you believe that some physicians use prescription medication too quickly to solve health problems?

Dr Trethart: It is not a blanket statement that you can say for all physicians, but there definitely are physicians who pull out the prescription pad too quickly. They've done enough studies that show how doctors pull out the prescription pad within the first minute of talking to the patient and how they have already interrupted the patient's story within 21 seconds, so the prescription pad is probably still overused.

IMCJ: For those who must take prescription medications, such as thyroid hormone replacement, do you recommend a natural bioidentical version instead of the synthetic version?

Dr Trethart: I'm a firm believer in bioidentical hormone replacement therapy. I use bioidentical hormones exclusively. There are numerous societies and organizations across the world that are now teaching the bioidentical hormone approach. Dr Jonathan Wright, of course, one of my mentors, is a pioneer in this area. There are many other pioneers. Dr Thierry Hertog from Belgium is also a pioneer in this area. There is a groundswell of interest and education going on in these areas.

IMCJ: Are these difficult to get—to find these components to make these medications?

Dr Trethart: A groundswell of doctors doing this has to come along with a groundswell of pharmacists and compounding pharmacists prepared to make these prescriptions available for the population. There are more and more pharmacists, now, who are compounding for the individual doctors doing these therapies.

IMCJ: You place a great deal of value on testing and observation in order to determine whether or not your treatments are working. Are there certain types of blood work you do as a matter of course for your patients?

Dr Trethart: I do very extensive blood work on my patients. I am very interested in seeing that I have a good grounding to make decisions from, whether the person is in good health or not, through proper medical laboratory evaluation. We check regular blood work, kidney function, liver function, hormone levels, electrolytes—all regular blood tests that anybody can do as a medical doctor. But the major part of assessment that I do comes from the alternative testing that I send to the United States.

Most of my testing, and a very major part of my practice, is the food-allergy testing: the ELISA test for IGG-4 and IGE antibody levels to food. As part of that paradigm, I am also very interested in the level of toxicity—heavy metal toxicity—in the body, so I do extensive urine testing for heavy metals on my patients.

As well, even the yogurt commercials on TV tout that a very large percentage, 65% to 75% of the immune system is located in the gut, and I believe that some of the latest scientific literature printed now is that 95% of the immune system is in the gut, specifically the mucosa lining and the Peyer's patches. You've got tonsils at the top, the appendix at the bottom, and a huge amount of lymphoid tissue communicating with the bowel flora throughout the gut lining. So I'm a firm believer in comprehensive digestive stool analysis to show what's happening in there from yeast and molds and fungus and bacteria to worms and parasites and amoebas and protozoas, and then inflammatory and digestive markers. I really think that a comprehensive assessment on that environment in the gut is an important indicator to the health of the patient.

There are also many other tests I focus on. I do amino-acid tests, organic-acid tests, as well as fatty acid tests and intercellular levels of vitamins, magnesium, and zinc. A lot of these tests are referred to the specialty laboratories in the United States that have been set up over the years. One of my favorites is Meridien Valley Lab—that's Dr Jonathan Wright's lab. There is also Metametrix Labs in Duluth, Georgia, and Doctor's Data Labs in Chicago. These are three of the major labs that I use to fully evaluate my patients.

IMCJ: Do your patients seem to appreciate the scientific side of what people can sometimes perceive to be a less scientifically based field? In other words, do they appreciate the fact that you have blood work testing going on to back up the treatment you're giving?

Dr Trethart: I think the general population I see is actually highly intelligent and motivated, and they are well-read. Anybody with a computer who can punch something into Google can usually show up in the doctor's office better informed than the doctor himself or herself. We live in a very, very rapidly expanding technological world where information is disseminated at the speed of a mouse. One click and you have information. Sorting through the information with the help of someone with medical training, like myself, is sometimes helpful, but believe me, my patients are well-informed and well-educated and know that these things that I am doing are scientifically based. There's nothing really *alternative* about it at all. It is all based in good science. Even though you may see things like "Quackbusters" trying to create confusion in the field, you still have European governments sending samples all the way to Chicago for their patients' heavy metals testing. It's very deeply rooted in science; there's nothing alternative or unscientific about it.

IMCJ: I've noticed that there's an increase in allergy problems in industrialized countries: environmental allergies and food allergies. Is this playing a role in the health problems many people face? In the increasing autoimmune issues? In asthma? Do you think that there's some kind of issue going on?

Dr Trethart: A study done last year or the year before randomly selected ten babies in the United States and tested their blood, the umbilical-cord blood, at a special lab that tested for something like 2000 toxic chemicals. Every single baby had over 235 toxic chemicals in the cord blood when they were born. This is the legacy of our pollution of the planet and how far it's led us down the road to the health problems we have today. If our babies and grandbabies are born this polluted and this toxic, what chance do they have? We have to be able to chelate the metals out, we have to be able to detoxify these children, and we have to be able to clean up our planet.

We have this toxic soup in our bodies, and that is why I look at the food allergies, the heavy metals in the stool, and my major markers. It is affecting our metabolism, our hormones, and our very genetics. The level of infertility is rising because of our toxic environment and what we've exposed our young women's bodies to: birth control pills, mercury fillings, and vaccinations. The vaccinations used to have a lot of mercury—they have less mercury now—but some of them still have mercury and aluminum and other adjuvants.

We are poisoning our bodies all the time. The very air we breathe, the very water we drink, the very food we eat, and the toxic thoughts we're exposed to in our media are bombarding our system, and we are suffering a legacy of ill health

in this generation and for future generations to come.

IMCJ: People are struggling with illness that they can't put a name to—often just fatigue and little energy.

Dr Trethart: The insidiousness of the toxins—the pesticides, herbicides, fungicides, heavy metals, mercury, and lead—in the biochemistry of the body will be felt in every system, so that's why there is this huge vagueness of symptomatology. Doctors can't figure out what's going on because they're not looking in the right place.

IMCJ: When a patient presents with those types of symptoms, is there one place you begin?

Dr Trethart: I begin by talking to the patient. The first thing you've got to do is take a very good history. You talk to the patient and then you have to listen to the patient. You have to listen to the history and then from that basis most of your questions are usually answered—if you listen long enough and well enough. Then there are the investigations, the blood tests and other tests, depending on what the presenting problems are.

The food allergy test has, seriously, been one of my major tools for helping patients as well as finding out the levels of heavy metals and the stool analysis. I'm a firm believer that dental toxicity is a serious problem, not only for mercury amalgams, but cavitations in the mouth from improperly removed teeth and root canals. Many, many dentists are now raising the alarm about toxic dentistry.

In the old days, in the 1900s in Europe, you could not be a dentist unless you were a doctor. They wouldn't allow it. You had to have both professions. This was important because the health of the mouth and the health of the body are inextricably connected. Now, cardiologists are aware of the fact that dental health can affect the health of the heart. Many times, when you have a dental procedure, dentists give antibiotics so they don't spread toxins or at least bacteria from the mouth through the body. It's very real, all of these things.

IMCJ: Could you describe the benefits of some of the other treatments you offer, such as ozone therapy and … let's see … hair analysis?

Dr Trethart: I don't do much hair analysis anymore because I use challenge testing for heavy metals through urine analysis. But the most valid way to analyze lead toxicity is still done through a hair analysis. There are reasons that you could use both. What I use in my practice is called bio-oxidative therapies. I do chelation therapy as a bio-oxidative therapy. Plaquex is, again, another bio-oxidative therapy. Intravenous vitamin C is, too. There's a lot of research going on in this area right now, and there is a lot of excitement about vitamin C intravenously for various health conditions. Ozone is another bio-oxidative therapy, all of which have their place in treating illness and improving health outcomes.

IMCJ: You offer breast thermography to your patients. What are its advantages over mammograms and ultrasounds for breast-cancer detection?

Dr Trethart: There are various advantages. The statistics out there suggest that 40% of mammograms give false negatives. They miss the cancer. Another 20% plus indicate there is a cancer and there isn't a false positive. So, over half the time the mammogram is incorrect in the diagnosis. That's not very good odds.

On top of that, there is radiation to the breast that people have talked about in various literature reviews and analysis that shows a 1% to 5% increase in breast cancer for each mammogram done. If you add five, 10, 15, or 20 mammograms in the lifetime of a woman, you could essentially negate any positive possibility of finding a cancer and actually be contributing to an increase in cancer. These are all scientific studies done in Canada and Europe and supported in the scientific literature. So many radiologists are now starting to raise the alarm on these statistics.

Thermography is a technique that is nontraumatic. The breast is not squashed. It is not x-rayed—exposed to radiation. It looks at thermal heat patterns. We can see the heat with thermography, which has been FDA-approved since the 1970s as a therapeutic tool for investigation and screening—and it is now becoming more widespread.

We can see the heat of the cancer changing in the breast 5 to 10 years before a woman will feel the lump—5 to 10 years before a mammogram will find it. So you've got a good lead on seeing potential risk. The thermogram cannot diagnose the cancer that far ahead, but it can identify risk from the breast changing in such a way that we get a warning that there is a problem. The mammogram has never been approved as a screening tool; it's only been approved as a diagnostic tool. So a mammogram has been changed from being a diagnostic piece of equipment into a screening piece of equipment, and that's where the problem arises, I think.

There is a time and a place for mammograms, but I have patients in my practice who have totally turned away from that approach and so this is what I offer to them. For those women who still want to do mammograms, through their choice and/or through fear, adding a thermogram to their assessment of their breast gives them more information to go on. So it's a win-win for women who want to do mammograms and add a thermogram, too.

IMCJ: How is the cranial thermography used?

Dr Trethart: As I mentioned earlier, there is a lot of hidden dental foci of infection and toxicity. A thermogram of the face can pick up heat patterns; you might see an old

root canal that is giving off heat or a thyroid that is not giving off heat and so you can make some diagnostic comments of dental pathology and other pathology in the head and neck region. The thermogram, however, can be used on any body part—front, back, legs, feet, or hands—it doesn't matter. But I limit my thermographic assessment to just breasts and facials.

IMCJ: That sounds like very promising technology.

Dr Trethart: It has been around for many, many years. But it has been kept in the background because of political issues.

IMCJ: Between your use of bioidentical hormones and thermography, it sounds as if women's health issues are important to you.

Dr Trethart: I think that we have been led down the garden path, in my opinion, through the immense power and might and money behind the pharmaceutical companies. I think women's health has been irreparably damaged by the wholesale pushing of the birth control pill for every little reproductive or menstrual problem that walks into a doctor's office. Since we don't know how to treat the body, we don't know how to treat the physiology, and we don't know how to treat the biochemistry, we end up throwing birth control pills at all our young girls, and it's tragic. I think one of the biggest tragedies of the last 50 years has been the birth control pill.

IMCJ: In your opinion, what are the major differences between the integrative medicine fields in Canada and the United States?

Dr Trethart: I don't know if I have a good answer for that question. I do most of my training through the organizations in the United States. Between a population of 35 million for Canada and a population of 312 million for the United States, you can see where the opportunities lie for education and application and integration. So by far, I think the opportunities in the integrative medicine fields lie in the United States.

We do have organizations in Canada that have been around for a long time. The Orthomolecular Medicine Society is a very prominent one for many years, and they do a very good job in educating the public as well as doctors. But really, the primary organizations of ACAM, the Institute of Functional Medicine (IFM), and the American Academy of Anti-Aging Medicine (A4M), as well as many others, are active in the United States, so I think by far the fields there are much advanced compared to the Canadian opportunities.

IMCJ: I know that patients in Canada are very interested in finding doctors with this interest and background, though.

Dr Trethart: They are. We have a different system, a socialized system of medicine, in Canada that makes it different. People's expectations are that the government should pay for everything and everything should be free. So there is a paradigm shift that has to come where people have to be called to task to take responsibility for their health in a financial way.

If people can spend $200 at a hairdresser and $100 at a movie theater, I think that spending a few hundred dollars a month on vitamins is appropriate if one wants to have the health insurance one needs to have a healthy and productive life and a healthy aging and retirement. It's a difficult paradigm to introduce patients to—that health responsibility also involves some financial responsibility, too. We spend thousands of dollars a year on car insurance, house insurance, life insurance, fire insurance, disaster insurance, and we don't think that we should spend a few hundred dollars a year on one's health insurance. You know, eating properly, exercising properly, having proper mental attitude, having loving relationships—those things are important for the health of the population.

IMCJ: Have you found support for your ideas from colleagues in your area?

Dr Trethart: I find support from my colleagues at the conferences I go to. Our conferences that started off with half a dozen people are now running into the hundreds and even the thousands of doctors showing up, so there is a groundswell building. There is going to be a critical mass that is met in the population, the public, and the medical profession and there will be a shift.

IMCJ: Do you feel like you have become a mentor yourself to up-and-coming doctors?

Dr Trethart: Actually, I have had medical students come and see what I've been doing, and I even have other doctors in the alternative, integrative, and functional medicine community come to shadow me on occasion to see what I'm doing. So, I guess, I am mentoring. I often answer phone calls from my colleagues on problems or difficult patients they have. They ask me for advice and I share my knowledge with them, so yes, I guess I am mentoring. I never really thought of it that way.

IMCJ: What is next for you in your practice?

Dr Trethart: Next for me is to spend as much time as I can possibly spend on my two-and-a-half grandchildren—loving them and holding them and bringing them up in a healthy way—a healthy nonvaccinated way and encouraging the breastfeeding of my grandchildren as well.