BEFORE THE ADMINISTRATIVE HEARING COMMISSION

STATE OF MISSOURI

STATE BOARD of REGISTRATION,
for the HEALING ARTS

Plaintiff,

-vs-

Case No. 94-002029-HA

EDWARD W. McDONAGH, D.O.,

Defendant.

D E P O S I T I O N

of L. TERRY CHAPPELL, M.D., witness herein, called by the Plaintiff herein, taken by and before Pamela L. Lather, a Notary Public in and for the State of Ohio, located at the Celebration of Health Center, Inc., 122 Thurman Street, Bluffton, Ohio, on the 16th day of September, 1996.

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C O M P U T E R I Z E D T R A N S C R I P T I O N

APPEARANCES:

COUNSEL FOR THE PLAINTIFF:

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COUNSEL FOR THE DEFENDANT:

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E X H I B I T I N V E N T O R Y

Plaintiff's Exhibit No. 1
Dr. Chappell's CV

- - -

**Retained by Mr. Bradford

Medical Offices
122 Thurman Street
Bluffton, Ohio

September 16, 1996
6:10 p.m.

- - -

WHEREUPON, with counsel of record, deponent and Notary present, the deposition commenced, to-wit:

L. TERRY CHAPPELL, M.D.,

who, after having affirmed, testified as follows, to-wit:

CROSS EXAMINATION BY MR. BRADFORD:

Q Would you state your name for the record, please?

A Louis Terry Chappell.

Q You live in Bluffton, Ohio?

A Yes, I do.

Q I have been informed that you are going to be a witness in a case in the Board of Registration

for the Healing Arts against Edward McDonagh, D.O.; is that your understanding?

A Yes.

Q And you have been asked to testify in that case?

A Yes, I have.

Q Okay.

You gave me a CV. That's been marked as Chappell Deposition Exhibit 1.

Is that a updated, correct copy of your CV?

A Yes.

Q Reasonably current?

A Yes.

Q And you're an M.D.?

A Yes, I am.

Q Are you Board Certified in anything particular?

A Board Certified in family practice, and in chelation therapy and in pain management.

Q Okay.

Is that pretty much how your practice is made up?

A Pretty much.

Q Chelation, EDTA chelation, pain management and family practice?

A But EDTA chelation encompass a much broader school of nutritional therapies and various approaches to chronic degenerative disease, primarily.

Q When did you first use EDTA chelation therapy?

A It was, I think, 1981.

Q And how did you come to start using that as a therapy in your practice?

A I went to a workshop put on by the forerunner of the American College of Advancement in Medicine and learned the technique at that time and then spent some time in other physicians' offices and then I started treating patients.

Q Do you know Dr. McDonagh personally?

A Yes, I do.

Q How long have you known him?

A Most of that time. Probably 13 years or so.

Q You mentioned EDTA chelation therapy -- my mouth said it so many times today -- you use it with other things?

A Yes.

Q And what sorts of things do you use it with?

A I use it with lifestyle counseling, diet, exercise, stress reduction. I use it with

nutritional therapies of various kinds.

Q When you give EDTA, I understand that from what I have learned in this case, that each doctor may use a different additive or additives in the EDTA chelation solution.

Do you have anything particular that you -- how do you do that?

A Well, I use the basic protocol and then I will add a few things, depending on the patient's situation. Sometimes I'll subtract things out.

So each patient is individualized as far as what I give them.

Q What would be some of the typical sorts of things that you would put in?

A Vitamin C, Magnesium, Vitamin B-12, B-complex.

Pantothenic acid is the other one I put in.

Q You ever use Adenosine?

A Sometimes.

Q What do you use that for?

A Mainly when people have low energy.

Q What does Adenosine do you for you if you have low energy?

A Well, Adenosine is a monophosphate form but it can be converted to a tri-phosphate form, which

is the energy molecule in the cells.

Q Okay.

Would you have any idea the percentage of your practice that involves EDTA chelation treatment?

A I'd estimate about 20 percent.

Q Okay.

What do you use EDTA chelation treatment for?

A Well, I use it for removing toxic metals, if they are present, and I use it in the treatment of vascular disease.

Q Vascular disease being?

A Heart disease, peripheral vascular disease, cerebral vascular disease to the brain, would be the most common types.

Q Do you ever use it to treat diabetes?

A I wouldn't use it to treat diabetes as such, but diabetes is a disease that has vascular complications, so I would be treating the vascular component of it.

Q Okay.

Have you reviewed any medical records in connection with this case?

A Yes, I have.

Q And did you bring those with you today?
A No. I don't have them down here, but --
Mr. Goetsch: I believe I have copies of probably all the records he reviewed.

BY MR. BRADFORD:

Q I'm trying to figure out a way to go through this.
We kind of struggled with this this morning on how to approach this, but I have been given a list by Lori Levine of Carson & Coyle concerning Dr. McDonagh and which counts of our complaint that you would be -- that you would be expected to talk about.
A Uh-hum.
Q And so what I would do is maybe go down each count and give you a name and ask you what your principal opinions might be.
Would that be a reasonable way to go at that?
A As long as I have a record here to refer to, sure.
Q Let's start with Beverly Collins, and as

indicated, you had some opinions on that, and that's Count 1 of the complaint which was filed.

A Uh-hum.

Q You might just look and make sure that's the same records.

I might ask you to look at the copy of the complaint that's been filed here.

A Yes.

Q Have you looked at any depositions of experts for the Board of Healing Arts?

A I glanced at one deposition that was given, but I don't remember the name.

Q There's a Dr. Meyers and a Dr. Kyner?

A That doesn't strike a bell.

Q Are you generally -- do you feel you're generally aware of complaints the Board has made in that case about those various patients?

A I think I'm generally aware of it, yes.

Q Okay.

Count 1 basically is a Count that challenges EDTA chelation, and I'm assuming that we'll get into generalities about that as we go on, so maybe you ought to look there at Count 2, which is, I believe -- let's go to Beverly Collins.

That's Count 4.

And did you get a pretty good opportunity to go through Beverly Collins' medical records?

A I have read through them a couple of times.

Q Okay.

And with regard to the Board's allegations, do you have any opinions that you are prepared to offer about Beverly Collins' treatment by Dr. McDonagh?

Mr. Goetsch: I would object just because it's fairly difficult for Dr. Chappell to remember all the specific allegations and then apply them to his review of these records.

BY MR. BRADFORD:

Q Well, we have got to have some way to go at that. If you have an idea, pipe up, but --

A If you want to go through the allegations one at a time, I'd be happy to try to speak to that.

Q Okay.

Do you believe that Beverly Collins was appropriately treated with EDTA chelation therapy?

A Yes, I do.

Q Do you believe that the treatment met the

protocols, ATM protocols, that gives this guidance on how to do it?

A Generally speaking, I do.

We talked earlier about how each shot is individualized and there are factors that go into that.

Generally speaking I think it did.

Q And we have kind of wrestled with this, but did you find any record that Miss Collins had received hyperbaric oxygen treatments?

A I don't remember that, although, since I'm not an expert on hyperbaric oxygen, I don't pay too much attention.

Q It's your claim that you have no particular expertise on that hyperbaric oxygen subject?

A No.

Q All right.

There's an allegation that Dr. McDonagh's records were grossly inadequate and that his records did not contain a complete record of history and physical examination prior to the initiation of therapy.

Did you get a chance to make a judgment on that?

A I think that what he did is, he formed a

very nice problem list at the initial visit, which organizes his impressions.

But he did not record the details of his physical exam.

Q Do you normally do that, make a detailed record of your physical findings?

A I make a general record of it.

Q Is there any record of the physical findings he made?

A I'm afraid I can't answer that completely. I can't read all of the writing.

Q Yeah. We had the same problem this morning.

When you give EDTA chelation therapy, do you follow-up and check on the renal function after treatment is started?

A Yes.

Q And how do you do that?

A Usually I get a measurement of serum creatinine.

Q And why's it important to follow-up the renal function when you start EDTA chelation therapy?

A There have been some records in the early use of therapy that you could do damage to the kidneys, particularly if you are pulling lead or

other toxic metals out in the process of being chelated.

Q Do you do that with all of your patients on EDTA chelation therapy, follow-up the renal function?

A I get kidney function tests. Usually the creatinine, yes.

Q Do you have any particular -- what's the -- you do that every time they take the therapy or --

A No.

Q -- once in a while or what's your procedure on that?

A Well, I think that needs to be individualized, too. It depends on where they are when they begin, and you're concerned about heavy metal toxicity, because that's the main source of risk.

Generally speaking, I'd want creatinine levels probably every ten treatments. Sometimes more frequent if there's a concern.

Q Do you follow-up the electrolytes once you start to give EDTA chelation therapy?

A I usually get a electrolyte determination about every ten treatments.

Q And what's that looking for?

A Well, we want to be sure that we don't draw out too much of certain minerals.

Now, the main one that I would be concerned about is potassium. Now, most of the time you don't have to worry about that though because you're adding potassium to the bottle of EDTA to prevent that.

So, it's, I wouldn't say that would be nearly as important as making sure the kidney function is good.

Q Did you find any indication in Beverly Collins' record that there had been a follow-up of her renal function after the EDTA chelation therapy was started?

A There's a renal function test done on November 7th, and I don't see any other creatinine tests.

Q What about electrolytes?

A Wait a second. I misspoke. I'm sorry.

Yes. There's a follow-up then on 11-22. So that's after she had had several treatments and there was both an electrolyte and a creatinine level.

Q Basically, after your review of the records, you feel that EDTA chelation therapy treatment for

Beverly Collins appropriate?

A Yes.

Q Can I ask you to look at Joseph Hoskins? And is that a record you previously have reviewed?

A Most of it. I'm not sure I saw this letter here.

Q Which letter you talking about?

A From J. F. Kyner, Professor of Medicine. And there's a couple other records from other physicians here that don't look familiar but --

Mr. Goetsch: It may be something that got mixed in.

A It could be.

BY MR. BRADFORD:

Q It's hard to keep it all straight.

A I have reviewed about seven or eight records any ways.

Q Is EDTA chelation therapy -- you mentioned you use that for, I guess, in the course of treatment of diabetes?

A Yes.

Q And for the disease itself, do you use Insulin? Is that what you use?

A If the patient requires Insulin or I might use an oral anti-diabetic, anti-glycemic agent.

Q Are there different kinds of diabetes?

A Yes, they are.

Q What are those kinds of diabetes?

A The main types are Insulin dependent and non-Insulin dependent.

Q What's the difference in -- can you explain the difference between the two?

A Well, Insulin dependent means that the patient absolutely has to have Insulin in treating his diabetes. And if he doesn't have it, he will have severe complications and may go into a coma and so forth.

A non-Insulin dependent, some of those patients still may get Insulin, but they are not as dependent on it. They are not -- it's not as crucial for them and many of them are treated by diet or medications.

Q Do you ever treat gangrene in your practice?

A Occasionally.

Q What is gangrene? Can you describe it? Define it?

A Well, gangrene is when the tissue starts to decay because of not enough blood supply.
Q Can EDTA chelation therapy reverse gangrene?
A Sometimes.
Q Have you seen that?
A Yes, I have.
Q Have you documented that in your practice?
A Yes, I have.
Q How does it reverse gangrene?
A By improving blood flow to the tissue that's rotten.
Q And you don't know about hyperbaric oxygen, whether that can be effective in treating gangrene, I suppose?
A Well, I have referred it -- a couple of patients for hyperbaric oxygen as an adjunctive treatment, but I have never used it myself.
Q Can you tell me what facts you gathered from Joe Hoskins' records about what happened to him?
A Well, Joseph Hoskins had severe vascular disease. And he did have gangrene. And attempts were made to treat him medically, and unfortunately they were not effective and he developed sepsis and was admitted to the hospital and had a very protracted course of treatment in the hospital and

eventually had to have an amputation and intravenous antibiotics and others treatments in the hospital.

Q Was Dr. McDonagh's treatments of Mr. Hoskins, as you read through the records, was it consistent with the way you would have handled it?

A I think so.

It's always hard to put yourself exactly in somebody else's shoes, especially just by looking at the record, but I think so.

Q Nothing jumped out at you that suggested you might have done something differently?

A No.

Except I wouldn't have had the hyperbaric oxygen readily available to me to try.

Q Is there a point at which gangrene becomes unreversible -- irreversible?

A Yes, there is.

And that -- but it's pretty hard to define by looking at it, you know, where the tissue clearly demarcates between a dying section and a live section. Then it's very difficult to reverse it at that point.

Q How would that manifest itself; the demarcation, or what does that look like?

A Well, that's what I said, it's very

difficult. But usually there's a distinct change in the color, but you can't always tell what's going on under the surface by what's on the surface and you must know what you're looking at.

Q What sort of tests would be available for somebody in a condition like this to make a determination of how serious the condition was and how far the disease had progressed?

A Well, there are tests that are done to look at the arteries and blood flow.

There's other invasive tests to look at the blood flow, the Doppler examination, for example. There's dye studies to look at the arteries to see where they are. But still there's not a perfect test to tell exactly where that demarcation takes place.

Q What test did Dr. McDonagh use?

A He used the Doppler test.

Q What is the Doppler test?

A Doppler test measures blood flow past the probe and measures pulse recordings to measure whether there's a pulse or how high the pulse in various parts of the body.

Q Do you know what date he took those Doppler tests on?

A The billing records shows that it was done on the 6th of July.
Q And what were the results of the test?
A It showed severe decreased blood flow in the right leg.
Q Is there some sort of a standard for gangrene or is there some number you can look at or are we just more in the subjective area on that with a Doppler?
A I think we're more in the subjective mode.
You need to see the pattern of it. I think some people do put numbers on it, but it's still subjective.
Q Is there anything in Dr. McDonagh's record that would suggest to you that there's a possibility that Mr. Hoskins had irreversible gangrene as of the time Dr. McDonagh saw him on July 6th, 1992?
A No.
Q Do you have any opinion as to when the condition of gangrene advanced to the point that there was going to be some amputation necessary?
A I think that I have an opinion to that question.
Q What would your opinion be?
A The opinion is that sometimes in the, oh, 36

to 48-hour period surrounding his hospitalization, that time did occur.

Q Would that be more toward July 12th than July 6th; in your opinion?

A Yes.

Q What are venogram studies?

A Venogram studies are when you inject dye into a vein and see what the blood flow pattern is from the blood from the limb back to the heart.

Q Do you use venogram studies in your practice?

A Rarely.

Q Is there any argument in your mind that this is something that might have been used on Mr. Hoskins to get a gauge of his condition in early July of 1982?

A I don't think that that would have been useful at all, to tell you the truth.

The problem was, the blood wasn't getting to the foot. It's not a matter of going away so much.

Q What are bilateral leg pulses?

A Well, the pulses are the throbbing of the arteries in the legs and you can feel them in certain areas in the legs.

Q Does the bilateral before it refer to both

legs?

A Yes.

Q And what would bilateral leg pulse testing show us?

A That would be like a Doppler test to detect the pulse or, if it's by palpation, by physical exam, you could try to detect it that way, too.

But it's more difficult that way if the pulse is weak.

Q Is that equivalent to the Doppler test?

A Basically.

Q So I take it you have -- you don't see anything wrong with Dr. McDonagh's treatment of Mr. Hoskins?

A Nope.

Q Let's talk about Lloyd Daniel Jones.

And he would be Count 2 and Count 3.

A Uh-hum.

Q Specifically, let's talk about Count 3, which is the treatment of Mr. Jones that occurred in the '90s --

A Uh-hum.

Q -- rather than the older treatment.

And you reviewed those records?

A Yes, I have.

Q And you saw that Dr. McDonagh diagnosed Lloyd Daniel Jones as having chronic fatigue syndrome?

A Yes.

Q Are you familiar with what the criteria are for diagnosing chronic fatigue syndrome?

A Generally speaking.

Q Are there any accepted criteria?

A Well, there are some criteria that were put out by the CDC a few years ago, and they have been criticized. And so it's still in a state of flux.

But at least it defined chronic fatigue syndrome, which served a useful purpose.

Q What is the CDC -- Center for Disease Control?

A Yes.

Well, I don't remember them all specifically because I don't use them all specifically.

But basically it's fatigue that has been persistent for six months or longer and it's progressive. And then there are no other diseases that may cause it.

Then there are several other minor criteria which are -- frequent sore throats and sore lymph nodes and a number of physical findings like that.

Q Do you believe the records demonstrate a basis for a diagnosis of chronic fatigue syndrome of in this gentleman as of December of 1991?

A Yes, I do.

Q And what particularly shows in the record that supports that diagnosis of chronic fatigue syndrome?

A Longstanding fatigue.

There are no other obvious causes, although depression is co-existing with it. And there's always a debate as to what comes first, the depression or the fatigue.

And he did have a recurrent history of recurrent sore throats and sore lymph nodes.

Q And Dr. McDonagh treated the chronic fatigue syndrome with Adenosine?

A Yes.

I think I'm missing -- maybe it's out of order here. I'm missing some progress notes here.

Yes. He used Adenosine and Vitamin B-12 injections.

Q Is Adenosine and Vitamin B-12 injections, are they accepted treatments for chronic fatigue syndrome?

A They are by physicians who specialize in a

complementary nutritional approach to chronic fatigue, yes.

Q So apparently there's more than one school of thought as to how to approach chronic fatigue syndrome?

A That's right.

In fact, there are no accepted protocols for the treatment of chronic fatigue syndrome. Even in the medical schools, it varies from place-to-place on what they use for treatment.

Q What would be the alternative to Adenosine and Vitamin B-12 that somebody might say would be a useful treatment?

A In many centers, they basically treat people for depression to help them cope with their symptoms, and in the hopes that that might be a primary cause for it.

And that's probably the biggest treatment that is used for chronic fatigue.

Many homeopathic physicians, who are relying on medications, there aren't any broadly used medications that are used for chronic fatigue other than that, that I'm aware of.

Q And I, again, I'm not sure what that has to do with our discussion about what does Adenosine --

was there a particular form of Adenosine that was used in this particular case with Lloyd Daniel Jones?

I think you mentioned it a while back.

A My impression is that it was an Adenosine monophosphate.

Q Is that specifically recorded anywhere or are we just -- is that just what you suspect he did because that's what most people do?

A That's what would be the mode of the administration and the dose that would be appropriate; if you're using the medication Adenosine. You would use that intravenously in different doses.

Q So there's really two Adenosines?

A Yes.

Q And one is Adenosine monophosphate?

A Yes.

Q And one is plain old Adenosine?

A Adenosine tri-phosphate.

Q What would Adenosine tri-phosphate be appropriately used to treat?

A Well, the Adenosine that is used for treating arrhythmias in the emergency room was just approved in the last couple of years, and it's

usually used as an intravenous shot to treat cardiac rhythm problems.

Q So again, you have no criticism of Dr. McDonagh's treatment of Lloyd Daniel Jones in December of 1991, August to December, 1991?

A No. I do not.

Q Count 7. Ruby Triggs. You got her records handy?

Mr. Goetsch: Yes. One second, please.

BY MR. BRADFORD:

Q We can almost summarize.

There's Count 7, Count 8, Count 9, Count 10, County 11, Count 12, the fundamental complaint I believe that your expert is making is that Dr. McDonagh did a whole raft of tests and our consultant didn't feel that they were all justified and appropriate.

So can we look at Ruby Triggs and the tests that she got?

She got an cytotoxic food allergy test.

A Yes.

Q Do you use that test?

A I don't use it any more. I used to use it in the past.
Q What did you used to use it for?
A Looking for food allergies and sensitivities.
Q Why did you stop using it?
A I found a better -- a test that I felt more comfortable with, and the patient got reimbursed better for it.
Q Which is what?
A I use -- actually it's two tests, the Alcott test and the Eliza test.
Q What do those two tests do?
A They are looking at immunoglobulins that correspond to food allergies and sensitivities.
Q When did you stop using the cytotoxic food allergy test?
A Maybe six years ago.
Q The bone density test.
Are you familiar with that?
A I'm familiar with it. I don't use it.
Q Have you ever used it?
A I have ordered it for other people to do or for the hospital to do, but I have never used it in my office.

Q Do you know what it's intended to measure?
A Yes.
Q Which is what?
A Bone density.
Q Why don't you use it?
Is there any particular reason?
A I didn't want to go through the certification and the expense for handling radioactive materials.
Q Is that an expensive test?
A I think it costs between 100 and $200.
It's cheaper than a CAT scan, which is the alternative, to measure bone density.
Q Are there any particular indications that would suggest that a bone density test would be something that should be done?
A Yes.
She gives a history of arthritis for 20 years and she's 69 years of age and female. Those are pretty good indications to find out her risk for osteoporosis, plus she was on Voltaren, which is a medication that can cause osteoporosis.
Q Is there an alternative when that situation is present to a bone density test?
A A CAT scan can be used.

Q Is it -- what are the advantages or disadvantages of a CAT scan as opposed to a bone density test?

A I think it's whatever the hospital and the radiologists are comfortable in using and whatever reimbursement they think they'll get, which would be better.

Some hospitals and facilities use one, some use another.

Q Dr. McDonagh did a pulmonary function test on that lady.

Are you familiar with that test?

A Yes.

Q Do you routinely give that test to all your patients?

A No.

Q Are there -- what would be the indications, in your practice, which you would use a pulmonary function test?

A Shortness of breath and pulmonary disease.

Q Did this lady have any of those?

A Yes, she did.

And her Master's test, she complained of shortness of breath and it was observed by the person who ran the test.

Q Dr. McDonagh gave her what's described as Heidelberg pH gastograph.

Are you familiar with that test?

A Yes.

Q Do you use that test?

A Yes, I do.

Q What is that test designed to measure?

A That test measures the pH in the stomach and the first part of the intestine to see if the patient has enough stomach acid to secreted to function properly.

Q Do you use that as a routine test for everybody?

A No.

Q What indications would suggest that that test should be done?

A If you suspected food allergies.

It's commonly a problem in arthritis patients if there are digestive complaints of various kinds. That would be an appropriate --

Q A hair analysis was done.

Are you familiar with that test?

A Yes.

Q Do you use that test?

A Sometimes.

Q What does that test tell us?
A It's a screening test for toxic metals and also some trace minerals and other minerals that are present in the body.
Q Would that be a test that you would give to everybody or would that be one that would be particularized for a particular patient?
A A physician who does chelation therapy needs to do some kind of mineral screening.

Now, sometimes that's in the hair, that's in the urine, sometimes in the blood.

I don't do it on every patient, but a lot of physicians who do chelation therapy might do it in every patient who gets chelation therapy.

Q Do you use something as an alternative to --
A I frequently use urine minerals. That would be the most common one I use.
Q Dr. McDonagh gave a hemoglobin a1c test.

Are you familiar that test?

A Yes.
Q What does that test measure?
A It's measures the blood sugar control over the previous two to three months. So it gives you an idea whether somebody's blood sugar has been generally running high or if it's been running in

the normal range.

Q Would that be a test you would give to everybody?

A I wouldn't give it to everybody, no.

Q What would be the indications for the hemoglobin a1c test?

A Well, the clearest indication would be if someone was a diabetic and you wanted to assess the control of their blood sugar.

Q Was this lady a diabetic?

A She was not a diabetic, but her blood sugar was in the high/normal range.

Q Would it be in the range that you would feel, in your practice, it would be appropriate to run the hemoglobin a1c test?

A It would.

I may well want to do that, because with chelation, sometimes you see some fluctuation in the blood sugars and it would be a good thing to have that as a base line and maybe repeat it as something that is suggested as an alternative in the protocol that can be used to.

Q Did this lady give any specific heart or vascular complaints when she came to see Dr. McDonagh?

A She gives a long history of hypertension. She gives a history of taking cardiac medications that are for vascular disease.

Q Okay.

And you have no criticism of Dr. McDonagh's treatment of Ruby Triggs?

A No.

Q Geraldine Hamlin.

Did you review those records?

A Yes.

Q And what were this lady's complaints when she came to see Dr. McDonagh?

A Well, she had coronary artery disease, history of angioplasties or surgeries. They had tried to open up her arteries in the past. She had shortness of breath, chest tightness, had some digestive problems, a hiatal hernia, diverticulosis.

Q Dr. McDonagh gave her a metabolic intolerance test.

Are you familiar with that test?

A Yes.

Q What's that test?

A That test is essentially the same as a cytotoxic test. That's a test for food allergies.

Q And he gave her a boreoembryonic antigen

test.

Are you familiar with that test?

A I don't think you have that quite right.

Where's that?

Q You see b-o-r-e-o-e-m-b-r-y-o-n-i-c antigen test in there someplace?

A C-o-r -- that would be -- which would be a test that's used for the spread of cancer.

Q Would it be coreoembryonic instead of boreoembryonic?

A That would be something that would make more sense to me, but I don't see it on here. If you could point it out to me, I could try to decipher it.

Q Are you familiar with the use of staph lysate as a treatment?

A Yes, I am.

Q What's that used for?

A Staph lysate is used to help the immune system. It stimulates the immune system to function at a higher level.

Q Do you use that in your practice?

A I don't right now because it's not available, but I have in the past.

Q Why's it not available?

A The FDA made some requirements on the manufacturer and the manufacturer couldn't sell it until they met that requirement, and I'm not sure exactly what that requirement was. I got a notice on it, and they said they expected it to be available in the near future, but I don't know the details on that.

I'm sorry.

Q Dr. McDonagh gave this lady 10 injections of 4 CCs intramuscular gamma globulin.

A Uh-hum.

Q Are you familiar with gamma globulin?

A Yes.

Q That's a used for?

A Once again, it's to try to improve the immune system.

Q What would be the indications of gamma globulin?

A Mostly frequent, recurrent infections. Sometimes it is used for, in high doses, for chronic fatigue.

Q Do you see any indications in this lady's record that would support treatment with gamma globulin injections?

A I'm trying to find the page where they are

given here.

Q I have it on April 6th, 1987, through May 18th, 1987.

A Thank you.

Yes.

She had problems with diverticulitis.

I can't read the whole note here, but diverticulitis, I think is the infection which she had given a history when she first came in that she had had problems with that.

So I'm not sure, but that certainly would be one reason why he might have given it.

Q On December 18th of '87, the record shows he gave this patient 20 grams of intravenous Vitamin C.

Do you see that in the records?

A December when?

Q December 17th of 1987?

A Yes.

Q And what would be the indications for treatment with intravenous Vitamin C?

A Vitamin C is an antioxidant and it helps in the resistance of infections, and it can help quiet inflammation.

So it might be, and it also can help to treat vascular disease to a certain extent.

Q How does it work on that?
A As an antioxidant.
Q Can you explain how that works?
A Well, briefly, some of the damage that is done can lead to plaque formation in the arteries is simulated by free radical reactions in the body, which are tiny reactions that occur very rapidly and can cause damage.

And the antioxidants in the body are the body's protective mechanism to make sure that that doesn't happen too much.

If you have a lot of free radical activity going on, then you can get the development of chronic degenerative disease, and you use up the available antioxidants so the body doesn't have a defense to continue.

So if you give additional antioxidants, then it helps the protective mechanism.

Q Okay.

Looks like Count 9, Tom Gerity.

Did you review these records?

A Yes, I did.
Q And what was this man's problem when he came in to see Dr. McDonagh?
A He had chest pain after physical activity.

He had a history of angioplasty. And it states that he was concerned about avoiding bypass surgery.

Q What test did Dr. McDonagh --

A He did an ultrasound study of the carotids.

Q What did that show, if anything?

A Well, it's difficult for me to read it because my copy doesn't come through very well, but I believe it shows some plaque formation there and I'm not familiar with the notations on the measurements here, so --

Q What other tests did he give him?

A He did an EKG, and he did some blood testing. He did a Doppler test of the extremities.

Q What did that test show?

A This was to be sure -- I'd have to know the base readings on the machine, but it didn't -- there were no severe abnormalities in the lower limb.

Q Was there ever an electrocardiogram done; did you say?

A Yes.

Q What did that show, if anything?

A Showed premature beats, complete left bundle branch block and sinus brachycardia or slow rate.

Q Left bundle branch block or right bundle branch block?

A It says left on the impression.
Q And what was the treatment that Dr. McDonagh ordered up for this patient?
A Well, he gave him chelation therapy.
Q Did it help him?
A Well, there was an improvement in blood flow in his extremities.
Q And how is that demonstrated?
A By higher blood pressure readings in his lower limb.
Q What were the old ones and what were the new ones?
A Well, let's see. Here's one done in 9-18-91. The right. I have got three readings here in front of me. And, for example, the dorsalis pedis artery in the top of the foot. Blood pressure reading when he started was 169. That was in September of 1991. In May of 1992, it was 178. And in April of 1993, it was 211.
So that kept increasing.
Q That's good?
A That's good.
Q Let's take a look at Count 10, Lucille McCarty.
What were this lady's complaints when she

came to see Dr. McDonagh?

A I'm sorry these are out of order here.

I'll rearrange them here.

WHEREUPON, a short recess was taken at this time.

Q Her complaints?

A Looks like her first visit she complained of low blood sugar, low hormones, nervous condition.

Q How would a patient know she had low blood sugar and low hormones?

Is that what she said?

A I don't know. I'm just interpreting what's on the report. There are no quotation marks there. I don't know.

But sometimes you can hear that because a lot of physicians who use complementary treatments have patients that have been to many other doctors before and had unsuccessful treatments, so --

Q They are reporting what that history is?

A Yes.

Q And Dr. McDonagh gave her a number of tests?

A Yes.

Q It was reported by our consultants that

Dr. McDonagh began her thyroid 2-grain on September 27th, 1978.

Did you see that in the records?

A On December 27th?

Q I have got September 27th of 1987.

A Didn't hear that right.

Yes.

Q Why would you give somebody that?

A Many people complain of fatigue and inability to tolerate different temperatures. Oftentimes they'll have thyroid problems.

Q Do you see any indication at the time that treatment was begun that there was any evidence of a thyroid problem?

A Her basal body temperature, which was 96, which was extremely low, and that oftentimes goes with low metabolism and low thyroid.

Q Could that be a result of anything else?

A It's possible, but that's by far the most common cause.

Q Did Dr. McDonagh -- or are there any tests you can perform of thyroid functioning?

A Yes.

Q Did Dr. McDonagh do any of those tests?

A Here's a test that was done on 11-1-1988.

Q What does it show?
A Shows that the blood hormone level is in the normal range.
Q Any testing before 1988 of the thyroid function?
A Yes.
Here's one on November 1987.
Q What did it show?
A It showed the T-4 was normal, but it was in the lower part of normal.
Q Is there any record of any testing between September 27th of 1978, and November of 1987, of the thyroid function?
A I don't see any other blood tests --
Q Okay.
A -- of the thyroid function.
Q Did this lady have any circulatory problems when she came to see Dr. McDonagh or at any time in his treatment of her?
A I didn't -- in October, 1987, it refers to a carotid artery disease, especially the internal carotid artery, and history of where she passed out in her bedroom.
Q So was a check made of the carotid artery in 1987 or a test done on that?

A Along about the same date there's a Doppler test of her legs, and there's a reference to the OPG test was not able to be done because the machine malfunctioned.

Q What's OPG?

A Now, that's a test around the eye to measure the blood flow around the eye.

And there isn't -- I don't see a complete report on the Doppler or ultrasound of the carotids in the record, but it does refer to it in the progress note.

Q What does it say specifically in the progress note?

A It says vessel tests results with doctor, colon, right carotid artery disease, especially internal carotid artery.

Q But there's no specific result of the test in the records?

Report of it, I guess?

A I couldn't find a written report of it.

You don't always do a written report either. Sometimes you might just listen to the carotid artery with the Doppler machine with the ultrasound.

Q What is the Doppler?

A It measures the flow of the blood past the

probe, the Doppler does.

Q How does it do that?

A By bouncing sound waves into the body.

Q Like sonar?

A Yeah.

Q Do you use the Doppler in your practice?

A Yes.

Q Let's take a look just finally at Donald Starkenburg.

That's Count 11.

What was his problem when he came to see Dr. McDonagh?

A His No. 1 complaint was loss of memory.

It occurred apparently quite suddenly on a couple of occasions.

Q And what did Dr. McDonagh do to check out that complaint?

A Well, he did a Master 2-step EKG.

Q And what was the result of that?

A Showed patient became short of breath, that the blood pressure was unstable. It actually went down during the test.

Q Is that normal?

A That's an abnormal result, although it does note that he was on medication that could affect

that to a certain degree.
Q And what was that medication?
A Tenormin.
Q And what is that medication for?
A Blood pressure.
Q Any other results of his initial testing with regard to the loss of memory complaint?
A Yes.
Here's a Doppler test of his carotid artery.
Q And what does that show?
A Shows poor flow in the right common carotid artery.
Q That reduced to numbers?
A I don't see any numbers here.
Q Okay.
Dr. McDonagh gave him a number of other tests?
A Yes.
Q I have in the record he gave hemoglobin a1c a number of times.
Do you see that in the record?
A Well, there's one report, yes. There's several reports of a hemoglobin.
Q What do they show?
A They show a mild elevation. It's an

abnormal result.

Q And was that -- does that show that there's a possible problem with diabetes?

A You don't diagnose diabetes with a hemoglobin a1c, but it is a way to monitor a person who has diabetes and that would be consistent with somebody who has a very mild form of diabetes.

Q Did Dr. McDonagh diagnose him as having diabetes?

A I don't see a diagnosis of diabetes.

Q Okay.

Did he give him any treatment with diabetes?

A No. I wouldn't expect it.

Q Is it normal to give that test so many different times if there's essentially normal findings?

A It wouldn't be a normal finding. There were -- there's also one blood sugar that was up in the 150 range, 153.

Apparently this patient sometimes ran high blood sugars and he's trying to determine if this was -- if he was keeping it down in the normal range on a more consistent level. When you get a blood sugar, all you're seeing is what it is at that instance in time, but a glyco-hemoglobin gives a

result over a longer period of time. So it's a good way to find out if the blood sugar has been relatively normal over that period of time.

Q Okay.

Let's look at one more patient and we'll call it a night.

James Crimmings. And you've reviewed those records?

A Yes.

Q What was his complaint when he came to see Dr. McDonagh?

A He was light-headed and he says his pulse was fast and he had a strong family history of heart disease. Had some balance trouble, some balance trouble.

Q Did Dr. McDonagh attempt to diagnose when she had heart or circulatory problems?

A Well, in the history he gave a history of being post-bypass. So obviously he had heart problems. And he was also on cardiac medication.

Q Okay.

Did Dr. McDonagh perform any tests to evaluate the degree or extent of his problems?

A He did a Master's 2-step test.

Q And, again, what is that?

A It's a test where you do an EKG and you can -- you monitor the EKG while you put the patient through some exercise.

In this case you're stepping up onto a --

Q What did that test show?

A There's a significant drop in blood pressure as exercise is increased.

Q I think we talked about that before, but remind me what that indicates.

A It means that the heart can't keep up with the demand of the exercise placed on it. You'd expect the blood pressure to continue to rise as there's more exercise.

So it shows that the heart is not functioning the way it should.

Q Are there any tests by Dr. McDonagh to determine the degree or extent of his circulatory problems?

A Well, he did a resting EKG.

Q And what was the result of that test?

A It showed left axis deviation.

Q Which means what?

A It means that the heart is twisted on its axis, which usually indicates some strain on the heart.

Q Is there anything you can do about that?
A You can try to help it function better.
In fact, he was taking medication to help that. That was Digoxin.
And another thing you can do is give chelation therapy, which may improve that.
Q And did Dr. McDonagh give this man chelation therapy?
A Do you want me to finish about the testing?
Q Yeah. I'm sorry.
A Because he did additional tests.
Q Okay.
I lost my train of thought. I'm tired.
He also did some Doppler testing here.
And what did that show?
A Once again, I'm not familiar with his specific machine. I think there's a slight decrease there in the carotid vessels, but I would have to get more information about his machine.
There's some decrease in the upper extremities of blood flow.
Q As demonstrated by the -- is that a Doppler?
A Doppler.
Q He did an ultrasound test of the carotid arteries.

What did that show? Can you tell?

A It looks like there is a partial occlusion in both arteries.

A I mean both sides of the neck.

Q Okay.

And he gave him EDTA chelation therapy?

A Yes, he did.

Q And did it help?

A I'm looking at the Master's 2-step test, which was done originally on 7-13-92, and was very abnormal. And comparing that to the August 4th, 1993, test where the test was repeated, and the patient went considerably longer on the test and his blood pressure response was much better.

Although he continued to have a drop in blood pressure, it was definitely an improved test from previous.

Q Okay.

Let me ask you just a couple of formal questions, and I mean no insult by these. I'm sure that you haven't ever been convicted of a felony or a misdemeanor.

A No.

Q I'm sure you haven't ever been disciplined by any state board of healing arts or medical board?

A No.

Q Have you ever been sued for malpractice where chelation therapy was an issue in your treatment?

A No.

Mr. Bradford: Okay. Thanks. That's all I have got.

I appreciate it. Thank you.

I think I have a pretty good picture of your testimony.

Mr. Goetsch: Is there anything you need to follow-up on?

Mr. Bradford:

Expedited, since our trial date -- you want to read it?

Mr. Goetsch: I recommend that you don't waive. Don't waive signature.

Dr. Chappell: I don't waive.

Mr. Bradford: Like we agreed to this morning, he can read and sign it, and if it's not signed by the time of trial, it can be used as if signed, which is kind of our standard agreement?

Mr. Goetsch: That will work.

- - -

WHEREUPON, the deposition was concluded at 7:45 p.m.

I, L. TERRY CHAPPELL, M.D., have had submitted to me and have examined and read the foregoing transcript of my testimony taken on the aforesaid date, and acknowledge same by affixing my signature hereto at Bluffton, Ohio, on this _____ day of _____, 1996.

_____
L. TERRY CHAPPELL, M.D.

SWORN to before me this _____ day of _____, 1996.

_____
Notary Public
State of Ohio

MY COMMISSION EXPIRES:

STATE OF OHIO :
: ss.
COUNTY OF HANCOCK :

I, Pamela L. Lather, a Notary Public in and for the State of Ohio and a Registered Professional Reporter, duly commissioned and qualified, do hereby certify that the witness herein, L. TERRY CHAPPELL, M.D., was duly sworn by me to testify to the truth, the whole truth, and nothing but the truth; that the deposition was reduced to writing at my direction; and that it was taken at the time and place specified in the caption page; and that the deposition was submitted and examined by the witness and thereupon the witness signed the deposition.

I do further certify that I am not a relative, counsel, attorney or employee of either party herein or otherwise interested in the outcome of this action.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my Seal of Office at Findlay, Ohio, on this _____ day of _____, 1996.

_____
Pamela L. Lather
Registered Professional Reporter
Findlay, Ohio

MY COMMISSION EXPIRES 11/13/99.