

Improvement of Nerve and Immunological Damages After Amalgam Removal

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Summary: Dental amalgams cause neurological and immunological damages. Besides mercury, silver and copper, the metal tin is greatly responsible. Mouth bacteria convert organic salts into highly toxic organic compounds. The poisonous effects can be recognized by measuring the saliva before and after the so-called chewing gum test, which can cause abrasion test values up of to 100,000 times higher than normal. High abrasion values correlate with high values in the mobilization test with the DMPS antidote. Only after amalgam sanitation and detoxification will damaged organs improve. It was found that high poison concentration corresponds with psychiatric symptoms, while low concentrations relate to allergic symptoms. Even after outlawing amalgams, dentists and personnel would still be at great risk. This report describes the results and treatment procedures of one clinic having treated 2,500 patients with over 15,000 measurement values. Specific detoxification procedures are recommended.

PHYSICIANS as well as dentists are coming to the realization that dental amalgam fillings are much more dangerous than had been commonly believed. After placement in the mouth, these fillings not only release large amounts of heavy metals for several weeks, but during strong chewing or when drinking hot and/or sour liquid they are responsible for the release of up to 100,000 times the amount of mercury legally allowed in drinking water. Additionally, for instance, in the case of a 21-year-old, 740 micrograms

of silver and up to 450 micrograms of tin are released via the saliva into the body. Mouth bacteria are responsible for changing mercury and tin into highly toxic organic compounds which are stored in the body's brain and immune system. Further, the largest amount of mercury (80 percent) is absorbed in gaseous form by the lung.

The Chewing Gum Test

Since many dentists still claim that good amalgam fillings do not release toxic metals, the following test reveals whether we are dealing with inferior amalgam:

1. Have patient refrain from chewing for at least 2 hours.
2. Obtain spontaneous urine specimen (100 milliliter).
3. Collect 5 milliliter of saliva.
4. Have patient chew intensively on amalgam fillings with sugar-free chewing gum, and collect in a second container another 5 milliliter of saliva.

Tests are to be performed in a special laboratory for mercury and tin and possibly for silver and copper as well (a competent laboratory in Germany, Tel. 0421/349640). The amalgam fillings are considered inferior

when the chewing process releases more than 5 micrograms of mercury or tin into the saliva, respectively when before chewing there are higher amounts in the urine than in saliva. Without the amalgam stress, the saliva values are about equal to the ones in the blood, since saliva is the ultrafiltrate of serum. The concentration is about equal to that of the serum.

Toxicity

Amalgam fillings contain 53% mercury, about 20% silver, approximately 16% tin and roughly 12% copper. The inorganic mercury and tin is transformed into extremely toxic organic compounds by mouth bacteria, which can damage the nervous system to a major degree, since both are dissolved and stored in fat. In amalgam poisonings, 80% of organic mercury is excreted via the DMPS. Organic tin is an approximately 100 times more powerful nerve poison than is mercury, from which otherwise there is little difference. Modern amalgams release more tin, older ones more mercury. Copper amplifies the damage to nerves and liver. The stored metals can be removed from the nervous system by means of an antidote.

It is only possible to measure a portion in the urine. The measurement is approximate since the metals, due to the antidote, are excreted in differing degrees of intensity and in the following sequence: Zinc, Copper, Mercury, Tin.

Silver is not removed. In chronic amalgam toxicity there will be a copper deposit formation. Flushing these deposits from the body requires more antidote, causing less mercury excretion. The next urine test yields the best information as to the ratio of elimination. The level of elimination here reflects exactly the severity of the chronic poisoning. Since copper as antidote to zinc tends to displace the latter, typical symptoms of zinc deficiency are seen, such as hair loss, sterility, etc.

DMPS—A Mobilizations Test

Available since 1957 in the USSR, an antidote has been found which is effective in mercury-tin-copper poisonings caused by dental amalgams. The chemical dimercaptopropane sulfonate, or DMPS for short, is a chelating agent with the ability to transport metal ions via the kidneys from the body. However, repeated use can cause an unpleasant allergy, therefore the substance should be used as infrequently as possible. The following test is recommended:

1. Urine I (100 ml) in a special container for shipping.

2. Adults: The suggested dose is 3 mg DMPS per kilogram of body weight, introduced slowly intravenously (available from the German pharmacy, Tel. 089/220069).

Children receive 10 mg DMPS (a commercial preparation called Dimaval per kg of body weight) on an empty stomach. No food for 2 hours.

3. About 150 ml water, tea, etc., is given.

4. Adults are to provide 100 ml urine (II) after approximately 45 minutes, children after 120 minutes into a special shipping container.

Urine I is examined for zinc, urine II for mercury, copper and tin (the special shipping containers are available from the laboratory in Germany, Tel. 0421/349640).

We have now altogether treated over 6,000 patients, but have never experienced any serious complications after giving the injection. Almost all patients were happy with their progress results during the detoxification program, although the most severe nerve damages improved only very gradually. Patients with weak defense systems, respectively known zinc deficiency, also receive 10 ml zinc (Unizink) intravenously.

Severe cases of poisonings require repetition of the DMPS-test every 6 to 12 weeks. About half of our patients needed half a year,