

Mercury Toxicity: How You May Already Have It and Not Even Know It (Part 2)

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The specialty of metal toxicology dates back to the 1930's when the first drugs were developed that would bind metals such as lead, arsenic, and cadmium. These drugs would chelate, or bind, to these metals that were attached to the tissues of patients who were symptomatic from exposure to toxic metals. As a result, some remarkable health benefits were noted. These early chelating drugs were not as effective in the removal of mercury; however, in the 1950's, better drugs were developed that had a stronger affinity for mercury. It was not until the 1980's that a new drug, DMPS, became more widely used in the diagnosis and treatment of mercury toxicity. Since then, tremendous numbers of research articles have been published in mainstream medical journals demonstrating the safety and effectiveness of these drugs in heavy metal diseases, and it is universally acknowledged that Chelation Therapy is the scientifically valid and accepted method of treating heavy metal toxicity including mercury toxicity. However, Chelation is not an exact science.

The amount of heavy metals being removed does not change in a linear fashion. One test may show a very high level of one metal, the next test shows very low levels, while yet another may be very high. This can change continuously based on the relative concentration of the metals in our tissues. Individual variability is also significant, making the interpretation of test results and determination of length of treatment very difficult. Over time, levels will gradually diminish, correlating with clinical improvement.

Regardless of the form of chelation used, there are certain important issues that should be considered:

1. It is critical that FURTHER EXPOSURE TO MERCURY AND OTHER TOXIC METALS BE REDUCED AS MUCH AS POSSIBLE. Certainly curtailment of fish consumption is the first recommendation, especially being conscious of tuna, shark, and swordfish, the fish with the highest concentrations of mercury. Also, an individual's proximity to coal burning electric generating plants must also be considered, as individuals living within 50 miles of such a facility are definitely inhaling higher quantities of mercury. It is recommended that those individuals who have mercury amalgam dental fillings get these replaced with a nontoxic material to reduce further exposure from the vapor produced by chewing and grinding of one's teeth. **This must be done by a biological dentist who is conscious of the safety precautions necessary when manipulating mercury from old fillings.** It is unsafe and inappropriate for a conventional dentist to remove multiple amalgam fillings without the use of procedures to limit further intoxication from the mercury that is being removed.
2. It is also critical that a person's nutritional status be at an optimal level prior to performing any chelating treatments. Mineral status is especially important before and during chelation.
3. Minerals should be taken in appropriate doses during the course of treatment, but never on the actual day that chelators are being given. Avoid copper, zinc, and molybdenum, as well as selenium in high concentrations as they will all bind to mercury, rendering it less toxic and non-chelatable.

There are different forms of chelating drugs that are used to treat mercury toxicity: DMPS, DMSA, and EDTA. DMPS is given either intravenously (can be infused in about 15 minutes and used either alone or in combination with EDTA) or orally. DMSA is used primarily in children and EDTA is administered only through IV, though newer forms are being developed for oral and suppository administration.

In conclusion, the evidence exists – both in scientific journal publications and through years of clinical experience by physicians from around the world – that heavy metal toxicity, and specifically mercury, is the cause of numerous chronic degenerative diseases and that chelating treatments that remove these toxins can result in significant health improvements. In the face of the increasing incidence of such diseases and their clear link to mercury toxicity, we must acknowledge this as a public health crisis and

do everything possible to reduce the quantity of mercury that enters our environment and ultimately our bodies, particularly the 150+ year practice of using amalgam fillings in dentistry and the 60+ year history of using thimerosal (a mercury-based preservative) in the vaccines given to children and adults. It is crucial that government policy place this at its highest priority and tighten controls on emissions from power plants, while quickly transitioning to alternate fuel sources that do not produce this toxic by product. This poisoning of our people has to stop.

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