

Removal of Dental Mercury: Often an Effective Treatment for the Very Sensitive Patient

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Abstract

This study covers 22 patients who had multiple severe sensitivities in that they were extremely intolerant to inhalants (particles and vapours), ingestants (food and chemicals) and their own endogenous, normally occurring yeast (*Candida albicans*).

The removal of dental mercury ("amalgam") fillings was the single most effective method of improving the health of these patients after other methods were instituted, i.e., avoidance, hyposensitization and nutritional improvement.

Keywords: Mercury, dental amalgam, sensitive, hypersensitive, allergic, food allergy, inhalant allergy, chemical sensitivity, selenium, *Candida albicans*.

Twenty-two patients who were very sensitive to inhalants (particles and vapours) and ingestants (foods and chemicals) as well as endogenous, normally occurring yeast (*Candida albicans*) were investigated. The removal of mercury ("amalgam") dental fillings was the single most effective method of improving the health of these patients.

Prior to the removal of the dental mercury, other standard methods of therapy had been employed, i.e., avoidance, nutritional improvement and hyposensitization. These were helpful; however, the extremely sensitive patients often found these means limited in their effectiveness. The process of food avoidance often led to serious nutritional problems in the patients with multiple food intolerances.

The patients selected for dental mercury removal were chosen for the following reasons:

(1) *Extreme sensitivity*

(2) *Other therapeutic modalities had been tried and had not been helpful or practical.*

The following is an outline of the therapeutic protocol used prior to considering dental mercury removal:

I. Inhalants

A. Particles

Avoidance and hyposensitization where indicated (sublingual or standard buildup technique if sublingual method not satisfactory).

B. Vapours

1. Avoidance:

A detailed method of avoidance was provided to the patient.¹

2. Nutritional improvement:

An attempt was made to strengthen the patient's ability to deal with exposure to chemical vapours by the administration of selenium. I have found that in certain patients selenium may benefit some patients who do not tolerate chemical vapours.^{2 3 4}

⁵ Fifty mcg. of selenium were administered b.i.d., p.c. In some cases the beneficial results were seen within one to two weeks; in other cases within three months.^{6 7} In many cases no benefit was noticed.

3. Hyposensitization by the sublingual method:

Often this is effective but of limited use; I have found it less effective than selenium.

II. Ingestants:

A. Foods:

1. Avoidance of individual foods per se
2. Avoidance of related food families if applicable
3. Rotation of foods and/or families, if applicable.

B. Chemicals:

Avoidance.

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III. Sensitivity to endogenous yeast (*Candida albicans*)^{8 9 10 11 12 13}

A. Inhalants:

Avoidance of atmospheric and household fungi, since fungi and yeast often cross-react;

B. Ingestants:

Avoidance of products made by fermentation and yeast/fungi-related substances;

C. Endogenous yeast:

Anti-*Candida albicans* therapy: (a) A diet consisting of the absolute avoidance of manufactured sugar and reduced amount of naturally occurring sugars and starches; (b) Nystatin - orally, topically; (c) Oral Acidophilis bacilli when tolerated and only if reported to be helpful.

Methodology of the Study

Prior to a patient's first visit, he/she is sent a number of questionnaires to be answered at home. Among these questionnaires is the following checklist and instructions: "The attached list of Common Complaints (see Table 1, p. 141) may be useful as a summary of your complaints. Please make a check (•) before those complaints that you feel may have some application to your problem."

After the patient had undergone investigation, treatment and mercury removal and had been discharged, he was sent a photocopy of the original "Common Complaints" questionnaire on which he had previously checked off the symptoms that were present prior to his undergoing treatment. This photocopy was mailed to the patient with the following instructions:

1. How many months has it been since your last mercury fillings were removed? Number of months: _____
2. Enclosed is a photocopy of a portion of your original history, on which you checked the symptoms you had at your initial visit. Please fill in the information required, as follows: Put a + or a 0 or a - *in front* of each symptom that you checked off, as follows: + = better, 0 = no change, - = worse.

Figure 1 (p. 142) lists the symptoms that the patient complained of *prior* to being seen for the first time; it also lists the symptoms after the mercury had been

removed and the patients had been discharged. The improvements refer only to that increment and benefit over and above their condition *prior* to the mercury removal (but *after* maximum benefit was achieved with previous treatment).

Of 584 symptoms reported, 370 (63%) improved, and 210 (36%) remained unchanged. In regard to symptoms that became worse, there were four such reports out of a total of 584 symptoms reported in all cases, making a percentage of 0.7% that became worse. In all cases of a symptom becoming worse, these were questionable or moderate and without a pattern. No further questioning was done to elicit whether any other factors were operative. The reason for what may be a large percentage of patients showing improvements may be the prior selection process, i.e., these were the sickest patients. The more sensitive patient is the one most likely to note any lessening of metabolic load, however small (in this case, micro-mercurial poisoning.¹⁴⁻²⁵)

It should be emphasized that dental mercury is not the cause of all ills. I have two edentulous patients (no teeth; hence, no mercury fillings!) who have multiple extreme sensitivities.

Removal can be an effective adjunct in treating the very sensitive patient when all else has been tried, but removal does not guarantee a cure or even discernible benefit.

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Table 1
Common complaints that the sufferer may not attribute to
a hypersensitivity to foods and/or inhalants.

Nerve and Muscle Problems

1. Fainting
2. Blurred vision
3. Unexplained hyperactivity
4. Headache
5. Dizziness

Mood Changes

1. Unexplained anxiety
2. Unwarranted excitability
3. Unexplained irritability
4. Hostility
5. Aggression
6. Insomnia
7. Restlessness
8. Difficulty concentrating
9. Difficulty thinking
10. Mental confusion
11. Grogginess
12. Decreased reading comprehension
13. Forgetfulness
14. Difficulty recalling words
15. Depression
16. Loss of interest in work or former activities or hobbies
17. Crying spells
18. Tendency for fixed ideas; recycling or repeating of ideas
19. Antisocial behaviour
20. Thoughts of suicide

Organs and Systems Problems

1. **Skin**
 Rashes
 Excessive perspiration
2. **Eyes**
 Burning
 Itching
 Excessive tearing
 Feeling of heaviness and pressure within eyes
3. **Ears**
 Dizziness (Meniere's syndrome)
 Decreased hearing
 Buzzing in ears (tinnitus)

- "Plugged" ears (swollen eustachian tubes)
4. **Nose**
 Nasal obstruction
 Sinus congestion
 Sneezing (Rubbing nose upward is a sign of allergy)
 5. **Throat**
 Hoarseness
 "Itching" throat (leading to clucking sounds)
 Sore throat Excessive mucus
 6. **Lungs**
 Wheezing
 Coughing
 7. **Cardiovascular**
 Palpitations Flushing
 8. **Gastrointestinal**
 Nausea
 Loss of appetite
 Voracious appetite or sudden weight gain (5 pounds in 2 days)
 Chronic obesity
 Excessive thirst
 9. **Genitourinary**
 Urgent urination
 Frequent urination
 Bedwetting
 Vaginal itching
 Excessively painful menstruation
 10. **Muscular-skeletal**
 Muscle soreness
 Joint pains
 Uncertain gait

General Physical Problems

1. Fatigue (physical or mental)
2. Loss of former energy ("getting old")
3. Weakness
4. Edema (swelling)
5. Pallor
6. Inappropriate chilliness or excessive warmth
7. Excessive perspiration without fever
8. Unexplained fevers

Excerpted from the book: *Why Your House May Endanger Your Health* by Alfred V. Zamm, MD, FACA, FACP, with Robert Gannon. Simon & Schuster, August 1980; Touchstone, May 1982.

