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

Alfred V. Zamm, MD, FACA, FACP

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.

   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.

   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.

1. 111 Maiden Lane, Kingston, New York 12401.
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 Acidophilus 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.

I would like to express my appreciation to Ms. Judith Kistler and Ms. Margaret Davis for their help in the preparation of this manuscript.

References
5. Levine SA, Kidd PM: Antioxidant adaptation:
## Table 1
Common complaints that the sufferer may not attribute to a hypersensitivity to foods and/or inhalants.

<table>
<thead>
<tr>
<th>Nerve and Muscle Problems</th>
<th>Mood Changes</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Fainting</td>
<td>1. Unexplained anxiety</td>
</tr>
<tr>
<td>2. Blurred vision</td>
<td>2. Unwarranted excitability</td>
</tr>
<tr>
<td>3. Unexplained hyperactivity</td>
<td>3. Unexplained irritability</td>
</tr>
<tr>
<td>5. Dizziness</td>
<td>5. Aggression</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Organs and Systems Problems</th>
<th>General Physical Problems</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Skin</td>
<td>1. Fatigue (physical or mental)</td>
</tr>
<tr>
<td>Rash has Excessive perspiration</td>
<td>2. Loss of former energy (&quot;getting old&quot;)</td>
</tr>
<tr>
<td>2. Eyes</td>
<td>3. Weakness</td>
</tr>
<tr>
<td>Burning</td>
<td>4. Edema (swelling)</td>
</tr>
<tr>
<td>Itching</td>
<td>5. Pallor</td>
</tr>
<tr>
<td>Excessive tearing</td>
<td>6. Inappropriate chilliness or excessive warmth</td>
</tr>
<tr>
<td>Feeling of heaviness and pressure within</td>
<td>7. Excessive perspiration without fever</td>
</tr>
<tr>
<td>eyes</td>
<td>8. Unexplained fevers</td>
</tr>
<tr>
<td>3. Ears</td>
<td></td>
</tr>
<tr>
<td>Dizziness (Meniere's syndrome)</td>
<td></td>
</tr>
<tr>
<td>Decreased hearing</td>
<td></td>
</tr>
<tr>
<td>Buzzing in ears (tinnitus)</td>
<td></td>
</tr>
</tbody>
</table>

○ = This item was originally checked off by the patient as one of the symptoms that the patient had prior to coming to the office for the first time.

● = Symptoms that were improved after mercury removal.