THE MERCURY PAPERS

(The Most Expensive Medical Mistake in The History of The World)

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THE HISTORY OF MERCURY AMALGAM

In the early 1800s French dentists successfully (sic) mixed mercury with other metals and plugged the mixture into cavities in teeth. These early mixtures contained relatively small amounts of mercury and required heat to enable the metals to bind together. In 1819 Benjamin Bell in England developed an amalgam mix with much more mercury in it that enabled the metals to bind at room temperature. Back in France in 1826 Taveau produced a similar formulation and then in the 1830's the amalgam concept was introduced in America. Many American dentists denounced amalgam use on account of the toxic nature of mercury and when the American Society of Dental Surgeons was formed in 1840 its' members were required to sign a pledge never to use mercury amalgam on account of its' great toxicity. The pledge was abandoned within five years! (Curious historical note No1. Quick silver is a common name for mercury, both here and in Germany, and the 'quick' in German is pronounced quack, thus amalgam-using dentists became known as quacks - a term which has come to mean an inept and fraudulent medic - perhaps amalgam-using dentists should still be called quacks). In 1848 The Society found 11 of its' members guilty of "..malpractice...for using amalgam.." and suspended them. The arguments raged on, then, as now, until finally the god won - money that is, and the A.S.D.S. dissolved in chaos in 1856. There was a lot of profit in amalgam fillings, cheap to make and easy to use, compared with gold, expensive and technically more difficult. The American Dental Association took its' place and cunningly, did not take a stand on the amalgam issue, allowing market forces to prevail until about 1895. The Encyclopaedia Britannica reports "that amalgams were not altogether in good repute until after 1895", by which time the A.D.A. was supporting the use of amalgam.

In the U.K. there was never an issue about amalgam use until recent years when Jack Levenson, now president of the British Society for Mercury Free Dentistry took up the issue.

Jack Levenson is firmly rooted in orthodox medicine/science and is not supportive of alternative medics involving themselves with the issue. This fact coupled with British conservatism means that the mercury issue hasn't received much public airing in this country, nonetheless, like mercury itself, information has leaked out and many people have heard that amalgam fillings may be a problem. In turn, this has led to people having their amalgams removed willy-nilly, without following any of the protocols detailed below, and consequently many become even more ill or at least do not get any better, leading, typically, to a situation that I experienced last year. One of my patients had been confirmed by John Morley (expert Vega-tester, details below) to be Mercury toxic and the patient requested that I talk to his dental consultant. I reluctantly telephoned the consultant at The Manchester Dental Hospital and the conversation, difficult enough in the face of her hostility from the start, ended when she yelled at me that because of quacks like me she was seeing all these people who had paid to have their fillings removed and they weren't getting any bloody better!!

In 1993 a desperately poorly lady turned up at my clinic, with a bad mercury toxicity - she had suspected that mercury was her problem, had had all her filled teeth pulled out five years earlier and was no better! We are now 6 years down the road, she is still mercury toxic, and her health only somewhat better. I know that the recommended protocols were not followed and can only assume that this is the reason for her poor recovery - all my patients that have followed the protocols have improved their health picture, albeit by varying amounts.

Money and ease of use was the issue in the beginning and it still is today - a recent article in a U.K. dental journal compared average costs for a dental filling for an average person through an average life-time thus:

Amalgam £75.00

Gold £175.00

White material £350.00

Amalgam for dental fillings is an idiot-proof technique and the insertion of white fillings is demanding in terms of time, equipment and technical ability. White fillings also have a reputation for not lasting and causing problems, but dental technique and equipment is the issue here - a recent survey by a white filling material manufacturer discovered that, nationwide, 50% of the light guns used to 'cure' or set commonly used white resinous materials were not working well enough to do the job properly.

The extra cost of white filling materials derives partly from more replacements of fillings as they deteriorate, but the bulk of the cost is in the technical equipment and the maintenance of that equipment and practitioner training. As time passes and the technology develops, white filling materials are improving and are lasting longer and will soon be as durable as amalgam, though I suspect that the technique of filling teeth, other than with amalgam, will always be more demanding. Curious historical note number 2: The Incas filled cavities in teeth, their chosen material and procedures seem better than anything used in modern times, in terms of effectiveness and durability. Their chosen material was mother-of-pearl, powdered and mixed with patients own blood, this created a dental filling material which did not just fill the cavity, but, being 100% organic and bio-compatible, it merged seamlessly with, and became one with, the existing tooth and thus appears to be the perfect material, though the sterile procedures required today would pose a few difficulties in using it now. Nonetheless a group of French researchers are investigating this material, with a view to using it not just in dentistry but also in prosthetics.

Modern amalgams contain 43% to 54% Mercury, the balance being made up of copper, silver, tin and zinc. An average filling weighs 1 gram, of which 1/2 gram is mercury, and a typical adult will have perhaps ten fillings with a total of about 5 grams of mercury. Not a lot perhaps, but spill 1/2 gram of mercury in a ten acre lake and the U.S. government would issue warnings about eating the fish from that lake. Bearing in mind the B.D.A. stance that the mercury in amalgam is 'locked in' and inert, why is it, that old fillings, can contain as little as 10% mercury, where has the other 40% gone? The B.D.A. is very quiet about this anomaly.

Mercury is one of the most toxic materials in the world - the well-respected toxicity centre at the University of Tennessee which rates poisons for their lethal toxicity to humans, scores mercury at 1600, compared to plutonium, the most deadly, at 1900.

WHAT'S THE PROBLEM THEN?

Throughout the history of dentistry there have been researchers who have called attention to the dangers of mercury, most notably a German Chemist named Dr. Alfred Stock who came to suspect, in the 1920s that his fillings were the cause of much of his poor health. He had them removed and Lo! his health improved. His researches enabled him to identify environmental toxicity at levels as low as 2 micrograms per cubic meter in 1939, while in 1969 Dr. I.M.Trakhtenberg, Ph.D. of Russia found problems at 1mcg/m3. Reflect on the fact that the average mouth with ten amalgam fillings will give off anywhere from 20 to 200 mcg of mercury vapour per minute! Dr. Stock published numerous articles prior to W.W.2. but he was ignored and many of his papers were conveniently lost during the War years. Conveniently lost? For the last 9 years a group of American dentists have pursued a class action suit against the A.D.A. alleging 'Breach of Contract', in the sum of several million dollars. When a dentist joins the A.D.A. the organisation enters into a contract with him. One such contractual obligation is to provide scrupulously accurate, full and pertinent information within the field of dentistry. The class action alleges that the A.D.A. has failed to provide accurate and truthful information pertaining to mercury amalgam fillings, but instead has provided misinformation, knowing that it was inaccurate, false, or materially misleading and incomplete. It is believed that the A.D.A. holds information, in secret files, that detail the toxic nature of mercury amalgam. The dentists do not want the money, they want the papers and the research. What is the A.D.A. response? They have used legal manoeuvres to keep it out of court and the case has now been adjourned ‘sine die’ - indefinitely, meanwhile the A.D.A. has agreed to fund research.

To date there are over 12,000 papers investigating mercury amalgam, the majority indicating either that there is, or that there may be, some hazard with dental use, a minority indicate no provable risk factor, there are none proving safety.

The party line of the A.D.A. and the British Dental Association is that the mercury becomes 'locked-in' when mixed with the other metals and is thus inert. However in the 1980s the A.D.A. devised a list of recommended procedures for handling amalgam 'scrap'. 'Scrap' is the part of the filling material left over when a dental filling has been placed. The ''''INERT'''' scrap is considered so dangerous that the following procedures are recommended:

Store mercury in UNBREAKABLE, TIGHTLY SEALED CONTAINERS (caps mine).

Perform all operations involving mercury over areas that have impervious and suitably lipped surfaces so as to confine and facilitate recovery of spilled mercury or amalgam.

Clean up any spilled mercury immediately. droplets may be picked up with narrow tubing connected to the low volume aspirator of the dental unit.

Use tightly closed capsules during amalgamation (while it is being mixed).

Use a 'NO TOUCH' (caps mine) technique for handling the amalgam.

Salvage all amalgam scrap and STORE IT UNDER WATER (caps mine).

WORK IN WELL-VENTILATED SPACES (caps mine).

Avoid carpeting dental operatories, as decontamination is not possible.

Eliminate the use of mercury-containing solutions.

Avoid heating mercury or amalgam.

Use water spray and suction when grinding dental amalgam.

Use conventional dental amalgam compacting procedures, manual and mechanical, but do not use ultra-sonic amalgam condensers.

Perform yearly mercury determinations on all personnel regularly employed in dental offices.

Have periodic mercury vapour level determinations made in operatories.

Alert all personnel involved in handling mercury, especially during training or indoctrination periods of the potential hazard of mercury vapour and the necessity for observing good mercury hygiene practices.

Since scrap amalgam is the other half of the amalgam that is placed in your mouth then these same recommendations should apply to your mouth. Let's see:

Use a NO-TOUCH technique. (prevent your tongue, teeth and gums from touching your fillings).

Store in an UNBREAKABLE, TIGHTLY SEALED CONTAINER (put your head in an airtight box and keep it there).

STORE AMALGAM UNDER WATER (store the airtight box under water)

WORK IN WELL-VENTILATED SPACES (keep air circulating through your mouth)

In other words if you have any amalgam filling in your mouth you must KEEP AIR CIRCULATING THROUGH YOUR MOUTH, WHILST KEEPING YOUR TONGUE, TEETH AND GUMS FROM TOUCHING THE AMALGAM, WITH YOUR HEAD IN AN UNBREAKABLE SEALED BOX AND THE WHOLE BOX SUBMERGED IN WATER!!!!!!

Numerous studies demonstrate that mercury vapours are continually released from the fillings, more so when drinking, or chewing food and even more so with hot or acidic food and drink. Our family dentist has a machine which can measure the mercury vapour released from the fillings and he recently recorded 200 mcg. of mercury vapour released in 30 seconds on one of our mutual patients. When you consider that Health & Safety Department rules stipulate a maximum of 10 mcg/m3 for a maximum of 8 hours out of 24 for long-term exposure this man was walking around with an amount of mercury vapour in his mouth far in excess of the amount allowed in a building, and if a building did have that amount than people would not be allowed in it and the owner would be fined!!! He could be making every room he enters a Health and Safety hazard.

In addition, the metals corrode producing a cocktail of at least 16 toxic compounds floating around the body and nobody knows anything at all about the consequences of having 15 of these in a human body. One of these compounds is methyl mercury which is considered to be 100 times more toxic than mercury.

Finally there are the galvanic currents. Galvanic currents are electrical charges originating in the metal fillings - heavy metal (mercury) and salt water (saliva) equals a battery, so that each amalgam filled tooth produces a small current of electricity. This current can be measured, via a multitester, in millivolts or microamperes. Several fillings mean that the mouth becomes 'live' with electrical voltages, these voltages establish circuits which are constant and a person lives with them and does not notice them - except! - chew some silver paper and see what happens! The silver paper disrupts the established circuits and new circuits are rapidly formed, broken and reformed and discomfort is experienced. Many people experience static electricity problems and it is commonly assumed that the current jumps from the car/filing cabinet/etc. to the person but it actually happens the other way around - the teeth batteries produce the current which builds in the body and goes to ground on contact with a good conductor, jolting the body. In my experience everyone who suffers with problems with static electricity finds that after the amalgams are removed this problem goes away completely.

So, what's a little static jolt now and again, other than a little nuisance? Consider: the body is 70% water which is a good conductor of electricity, this means that the electrical disturbance originating in the mouth is dispersed throughout the entire body. Consider: central and peripheral nervous systems function on electricity, even cellular metabolism functions on electricity - this means that all central and peripheral nervous system activity and cellular metabolism will be affected by the batteries in your mouth. Current science has not investigated this area very much, but there are notions that if the current is over 3 microamperes or 100 millivolts, then treatment is recommended, but my holistic sense tells me that ANY microamperes or millivolts are bad news.

There has been some research on patients with symptoms of Bell's palsy, tinnitus, vision disturbance, chronic headaches, trigeminal neuralgia, idiopathic neuromuscular pathologies of head and neck, bruxism and severe depression. When the amalgam was removed the abnormal electrical potential within the dental restoration was no longer negatively influencing the nerve, the nerve returned to its normal state and the symptoms went away.

It's pretty bad already but let's add computers, mobile phones, overhead power cables, microwave ovens and fridges - an assortment of sources of electro-magnetic waves which assault our bodies, if we are already 'live' then these things will add a sort of induced voltage, upping the amount of electrical disturbance by some unknown factor. (Curious historical note number 3 - B.M.A. estimates of the number of people who will get cancer have risen from 1 in 10 to 1 in 2 in the last three decades during which time sources of electro-magnetic disturbance have increased substantially).

One final complication is that many people will have a gold restoration where the cavity is particularly deep, or some people worried about their amalgams have had them replaced with gold fillings. But gold usually produces a positive voltage and mercury amalgams usually produce a negative voltage, thus a mouthful of mixed metals causes massive electrical differentials, making an already bad problem worse, whereas an all-gold filled mouth simply swaps one set of problems (mercury amalgam equals negative electrical voltage and mercury poisoning) for another (gold fillings equals positive electrical voltage and copper poisoning). Yes, folks, a gold filling is not pure gold, it contains copper amongst other metals, and the latest news from America is that copper poisoning is becoming a problem!!!

Little or nothing is known about the corrosion products but much is known about the mercury component. Dr. Murray J. Vimy, Clinical Associate Professor of the Department of Medicine plus numerous other medical researchers from the Departments of Radiology, Medicine, and Medical Physiology at the University of Calgary in Canada have spent more than a decade examining the effects of amalgam fillings on sheep, monkeys and more recently, humans. In 1989 Dr. Vimy and colleagues at the University of Calgary conducted some studies, using sheep and radio- actively labelled mercury, for ease of tracking. These studies demonstrated that within 30 days of amalgam placement, substantial quantities of mercury appeared in the lung, the gastro-intestinal tract and the jaw tissue, ultimately becoming stored in the denser tissues of the body such as liver, kidney, brain, heart and endocrine glands. One immediately observable phenomenon as a consequence of this was that the sheep's urinary output decreased by 50%. "It's like walking around with only one kidney" commented Dr. Vimy. Elevated blood pressure and fluid retention spring to mind - I wonder the cost, in medication, in complications of these problems, to the N.H.S. for the population in general.

Unsurprisingly Dr. Vimy's studies were dismissed (and ridiculed) on the grounds that sheep are ruminants (they chew all day), have more than one stomach and so more bacteria for digestion and thus represented a special case that could not compare to humans. Sheep had been deliberately chosen as a 'worst-case scenario' - if mercury did not go into the tissues of sheep then it would not go into the tissues of any other living creature. But, following the dismissal of his work on this account Dr. Vimy's group decided to repeat the experiment using monkeys, generally regarded as biologically similar to humans and the results were identical.

In 1989 the University of Calgary established that within three days of placing amalgam fillings in pregnant sheep, mercury showed up in the blood, pituitary glands, liver, kidney and placenta of their babies. By 33 days most foetal tissue had higher levels of mercury than their mothers and the sheep's milk had eight times as much mercury as in their blood. Then Professor Gustav Drasch, a forensic toxicologist and his colleagues at The Institut für Rechtsmedicine in Munich examined the brains, liver and kidneys of dead human babies and foetuses aborted for medical reasons. They found levels of mercury that correlated significantly with the number of amalgam fillings in their mothers and that the mercury accumulated in the kidneys to the same extent that adults do from their own fillings. As some of these babies were foetuses and most of the rest weren't breast-fed, the researchers concluded that the mercury must have crossed the placental barrier. So now here is the biggie - mercury poisoning in utero!! In 1998 the U.K. government, via the B.D.A. issued a notice that henceforth women should not have amalgam fillings placed during pregnancy, there was no risk whatsoever, of course, but this is just a precautionary measure. (Psychologically speaking, one side or other of a 'but' is ALWAYS a lie).

Now we know that mercury crosses the placental barrier and we also know that mercury damages foetuses, such damage being at the level of the chromosomes. The mechanism of chromosomal damage is clearly understood and well known. Mercury is attracted to 'active sites' on genetic code molecules called deoxyribonucleic acid (DNA). Chemicals react with other chemicals in the body by locking on to specific sites in the same way that a spacecraft docks with a space station via a docking mechanism. When mercury is in the vicinity, it can twist a molecule a few thousandths of a degree so that when a molecule tries to lock on to another molecule, it can't, because the docking points no longer line up. Hence there is interference with molecular reactions which can lead to birth defects. There has been quite a lot of research in this area and it is even known, for example, on which day of pregnancy, exposure to mercury will cause a cleft palate. Considering that it only takes a few atoms of mercury to create a birth defect and each microgram has billions of atoms we should not be surprised at the number of miscarriages that occur and the number of birth defects that occur. Lest the men think they are not responsible for any foetal mercury poisoning, let me point out that a mouthful of amalgam can result in mercury contaminated sperm, such contamination being as high as 6 micrograms per litre, more than enough to cause a birth defect. Perhaps the incidence of Down's babies being higher in older women is not only not old eggs (orthodox line), nor is it cumulative X-ray exposure (Robert Mendelson), but is, in fact, merely higher amounts of mercury from amalgam filled teeth - the older you are, the more likely it is that you have had more fillings.

MERCURY-RELATED HEALTH ISSUES

The signs and symptoms of mercury poisoning is a list twice as long as your arm. The chart below was compiled by the Foundation For Toxic-Free Dentistry on 1569 patients before and after elimination of their mercury-containing dental fillings.

%of total Symptom Total No. Improved/cured %Improved.cured

14% Allergy 221 196 89%

05% Anxiety 86 80 93%

05% Bad Temper 81 68 89%

06% Bloating 88 70 88%

06% Blood Pressure Problem 99 53 54%

05% Chest Pains 79 69 87%

22% Depression 347 315 91%

22% Dizziness 343 301 88%

45% Fatigue 705 603 86%

15% Gastro-intestinal Problems 231 192 83%

08% Gum Problems 129 121 94%

34% Headaches 531 460 87%

03% Migraines 45 39 87%

12% Insomnia 187 146 78%

10% Irregular Heartbeat 159 139 87%

08% Irritability 132 119 90%

17% Lack of Concentration 270 216 80%

06% Lack of Energy 91 88 97%

17% Memory Loss 265 193 73%

17% Metallic Taste 260 193 73%

07% Multiple Sclerosis 113 86 75%

08% Muscle Tremor 126 104 83%

10% Nervousness 158 131 83%

08% Numbness Anywhere 118 97 82%

20% Skin Disturbances 310 251 81%

09% Sore Throat 149 128 86%

06% Tachycardia 97 68 70%

04% Thyroid Problems 56 44 79%

12% Ulcers & Sores(Oral Cavity 189 162 86%

07% Urinary Tract Problems 115 87 76%

29% Vision Problems 462 289 63%

Dr. Hal Huggins. D.D.S., M.S., in my opinion, is the greatest authority on the mercury issue and he has studied the problem for 20 years, going so far as to obtain an M.Sc. in order to work on detailed biochemistry to understand how mercury leaches out of fillings and how it poisons us. Over the years of practical investigation he established five main categories of symptoms:

Neurological (motor and sensory). Motor. This includes tremors, seizures, M.S., and amyotrophic lateral sclerosis ((A.L.S. or Lou Gehrig's disease). Sensory includes Alzheimer's' disease, emotional disturbances, unexplained depression, anxiety, and unprovoked suicidal thoughts.

Immunological. This overlaps with neurological and includes systemic lupus erythematosus, scleroderma and rheumatoid arthritis

Cardiovascular. Unexplained heart pains, high and low blood pressure, tachycardia and irregular heartbeat are but a few in this category

Collagen. This category includes osteo-arthritis, but it is sometimes just referred to as collagen disease - coming unglued. (Collagen is the cementing substance between cells).

Miscellaneous. This category is crowded and can include chronic fatigue, brain- fog, digestive problems, and Crohn's disease.

Other categories evolved until it became evident that low-grade chronic mercury toxicity does not produce a symptom picture which enables a clinical diagnosis, unlike acute, high-dose mercury poisoning where there is a clinical picture. Low-dose mercury poisoning can cause any disease, it seems. This leads to the problem of diagnosis - if there is no clinical picture, are your headaches due to: neck vertebra mis-alignment, liver disorder, kidney disorder, any organ disorder, not drinking enough water, being a couch potato, too much self-abuse, food allergy or mercury poisoning or something else!!!.

Hal Huggins has identified a bio-chemical consequence of the presence of mercury which appears to explain why virtually any health disorder can originate with mercury. This is the presence in the urine of excessive porphyrin. Porphyrins are body- manufactured chemicals that evolve into haemoglobin and adenosine triphosphate (ATP), the body's primary energy storage unit. ALL metabolic functions depend upon either oxygen or ATP. Mercury blocks the continuation of the reaction that turns porphyrins into haemoglobin and ATP by inhibiting the function of enzymes. In the presence of mercury, any and all metabolic functions may be inhibited, leaving genes and life stress factors to determine what disease mercury gives you.

WHAT TO DO IF YOU HAVE METAL IN YOUR MOUTH

1) Determine if you are indeed Mercury Toxic:-

a) Hal Huggins recommends a full clinical work up involving extensive blood and urine tests, which are probably next to impossible to obtain in this country. If you are pushy you may be able to obtain a blood or urine test through your G.P. - this will establish whether you are excreting mercury (from urine test) and whether you have mercury circulating in your system (from blood test). My experience with patients suggests that whilst these tests may come back positive, the results will almost certainly fall within the range of acceptable amounts and thus the mercury is not a problem as far as the medics are concerned. The skin patch test only determines allergy and is thus completely useless, if you are allergic to mercury then you have a toxic load, but you may have a toxic load and not be allergic. Jack Levenson is the leading figure on the orthodox medical side in the case against amalgam. Dr Don Henderson and Michele Monteil of Chelsea and Westminster Hospital and Jack Levenson have developed a blood test to determine if you are mercury toxic. The test is called a Metal Specific Memory T Cell Test (MSMT) and determines your immune system's 'memory' of dental and other metals. If you have been exposed to the metals then there will be antibodies and the severity of the immunological response can be measured - the higher the response the worse the exposure. This test is well-regarded by What Doctors Don't Tell You and is regarded in medical circles as a respectable test. But it doesn't work!!! I have a patient, who has been a dentist, but for many years now has been an orthodontist, not doing fillings at all, who had a mouthful of metal and who Vega-tested positive for mercury toxicity, on several occasions, with multiple Vega-testers and who benefited in a major way from amalgam replacement, yet the MSMT test expensively declared her as not mercury toxic but with a nickel allergy!

b) Vega-test, or other electronic testing is as accurate as the practitioner and I recommend John Morley, 140 Harley St. London W1 as one of the best. (UPDATE, Oct 2010 - Sadly, he has now died, so I can now recommend myself and another colleague: Philip Weeks)

c) Hair analysis, various companies do this such as Biomed International 5 Queens Rd. East Grinstead. Sussex.

d) Dowsing, whilst I have quite high trust of dowsing, I can't quite accept dowsing as the last word on this topic.

e) Iridology/optician? Hal Huggins maintains that black streaks in the retina are deposits of mercury and are thus indicative of toxicity. My personal recommendation is a Vega-test or similar electronic testing, second best is hair analysis, but this depends on adequate mercury excretion by the body. If you are a poor excretor the stuff may be locked into your tissues and will not show up in the hair.

2) Promote health and vitality as much as possible with a good holistic practitioner (acupuncturist, naturopath, herbalist etc) to prepare for amalgam removal. Amalgam removal is stressful to the system, it does temporarily increase the toxic load and body function must be as good as possible and at least good enough to tolerate this temporary increase in toxic load.

3) Have the Buccal currents (the voltages given off by each tooth) measured to determine the correct order of amalgam removal and replacement. The Galvanic currents mentioned above have a negative impact on the immune system generally and the central and nervous system in particular. This impact is related to left/right, upper/lower jaw electrical differentials as well as total current, so if the amalgams are removed without regard for the voltages, the total current may drop but the differential may increase which could cause complications. Hal Huggins maintains that correct sequential removal improves recovery rate, detoxing ability, and the extent of the final recovery (of health, that is).

4) Determine the body's capacity to excrete mercury, if this is adequate then it is safe to proceed with amalgam replacement. If it is not adequate then you must improve the body's capacity to eliminate mercury by improving eliminative functions.

5) Test the proposed white filling materials for bio-compatibility - not all white filling material is acceptable for all people, there are occasional incompatibilities.

6) Have the amalgams replaced as rapidly as possible and if multiple sessions are required avoid the seven day cycle of appointments, there is evidence of a seven day cycle in human energetics, and engaging in a stressful event every seven days will make day fourteen's event more stressful than it would be otherwise and day twenty-ones event even more so, and so on.

7) De-tox the mercury from the system, monitoring the changes, and checking for complete elimination at appropriate times. De-toxing aids include, any holistic medicine, herbs, minerals (esp. Selenium, and Sulphur), vitamins, charcoal, Schultze's ICF No.2, cranio-sacral therapy, MLD, colonics, juice-fasting, homoeopathy, sweat-baths/saunas, etc. etc.

In 1985 Hal Huggins took a master's degree (M.Sc.) in bio-chemistry and undertook a study of immune reactivity to dental materials. This study (proper double- blind study of 3500 people) was updated in 1992 and showed that 90.2% of the population react to mercury which suggests that 90.2% of people in hospitals, in doctor's waiting rooms etc, are there because their dental fillings are poisoning them hence the sub-title to this paper.

A CASE HISTORY

Ten years ago I suddenly gained weight, going up to fourteen and a half stones (normal weight around the twelve stone mark) and shortly after that my nose began to stream with mucus. I do mean stream - it was as sudden and as intense as though someone had switched on a tap. Life began to get very difficult - I would sneeze 50 to 100 times a day, my nose streaming between sneezes, I became dreadfully fatigued - around 4 p.m. staying awake took total concentration. Perfumes, chemicals caused me headaches or dreadfull rages and I became allergic to cigarette smoke and alcohol, I developed diarrhoea, sometimes explosive diarrhoea and was constipated in between times, my brain function deteriorated rapidly. In short I became very ill.

Trial and error led me to wheat allergy, corn allergy, dairy allergy, all sorts of allergies. I eliminated these foodstuffs and felt a bit better. My acupuncturist was not much help, nor my homoeopath, nor the doctor (of course) and I researched my situation - I eventually self- diagnosed Candida Albicans infection and fiddled around with the diet and the food supplements and felt a bit better.

Then, my friend, John Morley completed a training in Vega-testing and practiced on me, diagnosing antibiotic poisoning and confirming the Candida problem. He also tested me as mercury toxic but failed to tell me for twelve months, which led to a fall- out between us, long since resolved now. He helped me to resolve the antibiotic poisoning and I struggled on with the Candida problem, an assortment of food supplements (Capryllic Acid and acidophilus in various formulations, hydrogen peroxide, which was great but I just couldn't tolerate the nausea it caused, doses of lateral/transient scavenging bacteria were helpful but are now illegal in the U.K., vitamins, minerals, etc.) helped me to, inch by inch, progress to better health.

Finally, life led me to Kitty Campion, she helped me to get the diet right guided me onto megadoses of Biocare’s products and I got there! I cleared my Candida and felt great. I only stayed well for a short while, my Candida came back. I researched some more and found out about mercury - my gut feeling told me this was the problem and I spoke to John Morley who confirmed it. Kitty put me on to a dentist in Manchester who replaced my amalgams and I set about de-toxing the stuff, (colonics, Kitty's herbs, homoeopathy etc).

Over the next year I got somewhat better, but my Candida was not gone and I was still Mercury Toxic. By this time I was helping people with Candida and Mercury and was referring patients to Hesham El-esssawy, 121 Harley St. London W1 and one day a filling fell out and Hesham agreed to see me on an emergency basis. His visual inspection and X-ray revealed four chips of amalgam under my white fillings!! I was rage personified - a highly recommended dentist, experienced in amalgam replacement and an anti-amalgam campaigner/practitioner had left FOUR CHIPS OF THIS POISONOUS SHIT IN SITU, and I had wasted twelve months serious detoxing effort. To cut a long story short Hesham sorted out my mouth and I finally cleared my mercury and resolved my Candida, and I am now fairly well. I lack fitness, 8 years of no energy wasted much of my muscle tone, but I've got my life back and no thanks to the medical establishment.

STEPHEN MACALLAN.

UPDATE October 2010

I wrote this paper back in 1999 as one of the papers written for my Master Herbalist diploma from the College of Herbal Medicine and Naturopathy. It was well received by the tutors and when I assembled my website a couple of years later, I decided to publish the paper on my site. To my great surprise, a year later my paper could be found on many websites all over the world, sadly only 2 of these sites actually asked my permission, which I readily gave and would have given to all had they asked. Twelve years later and there are many papers on the topic of mercury on the internet and many more people know about the dangers of mercury, but within the field of dentistry and orthodox medicine little has changed, sadly.

One of the things that has changed, also sadly, is that my friend and colleague, John Morley, whom I mention and recommend in the paper has now died and is no longer, obviously, available for the detailed dental testing that is strongly recommended before having amalgam replacement. I am pleased to say that before he died he trained me in the necessary testing so I am now fully capable of doing the detailed analysis of patient’s general health and dental material compatibility that one should have done before having one’s amalgams replaced.

A further change, both welcome and unwelcome, is that more folk are aware of the heavy metal poisoning problem and are arranging to have their amalgams replaced (the welcome bit) and more dentists are accommodating their patients requests. Unfortunately, whilst there are some excellent holistic amalgam free dentists replacing amalgam fillings properly, there are also more regular dentists replacing amalgams without necessarily having due regard for the risks in the procedure (the unwelcome bit) and so there are more folk suffering the consequences of incorrect amalgam replacement. In recent years I have seen a number of patients who have had their amalgams replaced, in some cases years ago, but they are still suffering a high mercury toxin burden which is compromising their health still. Some of these folk are very difficult to detoxify and I can only conclude that there was something not right about the way their amalgams were replaced in the first place. I am, by no means, the only person who knows how to deal with the mercury problem, and if you are reading this and considering having your amalgams replaced, then, consult more than one expert! Only have your amalgams done by an holistic amalgam-free dentist! Do some research yourself, gather information and knowledge, and choose your practitioners carefully because mercury is very, very, toxic. You may not realise that there is mercury in the low-energy light bulbs, but there is and if a bulb breaks the Health and Safety advice is to evacuate the room for 15 minutes! That is how dangerous it is!