

Simon's Factsheet on Mercury

Researched by Simon Rees, 2004
phoenixhealingcentre@yahoo.com

So just what are the facts?

"Fillings contain about three-quarters of a gram of mercury..... a person with 8 fillings has the equivalent of 6 grams of mercury in his body, a concentration that would shut down a school chemistry lab or bring a toxic clean up crew to a lake."

(Charles Brown, L.A. Times)

- Dental "amalgam" fillings are the silver-/black-coloured ones in most people's mouths. They are approximately half mercury, combined with silver, tin and other metals. The mercury leaks continually into the body's tissues, seriously affecting health.
- Nevertheless, amalgam continues to be the standard material of choice for most dentists in most developed nations. In addition, many of us are exposed to mercury from our mothers' fillings, coal smoke, industry, medications, vaccinations and other sources.
- Read on to find out more about these urgent and pressing questions: (1) What evidence is there? (2) Why is dental exposure to mercury the most worrying and prevalent? (3) Why do we not hear more about this in the media? (4) What can be done about it?

THE OFFICIAL POSITION OF DISINTERESTED GROUPS & GOVERNMENTS

1. Over 60,000 quality peer-reviewed clinical studies¹ lend credence to the conclusions of a report sponsored by the World Health Organisation and United Nations (Environmental Health Criteria 118)² which concluded that the use of mercury in amalgam "silver" fillings is hazardous both to human health and the environment and that **'dental mercury fillings constitute the main mercury exposure risk to humans, exceeding food, air and water sources combined.'** The specific figures furnished were fish and seafood sources as 2.3mcg a day on average, other food 0.3mcg, and fillings a whopping 3 to 17mcg. (Other studies show up to 29mcg, while some experts estimate over 100mcg if you take into consideration the increased release from fillings during chewing, brushing, heat exposure, etc.) The U.S. Public Health Service has also stated that amalgam fillings, not fish or industry, are the biggest source of mercury exposure and pollution. (For a more detailed list of the many common sources of mercury exposure, see *Appendix 6*).

2. The aforementioned studies¹ are backing **large litigation suits**³ gathering pace in California, Maryland, Washington, Canada and elsewhere, suing organisations like the American Dental Association (ADA) for misinformation. Echoes of the tobacco industry fiasco are increasingly being noted. Many places such as Canada, California, Vermont, Maine and New Hampshire have enforced **health warnings** and/or advised against or completely banned use of amalgam in children and pregnant women. Many states are discussing similar proposed laws to do this and more, including New York, Connecticut, Florida, Maryland, Nebraska, New Jersey, Oregon and Arizona. Both The Test Foundation¹ and DAMS¹ have painstakingly collated many of the scientific studies for easy online perusal and reference. A former DAMS president is now president of 'Consumers for Dental Choice,' which is at the forefront of the legal action.

3. Some progressive governments have either totally or partially forbidden the placement of mercury in people's mouths, and are currently phasing it out altogether or have stated their desire to do so (e.g. California, Sweden, Norway, Finland, Denmark, Austria) – which is pretty worrying for the rest of us! The Swedish Parliament voted for **a ban on amalgam** as far back as 1994, and in Nov 2003 a new government report incorporating the views of dental associations and dental schools conclusively called for amalgam to be quickly phased out. Sweden is still trying to bring this about by working to convince the EU, however, which will not permit such a ban under the 1998 Medical Devices Directive. Norway, in a similar situation, officially issued a clear warning in March 2003 to all Norwegian dentists strongly discouraging all use of amalgam, while not being able to actually legalize it until a ban is accepted at the EU level. Various European countries have in fact been prevented at an EU level from following through officially declared **plans to completely phase out use of dental amalgam** – Sweden by 1997, Denmark by 1999, Finland by 2000 and Austria by 2000. Outside the European Union, some progressive countries are almost totally amalgam-free, such as Japan and Switzerland.

THE RECENT CALIFORNIAN BAN

4. In the USA the first ban has already been passed. **By 1st Jan 2007 amalgam filling placements will be completely illegal in the State of California** under the *Mercury in Dental Filling Disclosure and Prohibition Act* (a copy of which can be read in *Appendix 9*).

5. This law (Bill HR 4163) was signed by Governor Davis in April 2002 not least because **the Dental Board of California had been breaking the law for nearly a decade** by ignoring a 1992 requirement (under Proposition 65)⁴ to provide all dentists with a factsheet on filling materials clearly stating the dangers of amalgam fillings, and encouraging them to discuss the issue with patients, which in 2001 (Senate Bill 134) was extended to force all dentists to have every patient sign such a factsheet before any filling placement – and **so the Dental Board had to be forcibly shut down** (Oct 2001) for believing itself above the law, in a virtually unprecedented historical closure of a state agency, by congresswoman Diane Watson⁵ – and in the window period between now and 2007 no one under 18, pregnant or lactating is to receive an amalgam placement, plus a clear warning must be placed in all practices that mercury is "**highly toxic**" and "**known by the State of California to cause birth defects or other reproductive harm.**"

6. So what exactly does the State of California know that others do not? Actually nothing – the same shocking scientific information is freely available to all states and countries, it is just that it has not yet been called to the attention of all their respective governing

bodies – as usual, some are more up-to-date than others. California has frequently been termed a “trend-setting” state for the rest of the country (and world), and this legislation represents **the turning of the tide**. As stated by Congresswoman Watson on passing the bill, **“It is no longer a question of if, but when, mercury dental fillings will be history.”** A special national congressional hearing on dental mercury took place in Nov 2002 in the House of Representatives to bring the two sides of the Californian debate into national discussions, in which the evidence piled up against its use clearly outshone the opposition, unable as the latter was to present any valid scientific evidence of the safety of amalgams. For the first time in history **scientific proof of this alleged safety is being demanded**.

THE OFFICIAL POSITION OF GROUPS PROFITING ON AMALGAM

7. Resistance to the dissemination of this information comes primarily from **the American Dental Association (ADA) and equivalent organisations** in other countries (e.g. the BDA in the UK, and the IDA in Ireland)²² – and hence the majority of practising dentists. They collectively carry a potentially enormous liability, along with the amalgam manufacturers. Their defensive claims²² are not based on studies showing safety (which are lacking) so much as fear of being sued, mental habit and no small measure of intellectual laziness. Simple lack of ethics also plays a part, as revealed in statements such as this one, by an ADA lawyer: *“The ADA owes no legal duty of care to protect the public from allegedly dangerous products used by dentists. . . Dissemination of information relating to the practice of dentistry does not create a duty of care to protect the public from potential injury.”* To contrast this, **some important amalgam manufacturers** (e.g. Dentsply, Vivadent, Ivoclar) now **issue clear health warnings**²⁴ with their products, while **others have even stopped amalgam production completely** (e.g. Degussa, formerly one of the world’s biggest, with 50% of its turnover deriving from amalgam). This has been partly from **fear of potential lawsuits**: the International Academy of Oral Medicine and Toxicology (IAOMT) sent out an official letter of warning to 31 American amalgam manufacturers in 1992, so that in any future legal action they could not plead innocence.⁶

8. Incredibly, the ADA receives money (i.e. what might be seen as bribes) from amalgam manufacturers in the so-called ‘Seal of Acceptance program’ in return for endorsing mercury fillings²³ – an arrangement which would be totally against the code of ethics of the American Medical Association, not to mention any other remotely trustable medical group. This is part of a long sad history of **dental associations putting money over ethics** – mercury was originally forbidden in 1845 by the American Society of Dental Surgeons for ethical reasons, and dentists were fined or suspended if caught using mercury fillings, and termed “quacks”. By 1856 this society became marginalized by dentists wishing to save money, because mercury was cheaper. It disbanded, and the ADA formed in 1859 in opposition. This new association not only withdrew the ban on mercury – a change neither necessary nor warranted – but proceeded to defend their territory by clamping down on dentists who still criticised placing mercury, a known deadly poison, in the mouth. Hence for nearly 150 years the ADA has not only prohibited rejecting mercury for toxic reasons in favour of alternatives, but also even discussing possible dangers with patients so they can make an informed decision – let alone replacing amalgams with less toxic fillings, an act which has caused dentists in diverse states to lose their licence to practise. Ironically, **the term “quack”**, now sometimes used to ridicule mercury-free dentists, was originally coined for nineteenth century doctors who used “quack-salver” (mercury) as a medical treatment – hence by the same logic, most modern dentists could themselves be termed “quacks” for using mercury fillings. They also make far **more profit placing amalgams than it is normally possible to make as a mercury-free dentist**, since placing “white” fillings generally requires both more time and skill – **amalgams are notoriously easy and fast to insert into the oral cavity, hence their financial appeal**.

9. Your personal dentist may not mean harm, and may in fact be perfectly nice, intelligent, etc. Nevertheless he/she typically performs highly unethical and dangerous amalgam filling placements on the ill-informed recommendation²² of his/her umbrella organisation (the ADA, BDA, IDA or similar national association, with a few notable exceptions such as Japan) and **a dental training which quite simply does not include toxicology on its syllabus**.

HEALTH EFFECTS OF MERCURY

10. **The only existing substance generally accepted to be more toxic than mercury is plutonium** (rated 1900 compared to 1600 on one scale of toxicity⁷). Just as nobody is immune to the effects of radioactive poisoning, likewise every mercury-exposed person is to some extent burdened and sickened over time as a result, **not just a few “rare allergic cases,”** as mistakenly claimed by those with a shallow appreciation of the physiological effects¹. There is individual variability of ability to cope with exposure, but all humans show an exceedingly slow excretion rate (**a half-life of 30 years from brain tissue!**), hence even small amounts can cause a serious long-term burden on normal functioning. Many are lucky enough not to fall ill for many years, but detrimental burden often exists without current obvious sickness. **The effects may be masked during this ‘time bomb’ incubation phase for as long as decades**.

11. Mercury has been causally linked to *many* illnesses, including **Chronic Fatigue Syndrome/ M.E., diabetes, Lupus, autism, Parkinson’s, Alzheimer’s, epilepsy, depression, hypertension, Multiple Sclerosis and cancer**¹. (See Appendix 5 for a more complete list). Almost all plants become stunted in a poisoned soil – similarly, mercury ‘stunts’ normal health; just how depends on individual constitutional ‘kinks’, but in general it has a toxic affinity to the **nervous & endocrine systems**, causing physical, mental and emotional aberrations deriving from crippled neurological, hormonal and immune function¹ (hence all the above conditions and many others). **Allergies** were never reported before the Industrial Revolution, during which mass coal-burning became a source of widespread mercury poisoning⁸. Chronic Fatigue Syndrome/ M.E., far from being new, has been around as long as dental mercury: a similar condition later named **neurasthenia** was first described by Dr George Beard in the mid-nineteenth century as “American nervosisme.” This American mystery illness not only coincided with the introduction of dental amalgam in the USA before amalgam caught on in the rest of the world, but was also an illness of the wealthy classes who could afford dental visits. Decades later, when amalgam restorations spread to Europe as a popular dental practice, neurasthenia epidemics coincidentally followed in their wake –

and not only that, but even the order of countries where both spread matched, growing first in Britain, then France, and later Germany.²⁵ The rates of ‘brain diseases’ such as Parkinson’s, Alzheimer’s, autism and motor neurone disease have risen a staggering 50% or more in the last two decades (in line with increased amalgam use and the new ‘high copper’ type²⁰) – yet not in Japan, which just happens to be the one Western nation studied where dental amalgam is almost never used.²⁶ Candida proliferates in the presence of mercury, having a pseudo-protective sponge effect. Mercury also lodges in vital organs like the liver, heart, kidneys and brain, and has many deleterious cellular effects, including poor cell nourishment and enzyme function, free radical damage and low energy from poor oxygen transport and porphyrin-haemoglobin production¹. It has a heightened synergistic effect if in the presence of other heavy metals, as is usually the case. It is widely documented¹ as neurotoxic, thyrotoxic, adrenotoxic, immunotoxic, cytotoxic, hepatotoxic, cardiotoxic, nephrotoxic, myelotoxic, lymphotoxic, encephalitic, teratogenic, mutagenic and possibly carcinogenic (after all that, I wonder why...)

HEALTH EFFECTS ON DENTISTS

12. Mercury toxicity has a high statistical correlation with suicide rates – and dentists happen to have the highest rate of suicide of any profession. In addition, dentists in several large-scale studies performed multiple cognitive and behavioural tests and, compared to a normal population, lagged behind in many areas. This included 14% worse scores in memory, co-ordination, motor speed and concentration⁹, and an increased rate of cancer, depression, irritability, chronic fatigue, headaches, tremors, arthritis, infertility and miscarriages¹⁰. Two of the most famous and informative books written on the topic were both penned by dentists, and have very revealing titles: “The Toxic Time Bomb” and “Uninformed Consent.”¹¹

MERCURY RELEASE FROM FILLINGS

13. Laws forbid and restrict the use of mercury in practically every other area except dentistry, and even in dental practices the dentists must handle it with highly stringent ADA-enforced precautions – except for when it’s in your mouth, that is! This inconsistent and irrational state of affairs is partly what prompted the Californian ban: Proposition 65⁴, a project initiated in California in 1986 to catalogue the effects of all known toxins and impose restrictions accordingly, concluded mercury was toxic in every other known use.

14. The claim that the amalgam combination (usually about 52% mercury mixed with copper, tin, silver and zinc) is a “safe inert” one which does not leak is a myth which the dental associations used to put forward to explain their use of mercury in people’s mouths. This claim has since been dropped (even by the ADA in 1997) because it has no scientific backing, and in fact has been continually refuted by both studies and clinical experience – quite simply, you can measure the mercury vapour constantly off-gassing from fillings in a matter of seconds with relatively simple instruments! This vapour, as well as leakage into the saliva, and via the tooth pulp and root directly into the bloodstream, is readily and constantly absorbed by the body’s tissues and spread around the entire body in amounts repeatedly shown in studies to be very toxic, “a retention toxicity that builds up over years of exposure” (California Bill HR 4163). Vapour emission is also greatly increased by eating, gum-chewing, tooth-brushing, hot drinks and even proximity to a computer.

15. You can also measure, with easily obtainable galvanometers, the electrical charge emitted by amalgam fillings in the mouth, with saliva acting as an electrolyte thus creating an electrical current in your mouth measurably on the order of 10,000 times stronger than the brain’s normal electrical activity. This affects brain function and also makes the amalgam mixture unstable, giving rise to constant toxic leaking. Positively charged gold caps near to negatively charged amalgams amplify this with a battery effect.

VACCINES

16. A mercury-based preservative called thimerosal¹² is used in many vaccinations (e.g. flu, DPT and many others), and has been repeatedly linked to many health problems following jabs, the most well-documented now being onset of autism in children¹³, as well as cot death in babies¹⁴, and the scandalous so-called ‘Gulf War Syndrome’ epidemic which governments have tried to downplay. These types of serious health effects also appear often to be linked to post-traumatic stress following inoculation, particularly from the severe immune assault of receiving multiple immunizations within a short period, as indicated by the Cotwatch monitoring project¹⁴, the massive decrease in cot deaths in Japan upon moving the vaccination age up to 2 years old¹⁵, and by various veteran studies¹⁶.

FISH

17. Mercury in fish and other food is *not* usually such a problem as amalgam fillings (given that consumption of large fish like tuna and swordfish is not excessive)² – unless a person already has amalgams placed, which are thought to hinder the body’s normal defence mechanisms against mercury from other sources such as fish by partially “turning off” the immune response due to unremitting 24-hour exposure. These days, this means most of the population, but at root it is an amalgam problem more than a fish problem. Moreover, a primary source of environmental mercury which lodges in fish derives from the sewage and cremation of people with amalgams in their mouths – mercury is an element and so does not break down once mined for use in dentistry or industry and eventually released into the environment. Denmark, Sweden, Finland, Germany and Belgium have all criticised dental amalgam use for environmental reasons, and when Californian Governor Davis signed the legislation against it he stated, “Mercury is a persistent and toxic pollutant that bioaccumulates in the environment and in the food chain.”

18. The media frequently bring up the “mercury in fish” issue as **a politically convenient red herring** to explain our current epidemic of mercury poisoning. Amalgam fillings are undoubtedly a far more widely spread and hazardous source for most people, despite the claims of ill-informed journalists who have not scrutinised the scientific literature, and furthermore **confuse cause (amalgam and other industries) with effect (fish contamination) at an ecological level.**

ALTERNATIVE FILLING MATERIALS

19. **Composite fillings (“white fillings”) are not completely non-toxic, but are a much safer alternative, and no longer expensive to have placed.** Note, however, that most composite materials, though safer than amalgams, still have metallic components – considered by some to be potentially mildly toxic, and in some cases poorly tolerated. **The most advanced and up-to-date dentists often prefer completely metal-free fillings.** The so-called ‘**Diamond**’ range, for example, contains no metals at all, and is moreover stronger and more durable than amalgam according to many different measures of strength and toughness – including a rate of corrosion under a third of that of amalgam (see *Appendix 7*). Hence **the common claim that amalgam is a better, stronger, more durable filling material is no longer true, and any dentist who claims this is simply out of date.** In the USA, though, you must generally *demand* to have non-amalgam fillings, especially as in some states dentists cannot by regulation even *discuss* with patients the possibility of amalgam toxicity – even if asked directly – or they will lose their license (**the so-called “gag rule”**). This is, of course, unconstitutional, with regard to the First Amendment and freedom of speech, and is most certainly an infringement on civil liberties in many people’s view. (In some states such as Florida, Oregon and Arizona this gag rule has therefore been withdrawn under pressure, although at a national level the ADA continues to encourage all State Dental Boards to adopt and enforce it). In Europe dentists tend to allow patients more of a choice.

20. Note that other situations in dentistry, such as **root-canal fillings** (which can contain mercury and other toxic materials, and may leave sealed chambers of chronic infection in the bone), extraction-site ‘**cavitations**’ (where, reportedly, the unextracted periodontal ligament under the former tooth can fester, causing highly toxic anaerobic bacteria to leak directly and constantly into the bloodstream¹⁷), **“gold” crowns** (which may be merely 5% gold) and **“porcelain”** (which usually contains aluminium), are also often toxic – a good **mercury-free (‘biological’) dentist** will provide individual advice and assessments. (If in Britain or Ireland please refer to my accompanying collated list of mercury-free dentists).¹⁹ Mercury-free dentists often perform amalgam replacements (with varying degrees of precaution and skill). A small number of them may also seek to assess the toxicity of root-filled teeth and/or identify and surgically clean toxic cavitations in the bone¹⁷. Some feel this may be important too as some debilitated individuals appear not to have recovered until they also addressed this issue. Finally, a basic tenet of holistic dentistry deserves mention as well – that if a person looks after their teeth, whole body, lifestyle and diet, and above all minimises contact with toxins, most dental caries will never develop in the first place, and far less fillings or dental treatments of any kind are then needed. The holistic dentist’s role is thus revitalised in preventative healthcare. In addition, at various times through history there have been dental trends to drill healthy teeth in order to place lots of fillings unnecessarily – in some people’s view a criminally negligent and inadvertently genocidal action.

SAFE vs. UNSAFE REMOVAL PROCEDURES

21. Yes, having a regular dentist remove your amalgam fillings *can* actually make you a whole lot worse, due to the massive exposure to mercury vapour during drilling – body burden of mercury (in blood plasma) rises by 300-400% on average.¹⁸ Studies have demonstrated, however, that **after filling removal by a biological dentist who uses the established IAOMT safety protocols for amalgam removal (most dentists do not!), body burden of mercury does not go up significantly,** and so health is at less of a risk.¹⁸ Health improvements are commonly reported following safe removal of amalgam fillings (see *Appendix 8*), though a detoxification regime is equally important to remove the mercury from the body’s tissues. **Important factors in safe amalgam removal may include:**

- (1) **Copious rinsing** and taking **lots of time**, cutting and sectioning the amalgam rather than speedily drilling it out;
 - (2) High volume suction;
 - (3) A form of testing such as used in Field Control Therapy to choose the correct timing, then prepare, support and detoxify the system with individualised protocols (see *Appendices 3 & 4*);
 - (4) Working only in an uncarpeted mercury-free zone with regular ventilation and special mercury air filters, preferably near the patient;
 - (5) Skill, experience and special training;
 - (6) An oxygen mask or other alternative air supply via a nose piece, plus goggles, bibs and a hair-cap;
 - (7) Biocompatibility testing of new filling materials (via bio-resonance, kinesiology, a serum test or skin test);
 - (8) Sequential removal, often according to electrical readings using a galvanometer, and usually no more than one quadrant, or two fillings, at a time;
 - (9) A rubber dam or (depending on professional opinion) clean-up aspirator tips;
 - (10) A supplementation/detoxification program which may include, for example, homeopathy, charcoal, selenium, oral or I.V. vitamin C, etc.;
 - (11) Nutritional and lifestyle preparatory advice;
- and (12) Awareness of potential root canal and/or cavitation toxicity.¹⁹

DETOXIFICATION

22. It is, however, *not* enough to just have amalgams removed with an IAOMT or similar protocol, as **high metal levels from years of accumulation normally remain lodged in your brain, endocrine glands, bone marrow and internal organs and tissues** – you need to *also* choose **a method of detoxification** to resolve this. My partner Clover and I are currently doing this. State-of-the-art options may include: Dr Savely Yurkovsky's advanced combination of homeopathy and bio-resonance called **Field Control Therapy** (see www.yurkovsky.com and *Appendices 3 & 4*); **Traditional Chinese Medicine**; other possibly useful but less holistic and comprehensive methods such as a natural formula invented by Dr Timothy Ray called **NDF** (www.healthydetox.org); Dr Andrew Cutler's form of **chelation* therapy** using small regular doses of **DMPS, DMSA** and **lipoic acid** (www.noamalgam.com); Dr Dietrich Klinghardt's regimes of **neural therapy, chlorella, cilantro, DMPS**, etc. (www.neuraltherapy.com); and **intravenous vitamin C**. Please refer to *Appendices 2-4* for more details and practical information.

*Note: pronounced *ke-LAY-shun*, chelation involves a pill, drop or IV of a substance which binds to heavy metals as it passes through your system and thus carries them out into the urine.

PROSPECTIVE PARENTS & PROGENY

23. All mothers-to-be should seriously consider going through these **removal and detoxification protocols at least one year before having a child** – and under no circumstances have any dental work or detoxification therapy during pregnancy. **All toxins in the mother's blood, including mercury, readily cross the placenta into the foetus** during those nine months in situ (as well as through breast milk), and are in fact amplified (with levels 30% higher than in the mother), **potentially causing birth defects, autism, seizure disorder, developmental problems and much else**, in babies/children, during their formative years. This is why the first rounds of legislation or official statements of recommendation in places such as the UK, California, Germany, Austria, Finland, Sweden, Canada and New Hampshire have been against the use of amalgam fillings in pregnant women (and/or lactating women, children, the elderly and those with impaired kidney function). In addition, **the sperm from a prospective father** with a mercury burden can cause early cellular damage to the genes of the newly-conceived zygote, leading to birth and developmental defects like those stemming from the mother's mercury. Mercury toxicity from either parent also increases the rate of **infertility** and **miscarriages** for the same reason.^{1, 27}

TESTS

24. With regard to testing, **there is in fact no safe level of mercury**. If you request a mercury test from a regular doctor, you will most likely be given a **blood** or **urine** test, both of which are only useful for testing recent exposure and acute poisoning. Mercury has a very short half-life in the blood, hence these tests normally give false negatives. **Stool** and **saliva** tests may be more useful, though still quite limited for similar reasons: levels of 'retention toxicity' in key target organs go undiagnosed if a patient demonstrates a poor excretion rate.. **Porphyrin, lymphocyte sensitivity** or **MELISA** tests may provide indirect clues but of dubious practical significance to the choice of treatment for individual patients. To get a direct initial indication of chronic systemic levels due to long-term exposure from any source, possibly the only good option is to take an oral "**chelation agent**" to bind to the heavy metals in your system (DMPS, DMSA/Kelmer or NDF) prior to a **urine test**. Various laboratories perform this test (see *Appendix 1* for more details), but most doctors will not know about it unless told, despite the fact this is an international gold standard for heavy metal testing in clinical studies, measuring release through one of the body's principal detoxification routes, the kidneys. Note that retention toxicity and a dulled immune response in severe cases can sometimes inhibit mercury excretion, even with chelation, and give a false low result, as the test actually measures excretion rate rather than total body burden (which no conventional test can reflect with absolute certainty - barring an autopsy!) High results clearly imply high toxicity, but also a healthy excretion rate. In particular, **if metals are lodged mainly in less accessible areas such as the brain, bone marrow or DNA, this is far less likely to show even on the chelation test**. It is, however, still probably the most useful lab test so far available, despite its severe limitations, and also allows for testing of many other heavy metals – though it is worth adding that some experts view the stool test as equally useful, if not better, as well as possibly safer since no pharmaceutical agent needs to be ingested. The stool test, however, can only measure how much is being normally excreted via the liver and intestines out into the stool – not how much has been built up in tissues. **Many experts currently opt for one or both of the Kelmer and stool tests** anyway, depending on the case and the doctor – and each of these tests has its own advantages and limitations. Most of the other conventional tests are in my view of limited practical value.

25. There are very useful and more precise alternative methods for assessing levels based on **bio-resonance testing** (in the tradition of EAV and Vega), especially if highly refined as in Field Control Therapy (see *Appendices 3 & 4* and www.yurkovsky.com). Note too that many alternative therapists offer a **hair analysis**, but this is inadequate for mercury, which often demonstrates a poor excretion rate into the skin and hair – especially where inorganic mercury is present, such as from fillings, which therefore shows very poorly on a hair test. Hair levels can sometimes correlate with organic mercury ingested in contaminated fish, but little else. This has been confirmed by high test results in fishing areas, but low results in people with many amalgam fillings exhibiting high levels in a post-chelation urine test. Hair also only reflects exposure dating back about 3 months. Finally, some doctors feel that the **symptom picture and clinical history** are a better aid to diagnosis than any test.

COST vs. BENEFIT

26. Having read this far, you can never again say you were not warned! Many countries operate a discriminatory policy (recently changed in some areas such as Rhode Island, USA) of only providing poor people with amalgam fillings, with no choice of composite, even though the prices of composite materials are these days not much higher than amalgam. Nevertheless, **unless you are currently**

living below the poverty line, the expense of money and time required to tackle these issues is relatively insignificant compared to the tremendous potential “time bomb” it represents in terms of future health dangers (if you are not already ill, that is) to you, your children, your patients or friends – and compared to the many thousands of tax or insurance dollars/pounds/euros/etc. spent on most individuals just barely pretending to cope with the Western world’s three major killers – cancer, heart disease and iatrogenesis.

27. The triggering factors of these and many other illnesses are slowly beginning to be understood, but still not the more deeply-rooted causes. These deeper, more fundamental roots are embedded in a soil poisoned by underlying toxicity – and in particular, **the biggest toxic epidemic of our era: “Amalgam Illness”** – a long-term baseline toxic burden polluting the physiological soil.

28. To summarise generally, in a simplistic fashion: **it is not easy to climb a mountain with several pockets full of rocks.**²¹

29. Not only has the use of amalgam risen in direct correlation with the incidence of degenerative illnesses, but **many amalgam fillings placed since 1976 are of a new type**²⁰ which gives off far more mercury vapour, while the number of compulsory baby vaccinations containing thimerosal¹² has likewise risen in direct line with the occurrence of conditions like autism¹³ so much so that this is the hot issue now at the forefront of the largest of the litigation suits.³

30. As Clover wrote recently in a letter, **“An ounce of prevention is worth a pound of cure.”**²¹ This applies both physically and financially, without exception. Read Clover’s own article about her health struggle at: www.wicfs-me.org/mercury.htm.

PETITION & FURTHER INFO

If you agree that the placing of amalgam fillings should be banned globally, please also take a moment to sign this online petition: www.petitiononline.com/mercury. Note: I am not personally affiliated with this petition or any dental source quoted in this factsheet – I practise/study Traditional Chinese Medicine, homeopathy and naturopathy in Galway, Ireland, and wish to help raise awareness of these issues. If you would like to pass on, circulate or publish this factsheet verbatim, then please do, preferably contacting me too. I have done my best to triple-check every detail, but if I have missed or misrepresented anything, or stated anything unclearly, please write to me! Also to share your experiences or for further info, e.g. about dentists, detoxification options and tests.

Among the most authoritative and helpful **web links for further research, I would particularly recommend:**

- (1) **General** – www.amalgam.org
- (2) **Dental** issues – www.iaomt.org, www.hugnet.com
- (3) **Scientific** issues – www.altcorp.com/DentalInformation/index.html, www.home.earthlink.net/~berniew1
- (4) **Legal/political** issues – www.toxicteeth.net, www.bioprobe.com, www.mercurypolicy.org
- (5) **Detoxification** issues – www.yurkovsky.com

Don’t forget: if you suspect a mercury problem and decide to do something about it, it is essential you do it in the correct way, or you might make things worse. On the other hand, don’t put off action indefinitely either! Thanks for reading this, and good health to you!

ABOUT THIS FACTSHEET & CONTACT INFO

This factsheet was compiled by Simon Rees in 2004 after extensive research in an attempt to gather all of the essential information about mercury in one place. I became frustrated at the way much of this vital information was dispersed between so many different books, websites, journals, studies, newsletters, professionals, countries, courses and disciplines. I hope you have found the result an informative, accurate, helpful and comprehensive resource.

The facts compiled are of course informed by my personal experience and views at the same time, for good or for bad, both as a patient and as a healthcare practitioner, and by my observations of the sufferings of mercury-toxic individuals and of their responses (or lack of) to different tests and treatments. However, my intention throughout has been to remain as loyal as possible to objective truth, and available scientific, clinical and empirical evidence of it, and to this end I am constantly revising and updating this factsheet as and when I receive new information. **If you have any suggestions, comments or feedback, please contact me** at phoenixhealingcentre@yahoo.com.

Finally, please note that there are two main omissions: (a) for the sake of conciseness, I have not included any esoteric, mythological or historical background to the story of mercury, nor have I detailed its traditional uses in homeopathy as a major constitutional remedy; (b) I have only included direct references to a few specific scientific studies, since there are so many tens of thousands to draw from (many of which I have on record and have alluded to in passing), and this was meant as a factsheet not a thesis! Many thousands of these relevant studies have already been laboriously made available to the public, and carefully compiled by category, at various excellent websites (see above links).

Disclaimer: Everything in this factsheet has been included because it is, to the best of my knowledge, truthful and accurate. Nevertheless, it is possible that there are mistakes I am not aware of. The facts and views in this factsheet are provided for your information and consideration only, and should not be constituted as medical advice, for which you should visit a qualified healthcare practitioner – and preferably, in my view, one fully cognizant of the hazards of mercury toxicity, including from amalgam fillings!

FOOTNOTES

¹ Countless scientific studies are carefully compiled by category at www.altcorp.com/DentalInformation/index.html (The Test Foundation) and www.home.earthlink.net/~berniew1 (Dental Amalgam Mercury Syndrome Inc.) There are far too many to even begin to cite here!

² Report prepared by Dr Lars Friberg, Karolinska Institute, Sweden and published under the joint sponsorship of the United Nations Environment Programme, the International Labour Organisation and the World Health Organization, Geneva, 1991.

³ To read regular updates on the legal developments see www.toxicteeth.net (Consumers for Dental Choice) and www.bioprobe.com/news.asp.

⁴ For more information on Proposition 65, see www.oehha.ca.gov/prop65/background/index.html.

⁵ See “Statement by Congresswoman Diane Watson (D-Los Angeles), Mercury in Dental Filling Disclosure and Prohibition Act, Los Angeles, California, November 5, 2001”, quoted in section XX at www.amalgam.org.

⁶ See ‘The Dental Amalgam Issue’ (DAMS Inc. & Consumers for Dental Choice, A Project of the National Institute for Science, Law and Public Policy, Jan 2004) – Part XI www.amalgam.org.

⁷ As established by the renowned toxicity centre at the University of Tennessee, USA.

⁸ “The History of Allergy” (N. Mynind), In: “Essential Allergy – An Illustrated Text for Students and Specialists” (Boston: Blackwell Scientific Publications, 1986:1-9).

⁹ “Chronic neurobehavioural effects of elemental mercury in dentists” (Ngim CH, Foo SC, Boey KW, Jeyaratnam J., Br J Ind Med 1992 Nov;49(11):782-90 PMID: 1463679)

¹⁰ Bernard Windham has compiled studies on the health effects on dentists. See www.home.earthlink.net/~berniew1/damspr6.html.

¹¹ The authors referred to are Sam Ziff and Hal Huggins, respectively.

¹² For further info on thimerosal see www.thimerosal-news.com.

¹³ See “Autism: a Novel Form of Mercury Poisoning” (S. Bernard et al, ARC Research), www.mercola.com/2000/oct/1/autism_mercury.htm. Also the yahoo Autism-Mercury chat group at <http://health.groups.yahoo.com/group/Autism-Mercury>.

¹⁴ See “Possible Link Between the Mumps, Measles and Rubella (MMR) Vaccine and Autism” (The Idaho Observer, Oct 2000) reprinted at <http://www.all-creatures.org/cb/a-mmr.html>, and “Vaccination - 100 Years of Orthodox Research shows that Vaccines Represent a Medical Assault on the Immune System” (Dr Viera Scheibner).

¹⁵ “In 1975, when Japan stopped vaccinating children under the age of 2 years dramatic improvements in their infant mortality occurred. Japan’s place in the world scale of infant mortality went from 17, a poor position, to number 1, the best performance... Between 1970 and 1974, 37 infant deaths occurred after DPT vaccination in Japan and because of this the doctors in one prefecture boycotted the vaccination. Consequently, the Japanese Government stopped DPT vaccination for 2 months in 1975, and, when vaccination was resumed, the vaccination age was lifted to 2 years. With this change in government policy the entity of sudden death almost disappeared from vaccine injury compensation claims (only 2 deaths were subject of vaccine injury compensation claims in the 2-year olds compared with 37 in younger children). In the late ‘80s, Japanese parents were given the choice to start vaccinating at earlier ages again and most, ignorant of what had gone on before, chose starting at 3 months of age. The rate of SIDS in Japan has since returned to high levels.” (Quoted from p53, ‘Cry of the Heart’ by Marc Sircus Ac., OMD. See <http://worldpsychology.net>).

¹⁶ Two examples: (a) “Health of UK Servicemen who Served in Persian Gulf War” (Unwin C, Blatchley N, Coker W et al, Lancet 1999; 353:169-178); (b) “Vaccine overload was identified as a significant factor in GWS. Steele carried out a population survey of 1,548 GW1Vs from Kansas and 482 veterans who served elsewhere in 1998. GWS, defined as having chronic symptoms in three out of six domains occurred in 34% GW1Vs, 12% non-GW1Vs who reported receiving vaccines during the war but were not deployed, and 4% of non-GW1Vs who did not. There was thus a three-fold increase in GWS due to vaccinations alone.” (Dr. Mae-Wan Ho and Prof. Malcolm Hooper, reprinted at www.i-sis.org.uk/VGWS.php).

¹⁷ Dr Weston Price, Dr Bouquet and Professor Boyd Haley are among the most famous researchers into the possible hazards of incomplete extractions and/or root canal therapy, which may include chronic festering infection or necrosis of the jaw bone in at least 50% of cases. See “Root Canal Cover-up” by G. E. Meinig (www.drshankland.com/rootcanal.html). Also refer to www.hugnet.com for a famous biological dentist’s response, and to www.cavitat.com for a description of the ultrasound technology recently introduced as an alternative method to (digital or other) x-ray for scanning the jawbone to detect possible cavitations (a notoriously difficult task).

¹⁸ See ‘The Dental Amalgam Issue’ (DAMS Inc. & Consumers for Dental Choice, A Project of the National Institute for Science, Law and Public Policy, Jan 2004) – Part V www.amalgam.org.

¹⁹ More info on these protocols can be found in the free online booklet at www.amalgam.org. Also see www.hugnet.com & www.bioprobe.com. **To locate a mercury-free dentist:** Please refer to my list (Britain and Ireland only), or search the directory at www.iaomt.org or www.talkinternational.com, or contact the nearest national IAOMT branch or other similar association for reliable local lists (many are listed at <http://medlem.spray.se/heavymetalbulletin1/engelska/kontakt.htm>).

²⁰ The so-called “non-gamma 2” high copper fillings which give off far more mercury vapour (Ferracane et al, 1995; C. Toomvali, “Studies of mercury vapor emission from different dental amalgam alloys,” LIU-IFM-Kemi-EX 150, 1988; A. Berglund, “A study of the release of mercury vapor from different types of amalgam alloys,” J Dent Res, 1993, 72: 939-946; & D. B. Boyer).

²¹ As Louis Pasteur, the father of the “germ” theory of disease, famously conceded on his deathbed – and as his contemporary Antoine Bechamp had long argued – **“Le microbe n'est rien, le terrain est tout” (The microbe is nothing, the terrain is everything).**

²² Official statements issued by many dental associations maintain a position of denial, to contrast the views set forward in this factsheet: *British Dental Association* (www.bda-dentistry.org.uk): “To date, extensive research has failed to establish any links between amalgam use and general ill health.” *Irish Dental Association* (www.dentist.ie): “All available world-wide research indicates that amalgam is **not** harmful to health. . . No Government or reputable scientific, medical or dental body anywhere in the world accepts, on any published evidence, that dental amalgam is a hazard to health.” *American Dental Association* (www.ada.org): “Dental amalgam (silver filling) is considered a safe, affordable and durable material that has been used to restore the teeth of more than 100 million Americans.”

²³ Regarding the ADA’s “seal of acceptance” program, there is also disagreement. An ADA spokesperson admitted that “a total of about \$5100 per year is generated from amalgam manufacturers” (www.dentalproducts.net/webextra/protest.html), but claimed that this is only to cover (40% of the) costs of the program, and not for profit. Others raise their eyebrows at these “costs”, yet even this acknowledgment is breezed over rather lightly by official statements of the ADA: “Be assured that the ADA does not profit from amalgam, nor does it promote the material. The cost of maintaining the ADA Seal program is financed primarily through ADA member dentist dues.” (‘Primarily’ refers, of course, to the other 60%, ignoring this 40%).

²⁴ The “small print on the scrimshaw”: Dentsply/Caulk, a major dental amalgam manufacturer, issued a warning in 1998 with its amalgam products. An excerpt from this warning is as follows: “*Exposure to mercury may cause irritation to skin, eyes, respiratory tract and mucous membrane. . . Mercury may also be a skin sensitizer, pulmonary sensitizer, nephrotoxin and neurotoxin. . . The number of amalgam restorations for one patient should be kept to a minimum. Inhalation of mercury vapor by dental staff may be avoided by proper handling of the amalgam, the use of masks, along with adequate ventilation. Avoid contact with skin and wear safety glasses and gloves. Store amalgam scrap in well sealed containers. Regulations for disposal must be observed.*” (Source: www.bioprobe.com/newsletter/article.asp?article_id=16).

²⁵ See “Was Professor Stock Right?” (Dr Breenkoetter, *Biologische Medizin* #4, 1984, pp.194-7), quoting from “The Danger of Mercury Vapour” (Dr Alfred Stock, 1926) and the research of Dr George M Beard (born 1839, died 1883).

²⁶ See “Pollutants cause huge rise in brain diseases – Scientists alarmed as number of cases triples in 20 years” (Juliette Jowit, environment editor for *The Observer*, August 15th 2004).

²⁷ See the scholarly 434-page volume by Sam Ziff and Dr Michael Ziff entitled “*Infertility and Birth Defects – Is Mercury From Silver Dental Fillings an Unsuspected Cause?*” (available from www.bioprobe.com).

Appendix 1 – Where Can I Get Tested for My Mercury Levels?

(Compiled by Simon Rees)

Testing is highly recommended before and after any filling removal or detoxification, for your personal and legal record (including for any potential litigation suits in the future). Some of the laboratories which can provide useful mercury tests are listed below.

Note that **false negatives** are the most common pitfall – even the best lab tests are unlikely to accurately reflect mercury levels in less accessible areas like the brain or DNA, and meanwhile if you submit to other less useful tests, such as a blood test or hair analysis, then the likelihood of false negatives becomes even higher.

Some writers have objected to the fact that chelation tests show up **high mercury levels** so often, on account of the fact that the chelation agent pulls mercury out of the tissues. However, had we not filled our rivers, lakes, seas, clouds, water supplies, fields and above all mouths with mercury, then mercury poisoning would not now be so widespread, and low test results would now be the norm instead of high test results! Related to this, of course, is the fact that reference ranges for mercury based on a “normal” population have little to do with what is healthy, since a “normal” population in most of the Western world these days exhibits relatively high levels of mercury. No level of mercury whatsoever can be deemed healthy – like uranium, even tiny amounts are antithetical to good health and normal physiological function. Therefore it becomes difficult to measure what is a “high” or “low” mercury result; one can only say what is “high” or “low” compared to other toxic people living in a toxic society where the rate of chronic degenerative illnesses is continuously on the rise and which cannot, therefore, be called a “healthy population”.

Furthermore, for all of these reasons, many doctors and dentists now consider mercury tests to be **frequently obsolete**, above all in the case of anyone with a mouth full of amalgam fillings! Nevertheless, a test can help in other, secondary ways – both to motivate oneself, and to help convince other people that you have a problem by showing them a “piece of paper”.

When doing a DMSA (Kelmer) or DMPS chelation test, please note that only small oral doses are administered as a one-off challenge. While this, in my experience, may in some cases cause (usually mild and transitory) symptoms of malaise, this seems to be largely caused by the heavy metals which are “chelated” into the blood (and from there out into the urine) – because the metals can make you feel bad while they are in your blood before passing out of the body (especially when levels are high). There has been some scaremongering, especially with regard to use of DMPS, with mild to extreme adverse reactions reported – but this seems often to be have been linked to (i) regular repeated high doses given as therapy; (ii) intravenous not oral doses, since these have a stronger effect; (iii) regular doses given even despite the presence of amalgam fillings; (iv) lack of close monitoring by the doctor to stop the protocols when this has occurred. While I am not advocating DMPS therapy as the best course of treatment (though I do know some people it has helped, and it is still advocated in certain forms by prominent names in the field such as Dr Cutler and Dr Klinghardt), I would nevertheless point out that even in these cases the adverse effects reported were in my view most likely due to the heavy metals chelated into the blood, not the DMPS itself – hence the biggest fault of DMPS seems to be that it is certainly a strong chelator, while for the same reason it can be useful for testing. Nevertheless, DMSA is rapidly increasing in popularity as a substitute for DMPS, quite possibly because it is not so strong in its effect.

Another concern when using any form of conventional chelation (whether DMPS, DMSA, NDF, PCA, chlorella, cilantro or any other agent) is the possibility of the mobilized metals being **redistributed** to new areas of the body, or even driven deeper into bodily tissues. This possibility is unavoidable when taking agents without (i) any organ support for the organs of detoxification and, just as importantly, the afflicted or constitutionally weak body areas; (ii) any means of monitoring the system or dosage according to individual needs in a manner which assesses even the cellular state at a basic level (i.e. bio-resonance testing). Two conclusions can be drawn, however: (i) this possible “redistribution” process is more likely to occur in prolonged courses of chelation therapy than in one-off tests, & (ii) in the case of long-term chelation therapy, there may be some benefits, but the extent of them are unpredictable and difficult to assess, weighed against this possibility, unless the above (uncommon) measures are taken.

Please note that **I am collecting photocopies (or scans) of the heavy metal test results of chronically ill people** (especially M.E. patients – though not only), in order to amass convincing data of the importance of heavy metal toxicity in chronic illnesses. This information will be **to submit to research organisations, journals, etc.**, in an attempt to lobby for more scientific research to be funded in this area. **If you would like to contribute your results to this non-profit humanitarian project, please contact me.**

KELMER MERCURY TEST:

To request a Kelmer mercury test (£40) contact Biolab Medical Unit. Upon your request, they send out the test kit and instructions directly to your home address. Later they send the results to your GP, chiropractor or osteopath (whichever you name on the form).
Tel (+44) (0)20 7636 5959 www.biolab.co.uk Biolab Medical Unit, The Stone House, 9 Weymouth House, London W1W 6DB, UK

When visiting your GP, you will need to insist on this particular test, refusing to accept any other – most GPs have not heard of it, as it is not a standard test they use or will have studied (unless they are toxicology experts). Many mercury-free dentists use it regularly, however, as well as chelation doctors. It costs £40 Sterling to test only for mercury, plus £22 per extra metal (choosing from lead, cadmium, aluminium and arsenic, any of which must be specially requested via the form or a letter). Note that no explanations or bar

charts are enclosed with the results, which makes them less straightforward to interpret than those from the American labs, though this test is more economical, and has the advantage also of providing both “pre-” and “post-” challenge results, for comparison.

DMSA or DMPS HEAVY METAL TEST / CHELATION DOCTORS:

This is practically the same as the Kelmer test, and can be ordered from various American laboratories, including:

Great Smokies Lab (www.gsdl.com)

Great Plains Lab (www.greatplainslaboratory.com)

Doctor's Data (www.doctorsdata.com)

These labs do not, however, provide the chelation pills (DMSA or DMPS), which must be obtained by your doctor. The best option is to locate a chelation doctor who specialises in this area and can arrange these tests. Please note that these same doctors often provide chelation therapy if you wish to use this form of detoxification.

(a) To locate a chelation doctor **internationally**, a good starting place is the ‘*Find a Doctor*’ search facility at www.acam.org, the website of the *American College for Advancement in Medicine*, which runs courses in chelation therapy and keeps an online list of members round the world.

(b) If you are **in the UK**: *Biolab Medical Unit* keeps an online referral list of doctors in the UK who use their services, many of them chelation doctors, and this can be found at: www.biolab.co.uk/reflist.html.

In addition, a popular private hospital specialising in chelation therapy and environmental medicine is: *Breakspear Hospital, Hertfordshire House, Wood Lane, Hemel Hempstead, Herts HP2 4FD, England. Tel (01442) 261333. E-mail: info@breakspearmedical.com. Website: www.breakspearmedical.com.*

(c) If you are **in Ireland**: doctors who do chelation tests for mercury are:

Dr Gabriel Stewart, The Chelation Therapy Clinic, 29 Hawthorn Lodge, Castleknock, Dublin 15, Éire. Tel: (01) 821 2540. Website: www.chelation-ireland.com. [Gabriel Stewart specialises in EDTA and in heavy metal testing / detoxification using DMSA and other agents].

Dr Finbar Magee, 300 Cregagh Rd, Belfast BT6 9EW. Tel (in Northern Ireland and Britain): 028 9070 9300. Tel (from Éire): 048 9070 9300. [Finbar Magee specialises in Dr Andrew Cutler’s heavy metal detoxification protocols using DMSA and other agents].

Dr Sean Dunphy, Cork Road Clinic, Carrigaline, Co. Cork, Éire. Tel: (021) 437 1177. [Sean Dunphy focuses mainly more on EDTA, which is not used for mercury, but he might be useful for anyone in Co. Cork not wishing to travel, if they specially request mercury chelation].

STOOL TEST (faecal heavy metals):

Many laboratories also offer this test, such as:

Medizinisches Labor Bremen, Haferwende 12, D-28357 Bremen, Germany. Tel: +49 (0)421 20720. E-mail: info@mlhb.de. Website: www.mlhb.de

Doctor's Data in the USA. Website: www.doctorsdata.com. *Breakspear Hospital* in England, for example, (see above) use this lab for ordering the stool test.

BIO-RESONANCE TESTING:

There is no conventional test or chelating agent which can reliably access **deeper areas such as the brain, bone marrow or the inside of cells**, though metals like mercury, lead and cadmium have an affinity for brain tissue, and enter cells, disrupting even the DNA. Fortunately, however, bio-resonance testing (in the tradition of EAV / VEGA / Applied Kinesiology) can provide a full-body test useful as a non-conventional alternative. In my experience, this is especially so when this form of testing is highly refined as in Field Control Therapy (see *Appendices 3 & 4*), which furnishes results in their order of clinical priority, and can pinpoint where the toxicity is located, even down to the level of DNA, as well as the extent of the organ damage and the best therapeutic protocols.

Appendix 2 –Where Can I Get Detoxification Treatment for Mercury?

(Compiled by Simon Rees)

Anyone deciding to have amalgam fillings removed should also choose a detoxification option to get the heavy metals out of their tissues. In addition, those without amalgam fillings often need to detoxify likewise (see *Appendix 6*). It is vital for your health that you do not skip this - many don't realize the importance of detoxifying before and following amalgam removal. Remember that without special detoxification therapy, the half-life of mercury in the brain, for example, is *thirty years!*

I cannot provide comprehensive information here, but some possibly helpful starting points include:

(i) A very focused, non-toxic and sophisticated method is *Field Control Therapy (FCT)*, which aims to locate and remove toxins of any kind from any area of the body. It detects precisely and resolves many disease factors and 'blocks to cure' using advanced forms of homeopathy guided by a unique system of hands-on bio-resonance testing / non-force Applied Kinesiology developed by Savely Yurkovsky, MD. It is possibly the only viable option for hyper-sensitive patients, and has also been particularly useful in 'difficult' cases, and for accessing otherwise inaccessible areas for detoxification.

If you are in Europe and would like to be referred to a practitioner of FCT in your area, I have a referral list and can be contacted. Likewise, if you are a practitioner and would like information about FCT courses, please contact me. I invited Dr Yurkovsky, the inventor of FCT, to London and Dublin to teach FCT on a regular basis to hundreds of doctors, dentists and therapists, in order to improve the options available locally for adequate, safe and precise identification and treatment of toxicity issues. (See *Appendices 3 & 4* for a description of FCT). Dr Yurkovsky lives in New York, and his website is at www.yurkovsky.com.

Please note that there are other forms of bio-resonance/kinesiology used for testing, and other forms of homeopathy used for detoxification, though FCT has in my experience proved the most useful, safe and focused. "*Complex*" *homeopathic formulae* are increasingly popular, though these are less focused and precise than the remedies used in FCT. They may be helpful and supportive to some people in their action, but are in my view a form of "blanket-bombing" lacking the precision central to other forms of homeopathy. "*Classical*" (*traditional*) *homeopathy* is very useful for holistic treatment in the long term, as well as for first aid and emergency situations, but many have found it inadequate for detoxification of significant chronic mercury poisoning as the mercury effectively acts as an insurmountable 'obstacle to cure' unless addressed via other means. The same applies to many forms of *healing*, *bodywork* and *herbalism*, which can all be beneficial but inadequate to overcome serious chronic heavy metal toxicity. (Note: acute poisonings are often easier to treat via any of these means than long-term low-grade chronic poisonings, such as that caused by dental amalgam).

(ii) Other methods of detoxification are more conventional, and involve *chelation*. This can be via pharmaceutical agents like *DMSA* (*Kelmer*) or *DMPS*, often combined with *lipoic acid*, *glutathione* and/or *intravenous vitamins* (see *Appendix 1* to locate chelation doctors), or via natural agents like *NDF* and *PCA*.

Two of the most advanced and famous forms of chelation therapy are taught and practised by *Dr Dietrich Klinghardt* (www.neuraltherapy.com) and *Dr Andrew Cutler* (www.noamalgam.com). DMPS and DMSA are probably both safest and most effective when broken into very small doses for use at regular intervals, with lipoic acid used as an adjunct, as in Dr Cutler's protocol, or when guided by the "ART" kinesiology testing employed by Dr Klinghardt.

NDF, possibly one of the best natural choices, is a tincture of "nanonized" (cell-wall broken) chlorella, cilantro and probiotics invented by Timothy Ray, MD, and better than using chlorella on its own as the nanonization process makes it more easily absorbed and gives it more surface area to bind to toxins as it passes through the system. It is possibly better and safer than pharmaceutical chelation, as it is natural, alkaline, non-toxic and easily absorbed, and arguably no less effective at binding to toxins. NDF is available from *Higher Nature* in the UK (www.highernature.co.uk) via phone consultations with their Nutrition Department – Tel: (+44) (0)1435 882964. They only recommend this if you have read widely enough about NDF to feel confident about using it without seeing a practitioner (study www.healthdetox.org, which includes many of Dr Ray's well-referenced articles). See www.bioray2000.com for American or international orders or referrals to practitioners using NDF.

One proviso: unlike FCT, the action of all *chemical 'mops'* (chelation agents) may be incapable of doing a 'complete excavation' of areas like the brain, bone marrow, and inside of cells, and their range is therefore in my view limited, and results likely to be only partial, particularly in more serious and/or hyper-sensitive cases. This is not due to fault of method or use of the wrong substance, but to the *physical limitations* inherent in the general approach of detoxifying via biochemical 'mopping' agents. In addition, there is also the ever-present possibility of *redistribution of mobilised toxins* unless special organ support is used (see *Appendix 1*).

When using any form of chelation – whether NDF, DMSA, or any other agent – make sure you are regularly tested to *check you are not reacting allergically to any of the ingredients*, as this would counter-balance any good effects. Probably the best way to check this is by visiting a kinesiologist regularly, or learning to use *Applied Kinesiology* for home testing. Individuals with heavy metal toxicity can be particularly prone to strong allergic reactions to all manner of supplements, herbs, foods or drinks, and in my experience *great caution should therefore be exercised when applying any form of treatment which involves ingesting any substance which is not homeopathic.*

(iii) Modalities based in *Traditional Chinese Medicine* (acupuncture, Chinese herbalism, Tui Na, Shiatsu, etc.) can prove very effective and helpful for a wide range of health problems, including mercury detoxification in some cases, and have five thousand years of continual development and refinement behind them in the largest and oldest public health system in the world (in China). However, I would personally recommend combining them with a modality more focused specifically on mercury detoxification, as they are likely to be insufficient on their own to overcome serious chronic heavy metal poisoning.

Appendix 3 – Why is Field Control Therapy a Useful Option?

(Composed by Simon Rees)

Please note: I wrote this introduction as a result of my positive personal experiences of Field Control Therapy, and this appendix and the next one therefore consist mostly of personal thoughts and reflections rather than referenced facts.

Field Control Therapy[®] (FCT) focuses on identifying and removing toxic agents such as mercury from the body. It constitutes a blend of essential knowledge from both alternative and conventional fields, incorporating two main areas: (i) a revolutionary diagnostic technique, drawing from bio-resonance testing/Applied Kinesiology, which seeks to uncover the true causes of all chronic and degenerative diseases; & (ii) powerful therapeutics based primarily on a unique innovative form of homeopathy.

The assumption prevailing in modern medicine, both conventional and alternative, is that symptoms of ill health can be corrected at a chemical level by ingesting substances or manipulating structures. A new movement in integrative medicine, however, understands that **the bio-energetic terrain is more important, governed as it is by the more fundamental science of physics, not by chemistry.** In particular, the subatomic (*cellular*) electromagnetic fields actively control all structural and chemical (*extra-cellular*) activity in the body. In order to address the true causes of illness methods must be used which can interact with these cellular fields in both diagnosis and treatment. There have been various medical modalities, both ancient and modern, which work at this deeper energetic level, but until now all the old wisdom and new scientific innovations have not been brought together into one clinically successful and cohesive system. FCT[®] spearheads this **new integrative paradigm of energy medicine** with a system which draws on the best methods available in many fields but refines them into a unique and more sophisticated therapy than its predecessors.

Savely Yurkovsky, MD, author, teacher and speaker, runs a busy private practice in Chappaqua, New York. Long before 9/11 he had been eradicating illness of all kinds by identifying and removing underlying toxicity issues. This has grown to include fallout survivors of the World Trade Center collapse, successfully treated following the toxic chemical exposure and emotional trauma they experienced. Dr Yurkovsky has also been teaching FCT[®] as effective self-preparation against biological terrorism, or self-treatment following exposure. A cardiologist and classical homeopath by training, he has evolved FCT[®] over many years of clinical practice and study.

FCT[®] employs a hands-on testing method which furnishes highly focused and precise results. It draws partly on the immense wealth of the bio-resonance testing tradition, but is practised without a bio-resonance machine, making it more cost-effective, accessible, human and easy to learn, and moreover more sophisticated due to the pioneering use of special filters. It is unique in these respects, and also in its ability to provide results in their exact order of clinical priority. It draws partly on the principles of Applied Kinesiology, but in a more advanced form than any currently practised. Instead of applying force (as in the popular arm test used by most kinesiologists), a *non-force* kinesiology is used. This makes testing objective, such that it can even be done on an individual in a coma.

Mercury, dental amalgams, lead, cadmium, aluminium, asbestos, electromagnetic fields, car exhaust, tobacco smoke, formaldehyde, thimerosal-laced vaccines, dioxins, pesticides and many other toxins and pollutants have all become part of everyday life. With regard to chemical exposures alone, according to Dr G. J. Hyland writing for the Irish College for Advancement in Medicine in 2003:

“The European Environment Agency has said that of 75% of the 100,000 chemicals on the European market, there is insufficient toxicity information available for even the most basic risk assessments. Even more worryingly, 10,000 of these chemicals are at present on the EU list for priority assessment. However, to my most recent knowledge, only 11 risk assessments were publicly available.”

The rate of chronic degenerative illnesses continues to rise exponentially. **FCT[®] testing shows not only that almost all illness is rooted in toxicity disrupting cellular fields, but that symptoms of ill health vanish when these toxins are judiciously removed from the body.**

Studies have confirmed that homeopathic remedies contain electromagnetic imprints capable of interacting with and altering cellular fields. Together with other remedies such as herbal formulae, probiotics or trace minerals, they are employed in FCT[®] in non-invasive, non-toxic protocols which stimulate and direct the body's cellular electromagnetic memory and healing mechanisms to flush out the toxins, parasites, viruses or other noxious influences uncovered by the testing.

Specific homeopathic imprints of the toxic agents are used (isodes). Many have lacked the expertise to make use of such remedies, but Dr Yurkovsky has made several groundbreaking discoveries which render this approach not only efficacious, but quite possibly faster,

easier, stronger and safer than other methods. One involves adequate support of the elimination organs, such as the kidneys and lymph, using homeopathic imprints of the bodily tissues (sarcodes). Others include targeting specific areas for detoxification with the sarcodes, and prescribing remedies in a precise, carefully orchestrated series. The testing algorithm is used to determine optimum potencies and timings.

By virtue of the fact that FCT treatments are homeopathic, as well as based at all times on individualised fine-tuned testing of the patient, this is **in my experience the only viable option for heavy metal detoxification in the case of hyper-sensitive and “difficult” patients, or very toxic cases.** For this reason, I invited Dr Yurkovsky to teach his methods in Europe, in order to bring into being a local referral list and thus enable people all over Britain and Ireland to have the option of FCT treatments to resolve their mercury and other toxicity issues in a better and more sensible manner. For more information see www.yurkovsky.com, or contact me for information on the annual European FCT courses, or for a copy of Dr Yurkovsky’s book.

Appendix 4 – Why Was This Factsheet Written?

(A Little Story)

To illustrate the story behind this research, and what prompted it, I devised an analogy. In approximately chronological order, it encapsulates the experiences of my chronically ill partner Clover in her search for better health over more than a decade. This included extensive treatment regimes comprising over thirty different therapeutic modalities over the years, none of which stopped her downward spiral until her sustained improvement process began using Dr Yurkovsky’s Field Control Therapy. It turned out mercury had been a major “obstacle to cure” in Clover’s system, hindering more or less any attempt at treatment, including conventional heavy metal detoxification regimes. Clover’s post-chelation urine test showed 3200% the upper end of the reference range for mercury, one of the highest results her doctor had ever seen!

Imagine for a moment that the body is a house, and an illness a general downstairs flood. It’s difficult to enjoy life in a flooded house, so the occupant (Clover thinly disguised as our fictitious heroine!) decides to call in a doctor to fix the problem.

Upon arrival, the allopathic physician identifies the problem as the flood itself, gives it a “disease name” after analysing the water, and drills a hole in the wall to pump out the water. “Problem solved,” he remarks, and with that he walks out the door, cheque in hand.

Large-scale placebo-controlled multi-million-dollar studies are then performed on 500 similarly flooded houses, and in almost every case the house, examined just after the drill-and-pump procedure, is declared once again habitable. An exclamation of triumph resounds through the medical community, and the drill manufacturing industry enters a new boom phase.

A week later, however, the original house floods again. This time, despite the placebo-controlled studies (envisioned in her mind as disapproving countenances, heads shaking and fingers wagging), the house-dweller decides to try an alternative therapist. So she calls in a naturopath, who, on arrival, explains to her that those large-scale studies were, in fact, funded all along by the drill manufacturers.

“What’s more,” he continues, “for them a long-term follow-up study on house flooding would consist of two or three days – and certainly no longer than a week – so it’s no wonder that the results appeared so good! Long-term studies are just not financially viable.” Her eyes light up, since he seems to know what he’s talking about. “And even if they did return to the house and encounter a second flood,” he concludes, “they would then re-analyse the water and proclaim it to be a completely different problem, with a new name and cause.” And at this, the naturopath surveys the entire house.

A short while later, he is observed opening all the windows, explaining the negative effects of living in a damp environment, and the necessity of airing the house more regularly to prevent future condensation, mould and flooding. Finally, he takes up a mop to deal with the problem in hand. Taking his leave with cheque in hand, he leaves the house looking as good as new – and in addition smelling fresh.

The occupant is very happy with the result at first, but a week later the house floods again. Similar disappointment is met with after she calls in a local homoeopath. He refurbishes the entire property, from top to bottom, paying particular attention to some ceiling leaks, dripping taps, broken floorboards and, last but not least, the property’s poor insulation. Departing with his cheque, he leaves it in fine condition (better than it’s been for years) – yet after another week it is once more flooded.

The local acupuncturist attempts a similar renovation of the house, paying particular attention to some faulty wiring. He even extends his attentions to the garden, as well as checking every cable and pipe system in the house and street for storm damage. After he has left – with a cheque for his efforts – she is delighted with his work. Yet the flood returns.

At long last she throws her arms up in despair, and calls round asking for a specialist with experience in fixing floods permanently. Eventually, someone recommends her to contact a Field Control Therapist. A short while later, Dr Yurkovsky arrives in his dark blue velvet coat, knitted brows indicative of his serious intent.

To the owner's surprise, the doctor immediately walks into the pantry (which is perfectly dry), barely glancing at the flood, and begins unpacking his toolkit. Though sceptical, she holds her tongue. An hour later, he re-emerges, a grin on his face and, with a tilt of his hat, walks out the door (cheque in hand) leaving her still standing thigh-deep in the water.

Over the next couple of hours, the flood level rises a little, and reaches waist-height (the lady still, of course, distraught). However, by evening the level starts to fall at last, and finally the flood drains away completely, never to return.

After a few uneventful years, she eventually decides to call Dr Yurkovsky to find out what on earth he did that day to fix the problem in so mysterious a fashion. "It was elementary, my dear," he explains by phone. "The flood itself was irrelevant – I was only interested in the cause. So I analysed the plumbing in your house. It turned out that a dead hedgehog was blocking the pipes, so I extricated the poor beast. That's all."

As you can see, the therapies in the story which failed were each better than the last, but even the best ones lacked the tools to hone in on specific blocks in the pipes with precision and take out those dead hedgehogs.

Needless to say, Clover's "hedgehog" has not been quite so easy or fast to remove as in the story – probably because in her case it was more like a colony of dead hedgehogs! She is now much improved, and continues her slow process of detoxification and recovery.

Appendix 5 – Which Health Conditions are Linked to Mercury Poisoning?

(Compiled by Simon Rees)

Some of the Many Conditions Causally Linked to Mercury Poisoning in Numerous Studies*	
Allergies Alopecia Alzheimer's Disease Angina Arteriosclerosis Asthma Attention Deficit Disorder Autism Autoimmune Responses Birth Defects Cancer Candidiasis Cataracts Chronic Fatigue Syndrome/ M.E. Chron's Disease Depression Diabetes Digestive problems Dyslexia Eczema Excessive Drooling Fibromyalgia Hypertension Hypothyroidism Impaired Kidney Function	Increased Bacterial Resistance to Antibiotics Insomnia Leaky Gut Syndrome Liver Dysfunction Loss of hearing Lou Gehrig's Disease (ALS) Lupus Macular Degeneration Migraines/Headaches Multiple Sclerosis Multitudinous Mental Disorders Myopia Parkinson's Disease Pink Disease (Acrodynia) Poor Lymphatic Drainage (e.g. Tonsillitis, Oedema) Psoriasis Recurrent Suicidal Thoughts Schizophrenia Scleroderma Seizure Disorder (Epilepsy) Sinus problems Tremors Urinary problems

* This does not imply that these conditions are always, or even often, caused by mercury poisoning – most or all can and do have other causes. However, the extent to which most of these conditions may be mercury-induced as a primary causative factor could be on a monumental scale without historical precedent, explaining the rise in modern times of the rates of many degenerative illnesses. This matter is still open to speculation, though there are many alarming studies implicating mercury toxicity either directly or potentially as a primary disease factor in many of these conditions.

Appendix 6 – What are Common Sources of Mercury Exposure?

(Compiled by Simon Rees)

Potential Everyday Sources of Mercury Exposure

Mercury amalgam dental **fillings**

Mother's fillings/toxicity taken in (and amplified) through placenta & milk, then liable to stay in the child's system for many years, and most probably long into adult life

Crematoriums (where the amalgams of the deceased release mercury vapour in cumulatively large quantities)

Thimerosal used as a sterilizer/preservative in numerous standard **vaccinations**, including: Influenza, Pneumococcal, Meningococcal, Diphtheria, Tetanus, Pertussis, Hepatitis B, Rabies, Coccidioidin, Immune Globulin, Haemophilus b Conjugate, Japanese Encephalitis

Seafood & many species of **fish** – esp. larger ones; tapwater; fungicides, pesticides, insecticides, herbicides; grains treated with methyl mercury fungicides

Burning of fossil fuels – e.g. **coal smoke** is a common source; chemical waste & burning of refuse; air pollution & toxic rains

Broken or swallowed mercury **thermometers** or **fluorescent lights**

Use of contact lens solution, spermicides/lubricated condoms, contraceptives, mascara, hair dyes, skin-lightening creams, mercurial disinfectants / mercurochrome antiseptic liquid

Paint (fumes, chippings), wood preservatives, tile cement, plastics

Mercury dry batteries in cameras, torches & ear-level hearing aids

A large number of **medications**, including: ophthalmic solutions/ointments/suspensions, diuretics, nasal drops/sprays/mists/decongestants/spray pumps, haemorrhoidal ointments/suppositories, mumps skin test antigen, adrenal cortex injections, allergen patch tests, testosterone injection suspension, antibiotic ear suspensions, fungizone lotion/cream, tissue fixatives, throat lozenges, hair tonics

Many **industrial/professional applications**, including:

- exposure to vapour at dental clinics
- gold extraction (thousands in Brazil remain toxic)
- steel, phosphate & gold production
- metal smelting
- use of sulphur compounds
- exposure in laboratories
- manufacture & repair of barometers, ultraviolet lamps, direct-current electric meters, radio valves, strip lamps & mercury thermometers
- use in photo-engraving, textile printing, dye manufacture, bronzing of field-glasses, anti-fouling paint in ships, tool-hardening processes, wood pulping, chloralkali industry, electrodes and reagents

Natural sources (volcanic activity, gas & vapour emissions, evaporation from water)

Formerly in teething powders (infamous cause of Pink Disease, killing many babies in the 1950s and leaving others with lifelong illness)

Appendix 7 – Is It True Amalgams are No Longer the Strongest or Most Durable Fillings?

Comparative Analysis of Dental Filling Materials

Source: www.biodent.com.au/diamondlite.html

Product name	Herculite XRV	Prisma TPH	Charisma	Z100	Dispersalloy Amalgam	DiamondLite (Direct)	Tooth Enamel/ Dentine
Company	Kerr	Caulk	Kulzer	3M	LDCaulk	DRM	Nature
Diametral Tensile Strength Psi (MPa)	8,000 (55)	7,400 (51)	7,500 (52)	8,000 (55)	6,000 (41)	9,250 (64)	10,200 (70)
Compressive Strength Psi (MPa)	41,000 (283)	45,000 (310)	41,000 (283)	48,000 (331)	55,000 (379)	63,250 (436)	57,000/ 42,000 (393/ 290)
Flexural Strength Psi (MPa)	15,500 (107)	17,000 (117)	16,000 (110)	18,000 (124)	5,000 (34)	23,250 (160)	21,000 (145)
Fracture Toughness MPa m - 1/2	1.2	1.0	1.2	1.0	1.2	1.65	1.7
VHN Surface Hardness @ 3mm	70	70	70	75	90	100	110/80
Depth of Cure (mm)	2.5	2.5	2.5	2.5	N/A	4.2	N/A
Water Sorption (%)	0.8	1.2	1.4	1.0	N/A	0.40	N/A
Wear (microns/yr)	34	30	22	35	22	7	3-5
Shrinkage (% linear)	1.5	3.0	1.5	1.5	1	0.50	-
Co-efficient of Thermal Expansion	35+	35+	35+	30+	25+	20	11.4
Biocompatibility	Moderate	Moderate	Moderate	Moderate	Reactive	Excellent	-

Key to Parameters

Strength - is a tri-vectorial measurement clinically significant because chewing involves three vectors of force as well: • Compressive Strength • Flexural Strength • Tensile Strength

Fracture toughness - resistance to fracture

Surface Hardness and wear resistance - the closer to tooth the better

Depth of cure - important as most restorative materials are light cured.

Shrinkage - when a material is cured the amount of shrinkage of the material should be minimal

Water Sorption - is significant for colour stability and degradation. The lower the better.

Co-efficient of Thermal Expansion - teeth are subjected to temperatures ranging from 5-55 degrees C. The closer the material is to tooth structure the better.

Note #1: I heard about the above-listed “DiamondLite” fillings from Dr David Harvie Austin, Secretary of the *British Society for Mercury-free Dentistry* in London. He and other dentists I have spoken to who use them have reported that they are extremely well tolerated by most patients (though even these not by *everyone!*). I believe that famous dentist and author Hal Huggins also uses them. Many other dentists may not have heard of them yet, and so you or your dentist may be left wondering, after reading this, how to get hold of these fillings, should you or he/she be interested in trying them out. I therefore re-contacted various dentists to ask them, and they said that they imported them from a company in the USA called DRM (contact: Bob Henson, Tel: + 1 203 4885555). To avoid VAT on imports direct from the USA, however, they can also be ordered from distributors inside Europe, such as in Belgium, Holland, Sweden, Germany, etc.

Note #2: Metallic ions are normally added to “white” fillings as a colourant, so that they show up on x-ray, but in the case of DiamondLite fillings a different non-metallic colourant is used instead.

Note #3: In the near future I am sure there will be other similarly well-tolerated, metal-free fillings available, and quite possibly even better than this brand, since the field is constantly evolving and improving. The days of mercury use in dentistry (as applies likewise to coal and oil as viable energy sources) are therefore quite literally numbered: mercury, coal and oil are toxic primitive raw materials which have contributed to the formation of a highly toxic, unhealthy society dependent on limited quantities of substances which, for health and ecological reasons, would be better off left under the earth undisturbed. While on the one hand they have made our modern, industrial, technological society possible, they are on the other at last being fast superseded by far cleaner, more efficient alternatives. We live in a major period of transition in this regard, and need to accelerate the process of change for our own health and survival.

Appendix 8 – How Often Do Health Improvements Follow the Removal of Amalgams?

Source: <http://www.talkinternational.com/health/1569.htm>

TALK Health - Analysis of 1569 Patients

SELECTED HEALTH SYMPTOM ANALYSIS OF 1569 PATIENTS WHO ELIMINATED DENTAL FILLINGS CONTAINING MERCURY

The following represents a partial statistical symptom summary of 1569 patients who participated in six different studies evaluating the health effects of replacing dental fillings-containing mercury with non-mercury dental fillings. The data was derived from the following studies: 762 Patient Adverse Reaction Reports submitted to the FDA by the individual patients; 519 patients in Sweden reported on by Mats Hanson, Ph.D.; 100 patients in Denmark, extractions performed by Henrik Lichtenberg, D.D.S.; 80 patients in Canada, extractions performed by Pierre Larose, D.D.S.; 86 patients in Colorado reported on by Robert L. Sibley, O.D., M.S., and 22 patients reported on by Alfred V. Zamm, M.D.

% of Total	Symptoms Reported	Reported Number	Number Improved or Cured	% Improved or Cured
14%	Allergy	221	196	89%
5%	Anxiety	86	80	93%
5%	Bad Temper	81	68	89%
6%	Bloating	88	70	88%
6%	Blood Pressure Problems	99	53	54%
5%	Chest Pains	79	69	87%
22%	Depression	347	315	91%
22%	Dizziness	343	301	88%
45%	Fatigue	705	603	86%
15%	Gastrointestinal Problems	231	192	83%
8%	Gum Problems (OLP)	129	121	94%
34%	Headaches	531	460	87%
3%	Migraines	45	39	87%
12%	Insomnia	187	146	78%
10%	Irregular Heartbeat	159	139	87%
8%	Irritability	132	19	90%
17%	Lack of Concentration	270	216	80%
6%	Lack of Energy	91	88	97%
17%	Memory Loss	265	193	73%
17%	Metallic Taste	260	247	95%
7%	Multiple Sclerosis	113	86	76%
8%	Muscle Tremor	126	104	83%
10%	Nervousness	158	131	83%
8%	Numbness Anywhere	118	97	82%
20%	Skin Problems	310	251	81%
9%	Sore Throat	149	128	86%
6%	Tachycardia	97	68	70%
4%	Thyroid Problems	56	44	79%
12%	Ulcers & Sores in Mouth	189	162	86%
7%	Urinary Tract Problems	115	87	76%
29%	Vision Problems	462	289	63%

Appendix 9 – A Copy of the Bill to Ban Mercury Amalgam Fillings in California

Source: <http://www.bioprobe.com/ReadNews.asp?article=47>

YOUR HELP IS NEEDED! On April 10, 2002 Representative Diane Watson of California (for herself and Representative Dan Burton) introduced H.R. 4163, A Bill that will ban Mercury Dental Amalgam (A copy of the Bill follows). It is extremely important that you contact your elected representatives and request that they Co-Sponsor H.R. 4163.

107th CONGRESS 2nd Session **H. R. 4163**

To prohibit after 2006 the introduction into interstate commerce of mercury intended for use in a dental filling, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

APRIL 10, 2002

Ms. WATSON of California (for herself and Mr. BURTON of Indiana) introduced the following bill; which was referred to the Committee on Energy and Commerce

A BILL

To prohibit after 2006 the introduction into interstate commerce of mercury intended for use in a dental filling, and for other purposes.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the 'Mercury in Dental Filling Disclosure and Prohibition Act'.

SECTION 2. FINDINGS.

The Congress finds as follows:

- (1) Mercury is a highly toxic element.
- (2) A dental amalgam, commonly referred to as a 'silver filling', consists of 43 to 54 percent mercury.
- (3) Consumers may be deceived by the use of the term 'silver' to describe a dental amalgam, which contains substantially more mercury than silver.
- (4) Dental amalgam may contain about 1/2 to 3/4 of a gram of mercury, depending on the size of the filling.
- (5) The mercury in a dental amalgam continually emits mercury vapors.
- (6) Mercury toxicity is a retention toxicity that builds up over years of exposure.
- (7) According to certain scientific studies, Health Canada, and the Agency for Toxic Substances and Disease Registry of the Public Health Service of the Department of Health and Human Services, children and pregnant women are at particular risk for exposure to mercury contained in dental amalgam.
- (8) According to the Agency for Toxic Substances and Disease Registry, the mercury from amalgam goes through the placenta of pregnant women and through the breast milk of lactating women, giving rise to health risks to an unborn child or a baby.
- (9) The Environmental Protection Agency considers removed amalgam filling and extracted teeth containing amalgam material to be hazardous waste.
- (10) The use of mercury in any product being put into the body is opposed by many health groups, such as the American Public Health Association, the California Medical Association, and Health Care Without Harm.
- (11) Consumers and parents have a right to know, in advance, the risks of placing a product containing a substantial amount of mercury in their mouths or the mouths of their children.
- (12) Alternatives to mercury-based dental fillings exist, but many publicly and privately financed health plans do not allow consumers to choose alternatives to mercury amalgam.

SECTION 3. PROHIBITION ON INTRODUCTION OF DENTAL AMALGAM INTO INTERSTATE COMMERCE.

(a) PROHIBITION- Section 501 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 351) is amended by adding at the end the following:

'(j) Effective January 1, 2007, if it contains mercury intended for use in a dental filling.'

(b) TRANSITIONAL PROVISION- For purposes of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 301 et seq.), effective July 1, 2002, and subject to subsection (a), a device that contains mercury intended for use in a dental filling shall be considered to be misbranded, unless it bears a label that provides as follows: 'Dental amalgam contains approximately 50 percent mercury, a highly toxic element. Such product should not be administered to children less than 18 years of age, pregnant women, or lactating women. Such product should not be administered to any consumer without a warning that the product contains mercury, which is a highly toxic element, and therefore poses health risks.'

END