

Metal Toxicity

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In the late phase of the Roman Empire, it was considered a privilege of the reigning aristocracy to drink out of lead cups and many of the water lines in the city of Rome were made out of lead pipes. It took several hundred years before the physicians of the time established the link between mental illness -- affecting mostly the aristocracy -- and the contamination of the drinking water with lead.

In the 1700s, the use of mercury for the treatment of both acute and chronic infections gained favor and again, it took decades before the neuro-toxic and immuno-suppressive effects of mercury were well documented within the medical community. In the time of Mozart, who died of mercury toxicity during a course of treatment for syphilis, any pathologist in Vienna was familiar with the severe grayish discoloration of organs in those who died from mercury toxicity and other organ-related destructive changes caused by mercury.

In the case of mercury, the therapeutic dilemma is most clear. Mercury can be used to treat infections, but -- not unlike chemotherapy -- also causes a different type of illness and may kill the patient. The same is true for most metals; small doses may have a therapeutic effect for a short term, life saving direction, but may also cause their own illness. Most metals have a very narrow therapeutic margin before their neuro-toxic (and in some cases carcinogenic effect), outweigh the benefits. Toxic metals may be fungicidal and bactericidal, maybe even virucidal, but many foreign invaders have the ability to adapt over time to a toxic metal environment in a way that stuns scientists and certainly outpaces the ability of the cells of a higher organism -- like ours -- to adapt in a similar way.

In the long run, the situation looks different. Toxic metals harm the cells of the body whereas the invading microorganisms can often thrive in a heavy metal environment. Research by Ludwig, Voll and others in Germany and by Omura and I here in the US, show that microorganisms tend to set up their housekeeping in those body compartments that have the highest pollution with toxic metals. The body's own immune cells are incapacitated in those areas whereas the microorganisms multiply and thrive in an undisturbed way. The teeth, jawbone, Peyers patches in the gutwall, the ground-system (connective tissue) and the autonomic ganglia are common sites of metal storage and the place where microorganisms thrive. Furthermore, those bodily areas are also vasoconstricted and hypoperfused by blood, nutrients and oxygen, which foster the growth of anaerobic germs, fungi and viruses.

The list of symptoms of mercury toxicity alone, published by DAMS (Dental Amalgam Support Group) includes virtually all illnesses known to humankind. Chronic fatigue, depression and joint pains are the most common on the list. To keep it simple, mercury alone can mimic or cause any illness currently known or at least contribute to it.

Modern medicine has taken a giant leap in the past few years through the discovery and use of the PCR test (polymerase chain reaction). Virtually any illness looked at seems to be caused or contributed to by a chronic infection. A study performed by the VA Administration (published in JADA, April 1998) on 10,000 US veterans, showed that most coronary heart disease really started as an endothelial infection and, in most cases was caused by microorganisms from the mouth. Another study showed that close to 70% of all TMJ syndromes in women are caused or contributed to by chlamydia trachomatis. Childhood diabetes is often caused by either a cytomegaly or influenza virus infection. And the list goes on and on.

Has Guenther Enderlein not basically found the same truth over sixty years ago? What took so long? Like Bechamp and others, he found that infections could not thrive in the body unless the milieu is changed in the first place. Rather than looking at the pH, osmolality and the other factors (today also jokingly called the "BTA factors" -- from an instrumentation available in the US called "Bio-

terrain Assessment" which is really a modernization of an instrument developed by French researcher and hydrologist, Vincent). I suggest diagnosing and treating toxic metal residues in the body along with the *appropriate* treatment of the microorganisms. As long as compartmentalized toxic metals are present in the body, microorganisms have a fortress that cannot be conquered by antibiotics, Enderlein remedies, ozone therapy, UV light therapy and others.

To diagnose metal deposits in the different body compartments on a living patient is not easy. Most "scientific" tests are based on grinding up tissue and then examining it with a microscope, spectroscopy or other laboratory-based procedures. The most elegant, suitable and easy to learn system is Dr. Yoshiaki Omura's resonance phenomenon between identical substances. Both his bi-digital O-ring test or ART (autonomic response testing) are extensions of a regular physical exam that can be done without any instruments. It is a very accurate diagnostic tool and makes it possible to not only diagnose *where* in the body *which* metal is stored, but also helps to predict which metal detoxifying agent is most suitable to remove the toxic metal from that particular body region.

The metals found most commonly are mercury, lead, aluminum and cadmium. Among the detoxifying agents most commonly used are DMPS, DMSA, Captomer, D-Penicillamine, I.V. vitamin C, I. V. Gluthathione, Pleo-Chelate, DL-Methionine (Redoxal), branched chain amino acids, Chlorella Pyrenoidosa, Chitosan, activated charcoal, cilantro and yellow dock. I have developed non-biochemical approaches and include electromobilization (using the Electro-Bloc), mercury vapor lamp mobilization and others.

The approach to treating illness in a way that acknowledges those observations has to include the following:

- Diagnosing the site of toxic metal compartmentalization
- Diagnosing the exact type of metal
- Determining the most appropriate and least toxic metal removal agent
- Determining other appropriate synergistic methods and agents (i.e., kidney drainage remedies, blood protective agents -- garlic or vitamin E, agents that increase fecal absorption and excretion of mobilized Hg, exercise, lymphatic drainage, etc.)
- Diagnosing the secondary infection
- Determining an appropriate antibiotic regimen (medical antibiotics, antifungals, antivirals, Enderlein remedies, ozone therapy, etc.)
- Monitoring the patient carefully from visit to visit to respond quickly to untoward effects most often caused by plugged up exit routes.

With this approach, many patients that were chronically ill and did not respond to other approaches will improve or get well.

However, the thoughts expressed thus far do not answer one important question. Why do patients that are exposed to mercury, deposit the toxin in various areas of their body? Some deposit the mercury in their hypothalamus (and develop multiple hormone problems), or in their limbic system (depression). Others deposit it in the adrenals (fatigue), or in the long bones (osteoporosis, leukemia). Some in the pelvis (interstitial cystitis), in the autonomic and sensory ganglia (chronic pain syndromes); some in the connective tissue (scleroderma, lupus), or in the cranial nerves (tinnitus, cataracts, TMJ problems, loss of smell), or in the muscles (fibromyalgia).

As you would assume, multiple causes can be identified.

- Past physical trauma (such as closed head injury) will make the brain susceptible to becoming a storage site for lead, aluminum and mercury.
- Food allergies often cause a low-grade encephalitis or joint inflammation, setting up those areas to become targets for toxic deposits.

- Geopathic stress -- Significant numbers of patients were found sleeping on underground water lines or too close to electrical equipment. Metals concentrate in the body regions most compromised.
- Scars and other foci can create abnormal electrical signals that can alter the function of the ANS (autonomic nervous system). The abnormal impulses often cause areas of vasoconstriction and hypoperfusion, which again become metal storage sites.
- Structural abnormalities -- TMJ problems and cranio-sacral dysfunctions often are responsible for impairment of blood flow and lymphatic drainage in affected areas.
- Biochemical deficiencies -- If the patient has a chronic zinc deficiency, the prostate, which has a large turnover of zinc, starts to incorporate other 2-valent metals (such as Hg⁺⁺, Pb⁺⁺).
- Environmental toxicity (solvents, pesticides, wood preservatives, etc.) has a synergistic effect with most toxic metals. Metals will often accumulate in body parts that have been chemically injured at a prior time.
- Unresolved psycho-emotional trauma and unresolved problems in the family system.

This last cause -- unresolved psycho-emotional trauma -- is by far the most common factor determining *where which metal* will be stored in the body and which **infectious agent** will thrive in *what area* of the body. This issue has been underestimated by most, due to a lack of appropriate, quick and precise therapeutic interventions.

I have developed a type of biofeedback psychotherapy called psychoneurobiology (APN). The core of this approach is the *dialogue with the subconscious mind*. Any type of ART technique (muscle testing, EAV, brainwave biofeedback, etc.) may be used to obtain answers and engage in the dialogue. The technique is aimed at uncovering any unresolved past traumatic event and processing the material in a way that is healing to both the patient and their family. The material is covered in the APN I and II handouts and in the video sets from the APN Seminars.

Patients who responded poorly or were unresponsive to prior treatment with appropriately selected Enderlein remedies and detox agents, responded dramatically by treating the patient first with APN, by unloading emotional material, correcting limiting beliefs and creating an opportunity for healing between living and dead family members. In fact, every parameter of their biochemistry, including bio-terrain measurements like tissue and blood pH, osmolality, conductivity but also including hormone levels, mineral levels, etc. move in a direction toward normal after successful APN treatments. Results are often permanent.

The disease model that is emerging from these observations looks as follows:

The symptom is that which is visible or apparent and usually the reason the patient comes to us. Underneath or within it, we find most often a chronic infection. Underneath the infection, we find the altered milieu -- mostly the presence of toxic metals. Underneath that, the reason why it is there (other than the obvious necessary exposure), the selection of location, the choice of metal -- are all created and guided by the subconscious mind and determined by the type, severity and date of unresolved psycho-emotional trauma or material.

The treatment then, looks simple:

- Help the patient to clear the emotional blocks
- Give the appropriate Enderlein remedy
- Administer the appropriate metal detox agent



If this approach is followed, the main Enderlein remedies usually will suffice to lead the patient from chronic illness into wellness.

Here is a list as a reminder:

Not, Per, Fort, Quent for *acute* illnesses.

Pleo Ut, Ut-S, Lat, Rec, Art A and **Cand** for *chronic conditions*.

Pleo Nig, Muc usually test for the *long-term* treatments soon after the beginning of therapy.

With this approach, many other complicated, invasive and often expensive holistic approaches become unnecessary. Where the Enderlein remedies seemed not to be enough, they work again, strongly, predictably and effectively. The number of medications the practitioner needs to keep in the office is minimal. Treatment time is minimized and the success rate is superb.

If you wish to have references for this article, please contact Explore! For the Professional at P.O. Box 11510, Prescott, AZ 86304 or at info@ExplorePub.com. Refer to vol. 10.1, Dr. Klinghardt courses page 56. Thank you.