

Mercury Poisoning

It's Not In Our Heads Any More



Jodi's Journey Goes On

Jean Shaw

(Sample chapters)

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By

Jean Shaw

Disclaimer

The information in this book is for educational purposes only and is not meant to substitute for the advice provided by your own physician or other health professional.

If you have any specific medical problem you should contact your medical advisor.

The author is not liable for any direct or indirect claim, loss or damage resulting from the use of this information.

Any attempt to remove mercury should be undertaken with the support and guidance of an appropriate health care professional.

Please be careful!

Foreword

Firstly let me make something absolutely clear. I am not a scientist, have no medical training and did not study for any degrees. The knowledge I am about to impart comes from the School of Life – my life!

It has been gained through necessity rather than desire, and the information in this book is for educational purposes only.

It is neither meant to diagnose, treat or cure any known illness and if you have any specific health concerns you must ALWAYS consult your health practitioner.

That said I hope this book will save you hours of research and point you in the direction of help should you need it.

There is a lot of information and misinformation out there.

PLEASE check things out for yourself and make your own mind up.

Front Cover

The picture on the front cover is of my son Jodi and I waiting for a ferry to take us across the sea from UK to France.

If you look at the sky, you'll see some shadowy images of people hidden amongst the clouds.

These represent how foggy and unclear our thoughts were when we both suffered from mercury poisoning.

Introduction

I believe things are meant to be. They happen for a reason and although at the time the purpose may not seem obvious, somewhere down the road it will all make sense.

Unfortunately the road is not always one of happiness and joy.

In many cases there will be a lot of heartache, tears and fear. I hope this will make the road for some just a little bit easier.

It deals with various issues which have affected my life specifically autism, mercury poisoning, toxic chemicals and electro magnetic radiation – all products of our civilised society and the so-called progress since the early 1900's.

This book is dedicated to all my fellow sufferers and also to my family whom I have regrettably neglected whilst I've been writing.

Let's begin...

The lights lit up the front of the house as the car pulled into the driveway. It was 12.20 a.m. and I rushed to open the door with a sense of relief and incredulity. My son was home.

So why was I anxious? After all he's eighteen years old and surely going to a disco is normal isn't it?

For many maybe, but not when you have autism and I never thought I'd experience the same concerns and fears most families take for granted when their teenage offspring make their way in the world.

Of course, he didn't go alone. He had support but if you know anything at all about autism you will know it's not the kind of disability that lends itself to socialising with lots of different people crowding together and loud music.

However, this book is not to discuss autism. If you'd like to get a picture of what it's like to live with the disability you should read my book, "I'm Not Naughty – I'm Autistic – Jodi's Journey", or check out my website at www.jeanshaw.com.

Jodi was fine for his first year and life was wonderful for all of us. By all, I mean my husband, my other son Daryl, Jodi and myself. However, the second year was not so great and things got steadily worse as my son changed from the adorable, inquisitive, sociable, friendly, active little angel into someone completely unrecognisable.

People found excuses not to visit and everyone suffered particularly my eldest son. He's lived all his life with a brother he's never been able to play with or talk to, and for the mostpart, understand.

I blame the childhood vaccines and my dental work for Jodi's autism but to find out why you'll have to read my other book, "Autism, Amalgam and Me – Jodi's Journey Continues".

Let's just say Sherlock Shaw was on the case!

However, I will tell you that it has much to do with mercury – the second most toxic substance on the planet after plutonium.

"You Can't Trust Anyone"

I've listened to Kaa hiss those words to Mowgli in Disney's "Jungle Book" hundreds of times but it took a while for me to believe them.

Although presented with proof on many occasions I've always thought the best of people and assumed they would be honest.

However, it seems many are either genuinely ignorant of the facts, or are very economical with the truth. Either way I've ended up the victim.

Of course some people are just completely dishonest and a stolen suitcase and a certain timeshare incident spring to mind.

Those rogues looked me in the eye, blatantly lied, stole the case and defrauded us of several thousand pounds. But that has nothing to do with this book. It's just if ever one of them should have cause to read this I hope they'll feel suitably ashamed and make amends somehow.

Distressing as they were, my loss both times was only financial.

It's worse when you lose your health because you believe the "experts" - those people you go to for help and who should know what they're doing, or prescribing.

But that's not always the case. As Kaa says, "You can't trust anyone".

I suppose my first disastrous health encounter came with the birth of my first child. Actually, looking back it was my first two.

The nurse repeatedly told me just "one more push "and my child would be born.

She lied.

Having been in labour for hours with all requests for a caesarean, epidural, bottle of sherry, anything to take away the pain and get my child out of me falling on deaf ears, I eventually had my legs hoisted up in stirrups and received an episiotomy.

This certainly helped my son to be born. In fact he came out with such vigour after that "one more push" the nurse had repeatedly promised me, that had she not been standing at the bottom of the bed he would have shot out of the window .

However, the relief and joy of having a new son was marred by the fact my afterbirth refused to budge. Since that can be dangerous, they told me it had to be physically removed.

They lied.

After forty-two stitches and what seemed like an eternity I was allowed to hold my first child. I later learned that should never have happened, and medication would have allowed me to pass it without physical intervention.

When I had to have a hysterectomy at the age of forty, I was told by my specialist, I had the insides of a seventy year old woman, most likely because of the barbaric procedure a few years earlier.

Still, I had a wonderful healthy and happy child and twenty-one months later I had another one. Jodi's birth was much easier!

Life was wonderful. Both boys were thriving. They were a joy to have and so full of fun. Together they explored the world which held so much opportunity for them.

They played just as brothers should.

Then came Jodi's MMR and nothing has been the same since – for anyone!

Vaccines

It seems the oldest known form of vaccination was invented by a Chinese Buddhist nun in the eleventh century and was still used until recently in remote areas of Afghanistan and Ethiopia for immunisation against smallpox.

Quite simply dried powdered scabs from victims of the disease were blown up people's noses.

Now of course things have changed, and vaccines are injected directly into the blood stream, bypassing the body's natural forms of defence – i.e. skin and mucous membranes.

Vaccines play a very important role in eradicating preventable communicable diseases.

The theory is if you put a weakened version of a live virus into someone, their immune system will send out antibodies to fight it.

Hopefully, after a bit of a tussle the antibodies win, the body remembers the foe and should the virus later attack in its full strength, it's prepared for battle.

Vaccines contain the weakened live virus and also preservatives, adjuvants, additives and residuals including aluminium salts, formaldehyde and thimerosal. These are all toxic substances.

For most people vaccinations don't present a problem. However, if your immune system is weak or just developing and you can't get rid of toxins then the outcome can be somewhat different.

So why are they used?

Preservatives are used in some vaccines to prevent bacterial or fungal contamination and have been used in most multidose vials since the 1930s.

Adjuvants are used to enhance immune responses after immunisation.

Additives are used to stabilise vaccines from adverse conditions like heat and freeze drying, and also to prevent the immunogens from sticking to the sides of the vials.

Residuals are left over after the manufacturing process.

Aluminium

Aluminium is an adjuvant, which means it enhances antigen specific immune responses.

Aluminium is a neuro-toxin. It disrupts, attacks, and kills neurons in the brain, and is found in many childhood vaccines.

It is also in the flu vaccine and you may be interested to know one study indicates people who have the flu vaccine four years in a row are ten times more likely to get Alzheimer's.

Alzheimer's and dementia are on the increase. It is estimated the rates will triple by the year 2050. In UK (2007) there were 750,000 sufferers , and it is expected to increase to 1,000,000 by 2027.

It's a time bomb waiting to go off, and as with autism, the ripples from the condition are far reaching. Alzheimer's doesn't just affect the sufferer. Partners and children will find themselves full time carers looking after loved ones whose lives have been completely disrupted.

It's no longer just an old person's condition either with people in their forties and fifties now being diagnosed.

Formaldehyde

Formaldehyde is a preservative used in embalming bodies.

It kills living organisms so if it can kill cells externally, what does it do internally?

It is teratogenic, which means it interrupts, or alters, the normal development of a foetus, and it's also carcinogenic, (which requires no explanation)!

Thimerosal

Much has been written about thimerosal, and such has been the concern over its possible contribution to autism, it has now been removed from certain childhood vaccines.

This action was taken because of the increased interest in "lessening human exposure to mercury", which is a known neuro-toxin (kills neurons), and nephrotoxin (harmful to the kidneys).

Thimerosal is not an integral component, of vaccines, but is added to prevent bacterial contamination in multi-dose vaccines.

I've read it has a tendency to clump, or be unevenly distributed in solution, which means there could possibly be more concentration in one batch than another.

Equally, if the concentration differed in the same container, it could partly explain why some people react differently to others.

I personally believe this mercury-based derivative used as a preservative in multi vial vaccines was a contributory factor in my son's autism, but I can't prove it, and I certainly don't believe it to be the sole cause.

You can read the full story as to why I've reached that conclusion in my book, "Autism, Amalgam and Me – Jodi's Journey Continues", but please make your own mind up.

Thimerosal is 49.6% mercury by weight and there is little evidence it was ever tested for safety, only efficacy. In 1992, it was banned from vaccines for dogs in the USA because of health fears.

Amazingly, it was a further five years before it was considered a possible risk to children, and up until 1997 it was recommended infants receive three different vaccines containing Thimerosal.

These were:

DTaP – diphtheria-tetanus-acellular pertussis

Hepatitis B -

Hib - Haemophilus influenza type B.

However, it was noted children who received all three of these vaccines within the first three months of life could be exposed to a cumulative dose of mercury as high as 187.5 µg (microgram), which far exceeded the Environmental Protection Agency guidelines.

According to information from reputable research revealed on the Autism Research Institute site, "exposure to more than 62.5 µg(micrograms) significantly increases a child's risk of developing neuro-developmental disorders such as speech and language delay, autism, stuttering and attention deficit disorder"

When thimerosal was removed from vaccines it was to "make safe vaccines safer", but if they were safe in the first place, how could they become "safer"?

It makes you think, doesn't it?

Jodi's Immunisation Schedule

Jodi was born in 1989 in Brunei so the immunisation schedule he had wasn't the same as those children born in more developed countries where the risk of tuberculosis is less. It certainly differed from that in UK at the time.

However, he was given all his injections when I was told he needed them, and by the time he was six months old he'd received his BGC, Hepatitis B1,B2 and B3 (containing aluminium hydroxide, thimerosal and formaldehyde), three lots of DTP (containing aluminium, thimerosal and formaldehyde), and three lots of polio.

He received his MMR at 12 months and one week, although the recommendations are from 13 months onwards.

No-one told me.

Almost immediately he changed.

Now there is a big debate about the safety of the MMR going on and the powers that be insist it's safe.

They've said that about other vaccines, pesticides and building materials though, and years later have had to retract their statements after several people have sadly proven them wrong.

Currently around the world there is an autism pandemic and yet, despite overwhelming evidence it could be as a result of childhood vaccines, we're told it's just "anecdotal".

"The characteristics of autism and mercury poisoning are so similar as to suggest that many cases of autism are a form of mercury poisoning", say the specialists, and yet this appears to be falling on deaf ears.

When making their decisions, governments rely on the information they receive from various medical advisors and health bodies.

However, since the medical industry is for the most part financed by the drug manufacturers, I wonder whether they ever get a completely unbiased report.

Everyone wants scientific proof and you can't get that with autism as you can't carry out controlled experiments.

Once you've given a child a vaccine it's too late.

You can't see what happens to that child for a few weeks or months and then remove the vaccine and try again.

Also, even if you were to give two children the same vaccine on the same day, one could develop autism and not the other. It would depend on a variety of things, including their age.

However, in all cases certain relevant questions should be asked, especially concerning the child's current health, previous reactions to vaccines, lifestyle, diet, whether they were breast-fed and if they were allergic to eggs.

This is because the virus for many vaccines is grown in cell cultures of chick embryos.

Something makes one child more susceptible to developing autism than another, but what?

Just as a matter of interest you might want to see how the recommended immunisation schedule for children has changed over recent years in UK and USA.

UK

1968

Polio,DPT 6 months + 7½ months

1988

Polio,DPT 3 months

DPT 5 months

1996

Polio,DPT/Hib 2 , 3 and 4 months

MMR 13 months +

2007

BGC After birth (in some areas)

DTaP/IPV/Hib & PCV ** 2 months

DTaP/IPV/Hib & MenC 3 months

DTaP/IPV/Hib & PCV & MenC 4 months

Hib & MenC 12 months

MMR/PCV 13 months +

** This is the new vaccine which covers Diptheria, Tetanus, Pertussis (whooping cough),Polio, Hib and Pneumococcal Bacterium, which can cause pneumonia, septicaemia (blood poisoning), meningitis and ear infections

USA

1983

DTP 2, 4, 6, 18 and 48 months

OPV 2, 4, 18 and 48 months

MMR 15 months

2007

Influenza Prenatal, 6, 18, 30, 42, 54 and 66 months

HepB Birth + 1, 4 and 6 months

DTaP 2, 4, 6, 15 and 48 months

Hib 2, 4, 6 and 12 months

IPV 2, 4, 6 and 48 months

PCV 2, 4, 6 and 12 months,

Rotavirus 2, 4 and 6 months

MMR 12 and 48 months

Varicella 12 months

HepA 12 and 18 months

Of course, by the time you read this book, the recommendations may have changed again, but hopefully for less, not more.

Mercury Poisoning

As previously mentioned there's a growing body of evidence to suggest autism is a form of mercury poisoning.

I believe that to be true.

After I discovered I had mercury poisoning because of my dental amalgams, I had Jodi tested and once I confirmed the high levels of toxic metals inside him I put him on a course of chelation.

It wasn't an easy decision, but the change in him afterwards was incredible.

You can read the full story in my book, "Autism, Amalgam and Me – Jodi's Journey Continues", but of course I can't prove any of it so no doubt the powers that be will still conclude it's just "anecdotal" evidence.

However, as Jodi has never had any dental work done, he could only have received his mercury from me through my amalgam fillings, from the thimerosal in his childhood vaccines and general living.

He certainly didn't get it through his food because his diet was very limited and he never ate fish.

Symptoms of Mercury Poisoning

The symptoms of mercury poisoning are many and varied. No two people suffering from it will have exactly the same problems, which is why it's so difficult to diagnose.

Symptoms will depend on how they accumulated the mercury, how much they have, how long they've had it, what other heavy metals and toxins they have in their bodies, and where it has collected, as well as their life style.

The very nature of the problem, and the fact many of the symptoms could be easily attributable to several other illnesses, means many dentists and doctors are sceptical about its very existence.

If you dare to suggest you may be suffering from mercury poisoning, you're likely to be dismissed out of hand, or made to believe you have some sort of mental illness.

Since many people with the problem derived it from the amalgam fillings in their teeth, the phrase, "It's all in your head" is quite appropriate.

Here are some of the symptoms associated with amalgam fillings: -

Immunological – allergies, asthma, rhinitis, sinusitis, swollen lymph nodes in neck

Endocrine – subnormal temperature , cold clammy hands and feet, excessive perspiration, muscle weakness, fatigue, hypoxia, oedema, loss of appetite, weight loss, joint pain

Psychological Disturbances – irritability, nervousness, fits of anger, memory loss and lack of attention, depression, low self confidence, anxiety, drowsiness, shyness and timidity, decline of intellect, insomnia and low self control

Oral Cavity Disorders – bleeding gums, white patches in mouth, stomatitis, bone loss around teeth, loosening of teeth, ulcers of gums, palate and tongue, excessive saliva, burning of mouth, foul breath, gum pigmentation, metallic taste in mouth

Gastrointestinal Effects – abdominal cramps, colitis, Crohn's disease, gastrointestinal problems, diarrhoea

Systemic Effects – cardiovascular, irregular heart beat, changes in blood pressure, feeble or irregular pulse, pain or pressure in chest

Neurological – chronic or frequent headaches, dizziness, ringing or noises in ears, fine tremors (hands, feet, eyelids and tongue).

Respiratory – persistent cough, emphysema, shallow or irregular breathing

Pretty general aren't they?

Where Does The Mercury Come From?

Unfortunately, there are many sources for mercury but the main ones are vaccines, dental amalgam, food and industrialisation.

We live in a chemical soup. Toxins are everywhere, and we can't escape them. The food we eat, the drinks we consume and the air we breathe are more contaminated now than ever before.

Prior to 1940 very few chemicals were manufactured. Since then more than 500 million kilos of chemicals have been manufactured, which simply never existed before.

There are literally tens of thousands of chemicals in commercial production, which are potentially dangerous.

They have not been tested for long-term health effects, and the contamination to the environment is evident. Even weapons grade chemicals are used as pesticides.

We are sitting on a time bomb, and depending on your life style and exposure; the explosion for some will come quicker than for others.

The problem with all these chemicals is they get into our bodies and often we have no choice in the matter.

Let me tell you a story, but before I do I need to explain a few definitions, which are brilliantly explained in Organic and Natural Living, a magazine published by a company I'm proud to represent, known as ONE Group.

Bio-accumulation

This is when compounds accumulate in living things and refers to the times they are taken up and stored faster than they are broken down (metabolised) and excreted.

Daily we bioaccumulate many vital nutrients such as vitamin A, D and K; trace minerals, essential fats and amino acids. This is a normal process for our well-being, but it also happens with substances that are harmful.

Bio-concentration

This is the process by which living organisms can collect and concentrate chemicals from the surrounding environment.

Bio-magnification

This is the term given to the process that results in the accumulation of a substance in an organism at higher levels than are found in its own food i.e. it becomes more concentrated as it moves through the food chain.

Pesticides

“icide” – Latin for murder or kill

Now you know the definitions I can tell you about the Clear Lake incident, which you can read about in Rachel Carson's "Silent Spring".

Basically the story is an area north of San Francisco, California was infested with gnats (a form of mosquito), so the local authorities decided to spray them with dichloro diphenyl dichloroethane (DDD).

This is a chlorinated hydrocarbon insecticide, and a relative of DDT, a known carcinogen, which is now banned. (Just one of the supposedly "safe" things I referred to earlier).

Originally it was sprayed at a concentration of 1(part DDD) to 70,000,000(parts water).

At first the gnat problem was brought under control, but soon their numbers increased so the process was repeated.

This time the authorities sprayed at a concentration of 1(part DDD) to 50,000,000(parts water), or 0.02 ppm (parts per million).

In the winter after the first treatment, hundreds of dead birds were discovered.

The winter following the second treatment even more birds were found dead, and when an investigation took place it was discovered they had huge amounts of DDD inside them, far more than was ever put in the water.

So what could have happened?

Well, there was no trace of DDD in the water, but researchers realised the chemical had been taken in by the smallest life form, concentrated, and then passed on to the next life form until its concentrations reached the phenomenal levels found in the birds.

The scenario was as follows:-

The DDD was applied at 0.02 ppm

The plankton absorbed it at a rate of 5.00 ppm (250 times greater)

The small herbivorous fish ate the plankton which increased the concentration to between 40 –

300ppm

The large carnivorous fish ate the small fish increasing the concentration to 2500 ppm (125,000 times greater)

The birds ate the large fish and DIED

This dangerous process of bio-accumulation, bioconcentration and bio-magnatism means the higher you are up the food chain, the higher the rate of chemicals and pesticides you are exposed to, and who is at the top of most food chains?

YOU ARE!

Understanding this concept is very important as it could help protect you from the adverse effects of chemical exposure.

Unfortunately, we're only just beginning to fully realise when we introduce synthetic chemicals into our environment it takes many years to discover what really happens.

By then it's often too late.

In 1974, it was discovered if human cells are exposed to radiation they do one of two things; they either mutate and become cancerous or die. Similarly they do exactly the same if exposed to pesticides.

Scary, isn't it?

My grandma is ninety three years old and is a remarkable woman. I aspire to be like her but there's no doubt in my mind I never will.

I'm usually an optimist, but I know my constitution is not as strong as hers, and over the years I've abused my body in a way she never has.

Now don't misunderstand here.

I've never smoked or taken non prescription drugs. I rarely ever drink; have never had a tattoo, and only my ear lobes have been pierced.

I've not slept around or had unprotected sex, so what makes me so sure I won't live to be the same age as my predecessor?

Toxic chemicals, EMF's (electro magnetic fields), and exposure to dental mercury - the legacy of progress!

Since my grandmother was born the world has seen many changes. Advancements have been made in all areas and life is, or should be, so much easier. However, for every positive there is a negative, and for every up there is a down, as they say.

The down is the pollution, which invades our lives both inside and out, and the irreversible effects it has on all of us.

Our immune systems get weaker with every generation.

When my grandmother was young, particularly during and after the First and Second World Wars, food was very scarce.

If you were lucky enough to have food on the table, it was fresh, seasonal, full of natural vitamins and minerals, and actually tasted the way it was supposed to.

You ate everything put on your plate, sitting at a table with the rest of your family. Meals were taken at a set time with no snacks in-between.

Eating was a social occasion, and if you weren't there you went hungry. People were rarely overweight.

They walked or used a bicycle to get where they needed to go.

Fast forward to 2007 where even sitting down to a meal is a rare event.

Most people eat fast food snacks sitting at their desks, in the car, bus or train, and family meals seem to be reserved for special occasions.

Exercise is something to be scheduled in.

Food is mostly frozen, pre-packed and microwavable. It contains fertilisers, insecticides, pesticides, growth hormones, antibiotics, preservatives, flavourings and colourings, as well as the chemicals, which leak from the packaging.

What it rarely contains unless organic, is sufficient vitamins, minerals and nutrients to keep us healthy, and it is now almost mandatory to take an effective daily multi-vitamin supplement.

However, that doesn't appear to worry the majority of us.

We seem more concerned with the size and appearance of the food rather than the actual taste or nutritional value.

No-one considers we now need to eat several oranges to get the same amount of Vitamin C my grandmother got from just one.

We ship produce thousands of miles around the world using up our natural resources, causing all sorts of pollution and global warming to satisfy our lust for year round availability.

Just as our extended Christmas has lost its magic, so has the novelty of strawberries and cream at Wimbledon, and lettuce in the summer.

Nothing is seasonal any more.

Legally our shops have to check their sell by and use by dates, but how many of us are conscientious about it at home?

Whilst the food may taste okay, who knows what lurks within?

Sometimes I think food must have been embalmed rather than preserved as it has such a long expiry date, and I wouldn't be at all surprised to see Formaldehyde somewhere on the label.

Since the 1940's and the so called 'Chemical Revolution', over 100,000 synthetic chemicals have been produced, which simply didn't exist prior to that date. Worryingly, very few have ever been tested for long term health affects, either individually or in combination.

There are over 200 different types of Cancer now and scientists suggest 80% of them are caused by harmful toxic synthetic chemicals.

Most of these come from our food, but they're all around us. We can't escape them.

Many are in the products we use on our skin, so the phrase "dying to be beautiful" could be taken quite literally.

My grandmother has never followed the cleanse, tone, moisturize routine, worn makeup, nail varnish and perfume, or coloured her hair.

I, on the other hand have been guilty of all of the above.

Unlike me she's never consciously sunbathed or spent hours on sun beds. Having almost drowned as a toddler she never learned to swim, so hasn't spent time in chlorine filled swimming pools.

Computers, mobile phones, Wi-Fi and until very recently, microwave ovens, have played no part in her life.

My grandmother never learned to drive and rode her bicycle until she was in her late eighties. I, on the other hand jump into the car and use it far more than I should.

All in all, my life is easy but I wish I could turn back the clock – at least a few years. If I knew then what I know now, I think I'd have more chance of being like my grandmother.

As it is, although she's forty years older than me, her memory is far better than mine.

She's a diabetic and takes medication, but has never felt compelled to take vitamins and supplements.

Daily she has a home cooked meal using meat and fresh vegetables. To keep her brain active she does crossword puzzles and word searches, and her hands are kept supple with knitting.

I take vitamins and minerals, probiotics and various other supplements every day just so my immune system can cope with the daily barrage of toxic chemicals to which I am unwillingly, and often unwittingly being exposed.

Mercury poisoning left it fragile.

I use certified organic skincare and personal products as that's the only way to ensure I'm not absorbing toxins through my skin.

I always assumed any product on the supermarket shelf would be safe, but apparently not.

Out of the 10,500 plus synthetic chemicals used in the personal and skin care industry, only about 11% have ever been assessed.

Cosmetic manufacturers can use any ingredient apart from nine prohibited substances in their products, and currently they're not required to undergo approval before they're sold.

That's a bit worrying, as your skin absorbs 60% of whatever you put on it.

According to the EWG (Environmental Working Group), independent research says, "more than one third of personal care products contain at least one ingredient linked to cancer, and 70% of all products contain ingredients that may contain harmful impurities such as known carcinogens".

It seems my great grandfather was wise when he told my grandma, if she was meant to have red lips she would have been born with them!

Technology has moved on though, and I keep my brain active working on the computer. The keyboard keeps my hands supple.

However, it's taking its toll.

My eyes are deteriorating faster than I wish and I dread the regular trips to the optician as I know they'll be expensive.

I get little exercise, and certainly don't feel as well as I should.

Daily I expose myself to radiation and wear a personal bioshield in the hope it will help reduce the harmful effects of EMFs – the electro magnetic fields around computers, cell phones, electric clocks, fluorescent lights, telephones, answering machines, hair dryers, microwaves and various other common devices.

Even with my best efforts I fear I'm fighting a losing battle.

I can't turn back the clock and undo the advances which we all now take for granted, but I know my generation is paying the price of progress.

In my grandmother's day people didn't have fillings if they had toothache. Instead their teeth were extracted, usually at home and yes, they did tie a piece of string to the door knob.

For their twenty- first birthdays, those whose family could afford it, were often given a set (or two) of false teeth.

I wish I'd had false teeth for my 21st birthday.

I am one of the 3% of the population, which the British Dental Authority admits to "suffering mercury sensitivity".

At least that was the figure they quoted in 1997, and at that time, it would have meant there were about 1.8 million sufferers in UK.

Before it's placed in your mouth, amalgam is known as "toxic material", and when it is taken out of the mouth it's treated as "hazardous waste", which surely tells us something wouldn't you agree?

Anyway, dental amalgam contains 50% mercury. It is the second most toxic substance on the planet, and the only metal to evaporate at room temperature, so why was it put in my mouth?

The remaining 50% incidentally, comprises a mixture of silver, tin, copper and zinc, in uneven proportions.

Amalgam has been used for dental amalgam fillings since the early 1800's, and even then there were doubts as to its safety.

Infact, in America there were fierce arguments between those dentists who used gold, and those who used amalgam.

It came to be known as The Amalgam Wars.

The proponents of gold said amalgam was unsafe, and those who favoured amalgam, said their competition were just being greedy, and making it impossible for people to afford to get their teeth filled.

Finally, after lots of arguments, a resolution was passed in 1845, pronouncing the use of amalgam in USA as "malpractice".

Also, in 1883 a dentist named E.S.Talbot wrote an article entitled, "Injurious Effects of Mercury as Used in Dentistry", which clearly indicated concern about amalgam.

The article detailed accounts of patients before and after the removal of dental amalgam fillings. It said, "Amalgam fillings, which, as I have proved, are constantly giving off mercury fumes to be inhaled into the lungs, not a few times daily, but always, without cessation day or night", and concluded, "in many sensitive persons such fillings must produce deleterious effects".

Originally amalgam was made out of a paste of filings from silver coins and mercury. There was a problem though, because the impurities in the coins made it expand and crack the teeth, hence the new mixture.

Dental amalgam is a mixture of metals, all bound together with mercury, which then hardens. However, when various metals get put together they can react in different ways.

Metals corrode especially when they are exposed to moisture, so why are these toxic ones put in our mouths?

If you ever studied basic science at school, you'll remember everything is made up of atoms. Each atom has different amounts of electrons surrounding its nucleus, and in certain circumstances, these electrons can be given away to other atoms.

The Periodic Table lists all the known elements in order of their atomic number. Metals are on the left hand side and non-metals are on the right.

The two main properties of metals are they have high melting points, and are good conductors of heat and electricity.

If you have just one dental amalgam, you'll have a mixture of metals inside that tooth, and each metal will have a different electrical potential. If you have more than one amalgam filling, and/or additional metal crowns, depending on who manufactured them, the makeup of the alloy, (which is the mixture of the metals), may be different, resulting in oral galvanism.

This is the production of a chemical electric current. It occurs because the different amalgams, or other metals in the mouth, have differing electrical potential. They become anodes (negative poles) and cathodes (positive poles).

When electricity occurs, anodes release electrons and cathodes consume them. Your mouth becomes a bit like a battery as the electrons pass between the different metals within the amalgam fillings, and any metal crowns creating an electrical circuit.

However, far from giving you energy, this battery effect is quite harmful, because your teeth are only a few inches from your brain and cranial nerves. That's where the electricity heads.

The main constituent of amalgam fillings however is mercury.

This is incredibly dangerous. The ancient Egyptians used it to repel tomb raiders, and warnings are always given not to breathe it in or ingest it.

As mercury used to be used in the hat making process and many workers went mad, mercury toxicity is often referred to as "Mad Hatter's Disease".

Remember the crazy hare character in Alice in Wonderland?

Mercury is used in fillings because it is incredibly durable, easy to place, and is cheap. As it was used long before there were any safety regulatory bodies around, people just assumed it was safe.

Even now most dentists hold that view because that's what they've always been taught.

Things are changing, but very few will admit to a danger from amalgam fillings even if they secretly believe that could be the case.

Maybe, they still fear for their jobs, as I read somewhere that in the past, dentists in USA lost their licences if they spoke out against amalgam.

Nevertheless, the fact remains mercury is dangerous. It is toxic, and dentists have to use it with care. In the 1980's dentists were given 15 recommendations of mercury hygiene for their protection.

I won't list them all but they included

- Working in a well-ventilated area.
- Avoiding heating mercury or amalgam.
- Using a no-touch technique for handling amalgam.
- Storing mercury in unbreakable, tightly sealed containers.
- Alerting all personnel of the potential hazard of mercury vapour.
- Getting anyone regularly employed in a dentist office to have an annual mercury check up.

If you consider the third recommendation on the short list above, you'll see for some reason amalgam mustn't be touched whilst it's being placed, nor the scrap amalgam (the bit left over after the filling is placed). It is considered dangerous.

So why does it suddenly become safe once it's placed in the mouth?

Doesn't that seem strange to you?

As I said, dentists who have always been taught otherwise deny amalgam can be dangerous, and yet as a "precautionary measure" they no longer use it on children, pregnant women or nursing mothers. When you go for any treatment you'll be asked if you're pregnant, or think you might be.

At least you will if you're female, and live in UK.

What does that tell you?

You see mercury vapour gets into the bloodstream and can pass into the foetus through the umbilical chord, and also via the mother's milk. This, I believe was a major contributory factor to my son's autism, as I had a considerable amount of dental work done during my early pregnancy.

Mercury Poisoning is invisible and is caused when the body is unable to get rid of the continual production of mercury vapour.

It builds up over a period of time and compromises the immune system. It is not contagious, which means it doesn't have to be reported, so it's difficult to assess just how many people are affected, especially as doctors and dentists are reluctant to admit it even exists.

Maybe they should be forced to watch the video of mercury escaping from amalgam fillings on the International Academy of Oral Medicine and Toxicology website (<http://www.iaomt.org>) which was first shown in 1995.

I'm sure that would help dentists come to a different conclusion as to why they actually need to wear masks in their surgery. It's not just to protect them from debris and bad smelling breath!

Mercury poisoning is very difficult to test for, and until recently many doctors dismissed mercury poisoning caused by dental amalgam as nonsense. Some still do. It's often misdiagnosed as the symptoms are so vague.

They could be attributed to many different things.

Thankfully, however, there's now more awareness, and it should at least be a consideration when patients display an increasing amount of worrying inexplicable symptoms, which don't quite fit any specific boxes.

It's even possible your doctor may ask if you've had any recent dental work done, but not likely. Remember though, symptoms can appear weeks, months and even years after the actual treatment, so "recent dental work" is not a very good guideline.

There are several other sources of mercury apart from vaccines and dental amalgam. These include but aren't limited to –

batteries

body creams and powders

broken fluorescent tubes and thermometers

cosmetics

crematoria
diuretics
fabric softeners
felt
floor waxes and polishes
fungicides
pesticides
industrial waste
laxatives
mercurochrome
paints
photoengraving
psoriatic ointments
seafood
sewage disposal
skin lightening cream
tanning leather
tattooing

You can see from the list why your lifestyle and exposure route could well affect the diversity of mercury poisoning symptoms, and why no two people will present in the same manner.

That's another similarity to autism. You never find two autistic individuals the same either.

One thing is clear though – the more poisoned you are, the more serious the problems can become.

Testing For Mercury Poisoning

Blood Tests

Mercury is known as a fat binding toxin and is therefore difficult to test for. It attaches itself to the fatty tissues in the body like the kidneys, liver, pancreas and brain. It only stays in your blood for a short transit period, so blood tests rarely reveal the true extent of the problem.

However, once you start to get a range of symptoms building up it's a very good indication the concentration of mercury is increasing.

The only scientifically proven blood test accepted by the medical industry is the MEmory Lymphocyte Immuno Stimulation Assay.

Known as the MELISA® test, it was developed by The Melisa Medical Foundation in London as an allergy test for metals.

You can find details on the website at

<http://www.melisa.org>

The test measures how white blood cells react to various metals and other compounds.

It is based on the same theory behind vaccines, i.e. that the memory cells of the immune system will be able to immediately identify any antigens or non-self substances to which they have been exposed in the past and immediately start an immunological reaction.

This test is particularly useful if a patient has already chelated for a specific substance and needs to prove it was indeed the cause of his or her health problems.

It's far better to take the test BEFORE you use chelation though. Many people in the medical industry who relate the compulsory Hep-B vaccines to their subsequent health problems find this test useful.

Urine Tests

This is often referred to as the DMPS challenge test. It's a procedure, which first measures the metal content in the urine.

The person is then given either an oral, or IV agent to mobilize the mercury in the body, and then the urine is tested again.

The problem with DMPS is that it may not give a good reflection of the total body burden, because it only shows the mobilized portion of mercury passing through the kidneys.

Hair Mineral Tests

Whilst hair mineral tests are very popular and relatively inexpensive, some people don't consider them to be very accurate, because results can be influenced by external factors such as smoke and hair products.

Generally you submit about two tablespoons of hair (which must be clean but not freshly washed) for atomic absorption photo spectrometry. This process isolates and measures the vitamins and minerals, as well as the levels of toxic metals in your body.

However, mercury accumulates in the fatty tissue and as hair doesn't fit into that category it often doesn't register.

When I had one done for Jodi it was inconclusive, but he did have mercury poisoning, so just be aware of that if you use a hair test for a child with autism.

Electro Dermal Screening Test

This is a non-invasive, painless, computerised screening process using acupressure points on the finger. It accurately screens the body for food sensitivities, levels of vitamins and minerals, amino acids, blood sugars, enzymes, hormonal levels and other health indicators. It's the one I had done.

Vega Test

Vega testing is a form of modified electro-acupuncture, which has its origins in acupuncture and homoeopathy.

The first Vega machine was introduced by German doctor of medicine and dentistry, Dr Helmut Schimmel. In 1978, this was the first Bioenergetic, or Electrodermal testing device, and has since been very useful in the analysis of acute and chronic conditions.

It's a particularly valuable resource when people don't feel right, but have either no obvious symptoms, or just vague symptoms that didn't fit into a clear medical diagnosis.

The Vega test can determine things like heavy metal poisoning, toxins such as pesticides, environmental poisons, and PCB's. It can also detect hidden problems such as dental infections.

Avatar Test

This is a similar test to the Vega test, but uses the acupuncture points on your hands and feet.

Using a small electrical voltage, it measures the skin resistance in order to identify possible imbalances in your body.

The Avatar system combines ancient Chinese medicine with modern computer science.

Gentle touches with a sensor produces aural and visual results throughout the testing process, and the information can be printed out so comparisons can be made with subsequent sessions.

Mora Test

Described as a form of bio-resonance treatment, the Mora Test checks the body for imbalances, as well as food intolerances, and other allergens.

It can be used to identify nutritional deficiencies and to find the correcting homeopathic remedy.

Developed by F Morrel M.D. (a medically qualified doctor), the Mora machine uses a painless form of electro acupuncture.

It's only about the size of a shoebox, but the Mora machine picks up electromagnetic waves from your body.

It then manipulates those that have gone awry by increasing or decreasing their amplitude, and sends them back into the body to effect a cure.

The success of the process is often determined by the skill of the practitioner who has to decide which nutritional or mineral deficiencies may be responsible for some of the deviations, and which ones, in which dosage, will correct them.

The electrode probes are applied to acupressure points on the fingers and toes, and although a test can take up to two hours, it isn't painful.

You hold one probe in your right hand to form the circuit, and the practitioner uses another to test your body's responses.

The machine rebalances as the practitioner brings various nutrients and homeopathic remedies into the circuit.

Saliva Test

The simplest and cheapest of all the tests, your saliva can reveal whether or not you have heavy metal toxicity, but not the amount.

You simply chew on some gum for ten minutes to get the saliva going, and then spit at least 12ml into a jar. Your saliva is then tested in 2ml increments for various different metals.

It's allowed to stand for one minute, and will change colour according to the type of metal present.

How To Remove Mercury

Mercury and heavy metal toxicity is generally the result of long term, low level exposure. Most likely it has built up over several years, and any attempt at removal should be done under supervision from a health care professional.

Before it can be removed from your body, the mercury must first be prised away from wherever it's attached itself. Once in the blood stream, it can then pass through the liver and kidneys.

The liver is an amazing organ, and is critical to your survival.

It's considered the most important metabolic organ, and the only human one capable of regenerating itself.

It has two vital functions; to make and distribute new chemicals from food nutrients, and to neutralise body waste and eliminate toxins.

Every day the liver deals with toxins from car fumes, cigarette smoke, industrial pollutants, household and cosmetic chemicals, pollutants from the effects of radiation and electro magnetic fields, toxic chemicals from food and drink, as well as those from toiletries and skin care.

It processes literally thousands of chemicals as it detoxifies the body so is kept pretty busy. If it's faulty or overloaded, there's a marked effect on health, so if you intend to detox and flood it with mercury and other heavy metals, you need to give it a helping hand.

The recommendations are to have plenty of rest, give up cigarettes, drugs and alcohol, and to cut back on wheat, sugar and dairy – all the things most people enjoy.

There are many ways to detox and most result in some unpleasant side effects like headaches and nausea.

This is understandable though, because usually people who feel the need to detox aren't in the best of health in the first place so any assault on their renal system can only make them feel worse.

Removing heavy metals requires some form of chelation, which simply means binding. The product I personally used for myself and my son was Humet®-R.

This is also the one used by the other case studies you'll read about later. However, it's certainly not the only one available.

Depending on your chosen chelation, your health practitioner is likely to recommend supplements for support.

Most usual are high doses of Vitamin C, which is very beneficial in protecting the body from heavy metals during the excretion and detoxification process, Chlorella, (a microscopic water plant), or some form of seaweed to help bind the mercury; and possibly Aloe Vera, which can be beneficial as a laxative.

Also, a good vitamin and mineral supplement is likely to be recommended, as well as a Vitamin B complex, containing balanced quantities of all the B vitamins.

Of course, there may well be others, but in all cases the most important thing to remember is to DRINK LOTS of BOTTLED or FILTERED WATER (not tap water which contains lots of chemicals).

You MUST flush the toxins through the kidneys QUICKLY and efficiently. I will explain about Humet®-R later, but other ways to assist with detoxing for mercury poisoning include –

baths

coffee enemas

colonic irrigation

colour puncture

cranial osteopathy

deep tissue massage

dry skin brushing

exercise

herbal tea

liver/gall bladder flushes

lymphatic drainage massage

magnotherapy

saunas

There are also certain beneficial foods you can eat to help remove heavy metals. These include –

Algin – found in seaweed products. Binds lead and mercury in the gut so helps eliminate heavy metals

Apples and Pears – pectin helps reduce the absorption of toxins from the gut and aids detoxification

Asparagus, Brussel Sprouts and Cabbage – sulphur helps to protect against cadmium, lead and Mercury

Butter – helps remove soluble mercury from cells and through cell membranes as well as enhancing absorption of fat soluble nutrients

Cilantro (Chinese parsley/coriander) – helps remove mercury from cells

Citrus Fruits – helps in the excretion of heavy metals and cleanses lead from the liver

Eggs – as well as providing quality protein the sulphur helps protect against lead and mercury

Garlic and Onions – also high in sulphur

However, you should avoid

Alcohol

Caffeine

Cheese

Chocolate

Cigarettes

Margarine

Milk

Refined carbohydrates

Seafood

Soft Drinks

Sugar

Remember also to avoid drinking with meals or straight after a meal, but if you drink warm water with a meal it will help hydrate the stomach lining.

Here's a drink which will help with detoxification. This came from Pam Clayton's book Toxic Tooth Talk.

You'll read about this amazing woman later, but meanwhile simply put everything in a blender and liquidise.

Try to use organic ingredients if possible.

Tofu Shake

1 cup soya milk

1/3 block of natural Tofu

1 piece fruit

1 tablespoon sunflower seeds

1 tablespoon pumpkin seeds

2 teaspoons linseed (it might be best to soak them overnight)

Case Studies

I owe my current good health to two people; husband and wife, Bryan and Pam Tootal. Both suffered mercury poisoning because of their dental amalgams, and have worked tirelessly ever since to raise public awareness.

This seems to be a common trait in people who've suffered the same experience. Many ex sufferers have set up Help Lines and give their time freely to reassure and encourage other worried "anecdotal" victims.

They hope one day someone with the power to make decisions will realise all the "anecdotal" evidence actually comes from real people with real lives, real homes and real families.

Our stories are all different, but the same. We developed numerous inexplicable symptoms which built up to such an extent they threatened to destroy our lives, but the medical and dental services dismissed the possibility of mercury and virtually accused us of having a mental disorder.

"It's all in your head" is a well used phrase.

Each of us sought tests outside of mainstream medicine, and tested positive for mercury and other heavy metals.

We de-toxed or took chelation, and if appropriate, had our dental amalgams removed.

The result was a marked improvement in our health.

Of course that "anecdotal evidence" could be purely coincidental, but read on and decide for yourself.

Bryan And Pam's Story

Have you ever wished you could turn back the clock? Bryan has.

He had always been a very healthy man, so when he was referred to hospital in February 1999 for an eye injury, it was the first time Bryan had seen a doctor for ten years.

It was to be the first of many.

The eye injury was sustained in the garden , but the myriad of symptoms he later went on to develop had their origins elsewhere.

Poor circulation in his hands led to a diagnosis of Raynaud's disease and Bryan was prescribed medication.

Next he had trouble with leg co-ordination and TIA's (mini strokes).

A precautionary dose of aspirin was recommended.

He had several blood tests for a variety of things. All came back negative.

Bryan and wife Pam decided they would move back to where they'd originally lived. They hoped the change of location might bring a change of health, and put their bungalow up for sale.

A buyer was found and it appeared to be going through nicely, but over the Bank Holiday weekend of May 1999, the sale collapsed and so did Bryan!

The news appeared to make him very agitated. Lots of things seemed to. It was just one of the many symptoms beginning to rear its head.

He was very restless, couldn't relax and was always on the go, roaming from room to room, unable or unwilling to sit down.

That evening Bryan decided to cut the grass and about 6.30 p.m.

Pam heard his cries for help. When she rushed into the garden she found Bryan on all fours unable to get up. His legs wouldn't function.

He had head injuries and abrasions to his back.

Pam was unable to lift him. She called on her neighbour for assistance and the doctor was contacted. He suggested Bryan may have had a left sided stroke, and an ambulance was summoned.

However, by midnight it still hadn't arrived, so Bryan insisted it be cancelled.

He just wanted to sleep.

Confused and vague, Bryan couldn't remember anything, and Pam ,who is a trained nurse, suspected he may have received concussion.

On Tuesday, 1st June 1999 when the surgery re-opened, she took him to the doctors where he had more blood tests and a carteroid artery scan.

Bryan was once more told he'd had a stroke although the blood tests and the scan were negative. He was advised to continue with the aspirin.

Apart from all the other problems, Bryan was having trouble with his lower right side molar. He refused to go to the dentist however, and decided to weaken it to such an extent he was able to remove it himself.

Bryan appeared to recover from his stroke and his health improved.

The bungalow sale eventually went through, and on 26th August 1999 ,Pam and Bryan excitedly set off for their new life.

However, their joy and optimism was short lived, as towards the end of September, 1999 Bryan began to feel very dizzy all the time.

He began a daily diary and I've left it as he wrote it, so don't blame me for the spelling or grammar:

20/9/99 - Continuing very dizzy. Not confused mentally. What is going on?

21/9/99 - Still bouts of dizziness. I am still trying to work my body out. Discontinued medication for Raynard's Disease.

22/9/99 - Still bouts of these dizzy spells. Ears? Will think about this.

23/9/99 - Not as bad as yesterday. Have I beaten it? Left eye playing up.

24/9/99 - No – am still the same. Have started Earex. Hope this will help.

25/9/99 - No change but it is early days. Left eye playing up. Started Optrex.

26/9/99 - Dizzy, dizzy, dizzy. What the hell is happening to me?

27/9/99 - Re-instated drugs for Raynard's. Still using Optrex. Eye no better.

28/9/99 - Went to Newmarket. Great meal but very dizzy. Drove there and back. Eye not good. Started tear drops. Someone must know what is wrong with me. I am beginning to feel I have a degenerative disease of the cerebral system i.e. Alzheimer's but short term memory is infallible? Brain Tumour?

29/9/99 - A very bad day dizziness is +++ Eye feels as if there is "grit" in it ,and localises again in the left corner. Removed knee supports. I now query mercury poisoning from very old fillings bottom right teeth at back. Have a very funny taste (sweet) from these and keep sucking them to get rid of this. Pam has said for months I look like a goldfish. Am I clutching at straws?

30/9/99 - Went to the optician. Eyes appear alright. Requested I see my doctor for a repeat prescription of Viscotears. Done. Still very vague and dizzy.

1/10/99 - Status quo. No improvement. I stagger on, walking without alcohol. HELP!

2/10/99 - I am sad. Where is the person I used to be? Extrovert and outgoing, now I stay in this house, a recluse, non communicative. A premature death?

3/10/99 - No change. Still very dizzy spells. I think I have done what I thought was correct i.e. Earex, eye treatment. Discontinued Nifedipine, that alone will cause dizziness but the problem still persists.

4/10/99 - Same as before. Yes, I am an ex-radiographer but all my thoughts and tests have not succeeded. See a doctor!!!!!!

On 7th October, Bryan finally consulted the local GP (general practitioner). He had a CT scan and this too proved negative.

He was referred to a stroke clinic, where they informed him he'd had two "strokes".

Bryan was told to go home, put it all behind him and get on with life.

Unfortunately it wasn't that easy.

Bryan was spiralling downwards. Continually dizzy, his balance affected and with vertigo, he had to use a stick to walk any distance.

He also kept bumping into things as he was unable to negotiate obstacles. He wore sunglasses in the house and couldn't go in the sun because he was too sensitive to light.

Obviously Bryan was unable to go out to work so Pam became the main provider.

As a registered general nurse Pam worked night shifts so she could be home with Bryan during the day. Pam was becoming increasingly concerned about her husband who by this time had fallen several times.

His neurological conditions seemed to deteriorate as the day wore on and he was usually worse at night. Pam frequently had to call the doctors surgery after it had closed , and the advice came to take Valium (Bryan not Pam), and to join a stroke club. It was not very helpful.

Things deteriorated further.

According to the doctors Bryan had had several TIA's (mini strokes).

It was very difficult for him to walk and when he visited his GP on 27th December 1999, it was agreed Bryan should have an urgent referral to a neurologist and an MRI scan.

It was the Christmas period however, so Bryan and Pam were told there could be a bit of a delay. They accepted this, but were somewhat surprised to receive a letter in January 2000 advising them Bryan's name would be put on the waiting list and he would hear two weeks before his appointment was due.

Pam rang and explained the urgency, but was told Bryan had been referred as "routine". Frantically she rang the doctor's surgery to check on it and eventually, after several weeks they admitted there had been a mix-up.

It was 7th March 2000 before Bryan finally saw a neurologist, who suspected Bryan may have had Basal Artery Insufficiency. He requested an MRI scan.

The appointment came through for 20th July 2000 but the way Bryan was deteriorating it was clear he couldn't wait that long.

Bryan and Pam took out a bank loan and were able to book in for a private scan. They had no savings as Bryan had been unable to work for months, and Pam's work had suffered because of her need to be at home to look after her ailing husband.

On 4th April 2000, Bryan was taken to the scanning room at a local hospital. He assured his worried wife he'd be just fine, so Pam waited outside.

However within ten minutes she was requested to go in, and was horrified to see her husband. He'd experienced a very bad reaction when the scanning had taken place and looked awful.

Bryan was also absolutely terrified. Pam couldn't understand why. It was so unlike him. He'd previously been a coal miner so was used to narrow, enclosed spaces, but here he was having a panic attack.

She'd never seen him like that before.

Bryan begged Pam to get him out of there ,because it was "pulling his brain out of his skull".

Distressing as it was, the pair knew the MRI scan was necessary, so it was arranged for Bryan to try again on 17th April.

This time it was at a different hospital, but it took 2 syringes of IV Valium before he could have it done.

When Bryan went back to see the neurologist on 10th May he was told the scan showed "cerebella atrophy", and nothing could be done.

Cerebella atrophy is where neurons in the cerebellum (the area of the brain that controls muscle coordination and balance), deteriorate and die.

Although he'd paid for it, Bryan wasn't shown the scan at the time. It has since transpired he was given incorrect information.

Bryan now has the scan results and a letter to prove it, but at the time though he was informed the worst-case scenario would be a wheelchair some time in the future.

Bryan queried what the cause could have been, and was told it was, "unknown".

He asked if it could be mercury poisoning, but was told, "No".

Bryan's health continued to worsen. He had very severe leg spasms ,and kept heaving without actually being sick.

He was obviously very distressed, and his mental faculties were getting worse. Bryan was unable to concentrate, was irritable, agitated, depressed and often thought about death.

He had bladder problems, diarrhoea and severe headaches.

Doctors were sympathetic but unhelpful as to the cause. The symptoms didn't fit any particular illness, although they ticked the boxes of many.

Bryan was getting desperate and continually queried mercury poisoning, although everyone else dismissed the idea. He begged Pam to find someone who could test him for it.

He even made an appointment to see a dentist.

Meanwhile, he wore Pam down with his mercury theory, and on 7th July, Pam arranged for Bryan to see a biochemist.

She hoped he might reveal something mainstream medicine couldn't.

By this stage Bryan was unable to walk without support so it took the assistance of both Pam and Chris, (the natural health practitioner) to get the short distance from the car into the clinic.

Poor Bryan, he had persistent nausea, tinnitus in both ears, headaches, and was very sensitive to light. He could neither move, nor put any weight on his right leg, which had dreadful tremors.

He was extremely ataxic, and also like his leg, he had evident tremors in both hands and arms.

Chris was worried. Even before he examined him it was obvious Bryan was a very ill man. When he examined his mouth, Chris discovered Bryan had several missing teeth and a heavy degree of amalgam fillings in those remaining.

Chris uses a non-invasive screening technology known as Electro Dermal Screening (EDS), which identifies toxicity and other imbalances in the body. It utilises the power of acupuncture and computer technology.

The results are displayed immediately both visually and audibly.

His tests revealed Bryan had very high levels of mercury, aluminium, lead and chromium in his body. Chris believed the mercury combined with the other three heavy metals was the reason for Bryan's condition.

He also felt the earlier diagnosis of cerebella atrophy had been mistaken, and Bryan actually had central nervous system toxicity due to the heavy metals.

Taking Pam aside, Chris urged Pam to get Bryan de-toxed as quickly as possible. He prescribed high dose antioxidants combining a liver detoxifier with Humet®-R. This is an organic based, heavy metal detoxification, which simultaneously supplements vital minerals.

Bryan was told to drink lots of filtered water to enable proper cellular hydration, and to support the humic acid bound toxic elimination.

He was also advised to get his dental fillings removed URGENTLY under SAFE procedures.

That night, Bryan appeared to deteriorate yet again. His legs locked and his spasms worsened. In desperation Pam once more phoned the out of hours surgery, only to be told yet again to give Bryan a Valium tablet.

She stressed to the doctor on duty that her husband was really ill, and had tests to prove he had mercury poisoning.

Her pleas fell on deaf ears.

Whilst this conversation was going on, Bryan was so desperate to rid himself of the mercury in his mouth, he tried to extract a tooth himself.

It was one of the worst things he could have done.

Early next morning Pam received a phone call from her local GP saying Bryan's problem was a dental, NOT a medical one.

He suggested she go along to the dental unit at accident and emergency if she couldn't get an urgent dental appointment Pam had no intention of doing that with Bryan in the state he was in, especially without a referral letter.

He was virtually disabled, and she was so frantic with worry Pam could hardly think straight.

Fortunately, she was coherent enough to ring the dental surgery where she'd previously made an appointment for Bryan to attend later that week.

It was Saturday morning and the surgery was closed. Pam left a message on the answering machine explaining the urgency of the situation.

Luckily Doug Vincent picked it up and rang her back.

He told Pam to get Bryan to his surgery for 2.15 p.m.

Doug looked at the mercury report Chris had prepared the previous afternoon, and agreed all the mercury fillings should be removed immediately.

Careful to ensure Bryan didn't swallow any debris, Doug proceeded to remove the fillings, and replace them with a non mercury substitute. He also cleaned the areas around the teeth, and arranged for Bryan to see a hygienist as soon as possible.

This one act of kindness probably saved Bryan's life, and may also have prolonged his, for Doug now runs a mercury free practice.

However, at that time he didn't, so Bryan didn't benefit from having a rubber dam in his mouth when his fillings were removed.

This is a safety precaution to ensure the patient doesn't swallow any bits of amalgam.

Now I'm aware of the problem, I often think of all the times I've been to the dentist and swallowed little bits of filling because I didn't "wash out" properly after dental work.

I always felt a bit self-conscious swilling my mouth out with water, and as spitting has never been one of my favourite pastimes, I didn't make much effort.

Until recently I never realised the significance of having to do so, or how dangerous not spitting those little bits of scrap amalgam into the little sink can be.

How about you?

Anyway, back to the story.

On Monday, 10th July, Pam once more contacted her GP and told him what had transpired over the weekend. He agreed Pam's actions had probably saved Bryan's life, but offered no referral to a hospital for him to be checked over.

Why?

Mercury fillings may well be a dental problem, but mercury poisoning is surely a medical problem.

Initially after the removal of the amalgam fillings, and the commencement of the treatment protocol, Bryan started to improve.

His tremors, ataxia, giddiness and tinnitus were noticeably less, and for the first time in ages Bryan was actually coherent.

However, 2 weeks after the de-tox all his symptoms returned.

This was a real blow. Pam made another appointment with Chris and once again he tested positive for mercury and chromium.

A further appointment with Doug revealed the gold crown in Bryan's mouth had been placed over an amalgam filling.

This time the whole tooth was removed.

His improvement was dramatic.

Later, it was discovered the combination of amalgam and gold is incredibly dangerous, due to the galvanic effect created between the various metals.

It creates a battery effect within the tooth, and probably explains why Bryan used to receive an electric shock each time he touched the crown.

The situation has since been reported to the Medical Devices Agency as an "adverse incident", and Pam and Bryan both feel the crown was responsible for his very serious neurological problems.

A report from Sweden, ("Mercury Toxicity causes increased sensitivity to electromagnetic radiation"), revealed electromagnetic radiation is contra indicated with mercury toxicity, and when patients go for an MRI scan they are requested to "remove all metals from their person".

Bryan couldn't.

He had a gold tooth over amalgam (a combination of mercury and other metals). Could that be why he had such an extreme reaction when he had his MRI scan?

Anyway, Bryan continued his prescribed treatment protocol of antioxidant tablets, Vitamin C and Humet®-R.

He's improved tremendously, but the road to recovery is long and difficult. He still has problems and there are numerous setbacks, but each time Bryan hits one, he reverts back to Humet®-R for a few days.

There's no question Bryan nearly died from his dental amalgam fillings, and it's vital the mainstream medical community accept the real and present danger they can pose to our health.

Doug, the dentist who removed and replaced Bryan's fillings now runs a mercury free dental practice. He's seen first hand what it can do and no longer wants any part of it.

At Pam and Bryan's medical surgery they've also taken notice, and have even been known to recommend patients visit a dentist.

Whilst they cannot or will not suggest their patients' problems could be associated with mercury, they're certainly more open minded as to the possibility. (Taking Valium isn't now the advice always given).

However, the question remains – Is mercury poisoning a dental or a medical problem?

Unless there's a radical change in government policy we'll never find the answer, because according to the powers that be, mercury poisoning from dental amalgam fillings doesn't exist.

And who is Bryan to argue?

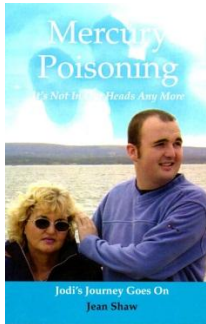
Wrongly diagnosed, registered disabled and unable to work, sensitive to all sorts of things both in the home and outside he copes on a daily basis.

Having spent a small fortune on tests, medication and dental work, robbed of the quality of life he once enjoyed, Bryan doesn't count.

He's just "anecdotal evidence".

I hope you've enjoyed this brief excerpt.

You can read the rest of **Mercury Poisoning – It's Not In Our Heads Anymore - Jodi's Journey Goes On** in either the paperback or the Kindle version at Amazon.com



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