

# Mercury Toxicity

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## **Do I have it, what are the symptoms and what can I do about it.**

Mercury (hg) has long been known to be a toxic element in the environment and in 1991; the World Health Organization (WHO) determined that the primary source of mercury toxicity in the human body is from silver amalgam fillings in our teeth. Recent studies have also identified that one of the greatest local sources of mercury in our environment, besides coal-powered electric power plants, is from crematoriums (remaining amalgam fillings in the teeth)!

## **Facts about mercury toxicity**

- Mercury is a neurotoxin and highly toxic element second only to ionizing radiation.
- The primary source in the human body is from silver amalgam fillings.
- There is vast amount of research available on the Internet. Recommended site is: International Association of Oral Medicine and Toxicology (IAOMT) and goggle search on [www.youtube.com](http://www.youtube.com) "mercury toxicity."
- There is no way to accurately measure the mercury body burden because mercury is so tightly bound to fat in the brain and body tissues.
- As the mercury body burden increases, the toxicity will spread to organs, nerve tissue and lastly bones.
- Along with lead, mercury easily crosses the blood brain barrier as well as the placenta in pregnancy and breast milk.

## **How do I know if I have mercury toxicity?**

- The standard blood and urine lab test are inappropriate for identifying this toxicity because mercury is hydrophobic and will not stay in the blood long enough to be measured. Hair analysis is also equivocal.

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- Provocative heavy metal urine analysis is the only laboratory test presently available. This test is cumbersome to perform and requires a six-hour urine collection after taking a pharmaceutical chelating agent such as DMPS. Most physicians are not familiar with this laboratory test and some question its accuracy.
- Applied Kinesiological testing, performed by a skilled practitioner can determine the level of toxicity in the body and central nervous system.

#### **Symptomology associated with mercury toxicity**

- Symptomology associated with mercury toxicity can vary from person to person depending on several factors, (diet, exercise, genetics, and one's emotional state).
- The most common factors are:
  1. An inability to swiftly heal from common injuries (especially shoulder, hip and wrist problems).
  2. Musculo-skeletal pain that appears to be more intense and persists longer lasting than expected relative to the original injury.
  3. In the central nervous system, the symptoms are brain fog and a disruption of pituitary gland effecting hormonal balances of the thyroid, adrenals, and reproductive organs.
  4. Fatigue.

#### **The strategy for detoxification**

- The strategy for a detox therapy depends on whether or not you have any remaining silver amalgam fillings.
- If one does have one or more silver amalgam fillings then a detox program must be coordinated with your dental care and may still require a pre-detox to minimize any potential adverse reaction.
- The detox therapy may take the form of one or more different approaches depending on toxicity level, diet, age, ability for liver to detox and for women whether or not one is or planning to become pregnant or lactating.

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- The method I prefer to use is an applied kinesiological approach of re-educating the immune system and then tagging the organs, tissues, nerves and CNS where mercury and heavy metals are hiding. This technique will facilitate the bodies conversion of methyl mercury via glutathione transferase (enzyme reaction in the liver) to an inert chemical compound that can pulled out of the blood and discard it in the bile. This methodology, although slower than direct pharmaceutical and nutritional chelation, is safer especially in circumstances where amalgam filling are still present and without side effects.
- In some circumstances, nutritional support of the liver may be required to facilitate this process.

To learn more about the need for mercury detoxification and amalgam removal please ask to borrow an educational DVD titled, “Smoking Teeth” and “How Mercury Toxicity Causes Brain Neuron Degeneration” at the time of your next office or email me. The University of Calgary in conjunction with International Association of Oral Medicine and Toxicology (IAOMT) jointly produced these two short 7-minute videos. You can also view this and other videos on [www.youtube.com](http://www.youtube.com).

*Back page outlines detoxification protocol and preparation*

## General Daily Dietary Detox Suggestions

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- Vitamin C 1000-3000 mg (1-3 gram) daily
- Glutithione supplement if available to facilitate liver detox or substitute with Alpha Lipoic Acid 300 mg daily (sustained release is best)
- eggs (with yolks) daily as a source of dietary sulfur
- Chlorella, Selenium to act as a mild chelator

If one has remaining amalgams; it is not recommended to be excessive with any detox program.

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## Detoxification Protocol for Mercury & Heavy Metals

During and for 3 days after amalgam removal much of the mercury constituents are still floating around into the blood before it becomes assimilated into the body tissues. To maximize the detoxification via liver and kidneys, the International Association of Oral Medicine and Toxicology (IAOMT) recommends the following, which I am in agreement.

Note: this is essentially a 3-day detox which can be very effective.

### Preparation for Amalgam Removal

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1. Increase oral vitamin C dose to 3-5 grams daily beginning the day prior, day of and for three days following the procedure. Daily dosage should follow the rule, *more is better* to the level of one's tolerance and comfort level.
2. Take Glutithione supplement to facilitate Liver detox (begin as soon as possible or at least 1 day before and continue for at least 3 months) if unavailable, substitute with Alpha Lipoic Acid to 500-600 mg (day before, day of and for 3-days after) then reduce to 300 mg daily for one month (sustained release is best).
3. Take ~1500 mg (~3 capsules) N-acetylcysteine (day before and for 3-days after) then reduce to 1 cap till finished.
4. Take ~1800 mg (~4 capsules) Modified Citrus Pectin (day before and for 3-days after) then reduce to 1 cap till finished. If unavailable substitute Selenium or chlorella as directed on bottle.

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- Glutithione when available is an excellent liver detox supporter. It is actually a key component of the liver detox pathway.
  - Modified Citrus Pectin, Selenium, chlorella helps bind mercury constituents in the blood.
  - N-acetylcysteine and Alpha Lipoic Acid assists the liver in phase I detoxification in the liver.
  - Vitamin C helps protect the body tissues and assists in detoxification.

If you have additional concerns please email me and or consult with your nutritionist.

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