

WHAT'S UP DOC PETE?

Last week you wrote about mercury toxicity. I have even seen a warning sign about mercury at the fish counter of my local food store. My husband and I are considering starting a family and high mercury levels concern me. How can I know if I have high levels of mercury and how can I get rid of it?



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A mercury concentration in the body is not easily determined. The body readily attaches to the mercury and does not easily let it go. Of all the methods available only one method of testing is reproducible with a high degree of accuracy. This method, a provocation test, uses a medication that binds to mercury and determines the concentration of the mercury eliminated in the urine. Hair analysis is not reliable.

The proper method of mercury removal is paramount to prevent further brain and organ damage. I have seen multiple patients who present both cognitive and physiologic damage because improper methods and safe guards were not used. Mercury removal is twofold, amalgams and tissue load.

In brief, the proper dental amalgam removal safe guards need to be used to prevent increased mercury vapor and saliva exposure. This is properly done by a dentist using a vacuum vapor system so that any vapor created by the grinding down of the amalgam is quickly eliminated. Isolating the area with a rubber dam helps to prevent an accumulation of saliva and mercury under the tongue. Sublingual exposure to chemicals is rapidly absorbed into the body. Finally, an oral mercury binding medication should be taken to rapidly bind any mercury that escapes into the body despite the above procedures.

As mentioned, mercury is accumulated in the tissue and not rapidly released. Some herbs, such as garlic, will bind to mercury and help to decrease the tissue concentration while other herbs, like cilantro, are found to increase the free circulating mercury. There is danger in increasing the free circulating mercury as this could increase the brain or specific organ concentrations. Another method of removing mercury is to use a chemical binding agent. It is very important that this not be given intravenously but orally. The intravenous method rapidly increases the mercury concentration and redistribution and can lead to acute mercury toxicity. Finally, when giving the oral mercury-binding agent the physician needs to follow specific laboratory values to prevent kidney problems and increased inflammation. With the proper methods mercury removal can be done safely without any dangers to the patient. Improper removal could cause harm. For further information on this subject read, *"Mercury Elimination with Oral DMPS, DMSA, Vitamin C and Glutathione – An Observational Clinical Review"* by Peter J Muran, MD in *Alternative Therapies in Health and Medicine*, May 2006.



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