Amalgam Illness, Diagnosis and Treatment: What You Can Do To Get Better, How Your Doctor Can Help

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Amalgam Illness
diagnosis and treatment
What you can do to get better
How your doctor can help

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Do you or someone you know suffer from:
- Anxiety
- Autism
- Attention deficit hyperactivity disorder
- Autonomic nervous system disorders
- Bipolar disorder
- Degenerative brain disorders
- Diabetes
- FIBS
- Fibromyalgia
- Measles
- Methylene blue
- Multiple chemical sensitivities
- Mumps
- Parkinson’s disease
- Paresthesia
- Schizophrenia
- Sleep disorders
- Tics
- Tinnitus
- Tourette’s syndrome
- Uterine fibroids
- Viral diseases

How you can help:
- Better understanding of your condition
- Improved communication with your doctor
- Effective treatment strategies

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Amalgam Illness: Diagnosis and Treatment starts with a detailed explanation of why to consider amalgam illness to be something that some people must have by comparing the well known statistics for how much mercury people absorb from their fillings to the well known statistics of how sensitive different members of a population are to a given toxin. This is for people who really don’t know if they believe in amalgam illness or not (the other material available is rather sensational and I can’t blame anyone reading it for having questions) before going any further. Amalgam Illness: Diagnosis and Treatment discusses how to deal with physicians if you think you have a controversial disease - especially if you have the great "luck" to be covered by a managed care plan. A key section is devoted to diagnosis - how to tell if you actually have amalgam illness instead of something else. It is also possible to be mercury poisoned from something other than amalgam, and the testing and examination described here is diagnostic regardless of the source. How to get the dental work done safely if you have decided amalgam fillings are the problem is briefly described - there is a robust industry of amalgam free dentists if you know how to look for them. The use of drugs and nutritional supplements to get the mercury out of your system is carefully presented - there are some important factors here that are not well described in the previous books on the subject and not all physicians who claim they know what to do actually give good advice. Then comes what turns out to be the major section of the book - how to treat all the related health conditions amalgam illness can cause so as to relieve them while mercury detoxification proceeds. Since amalgam illness is not widely recognized in the medical community, most people with it get pretty sick before they get motivated to bounce around between doctors and eventually end up in front of one who tells them about it. So most victims have pretty serious, unpleasant health problems (like fibromyalgia or severe allergies) and they really need to make these STOP for the year or two it can take to get fully detoxed and let your body heal. There are extensive tables of what to use for different conditions, a description of all the drugs and nutritional supplements suggested in the book, and appendices covering things like what the assorted clinical laboratory tests you might get actually mean, what other helpful books are that you might use, and supporting information like what the chelating agents are and how they work.

Book Information

Paperback: 226 pages
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Dr. Cutler’s book explains how mercury causes many serious health problems you may suffer from. But it doesn’t stop after telling you how terribly poisoned you might be - it actually tells you how to get the mercury out of your brain and get well. Dr. Cutler not only studied American medical journals to formulate this protocol, but overseas medical journals as well. He shows you how to safely remove mercury from your body and brain using alpha lipoic acid, an over-the-counter antioxidant. The most important things to remember about chelating with lipoic acid are to (1) go slowly and (2) to take the doses (25 mg to 120 mg according to tolerance) every 3 to 4 hours around the clock. Dr. Cutler explains how this method keeps the blood levels of lipoic acid stable in order to move the Hg from the brain and eliminate it, not merely redistribute it to other places. Most of the neurological symptoms I’ve suffered from are gone now. They don’t come and go; they are just gone. The rapid heart beat stopped, along with the numbness and tingling of the extremities, and the tremor and twitches in my head. My blood pressure has come up from 70/40 to 120/80 - perfectly normal. My cholesterol has dropped from 305 to 240. My facial color is no longer ghastly white, but rather a normal and natural color. H-Pylori titers (a bacteria associated with peptic ulcers and cancer) have gone from 6 plus to 1.37 without medication. I’m thrilled I found a way to improve these stubborn health problems that refused to budge with any other means. Believe me, I had tried everything. If you want to get well from CFIDS, candida, MS, and other neurological problems please don’t overlook this book, Amalgam Illness: Diagnosis and Treatment. Then follow the directions for how to get well safely!

Mercury-containing "amalgam" fillings have been with us for 150 years, and have been the intermittent cause of vehement controversy for just as long. In the 1850s or 60s, for a while it was a
crime to insert these fillings into human beings in parts of the United States. In the 1930s Alfred Stock, a brilliant chemist, wanted these fillings banned; various American dentists have urged the same since the 1970s. In Sweden they were banned until the European Union intervened. The use of mercury to treat syphilis, as was customary into the 1890s, is now a huge embarrassment; many of the "symptoms" attributed to syphilis are now known to have been due to the "treatment." In various European countries, the medical fraternity acknowledges that mercury, being a liquid, slowly evaporates from these fillings. This is where things become complicated. Cutler adduces evidence from different journals that the ability to excrete mercury varies by more than a factor of 20 between humans; in other words, as in lactose intolerance, a minority of human beings can't tolerate an otherwise safe product. Even more counterintuitively, mercury poisoning, unlike most other intoxications, does not have a single set of symptoms, but rather at least 20 very different sets of symptoms. I was initially deeply skeptical of Dr. Cutler's claims, which are at odds with everything you hear from "mainstream" medical authorities. However, the more I delved into the established scientific facts, the more confirmation I found for his claims. As part of my quest to regain my health I obtained excerpts from a 1400 page post-doctoral thesis on the side-effects of amalgam fillings by a dentist who went on to post-doctoral studies at Harvard University. Unfortunately this thesis has yet to be published, reportedly due to pressure from the (so-called) National Institutes of Health. In any event, the excerpts fully support Dr. Cutler's claims. Nor are the NIH the only "mainstream" "medical" "authorities" - I can't bring myself to not punctuate properly - affiliated with the US government that reportedly maintain a strange and bizarre silence on the matter. According to reports I read, about no other medication or device has the FDA received nearly as many reports of severe problems resulting over the decades as from these fillings, but the reports are put in a drawer to be forgotten because by the logic of these civil servants the problems must be with the people who report them rather than the fillings. Their logic apparently is that the fillings were sold decades before the FDA was founded or any serious clinical trials were mandatory for medical products, and "grand-fathered" into the system, and that this must mean that they are safe. If these fillings can cause mercury intoxications, the next question is how to treat such states. As Alfred Stock experience proved, some people can recover by simply having their fillings removed; others can't. Were I sure that I was so poisoned, I would consider waiting to see if my body can heal itself depending on the severity of the intoxication, and not immediately rush to treat it chemically, a consideration Cutler unfortunately omits. For those who can't recover unaided, Dr. Cutler's book is invaluable. Many in the "alternative medicine" community "treat" mercury intoxications with chorella, an algae that forms loose bonds with mercury. This does sometimes help, but in talking with dentists
who will talk frankly about amalgam issues, I have been told that Cutler is correct in writing that some people have significantly harmed themselves this way. Cutler advocates the use of chelators with two adjacent sulfur atoms, which form bonds with mercury that are much stronger than those that chlorella forms. Toxicologists use such chelators - and not herbs - to treat mercury intoxications because they know what they are doing. Most toxicology handbooks note that none of the customary chelators used to treat mercury poisoning (DMSA or DMPS) meaningfully penetrates the blood-brain barrier; in other words, if you have a lot of mercury in your brain, and can't move it out once you've reduced your exposure, they can't help you. Cutler happily found that lipoic acid, a medication sold in Germany for the last 40 years, gets into the brain, and removes mercury from the nerve cells; some clinical work with a lipoic acid derivative in this regard was done in Poland and Russia. In other words, Cutler accomplishes what most toxicologists believe can't be done. Cutler's other invaluable insight that most experts overlook is that you have to use the chelators on a schedule that actually allows them to remove mercury from the body. This requires taking lipoic acid on a 3 hour schedule to maintain relatively constant levels of lipoic acid in the body. (If it takes, say, 12 hours to move a mercury atom from the brain to the feces, and lipoic acid has a half-life on the order of 6 hours, taking lipoic acid every other day is useless.) Cutler is qualified to write on the subject; not only does he have a PhD in biochemistry from Princeton, he also writes that he overcame an amalgam intoxication. When your own skin is on the line, you become very meticulous. I was deeply, deeply, skeptical of Cutler’s claims which lie far outside of mainstream medical scripture; it wasn’t until I had corresponded with scientists who had spent years of their lives researching amalgam toxicity that I concluded that his claims are true. I myself have followed his advice and seen my health improve vastly. In my informed opinion, this is the gold standard of treatment for mercury intoxications; more than a few people report that they had tried sundry remedies, but it was not until they got serious with Cutler’s treatment that they began to recover. It may be worth mentioning Cutler’s subsequent book, Hair Elements, which offers a better understanding of Cutler’s thinking and results on some aspects of this subject. A caveat: prepare for a somewhat disjointed book that has never met a professional editor. Some books deserve 5 stars, this book would easily deserve 12 or more. Allow me to note that the Nobel Prize has been awarded for smaller innovations.

Dr. Cutler tells it like it is. No cover-ups here like the one from the .... How do I know? My wife is extremely ill from dental amalgam poisoning for more than 20 years. She is seriously chronically poisoned. After so much lying from dentists and ignorance from medical doctors, here comes a
good book that sheds light to one of the most insidious forms of sickness, mercury poisoning! Even after all mercury amalgams are replaced by safe composites, the next nightmare comes when trying to figure out how to get rid of the mercury already inside your brain, nervous system, kidneys, blood, etc from an already debilitated and compromised body. Dr. Cutler says on page 54: "First, do no harm. Note: the DMPS challenge is not a legitimate diagnostic test since over half the population will give a positive result but most of them do not appear to have amalgam illness. In addition there is a high incidence of adverse drug reactions during it, including permanent disability and death. It should never be used. DMSA challenge tests that involve the administration of 500 mg - 3g of DMSA as a single dose are also dangerous and not diagnostic." Dr. Cutler says on page 89: "Therapeutic approaches currently offered by some practitioners but which should NEVER be used include: DMPS by injection except when oral administration is contraindicated and dosage is low, DMPS or DMSA on any schedule not involving frequent administration of equal doses for at least several days in a row, EDTA chelation, or penicillamine in any form. Supplementary cysteine, glutathione, or a "high sulfur" diet, or chlorella should NOT be used. All of these "therapies" will be VERY HARMFUL to you." Dr. Cutler says in page 90: "For most people the proper chelation protocol using DMSA and LA (Lipoic Acid) is: . Starting 4 days after the last filling is replaced, 50-100 mg DMSA every 4 hours (including getting up at night to take a dose) for 2-6 months, until urine mercury is reduced 80%. . Then DMSA 50-100 mg + LA (Lipoic Acid) 50-200 mg every 3-4 hours (including getting up at night to take a dose) for about 3 days per week. When you feel all better, keep going for a few months. You may need to do this anywhere from 6 to 36 months depending on how sick you were to start and how hard your body holds on to the mercury. . It is important to keep taking your supplements and medicines during the whole time you are chelating.". Thanks Dr. Cutler.
