



Detoxification of Mercury By DMPS

Most people are surprised to learn that there is a tremendous body of well-respected research throughout the world documenting the toxic, destructive and unhealthy effects of mercury. Unfortunately, there is no place on earth that is not contaminated with mercury. Plants, fish, animals, the air we breathe, the water we drink – all contain mercury. Mercury has long been recognized to be even more toxic than arsenic, cadmium or lead. The Environmental Protection Agency (EPA) considers mercury to be 5,000 times more toxic than lead (which, thanks to the EPA, has largely been eliminated from our environment).

When mercury is either ingested orally, absorbed through our skin or breathed into our lungs, mercury finds its way to your brain, our heart, our liver, our kidneys, our bones, our blood vessels and of course into our immune system. Mercury is now recognized to be a significant factor responsible for many chronic illnesses, damage to the central nervous system, chronic fatigue, kidney disease, digestive system, mouth, gums, teeth, Alzheimer's Disease and our immune system dysfunction. Common symptoms of mercury toxicity can include profuse sweating, peripheral neuropathy (itching, burning or pain), tachycardia (rapid heart beat), increased salivation, high blood pressure, skin discoloration (pink cheeks, fingertips and toes), edema (swelling), and excessive dry peeling (layers of dead skin), low sperm count, as well as problems with vision, hearing, speech, and loss of coordination.

The type and degree of symptoms depend upon the degree of exposure, the dose, the method and duration of exposure. Exposure over long periods of time or heavy exposure can result in brain damage and ultimately death. Mercury is particularly toxic to fetuses and infants. Whenever there is a strange or difficult to figure out symptom or problem one should consider mercury as a cause.

Medical research evidence over the last decade has shown that mercury is continuously released from amalgam tooth fillings. The World Health Organization (WHO) confirms that the largest exposure to mercury comes from dental fillings followed by exposure to fish. Mercury toxicologists from WHO state that no level of mercury in the body is safe. Most pathologic damage is a slow and subtle process with most health problems arising years after exposure to mercury.

The EPA recently suggested that data from research in humans is sufficient to declare mercury a severe toxicant which produces harmful effects from conception to maturity. Neurotoxicity is a primary concern with improvement in health after removal of mercury. The EPA recommended that anyone suspect of mercury toxicity should be treated.

At present there are two tested/approved methods for removing mercury from the human body, chelation and DMPS therapy. DMPS – is an amino acid with free sulfur groups which forms complexes with heavy metals, particularly mercury. DMPS binds mercury and other heavy metals tightly and then assists in their excretion from the body through the kidneys.

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DMPS should be administered in the morning of the day that dental fillings are removed or repaired so that the mercury released by the procedure is not absorbed by the body and is chelated and removed.

What Is DMPS?

DMPS (2,3-Dimercapto-1-propanesulfonic acid) has been researched for over 40 years in Japan, Germany and the Soviet Union. It has been used as a treatment in these countries for over 25 years and has demonstrated that it is an effective agent for the removal of mercury in humans with no significant side effects. DMPS is not yet FDA approved. The Preventive Medicine Clinic of the Desert has access to DMPS and the investigational protocols as a participant in the Phase III Clinical Trials conducted by Cascade Consultants Research Foundation. These research trials are being conducted in many clinical centers in the United States. Physicians who have completed an approved course of study on DMPS, have passed a written exam and have submitted the necessary forms with the Principal Investigator and the FDA are allowed to use DMPS for treatment of mercury poisoning.

At this time DMPS seems to be the best chelating agent having demonstrated both safety and efficacy for treatment and removal of mercury from the human body. While EDTA does remove mercury in small amounts DMPS is better. DMPS when given orally is not as efficacious since it does not cross tissue cell walls and has minor effects on the kidneys (up until now it was the best we had but still it removed only small amounts of mercury). DMPS is rapidly becoming the medication of choice for remove mercury, lead, and arsenic from cellular mitochondria where these metals deplete cellular energy. EDTA has a high affinity for calcium, iron and copper (which accounts for its success in cardiovascular disease) but has a lower affinity for mercury, lead, and arsenic when compared to DMPS. The opposite is true for DMPS as it has a high affinity for mercury, lead and arsenic, but a low affinity for calcium, iron, and thus EDTA and DMPS tend to complement each other.

How Is DMPS Administered?

Just as with chelation, all persons desiring DMPS treatment must undergo a history and physical and routine blood and chemistry analysis. Kidney and liver tests will be screened every 5 visits. A DMPS challenge test is optional. DMPS is administered and a 24-hour urine collection is sent to determine the levels of mercury and other heavy metals. The DMPS challenge test is the most effective method of measuring heavy metal toxicity. The amount of mercury excreted increases with the number of treatments. Thus the most accurate DMPS challenge would be around the 5th treatment.

The dose of DMPS received is based on body weight. DMPS is given intravenously over a period of 20 minutes. This must be followed within 24 hours with a vitamin and mineral drip to replace the depleted essential trace elements. Proper maintenance of vitamin and mineral levels is essential for cell health and overall well-being. Theoretically, mineral supplements should be avoided on the day of DMPS administration, but this is not an absolute rule. There are no other dietary restrictions.

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DMPS may be administered once every 2 weeks for a total of 15 treatments. EDTA may be given once per month, but a week apart from DMPS treatments. Fifteen treatments usually eliminate most metals and the urine challenge test will confirm this. A series of 6 maintenance treatments should be done per year, one every two months. The side effects of DMPS are related only to the effects of the removal of heavy metals, not to the DMPS itself. Nutritional supplementation is essential to this mercury detoxification program in order to support your body's response to detoxification.

How Can I Learn More About DMPS Intravenous Therapy?

Preventive Medicine Clinic of the Desert give frequent lectures on DMPS Intravenous Therapy with open question and answer sessions. If you would like to start DMPS Intravenous Therapy, or look into it in greater detail than call us or come in. More importantly, take the opportunity to personally visit with and find out if you are a candidate for DMPS Intravenous Therapy. Call us at 760-320-4292 and make an appointment to learn more. Thank you!