

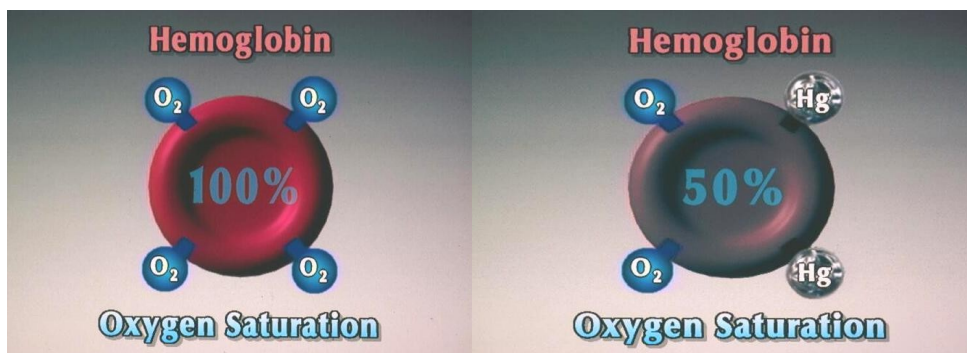
For immediate release

NEW RED BLOOD CELL BIO “MARKER” TEST PROVIDES KEY TO UNDERSTANDING DENTAL TOXICITY AND DISEASE

Overview:

Red blood cells primary function is to carry oxygen to all parts of the body. Without oxygen, the brain dies in a matter of minutes. Other tissues may survive for longer, but, eventually all physical life is dependent upon an adequate supply of oxygen.

One of the symptoms gaining popularity in industrialized nations is “chronic fatigue”. This, at least in part, is due to insufficient oxygen availability. Red blood cells are particularly sensitive to the presence of toxic metals as well as anaerobic bacterial toxins. Dental metals, especially mercury from “silver-mercury” fillings, combine with hemoglobin in the area that is supposed to be transporting oxygen.



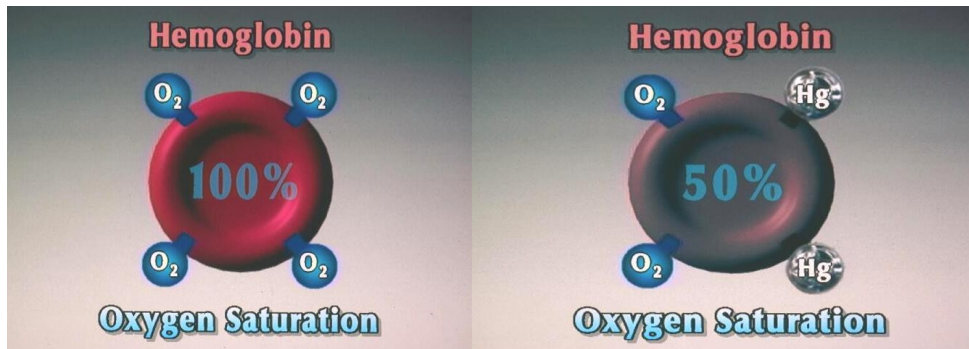
There are four “binding sites” which attach to oxygen for transportation around the body. Oxygen jumps on and off of these binding sites easily. If mercury finds one site empty, it attaches and forms a permanent union with the hemoglobin. Oxygen will never be able to ride on that site again, resulting in what looks like adequate transportation availability, but, in actuality, there is a deficiency in oxygen transport. Result? Chronic fatigue as well as total body inefficiency.

Low levels of oxygen transport lead to inefficiency, which leads to disease. Which one? Take your pick. Every cell requires oxygen. How can this drop in oxygen availability be monitored? Venous “Oxyhemoglobin” shows the actual saturation of oxygen after the basic housekeeping has been accomplished.

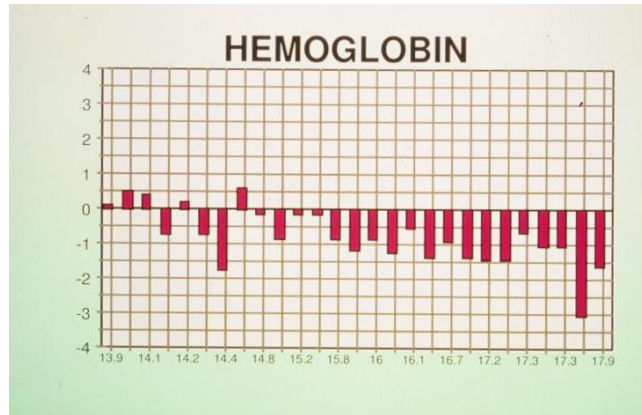
The Problem:

Blood is a term that applies to a river of serum traveling in blood vessels. This river contains many chemicals dissolved or suspended in the river, plus trillions of red blood cells, a few billion white blood cells, and a few trillion platelets (the clotting factor that prevents us from bleeding to death upon injury).

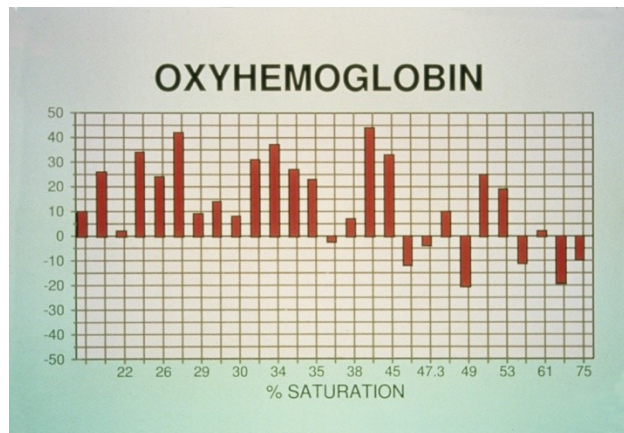
As mentioned, mercury binds to the oxygen carrying sites. Can this be demonstrated? Yes. How?



By observing that through the removal of silver-mercury fillings according to a protocol of removing the negative charged fillings first, four endocrine glands involved in healing are stimulated. Simultaneously, the red blood cells drop and the urine excretion of mercury increases.



However, in spite of these initial results the patients feel far more energy. How can that be? The body is getting rid of red blood cells *contaminated with mercury*, and replacing them – although slower – with fresh red cells with no mercury – but a lot MORE oxygen. Less cells carrying more oxygen explains the energy boost. Another test which confirmed increased oxygen availability was the oxyhemoglobin tests – from the veins, not arteries, for it shows actual oxygen saturation in the red blood cells.



As can be seen, the oxygen saturation levels went up. These are the tests that show the actual amount of oxygen available to the tissues.

Mercury's Role:

There are three primary forms of mercury found in the body. Mercury vapor, ionic mercury, and the especially deadly, methyl mercury. It is now

recognized that mercury vapor escapes from the “silver” colored fillings, and can be converted into *methyl mercury* by bacteria in the mouth, intestinal tract and even within the red blood cell itself in the blood stream.

Additionally, mercury vapor can escape from the fillings and, by virtue of proximity from the fillings to the brain and Central Nervous System, easily cross the blood brain barrier and attack the central nervous system. The ionic form can kill anything within reach. What makes Methyl mercury so dangerous is that it can cross the blood brain barrier, placental barrier, and all other barriers or cell membranes in the entire body.

Even worse is the fact that those ever present red blood cells are carrying *methyl mercury (MeHg)*. What part of the body is immune to exposure to MeHg? None. What is the most dangerous form of mercury? Methyl mercury.

Putting these facts together, the most often question put to dentists willing to risk license revocation by discussing the mercury topic, is “how can I tell if I am mercury toxic?”

The ‘Bio Marker’ Breakthrough:

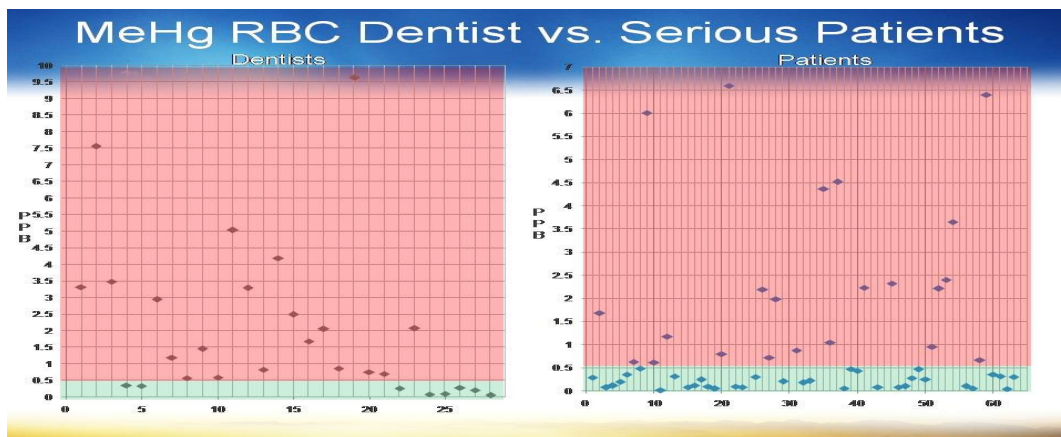
The Toxic Element Research Foundation, through its Director Dr. Huggins, has accumulated research over the past 40 years that has shown that monitoring blood chemistry values for changes is the best way to determine areas of concern, but ANY chemistry has the potential to change upon exposure to mercury, depending upon the person’s weak link. Only during the past year has TERF discovered that there may be a “biomarker”. A biomarker for mercury would be a single indicator of relative toxicity. That candidate is “methyl mercury on the red blood cell.” Dr. Huggins has noted that the higher the methyl mercury level in red blood cells, generally the worse off the patient, regardless of the disease or symptoms, and the slower the potential for recovery. Monitoring methyl mercury changes may offer an indicator of progress toward recovery. So far, it appears that way.

Methyl Mercury:

Is methyl mercury really that much of a problem? Yes, for it is by far the most deadly form of mercury. The primary reason here is that it can travel anywhere in the body effortlessly. Especially when riding upon the red blood cells. Within cells, MeHg can destroy the various components of cellular function selectively, or totally kill the cell by releasing internal lysosomes. These killer type chemicals damage DNA and rupture cell membranes allowing leaking to death to occur. MeHg effects the peripheral nervous system as seen in diseases like seizures, tumors, Multiple sclerosis and amyotrophic lateral sclerosis to name but a few. Mental and emotional diseases may also result as well as to create abnormal hormone function

Without a doubt, methyl mercury (MeHg) is a serious problem.

Below are some of the recorded changes in methyl mercury levels in red cells that happened within 6 to 8 days of initiation of the protocol utilized to improve the “mercury toxic” patient.



Quotes are used around “mercury toxic”, because each day it becomes more evident that mercury is working in conjunction with toxins from anaerobic bacteria present in root canals and in cavitations to create a team approach to produce havoc.

Be that as it may, the mercury toxic patient rarely shows good healing unless mercury and cavitation surgery, as well as removal of root canal teeth are employed simultaneously in treatment. Despite the bacterial toxins, methyl mercury on the red blood cells still offers the best available overall biomarker for dental toxicity and progress.

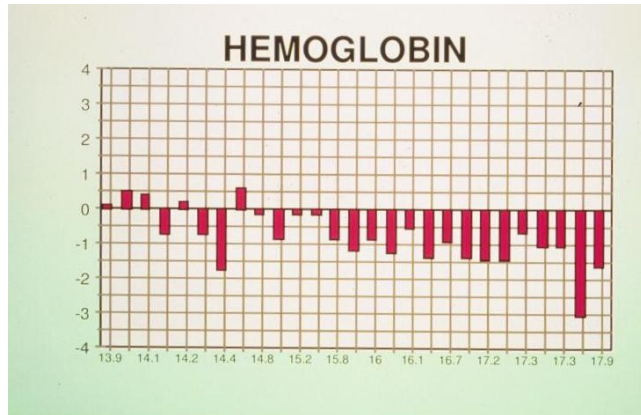
Now for the big discovery:

Is there a difference between Males and Females? From the standpoint of red blood cells, all hospitals and blood laboratories will say, “Yes”. There is a definite difference. To further prove this, they provide two different “normal” ranges. One for males and one for females. When asked for an explanation, usually one may hear about this thing that females do monthly that creates blood loss that the female body does not seem to know how to accommodate. Yeah, sure. Not addressed is the fact that young girls and the elderly women (my age) do not perform this task, yet they are included in the “normal” differentiation.

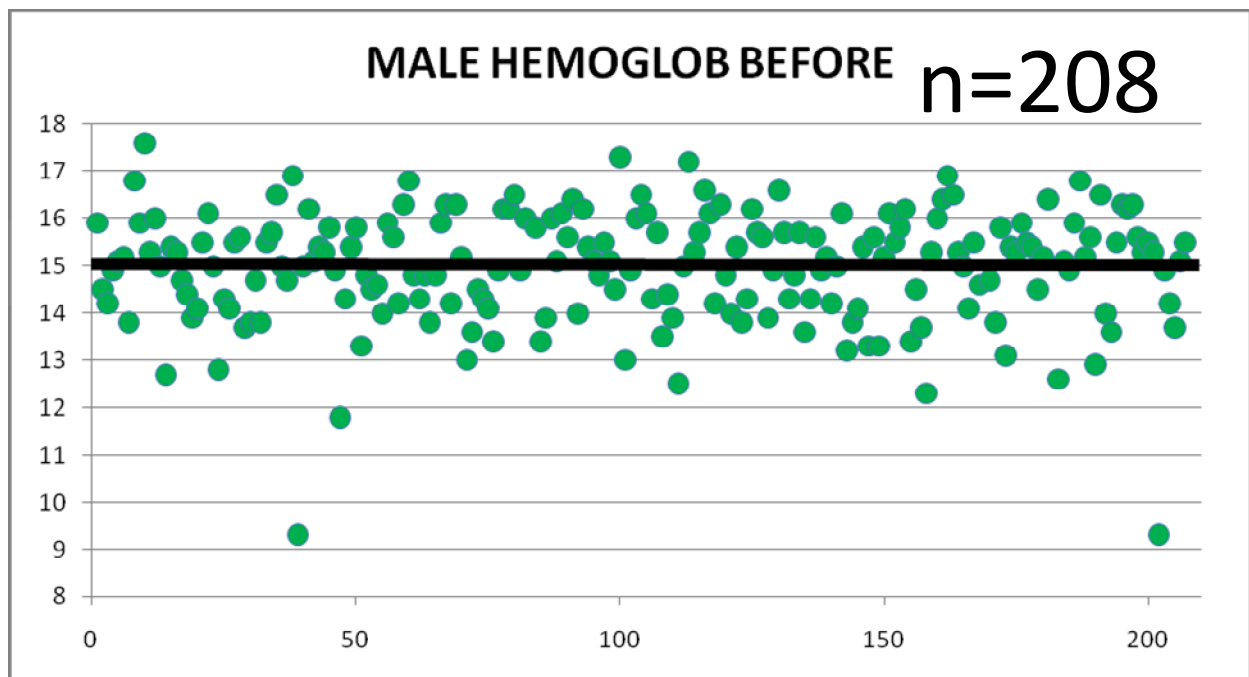
There are three general tests applied to red blood cell measurements. They are

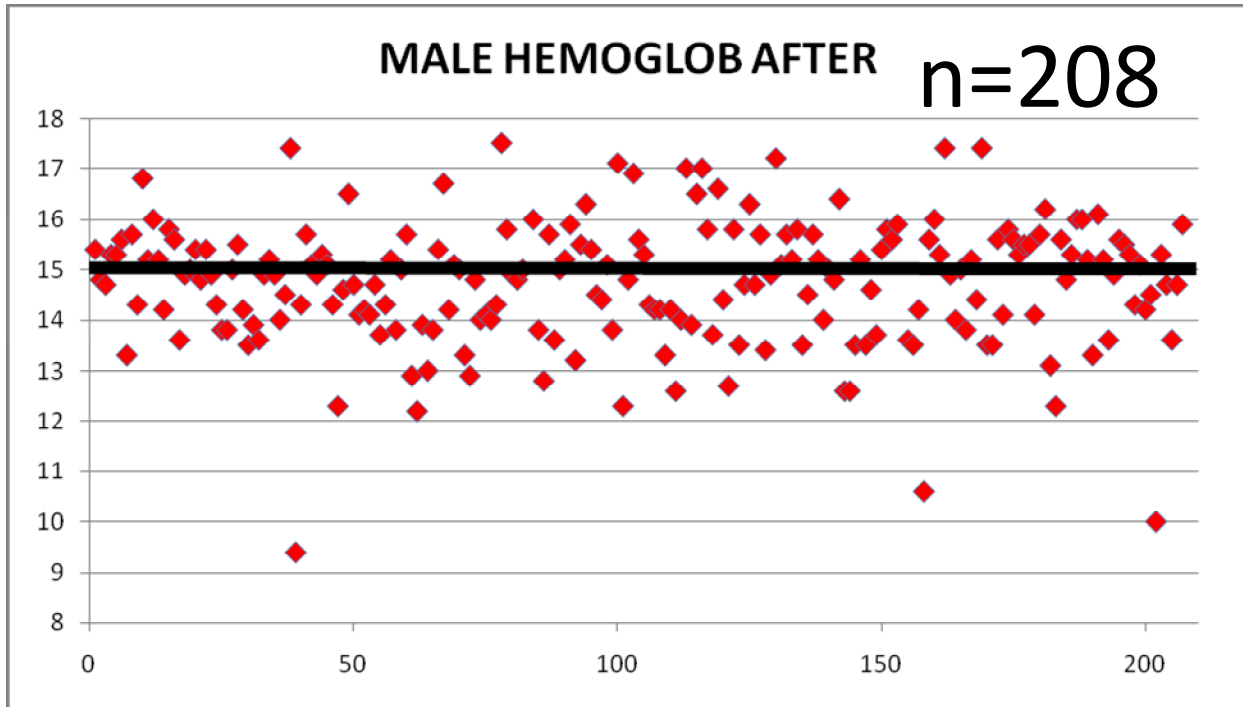
- 1) RBC – the red blood cell count (how many cells per cubic millimeter of blood are present)
- 2) Hgb – the hemoglobin measurement
- 3) Hct – the hematocrit, or the percentage of whole blood that is made up of red blood cells.

Picking hemoglobin as representative of the three, since they all three generally trend to move the same direction simultaneously, note the following graph:

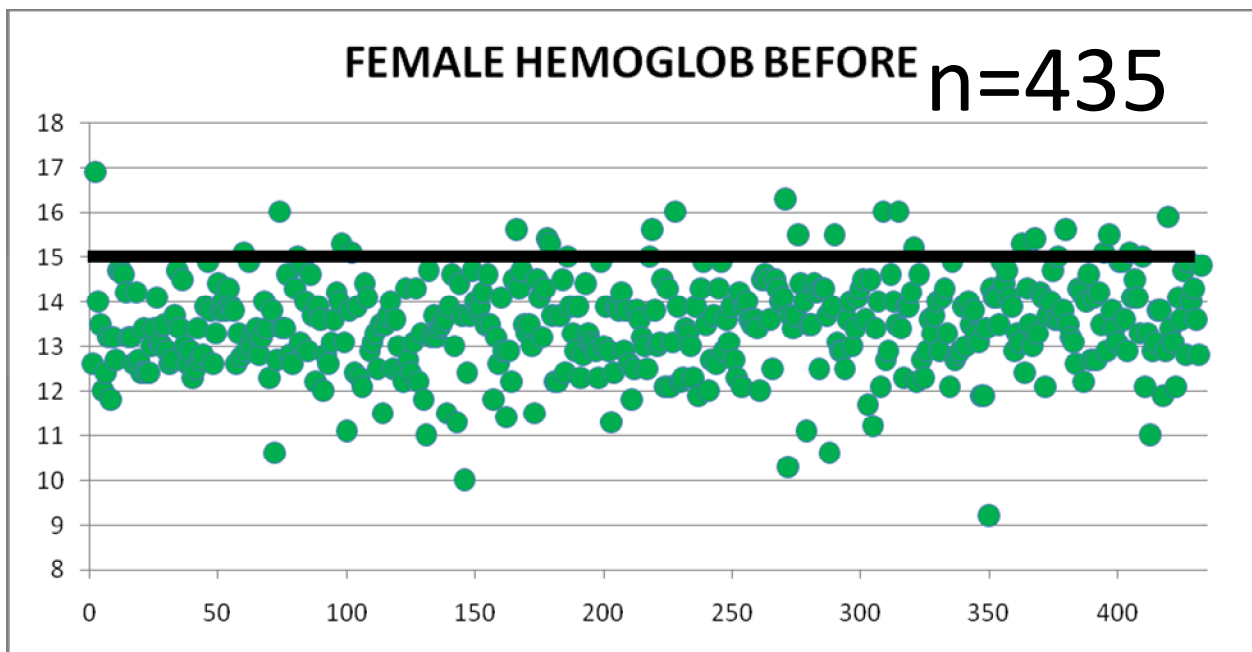


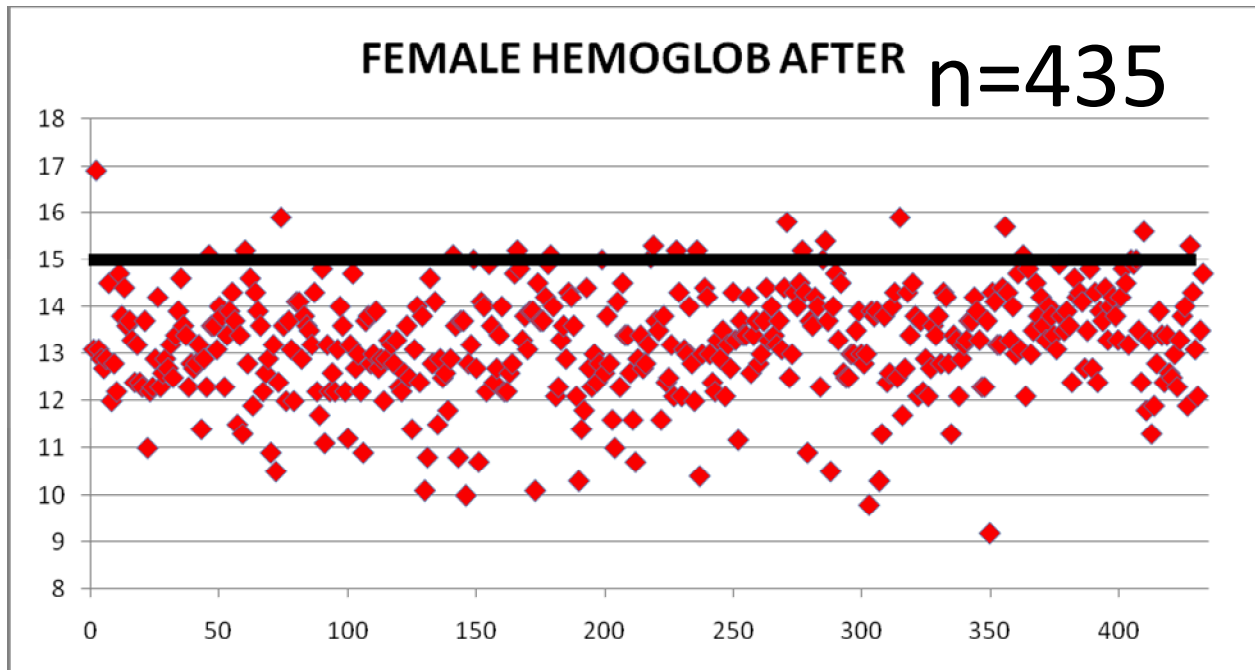
The horizontal axis lists the starting points for these chemistries before dental revision, and the vertical lines show the amount of change that occurs after dental revision. The up and down lines generally indicate that low counts come up, and that high levels come down. The area of little change is what is called the Stability Point. This is the optimum point for maximum efficiency. There is always the compliance factor to consider, which can mess with statistics, so it took a few years to determine which changes were of practical value, and which were the result of outside factors.





Note that the male levels tend to be on the high side, while the female levels are more predominant on the low side. Keep in mind that all of these people have amalgam and other dental toxins in their mouths. This is where the “normal” ranges came from.





These figures are based on what was suggested to be “compliant” patients who were not violating dietary suggestions.

Most highs trend to eventually come down, and lows trend to go up, until a Stability Point has been reached. After several decades of observations, these are points Dr. Huggins suggest for BOTH male and female – IN THE ABSENCE OF DENTAL TOXINS:

Red blood cells – 5.0 million
 Hemoglobin -- 15 grams
 Hematocrit -- 46%

Conclusions:

The obvious conclusions are that

- 1) Mercury (and perhaps other dental toxins) interferes with red blood cells in both sexes. This is demonstrated by the fact that they trend to a level of confluence of the sexes in the absence of dental toxins and establishment of foods according to their Ancestral Diet.

- 2) Methyl mercury on the red cells can give an idea of the degree of toxicity as well as progress of healing. It also inhibits complete saturation of oxygen, contributing to chronic fatigue. Red blood cells respond differently in males and females, both appearing to compromise health.

Based on these findings, it is the opinion of TERF that serious consideration should be given to eliminating mercury from dentistry. It is already forbidden in most other areas, and several countries have banned its use in dentistry all together. We should get on the health bandwagon, even if not as leaders in the field of health.

About Toxic Elements Research Foundation

TERF, a non-profit research foundation, is dedicated to stimulating interest in the research community as well as informing the public to become aware of potential problems associated with dental materials and procedures. Informed consent of potential problems makes for better informed decisions by the patient – especially where health is at risk.

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FURTHER INFORMATION:

www.terfphq.com