

Amalgam clean up – beneficial therapy for multiple sclerosis patients

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Dear Congress delegates,

You know me as a Bicom therapist with many years' experience. I've worked in this field since 1990. The way I practice dentistry has changed considerably through the knowledge I have acquired from the numerous excellent training courses run by the Institute for Regulative Medicine. At the time I still had fillings myself and obviously continued to use amalgam with my patients. But this soon changed.

To begin with, I only removed amalgam when requested to do so by my patients. Back then I still had my doubts as to whether amalgam really was dangerous. The turning point came when I encountered a female patient about 38 years of age, who looked like a plucked chicken. She had only a few thin strands of hair on her head. Over a period of nine months she had been examined by conventional medical practitioners and was finally discharged as "healthy". She came to me with one desire – to have her amalgam removed. She had done some research herself and I carried out the procedure for her. She had large amalgam fillings in all four corners of her mouth. After half the fillings had been removed the patient came to my surgery for her next appointment and, in a state of excitement, told me that her hair had started to grow again.

With this patient the problem was one of quantity. But there is a similar group of patients where mercury contamination poses an information problem. During the elimination process you will see which group a patient belongs to. If it is a problem of quantity, the patient may sometimes come up to you after the first treatment and say,

"What have you done to me?" I feel as strong as an ox!" With the other group the change is not quite so dramatic. When treatment is nearly completed and no further resonance with amalgam is detected they gradually become aware that they feel better.

I only get them to complete the questionnaire once elimination is completed. In all the years I have been doing this, I have not had one questionnaire back in which the patient who has undergone amalgam clean-up hasn't felt much better. However, the cardinal symptom which led the patient to opt for this approach in the first place does not always disappear following amalgam clean-up. Not every migraine patient will automatically get rid of his/her migraine because of an amalgam clean-up. BUT I have already helped some patients to get rid of their migraines through amalgam clean-up even when in some cases they have been suffering from the problem for 25 years.

Another point to note with every individual amalgam clean-up is the fact that amalgam is a substance that has very strong effects mentally. All patients feel more cheerful. They have more energy and are not so exhausted in the evenings. They have more get up and go. During the elimination process, some people experience what I call the "zero motivation phase". They have no desire to do anything. All they can do is carry out day-to-day tasks and sit in front of the TV in the evenings. When patients mention this to me, I simply say: "Just be glad you're experiencing this now and remember it should be the last time in your

life you want to sit around and do nothing, all because of mercury contamination.”

I hope this paper can encourage you to perform an amalgam clean-up on yourself and your patients. It takes a lot of effort, but it's well worth it.

Thanks to an amalgam clean-up, four out of five multiple sclerosis (MS) patients are completely episode-free. Let me tell you about them.

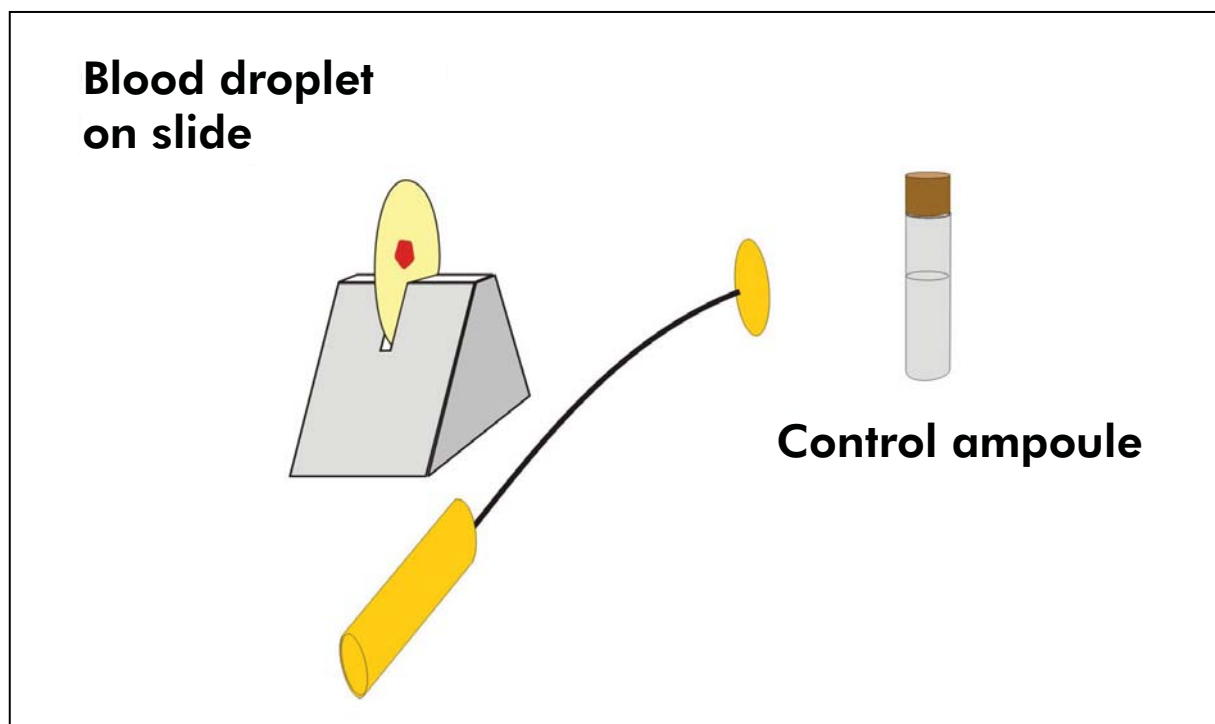
A **sports teacher** came to see me in 2001. She had developed MS 11 years previously. She had spent a long time in hospital and was no longer well enough to do her job. She had had some of her amalgam fillings removed on the advice of a naturopath. She went four years without experiencing any episodes but then the symptoms returned. At that time the amalgam was replaced with gold.

For patients with chronic conditions I initially carry out the 5 element test. The test was negative in this case in that there was no block to any single element. This gave cause for optimism. She still had four amalgam fillings in the lower jaw and two

in the upper jaw. We replaced these with materials that we had safety-tested beforehand, obviously taking all the necessary precautions.

Once all the amalgam had been removed, we tested to see whether any amalgam was still present underneath the old gold crowns. This will not show up on an X-ray because the gold in the crowns appears as white as the amalgam. From a conventional medical perspective, all we could do was remove the crowns and look underneath. We test that with an identification test using a biotensor (see Figure below).

Of course we also test for amalgam tattoos in the mucosal tissue. If any are present, these need to be removed before you test for amalgam underneath the crowns as otherwise it may be the tattoos that show up in your test. We collect patient amalgam in a test tube and use that when carrying out bioresonance therapy. In this way the therapy is very much tailored to the individual. In this case the patient's health was fully restored with accompanying bioresonance therapy. We subsequently replaced her gold crowns with all-ceramic crowns.



Modified amalgam index score according to Mayer and Hellwig
Dispense µg Hg/day

Patient	
Date of results	
Current symptoms	

SuF3		15	15	15	9	9	F3	9	9	15	15	15	F3
SuF2		9	9	9	5	5	F2	5	5	9	9	9	F2
SuF1		3	3	1,5	1,5	1,5	F1	1,5	1,5	3	3	3	F1

18	17	16	15	14-11
48	47	46	45	44-41

21-24	25	26	27	28
31-34	35	36	37	38

SuF1		3	3	3	1	1	F1	1	1	3	3	3	F1
SuF2		9	9	9	4	4	F2	4	4	9	9	9	F2
SuF3		10,5			5,5		F1	5,5		10,5			F3

Total 

		Total authenticators (index) multiplied by 0.24 amounts to the continuous stress through:	Measures: * DMPS test * 'Battery effect' in mouth * Chewing gum test * DMSA treatment Other
		µg per day released Hg amount	
		If the authenticators total more than 75 then this exceeds the tolerance level of 43 µg/day specified by the WHO	
+	25	µg per day from food (= WHO average for Central Europe, without fish)	
+		Additional stress as a result of chewing	
+		Oral currents	

18	17	16	15	14	13	12	11	21	22	23	24	25	26	27	28
			55	54	53	52	51	61	62	63	64	65			

			85	84	83	82	81	71	72	73	74	75			
48	47	46	45	44	43	42	41	31	32	33	34	35	36	37	38

Amalgam tattoo region:

She still comes to see us regularly. She is still teaching sport and is in the best of health.

A **second patient** came to me for treatment in 1998. She had been suffering from MS for four years. The episodes occurred every three months. Her partner had previously received bioresonance treatment from me and had benefited greatly.

Her amalgam index score according to Mayer revealed mercury contamination of approximately 92.58 µg/day Hg (see graphic previous page). This index is based on figures provided by the WHO and is ideal for therapy from a didactic perspective. This patient presented with multiple contamination that we had to test. Individual quantities were discovered.

Overall, we carried out the following tests on this patient between 1998 and 2002:

material intolerance test, dental focal test (in this case, 23 and 32 were contaminated) and an orthomolecular test. All chronic conditions reveal a deficit situation. I like the

Life plus preparations – they are good. We systematically replaced the amalgam fillings and then eliminated the amalgam according to our plan (see text box below, from my Seminary „Fokaltoxikosen“ [in German], 2011).

The patient remained episode-free until August 1999. Then we retested everything. The patient had a hyperallergy to wheat and gliadin. She even reacted to a wheat ampoule which I merely held over a steaming pan of wheat pasta. The ampoule was otherwise empty.

After therapy, a skin rash that the patient developed each summer actually disappeared. The MS used to appear at the same time.

Her immune system also showed signs of stress from the BCG vaccine. Almost all of the mucosa were affected. Also, her constipation disappeared following mercury elimination. By early 2000, we had treated all forms of stress. We improved her dental status with all-ceramic work.

Therapy schedule for my amalgam elimination

1. Basic therapy after conductance reading with saliva and minerals in input cup and DMI after test
2. Dr. Hennecke's metabolic therapy, program 530. See computer manual
3. Mercury point according to Sissi Karz, program 813. See computer manual
4. Patient's amalgam, where available, in input cup (otherwise an amalgam sample from the dentist in a stoppered test tube)
Patient with mat and balls, red cable at output
Program 191 (Ai) varied:

- 64-fold amplification
- Staged reduction = 5
- Time per stage = 60 sec

If the patient shows no blocks in the 5 elements, therapy is now complete.

If there was a block present (removed previously with treatment), I support the element by adding the stressed meridian ampoules to the input cup and running program 192.

Test time and amplification.
Output the same as before.

The patient was extremely pleased with the outcome and has had no further episodes.

The **third MS patient** was a student who had had to give up her studies on health grounds. She was only in her early 20s.

We conducted the full range of tests, fitted safe fillings, eliminated a great deal of amalgam and carried out orthomolecular replacement treatment. She underwent treatment for about a year and was then able to resume her studies.

My **current patient** has just reached the crucial phase in his recovery.

He found me on the Internet. His MS had been confirmed by spinal cord biopsy. His ophthalmologist's suspicions were aroused when the patient complained of impaired vision after scuba diving. He could no longer concentrate on anything. In 1993 he took a year off work. After this, things started to improve. Then three amalgam fillings were removed in 2007. After that he became confused and disorientated, experienced impaired vision and had no interest in life. Conventional medicine offered no solution. He conducted his own research.

He came to my practice for the first time in April 2011. He still had one amalgam filling in his mouth. The patient was extremely forgetful. He was very wary of dentists because he had always had problems following earlier dental treatments, based of course on traditional, non-naturopathic methods.

We guided the patient through the treatment step by step. He was highly sceptical and now freely admits that initially he thought it

was all quackery. He had become a father late in life and wanted to be there for his daughter. This and his trust in my professional competence kept him going.

Taking all the necessary precautions, I replaced the last amalgam filling with a tolerant material. I then carried out a stool test with mycosis diagnostics – positive – and followed this up with treatment. The treatment sessions took about 40–60 minutes. As ever I started with the 5 element test and the orthomolecular test. I look for treatment blocks as part of the 5 element test. The patient had a disturbed element – metal. The disturbed meridian was the large intestine. The pink ampoules testing positive for stress were as follows: bacterial contamination, disrupted elimination, heavy metal contamination and chemical contamination. No e-smog, no geopathy, no scar interference field, no mycoses and no viruses. The stresses found were parasites, bacteria, heavy metals and environmental stress. Three elements had to be suppressed. With the lower test sets I found bacteria and parasites, which, according to the list, not only affect muscles and joints but also cause intestinal disorders. At this point the patient was truly impressed and perhaps started to believe the treatment might actually work. He had not mentioned his previous intestinal problems. I put together and worked through a treatment plan, with elimination of amalgam as the last stage of therapy.

The patient now feels much better and says he has every intention of referring other people to me.

As dentists we can achieve a great deal for our MS patients through the systematic elimination of amalgam.