

Study of the elimination of mercury from the human body by means of bioresonance therapy

Dr. med. dent. Anne-Kristina Baumann

SUMMARY

This study proves once again that bioresonance therapy (BRT) is a suitable method for eliminating mercury. Tests have also been carried out on 19 patients to see how BRT can be integrated with standardised programs in a dental practice without taking too much time away from normal practice.

Patient stresses were checked using a DMPS test (*Amtest*[®]) and EAV testing before and after BRT. On average the stress was reduced by around 65 %.

Key words: Mercury elimination, bioresonance therapy, DMPS mobilisation test (*Amtest*[®]), amalgam clean-up

1. INTRODUCTION

For many years, particularly in naturopathic medicine or so-called holistic medicine, amalgam has been the subject of ongoing discussion.

While orthodox medicine to this day refuses to acknowledge the toxic, immuno-suppressive and allergenic aspects of mercury, holistic medicine has embraced these facts wholeheartedly. The only real question now is how to remove mercury from the body safely.

As well as using sequestrants (DMPS, DMSA, tiopronine) [1, 2, 5, 6, 7] and algae-based preparations (Chlorella, Chlorella Pyrenoidosa, Spirulina) or coriander, ramsoms and garlic [5], it is also possible to use bioresonance therapy (BRT) for this purpose. Until now, energetic test methods (EAV testing, biotensor, ...) have been used almost exclusively to test the success of these methods.

As early as 1995 the dentist *Dr. med. dent. J. Uhlmann* was able to prove in a statistical field study of 20 patients that symptoms disappeared altogether following amalgam elimination using

BICOM bioresonance therapy [9]. The elimination of mercury using BICOM BRT was then confirmed in 1998 by *Dr. med. G. v. Braunschweig* by means of the laboratory determination of mercury in the urine following BRT [4]. The study recorded the short-term release of mercury.

2. OBJECTIVE

On the basis of Creatine value readings, the present study aimed to investigate whether it was possible, using only bioresonance therapy with the BICOM device (Regumed GmbH), to effectively eliminate mercury (Hg) stored in the human body within a given time period using a standardised procedure geared to practice requirements.

The aim of this study was therefore not to demonstrate that particular patient symptoms had disappeared, though this was evident as a secondary effect, but rather to confirm that mercury could be eliminated using BRT.

3. PATIENTS

The patients who took part in this study came entirely from my dental practice and that of my husband.

We have not used amalgam (Ag) for a number of years now and advise our patients to have it removed in stages in favour of materials which can be tolerated more easily. Once the Ag has been completely removed, we normally recommend that the level of directly measurable Hg remaining in the body be recorded by means of an *Amtest*[®] (letter to patients, Annex 1).

More than 50 patients took up this offer.

From these patients, 19 decided on an Hg elimination using BRT and only one female patient opted for elimination using DMPS tablets. Only one female patient could be persuaded to be a "place-

bo". The age of patients ranged between 23 and 70 years, with 14 women and 7 men.

Most patients did not display any symptoms. They wanted their Hg eliminated for purely prophylactic reasons. Other reasons for undergoing elimination therapy were cited as rheumatism, skin problems, tinnitus, chronic rhinitis, acne and wanting to start a family. The weekly bioresonance appointments were attended punctually by all patients.

4. IMPLEMENTATION OF THE STUDY

4.1 General method

Following clean-up, all patients underwent the *Amtest*[®] (Fig. 1) at the start of therapy to measure their Hg level. Besides the purely quantitative measurement, an EAV test was also carried out to obtain evidence of the strictly qualitative stress affecting individuals. Ten bioresonance treatments took place at weekly intervals.

So that therapy could be continued on BRT-free days, 3 x 10 drops of BRT minerals [3] were administered daily. Patients were also told to drink plenty of water. Following therapy, an EAV provocation test took place. The *Amtest*[®] was repeated a minimum of 4 weeks after the initial test.

4.2 Individual stages

4.2.1 Amalgam clean-up

The amalgam clean-up was a prerequisite for taking part in the study. In order to avoid over-stressing patients, a maximum of three 2–3 surface fillings were removed at each session. Ceramic (Cerec[®] and *Beta-Quarz*[®] inserts) and synthetic materials (*Dyract*[®]) were used as replacements.

For any crowns and bridges required, gold alloys (*Biogold plus*[®], *Elgodent5*[®]) burnt ceramic or, preferably, metal-free *Targis-Vectris*[®] materials were used.

4.2.2 The *Amtest*[®]

All patients took the *GNPharm Amtest*[®] (now: biosyn *Arzneimittel GmbH*). This tested the mercury content in the urine before and after sequestrants were administered. DMPS was used for analysis (and not for elimination!) purposes. Two urine samples had to be sent in for this test:

1. Morning urine
2. Urine taken 2–3 hours after 3 capsules of *Mercurival*[®] (= 300mg DMPS) and plenty of liquid had been consumed.

Packaging utensils and tablets can be ordered directly from the manufacturer (Schorndorfer Str. 32, 70734 Fellbach). The Hg values in the analysis are given in µg/g Creatine and appear in the tables under "Hg values I" (Figs. 2 to 4).

4.2.3 The EAV tests

In order to establish the individual biological stress through the stored Hg, an EAV test was carried out on the nail bed points of both hands. Subsequently, BICOM therapy program 999 with Hg and amalgam in the input cup was used in order to achieve a short-term metal elimination. Following this, the EAV test was repeated. Only those patients whose values had improved took part in the present study.

This biocybernetic amalgam test has been described in detail by *Dr. Uhlmann* [8]. It showed that it is of little significance to establish an Hg limit (*GNPharm* puts this at 16 µg/g Creatine; Annex 2).

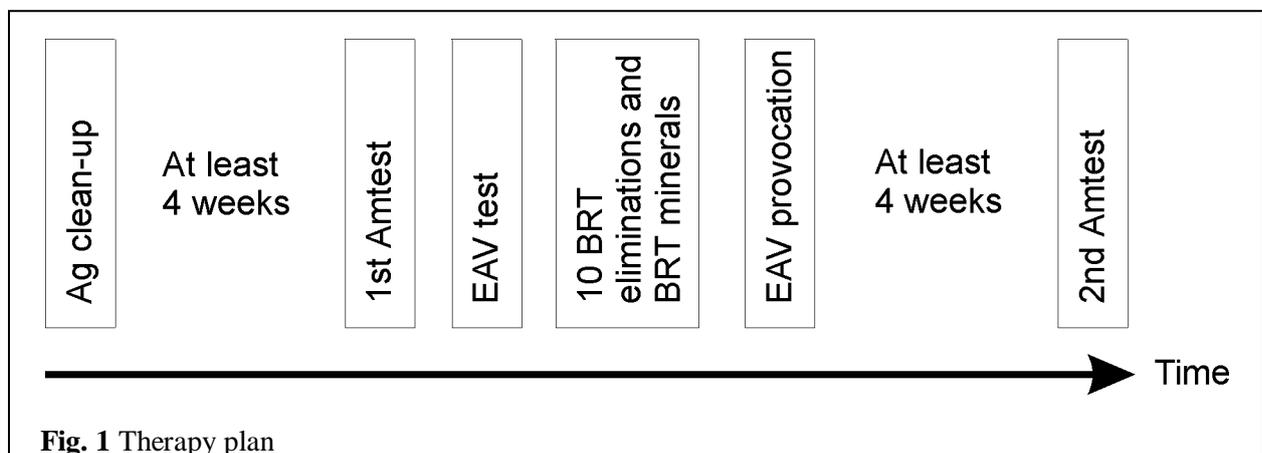


Fig. 1 Therapy plan

	Patient	Age	Hg values I µg/g Creatine	Hg values II µg/g Creatine	Difference in mobi- lised Hg values	Result in %
1	Dieter	42	0.80 / 7.06	1.15 / 3.97	- 3.09	43.77
2	Ursula	56	0.26 / 7.25	0.25 / 1.14	- 6.11	84.28
3	Claudia	31	0.61 / 24.11	0.78 / 4.00	- 20.11	83.41
4	Susanne	44	2.00 / 4.89	<0.25 / 2.00	- 2.98	59.10
5	Manfred	49	0.70 / 10.53	2.18 / 2.63	- 7.90	75.02
6	Hans	71	1.30 / 4.18	<0.25 / 2.56	- 1.62	38.75
7	Hannelore	42	0.52 / 18.57	0.44 / 8.39	- 10.18	54.82
8	Volker	33	0.41 / 2.43	0.32 / 1.22	- 1.21	49.79
9	Songül	25	<0.25 / 3.14	0.55 / 0.82	- 2.32	73.89
10	Mathilde	35	0.86 / 4.73	0.70 / 1.11	- 3.62	76.53
11	Renate 1	43	0.44 / 22.60	0.49 / 9.74	- 12.86	56.90
12	Renate 2	43	0.49 / 9.74	0.29 / 2.50	- 7.24	74.33
13	Fred	60	0.42 / 13.20	0.67 / 5.87	- 7.33	55.53
14	Rosemarie	60	1.56 / 13.45	0.70 / 6.96	- 6.48	48.18
15	Luise	65	1.10 / 4.00	<0.25 / <0.25	- 3.75	93.75
16	Julius	75	0.50 / 3.57	0.71 / 0.71	- 2.86	80.11
17	Manni	52	0.98 / 23.13	0.25 / 6.20	- 16.93	73.19
18	Anja	31	0.98 / 19.76	<0.25 / 4.60	- 15.16	76.72
19	Martina	39	0.25 / 9.77	<0.25 / 1.85	- 7.92	81.06

Fig. 2: Elimination using BICOM

	Patient	Age	Hg values I µg/g Creatine	Hg values II µg/g Creatine	Difference in mobi- lised Hg values	Result as percentage
20	Minna	65	0.92 / 7.5	1.53 / 3.00	- 4.5	60 %

Fig. 3: Elimination using DMPS

	Patient	Age	Hg values I µg/g Creatine	Hg values II µg/g Creatine	Difference in mobi- lised Hg values	Result as percentage
21	Erika	72	<0.25 / 3.14	<0.25 / 3.33	0.19	-/-

Fig. 4: No elimination therapy

A stress was also evident for lower values and therefore was taken as indication of a need for therapy. This means that the decision for or against elimination therapy may not be made on the basis of arbitrary limit values.

4.2.4 Elimination using BRT

At the start of therapy all patients received an individual BICOM basic program in accordance with their guide value measurement as well as a program for scar elimination if required.

All test subjects were then treated once a week for a period of 10 weeks with the following 3 standardised programs administered by a suitably trained dental assistant:

- Program 999 with Hg and amalgam in the input cup
- Program 200 to stimulate lymph
- Program 970 to promote toxin elimination through the liver and kidneys.

This required around 20 minutes per patient each week. The patients were told to drink plenty (Volvic water if possible). On therapy-free days, patients were given 3 x 10 BRT minerals to take daily while at home [3].

Therapy was well received by all patients. One or two reported feeling more “thirsty” or “tired”. One patient, Renate, took part in two series of therapy at her own request.

4.2.5 Repetition of the Amtest®

4–6 weeks after the last elimination therapy session, the urine test was repeated. The results are recorded in the tables (Figs. 2 to 4) in the “Hg values II” column.

4.2.6 Repetitions of the EAV tests

Tests were repeated on the nail bed points. However, in between, instead of an elimination therapy, as shown under 4.2.3, a three-minute provocation test, i. e. a stress, was performed using BICOM device program 196, with Hg and amalgam in the input cup.

5. RESULTS

5.1 Analysis results

Using Claudia as an example, the original analysis results before and after BRT are shown in Annex 2. A summary of all analyses are shown in the

tables in Figs. 2 to 4 and in the charts in Figs. 5 and 6.

5.1.1 Comparison of urine values before each Hg mobilisation

There were no significant differences here between Amtest® I and II. Nor was that to be expected since there was no indication of a chronic amalgam stress in the urine itself [7].

5.1.2 Comparison of the urine values after each BRT Hg mobilisation

A significant reduction in mercury stress was recorded in all patients. This can be seen in Fig. 2 in the “Difference in mobilised Hg values” column.

Given that each patient had different initial values and there is no possibility of eliminating more than what was present from any patient, the absolute values cannot be compared against each other. A clear picture emerges, however, when these are expressed as a percentage of the initial value (Fig. 2, last column as well as Figs. 5 and 6).

For example, with patient Claudia, 24.11 µg/g Creatine was mobilised in Amtest® I but this fell to just 4 in the second test. This means that 20.11 µg/g Creatine had been eliminated using BRT, a fall in relative terms of 83.41 %.

The values for the patient Luise showed a difference of “just” 3.75 which equates, however, to an elimination level of 93.75 %. The minimum value for this patient group was 38.75 % and the maximum was 93.75 %.

Fig. 6 shows that values are distributed roughly in accordance with a Gauss curve with a mean of between 60 and 70 %. To complete the picture it should be mentioned that the values for the patient who was not treated (“placebo”) remained practically unchanged (Fig. 4).

5.2 Provocation test

In no instance did the EAV values I worsen as a result. Although there was still evidence of Hg in the body, it did not have (as yet) a negative effect.

5.3 Improving the well-being of treated patients

Patients were not chosen according to their well-being, which meant that patients with no particular symptoms also took part. Nor was it the aim of this study to eliminate any such symptoms.

Level of Hg eliminated in percentage terms

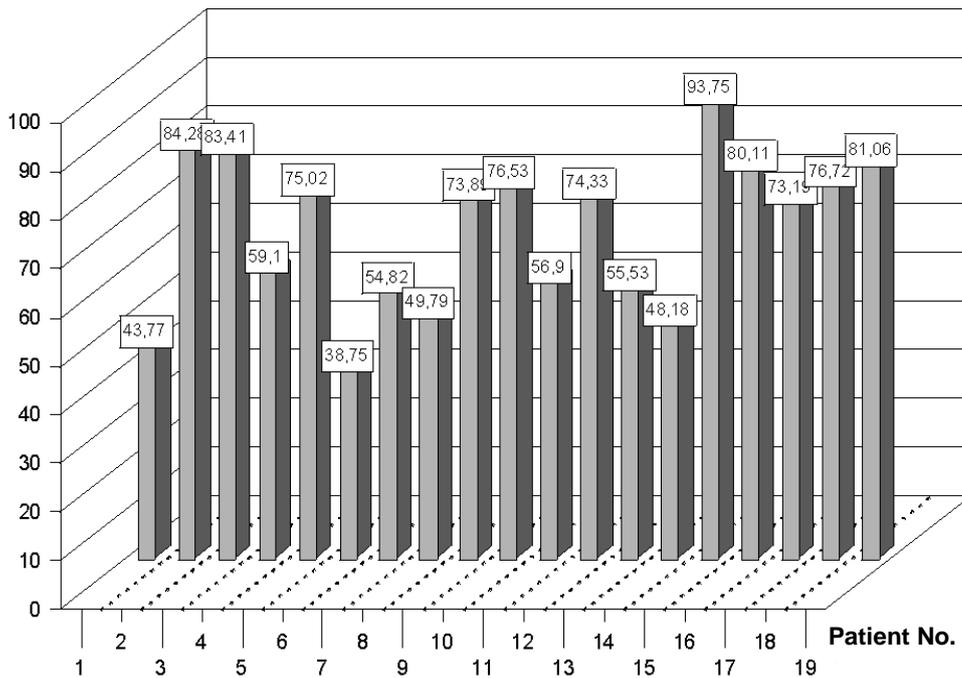


Fig. 5: Level of Hg eliminated through BRT in percentage terms based on the initial value of 19 patients

Patients were asked to give their opinions about how successful treatment was and their views on the treatment 1–2 years following BRT elimination therapy. The detailed responses can be seen in Annex 3. Side effects were only recorded in two cases. One patient, Martina, complained of more frequent pains in her kidneys but these disappeared once she had drunk some water. Another patient,

Luise, sometimes felt tired. Four patients maintained that their symptoms had not improved. Four further patients who had undergone detoxification for purely prophylactic reasons were still as well as before. All other participants in the study recorded an improvement in their condition or even a complete cure. Two patients were especially pleased - Hannelore, whose acne had disappeared after 25 years and Songül who, after 2 miscarriages, had given birth to a healthy baby.

Distribution of eliminated Hg

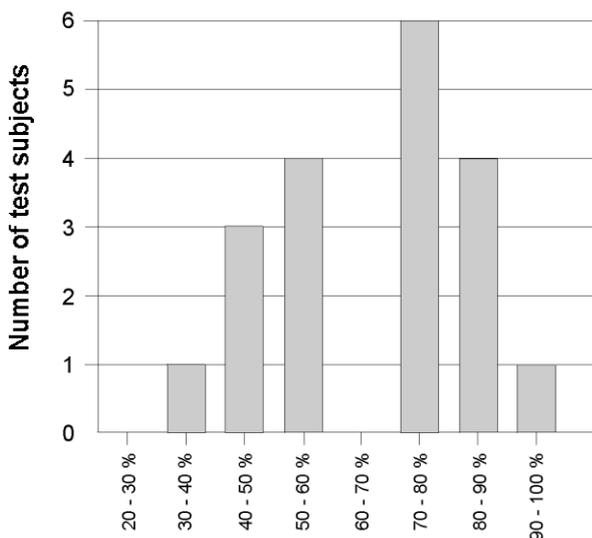


Fig. 6: Number of test subjects (from a total of 19) who reached a certain percentile of eliminated Hg

6. COMPARISON BETWEEN BRT ELIMINATION AND DMPS ELIMINATION

Unfortunately, as explained at the beginning, only one patient in my practice was prepared to undergo elimination using DMPS tablets (*Mercurval*[®]). Her Hg value fell from 7.5 to 3 µg/g Creatine, which corresponds to a drop of 60 % (**Fig. 3**). A single value is not meaningful, but can be used if making a comparison with the DMPS study of Nekwasil [7]. A group of 17 patients with acute mercury stresses was presented whose average Creatine value after a 6-week detoxification therapy (DMPS + selenium + zinc + removal of amalgam from the mouth) sank from 101 to 35.4 µg/g Creatine. This corresponds to a fall of 64.9 %.

There are as far as I am aware no studies available of elimination based solely on DMPS. And it should probably not be recommended for patients suffering from acute stresses. Both elimination procedures thus appear to produce results in a similar range, but BRT may be seen as a much gentler procedure.

7. SUMMARY

We highly recommend amalgam elimination with the BICOM device, as described in this study:

- ◆ In a 10-week course of therapy our patients saw average falls of 60–70 % in mercury mobilised through DMPS.
- ◆ The EAV test showed that the amalgam which remained in the body was tolerated (for the time being).
- ◆ Prescribed limits say little about individual tolerance and should be viewed critically.
- ◆ No evidence of side effects.
- ◆ Apart from BRT minerals, no further materials, such as medicaments, were necessary.
- ◆ From the first to the last session, therapy was delegated to an assistant and therefore was easy to integrate into daily dental practice.

LITERATURE

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Annex 1 (Translation)

*Dr. Anne-Kristina Baumann
Dentist
Deckenpfronnerstr. 13
and
72218 Wildberg - Gltlingen
Tel. Practice: +49 (07054) 8246*

*Consulting Hours:
Mon-Fri 8am-12pm and
Mon, Tues, Thurs 2-6pm
Wed 5-8pm
except Fri afternoons*

Dear patients

You too have had your amalgam fillings replaced within the past few months with non-toxic materials. That was certainly a very good decision - although not cheap, it was well worth the money.

Unfortunately, the amalgam problem may still be there. While you still had amalgam fillings, the mercury was there long enough to work its way into your brain, nerves, liver etc. and in particular, it weakened your immune defences (which could cause allergies, neurodermatitis, infertility, polyneuritis, rheumatism and so on). I would include you among those patients who take a keen interest in the state of their health and that is why I would particularly like to recommend something to you:

You will certainly have heard about the possibility of eliminating the remaining mercury from your body. This is chemically possible (using DMPS tablets) and also energetically possible (through bioresonance therapy). Beforehand, we need to check how high your stress actually is. This is normally carried out through a provocation test which is a chemical analysis of your urine. It is then that you can choose whether to undergo the elimination procedure mentioned. In a scientific study we would like to compare the success rate of both these methods. Thanks to support from both the pharmaceuticals industry (GN Pharm Fellbach) and the company Regumed, we are in a position to offer mercury elimination at a very favourable rate. The urine test costs just DM 100 instead of DM 160. The 10-week bioresonance therapy at 1 session per week costs DM 300. An alternative option is conventional DMPS elimination. The tablets required for this cost ca. DM 400-700 (depending on the level of stress). There are no further charges incurred for the final control test (second urine test).

We would be delighted if you decided to take this opportunity to improve your health and to register at the practice to undergo tests. I am always available to answer any queries you may have.

With kindest regards

Annex 2 (Original)



GNPHARM ServiceLabor • Schomdorfer Str. 32 • 70734 Fellbach

Praxis
Dr. med. dent. U. Baumann
Zahnarztpraxis
Talstr. 17

D - 72218 Wildberg

ServiceLabor der
GNPHARM Arzneimittel GmbH
Schomdorfer Straße 32
70734 Fellbach
Telefon: (0714) 57532-16 oder -19
Telefax: (0714) 57532-99
Bankverbindungen:
Bader-Würt. Bank Esslingen
2000898300 (BLZ 61120030)
Deutsche Bank AG Stuttgart
014686 (BLZ 60070070)
Postbank Stuttgart
99649706 (BLZ 60010070)
Anlage für Wildberg: H-86 2639
Geschäftsführer:
Dr. H. Pöcher, Dr. T. Sköfel

Seite 1

Analyse: Amtest® (einfach) im Urin
Analysenummer: DE-25750
Patient: 11448
Alter: 28 Jahre

Datum: 16.06.97
Bearbeiter: Hr. Becker
Analysendatum: 16.06.97
Eingangsdatum: 13.06.97

Anzahl Amalgamfüllungen: 0

Anzahl Amalgamflächen: 0

Analyseergebnisse

Probenmaterial: 2 x Urin

Element ¹⁾	Analysewert	Analysewert µg/g Kreatinin	Normalwert ²⁾	Grenzwert ²⁾ (250 mg DMPS i.v.)	Grenzwert ²⁾ (300 mg DMPS p.o.)
Quecksilber 1	1,1 µg/L	0,61	0-5	-	-
Quecksilber 2	22,9 µg/L	24,11	-	50	16
Kreatinin 1	1,8 g/L	-	0,5-2	-	-
Kreatinin 2	0,95 g/L	-	0,5-2	-	-

Analyse: Amtest® (einfach) im Urin
Analysenummer: DE-26773
Patient: 11448
Alter: 28 Jahre

Datum: 17.10.97
Bearbeiter: Hr. Gradl
Analysendatum: 17.10.97
Eingangsdatum: 15.10.97

Anzahl Amalgamfüllungen: 0

Anzahl Amalgamflächen: -

Analyseergebnisse

Probenmaterial: 2 x Urin

Element ¹⁾	Analysewert	Analysewert µg/g Kreatinin	Normalwert ²⁾	Grenzwert ²⁾ (250 mg DMPS i.v.)	Grenzwert ²⁾ (300 mg DMPS p.o.)
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Quecksilber 2	1,2 µg/L	4	-	50	16
Kreatinin 1	1,15 g/L	-	0,5-2	-	-
Kreatinin 2	0,3 g/L	-	0,5-2	-	-

Annex 2 (Translation)

GN PHARM

GN PHARM Servicelabor – Schorndorfer Str. 52 – 70734 Fellbach
Practice
Dr. med. dent. U. Baumann
Dental Practice
Talstr. 17
D-72218 Wildberg

Page 1

Analysis: Amtest® (simple) in urine
Analysis no.: DE-25750
Patient: 11448
Age: 28 years

Date: 16.06.97
Processed by: Mr. Becker
Analysis date: 16.06.97
Start date: 13.06.97

Number of amalgam fillings: 0 **Number of amalgam surface fillings:** 0

Analysis results

Test material: 2 x urine

Element 1)	Analysis value	Analysis value µg/g Creatine	Normal value 2)	Limit 2) (250mg DMPS i.v.)	Limit 2) (300mg DMPS p.o.)
Mercury 1	1.1 µg/L	0.61	0.5	-	-
Mercury 2	22.9 µg/L	24.11	-	50	16
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Creatine 2	0.95 g/L	-	0.5-2	-	-

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Analysis no.: DE-26773
Patient: 11448
Age: 28 years

Date: 17.10.97
Processed by: Mr. Gradl
Analysis date: 17.10.97
Start date: 15.10.97

Number of amalgam fillings: 0 **Number of amalgam surface fillings:** 0

Analysis results

Test material: 2 x urine

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Mercury 2	1.2 µg/L	4	-	50	16
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Creatine 2	0.3 g/L	-	0.6-2	-	-

Annex 3

Patient		Symptoms before therapy	Own assessment of well-being 1–2 years after therapy
1	Dieter	Problems with dry, flaky skin	Therapy was “very positive”. Skin “much more settled”
2	Ursula	Rheumatism	No change
3	Claudia	None	Problem-free as before
4	Susanne	Pollinosis	No change – only following targeted BRT
5	Manfred	Nervousness, otherwise, prophylactic elimination	Health “significantly improved”, though work-related stress had also decreased
6	Hans	None	Problem-free as before
7	Hannelore	Acne for 25 years	Fully healed, patient is “delighted”
8	Volker	None	Problem-free as before
9	Songül	2 miscarriages - cause unknown	No complications during pregnancy and birth of a healthy child
10	Mathilde	Feeling of weakness, always tired	Return to full health, therapy “helped a great deal”
11	Renate 1	Disturbed sleep owing to chronic rhinitis	The patient feels much better and is able to sleep through
12	Renate 2	Disturbed sleep owing to chronic rhinitis	Rhinitis only flares up in daytime, in winter
13	Fred	Tinnitus	Ongoing improvement, though life quieter anyway after retirement
14	Rosemarie	Menopausal problems	No change
15	Luise	Skin problems	No change
16	Julius	None	Problem-free as before
17	Manni	Headaches, pollinosis	Headaches unchanged, pollinosis only improved after targeted BRT
18	Anja	Chronic sinusitis for 2 years	Full recovery
19	Martina	Highly susceptible to infections, parodontosis	Susceptibility to infections “gone”, no improvement in parodontosis symptoms

