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By Hal A. Huggins

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It's All in Your Head looks at past research on mercury toxicity and dental amalgams as well as current scientific findings that can no longer be ignored. It describes the possible effects of mercury toxicity, including multiple sclerosis, Alzheimer's disease, Hodgkin's disease, Chronic Fatigue Syndrome, and virtually all autoimmune disorders.

Written in easy-to-understand language, *It's All in Your Head* explodes the claim that mercury amalgams are safe. If you think your worries are all in your head, you may be right.

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Editorial Review

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Dentist Huggins has led the fight to alert the public and health professionals to the dangers of using mercury in the amalgams used to fill teeth. Here he describes his battle with the American Dental Association and the results of his research studies. After explaining mercury toxicity, he describes such conditions as neurological and immunological diseases that can result from this toxicity. His discussion also includes the diagnosis of mercury toxicity and the pros and cons of having mercury amalgam fillings removed. He indicates that there are often no definitive answers in the diagnostic process and that the final proof of mercury toxicity is whether the patient feels better when mercury fillings are removed. A useful if very detailed look at a continuing health controversy. *Karen Graves*

About the Author

Dr. Hal Huggins received his DDS from the University of Nebraska. Since 1962, Dr. Huggins has practiced general dentistry with an emphasis on nutrition. In 1973, he became involved in the study of mercury toxicity and its impact on human health. Through the course of his investigation of the mechanisms of toxicity as they relate to autoimmune diseases, Dr. Huggins earned a master of science from the University of Colorado at Colorado Springs.

In 1983, he began a full-time practice devoted to diagnosing and planning treatment for patients suffering from mercury toxicity. He is currently a consultant worldwide for multi-disciplined centers and founder of the Multi-Discipline Alliance of professionals who practice the Huggins Protocol for recovery from autoimmune diseases.

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Introduction

How many people are really affected by the metals in their fillings? This is the question I am asked most frequently, and it is the question I wrestled with for the first decade that I investigated the topic of toxicity. In 1984, the American Dental Association (ADA) stated in *Science Digest* that only 5 percent of the population was sensitive, and that that was too low to be significant. Someone (maybe I) pointed out that, according to statistics of epidemiology, in some cases 5 percent is considered an epidemic. If 5 percent of the population had polio or AIDS, that would be over 12 million people in the United States alone. Would that be considered insignificant by anybody other than the ADA? Strange as it seems, by the next month there were apparently many more healthy people in the United States; a new statement from the ADA showed that only 1 percent was sensitive. By 1989, that figure had dropped to one in 1 million; in 1991, it was back up to 3 percent. I can find no studies to support any of these claims, however, so I wonder how scientific they really are. My frustration involved trying to find some way to determine this other than reading hopeful opinions.

In search of the answer to this question, in 1983, I developed a patch test for mercury toxicity. A patch test involves applying a suspect substance to the skin on a small surgical pad, and observing the reaction. If the skin turns red, the patient is said to have a sensitivity to the substance. It didn't take long to find that a change in skin color was not the prime indicator that it was made out to be, however, because skin reactions are the result of allergic responses, not toxic reactions.

In working with the patch test, I found only 33 percent of the 1,000 people tested actually turned red at the

site of the patch. But systemic reactions were demonstrated by 90 percent of those tested. The term systemic refers to an internal body reaction, rather than an external reaction like a skin rash. Systemic diseases include kidney disease, lupus, multiple sclerosis (MS), diabetes, and arthritis. The systemic reactions I observed included significant changes in blood pressure, pulse, and body temperature. Since only slightly more than one-third of the reactive people actually got a red skin reaction, I concluded that the patch was not a very valid test.

The reason I stopped using the patch was that whatever people's problems were, when the patch was placed, they were apt to have a double-plus reaction in that specific area. For example, if mercury toxicity was suspected because a patient was having seizures, a patch was apt to set off seizure activity after a few hours. Migraines could be triggered, emotional upheavals generated, loss of muscle control similar to the symptoms of MS begun—enough negatives to suggest that there had to be a better way to test people, preferably something done in a test tube. I did note that my finding of 90 percent actual reactivity was far different from the ADA's 5 percent, 1 percent, 3 percent, or one in 1 million.

In 1985, at age 48, plagued by not finding answers, I went to the University of Colorado and asked Douglas Swartzendruber, Ph.D., if I could audit one of his courses in immunology. He said no, and that if I really wanted to learn something about immunology, I would have to take the prescribed courses, complete with exams. I was 52 when I obtained my Master of Science degree. My thesis, on mercury toxicity, was entitled "The Medical and Legal Implications of Components of Dental Materials." Those implications were astounding—but not as astounding as the active avoidance of confrontation of the problem by the leaders of the dental profession.

How many people are really affected by mercury toxicity? While I was at the university, I began a study that evolved into a full-blown examination of immune reactivity to all of the dental components I could find. I use the term "find" advisedly, because most dental manufacturers are reluctant to let anyone know just what chemicals are in their patented materials. Many eventually became cooperative—after I signed nondisclosure agreements, and mentioned that the Occupational Safety and Health Administration (OSHA) says that we as dentists have to inform our patients of the composition of the products. In other words, if I go to jail for not informing patients, you, Mr. Manufacturer, are going to be my cellmate.

My first immune tests were a light-year ahead of the selection technique most dentists are taught in school, which is to "use whatever works best in your hands." I soon found that immunology offers many refinements if you want to look long enough and to pay enough for equipment. The most recent results of double-blind tests on over 3,500 patients shed the following light on immune reactivity of amalgam components: 95.29 percent were reactive to copper; 94.04 percent to zinc; 90.2 percent to mercury; 66.86 percent to silver; and 62.51 percent to tin.

It's interesting to note that the original patch tests showed 90 percent of the people to be reactive to mercury, and this test showed 90.2 percent. The important thing was that now there was a test that did not adversely affect patients, and that I could now test for nearly 100 dental chemicals other than mercury. This led me to find that there were many replacement dental materials that also had a negative impact on the human immune system. It is easy to jump from the frying pan into the fire, so don't just run out and replace your amalgams. I will tell you more about this in Chapter 5.

So 90.2 percent of us are reactive to mercury. So what? What is mercury toxicity anyway? What sort of reaction should we expect? Herein lies the sinister part of the problem. Not everyone reacts in the same way. If we all caught a cold when we were exposed to mercury, amalgam would have been banned decades ago. On a really basic level, the ways in which mercury attacks the body can be identified in five categories. The fifth one, miscellaneous, is actually the largest. The categories are: neurological, cardiovascular, collagen,

immunological, and miscellaneous. To break these down further into the potential symptoms and the percentages of the population that experience these symptoms, following are the results of a study of 1,320 patients from whom I extracted (no pun intended) the following data.

Neurological problems encompass two divisions, motor and sensory. An example of motor problems would be tremors, while sensory might be brainfog (spaciness), short-term memory problems, or depression. The percentages of patients exhibiting these mercury-caused problems are: depression, 73.3 percent; numb fingers or toes, 67.3 percent; memory problems, 58.0 percent; frequent leg cramps, 49.1 percent; facial twitches, 52.3 percent; and jitteriness or nervousness, 38.1 percent.

As with many aspects of mercury toxicity, the term “unexplained” precedes the names of specific mercury-induced cardiovascular symptoms. Heart attacks have a specific cause. Mercury-caused problems are elusive. The percentages I have found are: unexplained chest pains, 35.6 percent, and unexplained tachycardia, 32.4 percent.

The most common problem in the collagen category is arthritis. Constant or frequent pain in the joints constitutes 35.5 percent of the symptoms in this category.

Immunological disorders are probably the most significant category, as shown by studies done in my laboratory on over 3,500 people. Over 90 percent of these people demonstrated immune reactivity. This is most often seen in what are called autoimmune diseases, or diseases in which the body’s immune system attacks its own tissues. Briefly, when an atom of mercury embeds itself in a cell, the cell looks different to your immune system, and the immune cells are told to kill off that unusual-looking cell. The instances of these diseases are expanding exponentially, and, according to my observations, the combination of the new, high-copper amalgams and root canals are primary causative factors. Examples of autoimmune diseases include MS, amyotrophic lateral sclerosis (ALS or Lou Gehrig’s disease), lupus erythematosus, diabetes, certain types of arthritis, and acquired immune deficiency syndrome (AIDS).

The miscellaneous category gets crowded. Some of the symptoms include: frequent urination, 64.5 percent; chronic fatigue, 63.1 percent; bloated feeling after eating, 60.6 percent; recurring constipation, 54.6 percent; ringing in the ears, 47.8 percent; metallic taste in the mouth, 38.7 percent; suicidal thoughts, 37.3 percent; and headaches after eating, 20.1 percent. The miscellaneous category also includes allergies. Many of today’s food and airborne allergies seem to show a correlation between placement of fillings and the onset of these allergies. With allergies, just removing the offending fillings, unfortunately, does not bring about an alleviation of symptoms. In Chapters 7, 8, and 9, I will talk about the steps a recovering mercury-toxic patient must take to allay and eliminate symptoms.

How does one go about identifying mercury toxicity? Is there a test that positively says you are mercury toxic? Not yet, but we are on the brink of finding one. Meanwhile, there are many things we can identify that happen to a person’s blood chemistry when he or she is reacting to mercury. Although these changes can occur in a variety of other conditions, when they occur in conjunction with certain symptoms, one can assemble the parts and end up with a diagnosis.

White blood cells are quite sensitive to the presence of components of amalgam—not just mercury, but also copper and zinc. In response to the placement of amalgam, white cells usually go up initially. Then the differential, or the populations of different types of white cells, moves around in a characteristic fashion. Blood proteins, blood sugar, cholesterol, red blood cells, oxyhemoglobin, and liver enzymes can all do little jigs when exposed to heavy metals. Standard tests (and many more of the sophisticated immune tests) show that all of these components have tendencies to make unexplained moves when exposures occur to sensitized people. Heredity plays a definite role in this, for if a person is not genetically predisposed to develop a

certain disease, all the environmental exposure in the world will not create that disease.

Obviously, it takes a lot of training and experience to ferret out the grains of diagnosis from the chaff of interfering chemistry. Treatment is a subject that expands every month or two. There are so many areas affected by heavy metals that I don't know if we will ever find them all.

In the following chapters, you will learn about the history of mercury toxicity, diseases caused by mercury toxicity, testing procedures, and my treatment plan, complete with nutritional guidelines. After reading this book, you will have a good understanding of the depth of the mercury problem. May this book provide hope to those of you who have been told for so long that your problems are "all in your head."

1

Amalgam and Its Potential for Destruction

In 1984, the American Dental Association (ADA), with no scientific proof, announced that 5 percent of the population (12.5 million people in the United States), was reactive to mercury and that that was insignificant. When I mentioned that 5 percent was considered epidemic by some standards, they soon changed that figure to 1 percent. I have now tested a total of over 7,000 patients, and I can show that over 90 percent of them demonstrate immune reactivity to low levels of mercury; thus the credibility battle between organizational prestige and actual tests on patients. The ADA can't lose. Neither can I. The only loser is you, the patient, who unsuspectingly allow toxic mercury materials to be placed in your mouth by dentists, who have been told by the ADA that amalgam—the generic term for silver-mercury fillings that actually contain 50 percent mercury—is safe.

TWO AMALGAM STORIES

This is the story of my first encounter with a mercury-toxic patient:

Jan had had a thirty-minute appointment, which was not too bad since she had not had a cavity in five years. While the dentist was working on her teeth, she suddenly experienced a shooting pain in her chest and a quick short intake of breath. She wanted to hold it until the pain went away. As her eyes began to grow wider and perspiration stood out on her forehead, the dentist asked something like, "Are you all right?"

"I wasn't all right," Jan told me later, "but I didn't know what was wrong."

"Calm down," she remembered the dentist saying. "You are just uptight about being at the dentist's."

"I've never been frightened before," she complained. "It's the pain in my chest. It's awful."

She said the dentist told her she would be fine, "but the words came out of a soft cloud somewhere that surrounded me and all that was around me.

"I decided to be brave and endure—not the dentist, but the awful pain in my chest," Jan said. "I squirmed slightly in the chair and heard a whisper telling me that it couldn't possibly hurt, because he was through. I felt that I was all through, too. I wanted to close my eyes and drift off. Maybe that would stop the pain."

"I remember seeing Jan wander into the reception room where I was waiting for her," her mother said. "She had a glazed, but pained, look on her face. When I asked what was wrong, she just clutched my arm and said that she wanted to go home. The intensity of her grasp told me that I had better do just that. I sensed that a few tiny fillings could not be causing this kind of reaction, but perhaps her period was about to start and she was feeling dizzy.

“I glanced at the receptionist, but she was busy answering a telephone, and didn’t seem concerned about Jan, so I brushed dentistry aside and took Jan to the car. She got into the back seat and lay down, saying something about her chest. Nothing made sense, but I took her home.”

That night, Jan’s mother rushed her to the emergency room of a nearby hospital. She now knew what hyperventilation was. Jan had calmed down after getting home, but then another severe pain had hit her in the chest.

“Mommy, I’m going to die,” she kept reciting. Her mother had believed her, as I believed her now, while I watched this scenario that I had heard her mother tell me about over the phone. I watched as Jan quivered and cried tearless sobs, looking up from a terribly acne-pocked face. “Do something, please,” Jan pleaded with me. “I’m fading.”

“She never had the acne before the fillings either,” her mother was saying. I wondered incredulously, She’s worried about acne while her daughter is dying in front of our eyes? Obviously her mother had seen this reaction often and knew that Jan was not in fact going to die. I decided to take the cue, and to do something scientific instead of standing there paralyzed by the demonstration her mother thought I should witness. I drew Jan’s blood. That was the one thing I knew something about. Perhaps the blood would tell me the secret of these recurring spells.

“What did they tell you at the hospital?” I asked.

“Which time?”

“How many times has she been to the hospital?”

“Dozens. I figured if I told you that over the phone, you wouldn’t see us.”

“I didn’t know you were coming this time,” I reminded her. I had spoken with her just once over the phone when I had told her that from the limited story she had given me, I was not the man for this job.

“You have to help Jan,” her mother said. “The hospital said she was okay, the cardiologist said she was okay, the internist said she was okay, and after more than a dozen trips to the emergency room, hospitalization was recommended.”

Her mother said that the final diagnosis came after X-rays, probing fingers, and an increasing feeling of fading away. What was the medical conclusion for all these problems? She had “nerves.”

Her mother took her home from the hospital after that. The chest pains became more severe. Jan was sure she was going to die. There were more trips to the emergency room, more hospital tests, and more specialists. Then, when all else failed, the psychiatrist, the psychologist, the minister, and finally, the institution. Six months of pilgrimage from doctor to doctor (more than fifty in all) led to what could have been the final verdict: “Lock her up.”

But you don’t just lock up a winner! Her mother told me she had been voted the most popular girl in her class. She had been a cheerleader. She had been a good student. She had been a happy, charismatic kid exuding love and friendship; an outstanding child, not a person with a mental illness.

By now Jan looked as though she were physically trying to claw her heart out of her chest. I couldn’t help but feel compassion for this seventeen-year-old girl who had been the rounds.

I had never seen anything like this in dental school, nor in my seventeen years of practice. I began to feel

anger at the possibility that this was a variation in the vast array of problems relating to mercury toxicity. Was this a case of mercury toxicity disguised as chest pains? When the blood analysis came back, it didn't say anything to me. It would today, but in 1979 it looked "normal."

I remember that tears came to my eyes. That is not unusual. I probably went ten years without crying before I got into mercury-toxicity diagnosis. Now it was common.

At her mother's urging, I removed Jan's amalgams. She had a rough twenty-four hours. By the fourth day, she was back in school after a six-month absence. She completed two semesters of work in one and graduated with her class.

Jan was my first big exposure to the destruction of life through toxic metals, but far from my last. Today the telephone links me with that world every day. Hundreds more—in fact, 5,000 people a month—call my office for information on how to find a doctor who "believes" in toxicity. This is not easy. Today, any dentist who mentions that mercury might be a hazard is liable (under the new dentistry commandment of "ethics") to lose his license. Do you have any idea what a dentist is qualified to do to earn a living if he loses his dental license? With training, he might be able to sell used cars. Is this pressure? You bet. Fear, the best motivator, is the primary reason American dentists place nearly 1 million mercury fillings every day.

Don't ask your dentist about mercury. You might be contributing to the loss of an endangered species. Dentists have no choice but to follow the party line.

The day I met eleven-year-old Susan was December 19, 1982. She had been having seizures every fifteen minutes of her waking hours for six months. When her parents brought her to me, they said they had been told Susan had only three months to live.

Users Review

From reader reviews:

Whitney Obrien:

Information is provisions for those to get better life, information today can get by anyone in everywhere. The information can be a knowledge or any news even a huge concern. What people must be consider whenever those information which is inside former life are difficult to be find than now is taking seriously which one would work to believe or which one the particular resource are convinced. If you have the unstable resource then you get it as your main information it will have huge disadvantage for you. All those possibilities will not happen in you if you take *It's All in Your Head: The Link Between Mercury Amalgams and Illness* as the daily resource information.

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