

# Metal Toxicity

Mitchell Corwin, D.C.

*Why MT can play a sabotaging role in chronic illness and  
A functional neurological method to evaluate MT load in the CNS*

Metal toxicity has been a passion of mine in that I have seen it play an ever increasing significant role in chronic illnesses. There are several factors for this and one of them is an inability to evaluate the toxicity in the human body especially the CNS. Today I will explore a screening method to evaluate the metal toxicity (MT) load in the CNS, in particular the cerebellum, using a functional neurological screening test.

In this discussion about MT, one is primarily speaking about mercury from amalgam fillings, however, it generally includes other heavy metals especially one that crosses the blood brain barrier. The present day challenge of laboratory measurements of MT is that there is no way to measure the CNS load. The body load can be approximately measured with the provocative 6 hour urinalysis, but it is cumbersome to implement. And hair analysis is equivocal.

As functional medicine has taken a leading role in addressing chronic illnesses, so has functional neurological testing. What I will be discussing and hopefully instructing is a simple and effective method to do so by measuring cerebellar output changes following a known stimulus against a known predictable output. This screening test requires some very knowledge of manual muscle testing (MMT) commonly used in [Applied Kinesiology](#) (AK) methods.

I am a practicing chiropractor since 1980 here in Berkeley and several east bay office locations. My training has been in AK and I am a long time member of the International Association of Applied Kinesiology ([icakusa.com](http://icakusa.com)). Not unlike many of us as well as our patients/clients, growing up dental caries involved the silver amalgam fillings. I had the opportunity to meet up with an innovative and truly energy medicine dentist name Vaughan Harada in Los Angeles area who catered to the Hollywood elite. Although his clientele certainly had cosmetic reasons for their amalgam removals, he also recognized the toxicity role in played in their health. He had a wide knowledge base in AK, acupuncture, and various energy medicine techniques. He removed all my amalgams in the mid 1980's. Although I was still young and healthy and had no outward MT symptoms, his patients were not. It was obvious the role MT played in his dental practice. I further became involved with International Association of Oral Medicine and Toxicology ([iaomt.org](http://iaomt.org)) and their video productions in 1999: "Smoking Teeth" & "How Mercury causes Brain Neuron Degeneration", plus the lectures of "Boyd Haley, Ph.D".

I suggest you peruse the [iaomt.org](http://iaomt.org) website and locate the above mentioned short 10 minute videos or on YouTube as well. After I purchased these two videos in 2000 and now that they have been released publically on YouTube, I have made at least a hundred DVD copies to hand out to my patients who need a little extra encouragement to visit their dentist. You will find these videos to be a very effective tool for compliance in detox and eventual amalgam removal. Let me also comment that because dental work can be very expensive, I often recommend considering travel to Mexico where you can easily find highly professional dentists and DMD's practicing biological dentistry with chelation therapies concomitant with amalgam removal. I list several on my website ([drcorwin.net/visitors/Dentist](http://drcorwin.net/visitors/Dentist)).

I would like to emphasize that there is no way to safely remove amalgam fillings. Even with the best biological dental methods of high suction, dam usage, etc. the mercury vapors are quickly absorbed through the mucous membranes and inhaled by both patient and dentist. Proximity is a significant factor and an external air supply can also be helpful. That being said, the reduction in using any combination of the above will only reduce toxicity by 25-35%. It simply is a toxic event and thus, detox methods should be employed ASAP. Optimally, chelation therapies should be employed immediately following amalgam removal(s) however it is challenging to implement in the US. Apparently in Mexico and Europe it is often routine. Also it should be said that IAOMT recommends a minimum of 3 weeks before subsequent amalgam quadrants be addressed. Physiologically, there is a window of approximately 3-4 days where the mercury toxicity levels will remain high in the blood before absorption into body fat, then muscles, then organs, lastly bones, and of course always impacting nerve tissue. It behooves the practitioner to implement the nutritional detox within this window and even starting the day prior. I believe many of you are already familiar with nutritional detox methods, so I will not go into it here other than to say I am a firm believer not to implement aggressive (nutritional/pharmaceutical) detox methods while amalgams are still present. When amalgams are no longer present, than aggressive detox methods can be implemented to patient tolerance.

Before I describe the proposed screening method, it would behoove me to mention that there is a significant number of people in the population that have no amalgam fillings with no apparent health compromises. Yes, that is correct; however there is a caveat to that statement. What I have seen clinically is that three (3) parameters will be present in this population.

- 1) They exercise profusely ...multiple times a week.
  - 2) These individuals have a mostly clean healthy diet.
  - 3) And most important they are in stable mental emotional state.
- ...It also helps to be a good detoxifier.

What I have seen in clinical practice is that the body's detox capacity and to some degree immune system function are only as happy as you are. What I mean by that is any degree of depression, emotional stressed state, etc. appears to dramatically reduce one's capacity for detox. Thus if one has amalgam filling(s) and becomes compromised on any of the three variable's listed above, that's when they lose their edge and illnesses that stem from MT begin. Additionally, even if one has had all their amalgams removed and they are efficient in the above three listed factors; they still can have MT issues that will probably be concentrated in the CNS.

Now let's talk symptoms: Because mercury is a potent neurotoxin, the most common symptoms are often nerve related. This can be as simple as just exaggerated pain from simple neuromusculoskeletal injuries, arthritic conditions, etc. and responsible for slower healing from injuries in general. Systemically, Candida comes to mind. In my opinion, the level of Candida seen clinically is generally equal to the level of MT. Unless one has an absolute pristine diet, you will see this common pattern. Often it is the chronic Candida situation that leads you into thinking MT issues with or without amalgams present, recently removed, or removed years ago. Also high on the list is heart and all related vascular issues, thyroid, as well as all GI issues, and bones (osteopenia and osteoporosis). The heart ranks high as it is the second highest concentration of nerve tissue for organs. That leads us directly to the brain. Common sense mandates that any neuro degenerative condition(s), any microbial infection that involves the CNS or peripheral nervous system (PNS), or any exaggerated paresthesia anywhere in the body must be considered as a complication of MT.

The highest concentration of grey matter in the brain is the cerebellum and that takes us back to cerebellum screening test. That topic will be described below or as a separate attachment as well as a sample detox protocol. Feel free to copy and or modify it. The goal is to get this information out, not restrict it. Further discussion including a video is available on a website that I developed for another organization called [Neural Organization Technique](#) or ([tinyurl.com/y6yrquda](http://tinyurl.com/y6yrquda)).

If you have questions, please contact me [dr.corwin@sbcglobal.net](mailto:dr.corwin@sbcglobal.net) and or visit my website [www.drcorwin.net](http://www.drcorwin.net).