“Did your mother have amalgam fillings or metal toxicity during her pregnancy with you?”

If the patient answers "yes", and has not gone through a thorough heavy metal detox and restoration of the brain and mind, there is a high probability that the brain damage incurred during gestation has prevented them from becoming the person they were meant to be.

This paper addresses preliminary observations on the brain and psyche of a population of patients with inherited metal toxicity. Multiple case histories over the years and current scientific data have convinced the author to identify, understand and treat those with Fetal Metal Syndrome (FMS) as a group requiring specialized therapeutic interventions as differentiated from patients with vaccination (thimerosol) damage, childhood, adolescent or adult onset heavy metal toxicity, and acute metal poisoning.

The term 'syndrome' is used because, depending on variances in allergies, genetics, type, quantity and combination of heavy metals, and the location of cerebral deposition, the symptoms are diverse but the cause is the same.

Brain Damage
The placenta and fetus have a greater affinity to mercury than do the adult tissues and cells of the mother. The fetus thus becomes a depository, absorbing and storing whatever unbound toxins are present in the mother's blood. A person who is formed in this neurotoxic environment will therefore not experience the proper development or functioning of their brain and nervous system. Their developing reactions to life, behaviors, associations, conclusions will be in reference to the perceptions and responses of a toxic, dysfunctional brain and thus the 'sense of self' will be accumulated and established in a distorted manner. The longer this goes on, the deeper and more entrenched this false sense of self becomes, the more the person identifies dysfunction as normal for them. The more toxic the mother, the greater the level of brain damage in the infant and thus the wide range of severity and variety of behavioral and functional abnormalities produced. A person with FMS has never completely experienced or expressed 'self'.

Brain Wave and Cerebral Blood Flow Abnormalities
To my knowledge, no one has studied the effect of mercury on the brain with pre and post SPECT or PET scans, MRI, or Q-EEG brain mapping. We don't know exactly if it causes hypoperfusion and in which regions, or the exact effect on the brain waves. We do know that correctly administered heavy metal detox, restored cerebral blood flow and the normalization of brain wave activity abate mental, emotional and neurological dysfunction in the heavy metal toxic patient. Therefore, some observations and correlations seem reasonable.

The Q-EEG patterns of heavy metal toxic patients are similar to those of people suffering fetal stroke, hypoxia and closed head brain trauma, damage that has been successfully repaired by HBOT.
It has been observed that some metal toxic patients have ‘thrill seeking’ behavior expressing a need for overwhelming stimulus to wake up the brain. They also tend to present with lack of presence, depression and a propensity towards excessive therapeutic intervention, drugs and stimulants. This is suggestive of low beta wave amplitude and thalamic hypofunction.

Hypoperfusion of the frontal lobes is a primary finding in patients with autism, schizophrenia, Asperger's Syndrome, ADD and ADHD; and mercury is suspected as one of the causative agents in these disorders.

It has also been observed that metal toxic patients tend to have erratic and excessive theta wave activity. This accompanies a wide range of behavioral abnormalities including seizure activity and feelings of insecurity.

If one side of the brain is more toxic/damaged than the other, the patient may experience problems with instability including pervasive developmental delays, sleep disturbances, OCD, rage, and mania.

The fact that mercury causes electrical disruption in the brain was brought to my attention by the following case: a woman went in to have 16 amalgams removed from her right quadrant during a four hour procedure during which a rubber dam was not used. When she got home she went into an extended grand mal epileptic seizure and was left paralyzed on the floor until her husband returned home the next day. She had no history of epilepsy. She was taken to the hospital and diagnosed with MS of unknown etiology. She said she felt like her finger was stuck in a 110-volt wall socked during the seizure. Her MD later confirmed that she had suffered ‘internal electrocution’, the diagnosis of MS was dismissed and eventually (years later) replaced with that of heavy metal toxicity.

If a person with Fetal Metal Syndrome is treated with psychotherapy or even HBOT before metal detox, there is a probability they will not maintain improvement because a primal causative agent has not been removed and therefore the damage is ongoing and cannot be permanently repaired. If they approach psychotherapy or HBOT after metal detox, there is a high probability that they can maintain improvement.

There are an estimated 557 tons of mercury in the teeth of Americans today, an average of 8 amalgams per person, leaking ~120 ug of mercury per day into the system.

FMS “touches on
1. the edge of the psychological realm (with issues of regulation of affect and transient emotional states),
2. mood (long term emotional states),
3. the neuropsychological (cognitive, perception, memory, etc.),
4. issues of developmental neurophysiology (effect of oxidant catalyst mercury/lead on the growth, structure, and function of the nerve cells, glial cells, and synapses, as well as the depressed formation of neural stem cell progenitors in the presence of oxidative catalysts with an affinity for the neural tissues); and
5. issues of developmental psychological importance (bonding with parents, socialization, communication skills, development of positive self and sexual identity).

FMS in particular, and metal toxicity in general, could be as yet unrecognized reasons for failure in the traditional treatment of mental dysfunction in these patient populations, and warrant controlled, broad based studies.
Case Histories
The following abbreviated cases are all people whose mothers had amalgam fillings during the pregnancy:

Case 1. Male, age 52, functional but sick every day of his life so far. Has been to 60 doctors, none of whom screened him for metal toxicity. Has amalgams removed and begins detox. Reports first improvement in well being ever. Comes in for a follow up and reports he’s not feeling well anymore. When asked ‘when don’t you feel well?’ he answers: “When I notice how much better I’m feeling […I can’t relate to that feeling] I suddenly feel worse, and I can’t avoid noticing how much better I feel.” He was referred to do real time EEG neurofeedback during metal detox.

Case 2. Male, 32, chronic sinus infections and general life long malaise. Amalgams not removed, detox begun, patient told to come back in two weeks for a follow up. The patient did not show up. I called and asked why. He said “I started feeling so much better that I didn’t know who I was anymore, and had to go binge on pepperoni pizza and beer to feel ‘normal’ again” (pepperoni pizza and beer are very acid forming and may have precipitated an increase in mercury leakage from his fillings). He did eventually have the amalgams replaced but did not follow through with detox. His income depended on his ‘personality’ (an actor) and I think he was afraid to let it change.

Case 3. Female, age 9, chronic severe ear and throat infections, stomach pain and severe vomiting, in family psychotherapy because she runs through the house screaming in fear every night and can’t explain why. Never had an amalgam filling, mother had 18 during the pregnancy. After 20 days of detox all symptoms disappear. Stage fright also goes away and child gets up on stage in school auditorium and sings with her class for the first time; psychotherapy and antibiotics discontinued.

Case 4. Male, age 6, Asberger’s Syndrome.
History: No amalgam fillings. DMSA challenge shows high mercury but aggravates condition. Full course of vaccinations. Frantic and screaming after MMR vaccination damage. Verbalization only understandable by parents, no eye contact, fussy, extreme difficulty changing locations, brilliant musician. Parents were instructed to stop all supplements and therapies for two days prior to the first visit so a baseline could be established.
Diagnosis: The boy only allowed one point to be tested with the Performance 2001 while the parents held his hand still, which read in normal range, so I knew he did not have a low battery focus which requires NDF-Plus) and could start with NDF. He had been on a gluten and casein free diet, and all of the currently recognized beneficial supplements for some time, with no therapeutic effect. No other foci or obstacles were identified.
Treatment: Began with one drop of NDF in his lemonade in the morning, and then gradually ramped up the dose to 5 – 8 drops daily. That’s all. No other supplementation.
Results: 5 days into detox the mother reports the child is ‘just happier’. Happiness is normal for a child. After two weeks they report more and more days with a ‘normal’ child. After six weeks the father reports the boy can now form sentences with 15-30 words each that can be understood by anyone, that there is unmistakable progress.

During his follow up he made eye contact and was very easy to manage, allowing measurement of all of his points. During another follow up two weeks later the mother reports her son has just had the best two weeks of his life so far. The boy voluntarily walked into the consultation room (changed locations), climbed up into the chair and asked to have his points tested.
Entrenchment
You will notice from the above that the older the patient, the more stressful it is for them to accept this new, improved sense of self. It may be improved, but it is also traumatic, as over time the person is becoming someone with whom they are not familiar. None of their enculturation makes sense anymore, yet the habit patterns formed during the metal toxicity continue to compete for the status of ‘self’ even as the person realizes that those patterns are no longer of value. It evokes the line ‘been down so long it looks like up to me’. They can be subconsciously compelled to maintain their personal status quo as if their life depends on it, when, of course, only the opposite is true. It seems that experiencing there is life on the other side of letting go is a pivotal point in recovery.

Resolving Psycho-Emotional Trauma
It has been observed that resolving psycho-emotional trauma increases the excretion of heavy metals\textsuperscript{xvii}. Brain damage from metal toxicity in general and particularly in FMS are a different issue, the resolution of which will restore the person’s ability to deal with their mind and emotions. The vector goes both ways.

Effective Solutions
1. Heavy metal and chemical detox\textsuperscript{xviii}.

2. HBOT-Hyperbaric Oxygen Therapy- Hyperbaric can help a patient counteract the effects of heavy metal poisoning and assist in the metabolism of heavy metal removal. Scientists are discovering that hyperbaric provides an optimal environment to support the regeneration of brain tissue.

3. A daily ‘dump journal’ has proved to be of value during and after detox. Every morning the person gets up and writes down dreams, deep feelings and thoughts. The pages are not re-read and are either burned or discarded so that no one else will ever find and read them. This allows the person the freedom to write anything they want, without the ‘inner editor’ coming up. This process gives them a daily ‘present time’ checkpoint and way of acknowledging their emerging new self in small, consistent increments. The more frequently they stop their world during the day and check in on how they are in present time (“same or different?”) the better.

4. Thought about from a homeopathic point of view, inherited metal toxicity is a miasm. It is the experience of one doctor who has treated scores of patients with FMS successfully that giving homeopathic metals up to the 1M dose, or Metox\textsuperscript{xix}, can assist in chelating the deeply embedded metals with NDF.

Comment
A lifetime of disease, misdiagnosis and disorientation can be prevented if the severity, complexity, and disease causality of heavy metal toxicity are taken seriously. \textit{A diagnostic test for heavy metal toxicity must be instituted as a required test for every patient and for every child born of a mother with a history of amalgam fillings and / or metal toxicity}. There is not only sufficient evidence in the scientific literature to warrant the inclusion of this test as standard operating procedure, but also to seriously question why any protocol used to treat the associated functional and behavioral disorders does not address the search for the cause(s).

Attempting to determine heavy metal toxicity without the supervision of a health care practitioner, who is an expert in both diagnosing and treating heavy metal toxicity, can lead to the danger of a ‘false negative’\textsuperscript{xx}. 
Conclusion
The victims of FMS need more than heavy metal detox. The cleansing and repair of the brain and the acceptance of the new, emerging self must all be addressed in the correct order if the person is to achieve self-sustaining, vibrant mental and physical health.

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i This is applicable to a ‘patient’, someone presenting with symptoms that have usually not been corrected by other therapies. The mother may have had several amalgams, mixed metals (dental galvanism), amalgam removal during pregnancy, or other reasons for excessive toxicity during pregnancy.

ii Mercury from amalgam is stored in the fetus and infant (breastfeeding) before the mother. Vimy, M.J., Takahashi, Y., Lorscheider, F.L. Maternal-Fetal Distribution of Mercury Released From Dental Amalgam Fillings. Dept. of Medicine and Medical Physiology, Faculty of Medicine, Univ. of Calgary, Calgary, Alberta, Canada 1990 published in FASEB.


vi Mercury crosses the blood brain barrier and is stored preferentially in the pituitary and hypothalamic glands. Ibid (Vimy & Stortebecker).

vii The level of mercury in the brain tissue of fetus’s, newborn and young children is proportional to the number of amalgams in the mother’s mouth. Drasch, G. Institute of Forensic Medicine, University of Munich. Public announcement 25 of January 1994, Bio Probe March 1994.


ix Mercury crosses into breast milk. Ibid.

x Mercury is implicated in the pathogenesis of Alzheimer’s Disease. See the research of Boyd Haley, Professor and Chair of Chemistry Department, Univ. of Kentucky, at www.altcorp.com.

xi Citation frequency from National Library of Medicine search.

xii A subset of this observation is that brain damage at any time, from any source, be it fetal or adult exposure to drugs, metals, chemicals, stroke, head injury, etc., will preclude the successful completion of therapy until repair is achieved. Parasites are also known to invade the brain, but since the metals predispose the tissue to infection, it is not likely that they can be permanently eradicated prior to detox.


xiv Thank you Geoff Pfeiffer, ND.

xv Please see “Heavy Metal Detox Without a Healing Crisis”, T. Ray, Vol. 10 #6, for a description of the Performance 2001 or go to www.oirf.com.


xvii Some people are currently researching the quantitative correlation between ‘lack of happiness’ and severity of metal toxicity. There is a question on my new patient intake form “Please mark on the line from 1 to 10 how much fun you are having in your life.” If the answer is less than 5, and their mother had amalgam fillings, it is consistently a very difficult case.

xviii Dr. Dietrich Klinghardt MD. Increased metals in post DMPS challenges were noted in patients doing his method of Psycho-Emotional Trauma release work, neuraltherapy.com.

xix Please see “Heavy Metal Detox Without a Healing Crisis”, T. Ray, Explore vol. 10 #6.

xix Available from Deseret 1-800-827-9529.

xx For more information on this please go to www.healthydetox.org.