

## Best Cases In Biological Medicine Series #7

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*Biological medicine works. The purpose of this series is to present illustrative cases from different practitioners in order to demonstrate the highly effective principles and practice of Biologic Medicine. If you have cases which have teaching value for others using Biological Medicine in practice, please email them in Word format to Dr. David I. Minkoff M.D. at [drminkoff@bodyhealth.com](mailto:drminkoff@bodyhealth.com). They will be presented each month as part of the Best Cases in Biological Medicine series.*

J.L. is a 55 year old female business owner who presented to the office with a chief complaint of chronic persistent generalized headache of 30 years duration.

Her headaches were daily, continuous, and unrelenting. She took between 15-20 extra strength Excedrin tablets daily to control them. She had seen multiple neurologists and headache specialists over the years without help. Various prescription medications had been tried without success. Through trial and error the Excedrin had given her the best relief. Brain MRI's, sinus Xrays, cervical spine xrays were all "normal." She had had regular dental checkups and had no obvious pathology. She had no dental symptoms. She described herself as "stressed and depressed." The combination of her active business, an invalid husband in a nursing home, and chronic pain were difficult to cope with.

Other complaints included decreasing memory and constipation (2 BM's per week), and chronic sinus congestion. Current medications were Flonase, Sinequan for sleep, and Prempro for menopausal symptoms.

She stated that she had "terrible teeth" since a young age and that all her molars and premolars were filled with amalgams by age 19.

Her diet was mostly fruits, vegetables, and lean proteins. She did not use alcohol or smoke. She exercised daily for one hour.

The rest of the PMH, Social and family history were unremarkable.

Positive physical exam points included:

Normal BP, pulse and temperature. Amalgam fillings were present in all premolars and molars. Wisdom teeth were extracted. Neurological exam was positive for sustained clonus of both ankles. Babinski's were down-going. Auto-

nomic Response testing opened on mercury with switching. She localized to mandible and maxilla, descending colon, and small intestine. Priority was to mandible.

Our working diagnoses were:

1. Mercury toxic with probable secondary headaches and upper motor neuron involvement
2. Chronic Constipation
3. Multiple allergies and sinusitis
4. Hormone deficiency on replacement
5. Meds as written

Labs: SMA 25, Thyroid panel, CBC and U/A were normal, CDSA 3+ Candida parapsilosis and 2+ Citrobacter, DMPS challenge (done after the fillings were removed) showed mercury levels in the urine in the very elevated range, 24 hour urine for hormones showed extremely low levels of cortisol, DHEA, and testosterone. Liver detox profile showed very delayed caffeine clearance and very poor cysteine to sulfate conversion.

Our standard approach to the mercury toxic patient is to make sure that we evaluate the basic homeostatic functions before we recommend any mercury extractions or detoxification. In our experience, removing mercury in a patient like this who has definite CNS pathology without a general tune-up, is risky. Our evaluation considers the following areas:

1. Bowel function. This means at least 1-2 easy movements a day. Constipation produces intoxication, and constipation prevents detoxification. We did a Comprehensive Digestive and Stool analysis looking for dysbiosis (such as yeast, pathogenic bacteria and parasites), lack of good bacteria, pancreatic enzyme deficiency, and HCl deficiency. We found large numbers of yeast and Citrobacter. We used the Pleo Yeast protocol (using pleo not, pleo reb, mucosa compositum along with 2 weeks each of pleo pef, pleo fort, pleo alb, and pleo ex. Ten treatments of colon hydrotherapy with reforestation was done. This was the first action we did on her and within a few weeks she was having twice daily bowel movements. We also used Seavive, Diacid stim, Permavite and LGS as part of the gut restoration program.

2. Diet must be adequate in rich sources of protein, essential fatty acids, fiber, vitamins, electrolytes, and minerals. High vegetable intake is important. We always add BioBulde, the highest quality amino acid source available as it greatly enhances the detox process. It should be added as soon as possible at a minimum of 5 grams (5 tablets) per day at bedtime. It can be taken with food.
3. Liver detox systems must be working. Her liver Detox Profile was very abnormal. While her blood tests did not show any liver inflammation, with the functional testing of slow phase I and blocked phase II it would be very difficult to detox mercury or anything else. We supplemented with Tyler Detox factors, MSM, molybdenum, glutathione and a liver drainage remedy.
4. We always test hormone levels in a patient like this, as it is common to see low thyroid, adrenal and sex hormone function. To deal with the stress of detoxification with compromises in these systems is very difficult on the patient. She was given adrenal glandular support and her synthetic hormones were converted to natural Biest, DHEA, and progesterone.
5. Look for and treat underlying chronic infections including Mycoplasma, Chlamydia, TB, EBV, CMV, Lyme, etc. Mercury toxicity leads to immune deficiency and so infections often coexist. We did not run across these in this patient.
6. Look for and replace trace mineral deficiencies, antioxidant deficiencies and essential fatty acid deficiencies. The Metamatrix Ion panel is very helpful with this and we supplemented her in these areas too.
7. Light exercise, rebounding, Tai Chi or Yoga can be helpful to make sure the sweat glands work and the lungs exchange oxygen and carbon dioxide, and the lymphatic flow is good. Sauna is an excellent and vital adjunct to this process as well.
8. Kidney function must be assessed to make sure that at least the BUN and creatinine are normal and urine flow is adequate.
9. Look for and handle other possible foci including scars, jaw bone cavitations, root canal teeth, or localized infections of the tonsils or sinuses. This patient showed autonomic switching due to various scars and were treated with procaine and Traumeel.
10. It has also been our experience that when a patient is allergic to a substance that he will not detoxify it efficiently. Therefore before doing any mercury removal or detoxification we check for allergy to mercury, silver, tin, copper, sulfur, Metal Free, cilantro, DMPS, Vitamin C, etc. and if positive, desensitize (using NAET). This can make a big difference in the rapid progress of the case.

I see this process as getting the patient in shape for mercury removal. Even using careful Biological Dentistry protocols, there is mercury exposure, and we want to have the body in the best shape possible to handle this.

Several months after we saw her, the above pre-mercury removal steps were completed and she was only then sent to the Biological Dentist for removal of her mercury fillings. Clinically she had more energy, was moving her bowels, and was 25% improved from her first visit.

On her first appointment with the dentist, she had electro-galvanic testing of each quadrant to determine what area he would remove first. The highest reading quadrant showed 149mv in one of the teeth. Given that normal nerve cell membrane potential is at 70-90mv, this value was enough to cause a continuous heavy electrical impingement on the nearby brain and ganglion centers.

The dentist proceeded to remove the mercury from this quadrant and it went smoothly without problems.

The procedure took about an hour and half and when the patient got to the front desk to check out, she realized something had changed.

She said to the receptionist, "My head pressure is gone! This pain I have lived with for 30 years is not there right now." I saw her one week later and she was headache free, and off all Excedrin! Her headaches never returned.

Over the ensuing months she finished her mercury removal and did a full mercury detox program. All of her prior symptoms cleared and she improved to excellent health and energy. Her ankle clonus abated and her memory restored.

This is one of those, "Holy smokes I can't believe it!" cases. Mercury can be toxic in a number of ways.

1. Direct poisoning of the mercury itself via vapor, lymphatic, and axonal transport to enzymes and cell organelles. This is treated with the traditional mercury detox program.
2. Electro-galvanic toxicity may also be present, and in this case was the cause of her headaches. This battery effect of mixed metals in the amalgam (mercury, silver, copper, tin) in an electrolyte solution (saliva), can produce enough current flow to inhibit or stimulate nerve cell function with local or systemic effects. In her case when the electrically active quadrant was removed, her headache immediately ceased.

There is no doubt that the simplicity of this cure is its own beauty. I consider that in Biological Medicine, we work in this aesthetic band of existence, to handle the problems of our patients. Through the restoration of the harmony of the body, freed of toxic and electromagnetic influences, is wellness achieved.

Biological Medicine is the science of working with the laws of nature and life to heal the body. When these principles are followed, and the patient is compliant, and providing we are not too late, we can be successful. 🌸

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*Please send me your illustrative Biological Medicine cases. I would love to share them with others.* — D.. Minkoff