



The Heavy Metal Problem in Practice

by Dr. Konrad Werthmann



Heavy metals are those which have a specific gravity above 5. They are taken up into human tissues partly via the air we breathe, in our drinking water, and above all as a result of dental care procedures. Heavy metals penetrate the physical metabolism to a very deep level,

clinical symptoms are mercury, lead, cadmium, silver, copper and tin, with amalgam constituting the highest percentage.

In holistic medicine the teeth are a particularly significant part of the body. They can be allocated to various meridians. According to

It is via the mouth and teeth that the exchange of internal and external energy takes place. MÜCKE has written in great detail about the stream of biophotons passing through the orifices of the body, and has managed to give a graphic portrayal of a dental infective focus by means of Kirlian photography. The aim of this report is to draw attention to the significance of dental disorders.

Heavy metal stress is one of the diseases arising from modern 'civilised' lifestyle. According to HEINE it is a trigger for altered patterns of basic regulation. PERGER's experience is that it is always associated with more or less severe emotional changes. In his writings he indicates that it is an over-simplification to attribute every emotional disturbance to emotional influences. Deposits of heavy metals may build up in the central nervous system, and these require detoxification therapy rather than psychosomatic treatment. Furthermore, there is a danger that the rhythms of basic regulation may even be brought to the point of rigor by heavy metals. In most cases the cause and the effect get mixed up. It becomes possible to see the disturbed activity of the intracellular enzymes and the inhibition of the cellular and humoral immune reaction. The trace elements, indispensable co-factors of the enzymes, are lacking; the sites in the tissue cells where these belong are competitively blocked by the superabundantly present heavy metals, with consequent inhibition of function. PERGER was able to demonstrate this as early as 1989 in

Complaints from Heavy Metal Stress
a. Vegetative complaints
Halitosis Salivation Burning of the tongue Swollen tongue, possibly with visible imprint of the teeth Shivering and perspiration Sensitivity to cold air and heat of the bed Night sweats malodorous and sticky Itching in the most unlikely places
b. Mucosal problems
All inflammatory secretions are excoriating and purulent
c. Neurological and Emotional complaints
Headaches Disturbed concentration Memory disturbances Loss of short-term memory Motor restlessness Dysphoric states. Dejection Internal anxiety Irritability Sleeplessness

Figure 1: Symptomatology of Heavy Metal Stress

blocking reactions or altering patterns of reactions. Various bioelectronic tests or ultrafine energy measurements indicate that they are toxic to highly toxic. Their toxicity also shows up in the various complaints, some of them serious, which are caused by the individual heavy metals. Table 1 summarises the different symptomatology caused by heavy metals. In particular, the metals which cause the strongest

studies carried out by VOLL and KRAMER, 80% of all foci of infection in the head occur in the dental area. The causes of such infective foci may be misalignment, and dental filling of the teeth with foreign substances - particularly amalgam - associated with treatment of caries or with a root canal filling.



Candidiasis-related complaints
a. Vegetative complaints
Aphthae Greyish-white deposits on the oral mucosa Perspiration without significant exertion Localised pruritus Trembling Abdominal cramps Heart pain Shivering
b. Mucosal problem
Burning on the tongue Burning and itching of the anus Burning and itching in the urogenital mucosa
c. Organic illnesses
Sinusitis Cystitis Vaginitis Enteritis Dermatitis
d. Neurological/Emotional complaints
Tiredness Headaches Attention deficit States of exhaustion and dysphoria Dejection Internal restlessness Tension Anxiety Irritability Sleeplessness

Figure 2. Symptomatology In Candidiasis

the serum zinc level. Individual reactions and the whole immune cascade can lead to a wide variety of complaints of a vegetative and neurological nature, but may also be observed in the mucosa.

For every disturbance, the organism has devised mechanisms for bypass and repair. We now know from studies carried out in America that intestinal infestation with candida has this as its task. The candida

creates a fungal coating which acts on the heavy metals like a vacuum-cleaner. The greater the presence of heavy metals in the body, the clearer it is that the fungal occurrence is precipitated. Candida yeasts act on heavy metals in a similar way to preparations of algæ. The picture of complaints from candida infestation bears a strong similarity to the symptomatology resulting from heavy metal stress. (See Figure 2.)

To successfully carry out a heavy metal detoxification, on the one hand it is necessary to cut off the supply, and on the other hand to remove the existing deposits in connective tissue and in various organs. A wide range of treatments is available for the elimination of heavy metals. Zinc orotate (advocated by PERGER) works via the pancreas and the various enzymes in which zinc forms a central element. Preparations of algæ bind the heavy metal ions and dispose of them via the faecal route. DMPS (2,3-dimercapto-1-propane-sulphone acid, sodium salt, monohydrate) promotes the excretion of heavy metal, which may be measured in the urine. The simplest to handle appears to be the preparation known as PLEO CHELATE. PLEO CHELATE is composed of edetate of Sodium 2X, Hydrogen peroxide 2X, Magnesium sulphuricum 2X, Potassium chloratum 2X, and Natrum chloratum 2X. The individual components form chelated compounds with the heavy metal ions, and these cannot be dissolved by the organism. Thus these compounds must be excreted. The homeopathic remedy pictures of the individual components of PLEO CHELATE are very similar to the symptomatology of both heavy metal stress and candida infestation.

The dosage must be determined individually for each patient. For sensitive people a tolerance test may be carried out by rubbing 5 drops of PLEO CHELATE into the bend of the elbow. The result can be read after a wait of 10 minutes.



The general oral dosage is as follows:

- for children over 5 years: 2-3 times daily, 5-10 drops
- for children over 10 years: 2-3 times daily, 10-20 drops
- for children over 15 years and adults: 2-3 times daily, 15-30 drops

In over 200 patients, the author has particularly noticed how well they have tolerated it and how much they have liked the taste.

In practice, in order to quantify the effectiveness of a treatment, it is best to take as reference points the symptom pictures of heavy metal stress and of candida overgrowth in the gut at the outset and after two or three months of treatment. If we look at the results displayed in Figure 3, the effectiveness of PLEO CHELATE can clearly be recognised. After two months, already the subjects' complaints have shown a clear improvement in almost 70% of the cases. This means that two out of three are freed of their complaints completely or in the majority of the affected areas. In the remaining patients it

takes longer. Of course, this may also be a sign of a disturbance elsewhere, maybe in the intestinal area. For this reason it is recommended in each and every case that the patient keeps strictly to a fairly long-term diet which excludes cow's milk products and hen's eggs (Werthmann). It must be mentioned that every patient should first have been through a clarification process involving differential diagnosis regarding other possible causes of their complaints.

It is interesting that we see an enhancement of over 10% in the success rate where supplementation treatment is applied, using MAPURIT (200mg DL-(-Tocopherol acetate [=Vitamin E acetate], 250 mg Magnesium oxide) 2x1 capsule daily (adults only), and the preparations ZINKOKEHL and SELENOKEHL. This shows above all that a detoxification can only be carried out when the activity of the enzymes is not blocked by a deficiency of minerals and trace elements. The absorption of these substances depends almost solely

on the intestinal mucosa being intact. Seen from this point of view, this means that, in the patients whose treatment takes longer, the restoration of symbiosis in the intestinal area is subject to delay. In these patients, the candida content of the stools, both quantitatively and qualitatively, did not drop below 10^3 until after three months.

On balance, I would say that this shows that PLEO CHELATE is of great service in the elimination of heavy metals from the basic substance and the nerve cells. At the same time we see that it clearly reduces the symptomatology of candida infestation. In the author's opinion this preparation is not only specifically efficient but also devoid of side-effects.

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			PLEO CHELATE Intake	
	Age in years	With amalgam fillings	Improvement after 2 months	Improvement after 3 months
Without supplementation, n=52	10-16	3	3	-
	> 16	49	34 (69%)	13 (26.5%)
With supplementation, n=31	10-16	2	2	-
	> 16	29	24 (83%)	3 (10.3%)

Figure 3: Success rate of treatment employing only PLEO CHELATE with or without additional supplementation; investigation in 1997.