Holistic Dentistry is Vital to our Health
Reports On the Frontiers of Change

Nicholas Meyer, DDS, is the author of a new book *The Holistic Dental Matrix*. While it has chapters on the hazards of mercury amalgam fillings and fluoride, it covers root canaled teeth, jawbone disease, including jawbone cavitations and other dental and health pitfalls. He covers oral care and gum health, TMJ (jaw joint) disorders, the use of ozone, and airway disorders. Review, page 8

*Hidden Epidemic*, by Thomas Levy, MD, JD, is the author's newest book. It presents evidence that dead teeth, whether root canaled or not, are the major causes of cancer and heart attacks. Such dead teeth can trigger jawbone disease such as jawbone cavitations which can also serve as hidden causes of cancer and heart disease. But Levy explains how holistic dentists can scan for and diagnose these often missed toxic oral conditions and treat them successfully. *Hidden Epidemic* is reviewed on page 10.

A relatively new device for three dimensional scanning of teeth and jawbone is the cone beam. Our article on the cone beam discusses how its x-ray radiation compares with other dental and medical x-rays. Page 5.

Ozone has many applications in dentistry and is growing in popularity. *Eric Zaremsky, DDS* explains what ozone is, what its many uses in dentistry are and how it can be safely used. Interview with Dr. Zaremsky, page 6.

Christopher Shade, PhD, has developed a "push-catch" system for aiding detoxification through a sluggish liver and through the intestines. His company, Quicksilver Scientific, offers a blend of bitter herbs to push the sluggish bile out of the liver and gall bladder. It also offers a blend of intestinal toxin binders to catch and bind the toxins in the intestines, and keep them from being re-absorbed into the intestinal walls. More, page 12.

Boyd Haley, PhD, has presented evidence that DMPS and DMSA, longtime used for mercury detoxification, are not actually chelators. They are unable to hold onto the mercury. Further, they do not effectively enter into the cell to get at where most of the mercury is stored. Haley, chemist, invented NMBI, a true chelator; it hangs onto the mercury and it *does* get into the cell. For more on NBMI and when it may become available, see Page 14.

*Murlene Brake*, a prominent leader of DAMS in its first decade, died in 2017 in Texas. She was one of several women who founded DAMS groups in cities around the US in the late 1980s. Murlene Brake became a leader of a DAMS groups back then in Albuquerque, New Mexico. In 1990, she incorporated the non-profit DAMS, INC. Most of the DAMS groups in various parts of the country joined efforts and DAMS took shape as a national and international force in educating the public on dental mercury hazards. She served as board president for a time, and also edited the DAMS newsletter. Her passion for the effort was ignited by her own suffering from dental mercury poisoning. For more on her battle with dental mercury, her life and her work for DAMS, page 2.
DAMS, Dental Amalgam Mercury Solutions
1043 Grand Ave, #317
St Paul MN 55105 USA
651-644-4572
dams@usfamily.net

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This Issue

Murlene Brake, Early DAMS Leader, Remembered  

Murlene Brake, a pioneering leader for DAMS, died on May 16, 2017, just two days before her 77th birthday. Back in the late 1980s, she became active in organizing the effort to warn people about the hazards of dental amalgam mercury fillings. From Albuquerque, New Mexico, she began to collaborate with other DAMS leaders around the country, most notably Louise Herbeck of Chicago, the recognized founder of DAMS. Murlene was the incorporator for DAMS, INC. when it was formed as a non-profit in the State of New Mexico in the year 1990. The various DAMS groups largely coalesced under that non-profit, and we still operate within it today. In the 1990s she served as the president of the DAMS board of directors for about five years, and she oversaw the editing and publishing of the DAMS newsletter for many years.

Murlene’s battle with mercury poisoning was very long and difficult. She had bouts of diarrhea as far back as 1959. By 1984, she was experiencing explosive bowel movements many times a day, for at least 25 days per month. But that was not all, as she developed extreme fatigue, heart palpitations, kidney infections, muscle spasms, aches and pains, short term memory loss, mental confusion and depression. In 1985, after moving to Albuquerque, during a dental visit having her teeth cleaned she was warned by Dr. Bill Wolfe, a holistic dentist, that she had 12 silver mercury fillings. She suddenly thought “aha!” Her last amalgam filling came out in December 1985, and her symptoms soon began to subside. She went on from there to becoming a DAMS activist and a DAMS state and national leader.

She grew up in Texas as Mary Murlene Howerton, but went by her middle name. She held many different jobs, including some in government service, but Murlene considered her most significant life’s work the work she did to be what she did in writing and telling
Macular Degeneration and Grover’s Disease
Different But Mercury Links to Each
By Leo Cashman

In 2005, a researcher at the Columbia School of Medicine published the results of a study suggesting that mercury is a cause of both age-related macular degeneration (AMD), a common vision problem, and Grover’s disease, a painful, itching skin eruption. Researcher Dr. Paul Dantzig’s sample was small in size, but it found that mercury levels in the blood strongly correlated with the presence of both AMD and with Grover’s disease. Danzig’s 2005 paper in the *Cutaneous and Ocular Toxicology,* explains what each of these disorders are. “Age-related macular degeneration (AMD) is the leading cause of blindness in the world. It is estimated that 100 million people are affected with the disease and it is predicted that the incidence will quadruple in the next ten years....The disease is devastating because it progressively destroys central vision, thus making it impossible to perform daily functions such as reading, driving, and recreation.” Grover’s disease, on the other hand, would appear to be totally unrelated and have nothing in common with AMD. Grover’s, he explained, is a painful, itchy skin condition, with scaly or crusted papules on the skin, abdomen or back. His clinical practice as an MD specializing in both of these conditions and his astute observations led him to wonder whether mercury could be a significantly be a cause of either of them.

In his study, Dantzig included 14 patients who had been diagnosed by an ophthalmologist with age-related macular degeneration. A randomly selected control group consisted of 14 people free of macular degeneration. He also studied 14 patients with Grover’s disease and had another randomly selected control group of 14 other people free of Grover’s disease who were randomly selected.

A surprising finding was that, of the 14 patients with macular degeneration, all had at least one of the inflamed or crusted papules on the chest, abdomen or back indicative of early stage Grover’s disease, although none of them had been even aware of having a skin problem. Further, 13 of the 14 patients had measurable blood mercury, the mean level being 4.5 micrograms per liter, a somewhat elevated level.

Of the 14 patients with Grover’s disease, all had measurable blood mercury; the mean level was 10 micrograms per liter. After three of them were treated over several months with chelation and a diet restricted of seafood, a suspected source of their mercury, their skin eruptions cleared up. Most of the patients in the control group had no detectable levels of mercury in their blood.

In analyzing the results, Dantzig said that his study had discovered a link between elevated blood mercury to these two diseases. The study results suggested to him that skin disorders typical of Grover’s disease may serve as an early marker for age-related macular degeneration. He also suggested that mercury appears to be a cause or factor behind both diseases. Thus avoiding mercury, removing mercury exposures and mercury detoxification should be helpful in preventing and treating them.

**Footnote:** Charles Martin, a longtime DAMS coordinator in northern California, who died in...
Macular Degeneration, Grover’s Disease and Mercury

continued from page 3

2017, suffered from Grover’s disease at one time. His own research led him to believe that his Grover’s disease was due to his mercury amalgam fillings and his body’s difficulty in detoxifying mercury. He suspected that since the mercury was unable to be eliminated through the normal liver-bowel pathway, it was backing up from the liver into the blood and the body’s strategy became “in its wisdom, to take a direct exit out through the skin,” resulting in the Grover’s disease. Charles eliminated the source of his mercury, his amalgam fillings, and used vegetable juices and green drinks to help improve the bowel pathway so that mercury elimination through the liver and bowel pathway would succeed. In doing that he cured his Grover’s disease! Thanks is owed to Charles Martin for providing the information for this article and for sharing his story about how he overcame Grover’s disease.

Admira Fusion, A New White Filling But It is a Ceramic, Not A Composite

By Leo Cashman

Admira Fusion is a relatively new white filling material that looks and acts like a composite but is, rather, more like a ceramic. Admira Fusion, has a silicon oxide ceramic material as its base; its filler particles are also based on that too. As a result of having no plastic, Admira Fusion does not have any of the breakdown products such as BisGMA, UDMA, TEGDMA or HEMA that composite filling materials can give off either at placement time or during wear. According to data from VOCO, its German manufacturer, it also has reduced shrinkage and shrinkage stress by up to 50%; it is compatible with all conventional bonding agents. Many holistic dentists seem to agree, saying that it is easy to work with, durable and aesthetically pleasing. It now appears to have become a leading choice for filling materials among holistic dentist dentists. However, many other filling materials are still being used and preferences among holistic dentists continue to vary widely.
At DAMS we are asked sometimes about the safety and the health risks in dentistry, and for many years we have assured our callers that routine dental x-rays provide the lowest dose of x-ray exposure of any diagnostic-rays used in health care. While all x-ray exposures inflict some harm to us at the cellular level, our cells have some ability to repair the damage, as with the use of vitamin C, selenium, glutathione and other anti-oxidants we normally have. Now dentistry has seen the emergence of the “cone beam” x-ray scanner, sometimes called the “cone beam CT scan,” which, like the CT scan used in medicine, gives a 3-dimensional view of the patient’s dental area, from one corner of the mouth to another.

The dentist examining a cone beam scan can flip through different slices of the dental region and look for pathologies, problems and abnormalities that might occur in any area. While the x-ray exposure from a cone beam is perhaps 60 times higher than that of a panorex x-ray, it is still far less than the x-ray exposure of a medical CT (CAT) scan that is used a great deal in medicine.

Let us compare the different kinds of diagnostic x-rays and their typical x-ray exposures doses. The unit of exposure that we will use is the millisievert, abbreviated mSv, which is a scale for expressing the harmful impact of the dose, with higher levels indicating greater harm or addition to the cumulative risk of harm.

**Medical x-rays:** CT scan, typically 10 mSv, Chest x-ray 0.1 mSv, mammogram 0.4 mSv

**Dental x-rays:** cone beam, typically .060 mSv, but ranging from .068 to 0.599 mSv depending on the model of machine used; Panorex (panoramic view of entire mouth) .010 mSv typically; and a dental x-ray of a single tooth (peri-apical) or a bitewing x-ray .005 mSv/

**Everyday life exposures:** due to cosmic rays from the stars, and due to natural radioactivity of materials in the air and ground and such as are found in our buildings that we live in, we have: background radiation for a year, on average, 2 mSv; from background radiation per day for an average day, .010 mSv; flying across the USA in a plane, 7000 miles, .020 mSv.

From the above we can see that the dose from a cone beam, while it gives six times as much radiation as a panorex and 12 times as much as a simple bite wing or PA x-ray, is still pretty low in the larger picture. Its exposure is the same as what we get from six days of living on the earth, and smaller by a factor of 33 than what we pick up from living on the earth for a year. The cone beam is a dental adaptation of the CT scan used in medicine, but it gives off far smaller dose, by a factor of 170, than the medical CT scan does.

A reasonable conclusion is that dental patients should not hesitate to use x-rays when undergoing a routine checkup as part of a more thorough exam every few years. They should not protest the x-rays that are normally needed when starting with a new dentist and also when there is suspicion of problems that cannot be completely understood from the dentist’s visual examination and probing. X-rays can help uncover such problems as tooth decay, abscesses, causes of pain, the extent of periodontal/gum disease around the teeth and impacts upon the jawbone, impacted teeth, TMJ problems and airway obstruction. X-rays are essential to dental practice and patients should expect that diagnostic x-rays will be requested by any holistic dentist from time to time.
**Ozone in Dentistry An Interview with Eric Zaremski, DDS**

What is ozone and why is it used in holistic dentistry?

Ozone is a form of oxygen that has three oxygen atoms in its molecule instead of the usual two oxygen atoms. As such, ozone tends to give off a negatively charged oxygen single atom that kills germs. It has found use in dentistry and medicine for killing off infections, fighting disease and promoting the healing of diseased tissue.

How new is ozone use in medicine and dentistry?

As a medical tool, ozone dates back to the turn of the 20th century. It was first used in dentistry in the early 1930’s. Dentists around the world have been using it ever since. But in the United States, politics got in the way of its implementation and unfortunately, it wasn’t used in the US until the middle 1990s. Since then, many states have passed alternative therapy practice acts which permit the use of ozone as well as other modalities. At the national level, the FDA has implemented some regulations but has basically taken a hands-off approach toward the use of ozone in dental offices.

What is the mechanism of ozone’s action? Does it kill good bacteria?

Most dental pathologies are bacterially mediated but, to a lesser degree, fungi and viruses play a part in the pathogenesis. Ozone can be a very useful anti-pathogenic tool. It will essentially lyse [break up] the bacterial and fungal cell walls, interrupt the mRNA replication chain and cause an immediate kill off of all pathogens. What about the good bacteria? Ozone will kill all bacteria whether good or bad. But it takes a lot longer for bad bacteria to repopulate than the good ones. So, now with the use of oral probiotics and the keeping the mouth more alkaline, a much healthier biofilm can rapidly regrow.

How is the ozone generated and applied in a dental office?

Ozone gas is generated chairside by a small ozone generator that is fed by pure medical grade oxygen. It can be topicaly applied to the teeth and gums. It can also be injected into the tissues such as the jawbone. We know that the bone surrounding a root canal treated teeth is heavily populated with bacteria. Periodontal disease is caused by bacteria. Cavities are caused by bacteria. We can reduce or eliminate all of these disease states with the use of ozone. Furthermore, there are other remarkable benefits of ozone in dentistry. Ozone can desensitize teeth. It can be applied to any sensitive area and will eliminate that sensitivity forever. It can also potentiate teeth whitening - almost shockingly so! It truly shines in pediatric care where the need for anesthesia can be lessened immensely. This allows dental care of children to be a lot less threatening and much more comfortable. Oral surgery and implant surgeries both benefit greatly from the use of ozone. The problems of post-operative pain and dry socket are almost completely eliminated with the use of ozone gas, and ozonated water and oils.

Describe how ozone gas can be used in sterilizing water and in olive oil

Ozone gas is generated from a machine. This gas can be bubbled through water. Ozone will dissolve in water ten times more than regular oxygen will. We can use this ozonated water in ultrasonics, to rinse patients’ mouths, to clean and disinfect water lines.

We can also bubble ozone through vegetable oils. The oils will actually incorporate the ozone in their structure and the ozonated oils are much more stable and can be given to patients to use at home.

How safe is the use of ozone in dentistry?

It can be irritating to the lungs, for example, and is possibly injurious if not used correctly. Practitioners need to be properly trained in its uses and the safety issues. Used properly, ozone is a very safe tool.

Where do practitioners learn how to use ozone?

There are a couple of ozone conferences each year. The AAOT, the American Academy of Ozone Therapy, meets in May every year. Frontiers in Ozone group meets in Santa Barbara in November of each year. One can easily attend these conferences and learn a great deal about ozone therapies. There are also opportunities to learn in office. Phil Mollica, DDS, one of the leading experts on ozone, travels the country teaching in the dental office. Ozone is a very valuable tool in modern dental care and every dental office should look at implementing its use.
Remembering Vera Stejskal, PhD, Developer of the MELISA Blood Test
By Leo Cashman

Vera Stejskal, a pioneer in the field of immunotoxicology, died in 2017. Her work helped show the connection between metal induced inflammation and chronic disease. Born in Prague, Czechoslovakia, she fled to Sweden after the 1968 Russian invasion. She worked in the Department of Immunology at the University of Stockholm in 1976. Her MELISA test was a lymphocyte transformation test, and while it was originally used to test for allergy to various drugs, it became widely used to test for allergy to mercury and amalgam fillings and to other metals such as nickel, palladium, copper, and gold used in dentistry. She would often mention that her MELISA test was scientifically validated. Her research and testing led her to conclude that no metallic materials should be used in dentistry. She not only was critical of dental amalgam mercury fillings, but also metallic materials such as those used in crowns, bridges, and implants such as those with titanium alloy as a base. She said that allergy is a risk when metallic materials are used even when they are made out of less toxic metals such as titanium, platinum, and gold. While some of the allergies do not usually occur, they can be very debilitating and can contribute to immune disorders.

The author of over 100 scientific articles, Vera Stejskal was an internationally expert in her field. The website www.MELISA.org writes “Dr. Stejskal never wanted to retire – for her, her work was her passion in life. She believed rigorous scientific studies would bring a better, healthier world.” She is survived by her daughters Linda Nelson and Jenny Stejskal, MD.

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The Holistic Dental Matrix
How Your Teeth Can Control Your Health & Well-being,
By Nicholas Meyer, DDS, NMD

Reviewed by Leo Cashman

What would it be like to sit down with a holistic dentist and have a detailed discussion of your pressing dental-health questions. Nicholas Meyer’s The Holistic Dental Matrix seeks to provide accessible answers to a great many questions, as he has written a book that shares his views on many of them. Dr. Meyer, who practices dentistry in Scottsdale, Arizona, has made every effort to help his readers to quickly and easily find the answer to questions by providing not just the usual table of contents but also a matrix within which a reader can look up issues or symptoms and find the chapter of chapters where those symptoms are addressed. This six-page chart presented at the front of the book is what the author calls his “holistic dental matrix.” It seeks to make it easy for us to make the connection between health issues and symptoms and the holistic dental thinking and solutions!

Dr. Meyer’s writing tends towards the informal, less technical style. In additional to the six page holistic dental matrix guide found at the front of the book, he also provides a very detailed index, five pages long, at the back of the book that lists various body systems, organs and symptoms and tells in what chapters they are discussed.

The book covers a broad range of topics. In addition to chapters on dental mercury, fluoride, and root canals, he provides chapters that cover TMJ (jaw point) disorders, periodontal (gum) infection, diagnostics and testing, airway obstruction, sleep apnea, jawbone disorders, and dental devices including the cone beam, ozone and lasers. He not only discusses the dental problems themselves but also their health aspects and the benefits that holistic treatments can bring. His book is sprinkled with patient stories from patients he has treated that illustrate the many kinds of problems that holistic dentistry may address. He also tells his own story of how he evolved from being a conventional dentist at the beginning of his career to being a very holistic one.

Whether a reader is a dental patient, or a dentist or other health professional, this book provides an excellent explanation of many aspects of holistic dentistry. The Holistic Dental Matrix is available from DAMS.
Concerned about Heavy Metal Toxicity?

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www.thesMARTchoice.com
In *Hidden Epidemic*, author Thomas Levy reveals evidence that dead infected teeth seriously endanger human health. Often they are without any obvious symptoms and escape suspicion by the dentist of the patient despite being dead perhaps for months and maybe years. Such dead teeth are likely to harbor high levels of infections and to become full toxic waste products. Tooth infections and their toxins can spread into the periodontal membrane that connects a tooth to the bony socket. Upon chewing food, these infections and toxins that can get squeezed into the circulatory system, where they can perhaps go to vital organs such as the heart and cause a heart attack. They may also toxify the body as a whole and perhaps cause cancer. A tooth abscess is the rotting of the jaw bone in the region next to the roots of the tooth. Such a problem is a clear sign that overall patient health may be endangered and should be addressed immediately. Such conditions may cause not only cancer or heart disease, but also neurological disorders such as Parkinson’s disease and Alzheimer’s disease. Periodontal disease (around the teeth) is linked to diabetes, rheumatoid arthritis and lung disease, among others. Jawbone “cavitations” which are diseased rotting bone areas that may be farther away from a tooth, are also often silent, causing no pain or swelling or other kinds of infection Levy has an extensive discussion of jawbone disease; because they can be so far away from the teeth, they are even less likely to be detected. But cavitations, too, can cause cancer, heart disease and the other diseases mentioned.

Dental x-rays and particularly a cone beam scan should be used to give the most detailed picture of what pathologies exist. When radiolucency, a darkness on an x-ray indicating bad bone and infection, is seen near the tip of the tooth, don’t ignore it, he says, treat it! Usually surgical cleaning out the abscess and extraction of the dead infected tooth is what is needed, he says.

Levy offers a great deal of detailed discussion for holistic dentists. His book provides a surgical protocol for the proper extraction of a tooth. It also gives a detailed guide to the use of intravenous vitamin C, something he strongly advocates for dentists and doctors. He advocates use of an IV vitamin C infusion to help protect dental patients at the time of their amalgam replacements by holistic dentists. He also suggests of IV infusion of vitamin C to help patients overcome infections that treaten to otherwise kill patients.

With its content heavy on technical details, *Hidden Epidemic* is written more for an audience of dentists and other health care professionals than it is for their typical patients. But it is good for patients to understand that dead teeth, abscesses and other, more hidden jawbone diseases may need tested for and surgically dealt with in order to deal with or prevent very serious health problems affecting millions of patients.

*Hidden Epidemic is available from DAMS.*

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Any healthcare professional, parent or patient who reads this book will gain a superior perspective on the importance of the mouth–body relationship. Dr. Felix Liao’s engineering background is well applied to dentistry. Paying attention to the principles in this book will advance the physical, mental, spiritual, and emotional well-being of all who read it.

Dr. Felix Liao is a pioneer in the field of holistic dentistry, and is of the highest integrity imaginable. In the past 35 years he has participated in innumerable holistic medical, dental, chiropractic, osteopathic and general health care seminars. That hard won education is demonstrated clearly throughout this book. In this short, easy to read book, he shares that knowledge in a way that is enticing, understandable, and extraordinarily practical.

In the metaphor that is the title, the tongue is the six-foot (normal sized) tiger in all of our mouths, and our modern day mouths are undersized three-foot cages. That crowding causes that "tiger" to be unhappy. Dr. Liao takes the reader step by step through the ways a tongue can become too crowded and how that can compromise a patient’s dental health and overall wellbeing.

Dr. Farrand Robson often said that "on edge" feelings are directly related to impaired oral health and the increased adrenaline necessary to combat the O2/CO2 imbalance. Dr. Liao illustrates this fact with exceptional clarity. One of the easiest ways to see our tiger being unhappy is the presence of sleep disturbance, which is directly connected to oro-facial development, tongue position, and toxicity of our patient population. The wealth of knowledge found in the many case presentations in Six Foot Tiger, Three Foot Cage are straight forward and easily understood. Many readers will see themselves in the examples presented.

Felix Liao, DDS

Evidence based medicine and dentistry are thought by researchers to be the hallmarks of critical thinking in health care. There are numerous examples found in Six Foot Tiger, Three Foot Cage that illustrate evidence based dental medicine in all the anecdotal cases presented. Specifically, the book’s illustrations of CBCT (Cone Beam Computerized Tomography – CT scan) give indisputable visual images of a pinched/collapsed pharyngeal airway before and after dental treatment.

Cranial osteopathic principles are some of the groundwork that supports the ideas and science presented by Dr. Liao. His work with Dr. Viola Frymann is foundational relative to holistic dentistry and the solutions that modern day holistic medicine offer to make the mouth (our three foot cage) larger and less apt to infuriate our six foot tiger. Epigenetics, dental stem cells, dental orthopedics (jaw development) are all possibilities that can be utilized to improve O2/CO2 balance, reduce sleep disturbance and improve the overall quality of life. I was especially impressed with Dr. Liao’s emphasis on proper jaw development and the information and case presentations, including Dr. Darick Nordstrom’s ALF (Advanced Lightwire Functional) appliance therapy. Additionally, nutrition is a cornerstone for proper fetal development and for future growth following birth. Today, the Weston A. Price foundation is currently spreading the pioneering nutritional discoveries of Weston A Price and those teachings are summarized in Six Foot Tiger, Three Foot Cage.

Dr. Liao has created an essential guide for parents and all healthcare professionals. His priority evaluation of ABCDES (Alignment, Breathing, Circulation, Digestion, Energy, and Sleep) addresses the fundamental aspects that contribute to health. On his page 249 the reader can tabulate his or her personal holistic mouth score.

As an exceptional dentist, Dr. Liao puts the puzzle pieces together to create a dental, chiropractic, osteopathic and medical health care model. He creates an overview of integrative healthcare which consists of the mouth as the foundation. To ignore the mouth from pre-birth onward is to neglect one of the most important areas of function, or dysfunction, in the

Continued on page 12
human body. One major goal Dr. Liao has expressed in this book and on his website www.HolisticMouthSolutions.com is to create holistic mouth consultants. Any health caring professional might consider attending his one day webinar to gain the information necessary to help advise clients and patients.

A newly published companion book “Early Sirens: Critical Health Warnings & Holistic Mouth Solutions for Snoring, Teeth Grinding, Jaw Clicking, Chronic Pain, Fatigue, and More” is also now available at Amazon.com. I prefer the color edition to the black and white editions. This companion book includes expanded information on functional dentistry and correction of breathing dysfunction.

Dr. Felix Liao practices dentistry in Falls Church, Virginia. His practice is called WholeHealth Dental Center. The reviewer, Dr. John Laughlin III, DDS, has a holistic dental practice in River Falls, Wisconsin. Dr. Laughlin is a past president of the Holistic Dental Association; he has been a holistic dentist for over 40 years.

The year 2017 saw the offering of more new products for mercury detoxification. The liver is supposed to put mercury and other toxics into the bile and then push the bile and its toxins along into the small intestine. To help a sluggish liver get the bile and its toxins moving along, Quicksilver Scientific and its scientific director Chris Shade have developed a blend of bitter herbs to get the bile moving. Dr. Shade’s BitterX is a blend of four bitter herbs that provide a “push” for the sluggish liver, helping its bile to move along. The blend contains dandelion, gentian, solidago and myrrh.

Once the bile reaches the small intestine, the toxins need to move through the small intestine and then the large intestine (the bowel) so as to leave the body in the feces. Binders are substances that are taken orally in order to get to the small intestine and bind the mercury and other toxins so as to prevent their absorption into the intestinal walls. Quicksilver new product, Ultra Binder, aims to “catch” toxins as they arrive in the intestine, from the liver, and bind them up chemically so that they will not be re-absorbed into the intestinal wall and be re-circulated back into the blood or the nervous system. Chlorella and activated charcoal have longtime been taken orally as binders. Some years ago, Quicksilver developed an improved binder product for strongly binding mercury and other heavy metals. Called Intestinal metal Detoxification, or IMD, it was built on a silica base that has thiol arms attached to it. The thiol arms have sulfur atoms on them that are good at chemically binding up mercury atoms or other toxic metal atoms; this allows the IMD to “catch” toxic metal atoms. But other binders, such as activated charcoal, bentonite clay and chitosan, are far better at binding some of the non-metal toxins such as mycotoxins from mold, volatile organic compounds (VOCs), pesticides and herbicides. Quicksilver has now developed a product called Ultra Binder that has a blend of binders so it is able to bind up a broad array of toxins. For example, Ultra Binder includes activated charcoal which is good at binding LPS, also known as “endotoxin,” which causes inflammation, oxidative damage and blockage of detoxification pathways.

Detox begins in all the cells Detoxification through the liver, gall bladder and intestines is crucial,
but that is understood to be the final phase of detox, called phase III. The beginning phases, called Phase I and phase II, begin in the cell, where the toxins are stored. For metals such as mercury, phase I is not needed, but phase II is crucial. The body’s natural detox system for mercury relies on glutathione, which binds up the mercury and escorts it out of the cell and through the blood to the liver. But in fighting a long battle with mercury and other toxins, the body’s level of glutathione often runs low and it needs to be replenished. Quicksilver offers a glutathione spray product that is well absorbed when it is held in the mouth for a few minutes after being sprayed there. This is a far more effective way to boost glutathione than supplements sold in health food stores are because most such supplements are broken down in the stomach and do not get absorbed into the body intact.

Quicksilver also offers a product called Clearway Cofactors that boosts and helps trigger the detox action that is needed at the cellular level. Cells all have a protein, Nrf2, that acts as a master switch for activating detox in the cell. Once alerted to the presence of toxins inside the cell, Nrf2 needs to move to the nucleus of the cell and there it must switch on and activate the nucleus to make the key enzymes that work with glutathione and switch on other key proteins. Clearway Cofactors is blend of many ingredients designed to help activation and completion of the detox within the cell. Its ingredients that are plant based include haritaki, pine bark, pomegranate, kelp extract, gota kola, nattokinase and dandelion. Other ingredients are R-alpha lipoic acid and selenium, a mercury-binding mineral. Nrf2 is a master switch in the cell that initiates detox activity in the cell; Nrf2 inhibitors such as mycotoxins from mold can block the activation of Nrf2 but the ingredients of Clearway Cofactors can help overcome that problem and also help the various enzymes and proteins in the cell do their detox work.

Quicksilver’s Chris Shade offers a perspective on his natural and gentle approach to detoxification, working with the body’s own glutathione system. It is not necessary or even advisable, he says, to use the chelators such as DMSA and DMPS for detox or even for a “chelation challenge test” for mercury, as was in vogue back in the 1990s. Quicksilver has developed a newer, safer test for mercury body burden, called the Tri-test; by avoiding the use of DMPS and DMSA, it avoids the risk of adverse side effects of those drugs. It gives more information on mercury than other mercury tests do. Quicksilver also offers a blood test that looks at a whole panel of toxic metals. But the patient should also be interviewed in a clinical setting to discover what may be all the sources of poisons and to adopt a plan for removing them. Dental amalgam mercury fillings, for example, should be removed safely by a qualified holistic dentist as otherwise they will serve as a barrier to detoxification. In using detox products such as quicksilver’s high potency products, he suggest starting at low levels and then only gradually working up to the higher levels, although it is at the higher levels where the biggest detox payoff will occur. He suggests that patients, especially sicker ones, work with a health care practitioner who can coach the patient through the complexities on a detox journey. Hopefully the patient will find a practitioner who is familiar with today’s gentler, safer approach to detoxification, an approach that is natural and scientifically well-founded.

For a fuller discussion of Quicksilver’s products and Chris Shade’s approach to detoxification, you may go to an article on detoxification by Chris Shade, PhD and Carrie Decker, ND, on page 22 in the February/March 2018 issue of the Townsend Letter. You may also go to Quicksilver’s web site, www.QuicksilverScientific.com.
For the last decade or more, biochemist Boyd Haley has been preoccupied with the invention, production, testing and marketing approval for his heavy metal chelator NBMI. Haley invented this chelator so we could have a safer and more effective chelator for use in detoxifying mercury and other toxic metals. Speaking at an IAOMT/ IABDM/ ICIM joint dental and medical conference on March 1st, 2017, in Savannah, Georgia, he gave a presentation contrasting his chelator invention, NBMI, with DMPS and DMSA, chelators that were used more heavily back in the 1990s but which are still used by some today. Haley gave some compelling evidence that DMPS and DMSA are not ideal as chelators to use for heavy metal detox and that, in fact, they are not truly chelators, as that word is properly defined. Many have an unfortunate confusion about what the word “chelator” means. Often the words “chelation” and “detoxification” are used as if they mean the same thing. They do not mean the same thing. A great many foods and products that are useful parts of a detox program are not chelators! As examples, garlic, chlorella, cilantro, vitamin C, selenium and glutathione are all used at times to promote detoxification, but none of them are chelators. A chelator is a chemical compound that has two arms on it, usually sulfhydryl arms, that can grab onto opposite sides of a mercury atom and hang onto it. The chelator molecule has a grip on a toxic atom, and doesn’t easily let go. In the 1990s, DMPS and DMSA were both described as chelators of the toxic metals because their molecules had a structure that appeared to be capable of gripping mercury and hanging on to it. Glutathione, while it is vitally important as the body’s natural detoxifier of mercury, has no such grip structure, so it is not really a chelator; glutathione has only one sulfur atom for binding to mercury. In transporting mercury out of the body, two glutathione molecules are needed, with the mercury atom sandwiched between them. In the natural detox system that Chris Shade and his Quicksilver products use, no actual chelators are used at all, but tose products have merit.

In reviewing the science about DMPS and DMSA as chelators, however, Boyd Haley has made it clear why we might be dissatisfied with them for the purpose of detoxification.

**DMPS, DMSA not true chelators**

One issue is that, as supposed chelators, DMPS and DMSA have the wrong sized grip! The grip is too small - there is not enough space between their two sulfhydryl arms for a mercury atom to be held onto by a single molecule of either of them. Therefore, neither DMPS nor DMSA are truly chelators! In contrast, NBMI has the right size grip and is a true chelator of mercury also other toxic metals such as arsenic and cadmium. What DMPS and DMSA can do is form complexes with mercury - sandwiching a mercury atom between two molecules of DMPS or DMSA, and carrying it away in the blood that way. But, Haley points out their binding with the mercury “is less stable than a true chelator would produce and allows for metal translocation from tissue to tissue.” In other words, the complexing of mercury by DMPS or DMSA can pick up mercury in the body but then drop it, thus re-distributing it, because of having the wrong size grip.

**DMPS, DMSA less able to get into cells**

When the cells themselves are not being well detoxed, mercury from the cells will keep coming out into the blood, keeping the blood levels high. DMPS, DMSA and EDTA are all negatively charged molecules and are ineffective at getting inside of the cell. This is a drawback because detoxification starts inside the cell. Mercury is far more concentrated inside cells than it is in the blood and it is even more concentrated in the cell’s mitochondria, their little factories of energy production. While DMPS and DMSA are negatively charged, and cannot get past the lipid bilayer cell membrane, NBMI is not charged so it is able to cross cellular membranes and get into the cells. DMPS and DMSA, can also deplete zinc, bound iron and bound copper, all essential for many proteins.
NBMI A True Chelator and DMPS and DMSA

NBMI, is a good chelator in part because it has freely rotating thiol arms that allow it to adjust its grip, allowing it to hold onto not just mercury but also many other toxic metal atoms such as lead, cadmium, arsenic, free iron (which is toxic) and uranium. Since NBMI is not charged it can cross the cellular membrane cross the mitochondrial membranes and get into mitochondria where toxins may be found even more. It crosses the blood brain barrier so it can help detox the brain. Testing shows it does not deplete zinc, bound copper or bound iron or other essential trace minerals and does not harm enzymes or other proteins in the body. NBMI is a very effective antioxidant, working alongside of glutathione to quench troublesome hydroxyl radicals and other toxic oxygen radicals. NBMI appears to be useful in treating animals as well as humans that have been mercury poisoned. For all of its versatile qualities, NBMI is poised, over time, to be helpful in reducing the severity of many illnesses.

As we write this, NBMI is not yet FDA approved or European Union approved, so we are still waiting for the day when it is approved and comes back onto the market. When marketed as a drug, it will be found under its drug name, which is Irminix. The company making and having it testing also has taken on the name EmeraMed. For updates on Irminix (NBMI) readers may go its web site EmeraMed.com.

FAN v EPA Lawsuit Aims to Stop Water Fluoridation

In April 2017, a coalition of environmental and health groups led by the Fluoride Action Network (FAN) sued the US Environmental Protection Agency (EPA) seeking a ban on water fluoridation. The lawsuit, filed by FAN’s attorney Michael Connett, in US District Court of Northern California, states that water fluoridation, which uses very toxic and hazardous fluoride products, is a violation of the federal law known as the Toxic Substances Control Act. The EPA is the federal agency that should be enforcing this law and the lawsuit charges that the EPA needs to ban water fluoridation now in the light of new scientific evidence. Fluoride lowers IQ, is toxic to the brain and nervous system (“neurotoxic”), and there are now over 300 animal and human studies showing that fluoride is neurotoxic. Additionally, studies have shown fluoridation has no significant ability to prevent caries in children but, in fact, it causes damage to the body including dental fluorosis, with damage to both the dentin and the enamel of teeth. Fluoride accumulation also harms the kidneys, the thyroid gland, bones, joints, ligaments, cartilage, blood vessels and the GI tract.

The battle with the EPA over fluoridation started up earlier in 2017 when FAN had petitioned EPA to consider the new science showing fluoridation’s harm to the brain. EPA rejected that petition. Then FAN went on to suing, charging that EPA is disregarding its own Guidelines for Neurotoxicity Risk.

Two FAN victories so far
In April 2017 EPA filed a motion asking for dismissal of FAN’s lawsuit. In December 2017, Judge Edward Chan ruled against that
Will Lawsuit End Water Fluoridation In the USA?
continued from page 15

motion to dismiss. Then EPA asked the court to deny FAN the ability to introduce into the lawsuit new evidence showing how toxic fluoridation is. In February 2018 the judge denied that motion by the EPA. His ruling will allow FAN to introduce as evidence the Backshaw study, which was published in September 2017. The Backshaw study followed over 300 children in Mexico City over a 12 year period and compared fluoride levels in mothers’ urine while pregnant, with their children’s IQ at age 4 and again at ages 6 to 12. For mothers whose exposure to fluoride were elevated and similar to those of pregnant women in the US, their children had a loss of 6 IQ points.

Attorney Michael Connett wrote in his argument to the court, “in a nation besieged by neurological disorders or poorly understood etiology [causes], both in young children and the elderly; minimizing exposure to known neurotoxic substances must be a public health priority.”

Hazardous waste from phosphate fertilizer plants such as this one is the actual “product” used for water fluoridation

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For sale: Swiss Shield Natural EMF-shielding canopy for queen size bed

Shielding from electromagnetic radiation is 99.99% at 1000 MHz (1 GHz) and is effective up to 10 GHz. Use for shielding sleeping areas! Swiss-made ecological cotton, skin friendly, no chemicals or particles. The fabric is embedded with silver blocking threads that block the radiation. It shields from EMFs from “dirty electricity” as well as from microwave radiation as from Wi-Fi, cell towers and smart meters. Canopy is easy to install, no grounding needed. Canopy is only slightly used and is in like-new condition. Offer includes a shielding sheet under the bed. FFI, www.emfhealthy.com/products/bed-canopies/ Asking price is $1500 for both canopy and sheet. If interested, call Caroline Walker, 505-424-2205.
IABDM Conference for Biological Dentists and other Health Professionals

October 11-13, 2018 in Scottsdale, AZ 85258

Call IABDM at 216-451-1745 for more registration or conference information.

Thursday Oct 11, 2018  Full day workshops— Additional $250 fee paid for attending a Thursday course.

8:30-5:00 "Biological Dentistry 101" - Everything your office needs to know to be a "Biological Dental Office"

8:30-5:00 "Impaired Mouth Syndrome to Holistic Mouth Solutions" Dr. Felix Liao DDS, FIABDM

8:00-5:00 "Surgical Savvy" From Extractions to Cavitations  Dr. Blanch Grubbe DMD

8:00-5:00 "Beginner Energetic Testing" Dr. Lonisa Williams DC, ND

8:00-5:00 "Eccentric Pain Management" Dr. Nicholas Meyer DDS—Maximum of six attendees at his office.

Friday Oct 12, 2018  Featured Speakers

8:30-10:00 "Focal Infection Theory Returns" Blanch Grubbe DMD The old theory of focal infections, responsible for initiating and progressing diseases in the body, has fallen by the wayside. It was believed that since you could not culture anaerobic bacteria from the mouth, then they simply did not exist. Recently, however, polymerase chain reaction technology has given us a new way to detect the presence of microorganisms inside root canal treated teeth and in bone pathologies. This gives us a refreshing look at a venerable—and we would assert—prematurely discarded theory.

10:30-12:00 "Worms To Be Healthy" Alvin H. Danenberg DDS A discussion of modern human evolution and how our primal ancestors (as well as primal societies living in remote areas of the world today) hardly ever had gum disease, tooth decay, or other chronic diseases. However, today’s modern, civilized societies are now riddled with these diseases. I review what has changed in our bodies to allow this to happen, and then offer remedies to return our bodies to the near-perfect machines we were designed to be.

1:30-2:30 "Intrathecal Acupressure" James Allen DDS Learn how using oral acupressure on the palate can assist behavior control related to appetite control and weight loss.

3:00-5:00 "Radiographic Signs of Significant Systemic Diseases" Dale A. Miles RA, DDS, MS, FCRD(C)Dipl. ABDOM, Dipl. ABOM

Review some of the key clinical features of systemic diseases and disorders we see in our patients and give you the tools to recognize the radiographic manifestations on multiple imaging modalities. Come see what you may have been missing and improve your management of patients with "significant systemic diseases"!

Saturday October 14, 2018  Featured Speakers

8:40-9:30 "The Importance of HPAI Compliance to Biological Dentists and Physicians" Gregory Fearing JD, MPH, CISSLP What you need to know to protect your practice.

10:00-12:00 "Deep Fungal Infections Arising From Gingivitis/Periodontalitis or Apical Infections" John Parles Tremblay MD Modern medicine is plagued by illness for which etiologic explanation is absent: leukemia, leucopetia, NOS, acute renal failure, prostatitis, severe dermatoses, immune deficiency syndromes, autoimmune illness such as rheumatoid arthritis and lupus, even non-specific recurrent infections. Recently available genetic testing to identify fungal species isolated from biofilms recovered from venous blood suggest that deep fungal infections might be causative or at least contributory.


Providing diagnosis of oral mucosal disease with naturalistic and integrative therapies.

3:30-5:00 "How Odontal Dental Prophylaxis Contra Systemic Illnesses" David Bracken FMD Let us lay dental interventions into lead you systemically without the dental care is more accustomed until this illness is not treat really controlled.

REGISTRATION INFORMATION - Call IABDM, 281-651-1745 WITH QUESTIONS AND FOR MORE DETAILS

Garth Bailey 815-532-1759 November 1-10, 2018: Members $75, Sponsor cryst $20, Nonmembers $95, Sponsor cryst $40

After November 1, 2018: Members $90 Nonmembers $110 Sponsor cryst $35

FHI, see IABDM website, www.iabdm.org
A coalition of 56 American health groups has sent a notice to the US Department of Health and Human Services (HHS) citing concerns that its health agencies most responsible for assuring the safety of childhood vaccines have failed to fulfill their responsibilities to protect the children. On October 17, 2017, the Informed Consent Action Network (ICNN) mailed an 18 page notice citing the responsibilities that HHS has under law, and detailing concerns that HHS is violating the law by failing to fulfill its responsibilities. HHS is an umbrella agency that includes both the Food and Drug Administration (FDA) and the Centers for Disease control (CDC) both of which play key roles in vaccine safety. FDA licenses vaccines as being safe enough to market. The Centers for Disease Control (CDC) promotes vaccination as a public health measure but also evaluates their safety and efficacy. The 1986 Act that extended immunity to vaccine makers from lawsuits over vaccine injury also charges HHS with the responsibility of assuring the safety of vaccines. ICAN’s notice includes the following concerns:

**Failure to conduct adequate pre-licensure safety studies** FDA did not require adequate safety trials for childhood vaccines that it approved for marketing. For example, Merck’s hepatitis B vaccines are allowed to be given to one-day-old babies and FDA’s safety trial for that vaccine gathered adverse reactions only over the five days after the vaccine was given.

**Failure to gather the full data of vaccine injuries after the vaccines have been given.** For example, the VAERS reporting system received about 60,000 reports of adverse events in 2016, but a HHS funded study showed that “fewer than 1% of vaccine adverse events are reported.”

**HHS has failed to perform the studies necessary to determine what injuries are caused by vaccines and there is a long list of reported injuries for which scientific evidence is insufficient to pay out compensation under the Vaccine Court system.**

**Failure to protect the most susceptible children** Some children are more susceptible to vaccine injury than others because of factors such as the genetic variants, environmental toxins, and illnesses. But HHS has not adequately studied those issues and it has no guidelines or policies in place to prevent vaccine injury to the more susceptible children.

**Failure to conduct comparison studies** The HHS has refused to conduct a study comparing the health of vaccinated versus unvaccinated children. Non-governmental studies show that the vaccinated children have far more health problems, thus indicating that its program of mandated childhood vaccines may be doing more harm than good. In 2017 a study led by Dr. Peter Aaby reported that children in Africa vaccinated by DTAP were ten times more likely to die in the first six months of life than those who were not vaccinated; the deaths were from such causes as respiratory infections, diarrhea and malaria. A study done in the US by Dr. Anthony Mawson, MD, compared fully vaccinated versus unvaccinated homeschoolers and found very significantly higher incidence of allergies, eczema, ADHD, autism and learning disabilities among the fully vaccinated homeschoolers. The fully vaccinated children had almost four times as much ADHD and autism.

**Conflicts of Interest** The FDA and the CDC allow doctors and consultants who have strong ties to pharmaceutical companies to serve on committees that decide on whether or not to license a vaccine, or whether to push for a new vaccine to be mandated for children in all the states.

The ICAN letter to HHS expresses hope that HHS can respond with the many steps needed to assure vaccine safety but that if that does not happen, ICAN warns HHS that it is prepared to bring legal action.
Firstenberg’s Invisible Rainbow A Portrait of How EMFs Can Harm
By Carol Ward and Leo Cushman

Cell phones and other wireless gadgets are so widespread and useful that many people assume that they are safe. After all, government regulators seem to have no problem with them and the media constantly gives them a buzz of promotion. But has the public been really shown the risk, the dark side?

Arthur Firstenberg brings a strong scientific background to his 2017 book The Invisible Rainbow; A History of Electricity and Life. His activism began with his own encounters with radiation injury. After four years of study in medical school at University of California, Irvine, he had to drop out because of harm by an overdose of x-rays.

He was in New York City as the wireless age come into being in the 1990s and became terribly ill from the effects of the cell towers and cell antennas that blanketed New York City starting mid-November 1996. His non-profit group, the Cell Phone Task Force was then kept busy trying to help with thousands of others who had become ill from the cell phone communication microwaves blanketing New York City. Some the victims became homeless, environmental refugees. He had to flee New York City and he re-located in Santa Fe, New Mexico, where he has also had to fight for his own survival as well as the safety of others.

The EMF safety movement has met with some success. In October of 2017, 100-plus organizations, including his, opposed legislation in California that would have exempted cell antennas and towers in the public right-of-way from local zoning laws. California Governor Jerry Brown vetoed the anti-safety legislation. It was a major victory. In Invisible Rainbow, Firstenberg explains why we should all be concerned. Here are some of the important points.

How does the intensity of radiation from a cell phone compare with what you would get from a cell tower? Answer: a 2000 watt cell tower two blocks from your house is a hazard to be concerned about, but the microwave radiation intensity from a cell phone held right next to your head is 100,000 times greater than that from a cell tower two blocks away.

The limits on microwave radiation intensity adopted by the Federal Communication Commissioner (FCC) are ridiculously lax and do not protect health at all.

Why do people not normally get headaches from their cell phones? The brain has no pain receptors. Nonetheless, damage is being done. Leif Salford a neurosurgeon in Sweden. In a rat study, he and co-authors found that a single two hour exposure to a cell phone permanently destroys up to two percent of the brain cells.

Does holding the phone away from your head protect you? No. Leakage of the blood brain barrier is detectable within two minutes of exposure and leakage probably begins within seconds.

What do stroke statistics tell us? While the incidence of stoke is steady or declining overall, but it is rising in adults younger than 50 years of age, and shockingly so in very young adults.

Are cell phones safe if used with a wired headset? No. In year 2000, testing by the Consumers Association in the U.K. showed that using a wired headset actually tripled the radiation to the brain.

Are cell phones safe if kept in our pockets when not using them? No. Rates of hip replacements in the U.S. have more than doubled among people 45 to 54 between 2000 and 2010. Rates of colon cancer among Americans age 20 to 29 doubled between 1995 and 2013. Metastatic prostate cancer rose by 62% among American men under 55 between 2004 and 2013; the rate nearly doubled for men 55 to 69 in the same period. Men who keep their cell phone on standby in their pockets or on their belts have significantly lower sperm count, motility, and morphology. Women who kept their cell phones in their bras get a distinctive type of breast cancer directly under where the cell phones have been kept.

See Invisible Rainbow for more details. Greater awareness will turn the tide against dangerous exposures to harmful EMFs.
In Primal Dentistry, Carol Vander Stoep has constructed an educational masterpiece that ties the mouth to the rest of the body. I am blown away by the scope of material presented. Her general knowledge of biology, chemistry, physiology, anatomy, and energy medicine is used to explain how they all affect health. She investigates and critiques many important issues that may affect the whole person such as root canals, mercury fillings, cavitations, airway, O2/CO2 balance, the gut-brain connection, and energy medicine.

Russell Blaylock, MD, a neurosurgeon, focuses on discussion of aluminum as a threat to brain health in part of his well-known book Health and Nutrition Secrets That Can Save Your Life. He begins by describing the many sources of aluminum, such as cookware, beer kegs, foods, tap water, as well as vaccinations. Foods that are not organically raised may have high levels of aluminum as a residue from the spraying of cryolite, an insecticide made of sodium, aluminum and fluoride. He discusses the synergy (the multiplication of the toxic effects) between aluminum and mercury, fluoride and glutamate. Glutamate, which is highly neurotoxic in its own right, is found in monosodium glutamate (MSG) and numerous other forms of glutamate, disguised under many other names on the list of ingredients. Dr. Blaylock also presents conclusive scientific evidence linking aluminum to ALS (known also as Lou Gehrig’s disease), Parkinson’s disease and Alzheimer’s disease.

Dr. Blaylock also presents conclusive scientific evidence linking aluminum to ALS (known also as Lou Gehrig’s disease), Parkinson’s disease and Alzheimer’s disease.

Immune disorders including ASIA

Today an estimated 55 million Americans have autoimmune disorders, such as rheumatoid arthritis, Hashimoto’s thyroiditis, lupus, MS and asthma. A leading expert on immune disorders, Yehuda Shoenfeld, has published research on a collection of syndrome immune disorders that is now defined as a new syndrome called ASIA. ASIA stands for Autoimmune/Inflammatory Syndrome Induced by Adjuvants. ASIA disorders refer to the pain and immune inflammation disorders that may develop into what we long have called autoimmune disorders listed above. Shoenfeld and other leading researchers point to aluminum used as an adjuvant in vaccines as the leading cause of ASIA.

The Synergy with Fluoride

In the journal of Brain Research in 1998, Robert Isaacson and his colleagues presented a rat study that showed that the presence of fluoride greatly enhances the uptake of aluminum into the brain. In particular, the alumino-fluoro complex mimics the phosphate radical, with aluminum mimicking the phosphorus and the fluorine atoms mimicking the oxygen atoms. As a result, the alumino-fluoro complex easily crosses into the brain where doesn’t belong. In the Isaacson study the rats with low dose alumino-fluoride in their water had severe kidney and brain damage. The brain tissue had pathologies that looked like what is seen in the brains of people with Alzheimer’s disease.

Researcher Anna Strunecka, of the Czech Republic, has found that alumino-fluoro complexes act as “false messengers,” stimulating cellular receptors and raising havoc in the thyroid gland and other organs.
Elevated aluminum in Brains of Autistic Children

In a new paper currently heading for publications, Christopher Exley and his colleagues in Britain report finding extremely high levels of aluminum in certain locations of the brains of autistic children. In the abstract of their paper they report that their autopsy study of the brains of autistic children showed “some of the highest values for aluminum in human brain tissue yet recorded.” The aluminum “appeared to be present in microglia-like cells and other non-neuronal cells in the meninges, vasculature, grey and white matter. The pre-eminence of intracellular aluminum associated with non-neuronal cells was a standout observation in autism brain tissue.” They noted that the only other brain tissue sample that they had seen as high in aluminum was for a 42 year old male with familial Alzheimer’s disease.

Aerosol spraying

Another very major aluminum source of aluminum comes from the spraying of aerosolized metal compounds being sprayed from planes flying high in the sky. Such spraying is sometimes visible as long white or gray trails, sometimes called “chemtrails” so as to emphasize that they are made of chemicals that are not usually found high in the sky, rather than water vapor. Snow, rain and soil samples generally indicate that aluminum compounds are predominantly what the aerosol particulates are made out of. Lesser amounts of barium and strontium compounds are also found. The purpose of the aerosol spraying is to increase the electrical conductivity of the atmosphere so that it can be manipulated by radio frequency (RF) radiation that is sometimes transmitted from the NEXRAD antennas that are used for atmospheric weather monitoring throughout the country. The atmospheric spraying of metal compounds puts more ions into the air so that it can be manipulated by RF radiation so as to control the jet stream and weather patterns including storm systems. The military has developed such a system so as to use it as a weapon, as the power of a targeted hurricane, tornado or other storms can be comparable in devastation to a nuclear bomb, yet not as dirty as a nuclear bomb. The ability to deflect storms that bring needed rainfall and cause prolonged drought also provides a weapon of sorts that can be used against an enemy. A number of books and research articles have been written on aerosol spraying and “geoengineering. Space doesn’t permit a fuller discussion of it here, but one of the writers, Dane Wigington, provides a few concise bullet points. 1) The aerosol particulates trap more heat in the lower atmosphere than they deflect; so the spraying adds to the global warming crisis. 2) The system is disrupting the planets hydrological cycle, resulting in flooding and drought. 3) The planet’s protective ozone layer is being destroyed, resulting in more harmful ultraviolet radiation. 4) The air we breathe is being contaminated with toxic particulates, causing respiratory and overall health problems. 5) Plant and tree die-offs are causing the catastrophic forest fires. For more, see www.GeoengineeringWatch.org.

Solutions

Dr. Russell Blaylock urges avoidance of all exposures to aluminum such as in antiperspirants, antacids, aluminum cans, cookware, tap water and vaccines. All sources of glutamate must be avoided as well as mercury and fluoride, as all of these toxins enhance the uptake of aluminum and the harm it will do. Vitamin C, natural vitamin E, and adequate amounts of magnesium are among the supplements he recommends. Chapter 5 of his book has more detailed suggestions. Articles and books from DAMS provide information about avoiding exposures to fluoride, glutamate as well as mercury. Christopher Exley suggests drinking mineral waters that have high levels of silicic acid as a way to bind up aluminum and excrete it through the kidneys. If such mineral waters are unavailable or unaffordable, supplements of silicic acid are widely available to take daily. Some other scientists suggest the use of diatomaceous earth powder, food grade, to bind aluminum and allow its excretion.

References

The films are The Age of Aluminum, and Injecting Aluminum. The books are Health and Nutrition Secrets That Can Save your Life, by Russell Blaylock, MD, and Vaccine Epidemic, edited by Louise Habakus, MA and Mary Holland, JD, especially its Chapter 25 by Sherri Tenpenny. To find researchers Christopher Exley or Yehuda Shoenfeld do a search on their names and key words like aluminum or ASIA. Dane Wigington’s reports on aerosol spraying and more can be found on his web site, Geoengineering Watch.org. A 20-page booklet by Wigington, Geoengineering: a Chronicle of Indictment, is available from DAMS.


DAMS 1043 Grand Ave, #317 St Paul MN 55105 USA 651-644-4572

**Dental Amalgam Mercury Solutions**

*Prices shown at right include the cost of shipping the item within the USA by media mail.*

**Books on Dental and Health Issues**

- The Holistic Dental Matrix, By Nicholas Meyer, DDS  
  *Price: 22.00*
- Rescued by My Dentist, By Douglas Cook, DDS [2009]  
  *Price: 24.00*
- Whole Body Dentistry, By Mark Breiner, DDS, [2011]  
  *Price: 24.00*
- Patient Empowerment, how to slay the dental dragons, By Hal Huggins, DDS, MS [2013]  
  *Price: 22.00*
- Uninformed Consent, the hidden dangers in dental care, By Hal Huggins, DDS, & T. Levy, MD [1999]  
  *Price: 19.00*
- Dentistry Without Mercury, By Sam Ziff and Michael Ziff, DDS [2001]  
  *Price: 8.00*
- Mirror of the Body, your mouth reflects the health of your entire body, By James Rota, DDS  
  *Price: 18.00*
- Mercury Detoxification Simplified, By William Rasmussen, MA [2014]  
  *Price: 26.00*
- Lead Detoxification Naturally, By William Rasmussen, MA [2008]  
  *Price: 12.00*
- Hidden Epidemic: Silent Oral Infections Cause Most Heart Attacks and Cancer, By Thomas Levy, MD  
  *Price: 22.00*
- The Toxic Tooth, How a Root Canal Could be Making You Sick, By Robert Kulacz, DDS, Tom Levy, MD  
  *Price: 22.00*
- Am I Dead? - Cancer Cured, the Coming Storm, the mouth-body connections By Fred Hughes  
  *Price: 22.00*
- Six Foot Tiger, Three Foot Cage, holistic solutions for sleep apnea & deficient jaws, By Felix Liao, DDS  
  *Price: 22.00*
- The Case Against Fluoride, By Paul Connett, PhD and James Beck, MD, PhD [2010]  
  *Price: 24.00*
- The Fluoride Deception, By Christopher Bryson [2004]  
  *Price: 20.00*
- Chronic Fatigue: Poisoned by the Mercury in Your Mouth, A. Jeppsson-McClintock [1997]  
  *Price: 8.00*
- Climate Engineering, Weather Warfare -It impacts our health, threatens our planet, Dane Wigington  
  *Price: 2.00*

**DVD Videos on Dental and Health Issues**

- Evidence of Harm - mercury dental filling hazards and who's covering it up, By Randall Moore  
  *Price: 22.00*
- Smoking Teeth equals Poison Gas, mercury vapor release from amalgams, By David Kennedy, DDS  
  *Price: 11.00*
- Mercury, a Slow Death, a film in DVD or VHS format, by Christy Diemond  
  *Price: [8.00 in VHS format]*  
  *Price: 17.00*
- Fluoridate, a DVD by David Kennedy, DDS How honest scientists at the EPA battled the cover-up  
  *Price: 11.00*
- Let the Truth Be Known - Set of Two Disks, Part 1 and Part 2 (only sold together now)  
  *Price: 30.00*
  
  Part 1 has four segments on fluoride, each 28 minutes long, as follows:
  1) China’s Crippling Waters, 2) Chris Bryson, author of The Fluoride Deception, interviewed
  3) Why I Changed my Mind, with Hardy Limeback, DDS, 4) William Hirzy, Ph.D., interviewed
  
  Part 2 has four segments: 1) Poisoned Horses - terribly poisoned, some died, fluoridated water,
  2) Bad Bugs (gum health), 3) Smoking Teeth, and 4) The Secret Story of Fluoride

- VAXXED, From Cover-up to Catastrophe - CDC Scientists covered-up the link of vaccines to autism  
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In the early 1990s, a mysterious muscular disease involving severe muscular pain, weariness and cognitive disorders began showing up in the general population, so says the film Injecting Aluminum, made in France in 2017. The film, which features aluminum research scientists Christopher Exley, PhD, as well as other researchers and doctors, describes the numerous sources of aluminum that cause pain, inflammation, mental and other disorders. While the documentary points to antiperspirants, foods and food containers as providing major pathways of exposure, it weighs in on the use of aluminum salts as an “adjuvant” in vaccines as a major aluminum exposure. Exley and others are concerned that aluminum exposures are largely behind the marked increase in Alzheimer’s dementia. Autism, ADHD, and even cancer appear to be linked to aluminum. An earlier documentary, from 2013, is The Age of Aluminum. It raises similar health concerns but it also portrays just how harmful aluminum mining and manufacturing are to the environment and to workers in smelters. It shows a Brazilian rainforest setting where the mining of the aluminum ore, bauxite, leaves large areas of the Brazilian rainforest stripped of vegetation and covered with toxic wastes. In nearby communities, the people are left with toxic mining wastes that have polluted the water for cooking and drinking. Aluminum smelters can produce large amounts of pollutants, such as airborne fluoride air pollutants. These may include hydrogen fluoride, a toxic acid that can etch glass, and sodium fluoride, which has been used as a rat poison, but which is now used more as the (poisonous) germ-killing agent in fluoride toothpastes.

**Aluminum sources** Aluminum is found in foods such as baking powder, table salts, and it works its way into food when used aluminum foil, soda cans, cookware, food packaging and in foods that are naturally high in aluminum or are grown in aluminum contaminated soil. Cosmetics and antiperspirants contribute enormously to aluminum exposure. Aluminum is found in antacids, buffered aspirin and other medicines. It is widely used in drinking water treatment facilities, making tap water a significant source for many towns and cities. But, of course, one of the greatest and most harmful exposures to aluminum is due to its widespread use in vaccines.

**Aluminum use in vaccines** Dr. Sherri Tenpenny, DO, writes an entire chapter, Chapter 25, in the book Vaccine Epidemic. She explains that aluminum is used as an “adjuvant” so as to to strengthen the effect the antigen (the viral or bacterial fragment) has on the immune system. “An adjuvant stimulates the immune system in a non-specific manner, leading to the development of high antibody levels,” she explains. While aluminum is eliminated from the body through the kidneys, “Infant kidney function ...is low at birth and does not reach full capacity until one year of age,” she warns. This “may contribute to significant, unrecognized neurotoxicity. “As examples of vaccines with aluminum she mentions DTaP, Prevnar, hepatitis A, some forms of Hib, and the HPV vaccines such as Gardasil. Multiple vaccines are often given together to babies and

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