

DMPS Challenge

DMPS (Sodium 2,3-dimercaptopropane-1-sulfonate) is a sulfonic acid salt with free SH-groups that forms complexes with heavy metals such as mercury, cadmium, arsenic, lead, copper, silver, tin, and others. This agent was first developed in China, was then introduced in Russia (used for workers injured by exposure to heavy metals) , and went from there to West Germany. Professor Max Daunderer, M.D., in Munich published a number of papers on the use of DMPS^{1,2}. He found that DMPS is the ideal agent to detox patients who have suffered from amalgam toxicity after the fillings have been removed. Intravenous DMPS leads to dumping of large amounts of heavy metals through the kidneys. 50% are excreted during the six hours following the shot, 90% after 24 hours. Oral DMPS leads to excretion of heavy metals mostly via the stool, but has been in our experience much less effective. DMPS has been proven to be the ideal agent to "clean" the kidneys of heavy metal residues and improve kidney function in patients who have been exposed to heavy metals^{3,4,5,6,7,8,9,10,11,12,13,14} .

DMPS is available in 250 mg/5 cc ampules from ApotheCure, contact Gary Osborn, R.Ph., C.C.N., at 1-800-969-6601. The 24-hour urine heavy metal analysis is performed through Dr's Data in Chicago (telephone #: 1-800-323-2784).

Intravenous DMPS should not be used in patients who still have silver amalgam fillings. DMPS seems to appear in the saliva and dissolves the surfaces of the existing amalgam fillings. This process occurs over a series of several days. However, the blood concentration of DMPS lessens very quickly. Therefore, the patient with amalgam fillings can become acutely toxic from heavy metal injury to the mucosa of the gut following a DMPS shot. The DMPS should be given however immediately after the last amalgam filling in the patient's mouth has been removed.

Through the use of neural kinesiology testing, we have found that the kidneys, the liver, and the brain typically get stressed quite a bit approximately one week after the DMPS shot when "new" heavy metal is moving from intracellular to extracellular. Therefore, the mercury that comes out after the first DMPS shot represents only recent exposure, further injections will eventually get the slow body pools¹⁵.

The cells start "joyfully" dumping the heavy metal content into the connective tissue. However, if DMPS is not given again within a reasonable period of time, the heavy metals are redistributed again back from extracellular to intracellular. Extracellular heavy metals cause symptoms such as pain, burning, gut problems, and most other known heavy metal related symptoms. If they are intracellular, the patient appears to be asymptomatic, but his immune system is malfunctioning on a deep level leading to more serious disease later on. When the heavy metal analysis comes back negative, one can often still find "nests" of heavy metal toxicity in various tissues using neural kinesiology. The patient will then benefit from further injection of DMPS locally using the neural therapy approach (segmental injections, paravertebral injections, autonomic ganglion blocks with lidocaine and a small amount of DMPS -10 parts lidocaine, 1 part DMPS).

If the DMPS is given often enough, the clinical improvements of patients are dramatic and often miraculous. If DMPS is given too few times, the patient will sometimes not experience any lasting clinical improvement (since the heavy metal burden of the body is not yet sufficiently decreased). The most consistent observation that we have made is that each patient treated several times with DMPS seems to become biologically younger (hair grows back, skin looks more supple and rosy, lab parameters shift back to normal) . Chronic pain

and neurological disease appear to be the most gratifying indications. Even though DMPS does not cross the blood brain barrier, major improvements in neurological disease are often seen. This is easily explained through the laws of osmosis: If the connective tissue and vascular system is free of heavy metals and the brain and nervous system has a high heavy metal burden, given enough time, the heavy metals will shift from the brain into the other tissues where the body can excrete them. However, we like to finish the treatment (when no more heavy metals are detected through the urine challenge test) with a three day regimen of DMSA. The patient is given 250 mg capsules of DMSA: Take two capsules three times a day for three days in a row. Patients can experience severe side effects with DMSA-due to the tremendous shift of minerals within the nervous system caused by this agent. We have found that moderate amounts of alcohol such as wine or beer counteract some of these side effects. We also recommend that each patient undergoing the DMPS treatment is on the Williams/Klinghart detox program (Chlorella, antioxidants, etc.). Recently, we have found that moderate doses of odorless garlic appear to tremendously help the excretion of heavy metals while the patient is undergoing this intense detox program. Saunas, exercise, and colonics are also helpful.

Even though DMPS has a high affinity for mercury, the highest affinity appears to be for copper and zinc², which are the metals that appear first in high levels in the urine. The "normal" urine challenge test will show high copper levels and low manganese levels. I consider someone only copper toxic if his/her level is more than fourfold the upper limit of the reference range. If the patient has a high body burden of these metals, no mercury comes out with the first test. Only subsequent DMPS tests will show the mercury. As long as there is a high body burden of mercury, virtually none of the other heavy metals are coming out. Only as the mercury level starts to drop, does the lead, nickel, silver, cadmium, and so on appear in the urine. This is important to understand: as different heavy metals appear in the urine test at different times, so do the patient's symptoms change while going through the detox. The ideal book that describes the symptoms caused by toxicity from any of the particular heavy metals are the old standard texts in homeopathy such as "The Materia Medica with Repertory" from Boericke. One can read up the particular "symptom picture" of nickel toxicity, silver toxicity, copper toxicity, etc.

Currently in the U.S.A., the University of Arizona is conducting experiments using DMPS²⁰.

Current protocol

Our protocol is similar to the one developed by German toxicologist, Max Dauderer, M.D.^{2,19}.

On the day of the last amalgam removal, the first treatment is given. In patients who had the amalgam taken out months, years, or decades before, this diagnostic test and treatment method should still be used as soon as the problem of heavy metal toxicity is suspected.

The content of the ampule (or 3 mg/kg body weight) is drawn up into a 5 cc syringe and slowly injected into the patient with a 25 gauge butterfly over a 5 minute period of time (1 cc per minute). The patient is then asked to collect all urine for 24 hours in the container provided by Dr's Data. On the lab slip, the doctor has to mark off the following urine tests: "special mercury" and "elements". The patient will fill the provided mailing tube with a sample from the urine collected over the 24-hour period. After voiding the first urine into the container, the provided ampule of nitric acid is added to the urine in the container. The patient is responsible for the mailing of his own urine. A mailing container is provided by Dr's Data. Paravenous infiltration of DMPS is harmless, but creates an itching sensation at

the injection site for half an hour or so. DMPS appears to clear the vascular system and the connective tissue of heavy metals. However, as the connective tissue becomes "cleaned up" more heavy metals move from the intracellular space into the extracellular space (if the body burden of heavy metals is high) . Therefore the following reactions are often seen: The patient feels better for several days after the injection, then starts feeling bad again. Often the patient will have a feeling of "emptiness in his head" and difficulty concentrating for a few days. I attribute this to a lack of "good minerals" in his system. No mineral supplements should be given 24 hours before and 48 hours after the test. Otherwise DMPS will bind to calcium, magnesium, and other "good" minerals and not get to the mercury. The urine test results come back after three weeks or so. The patient is instructed to come back after four weeks. If any of the toxic metals are elevated above normal or mercury excretion is more than 1 mcg/24 hours, the next injection is given. I recommend to repeat the urine test at the time of the third shot (two months after beginning of treatment) . By mobilizing mercury, copper, nickel, etc. from the intracellular space to the extracellular space and from there out of the system, the heavy metal related symptoms of the patient can be temporarily aggravated (i.e. joint pains, depression, fatigue, etc.) . However, this is transient. In my experience, the patient will always feel better within three to four weeks following the shot (that means better than before beginning of treatment). In my experience, dentists have required six to eight treatments to get the heavy metal burden down to "normal". They then require a shot every four to six months or so to stay current. Alternately, they can use oral chelation with chlorella (8 caps/day). People that had exposure to amalgam through their fillings will typically require three to five injections. People who have never had amalgam fillings, but show evidence or suspicion of heavy metal toxicity through other sources, typically require one to two injections.

I have not observed any serious side effects. Side effects are occasionally observed such as temporary lowering of blood pressure, allergic reactions, and skin rashes. DMPS is not mutagenic¹⁶ , seems to have no teratogenic effects, and is not carcinogenic². Max Dauderer, M.D., prefers the Russian made version of DMPS called Unithiol, which comes in a 5 ml 500 mg ampule. This agent is preferably injected intramuscularly, half ampule in each buttock. The excretion of heavy metals caused through this approach is much more gradual than after the IV DMPS and not suitable to use in conjunction with the urine challenge test. However, it is good to use this approach at times when no urine test is planned for. I am not aware of sources for Unithiol in the U.S.A. However, in Europe this agent is much less costly than the German made product¹⁸.

I firmly believe at this point in time that there are no alternatives to the DMPS treatment. I have not seen any clear evidence that any of the other proposed detox programs result in the same clinical improvements including the use of DMSA, BAL, and D-penicillamine². Chlorella speeds up the cleaning-up process, but can temporarily lead to detox-related unpleasant symptoms. Chlorella seems to be the ideal agent to stay current with a low toxic metal burden and helps to survive these times of toxic overexposure from so many different sources.

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