

## Portland Voters Reject Water Fluoridation



By Leo Cashman

As the people's campaign wore on, the stronger their campaign to stop fluoridation in their city became. Finally on May 21<sup>st</sup>, 2013, when the votes in Portland, Oregon were counted, the grassroots campaign achieved a stunning victory, receiving 60% of the vote versus 40% voting in favor of fluoridating the city's tap water. Thus, thanks to that victory, Portland, Oregon continues on as the largest city in America free of water fluoridation. Thanks to that victory, Portland now avoids having to spend \$7.6 million to build a water fluoridation plant and avoids having pay half a million per year for the toxic fluoridation chemicals and other costs of fluoridation.

The origins of the May showdown arise from a Portland's city council vote in 2012 to fluoridate the water. This followed a quiet but lengthy effort to get the council members committed to voting in favor of fluoridation. Upstream Public Health, a non-profit group formed by a

handful of public health professionals, had a large dental agenda which centering on water fluoridation as a key to improving children's dental health status. Upstream, a group that touts its expertise at lobbying and influencing public policy, built a coalition of more than sixty community and dental organizations, including the Oregon Dental Association, which as a state chapter of the American Dental Association (ADA). Other partners included the State Department of Health and the departments of public health at the various state universities. Such organizations treat water fluoridation as the ultimate answer for children's dental wellbeing. Their coalition to push the fluoridation of Portland, Everyone Deserves Healthy Teeth, has been described as the real impetus for the city council's 2012 approval of water fluoridation.

More active citizens of Portland, sensing that big dental interests had pulled a fast one, cried foul and formed their

*continued on page 2*



## UNEP Treaty Passed But Dental Mercury Eludes the Ban

By Leo Cashman

The United Nation Environmental Global Mercury Treaty was finally approved in January and, amid fanfare, a signing ceremony will be held in October of this year in Minamata, Japan, site of one of the worst industrial mercury

poisoning disasters. For those of us in the movement to ban dental amalgam mercury fillings everywhere, for all time, we must tell you, in all honesty, there was no such ban in this treaty. Instead of

*continued on page 4*

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## Portland Rejects Water Fluoridation *from page 1*

own group, Clean Water Portland, to gather the 20,000 required to trigger a citizen referendum on fluoridation. Most of the media was pro-fluoridation. This included the major daily newspaper, The Oregonian, and two "alternative" weekly papers. The local TV stations also slanted in favor of fluoridation, except for KATU, Channel 2 TV, where reporter Shellie Bailey-Shah sought to dig out the facts and the truth behind the building drama of the fluoridation battle. The curiosity of Bailey-Shaw was piqued by the fact that the state's annual publication of the dental status of 3<sup>rd</sup> graders had been delayed for several months. Unable to pry the annual report loose from the state, she filed a Freedom

of Information Act (FOIA) request for the data in it. What she found was that the state's own survey data showed that water fluoridation provided less than a 1% rate of improvement in tooth decay when averaged across the country; even more riveting, the data revealed that, with no fluoridation, Portland's dental status for 3<sup>rd</sup> graders ranked far better than this average in the fluoridated areas. So, once revealed, the state's own data refuted the pro-fluoridation camp's insistence that Portland was having a dental crisis caused by never having fluoridated its water.

Three environmental groups, Columbia Riverkeepers, Food & Water Watch, and the local chapter of the



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Sierra Club, issued coordinated press releases citing “concerns over adding fluorosilic acid to our water supply.” Leaders in communities of color, once they had become better informed, also began coming out against water fluoridation. Despite its \$1 million dollar budget and heavy media advertising the pro-fluoridation forces were losing their edge. Polls taken in Portland in early May showed that only 30% of blacks and less than 10% of the Latinos supported water fluoridation.

**Points Made in a Debate** At an April 11 well publicized debate, one of the representatives of pro fluoride camp was a dentist named Mike Plunkett. He did not gain the audience’s favor. In his opening, he accused Clean Water Portland’s opposition to fluoridation as being based on “scare tactics” and “fear politics.” The pro-fluoridation spokesmen had some trouble making their case; neither of them could offer an ethical argument as to why the forcing of a medication through the water supply was justified. Clean Water Portland’s Kellie Barnes, on the other hand, explained that permanent white spots on teeth are the first signs of an overdose on teeth called “dental fluorosis;” exasperated by this observation, Plunkett replied that “all fluoride causes some amount of fluorosis.” Plunkett, when asked why Texas, with over 80% of the state fluoridated, has one of the highest rates of tooth decay in the country, replied by arguing that there could be no correlation between rates of fluoridation and rates of tooth decay, thus knocking away the basis for the entire pro-fluoridation campaign.

The people’s victory came as a result of a strong public education over seven months. The facts triumphed over a dental establishment-funded campaign that had made use of expensive public relations firms and big-media advertising.

Despite its strong victory, Clean Water Portland will remain cautious and vigilant. There is concern that the pro-fluoridation coalition will take its ideas to the state legislature and try to pass a state-wide mandate for water fluoridation. This would force fluoridation upon Portland again! Portland activists will remain alert to prevent Oregon from having a state-wide fluoridation mandate.

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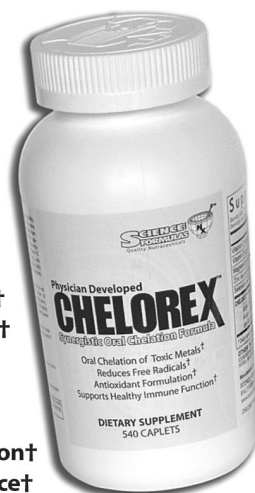
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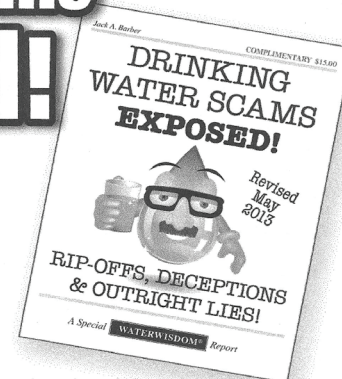


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## UNEP Treaty is Approved But Dental Mercury Eludes the Ban

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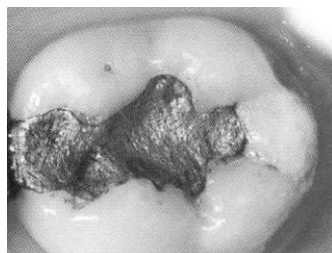


banning dental amalgams along with other products having a significant mercury content, the US and other political powers, bowing to the wishes of dental industry lobbyists, gave dental amalgams separate treatment in which it was slated for a phase-down; each country of the world can then decide what measures it will take for complying with the phase-down, and the minimum requirements for that were weak and watered down. So, as far as the dental amalgam mercury issue is concerned, the treaty was a victory for the American Dental Association (ADA) and its allies seeking to largely keep the status quo. The victory for evil side of big pharma was even more blatant in the case of mercury in vaccines. Thimerosal, the deadly mercury compound used in the flu shot and in many other vaccines worldwide, was completely exempted from the treaty. The use of mercury in small scale gold mining, a serious health as well as environmental concern, also escaped being firmly and uniformly banned. On the positive side, the treaty did manage to call for phase-out of a long list of products including switches, mercury thermometers, some kinds of fluorescent lamps, mercury blood pressure measuring devices, soaps and cosmetics by the year 2020. But it seriously fell short on uniformly curbing mercury emissions from coal burning power plants, bowing again to the political influence of big electric utility interests. We will look more closely now at the treaty's provisions, who won, who lost, and also mention the bright side of the treaty and the process of shaping it, despite its shortcomings.

### Dental Mercury Provisions that

July 2013

**Have No Teeth** When it comes to a legal document such as a treaty, language, the choice of words, is important. The treaty called for a phase-down, rather than a phase-out or a ban. We have to examine the treaty language to decide whether the phase-down that is going to be required of all countries is going to be anywhere near as good as a phase-out and whether it could ever lead to a ban. In dealing with the mandatory phase-down, each country will have to pick two or more phase-down measures, out of nine that are listed in the treaty, that it promises to comply



with. These measures include: setting national objectives at minimizing dental amalgam use, promoting mercury-free filling materials, discouraging dental insurance policies that favor dental amalgam over mercury-free dental materials, encouraging dental schools to train dentists to use mercury-free alternatives, and restricting amalgam use to its encapsulated form. But at least two of these measures are already in place in countries like the US, Canada, Britain, Ireland, Australia and none of these countries are anywhere near a phase-out of amalgams or a ban. This shows that the phase-down measures have no teeth in them and that the phase-down served as a smoke-screen for maintaining the status quo. We should not play along with their deception by publicizing it as a victory for our side. This smokescreen is so disturbing that we might wonder what the real purpose of the treaty was: was it really to protect health and the environment, or was it really to provide token concessions while maintaining the status quo for dental amalgams, mercury in vaccines and the coal

burning power plant industry?

For dental amalgam mercury, the environmental aspects alone are very significant. Between 300 and 400 tons of mercury are used globally in dental amalgam mercury fillings per year. Whether the mercury from dental amalgams accumulates in a person's body or gets excreted into a toilet and out into the sewage treatment system, dental mercury is going to cause problems somewhere. A treaty that doesn't deal with the dental amalgam mercury problem in a firm way is an environmental and a health failure. This treaty is an example of insider politics and money triumphing over people, their health and the environment. In year 2012 alone, the American Dental Association spent more than \$2.8 million in lobbying members of the US Congress, the EPA and other federal agencies. Much of that money went toward lobbying the US State Department, which is the agency that represented the US at the mercury treaty conferences (treaties being international). The US State Department's stance on dental amalgam mercury was exactly what the ADA wanted and exactly what ended up being adopted in the treaty: no meaningful change, weak, fuzzy "phase-down" language, with no firm phase-out, no ban. "The ADA is very pleased by the agreed upon provisions related to dental mercury included in the United Nations Environment Program (UNEP) proposed treaty," said ADA President Robert Faiella, DMD. He thanked the US State Department, the FDA and the EPA for their willingness "to consider and be guided by the best available scientific information pertaining to dental amalgam."

**Mercury in vaccines** was excluded from the treaty. The use of mercury in vaccines remains uncurbed by the newly approved treaty. Thus, as more and more health conscious people in the US and other developed countries



are rejecting mercury in flu shots and other vaccines, big pharma is free to export its most mercury-dangerous vaccines to millions, perhaps billions, of unwary people in undeveloped countries. Countless numbers of children and infants will suffer because of the treaty's failure to curb mercury in vaccines.

**Mercury in small-scale gold mining** Small scale gold mining, also called "artisanal" gold mining, evokes a picture of small family operations, with children helping out, eking out subsistence by prospecting for gold the creeks and rivers away from bigger, mechanized mining operations. But tragedy enters that picture as small scale mining operation results in a yearly loss of 1,000 tons of mercury into the environment. The numbers of people involved are enormous, too, with small miners numbering about 15 million, including perhaps 5 million women and 600,000 children. Mercury clings to gold avidly and, as the metal mix is heated to drive off the mercury, mercury vapor released is inhaled and released into the environment. One or two grams of mercury are lost into the environment for every gram of gold captured using the mercury process. Resulting health impacts are observed to include kidney failure, memory loss, miscarriages, respiratory failure, mental and neurological damage, and even death. Families hate the consequences of mercury poisoning but continue to be driven into small scale, illegal and dangerous gold mining after having been driven off their farm land by big corporations. They may not know that the use of mercury to amalgamate the gold is not necessary, because borax can be used instead of mercury. Using borax will make the process take longer, but borax is cheaper than mercury and the borax

does not poison the people or the environment like mercury does. But the treaty language is weak with no uniform requirements or phase-out; rather, each country is asked to draw up strategies to reduce the amount of mercury used by small scale gold miners. We fear that the results, at least in many of the countries, will not be a ban on mercury in small scale mining, thus needlessly prolonging mercury's harm to millions of families and to the environment.

**The bright side of the mercury ban treaty** The UNEP treaty and the treaty negotiation process have had an important positive side. The danger posed by mercury to human health and the environment was explained repeatedly in the media, worldwide. Mercury was accurately portrayed as a menace to humans and all living things, and a terrible menace to children and the unborn. Maybe some people will be prompted by this information to avoid mercury in dentistry and medicine. Second, the processes of gathering for the five annual global mercury sessions gave holistic health leaders an audience of delegates from all parts of the world that was largely open to learning about the serious health impacts of mercury in dentistry and medicine. Perhaps some of these delegates will lead their countries to seriously curb or ban the mercury products that most seriously endanger their health.

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## Celebrity Actress Chooses Breast Removal to Prevent Cancer

By Leo Cashman

In February of this year, actress Angelina Jolie announced that, although she did not have cancer, she had received a double mastectomy, removal of both breasts, after having learned that she carries an unfavorable version of the BRCA1 gene, which was purported to increase her risk for breast cancer to 87%. Her post-surgery her risk of breast cancer has supposedly dropped to only 5%, she explained. With generally positive media reaction to her decision, Jolie will likely serve as a role model to other women who are facing the same dilemma over how to prevent breast cancer. But what other options should a patient consider doing as an alternative to taking such a drastic step? We offer some natural health approaches, some dental and some non-dental, that may reduce the risk of cancer in a more carefully targeted way.

**Consider removing mercury amalgam fillings.** But if this is done, be sure that the amalgams are properly and carefully removed by a “biological” dentist who can do it safely. Other dentists might claim they can do it safely, but they can’t. Amalgams provide a major source of mercury and mercury harms energy production in all of our cells. It can harm oxygen transport, too, and increase oxidative stress. These effects increase the risk for cancer. That mercury should’ve never been put there in the first place!

**Properly test for mercury body burden** Testing for mercury can shed light on a patient’s mercury status. Most doctors do not know how to perform such testing and most testing that is done is inaccurate, possibly harmful and misleading. The Mercury Tri-test by Quicksilver Scientific is one that is worth consideration. Many of the other tests lack validity and some are not as safe as you might want.

**Toxic crowns, root canal treated teeth** and jawbone disease (“cavitations”) can all contribute significantly to further toxicity and to the risk of cancer. It is smart and, arguably, preventative of cancer to remove toxic crowns, remove toxic, infected root canaled teeth, and to have jawbone disease diagnosed and, if necessary, treated. For more on jawbone disease and cancer, see our article on see our article on page 19.

**Fluoride** is a toxic element that is to be avoided, not added to the drinking water or used in a toothpaste or a treatment gel. Fluoride accelerates the aging process and harms the teeth (dental fluorosis), thyroid, the brain and the immune system. Considering that a healthy immune system is what protects us from cancer, immune damaging toxins like mercury and fluoride are bad to be exposed to, even on a low-dose daily basis.

**The flu shot and other toxic vaccines** The flu shot, in a multi-dose vial contains 25 micrograms of mercury. This alone makes such flu shot a bad idea, as mercury harms the immune system which is the basis for our defense against cancer. Vaccines in general are best avoided. For more on this, see our review of the book *Vaccine Epidemic*, page 13. .

**Genetically modified (GM) foods** Avoid these major gut-destroyers, liver-destroyers, immune-disruptors, and cancer-causers. Instead, strive to eat natural, organic foods and avoid all processed foods because they will often contain ingredients that are GM corn or soy. For more, see article on page 14.

**Microwave emitting devices** Avoid or minimize the use of these little-suspected causes of cancer and other illness. This means get rid of the cordless phone, minimize cell phone use, and use a wired internet connection instead of Wi-Fi. The radiation from the microwaves does cause cancer!

**Iodine** is a beneficial mineral that is essential to breast health. Most of us are not getting nearly enough of iodine, while getting too much of the competing elements, fluoride and bromide. For more on this, see our article on page 21

**Conclusion** Most doctors won’t tell their patients about such important health issues as what we have mentioned above. The prevailing focus is on medical surgery and drugs, things which by themselves can have adverse health effects. We think that true prevention of cancer and other illness is best found in the options provided by the natural health community, including the community of biological dentists. This kind of health care harmonizes with the adoption of a healthy diet and lifestyle, and avoiding pesticides, other toxins and parasites. As part of this plan, we can reasonably decide, as a rule, to keep all healthy body parts; our healthy organs and body parts all serve a useful purpose in the healthy operation of the body.



## Will We Be Allowed Freedom to Choose What Seems Best?

The doctors who did a preventative double mastectomy on Angelina Jolie will not get into trouble for removing two healthy, non-cancerous breasts. Perhaps such a procedure, basking in its widespread societal approval, is on its way to become part of the “standard of care” as a cancer prevention procedure. But how about the holistic dentists who remove mercury amalgam fillings, root canaled teeth (which are dead and are prone to becoming infected and very toxic) and jawbone disease. Dentists doing such things, however sensible and supported by scientific evidence, have in the past, faced harsh investigations from their state dental boards.

“Harsh” is not too strong a word for describing the “witch-hunts” faced by Hal Huggins, DDS, in Colorado and Gary Jacobson, DDS, in Minnesota, for example, in the mid-1990s. And, despite a groundswell of support from the public and from their patients, both Huggins and Jacobson had their licenses revoked by their state dental boards, leaving them never again able to practice their careers as prominent

holistic dentists. In both cases, the dental board’s complaint language was exactly the same: these holistic dentists were “unethical, unprofessional and outside the standard of care” just for removing mechanically sound (but highly toxic) dental mercury fillings and for removing mechanically sound (but rotten inside) root canaled teeth.

There are many other examples of holistic dentists who have faced the gauntlet of a state dental board hostile to holistic dentistry. Some survived the assault on their practice and some did not. The result is surely to make most holistic dentists keep a lower profile and not to be as publicly outspoken

on these issues as Huggins and Jacobson were. The result is a sort of “groupthink” in our media on issues like cancer prevention, a groupthink that seems to tout the removal of healthy breasts as a new ideal for cancer prevention when genetic factors might be less favorable. This kind of groupthink media tactic may be a prelude for more attacks on holistic doctors and dentists who have better ideas for preventing – and treating – cancer. We consumers must support the health freedom movement in our various states and nationally in order to defend our access to the kind of health care and dental care that we want.

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## Ideas and People That Mark the History of Detoxification

By Leo Cashman

This is a short history of mercury detoxification (“detox”), with an attempt to list some of the important ideas and the leaders who championed them.

**H.L. (“Sam”) Queen, CCN, 1980s and 1990s to the present.** Sam Queen highlighted the importance of helpful foods for mercury detox and especially championed a heavy emphasis on eating eggs frequently and butter. He also taught the value of vitamin C for detox, including and especially intravenous vitamin C. His emphasis on the right foods and on vitamin C showed a natural, non-drug orientation.

**Hal Huggins, DDS, MS 1980s, 1990s to the present.** Huggins gave us the important concept of “mercury retention.” Mercury retention is the situation that is occurring when the patient is mercury toxic but the levels of mercury in the urine and in the hair are unusually low. That is happening because that person is unable to excrete mercury into the urine or into the hair; the organs of elimination are unable to keep up with the pace of exposure, causing the patient to become toxic and, probably, ill. Mercury levels in the urine and in the hair are not proportional to mercury body burden. Huggins also warned about the adverse side effects of the drugs DMPS and DMSA. Huggins urged complete avoidance of DMPS and the use of DMSA only at low dose levels, if at all.

**Dietrich Klinghardt, MD, PhD, 1990s to the present.** Klinghardt helped popularize the usefulness of chlorella as an intestinal binder for mercury, useful before and after amalgam removal, and cilantro as a mobilizer but only after amalgam removal. Klinghardt also taught the important concept that, just as having amalgam fillings blocks detoxification, there are other **barriers to detox**. Unless

these additional barriers are removed, the mercury detox may be very slow or impossible. Klinghardt listed such barriers as including: toxic crowns, such as crowns with nickel (“stainless steel”) and cheap gold alloys, which may include copper, silver and even palladium. Other listed barriers were root canal treated teeth, jawbone disease (“cavitations”), candida/fungal infections, and Lyme disease and other such chronic infections. In more recent years, he has had to add to the list another detox barrier: microwave radiation such as what we get from cell towers, cell phones, cordless phones, Wi-Fi and, perhaps the worst, smart meters. Patients need to avoid all of these barriers in order to have a chance to detoxify and recover, he says.

**Andrew Cutler, PhD, PE** authored the book *Amalgam Illness* in 1999. In his book and lectures, Cutler made a number of points. He validated the growing concern about mercury poisoning affecting *millions* of people, not just a few thousand. He explained the *synergy* between mercury and lead, and mercury with other toxic metals such as cadmium, arsenic, copper and others. “Synergy” refers to the fact that each toxic metal magnifies the effects of the other toxic metals. Cutler flagged the hazards of DMPS and DMSA, the most commonly used mercury detox drugs of the 1990s. He even warned against their use for a one-time chelation challenge test, as was being done so often for patients who still had their amalgams fillings. However, Cutler adopted the premise that *only by taking the chelation drugs* could a patient accomplish mercury detox. “Chelation (with these drugs) is what cures you. Chelation is the most important part of your treatment,” he stated (page 89). That premise was perhaps his most controversial and most criticized concept as was his solution to the dilemma that these drugs are dangerous

but necessary because there is no other effective way. Cutler’s solution to the dilemma was *low dose, frequent chelation using DMPS or DMSA*, perhaps combined with alpha lipoic acid, every three to four hours around the clock. This protocol gained him a following because this protocol did seem to offer a safer way to use the dangerous drugs; but, over time, his premise and his protocol would be largely overtaken by other methods that are easier to follow and yet effective.

[www.DMPSSbackfire.com](http://www.DMPSSbackfire.com) web site provided hair-raising anonymous stories of patients suffering terrible harm from use of DMPS, some of them even after only one-time use. This served as scathing criticism of the “chelation factories” that provided intravenous DMPS chelation to large numbers of people. But it also raised some questions about Cutler’s advocacy for the use of DMPS at all.

### Many detox products and methods introduced, 2000-2007.

These new methods included the “skin methods” such as bathing clays, foot baths, foot pads, far infrared saunas, as well as supplements taken orally. Well known supplements PCA, NDF and Metal Free all used a combination of processed chlorella and processed cilantro. A later entry, HMD, also used its own preparation made from these foods. NCD then came along using zeolite minerals and, with its success, soon there were many zeolite based imitators. “Oil pulling,” developed by Dr. F. Karach of Budapest, became widely used as a simple detoxification method that anyone can use after amalgam removal (not before).

### Oxidative Stress Relief (OSR)

**2008** was marketed as a supplement. OSR was developed by chemist Boyd Haley, PhD. It was labeled only as an anti-oxidant that could also boost glutathione, the body’s own natural mercury detoxifier. But, in actuality, it



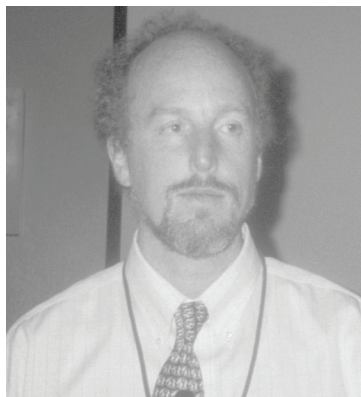
was a chelator, able to “grip” the mercury atom on two sides, just as the chelation drugs of the 1990s, DMPS and DMSA had claimed to do. But OSR was a far better chelator; whereas DMPS and DMSA had the wrong sized grip and kept dropping the mercury almost as fast as they picked it up, OSR had the right sized grip and could hang onto it. Thus OSR had superior results and didn’t require “low frequent dose” protocol the way that Cutler protocol had called for. So, with the runaway success of OSR, the Cutler protocol of 1999 became perhaps even more obsolete.

**FDA pushes OSR off the market in 2010** The Food and Drug Administration (FDA) had been reading the glowing reports about the safety and benefits of OSR on various websites. The FDA’s response was to push OSR off of the market. Their line of reasoning was to inquire how something this beneficial to sick, toxic patients could be on the market as merely a supplement and not a drug. By spring of 2010, the FDA was sending letters to the manufacturer of OSR, CTI Sciences, threatening to shut the company down unless it agreed to remove OSR from the market and take it through the FDA’s drug approval process. The FDA’s drug approval process requires millions of dollars and years of time but, reluctantly, CTI Sciences agreed to the FDA’s demands. It stopped marketing OSR on July 29, 2010. To date of this writing, July 2013, the FDA has still not approved the product as a drug.

**Recent years, 2010-2013** More detoxification products and methods have become available. Quinton Marine Plasma was rediscovered as a time-tested way to boost important minerals. Spagyric Remedies, a blend of homeopathic and herbal remedies, coming mostly out of Europe, can be used in the early stage (before amalgam removal) to open up the pathways of elimination. While chlorella continues to be widely available as an intestinal binder, a super-binder, Intestinal Metals Detox (IMD) by *Quicksilver Scientific*, is currently-available as a more powerful product for the intestinal binding. Quicksilver, has other detoxification products, such as Clear Way Cofactors that use mainly plant-based polyphenols.

Quicksilver Scientific also has a test for mercury that does not use any chelating drugs; the QS Mercury Tri-Test is safer and more sophisticated than chelation challenge tests that have been relied upon for decades. The use of the Tri-test somewhat further diminishes the use drugs DMPS and DMSA, as they are not used in the Tri-test. The Tri-test gives a reading on the patient’s state of mercury retention as well as the state of his/her mercury body burden.

**Conclusion and summary.** Some patients and doctors are still using approaches to detox that are rooted in the Cutler premise of 1999 and the Cutler



Christopher Shade, PhD, is the scientific head of Quicksilver Scientific, which offers the QS Tri-test for mercury body burden and also various products for detoxification

protocol from that time. But the holistic dental academies are embracing the newer concepts, products and tests developed in the past five to eight years. Detox thinking and detox options have moved far beyond the state they were in at the end of the 1990s. None of the old detox books from the 1990s can possibly convey to today’s readers what are the ideas and choices that are available today. DAMS newsletter articles try to present the better, safer options available today. Meanwhile, we urge patients to develop a sense of direction as to what they want for detox before latching on to an alternative doctor who says he will do the needed detoxification.



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### Why Some Patients Consider Asking Their Doctor for the Quicksilver Scientific Mercury Tri-Test

The QS Tri-test arguably **provides more information** than other mercury testing because it measures the **inorganic mercury** in the blood (caused mostly by dental amalgams), separately from **organic mercury** (caused mostly from fish or vaccines), thus giving **two** measures of mercury body burden for each of these forms of mercury. Toxic metals may impair kidney function, but the QS Tri-test does not rely on urine (and the kidneys) to give the main indication of mercury body burden. The measure of mercury in the urine gives an idea of how well the kidneys are able to excrete the inorganic mercury. The measure of mercury in the hair is used to give an idea of how well the patient is able to excrete organic mercury from the brain (as it goes into the hair). So, it tells how much "mercury retention" is taking place for each different form of mercury - inorganic mercury and organic mercury. **Higher degree of safety**

Since no chelation drugs are used with the QS Tri-test there is no need to worry about an adverse reaction to a drug as their might be with a test that uses a chelation challenge drug. Have your doctor contact us for more information or to order a kit for you!



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## Injustice in the Courts

*A woman from British Columbia has suffered a sharp setback in her lawsuit against the American, Canadian, and British Columbian Dental Associations. The plaintiff, Sue Holland, aka "Zsuzsanna Holland" claims that the judge's dismissal of her case was contrary to Canadian and US law. On December 31, 2012, she wrote:*

**T**oday, Mr. Justice Leask illegally dismissed my claim against the dental associations in a ruling which utterly disregards US and Canadian law. This corrupt ruling allows the dental associations to continue their role in killing millions of people, thereby making this justice also an accomplice to Canada's genocide.

I plan to appeal this erroneous, ridiculous decision which frees the dental association from



**Zsuzannah (Sue) Holland  
has fought for justice in the BC  
courts for several years**

having to comply with British Columbia's consumer protection statute and from being subject to paying, at any time in the future, medical costs arising from dental amalgams. In order to protect these associations from liability, Justice Leask has given away protection for hundreds of

thousands, if not millions, of Canadians who are now stripped of any right to seek relief in the courts for injuries caused by dental amalgams. The courts are trying their best to shut my cases down as they are hell bent on protecting the guilty and threaten to put in jail anyone who tries to help me. The corruption in the court system in Canada now shows that we are no longer a democracy but a dictatorship run by, and for the sole interest of, a fascist oligarchy.

Although this ruling is not a surprise, we are, by God's grace, not going to give up the fight against those who insist on killing millions of innocent victims and get away with murder!

- Zsuzsanna Holland

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## A Dentist and His Mercury Demons

By Leo Cashman

What was this nice man doing with the agony of the demons he was facing? He had a solid dental practice and his loving family around him but all he could feel was torture. As a married, professional man in Sarasota, Florida, on the Gulf of Mexico, he was living in a place close to paradise. But, no. There were mood swings, rapid heartbeat, feelings of impending doom. There was something he called “morbid



irritability.” “My nights were unbelievable nightmares. They were horrible. The feeling of impending death was worst at night as if I were having a heart attack.” Stuart Scheckner’s true story is an intense and daunting tale to read but, for those of us who have been through mercury poisoning, the suffering brings echoes of our own stories with their unpleasant symptoms and difficult days. For so many of us, as with Dr. Scheckner, the suffering of being mercury poisoned may go on for years, and even decades, without being properly understood and given a correct diagnosis. Our society’s ignorance about mercury is wide and deep, making it a sort of wasteland where the mercury poisoned person’s journey can be lonely and desolate.

The American Dental Association (ADA) pooh-pooed Dr. Scheckner’s concern that he was mercury

poisoned; ADA told him he was fine. Holistic doctors and dentists, on the other hand, were well informed and really helped him. One was Hal Huggins, DDS, who offered him the insight that, when his urine tested as having no mercury in it, he was actually very mercury toxic and was just manifesting mercury “retention toxicity,” his kidneys having become unable to excrete the mercury. Sandra Dental, MD, provided knowledgeable medical care and Louis Chang, PhD, a mercury toxicology expert, provided expert testimony as a witness in his second lawsuit effort to win a workers compensation award.

Unfortunately, Scheckner did not find justice in the court system despite his two attempts to win a workers comp award and despite having suffered what had clearly been a mercury accident – a spill onto a shag rug that couldn’t possibly get cleaned up of the mercury and that remained in places for years after the spill. He had had to contend with an unscrupulous, dishonest “expert” witness for the insurance company that fought the claim and he had a judge who seemed to rule with bias. So, not only was Scheckner’s career ended by mercury, but ultimately he was not awarded any workers compensation benefits. He was left to endure and simply survive, although he managed to improve and recover his health to some degree. “It is the purpose of my book to make a difference and help people understand the reality of the effect of mercury on health,” he said. “I hope I can enlighten untold numbers of people suffering from this horrible, insidious poison. This gives meaning to all I have endured.”

*Time Bomb from Within, Mercury Poisoning in Dentistry, by Stuart Scheckner, DDS, is available from DAMS.*

## Book Tells How Her Son Was Poisoned by Amalgams

By Leo Cashman

At the core of T.M. Phenezy’s book is her story of how her son KJ, after the placement of just two amalgam mercury fillings at age 15, went from being a healthy, athletic boy to being kidney damaged, nerve damaged and wheel chair bound. “His doctors were kind enough to tell us that KJ would soon die in a wheel chair,” she wrote sarcastically. But, with her feisty spirit and her faith in God, she was unwilling to accept their message of doom. Following the clues that she would know as a mother, she felt that the quick adverse reaction that KJ experienced after the placement of the mercury amalgams – high fever, then a swollen lip, swollen jaw, then a swollen eyelid – pointed to the amalgam fillings placement and the resulting mercury poisoning as the basis for his problems. She began to research the dental mercury issue and her search led to DAMS, among others, where she was strongly encouraged to follow up on her suspicions of mercury poisoning and to get her son’s amalgams safely, properly removed. She did find a holistic dentist who properly removed her son’s amalgam fillings. In time she also managed to obtain some detoxification help for him, which led to his gradual but noticeable improvement, to the amazement of his doctors. Today, at age 19, KJ still tests as having some indications for lupus, but has no visual signs of lupus or of neuropathy. He is “walking, running, laughing and working on building friendships” says his mom.

T.M. Phenezy’s book on KJ and how to deal with the medical system successfully is called *The Dumb Patient: How to Avoid Death by Doctor, Through God, Faith, Prayer and Knowledge*, is an e-book, available in electronic form only. More can be found on the amazing story of KJ at the web site [www.kjsstory.com/](http://www.kjsstory.com/).

## Citizens Launch Lawsuit Against Electric Utilities Over Smart Meters

Smart meters expose people involuntarily to strong microwave radiation as well as invading the privacy and threatening the security of residents. Fighting back, a group of California citizens has launched a class action lawsuit against Edison, a southern California utility provider, on behalf of all consumers whose basic human rights are being violated by smart meters. "This lawsuit will be open to all utility customers in the state of California once we file," the group announced. "If you or your loved ones have been harmed physically by smart meters and would like to be included in this contingency law suit (contingency meaning that the attorneys cover court, filing and expert witness costs), please contact us." Known health effects of smart meters include headaches, insomnia, burning sensations, heart arrhythmia, skin rashes, reproductive problems, and cancer.

For more details, go to the web site [www.CitizensForARadiationFreeSociety.org](http://www.CitizensForARadiationFreeSociety.org).



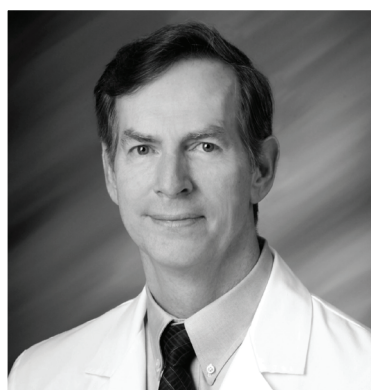
**Liz Barris is an organizer for the citizens group that is bringing a class action lawsuit against Edison and other California utilities**



## Blaylock Warns of Health Harm from the Spraying of Aluminum

By Leo Cashman

Neurosurgeon Russell Blaylock, MD, has spoken out recently against the practice of spraying "nanosized" (very tiny sized) particles of aluminum compounds from the sky as part of the massive, cloaked under the veil of national defense program known as "geoengineering." A well-known researcher and writer, whose best known book is *Excitotoxins, The Taste That Kills*, Blaylock now adds nanosized aluminum sprayed from the skies to his list of brain-damaging toxins. This list that already includes MSG, aspartame and mercury. Blaylock sees evidence that all of these toxins, including the sprayed nano-aluminum, are fueling the already alarming rise in neurodegenerative disease such as Alzheimer's disease/dementia, Parkinson's disease and Lou Gehrig's disease (ALS). In fact, the inhalation of nanosized aluminum



through the nose carries these tiny particles first along olfactory neural tracts and then to the area of the brain that is most affected in Alzheimer's disease. He also points to a hazard through the food chain because the nano-aluminum is being easily absorbed into our soil, water and vegetation and, once ingested in our food, is very well absorbed in our digestive tract. Another hazard is harm to our lungs and respiratory health. Breathed into our lungs, the nano-sized

aluminum can produce a "tremendous reaction within the lungs," posing a threat to those with asthma and lung disease, he says.

What to do? Gather more and more people into awareness of this crisis so that, together, we can demand a halt to the spraying! "Steps need to be taken now to prevent an impending health disaster of enormous proportion," he warns. This toxic assault on all, young and old, must not be allowed to continue.



**Chemtrails criss-cross in the sky over Minnesota, March 2013**



## Vaccine Epidemic *Edited by Louise Kuo Habakus, MA, Mary Holland, JD*

Reviewed by Leo Cashman

This collection of articles and essays surveys the grim landscape of over-vaccination, forced vaccination, and the corruption that allows the “vaccine industry” to wreak havoc on children and others. Unsuspecting patients are being lured into a toxic trap of unsafe products by industry and government assurances of safety. There is a lack of meaningful informed consent on the consequences of injecting the toxic ingredients, such as mercury and aluminum, that are found in so many vaccines. Those who suspect vaccine injury are made to feel marginalized, stupid and mistaken. Because of special laws that have been passed to protect vaccine manufacturers, the drug companies are not at risk for liability for harm their products do. The big media are always ready to magnify the state health department hype about the flu shot, the HPV vaccine, and the childhood vaccine schedule in general.

In the first ten chapters this book offers powerful legal and ethical arguments that vaccination choice is a fundamental human right and that the childhood vaccine mandates (“no shots, no school”) are violations of these fundamental rights and are probably unconstitutional. In Part II of the book, each of the six short chapters tell a different story of how vaccine injury came to be inflicted on an unsuspecting, ordinary family, forever changing the lives of the parents and the injured child. These stories are very powerful. In Part III, experts weigh in on special aspects of the vaccine problem with, for example, a short chapter by Boyd Haley,



Zeda Pingel before and after HPV vaccination. She received the quadrivalent human papillomavirus vaccine, also known as Gardasil.

Photo above, from the book *Vaccine Epidemic*, reprinted by permission of Skyhorse Publishing Inc.

biochemist, on mercury in vaccines. Another chapter called “A License to Kill” exposes damage that Gardasil (supposedly for preventing cervical cancer) has wreaked havoc on the lives thousands of young girls (see the photos) and tells how it has killed over a hundred of them. The writers, Mark Blaxill and Dan Olmstead, reveal how an unholy alliance between the drug industry and the government blurs the line between the industry and its regulators, enriching both of them and making honest government oversight a virtual impossibility.

In world full of pro-vaccine hype and mis-information, a book such as this radically stands out simply as a pillar of truth and reason. It aids those who would take a stand against the mania of an ever-increasing vaccination schedule and the harm that it continues to do to our children and our entire society.



Zeda Pingel, on right above, was a straight A student before getting the Gardasil shot, which is very high in aluminum.

## Glyphosate, In Monsanto's Roundup, Leads to Many Chronic Illnesses

By Leo Cashman

Most people would not have read the recently published scientific paper regarding glyphosate, the active ingredient in Monsanto's herbicide, *Roundup*. But it is worth some attention, as the paper, by Samsel and Seneff, *Entropy* 2013 Vol 15 suggests that glyphosate harms the human body's health in fundamental ways and may contribute to a long list of chronic illnesses ranging from cancer to heart disease and Alzheimer's disease. At a time when the responsible federal agency, the *Food and Drug Administration* (FDA), is dominated by a Monsanto viewpoint, it appears likely that this massively sprayed herbicide is wreaking havoc on our nation's health, contributing to our leading chronic illnesses.

The residues of *Roundup* are to be found in the main foods of the Western diet – sugar, corn, soy and wheat. This, along with the new scientific revelations, suggests mass adverse health consequences to perhaps millions of people. Samsel and Seneff count out in detail the reasons why this is so. 1) The ingredient glyphosate, for example, damages cytochrome P450 enzymes, which are key to the ability of the liver to detoxify. In the toxic world we live in, we rely on the liver to do its job and detoxify us. Lacking proper liver function, mercury, fluoride and every other toxin becomes even more of an impossible burden. 2) Glyphosate damages the friendly bacteria that should be living and thriving in our gut,

and therefore interferes with the ability of certain amino acids that we need to be produced by our gut bacteria. 3)

The transport of sulfate in the blood is



**Stephanie Seneff, one of the co-authors, is a professor at MIT**

also impaired; trypsin and tryptophan are depleted.

4) Glyphosate depletes essential minerals such as zinc, calcium and magnesium in our foods.

5) It interferes with the synthesis of energy in all of our mitochondria.

6) By depleting a key enzyme, endothelial nitric oxide synthase (eNOS), brain injury is likely caused, as is being found in autism, dementia, depression and Parkinson's disease. 7) Infertility and

cancer, both at "epidemic" levels, would be inevitable results of the biochemical havoc wreaked by glyphosate.

The biochemical analysis done by

being fed *Roundup Ready* corn or soy.

Their published findings, complete with publication of pictures the rats with their puffy tumors, stirred an international uproar; but the findings were dismissed by the corporate media.

Sadly, even non-GM crops are being affected by *Roundup* because it is being sprayed on wheat, oats, barley and lentils as a method of crop desiccation (drying). So, unless beans and grains are organic, they may well carry dangerous residues of *Roundup* and its ingredient, glyphosate. Meanwhile, we would be well advised to 1) avoid all processed foods, 2) look for assurances that our supplements have GM-free ingredients, and 3) generally avoid all corn, soy, and canola products until we are assured that they are not made from Monsanto's *Roundup Ready* seeds. 4) Even organically raised chickens and eggs may have been fed GM corn or soy. We as consumers should inquire as to whether that has been the case.

Instead of distancing himself from the unfolding Roundup/ glyphosate disaster, President Obama seems to have embraced the most notorious GM corporation, Monsanto. Notably, Obama has appointed Michael Taylor, JD, a former Vice president for Public Policy at Monsanto, as the FDA's Deputy Commissioner for Foods Safety. Thus, the man who was formerly Monsanto's

top lobbyist has now been put in charge of food safety issues at the FDA. Now Michael Taylor can over-rule the safety concerns that FDA's own scientists are internally voicing at FDA about the safety of the insecticide Roundup, Roundup Ready seed crops and other GM crops.



### Rats on GM corn and soy developed tumors, Seralini found

Samsel and Seneff is buttressed by animal toxicology studies done by Seralini and his colleagues in France. The short-term studies favored by industry-funded researchers, such as a 90-day study on rats, are too short to reveal the dramatic results that can be seen in slightly longer term studies. Seralini, publishing in *Food Chem Toxicol* 2012 Vol 50 revealed tumors in approximately 80 percent of the rats



## My Recovery

### A Patient Story by Herb Shapiro

In August of 2010, I went to my regular medical doctor. I was in a lot of pain in my neck and shoulders and upper back. He checked me out and found my heart rate to be over 150 per minute, with some problem in my left lung. He decided to put me in the hospital. Even though I was in a lot of pain, I didn't like the idea, but agreed to go because I didn't know what else to do.

In the emergency room, as well as the rest of the hospital, all the doctors were great and the hospital treated me very well. The cardiologist, who was excellent, was looking for the underlying cause. They gave me several drugs, one of which brought my heart rate down to normal. Normal was considered to be 60-90 beats per minute. X-rays were also ordered and CT scans of my heart and lungs, and other organs. What they found was pericardial and peripleural effusion. Fluid had built up in the pleura and pericardium of my heart causing a collapsed lung which caused the pain and atrial flutter.

The medical dictionary definition of atrial flutter is a rapid vibration or pulsation. It is a condition of cardiac arrhythmia in which the atrial contractions are rapid, but regular. Sometimes there can be 200 to 300 beats per minute, but mine was about 150. Atrial flutter is similar to atrial fibrillation, but not as severe.

In the hospital, I was examined by two cardiologists, a thoracic surgeon, a pulmonologist, an infectious disease specialist, and many assistants. They could find no infections, cancer, heart disease or heart attack. As good as the hospital was, they had trouble figuring out the cause of my problem and attributed it to an unknown virus and to inflammation. The infectious disease doctor said there were no bacteria and I was a mystery. He and the cardiologist also ruled

out lupus, scleroderma, and other arthritic conditions, even though my rheumatoid arthritis factor was 115 and normal is below 14.

Two days later I had the surgical procedure to remove the fluid from my heart and pleura and everything returned to normal. Three days later I was dismissed.

This hospital is one of the finest in the country with a world-renowned cardiac wing and all the up to date technology. Before I left the hospital, the doctor prescribed an anti-inflammatory which caused so much swelling in my legs that I decided to stop it. It took almost a week for the swelling to subside. At that point, I had very little energy and could not go to work. I connected with alternative and complementary medical people, but unfortunately about 6 weeks later my heart rate went back up to 125 and my regular doctor sent me to the cardiologist again who ran many tests and scans and could not find any heart disease or fluid build-up. In short, the electrical conducting system of my heart was irregular, but no one knew why. The cardiologist then prescribed a beta blocker and aspirin, which was intended to lower my heart rate and prevent a stroke. I felt fish oil was a better option with no side effects and I refused to start the beta blocker. The cardiologist then informed me that if I did not take the medication my heart muscle could burn out. That made me even more nervous.

As a result, in October 2010, I reached a low point not knowing where to turn or what to do.

I had had a bad experience in childhood with allergy shots (which caused me to assiduously avoid drugs) and I believed these to have been the cause of many health problems throughout my life. The cardiologist did state that these shots were a possible cause of my racing heart. I

returned to my regular doctor who did tell me that if my heart rate was 115 beats per minute, my heart muscle would not burn out, but that if I were walking around at 165 beats per minute, that would not be good. He said I could still be at risk for a stroke if I didn't take aspirin but he knew I would choose the fish oil as an alternative. After that conversation, I knew I had time to try to fix the problem if only I could find the cause.

Looking back at the last 30 years, I always had eaten well nutritionally, slept well, and drunk pure water - as good as was available. After this health crisis, I also started to walk 30 minutes a day in a park away from car fumes, and I began to practice meditation which I believe has helped to lower my heart rate. Most importantly, I had studied a healing technique which makes use of frequencies and is effective in determining the cause of a problem and its solution. I had been using this technique for 20 years, and it was having a positive effect on my overall condition except for my racing heart. In addition, as the owner of four health food stores for 42 years, I had access to numerous local doctors and nutritionists, as well as books and health newsletters. Many of my customers had discussed their health concerns with me in detail and the various alternative and traditional treatments they had tried, most of which were of marginal value, and any real benefit soon reached a plateau.

But interestingly enough, they all had one thing in common: dental problems!

Then it suddenly hit me in the middle of the night! I woke up excited that the doctors had told me I had no infections. What would the dentist say? I'd had all the mercury removed from my mouth 23 years ago and I'd had a

continued on page 15

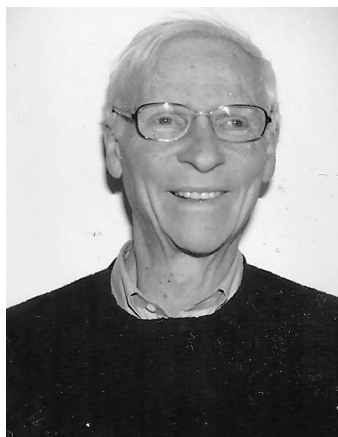
## My Recovery A Patient Story by Herb Shapiro (continued from page 15)

root canal tooth extracted at that time. I began to research dental infections, beginning with Susan Stockton's book *Beyond Cavitations*. After reading her book, I discovered that there were many different techniques, some better than others, but the bottom line was there was no technique which produced consistent results. It struck me that the dentists

were treating the problem without fully understanding the underlying cause which led to the problem. Many people had had extractions of teeth with poor surgical technique, but why did some heal without consequence and others become chronically ill? Obviously, some underlying issues determined who would heal and who would not. Also, if the body could not heal the cavitation when the person was young and healthy, how could a new surgery alone heal the infection now that the person was older and less healthy?

As I continued my research, I found that there were many experts, many diagnostic, highly technological tools and many techniques. But, again, they all seemed to be aimed at treating the perceived problem, i.e., the cavitation, and not the real problem, i.e., the underlying cause, and the healing. Many had conservative treatments, such as injectable homeopathics and ozone therapy, or computer guided surgery with a new laser, tool, or plasma. Again, no technique, no matter how technologically advanced, healed their problems because the underlying cause was not being addressed. My customers who'd had cavitation surgery usually ended up relapsing.

Finally, I found a biological dentist, made an appointment had an examination, and much to my delight, he found six infections: four jawbone



**Herb Shapiro**

cavitations, one abscessed tooth, and one gum abscess. He gave me no guarantee that my health would improve if I had the dental work done. However, I learned that each tooth is connected to a different meridian and that the wisdom teeth are on the heart meridian. This information was

indeed encouraging!

I learned that cavitations are holes in the jawbone that are caused by improperly extracted teeth. The hole causes the bacteria to enter and then when we eat, drink, chew, and swallow, the bacteria can be dispersed all over our bodies. When I understood this, I was overjoyed because I thought I finally had found the cause of my problem and, with the frequencies, the bacteria that did enter my organs could then be removed. One of my wisdom teeth had been extracted 50 years ago and the other 22 years ago. More importantly, my dentist had a protocol in which he was able to determine the cause of poor healing in patients who'd had cavitational surgery and then correct it. I discussed with him my work with frequencies and he felt this work was indispensable for my body to heal under the stress of the surgery and recovery. The result was the combining of techniques together to obtain a higher level of healing. The decision was made to surgically clean out each cavitation and to perfect our technique with each procedure.

The first cavitational surgery was done on the jawbone site of a wisdom tooth that had been extracted 50 years ago. Before the cavitation was eliminated, I measured a 30% blockage

in my heart meridian, based upon my work with frequencies. This meant that the electrical system of my heart could only reach 70% out of 100% energy because of a cavitational infection. So the infection was draining my energy and I felt weak. After the surgery was performed, my energy returned to normal, although my heart rate still occasionally went up to 100. Nevertheless, the heart meridian for that tooth was no longer blocked.

The second surgery was done three weeks later on another wisdom tooth extraction site. Again, I measured a 30% blockage in the heart meridian. After that surgery my heart rate went down to 90 and has not gone over 90 since.

The third surgery was on a site that was in my lung meridian. After this surgery, my breathing improved. I also had a reaction after the surgery whereby fluid poured out of my mouth for six hours before it stopped. I thought this could have been retained mercury that was trapped by the infection.

It was interesting to find out that the fourth cavitation, which was in the kidney-bladder meridian, also affected my heart rate. This left me with no doubt that the heart rate is, to some extent, also controlled by the adrenal glands and the kidneys.

With each cavitational surgery, my health had improved because each cavitation was connected to an organ which was seriously impaired and getting worse as I got older. After all four cavitational surgeries were completed, my heart has not raced again since that time two years ago.

I learned a good lesson from all of this dental work and research. Each tooth runs through a different meridian. The teeth on the right side of the body go through the meridians on the right side and the teeth on the left side of the body run through the meridians on the left side. All root canals and



cavitations are infected and, in my case, cavitations blocked my energy by 30%. The only way to unblock the energy was to do the dental surgery and use the frequencies (our bodies resonate with compatible frequencies to regulate homeostasis) to eliminate the bacteria and toxins that had clogged and disabled the organs.

The size of the cavitations was at least 10mm x 10 mm x 5 mm. These were considered to be big holes.

My recovery would not have been complete without both the dental work and the distant energy healing that uses the frequencies as mentioned. All four of my cavitations were in the heart, lung and kidney bladder meridians, but overlapped with the small intestine meridians and other meridians which hadn't seemed to be compromised. I know that in other people the small intestine will be blocked, and not the heart.

All four of my cavitations were

causing chronic health problems but there was no pain and no symptoms in the oral region. Most of all the symptoms were in the distant organs, and I know my cavitations were difficult for the dentist to diagnose.

I am grateful that I found the missing link and a biological dentist to help me. In addition, I exercise regularly now, and continue to apply the practice of frequencies to accomplish this positive result. I take my pulse every day and it averages 64 to 68 beats per minute. When I have my blood pressure and pulse taken by my regular doctor and it goes up slightly he tells me it is situational (white coat syndrome) and, if I survived two years ago, I will be all right now.

Now, that's the truth, the whole truth, the dental truth, and nothing but the truth.

#### Recent update:

Four months after this story was written, I was diagnosed with elevated

heart rate, but only with a heart rate of between 60 and 100. Three years ago in August of 2010, in contrast, during the health crisis referred to in the above story, my heart rate had been a more elevated 150 beats per minute involving the electrical conducting system. This time the cardiac muscle was involved. Once again, the doctors ran excellent tests and were very competent but they were not able to determine the underlying cause for the tachycardia and my dentist could find no additional infections in my mouth. The only real option I knew about was to use the frequencies again to clean out the cardiac muscle. I'm happy to report that as of now my heart rate is more acceptable, ranging between 60 and 80 beats per minute. My goal is to have a steady rate somewhere in the sixties.

Truthfully yours, Herb Shapiro

*Herb Shapiro is a DAMS coordinator in New Jersey.*

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## Cavitation Cover-up

By Suzin Stockton

**I**t was 1997 when I sat in my hotel room penning out the first pages of the first edition of *Beyond Amalgam*, a book about jawbone “cavitations” or osteonecrosis of the jawbone. I had only recently encountered information about these often “silent” (non-symptom-producing lesions) lesions that can wreck so much havoc with one’s oral and systemic health. The information on cavitations had actually been around a long time, but, like so much of value, was buried and displaced by more modern “wisdom” and practices, which would call into question its relevance and validity.

I found through my research that jawbone cavitations were not only long ago recognized – by the father of modern dentistry and others within the profession – as a serious problem, but that their very existence had been linked to the various types of trauma which are part and parcel of standard dental treatment (everything from “drilling and filling” to “root canals.”) So, here we have “iatrogenic” (physician-induced) illness stemming from common dental practices. Big news! Something the world would want to know about, right? You would think so, yes, but when you factor into the equation the vast number of practitioners making a lucrative living from these destructive practices, the organizations supporting them and their “vested interest” in maintaining the status quo, you can see why suppressing the inconvenient truth about cavitations might be economically advantageous. And suppress they did!

In the 14 years since I started writing “Beyond Amalgam,” Bob Jones, inventor and manufacturer of the CAVITAT device for detecting cavitations, has been forced to shut down his business, and cavitation



**Author and teacher Suzin Stockton, aka Susan Stockton**

dentists throughout the country have been harassed by their local dental boards, resulting in a loss of credibility and income for them. Ironically, Bob Jones’ “victory” in his lawsuit against Aetna Insurance Company (for refusing to pay claims for Cavitat scanning procedures) turned out to be a rather inverted one, for in the end it spelled financial ruin for him, his business and his associates. It’s a pattern we see repeated again and again throughout history: The “victor” wins in court in terms of a favorable pronouncement, but cannot withstand the ongoing legal costs involved in fighting the fight and trying to recover the reward. Bob, and dentists aligned with him in terms of defending the efficacy of the Cavitat, have paid a heavy price for speaking their truths and challenging Goliath.; so have the multitudes suffering from jawbone cavitations who now find their options for treatment severely limited.

On the up side, things are, as they say, “always darkest just before the dawn.” I still envision a day, as I did back in 1997, when the truth about cavitations will be widely known, when the destructive dental practices that give rise to them (use of toxic materials like mercury and palladium, root canal procedures, improperly

executed extractions, etc.) are history. I am encouraged by the fact that many more people are aware of the hazards of jawbone cavitations today than ever before, an awareness greatly aided by articles on the subject published in the DAMS newsletter over the years.

I regret that I never had the opportunity to update “Beyond Amalgam,” but trust that updated information will follow from informed sources and that the light of truth with regard to the cavitation cover-up will shine brightly for all to see.

On a personal note, some will wonder if my present condition, end stage ovarian cancer, is related to my history of jawbone cavitations. I can only answer this with my usual “anything can cause anything” reply. That being said, I’d add that a connection between cavitations and cancer is established (see DAMS article on RANTES, next page), as is a link between cancer and many other conditions and environmental stressors. It appears to be a multi-factorial disease. In my own case, I can see in retrospect that a bout of “pelvic peritonitis” and “oophoritis” in my late 20s was probably a significant contributor to my present condition.

I leave this plane with a trust that the seeds of significant change have been planted and will ripen, that the work of great cavitation pioneers like engineer Bob Jones, Dr. Wesley Shankland, DDS, and Dr. Chris Hussar, DDS, has not been in vain.

*Suzin Stockton wrote this on November 2nd, 2011, from her bed in a hospice in Dade City, FL, where she was dying from terminal ovarian cancer. She died on January 18th, 2012. She always had worked well with DAMS and is missed here as an author, a friend and a fighter for truth.*

*This is the last piece she ever wrote.*



## Jawbone Cavitations Are Able to Cause Cancer and Many Other Major Diseases

By Leo Cashman

**D**r. Johann Lechner, DMD, a research dentist and his colleagues in Germany have been continuing to build evidence for the conclusion that the diseased tissue found in jawbone cavitations is able to trigger cancer, promote the metastasis of cancer, and trigger any of a long list of other inflammatory, systemic illnesses. The chronic illnesses include rheumatoid arthritis and other auto immune diseases and neurodegenerative disorders like Parkinson's disease and Alzheimer's disease. The smoking gun evidence for this link is provided by the presence of an inflammatory messenger called RANTES (short for "Regulated upon Activation, Normal T-cell Expressed and Secreted"), which has been found in large amounts in every sample of tissue from 31 patients with jawbone cavitations. This is of huge significance because RANTES has been well studied for over a decade and is known to be able, in Lechner's words, "to have detrimental effects via the recruitment of immune cells that enhance inflammatory processes such as arthritis, juvenile arthritis, nephritis,..." and much more. RANTES has been particularly studied in connection with breast cancer and studies show both a strong association with breast cancer and the ability of RANTES to increase the "propensity towards metastasis." Further, that propensity can be reversed by removing the RANTES signaling that is causing it; this would involve proper diagnosis of where such diseased jawbone is located followed by surgical cleaning out of the jawbone cavitations as necessary.

Another inflammatory chemokine, Fibroblast Growth Factor-2 (FGF-2) is also found in jawbone disease tissue on a consistent basis, although in a lesser amount than RANTES. Studies show that FGF-2 is strongly associated with neurodegenerative diseases such as ALS (Lou Gehrig's disease) and multiple sclerosis, but also with breast cancer and other cancers. The more widely-known inflammatory cytokines such as TNF-alpha and IL-6, which produce acute pain, are not found in the jawbone cavitation tissue. The inflammatory process produced by RANTES and FGF-2 may be serious, even deadly, but it is usually painless and silent within the jawbone itself. This explains why the jawbone disease so often goes by un-noticed and undetected. An



Johann Lechner, DMD, is a dentist based in Munich Germany. He spoke on the effects of jawbone cavitations at the spring meeting of the IAOMT.

exception occurs, of course, when the jawbone disease eats through the myelin sheath surrounding a major nerve in the jawbone; this nerve damage can cause facial pain that can be severe.

The arguments that increasingly link jawbone diseased to cancer and a whole host of other systemic illness are buttressed by and equally extensive record of case reports, carefully gathered clinical experienced. Case reports have documented recovery from conditions ranging from rheumatoid arthritis, to MS, and breast cancer. The surgical removal of the jawbone diseased tissue has seemed to be

a key to preventing a recurrence of the cancer or other chronic condition in these many cases. We would hope that, as more truth and light are shone on these facts, that the suppression of the diagnosis and treatment of jawbone disease in the US will be stopped.

A web site for Dr. Johann Lechner in English can be found at [www.dr-Lechner.de/engl/](http://www.dr-Lechner.de/engl/)

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## City's Department of Health Plans to Weaken its Own Dental Amalgam Fact Sheet

By Freya Koss with Leo Cashman

*Disclosure: As President of the Pennsylvania Coalition for Mercury Free Dentistry, Freya Koss has been a driving force behind a Philadelphia ordinance requiring dentists to distribute to their patients a mercury amalgam fact sheet on the health risks of mercury amalgam dental fillings.*

The story of Philadelphia's fact sheet on dental amalgam fillings has a happy beginning in a 2007 ordinance requiring that such a fact sheet be distributed to all of the dental patients in the city before an amalgam filling could be placed. As the ordinance called for, the Philadelphia's Department of Health provided language for such an ordinance, and it contained warnings such as the U.S. Food and Drug Administration's admission: "dental amalgams contain mercury, which may have neurotoxic effects on the nervous systems of developing children and fetuses." Fast forward to a June 2013 meeting at which Donald Schwarz, commissioner of the department, announces that the fact sheet is going to be "slimmed down," trimming off much of the language regarding the hazards of dental amalgam (mercury) fillings but adding a warning on the supposed health risks of the tooth-colored composite fillings, which

contain no mercury. Schwarz defended the addition of the warning about composite fillings with a claim that dentists would be liable if they did not disclose the risks of Bisphenol A (BPA) in composite fillings. When pressed by Freya Koss on this point, Schwarz agreed that the department's main obligation is to protect the dental patients, not the dentists, and he further admitted that his claim about the risks of composite fillings was based on only one questionable article that offered only a weak, speculative suggestion that the data supported a greater risk to composite fillings than for amalgams.

The International Academy of Oral Medicine and Toxicology (IAOMT) had already made a public statement that there is no basis, either in scientific literature or from years of clinical experience, for suggesting that health warnings for composite fillings are warranted. Commissioner Schwarz also faced criticism from another direction: his health department had arbitrarily removed the fact sheet from its web site, something that the counsel for group Consumers for Dental Choice said was illegal. All of these steps to undermine and weaken the mercury amalgam fact sheet prompt Koss and other activists to suspect that the

health department had at some point secretly met with the *Pennsylvania Dental Association* and the *Philadelphia County Dental Society* and agreed to do their bidding.

Dental clinics such as *Special Smiles*, a north Philadelphia clinic serving low income families and the disabled, have been ground zero in the battle between informed consent for dental patients and the dentist establishment's desire to preserve the status quo. Upon reading the warnings at Special Smiles, alarmed parents balked at signing the fact sheet, refusing to let mercury fillings to be placed in their children's teeth. Then the clinic delivered an ultimatum: either you will sign off at the bottom of the fact sheet, implying approval of the use of the mercury amalgam fillings, or be shut out from getting any dental work at all!

The *Pennsylvania Coalition for Mercury-Free Dentistry*, local advocates and IAOMT are committed to protecting Philadelphia's informed consent rights by maintaining a truthful dental amalgam mercury fact sheet. A media campaign is planned to put the Department of Health on notice that it won't be allowed to bury the truth about mercury. Providing the honest fact sheet to local advocacy non-profits that support the welfare of children and minorities is also planned.

## Going Barefoot on the Earth is Simplest Part of Earthing

By Linda Cifelli with Leo Cashman

Just by wearing rubber soled shoes, people in modern societies have inadvertently lost the contact of bare feet with the earth and its generous supply of electrons. That supply of electrons, provided when the bare foot touches the earth, is perhaps needed more than ever today as our electronic gadgets such as TVs, computers, air conditioners leave us with a net positive charge, and a positive voltage compared to a reference point in the ground and the soil. By connecting our bodies while sleeping through an electrical wire

connection to the "grounded" soil of the earth outside, or simply by walking barefoot whenever we can, we receive a flow of electrons (negatively charged, as you may know), that will cancel out the excess positive charge that we so often have and allow our bodies to function again as they were meant in nature to do.

Many people have experienced benefits to earthing, including: a feeling of calm and natural wellness, better, more restful sleep, relief from pain, even the pain of chronic pain conditions such as fibromyalgia and rheumatoid arthritis. Improvements have been

reported in circulatory issues, anxiety, depression, irritability, PMS, hot flashes, and irritable bowel and other GI issues. A scientific investigation found that earthing significantly helps to normalize the levels and daily rhythms of cortisol, the stress hormone.

To learn more about the ways to use the simple ideas behind earthing and its benefits, go to web sites [www.earthing.com](http://www.earthing.com) and [www.Groundology.com](http://www.Groundology.com). Portions of the book *Earthing*, by Clint Ober, can be downloaded or listened to for free. The entire book can be ordered as a paperback from Amazon.com.



## Iodine Needed for Many Body Functions, But We are Not Getting Enough

Dr. Jorge Flechas, MD, is director of the FFP Lab, in Flat Rock, North Carolina, 877-900-5556, [www.helpmythyroid.com](http://www.helpmythyroid.com), which does iodine testing. He practices medicine at Flechas Family Practice in Hendersonville, North Carolina. The following are highlights from a presentation made by Dr. Flechas at a Holistic Dental Association meeting in April 2013.



Dr. Jorge Flechas, MD, MPH

Iodine is an essential trace element that is now receiving new attention as it is essential to body-wide health. For well over a hundred years, iodine has been understood as being necessary to avoid goiter (the enlargement of the thyroid gland in the neck), mental retardation and cretinism, with its stunted growth and mental retardation. In the early 1900s, 40% of school aged children in the US had goiter. The long term consequences of goiter are serious, including an increased risk of cancers of the thyroid, breast, stomach, esophagus, ovaries and endometrium. Actually, a deficiency of iodine serves as a promoter of cancer in all parts of the body. Although the thyroid gland contains the largest concentration of iodine in the body, the breasts, salivary glands, parotid glands, pancreas, cerebrospinal fluid, brain, stomach, skin and lacrimal glands (tear glands) are also organs where iodine is found in significant concentrations. Because of their larger breast size, women are

more likely to be deficient in iodine than men and the iodine requirement is larger for larger women and women with larger breasts.

By assuring adequate iodine through pregnancy and the first three years of a child's life, parents help assure the proper growth development, including brain development of the child. Mild deficiency in early fetal life later manifests as attention deficit disorder (ADD).

Iodine supplemented should contain both the salt form of iodine, as potassium iodide, and the elemental form. In 1829 the French physician JGA Lugol, formulated this mix which became known as Lugol's iodine, most often sold as a purple liquid. For those who want a precise dose or who don't want to deal with the taste of the iodine, there is a tablet form of this called Iodoral made by the company Optimox, which offers tablets in either 12.5 mg or 50mg of iodine amounts. Supplementation with both forms of iodine is important because each form is needed preferentially by different organs of the body. For example the *iodide* (salt) form is needed by the thyroid gland, salivary glands and the skin, but the elemental form of iodine is required by the prostate and the stomach. The breast uses both forms.

**Hormonal health** Low iodine intake leads to a hyperestrogenic state (estrogen is too high). Hypothyroidism is associated with up to 80 to 90% free estrogen levels, compared with a normal range of 40 to 60%

With woefully low levels of iodine, it is no mystery that thyroid hormone drugs are the most prescribed drugs in America. Thyroid hormone T4 and the more active form, T3, play important roles in metabolism. T3 regulates cellular oxidation, producing heat and regulating temperature; it is needed for

protein synthesis, nitrogen retention, breakdown of glycogen and fats, and intestinal absorption of galactose and glucose, and the uptake of glucose by adipocytes.

**Iodine Daily Dosages** Dr. Flechas suggests that the thyroid needs 6 mg, breasts need 5 mg – more for larger women or women with larger breasts, less for men –and the other tissue areas need about 2 mg total. Thus the recommended daily allowance for an adult should be about 13 mg, far more than current RDA of 150 micrograms. The low current RDA for iodine also does not take into account all the goitrogens in today's environment – including bromides, fluorides, chlorine and perchlorates.

Both the Centers for Disease Control and the food industry are now dismissive of the importance of iodine. Instead of the adding of iodine to wheat flour, as was done for most of the last century, now bromate is being added to flour and shows up in many baked goods. Bromide is also found in Mountain Dew and some other soft drinks; it also can be absorbed from fire retardant pajamas, blankets and furniture. Thus, bromide is hard to avoid and the consequences of the exposure can be serious; bromide is found to be taken up into the breast tissue, where it suppresses iodine uptake and promotes breast cancer. Fibrocystic breast or dysplastic changes of the breast are also caused by iodine deficiency. Based on testing, Dr. Flechas will put some iodine deficient patients temporarily on 50 mg or even 100 mg per day. Such supplementation can help the patient detoxify bromide and fluoride and can even help with detoxification of toxic metals such as mercury.

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#### More Sicko

A man recalled for us that, at one time, he worked for a large insurance company, one of the ones featured in Michael Moore's film *Sicko*. In fact, it was one of the companies that, as the film showed, prefers to fight against insurance claims rather than pay them. He worked as a claims adjuster and, at one time was being trained in processing dental claims. When the subject of dental mercury fillings came up, the company's instructor told him "We know that dental amalgam fillings cause health problems, but keep it quiet."

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Betsy the Truck,  
harbinger of information and ambassador  
of truth, does her work  
in Oberlin, Ohio

