

For Immediate Release

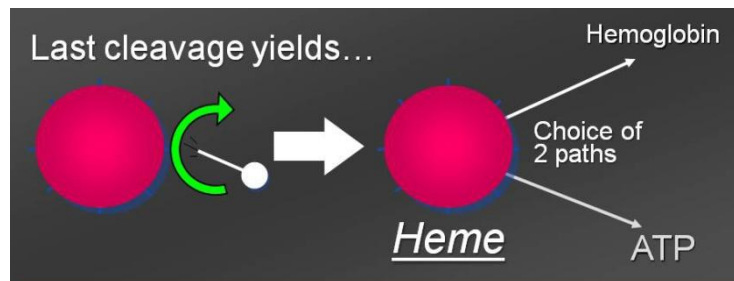
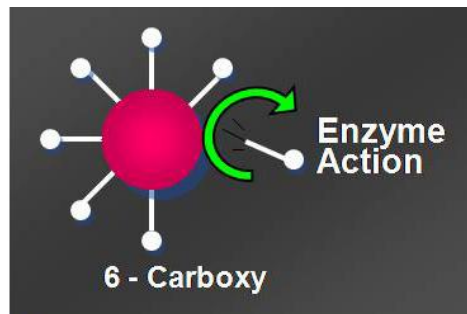
## A LITTLE UNDERSTOOD INDICATOR MEASURES HOW DENTAL MATERIALS ADVERSLY AFFECT PATIENTS HEALTH

### PORPHYRINS, OUR POWER PLANT

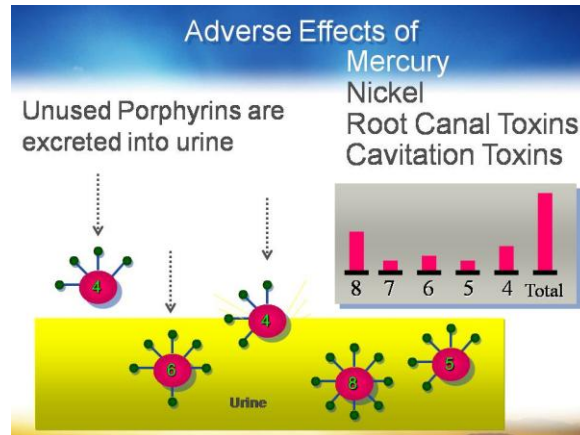
Most drivers can handle an automatic transmission. Some can shift a four speed, and a few enjoy a 6 speed. Of these less than 1% can describe how a transmission works, and few even care – as long as the vehicle gets them there.

Porphyryns provide all the energy for thousands of biochemical reactions in our bodies that allow us to walk, talk, think, experience emotion and heal after injuries. So it happens. Just like an automatic transmission. But! A few are curious about how the body works. This section is devoted to the devotees of chemical life.

A porphyrin is a molecule with 8 chemical appendages attached. Special enzymes cleave off the appendages, leaving a stark naked molecule called heme



Heme goes on to form hemoglobin (familiar term) and ATP (unfamiliar). ATP is the primary energy chemical for all body functions. Without it – simple – you are dead. Should there be an interference in cleavage process, exposing the porphyrin molecule before it is transformed into heme; the half naked molecule is dropped into the urine.

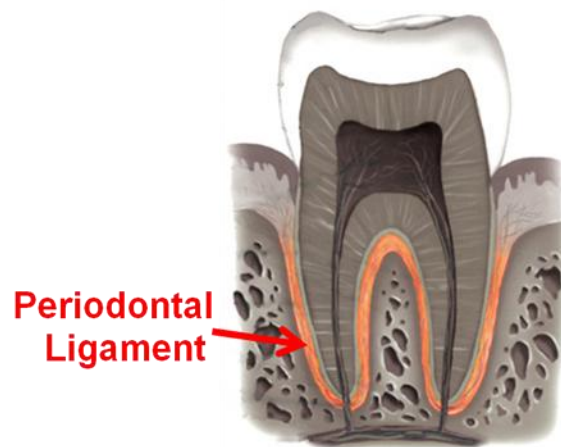


There goes your energy – right down the toilet – while you experience chronic fatigue and disease. How can this happen? Simple. Expose porphyrins to toxic dental materials as they skitter around in the blood stream. Examples of energy interference due to dental metals are, mercury from silver-mercury fillings (50% mercury); nickel from crowns, braces and children’s “chrome crowns”, aluminum from porcelain and half of the composites (so called „white“ fillings).

Root canals, implants, and cavitations provide a sampling from over 80 anaerobic bacteria that produce over 100 different biological toxins. They are squirted into the body’s lymphatic drainage system, into the blood stream, every time a person bites down on a root canal tooth or implant.

Generally, folks are familiar with the term root canal – that is where the nerve is removed from a tooth and the chamber filled with wax. Implants are pieces of metal implanted into bone which will support a crown after the area has “healed”. But cavitations? What are they?

Cavitations were first described by Dr. G.V. Black, called the father of modern dentistry for his contribution in showing how to mix mercury with other metals to form a silver colored filling. In the late 1800's, no one paid much attention to cavitations, but that has changed during the past 30 years. Cavitations are spaces (holes in your head, literally) where teeth were removed and healing never took place. They are holes about the size of the tooth, and are lined with anaerobic bacteria whose toxins can seep out 24/7. Dentists are finding a new way to assist patients in healing from difficult diseases, and organized dentistry is panicking because of the potential liability this exposure causes for them.

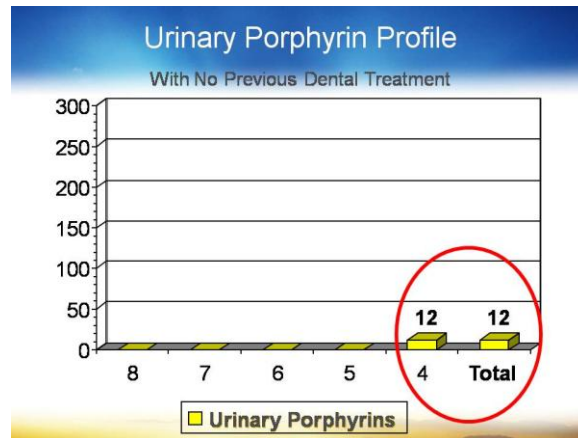


Almost all wisdom teeth sites and over half the other extraction sites leave cavitations. The reason they form is that dentists are taught to leave the periodontal ligament in the bone after an extraction. Healing cannot occur. This is likened to delivering a baby and leaving the placenta in the womb. This ligament is what attaches the tooth to bone. It becomes a nursery for developing and multiplying bacteria, and, upon testing with DNA labeling discloses that 40 or more *different harmful* bacteria can reside within the ligament. There is a rich smorgasbord present courtesy of the adjacent blood supply that can enhance growth and development of bacteria. Another value added item for the bacteria is that the ligament can calcify, preventing antibiotics and white blood cells of the immune system from getting to them. This provides an excellent shelter for the bacteria to multiply and excrete organic toxins.

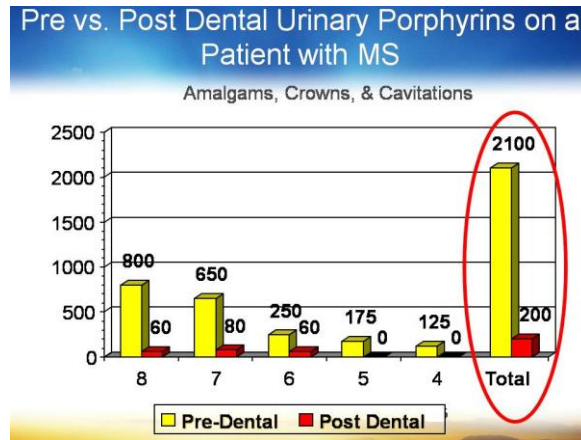
Together, toxic metals, their corrosion products, and multiple bacterial toxins join forces to create overwhelm for the immune system, the cardiovascular system, the endocrine system, the red blood cells, and anyone else requiring energy for survival.

Examples of the harm these toxins can do to porphyrins are shown by measuring changes in porphyrin levels in urine upon exposing people to toxins, and, from removing the toxins. We do not purposefully expose people to known toxins, but can certainly measure the results of removing the dental toxins.

As a guideline, here is the graph of a 21 year old lad who had never had any dental fillings or braces.



Note that most of the measured porphyrins are missing. Only a small amount was found in the “4-carboxyl” column. Contrast this with someone severely energy depleted who was suffering from Multiple sclerosis.



The first column represents measurements before removal of toxins and institution of raw materials for healing as directed by blood tests. The second column shows the substantial drops in porphyrin excretion that took place in about 10 days. This patient had mercury amalgam fillings, nickel crowns replaced and cavitations cleaned.

Any wonder that this patient got out of her wheel chair and walked within 6 days? Only 6 steps, but unassisted. A miracle? Hardly. Just the removal of the cause and directing the heme derived energy into the right place can create what appears to be a miracle.

Over 500 analysis of the basic 5 porphyrins found in people with toxic dental materials in their mouths have shown in short order that these materials cause an overall reduction of energy producing heme due to being lost in the urine. Urinary porphyrins have been suggested as biomarkers because the five porphyrins generally measured tend to form patterns associated with which metals they represent.

However, over the past few years, the addition of toxins from root canals and cavitations have caused interference in the patterns such that the total excretion is becoming more of an indicator of total toxicity. Too many organic toxins are clouding the metal patterns formerly claimed by mercury and other metals to claim biomarker status any more.

## CONCLUSUION

These tests stand by themselves in suggesting that dentistry re-evaluate the materials they are permanently placing in patient's teeth. It is strongly suggested that the onset of disease is not worth the saving of a dead tooth.

### About Toxic Elements Research Foundation

TERF, a non-profit research foundation, is dedicated to stimulating interest in the research community as well as informing the public to become aware of potential problems associated with dental materials and procedures. Informed consent of potential problems makes for better informed decisions by the patient – especially where health is at risk.

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