



**CONSENT FOR THE USE OF ORAL/IV DMPS IN THE TESTING AND
TREATMENT OF MERCURY TOXICITY**

Classic signs and symptoms of mercury toxicity can include, but are not limited to, insomnia, tremor, headache, fatigue, decreased libido, depression, and joint pain. There is also growing clinical evidence that for some patients diseases such as Alzheimer's and MS may be related to mercury toxicity although this is controversial and not scientifically proven. Hair analysis can be useful in detecting most heavy metals but does not seem to be as helpful in showing the chronic mercury toxicity that many people feel results from mercury dental amalgams. Routine urine testing for heavy metals is also not usually helpful except in severe cases. The best diagnostic results have been obtained from doing timed urine collections after the administration of a chelating agent, a compound which actively binds to the heavy metals and assists in actively excreting them from the body.

DMPS, 2,3-Dimercaptopropane -1-Sulfonic Acid, is one such compound that has been used extensively in Europe for approximately 50 years for both acute and chronic heavy metal poisoning. **DMPS is not an FDA approved drug.** It is, however, on the FDA's List of Bulk Drug Substances That May Be Used in Pharmacy Compounding. When used in diagnosis, a single dose is given after which urine is collected for 6 hours and sent for analysis. For treatment, doses are given weekly when given orally or every 3 weeks for intravenous until testing reveals normal levels. For mercury toxicity from dental amalgams, 3-5 treatments are usually necessary. Only 1 or 2 treatments may be needed for toxicity due to general environmental toxicity not involving amalgams. DMPS is generally well tolerated with minimal side effects. The reactions that have been reported, usually with long-term treatment, are actually felt to be more related to the release of heavy metals from the tissues. These include nausea, headache, skin and mucous membrane reactions, fever, and low white blood cell counts. Almost everyone notices the smell of rotten eggs coming from the body for the period of time the drug is in the system, usually not longer than 24 hours. This is due to the sulfur nature of the compound. Most reported reactions to the DMPS itself have been allergic in nature and also occurred mostly with long term therapy. These were generally mild and included itching, nausea, dizziness, fever, weakness, skin reactions like rash and hives, mucous membrane reactions, elevated body temperature or shivering and fever. These have generally subsided after 3-5 days. No cases of anaphylactic shock have ever been reported after administration of DMPS. Rare cardiovascular reactions have been reported with intravenous use, usually related to giving the compound too rapidly. These include dizziness, nausea, palpitations and chest tightness.

Clinical experience has shown that giving an intravenous dose of 25,000-mg. of vitamin C about 2 hours after the dose can minimize the side effects of treatment. Prior to receiving vitamin C, blood work should be checked to rule out kidney disease, excessive iron levels and a genetic condition called G-6-PD deficiency, all of which can predispose to an adverse reaction to high dose vitamin C.

To maximize the effect of treatment, I strongly recommend the "Opening the Channels" protocol offered by Beth Deutsch at Future of Wellness. As an alternative, the use of coal-filtered whey protein or the UltraClear product from Metagenics for 3-6 weeks before starting chelation therapy to boost cellular glutathione levels which will aid in eliminating the mercury once it is removed from the tissues. **It is also very important to take a good multi-mineral supplement during treatment as DMPS can also remove essential minerals, especially zinc. These should not be for taken 24 hours before and 48 hours after treatment.**

I have read and understand the above.

Please print name

Signature

Date