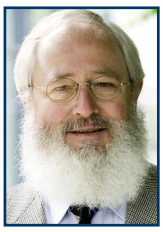

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Amalgamentfernung und hoT-Therapieprophylaxe

Therapieempfehlung für Zahnärzte und Implantologen:
Eine generelle Vorbehandlung mit dem Reha 1 Paket und ggf. anschließender ODS – Orthomolekularer Darmsanierung für Dünn- und Dickdarm – verbessern das Befinden und die Prophylaxe gegenüber Quecksilber-Intoxikationen noch besser als nur das folgende, minimale Akut-Regime: 3 Tage vor Amalgamentfernung 3x2 Kapseln Selen plus Vitamin C (SeC) zu den Mahlzeiten einnehmen. Am Morgen der Entfernung dto. 2-3 Kapseln und direkt vor Beginn der Entfernung in der Zahnarztpraxis 2 Kapseln kauen, einspeicheln und nach ca. 2 Minuten schlucken.
Direkt nach Amalgam-Entfernung unter Kofferdam den Mund mehrfach sauber spülen und anschließend wieder 2 Kapseln SeC kauen. In den Folgetagen mit der SeC-Gabe 3x1-2 fortfahren, bis die Dose leer ist. Bei umfangreicheren Amalgamsanierungen sollte gemäß Umwelt-Zahnmedizin-Empfehlungen höchstens 1 Quadrant pro Quartal saniert werden.

Literatur – Internationale Studien:

http://www.ncbi.nlm.nih.gov/pubmed/11204464

Biol Trace Elem Res. 2000 Dec;77(3):219-30.

Content of non-mercury-associated selenium in human tissues.

Drasch G[1], Mail der S, Schlosser C, Roider G.

Abstract

Recent studies have shown that at a higher mercury (Hg) burden, the molar ratio of selenium (Se) and Hg in tissues tends to approximate 1:1 by the formation of biologically largely inert adducts. From the toxicological standpoint, this trapping of free Hg is welcome. However, this binding of Se to Hg reduces the portion of Se in tissues, which is available for the formation of essential selenoenzymes like glutathione peroxidase, type I deiodase, and so forth and could result in a relative deficiency of Se. Therefore, we tried to determine the concentration of non-Hg-associated Se in several human tissues. As there is no proved trace method for the speciation of non-Hg-bound and Hg-bound Se in tissues, the total concentrations of Hg and Se were determined and the portion of non-Hg-associated Se was calculated by the difference of the molar concentrations of Se and Hg. For this investigation, the following tissues were obtained by autopsy from 133 adults: kidney cortex, thyroid gland, liver, spleen, cerebrum cortex, and pituitary gland. In no case was an occupational Hg burden known. The results confirm the assumption of a 1:1 association of Hg and Se in human tissues. The mean concentration of non-Hg-bound Se was calculated to 576 microg/kg in the kidney cortex, 363 microg/kg in the thyroid gland, 308 microg/kg in the liver, 205 microg/kg in the spleen, 111 microg/kg in the cerebrum cortex, and 545 microg/kg in the pituitary gland. In none of the cases under investigation in any tissue was the molar Se/Hg ratio below 1. This means that a total deficiency of non-Hg-bound Se could not be seen in this normal population, even at a higher Hg burden. ***Nevertheless, at a suboptimal Se supply like in Germany, any reduction of the part of Se, which is available for the formation of essential seleno-enzymes, should be avoided.*** Therefore, any additional Hg burden such as from dental amalgam should to be considered critically. The different distribution of Hg and Se in the body confirms that there is a

controlled hierarchy in the Se supply of different organs, which tries to prevent a Se deficiency in organs with essential seleno-enzymes like the thyroid gland even under a suboptimal Se supply.

http://www.ncbi.nlm.nih.gov/pubmed/17916968

Biol Trace Elem Res. 2007 Winter; 120(1-3):163-70.

Changed clinical chemistry pattern in blood after removal of dental amalgam and other metal alloys supported by antioxidant therapy.

Frisk P[1], Danersund A, Hudecek R, Lindh U.

Abstract

This study aimed to investigate a possible connection between removal of dental amalgam restorations supported by antioxidant therapy and indicative changes of clinical chemistry parameters. A group of 24 patients, referred for complaints related to amalgam restorations, underwent a removal of their amalgams. All patients were treated with antioxidants (vitamin B-complex, vitamin C, vitamin E, and sodium selenite). An age- and sex-matched control group of 22 individuals was also included. The mercury (Hg) and selenium (Se) concentration in plasma, Hg concentration in erythrocytes, and 17 clinical chemistry variables were examined in three groups: patients before amalgam removal (Before), patients after amalgamremoval (After), and control individuals (Control). The Hg and Se values decreased ($p < 0.05$) in plasma, and the Hg concentration decreased ($p < 0.05$) in erythrocytes after amalgam removal. The variables serum lactate dehydrogenase (serum LDH) and serum sodium differed significantly both when comparing Control with Before ($p < 0.01$) and Before with After ($p < 0.01$). The variables white blood cell count (WBC), blood neutrophil count, blood eosinophil count, blood basophil count, blood lymphocyte count, blood monocyte count, serum potassium, and serum creatinine differed in the Before/After test ($p < 0.05$). Multivariate statistics (discriminant function analysis) could separate the groups Before and After with only one misclassification.

http://www.ncbi.nlm.nih.gov/pubmed/11899021

Biol Trace Elem Res. 2002 Feb;85(2):137-47.

Dental amalgam affects urinary selenium excretion.

Høl PJ[1], Vamnes JS, Gjerdet NR, Eide R, Isrenn R.

Abstract

Selenium may have a protective effect against mercury toxicity. The aim of the present study was to investigate if selenium excretion in urine was affected in persons with dental amalgam fillings. The reason for this study is that dental amalgam is the most important source of inorganic mercuryexposure in the general population, although the potential toxic effects of this exposure remain a subject for debate. The chelating agent 2,3 dimercaptopropane-1-sulfonate (DMPS) was injected intravenously (2 mg/kg) to provoke metal excretion. Urine samples were subsequently collected at intervals over a 24-h period. Selenium concentration was determined by hydride-generation atomic absorption spectrometry. The study was comprised of 20 persons who claimed symptoms from dental amalgam and 21 healthy persons with amalgam fillings. There were two control groups without amalgam. One control group had amalgam replaced because of concern about illness resulting from mercury release (n = 20), whereas the other control group never had amalgam (n = 19). Individuals with amalgam excreted less selenium (36.4 microg, median value) over 24 hours than those without amalgam (47.5 microg) ($p = 0.016$). There was no difference in selenium excretion between groups with (42.4 microg) and without (39.4 microg) amalgam-related symptoms ($p = 0.15$). The findings indicate that individuals exposed to low levels of elemental mercury from dentalamalgam excrete less selenium to urine than unexposed individuals.