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(Note: Dr. Dietrich Klinghardt is one of Meridian's primary mentors.)

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In the late phase of the Roman Empire it was considered a privilege of the reigning aristocracy to drink out of lead cups and many of the water lines in the city of Rome were made out of lead pipes. It took several hundred years before the physicians of their time established the link between mental illness – affecting mostly the aristocracy – and the contamination of the drinking water with lead. In the 1700s the use of mercury for the treatment of both acute and chronic infections gained favor and again, it took decades before the neurotoxic and immunosuppressive effects of mercury were well documented within the medical community. In the time of Mozart, who himself died of mercury toxicity during a course of treatment for syphilis, any pathologist in Vienna was familiar with the severe grayish discoloration of organs in those who died from mercury toxicity and other organ related destructive changes caused by mercury.

In the case of mercury the therapeutic dilemma is most clear: mercury can be used to treat infections but – not unlike chemotherapy – also causes a different type of illness itself and may kill the patient. The same is true for most metals: small doses may have a therapeutic effect in a short term, life saving direction, but may also cause their own illness. Most metals have a very narrow therapeutic margin before their neurotoxic, in some cases carcinogenic effect, outweighs the benefits. Toxic metals may be fungicidal and bactericidal, maybe even virucidal, but many foreign invaders have the ability to adapt over time to a toxic metal environment in a way, that stuns scientists and certainly outpaces the ability of the cells of a higher organism – like ours – to adapt in a similar way.

So in the long run, the situation looks different: the cells of the body are harmed by toxic metals whereas the invading microorganisms can often thrive in a heavy metal environment. Research by Ludwig, Voll and others in Germany, by Omura and myself here in the US, showed that microorganisms tend to set up their housekeeping in those body compartments, that have the highest pollution with toxic metals. The body's own immune cells are incapacitated in those areas whereas the microorganisms multiply and thrive in an undisturbed way. The teeth, jawbone, Peyers patches in the gutwall, the groundsystem (connective tissue) and the autonomic ganglia are common sites of metal storage – where microorganisms thrive. Furthermore, those body areas also are vasoconstricted and hypoperfused (by blood, nutrients and oxygen), which fosters the growth of anaerobic germs, fungi and viruses.

The list of symptoms of mercury toxicity alone, published by DAMS (dental amalgam support group), includes virtually any illness known to humankind: chronic fatigue, depression and joint pains are the most common.

To keep it simple: mercury alone can mimic or cause any illness currently known – or contribute to it.

Modern Medicine has taken a giant leap in the last few years through the discovery and use of the PCR test (polymerase chain reaction). Virtually any illness looked at seems to be caused or contributed to by a chronic infection. A study performed by the VA administration (and published in JADA, April 1998) on 10 000 US veterans showed that most coronary heart disease really started as an endothelial infection, in most cases caused by microorganisms from the mouth. Another study showed that close to 70 % of all TMJ syndromes

in women are caused or contributed to by chlamydia trachomatis. Childhood diabetes is often caused by either a cytomegaly or influenza virus infection. And on and on.....

Has Guenther Enderlein not basically found the same truth over 60 years ago? What took so long? Like Bechamp and others he found that infections cannot thrive in the body, unless the milieu is changed in the first place. Rather than looking at the pH, osmolality and the other factors (today also jokingly called the "BTA factors" – from an instrumentation available in the US called "Bio-terrain assessment", which is really a modernization of an instrument developed by French researcher and hydrologist Vincent), I suggest diagnosing and treating toxic metal residues in the body along with appropriate treatment of the microorganisms. As long as compartmentalized toxic metals are present in the body, microorganisms have a fortress that cannot be conquered by antibiotics, Enderlein remedies, ozone therapy, UV light therapy and others.

To diagnose metal deposits in the different body compartments on a living patient is not easy (see my article in Explore: Vol??, 1997), since most "scientific" tests are based on grinding up tissue and then examining it with a microscope, spectroscopy or other laboratory based procedures. Most elegant, suitable and easy to learn is Dr. Yoshiaki Omura's resonance phenomenon between identical substances : both his bi-digital O-ring test or ART (autonomic response testing) are extensions of a regular physical exam, that can be done without any instrument. It is a very accurate diagnostic tool and makes it possible to not only diagnose where in the body which metal is stored but also helps to predict which metal detoxifying agent is most suitable to remove the toxic metal from that particular body region.

The metals found most commonly are : mercury, lead, aluminum and cadmium.

Amongst the detoxifying-agents most commonly used are the following: DMPS, DMSA, Captomer, D-Penicillamine, I.V.Vit.C, I.V.Glutathione, Pleo-Chelate, DL-Methionine (Redoxal), branched chain amino acids, Chlorella Pyrenoidosa, Chitosan, activated charcoal, cilantro and yellow dock. Non biochemical approaches have been developed by myself and include electromobilization (using the Electro-Bloc), mercury vapor lamp mobilization and others.

So the approach to treating illness in a way, that acknowledges these observations, has to include the following:

diagnosing the site of toxic metal compartmentalization

diagnosing the exact type of metal

determining the most appropriate and least toxic metal removal agent

determining other appropriate synergistic methods and agents (i.e.kidney drainage remedies, blood protective agents such as garlic or Vit.E., agents that increase fecal absorption and excretion of mobilized Hg, exercise, lymphatic drainage etc.)

diagnosing the secondary infection

determining an appropriate antibiotic regimen (medical antibiotics, antifungals, antivirals, Enderlein remedies, ozone therapy etc.)

monitoring the patient carefully from visit to visit to respond quickly to untoward effects, most often caused by plugged up exit routes (drainage, drainage, drainage)

With this approach many patients that were chronically ill and did not respond to other approaches before will improve or get well.

However, the thoughts expressed so far do not answer one important basic question:

Why do some patients that are exposed to mercury, deposit the toxin in their hypothalamus (and develop multiple hormone problems), in the limbic system (depression), others in the adrenals (fatigue), in the long bones (osteoporosis, leukemia), some in the pelvis (interstitial cystitis), in the autonomic and sensory ganglia (chronic pain syndromes), some in the connective tissue (scleroderma, lupus), some in the cranial nerves (tinnitus, cataracts, TMJ problems, loss of smell etc.etc), some in the muscles (fibromyalgia)?

As you would assume, multiple causes can be identified:

past physical trauma, such as closed head injury, will make the brain susceptible to become a storage site for lead, aluminum and mercury.

food allergies: they often cause a low grade encephalitis or joint inflammation, again setting up those areas to become targets for toxic deposits

geopathic stress: we found significant numbers of patients sleeping on underground water lines or too close to electrical equipment. Metals concentrate in the body regions most compromised

scars and other foci: scars can create abnormal electrical signals which can alter the function of the ANS (autonomic nervous system). The abnormal impulses often cause areas of vasoconstriction and hypoperfusion, which again become metal storage sites.

Structural abnormalities: TMJ-problems and Cranio-Sacral dysfunctions often are responsible for impairment of blood flow and lymphatic drainage in affected areas

Biochemical deficiencies: if the patient has a chronic zinc deficiency, the prostate, which has a large turnover of zinc, starts to incorporate other 2-valent metals, such as Hg ++, Pb++

Environmental toxicity (solvents, pesticides, wood preservatives etc.): these agents have a synergistic effect with most toxic metals. Metals will often accumulate in body parts that have been chemically injured at a prior time

Unresolved psychoemotional trauma and unresolved problems in the family system

The last issue is by far the most common factor determining where which metal will be stored in the body and which infectious agent will thrive in what area of the body. This issue has been underestimated by most, due to a lack of appropriate, quick and precise therapeutic interventions.

I developed a type of biofeedback psychotherapy called psycho-neurobiology (APN). The core piece of this approach is the "dialogue with the subconscious mind". Any type of ART technique can be used to obtain answers and engage in the dialogue (muscle testing, EAV, brainwave biofeedback etc.). The technique is aimed at uncovering any unresolved past traumatic event and processing the material in a way that is healing to both the patient and his/her family. The material is covered in the APN I and II handouts and in the video sets from the APN-Seminars.

Again, patients that were poorly responsive or unresponsive to prior treatment with appropriately selected Enderlein remedies and detox agents, responded dramatically by treating the patient first with APN, by unloading emotional material, correcting limiting beliefs and giving opportunity for healing between living and dead family members. In fact, every parameter of their biochemistry, including bio-terrain measurements like tissue and blood ph, osmolality, conductivity but also hormone levels, mineral levels etc. move in a direction toward normal after successful APN treatment. Results are often permanent.

The "disease model" that is emerging from these observations looks as follows:

The symptom is that which is visible or apparent and usually the reason the patient comes to us. Underneath or within it we find most often a chronic infection. Underneath the infection we find the altered milieu, mostly the presence of toxic metals. Underneath the toxic metal, the reason why it is there (other than the obvious necessary exposure), the selection of location, the choice of metal – are all created and guided by the subconscious mind and determined by the type, severity and date of unresolved psycho-emotional trauma or material.

The treatment then looks simple:

- 1.help the patient to clear the emotional blocks
- 2.give the appropriate Enderlein remedy
- 3.give the appropriate metal-detox agent

If this approach is followed, usually the main Enderlein remedies will suffice to treat the patient all the way from chronic illness well into wellness:

Here is a list as a reminder: Not, Pef, Fort, Quent for acute illnesses Ut, UT S, Lat, Rec, Art A and Cand for chronic conditions and either Nig or Muc usually test for the long term treatment soon after begin of therapy.

With this approach many other complicated, invasive and often expensive wholistic approaches become unnecessary. Where the Enderlein remedies seemed to not be enough, they work again strongly, predictably and effectively. The number of medications the practitioner needs to keep in the office is minimal. Treatment time is minimized and the success rate is superb.