



A Child's Inheritance: The Modern Miasm

IDENTIFICATION AND TREATMENT STRATEGY

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Our children are being born into a world more toxic at every level than could ever have been imagined -- whether they get it in utero from a mother with metal toxicityⁱ, from a well-meaning doctor, or from Mother Nature herself; that is their inheritance. We've known about this problem for decades. And still, to this day, a diagnostic test for heavy metal and chemical toxicity is not included in the basic evaluation of every patient and child by most doctors, let alone by hospitals or health plans. Is the toxic fog creeping through the valley faster than our ability to get out of the way?

Given that just about every person on this planet has some degree of heavy metal toxicity (from air pollution, amalgam fillings, dental offices, inoculations, fish, in utero exposure from their mother's fillings, ground and water contamination), the fact that the World Health Organization (WHO) acknowledges environmental pollution as the underlying cause of 80% of all chronic degenerative diseases,ⁱⁱ that proof has been established as to the causative effect of heavy metals in neurological diseases including Alzheimer's and MS,ⁱⁱⁱ that the FDA now warns women of childbearing age (all women above age 18) to not eat certain (heavy metal containing) fish,^{iv} and that there are at least 76 published functional and behavioral abnormalities associated with heavy metal toxicity,^v the most serious and common mistake that can be made is a misdiagnosis (false negative) either at the beginning or end of therapy.^{vi}

Observation of Constitutional Weakening

During seven years of conducting Darkfield examinations of live blood I noticed that, in general, the younger the patient the weaker the immune system. The test method involves repeated observations of a drop of blood under a cover slip left in the same position under the microscope and noting how long it takes for decay to begin. The blood of a person with no disease in 8 generations of their family living in a pristine environment and eating non-toxic, nutritious food lasts about 48 hours with no decay. In Los Angeles, the blood of 60-80 year old patients pre treatment can last several hours, while that of much younger patients only lasts as little as 20 minutes. Why? I believe this is due to the escalating pollution of our bodies and environment, and the decrease of (bioavailable) nutrients in our food.

The older the person, the less toxic the environment was during their formative years. A healthy elderly person is more resilient than a healthy younger one.

Dumping of Pollutants: A Snapshot

Pesticides (industrial, commercial and home use): 1.2 billion pounds per year in the US in 1997 alone. At a population of 250 million, that is about 5 lbs per person per year exposure. If we were to only absorb 1%, that would be 22.7 grams per year. Smog: 34.8 million tons per year in 1996 alone. With a 1% absorption, that's about 2.8 lbs a year per person. Mercury in 'Silver Fillings': An estimated 557 Tons of mercury are stored in the teeth of Americans. The average person has 8 amalgams, leaking 120 micrograms of mercury per day. During pregnancy, most of this is absorbed by the fetus^{vii}.

To this accumulating megaton garbage heap, add in the damage caused by radiation (nuclear & electro magnetic), iatrogenic abuse (drugs—people and food chain), mycotoxins in the stored food supply, water contamination, GM (genetically modified) foods, and top soil depletion.

Why Don't The Remedies Always Work?

You can see from this data that the average human being is a different 'chemical soup' than the people who tested and proved remedies and therapies in earlier times. Much of the research we have was done prior to this massive influx of poison into our environment and the people used in the provings could not have responded to the remedies and therapies in the same way a modern, toxic person would. The older the proving of the remedy, the less relevant its literature.

For example, Ultra Violet Blood Irradiation (UBI) was first discovered at the turn of the century and eventually found mainstream use in the 30's and 40's at USC Medical Center, in the *cure* of polio, meningitis, pneumonia, sepsis, and other life threatening infectious conditions. The literature was so compelling I decided to try it. The results were marginal. I finally discovered that if the person went through heavy metal detox before the treatment, that a cure became possible and that the reports in the literature were once again reliable. This has held true for Isopathic (Sanum) Therapy and many other valuable modalities.

The point here is that the major influx of toxins into our bodies and environment constitutes a fundamental change in the health status of human beings, and that all therapeutic action must first address this issue if an improvement in their health is to be made. If you clear the toxins, those remedies and therapies will work once again.

In summary: 1. Toxins, especially heavy metals, block the cure. 2. If the proving of a remedy or therapy did not differentiate between metal toxic and non metal toxic subjects, that data may not be relevant to modern clinical practice.

Favorable Responses to Metal Detox

I have observed clinical improvements in the following conditions post metal detox: autism, ADD/ADHD, ataxia, Parkinson's, MS, failure to thrive, vaccination damage, seizures, chronic infections: viral, bacterial, parasitic, and fungal, night terrors, stimming, short term memory loss, insomnia, impaired immune response, perceptual/cognitive dysfunction, chronic fatigue, fibromyalgia, dermatitis, acne, wrinkles, hair loss, chronic pain, headaches, migraine, anxiety, depression, anger, confusion, digestive disturbances, porphyria, prostatitis, high blood pressure, and angina. Please see the Townsend Letter (April, 2001) list of 76 behavioral and functional abnormalities related to heavy metal toxicity.

One of the reasons the list is so long is because the metals interfere with every enzymatic and thus metabolic process in the body^{viii}. They are also cytotoxic and mutagenic^{ix}.

I am not saying that heavy metal detox is a cure or treatment for any of the above conditions, but that if heavy metal detox is addressed first these conditions become much more responsive to any required additional therapy.

Treatment Strategy

Take out the garbage and the system tends to self regulate. First identify the primary obstacle or toxin in a patients system and remove it safely. Do this one step at a time, with one remedy at a time where possible. Wait and observe the impact of the given remedy on their system, allowing them time to achieve whatever degree of self-regulation they can without further intervention. Re-evaluate and proceed to the next issue.^x

To achieve successful detox without a healing crisis, seven main issues are addressed:

1. A correct diagnosis.

Avoiding a false negative is of utmost importance^{xi}. On the practical side, if you have a child who has never done well, whose mother had amalgams, and who has been vaccinated, do you really need to run a test?

2. The choice of chelator.

The choice can finally now be made to mobilize the metals via the urine, feces, sweat or any combination of the above depending on the patient's status and choice of the appropriate chelator.^{xii}

3. Addressing the obstacles.

An obstacle, or focal problem, is a condition or lifestyle problem that can prevent detox and improvement, or aggravate the process. Each one is evaluated as to degree of relevance and the order in which it is dealt with.^{xiii}

4. Proceeding with detox at the right time.

I have to know what the patient's sequence of priorities is, and this can largely be determined with in vivo testing methods. Blocked regulation, CNS instability and low battery focus^{xiv} conditions must be addressed first.

5. Proceeding with detox at the right dose.

Nanoamperage measurements, electro dermal screening and muscle testing can only give me 50% of the remedy and dosage info because there is a vast difference between the patient's autonomic response to the photon frequency emission effect of the tested remedy and the chemical ingestion response once the patient consumes it. The patient consumes the minimum tolerated dose (of the tested chelator) in the office and is then retested 15 minutes post ingestion. If positive, they are told to ramp up the dose gradually until they reach the 'Window of Improvement'^{xv} and then stay at that dose.

6. Appropriate drainage and support remedies and therapies.

The challenge here is to not use any of them unless it is absolutely necessary, but to have anything that might be needed for support available if they are.

7. Staying in control of the case.

I do not believe it is prudent to medicate until one knows where the baseline is so I request that they stop all remedies, supplements and therapies possible before they come in for the first visit.

If only one step or remedy is given at a time, I always know what is doing what. After a therapeutic move I wait and watch to see what degree of self regulation is achieved by that step. This could take ten minutes or ten days per remedy or therapy, depending on the remedy or therapy.

Given that the patient should only report feeling better if the diagnosis and prescription are correct, that a healing crisis is neither necessary nor beneficial, I can easily adjust the dosage or prescription if they call with a new symptom. If I give several remedies and therapies at the same time, I loose control of the case. Adding them in one at a time, control of the case can be maintained.

After Detox, What? Repair the Damage

Brain: EEG^{xvi} and HEG Neurofeedback^{xvii xviii}.

Organs: Live Cell Therapies

Terrain: IIO2^{xix}, Sanum / Pleomorphic^{xx} Products

Infections: UBI

Now the therapies and remedies can shine. The patient has been restored to somewhat of a pre-toxic state, similar to the time when many of the remedies and therapies were proven. This was made very clear to me in the successful treatment of EBV, Lymes and Hep C with UBI post detox and metabolic regulation, whereas there were only limited or no results if these steps were not taken first.

Concluding the Case

The problem is that the patient generally feels so much better after clearing the metals that it can be difficult to convince them to continue therapy. The Heart Rate Variability monitor is very handy for solving this problem as it can show them where their overall health stands in relationship to 'perfect'.

We do not yet have an objective non-invasive measure of the total body burden of metals or other toxins in the patients system, only a measure of what the given chelator can mobilize and eliminate, therefore no way of knowing if all of the toxins have been removed.

Case Histories of Children with Metal Toxicity

All of the following brief case histories are of children with inherited metal toxicity, the mothers having had amalgam fillings during the pregnancy. This situation is discussed in depth in the article "Fetal Metal Syndrome (FMS)"^{xxi}.

Ataxia (failure of muscular coordination)

A 24-month-old child who could not walk unassisted or hold her head up was diagnosed by her doctor as heavy metal toxic. He put her on 5 drops of NDF-Plus^{xxii} twice a day. Within the week she could hold her head up; within the next week she could walk and run unassisted. Children respond dramatically. Then the mother complained the child had reached a plateau. The doctor noticed that the child was still breastfeeding and that the mother's teeth were loaded with old amalgam fillings so he suggested she stop giving the child daily doses of mercury through the breast milk. She (mad as a hatter) threatened to take him up in front of the board for suggesting such a thing. They reached a stalemate.

MMR (measles, mumps, & rubella) Vaccine Damage. Male, age 8. Symptom onset following MMR vaccine in 1995: stopped smiling, talking, playing and looking at parents, developed yellow, foul smelling diarrhea, disrupted sleep, auto immune disorders, scars don't heal, irritable bowel, low attention, lost ability to speak, eyes deviated, frenetic, bites hands to point of bleeding, bangs head against the wall, and stimming behavior. He was dropped on his head at 7 weeks but 'developed normally afterwards'. Recently given DMSA which severely aggravated all symptoms. Mother was hysterical, also mercury toxic, and because of her son had not had a full nights sleep in years. I could not locate a holistic doctor or a real time EEG neurofeedback practitioner in her area so I took the case by phone and fax. We decided to do Ingestion Testing. Beginning dose was 1 drop of NDF^{xxiii} in a 10 oz glass of distilled water, consumed slowly over the course of a day, once a day. Within one week he was sleeping through the night most nights and there had been a significant reduction in all symptoms for the first time. He continues to improve, now taking 2 drops a day. The mother is also taking NDF, same method, and improving.

Acute Flu and Chronic Seizure

My son Max, age 7, went swimming in a chlorinated pool in the hot sun at a relative's house. He came down with otitis externa, 'the flu', and difficulty concentrating and speaking. He has a history of seizure

activity caused by mercury toxicity. The heat and chlorine seriously increased his seizure activity. He has had this happen before, but chlorinated pools are practically unavoidable in Southern California. Both of my boys (7 & 10) had previously always responded to ChildLife's^{xxiv} 'First Defense' for cold & flu or any infection but this time I didn't see the expected dramatic improvement, and suspected an obstacle. The Performance 2001 revealed that all of his points were below 200 uA, a low battery focus. Now, for the second time, I've seen that the combination of heat and chlorine creates at least a temporary low battery focus in the metal toxic patient. He was given a BEFE (Bio Electronic Field Enhancement)^{xxv} footbath in R/O water, remineralized with potassium citrate, for 35 minutes. Once again, he showed no improvement immediately following the BEFE footbath. However, twenty minutes following the treatment he was given another dose of First Defense. Within 2 hours all symptoms of the flu were clearing and he was becoming his vibrant, smiling self again. Soon afterwards I gave him a dose (10 drops) of NDF. Seizure activity stopped. Because the BEFE raised his 'amperage', he was again able to utilize the First Defense and get the benefit, clear up the acute condition, and then move on to dealing with the aggravation of the chronic seizure activity.

Night Terrors. Female, age 9, chronic severe ear and throat infections, stomach pain and severe vomiting, in family psychotherapy because she runs through the house screaming in fear every night and can't explain why. Never had an amalgam filling, mother had 18 during the pregnancy. After 20 days of detox all symptoms disappear. Stage fright also goes away and child gets up on stage in school auditorium and sings with her class for the first time; psychotherapy and antibiotics discontinued.

Asberger's Syndrome. Male, age 6.

History: No amalgam fillings. Mother had amalgams during the pregnancy. DMSA challenge shows high mercury but aggravates condition. Full course of vaccinations. Frantic and screaming after MMR vaccination damage. Verbalization only understandable by parents, no eye contact, fussy, extreme difficulty changing locations, brilliant musician. Parents were instructed to stop all supplements and therapies for two days prior to the first visit so a baseline could be established.

Diagnosis: The boy only allowed one point to be tested with the Performance 2001^{xxvi} while the parents held his hand still, which read in normal range, so I knew he did not have a low battery focus^{xxvii}

(which requires NDF-Plus) and could start with NDF. He had been on a gluten and casein free diet, and all of the currently recognized beneficial supplements for some time, with no therapeutic effect. No other foci or obstacles were identified.

Treatment: Began with one drop of NDF in his lemonade in the morning, and then gradually ramped up the dose to 5 – 8 drops daily. That's all. No other supplementation.

Results: 5 days into detox the mother reports the child is 'just happier'. Happiness is normal for a child^{xxviii}. After two weeks they report more and more days with a 'normal' child. After six weeks the father reports the boy can now form sentences with 15-30 words each that can be understood by anyone, that there is unmistakable progress. During his follow up he made eye contact and was very easy to manage, allowing measurement of all of his points. During another follow up two weeks later the mother reports her son has just had the best two weeks of his life so far. The boy voluntarily walked into the consultation room (changed locations), climbed up into the chair and *asked* to have his points tested. The next step is HEG and or EEG neurofeedback.

Persistent vomiting, gagging, nightmares.

Dear Dr. Ray,

I am a mercury and lead toxic ex-dental assistant of 19 years. In the beginning we hand mixed the amalgam. I started at age 17 and at age 29 I became pregnant with my son whom from the day he was born had gastrointestinal problems, persistent vomiting & gagging, nightmares, and was shy and very thin. Approx Sept. of 2000 I learned about NDF and started him on 4-12 drops per day until the half-ounce was gone. What a difference! *No more vomiting, nightmares, shyness and he gained 10 lbs. by Nov. 1, 2000.*

Thank you so much.

Please hurry and get this stuff out to the general public.

Dawn C.

Autism. "12 year old male ... _ dropperful NDF every other day for 2 _ months. The blood improved markedly, he is making efforts to talk, is using previously unused words, is calmer, and can sit longer. For the first time he was making eye contact with me at the office. I will continue reporting on this very encouraging situation." V M-V, MD.


Conclusion

The world that we are turning over to our children presents dangers that many of us did not have to face during our formative years. We will therefore not be able to 'walk in their moccasins'. We did not prepare for the 'Seventh Generation'. The least we can do as doctors is to generate awareness of the situation, create or offer diagnostic and therapeutic measures to counter some of that which awaits them, and support the organizations involved in bringing the amalgam^{xxix} and vaccination issues into the public eye. The least we can do as parents is to support those organizations and agencies involved in environmental remediation and preservation. What we can all do as human beings is demand that the damage is stopped.

ⁱ Mercury from amalgam is stored in the fetus and infant (breastfeeding) before the mother. Vimy, M.J., Takahashi, Y., Lorscheider, F.L. Maternal-Fetal Distribution of Mercury Released From Dental Amalgam Fillings. Dept. of Medicine and Medical Physiology, Faculty of Medicine, Univ. of Calgary, Calgary, Alberta, Canada 1990 published in FASEB.

ⁱⁱ WHO 1974, Florence, Italy.

ⁱⁱⁱ See www.altcorp.com/haleyresponds.htm

^{iv} **A 20/20 Investigation**  **Jan. 12, 2001** — *Pregnant women and women who may become pregnant should not eat shark, swordfish, king mackerel and tile fish because they could contain levels of mercury that could lead to brain damage in a developing fetus, the Food and Drug Administration said today.*

^v **Townsend Letter for Doctors**, #213, April, 2001.

^{vi} *"The Mobilization and Elimination of Systemic Heavy Metals in the Context of Biological Medicine"*, T. Ray, *Explore*, Vol 10, #5.

^{vii} See "Fetal Metal Syndrome (FMS)" by T. Ray, *Explore*, Vol 11, #1.

^{viii} ^{viii} Mercury from amalgam binds to -SH (sulfhydryl groups). These exist in almost every enzymatic process in the body. Mercury from amalgam will thus have the potential of disturbing all metabolic processes. Goyer Toxic effects of metals. Casaret and Doull's toxicology – the basic science of poisons. Ed3 New York. Macmillan Pub. 1986, pp 582-609.

^{ix} www.altcorp.com.

^x See *"Heavy Metal Detox Without a Healing Crisis"*, T. Ray, *Explore*, Vol. 10 #6 for an in depth discussion of the process.

^{xi} *A detailed discussion of the causes of false negatives and methods for determining metal toxicity are available at www.DocRay.com.*

^{xii} *"Heavy Metal Detox Without a Healing Crisis"*, T. Ray, *Explore*, Vol. 10 #6

^{xiii} Ibid.

^{xiv} *"The Low Battery Focus"*, T. Ray, *Explore* Vol. 10, #4.

^{xv} We know from independent real time digital EEG studies of patients with toxic heavy metal burdens that the voltage of their Beta waves tends to be depressed, and that after taking a correct dose of NDF, the voltage of their Beta waves increases into normal range in between 5 minutes to two hours post ingestion. The moment this happens, the patient reports a simultaneous subjective improvement in clarity and / or well being. The experience of improvement of function has been clinically verified by real time EEG to last at least 4 hours^{xv} and can actually last for days. **Please note that the arrival at this sense of improvement is concurrent with a major simultaneous increase in the elimination of heavy metals, as verified by independent lab testing, and thus proves that heavy metal detox can proceed without a healing crisis.** I call this the Window of Improvement.

^{xvi} Go to www.eegspectrum.com and/or www.neuropathways.com

^{xvii} *If the EEG therapy is completed before detox, the metals remaining in the brain will recreate the dysfunction. A discussion of EEG neurofeedback and the problems of life long mercury toxicity can be found in the article "Fetal Metal Syndrome" T. Ray, *Explore*, Vol. 11, #1.*

^{xviii} HEG neurofeedback is the relatively recent ('94) discovery of Hershel Toomim Sc.D. His method involves the measure of localized cerebral blood oxygenation as the basis of the neurofeedback signal.

There is no website at this point. He emailed copies of pre and post SPECT scans of a successfully treated manic depressive showing the increased blood flow to previously hypoperfused areas of the brain using his method. He also has a comparative analysis of HEG and EEG therapeutic results based on pre and post therapy TOVA tests showing a 2-3 times greater gain with HEG. This scientist and innovator is being published in **Explore**, Vol. 11, #1 for the first time. Explore can be reached at 1-800-320-6036. Dr. Toomim can be reached at 1-800-246-3526.

^{xix} Inhaled Ionized Oxygen Therapy, see www.oirf.com.

^{xx} Pleomorphic (Sanum) Products can be reached at 602-439-7977, www.pleoesp.com

^{xxi} You can request a copy at www.DocRay.com or wait for it to be published in Explore, Vol. 11, #1 in January 2002.

^{xxii} Available from www.bioray2000.com, 310-473-1813.

^{xxiii} Ibid.

^{xxiv} *This company offers an excellent line of supplements for children; its founder and formulator, Dr. Murray Clarke, LAc DH, has specialized in pediatrics for many years. ChildLife can be reached at 310-305-4680. Or, see their website at www.childlife.net.*

^{xxv} There is some research data on this device at www.DocRay.com. A unit can be obtained from Dennis Higgins at 1-818-707-7397.

^{xxvi} Please see "Heavy Metal Detox Without a Healing Crisis", T. Ray, Explore, Vol. 10 #6, for a description of the Performance 2001 or go to www.oirf.com.

^{xxvii} "The Low Battery Focus", T. Ray, Explore Vol. 10, #4.

^{xxviii} *Some people are currently researching the quantitative correlation between 'lack of happiness' and severity of metal toxicity. There is a question on my new patient intake form "Please mark on the line from 1 to 10 how much fun you are having in your life." If the answer is less than 5, and their mother had amalgam fillings, it is consistently a very difficult case.*

^{xxix} **Mercury in Dental Filling Disclosure and Prohibition Act** by Congresswoman Diane Watson (D-Los Angeles)