

mining areas in Indonesia and other parts of the world.⁴

Just recently, Micro Trace Minerals under the direction of Dr. E. Blaurock-Busch tested hair and urine analysis, before and after oral DMPS provocation. The majority of the nearly 150 test persons included in the study were physically and mentally challenged children, many suffering from cerebral palsy.

Unusually high hair levels of manganese, strontium and uranium were seen in over 80% of the patients. Urine testing before and after DMSA chelation substantiated these findings. The final test results are now statistically evaluated. Visit <http://chelatherapie.blogspot.com> for more information.

The Toxicity of Metals in General Health Care

In the US, the Agency for Toxic Substances and Disease Registry (ATSDR), based in Atlanta, Georgia, is a federal public health agency of the U.S. Department of Health and Human Services. ATSDR serves the public by incorporating and reflecting on academic and medical knowledge, taking responsive public health actions, and providing official health information to prevent harmful exposures and diseases related to toxic substances.⁵

The World Health Organization (WHO) provides recommendations regarding the industrial and environmental use of potentially hazardous substances. It also provides international standards regarding exposure and recommends reference ranges for human biomonitoring.

European countries have their individual Environmental Health Protection Agencies, which govern use and exposure of toxic substances. Laboratory diagnostics and reference ranges are based on these agencies recommendations.⁶

The Toxic Metal Information below is based on ATSDR official toxic facts and covers only toxic metals with a history of toxicity as recognized by governmental and academic sources. Additional information can be obtained by e-mailing: cdcinfo@cdc.gov

The information on chelation and the tables (graphs) listed, refer only to synthetic chelating agents and are largely based on laboratory data from Micro Trace Minerals, Germany/USA. For details and specifics regarding Chelation Protocols see Chapter 5 and for information on non-synthetic chelation agents and specific protocols are listed in Chapter 6 of my book.

The CERCLA Priority List

ATSDR and the EPA prepare a list, in order of priority, ranking substances that are most commonly found at facilities on the National Priorities List (NPL) and which are determined to pose the most significant potential threat to human health due to their known or suspected toxicity and potential for human exposure at these NPL sites.

This CERCLA priority list is revised and published on a 2-year basis, with a yearly informal review and revision. This priority list is based on an algorithm that utilizes the following three components: frequency of occurrence at NPL sites, toxicity, and potential for human exposure to the substances found at NPL sites. This algorithm utilizes data from ATSDR's HazDat database, which contains information from ATSDR's public health assessments and health consultations.

It should be noted that this priority list is not a list of "most toxic" substances, but rather a prioritization of substances based on a combination of their frequency, toxicity, and potential for human exposure at NPL sites.

Of the 275 substances listed, only some are listed and discussed here. Ranking is shown in the column on the left i.e. Arsenic is ranked as Toxin #1; Sodium Arsenite is ranked as #241. (see next page)

References

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