

# Candida Albicans Therapy

Is there ever an end to it?

## Dental mercury removal: an effective adjunct

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### Summary

*The removal of mercury (silver/amalgam) dental fillings can provide great benefit to patients suffering from the yeast sensitivity syndrome by providing a greater tolerance to inhaled, ingested, and endogenous loads. Moreover, therapy with nystatin and other anti-yeast medicaments can be reduced and even, in some cases, eliminated as a result of the removal of dental mercury.*

*It is not the thing that alarms and concerns men but their opinions and fancies about it.<sup>1</sup> Had Epictetus been an immunologist, his comment would have been equally apt about "the yeast problem."*

We all have *Candida albicans* in our intestinal tracts, yet only some of us develop an illness associated with it<sup>2,3,4,5,6,7</sup>. The illness has been termed candidiasis, candidosis, *Candida albicans* hypersensitivity, yeast hypersensitivity, yeast hypersensitivity syndrome, etc., etc.,. The illness could also be termed immunological/biochemical dysperception, since the yeast itself is not the problem any more than ragweed is the problem in hayfever. The patient immunologically and biochemically views both substances in a distorted manner and reacts inappropriately. "Yeast hypersensitivity" should be viewed as a symptom of immune/biochemical dysfunction, not as a disease.

There is a feeling among patients and some uninitiated practitioners that if we could only get the right drug, get a high enough level of the drug, eat the right diet, or take enough of the latest commercial bandwagon cure, they would wipe out the "infection" and achieve a cure.

### My experiences have been otherwise:

1. The presence of yeast, a normal flora, in a GI tract does not equal infection;
2. Cure (in the sense of getting rid of the normal flora) is not to be expected;

3. Unless the underlying immunological/biochemical dysfunction is improved, patients can expect to be on suppressive medication, either continuously or intermittently<sup>2,3</sup> for life, depending upon the severity of the illness.

4. Not everyone who is treated with antibiotics, birth control pills, or steroids gets the "yeast problem" because getting the disease involves a propensity that had to have been there to begin with a priori. Only those eligible by virtue of their propensity get the disease as a result of exposure to these medicaments.

The patient takes medication that suppresses the yeast population, thereby reducing the load on the immune system, thus allowing a dysfunctional immune/biochemical system to appear to be better and to work better under a lessened load. The immune system often eventually reverts to a similar, even the same, condition once the nystatin or other suppressive agent is removed. Hence, many patients tend to stay on the suppressive medication indefinitely. Moderately sick patients may be able to avoid continuous suppressive medication for long periods and simply take medication periodically, i.e., spring and fall, etc.<sup>2,3</sup>. Hence, if we are to be successful as practitioners, we must direct our attention to fixing "what's broken," i.e., to the dysfunctional immune/biochemical system, rather than to the symptoms.

Since at this time we do not have genetic engineering to fix the "immunological/biochemical circuits" that are dysfunctional, what therapeutic do we have to deal with the actual disease?

I have found two relatively new modalities reasonably successful in treating such dysfunctional patients:

- The use of a nutritional supplement, selenium<sup>8,9,10,11,12,13,14,15,18</sup> (yeast-free).
- Removal of mercury (silver amalgam)

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dental fillings<sup>17, 18, 19, 20, 21, 22, 23, 24, 25</sup>.

The use of selenium has enhanced the patients' ability to withstand petrochemical onslaught<sup>8, 9, 10, 11, 12</sup>. I have not documented a benefit in regard to "the Candida problem," although I don't exclude the possibility.

In my experience with many severely ill sensitive patients who exhibit allergic and other manifestations, removal of mercury ('silver'/amalgam) dental fillings was the single most effective method of improving their health....

Dentists are currently divided as to how to advise their patients; divided because in most cases the manifestations of the disease of mercury poisoning only starts to become apparent 3-10 years after the insertion of the mercury.

The disease symptoms are insidious and, like the effect of other biochemical insults, overlap with the symptoms of many other diseases<sup>27</sup>. Mercury poisoning is the greatest masquerader of our time. Dentists are not in a position to see the cause and effect relationship of the insertion of the mercury and the development of illness three to 10 years later. Even the patient himself does not connect the illness to the original dental process....

In a patient with mercury fillings it is impossible to predict a priori whether removal of the mercury fillings will reverse some of these symptoms. There are no prognostic tests. "Patch" tests are potentially dangerous because of the possibility of inducing allergic sensitivity in a patient who was not previously allergic to mercury but was sensitive to the toxic effect of mercury. The issue is biological sensitivity to a poison

— not allergy to a metal<sup>21, 27</sup>.

Some factors that may help predict whether a person would benefit from the removal of their mercury fillings:

— Mixed metals

The sickest patients I have seen are frequently those with "mixed metals" in their mouths, i.e., gold and...mercury fillings<sup>17</sup>.

— Selenium

Selenium binds with mercury to render it biologically inactive in some respects. If one receives some benefit from taking selenium, then the benefit may be in part due to the protective effect of selenium against mercury; hence, there

might be some benefit from having the mercury fillings removed.

This is NOT a PROOF, but merely conjecture.

(The dose of selenium is 50 mcg (yeast-free) twice a day after food. It may take one to three months to see any benefit (Some patients benefit within a week). Continuing this dose as a permanent regimen is recommended.)

— Zinc

Mercury competes biologically with zinc and is in the same column of the periodic table. Some patients experience some improvement of their general well-being with zinc. The possible reasons are multiple. One reason might be that zinc is protective to some extent against mercury. Although, this, too, is no proof but merely conjecture, it is something to think about in terms of trying to portend a benefit from the removal of one's mercury fillings.

The dose of zinc is 15 mg once a day after food. Continuing this dose as a permanent regimen is recommended. Too much can also present problems. More is not necessarily better.

When benefit ensues, it may be apparent within a few days to a week.

— Thiamine

The dose of thiamine is 25-50 mg with breakfast and 25-50 mg with supper. Look for significant benefit, i.e., greater energy, greater well-being, etc. If it's going to work, the benefit will generally be noted within 6-12 hours after taking the first dose and certainly by one to two days. If benefit results, this benefit could be considered an additional piece of evidence in favor of suspecting that mercury might be acting as a poison. Continuing this dose as a permanent regimen is recommended. Remember: at this stage of our knowledge about dental mercury, this is no proof but merely conjecture.

The following is a possible explanation: Thiamine is important in the decarboxylation process of cellular respiration<sup>28, 29</sup>. There is a critical step at the entrance into the aerobic oxidation cycle (Krebs cycle) from the anerobic (Embden-Meyerhof) pathway. This step involves "coenzyme A". Coenzyme A contains a sulfhydryl group (-SH). These "-SH" groups are susceptible to being inactivated by mercury<sup>30</sup>, and, hence, unable to produce acetyl-coenzyme A. Some molecules will escape the poisoning, depending upon how much mercury is available; hence, only

limited amounts of functional coenzyme A will be available.

By adding more thiamine, we enhance an impaired area of the metabolic cycle and compensate for its inefficiency by pushing the reaction "to the right", as follows: We are more efficiently utilizing whatever limited amounts of still unpoisoned coenzyme A are available by a greater amount of thiamine provided to the decarboxylation process.

In regard to the interference of thiamine's action by poisons, both mercury and arsenic have similar toxic reactions. Selenium is protective against both mercury and arsenic poisoning. Both mercury and arsenic interfere with thiamine-dependent enzymes (and excess thiamine can be protective, to some extent, against poisoning from both metals). Arsenic poisoning can imitate thiamine deficiency disorders, as it interferes with the thiamine-dependent conversion of pyruvate to acetyl coenzyme A<sup>31</sup>.

These relationships add further weight (but no absolute proof) to the concept that thiamine could be taken in a predictive way to determine if mercury intoxication is present and benefit could ensue from the removal of amalgam dental fillings.

Hence, if someone's illness improves on any one or all three of these substances, one could be tempted to say that there might be some benefit from the mercury removal. Remember: this is no proof; this is just conjecture<sup>32</sup>.

I have not documented that other more complex and expensive vitamin and mineral nutritional "anti-mercury" regimens have provided any further benefit in regard to the "mercury problem."

A final comment concerning current therapy for "the Candida problem":

Caprylic acid is being sold over the counter. It is an absorbable substance in which blood levels are achieved, in contradistinction to nystatin, which is essentially non-absorbable. Nystatin is "virtually nontoxic and non-sensitizing...even on prolonged administration."<sup>33</sup> I know of no human study of caprylic acid that documented its safety or lack of safety with long-term use.

### **Case Histories**

The following cases are representative of over 50 cases of very hypersensitive individuals

who were treated with nystatin and subsequently had their mercury dental fillings removed. In the overwhelming majority of these sensitive patients who benefited from nystatin therapy, the additional modality of removal of the mercury dental fillings provided additional benefits to the patients.

In all cases, the mercury fillings were not removed in any special order. No galvanic measurements were done, and no so-called "sequential order" was followed.

No complex so-called "mercury removal preparatory work-up" was done. No elaborate vitamin manipulation was used except that herein described.

Patient:

P.M.

Chart Number 27512

History Prior to Treatment: This is a 49-year-old white male, business executive with a one-year history of:

- myalgia
- fatigue
- headache
- insomnia
- difficulty concentrating
- seborrheic dermatitis
- rhinitis

Diagnosis: Multiple hypersensitivities to:

1. inhalants
  - (a) vapours, especially chemicals of petroleum origin;
  - (b) house dust
2. multiple foods
3. endogenous *Candida albicans* in the gastrointestinal tract (as well as to the ingestion of yeast, fungi, and related food substances)

Treatment:

- Avoidance of the above troublesome substances where possible
- oral nystatin.

Results after above conventional therapy: Good Results four months after removal of mercury dental amalgams:

Excellent; tolerance to all of the above substances increased. Many foods could be added back into the diet. The patient is still using nystatin.

Patient

G.D.

Chart Number 27576

History Prior to Treatment: This is a 43-year-old white female, an accountant who, for a year prior to my seeing her, developed the

following symptoms:

- vertigo
- blurred vision
- headaches
- difficulty concentrating

Diagnosis: Multiple hypersensitivities to:

1. inhalants
  - (a) particles: fungi
  - (b) vapors:
    - petrochemical
    - halogenated
2. multiple foods
3. hypersensitivity to her endogenous gastrointestinal Candida albicans (as well as yeast and fungi-related foods)

**Treatment:**

- Avoidance of the above troublesome substances, where possible.
- Treatment with oral nystatin

Results after above conventional therapy:

Good

Results two months after removal of mercury dental fillings:

There was a marked improvement: greater tolerance to all of the above substances ensued. The patient is still using nystatin.

**Patient:**

J.F.

Chart number 25825

History Prior to Treatment: This is a 51-year-old corporate executive with a 10-year history of the following variety of symptoms:

- vertigo
- rhinitis
- asthma

**Diagnosis: Multiple hypersensitivities to:**

1. Inhalants
  - (a) particles
    - pollen
    - fungi
    - house dust
2. Multiple foods
3. Endogenous intestinal yeast (Candida albicans) as well as to foods containing yeast, fungi.

**Treatment:**

- Avoidance of the above troublesome substances, where possible
- Sublingual hyposensitization
- Oral nystatin

Results after the above conventional therapy: Good

Results nine months after removal of mercury dental amalgam fillings: Mixed. His asthma had only a slight improvement.

His hayfever was better, and his food sensitivities remain essentially the same. He was able to stop the use of nystatin without deleterious results.

**Patient:**

H.M.

Chart number:

27133

History Prior to Treatment: This is a 27-year-old white female real estate executive with a lifetime history of headaches and skin rashes. Recently she also developed dizziness, fatigue, and muscular soreness. Diagnosis: Multiple allergies due to:

1. inhalants including chemicals of petroleum origin
2. particles:

- (a) grass pollens
- (b) ragweed pollen

3. multiple foods
4. hypersensitivity to her own endogenous yeast as well as yeast and fungi-related substances found in foods.

Treatment consisted of:

1. avoidance of inhalable chemical vapors
2. sublingual hyposensitization for grass and ragweed sensitivity
3. avoidance of troublesome foods
4. oral nystatin

Results after conventional therapy:

Good

Results six months after removal of mercury dental amalgams:

1. significant improvement beyond the above in all respects;
2. more energy
3. improvement in general health
4. the patient has discontinued the use of nystatin and is considering its use seasonally in the autumn when the mold count is high — if necessary.

**Patient:**

D.O.

Chart number: 27169

History Prior to Treatment: This is a 34-year-old white female housewife who had a variety of symptoms, some of which were:

- headaches
- food intolerances
- gastrointestinal disturbance
- skin eruptions
- blurred vision
- insomnia
- episodic difficulty concentrating
- decreased reading comprehension
- forgetfulness

— extreme fatigue  
 — ringing in ears  
 — hoarseness  
 — coughing  
 — muscle and joint pains  
 Diagnosis: Multiple hypersensitivities to:

1. Inhalants, especially chemicals of petroleum origin;
2. Multiple foods
3. Endogenous *Candida albicans*

Treatment:

- Avoidance of the above troublesome substances, where possible
- Oral nystatin

Results after above conventional therapy:

Good

Results ten months after removal of mercury dental amalgams:

Excellent; there was a marked and clearly discernible benefit. The patient has stopped the use of nystatin (may use it only during the autumn when the mold count is high).

**Patient:**

C.H.

Chart Number: 22445

History Prior to Treatment: This is a 42-year-old white female housewife whose symptoms were:

- fatigue
- food intolerances
- rhinitis
- skin eruptions

Diagnosis: Multiple hypersensitivities to:

1. Inhalants
  - (a) particles:
    - fungi
    - house dust
2. Multiple food intolerances
3. Hypersensitivity to her endogenous gastrointestinal *Candida albicans* (as well as the ingestion of foods containing yeast and/or fungi).

**Treatment:**

- Avoidance of the above troublesome substances, where possible
- Sublingual hyposensitization
- Oral nystatin

Results one year after above conventional therapy:

Good

Results one year after removal of mercury dental amalgam fillings:

- Excellent
- Marked improvement in patient's ability to tolerate all of the above intolerable substances.
- Continuous use of nystatin stopped.

The patient now uses nystatin intermittently, i.e., for a two week period during the autumn, when there is a high mold count.

**Patient:**

S.O.

Chart number: 21229

History Prior to Treatment: This is a 28-year-old inspector for manufacturing quality control who had a nine-year history of:

- rhinitis
- skin eruptions
- headache
- vertigo
- blurred vision

Diagnosis: Multiple hypersensitivities to:

1. Inhalants
  - (a) particles
    - pollen
    - fungi
    - house dust
  - (b) vapours
    - petroleum
    - halogenated

2. Multiple foods

3. Endogenous gastrointestinal *Candida albicans* (as well as ingestion of yeast/ fungi and related foods)

Treatment:

- Avoidance of the above troublesome substances, where possible
- Sublingual hyposensitization
- Oral nystatin

Results after the above conventional therapy: Good

Results ten months after the removal of mercury dental amalgams:

Excellent. There was a marked improvement in the patient's ability to tolerate the above substances. He was able to discontinue the continuous use of nystatin. (Consideration of its use on a periodic basis, i.e., spring and fall, etc., is being entertained.)

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