

DMPS IV

The two “main” mercury chelators are DMPS and DMSA. Many opinions and treatment protocols have been expounded on these agents. Neither crosses the blood-brain barrier easily, but of the two, DMPS is the better one. DMSA is given in a “pulse” oral dosing schedule, meaning that it is taken for a period of time, stopped, and then repeated. This has the effect of pulling mercury out of tissues, but then allowing it to go back into tissues when it is stopped. This typically causes many problems, with increased symptoms.

Although DMPS is the better agent, I NEVER give it by itself. When administered via IV, it must be mixed with other agents to both increase it’s effectiveness and its ability to cross into the brain. In addition, I NEVER use it unless the patient has been taking oral detox supplements. This is a critical item, as the half-life of DMPS is fairly short, and other agents must be taken to continue binding with and excreting the mercury and other heavy metals after they have been released. The final item is that neither DMPS nor DMSA should be used if the person has any mercury amalgams still in place.

Using our protocol, we have seen no serious [detox reactions](#). In addition, our approach increases the excretion of mercury and other heavy metals through the stool, thereby removing much of the burden from the kidneys. Samples can be taken of both sources to objectify the release of metals if need be, but in most situations we monitor the progress of detox via the [Neural Therapy](#) exam.

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