



Typical symptom assays reported for mercury toxicity

There are a great many reports of symptoms attributable to mercury exposure and symptomatic relief following replacement of amalgam fillings, some better documented than others. Here are links to two reviews:

Hanson, M. [Effects of amalgam removal on health](#), the Swedish experience, 2004.

Love J. Ziff M. [References documenting symptoms to mercury exposure](#), 2006.

Any parties interested in conducting symptom based research can take advantage of the [automated on-line symptom survey](#) that is available through the IAOMT website.

1. The first chart is a summary of the subjective reports of 1569 patients who participated in six different surveys of health effects of replacing amalgam fillings, reported in the Bioprobe Newsletter, March 1993.

Reported Percentage of patients claiming substantial relief

| | | | |
|---------------------------|-----|------------------------|----|
| Allergy | 89% | Lack of energy | 97 |
| Anxiety | 93 | Memory loss | 73 |
| Bad temper | 89 | Metallic taste | 95 |
| Bloating | 88 | Multiple sclerosis | 76 |
| Blood pressure problems | 54 | Muscle tremor | 83 |
| Chest pains | 87 | Nervousness | 83 |
| Depression | 91 | Numbness | 82 |
| Dizziness | 88 | Skin disturbances | 81 |
| Fatigue | 86 | Sore throat | 86 |
| Gastrointestinal problems | 83 | Tachycardia | 70 |
| Gum problems | 94 | Thyroid problems | 79 |
| Headaches | 87 | Oral ulcers | 86 |
| Migraine | 87 | Urinary tract problems | 76 |
| Insomnia | 78 | Vision problems | 63 |
| Irregular heartbeat | 87 | | |
| Irritability | 90 | | |
| Lack of concentration | 80 | | |



Mercury/Toxic Metal Sensitivity Questionnaire

2. This questionnaire was part of a US FDA approved study called an Institutional Review Board to assess how body burden of mercury is determined, toxicity levels etc. It serves as a warning or alert to clinicians when patients have scores of 'yes' in five or more of the questions. It is recommended that such patients be referred to dentists with special knowledge of safe mercury amalgam removal and replacement.

| | yes | no |
|---|-----|----|
| 1 Have you had sore gums (gingivitis) often over the years? | | |
| 2 Have you had mental symptoms such as confusion or forgetfulness? | | |
| 3 Has severe depression been a frequent problem? | | |
| 4 Has ringing in the ears (tinnitus) been present? | | |
| 5 Have TMJ (temporal mandibular joint) problems been a concern of yours? | | |
| 6 Have you had unusual shakiness (tremors) of your hands or arms, or twitching? | | |
| 7 Do you have "brown spots" or "age spots" under your eyes, or elsewhere? | | |
| 8 Have you had more colds, flu or other infectious diseases than "normal?" | | |
| 9 Have you had food allergies or intolerances? | | |
| 10 Have you been to many doctors for your health problems, and they have usually said "there is nothing wrong?" | | |
| 11 Do you have numbness or burning sensations in your mouth or gums? | | |
| 12 Do you have numbness or unexplained tingling in your arms or legs? | | |
| 13 Have you developed difficulty walking (ataxia) over the years? | | |
| 14 Do you have ten or more "silver" fillings? | | |
| 15 Do you often have a metallic taste in your mouth? | | |
| 16 Have you ever worked as a painter or in manufacturing/chemical or pesticide/fungicide (with methyl mercury ingredients), or in pulp/paper mills that used mercury? | | |
| 17 Have you worked as a dentist, hygienist, or dental assistant? | | |
| 18 Have you ever had candida-related complex, or yeast infections (vagina, mouth, GI tract)? | | |

| | | |
|---|--|--|
| 19 Do you have a lot of bad breath (halitosis) or white tongue (thrush)? | | |
| 20 Have you had low basal body temperature (below 97.4 axillary) over the years? | | |
| 21 Do you have problems with constipation? | | |
| 22 Do you have heart irregularities or rapid pulse (tachycardia)? | | |
| 23 Do you have unexplained arthritis in various joints? | | |
| 24 Is it common for you to have a lot of mucus in your stools? | | |
| 25 Do you have unidentified chest pains, with normal EDGs, x-ray and heart studies? | | |
| 26 Is your sleep poor or do you have frequent insomnia? | | |
| 27 Have you had frequent kidney infections or significant kidney problems? | | |
| 28 Are you extremely fatigued much of the time, and never have enough energy? | | |
| 29 Do you have irritability or dramatic changes in behavior? | | |
| 30 Are you on antidepressants now or have you been in the past? | | |
| Total | | |

3. Finally, a report from the Toxic Element Research Foundation, on 1320 patients treated for mercury toxicity, on the frequency of various presenting symptoms.

| | |
|--|-----|
| Unexplained irritability | 73% |
| Constant or frequent depression | 72 |
| Numbness and tingling in extremities | 67 |
| Frequent urination at night | 64 |
| Unexplained chronic fatigue | 63 |
| Cold hands and feet even in moderate weather | 63 |
| Bloated feeling | 61 |
| Difficulty remembering | 58 |
| Sudden, unexplained or unsolicited anger | 55 |

| | |
|---|----|
| Constipation on a regular basis | 55 |
| Difficulty in making even simple decisions | 54 |
| Tremors or shakes of hands, feet, head, etc. | 52 |
| Twitching of face and other muscles | 52 |
| Experience frequent leg cramps | 49 |
| Constant or frequent ringing or noise in ears | 48 |
| Get out of breath easily | 43 |
| Frequent or recurring heartburn | 42 |
| Excessive itching | 41 |
| Unexplained rashes, skin irritation | 40 |
| Constant or frequent metallic taste in mouth | 39 |
| Jumpy, jittery, nervous | 38 |
| Death wish or suicidal intent | 37 |
| Frequent insomnia | 36 |
| Unexplained chest pains | 36 |
| Constant or frequent pain in joints | 35 |
| Tachycardia | 32 |
| Unexplained fluid retention | 28 |
| Burning sensation on the tongue | 21 |
| Headaches just after eating | 20 |
| Frequent diarrhea | 15 |