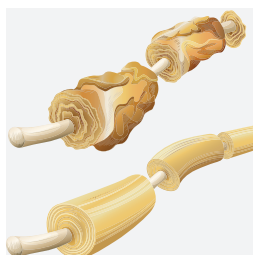
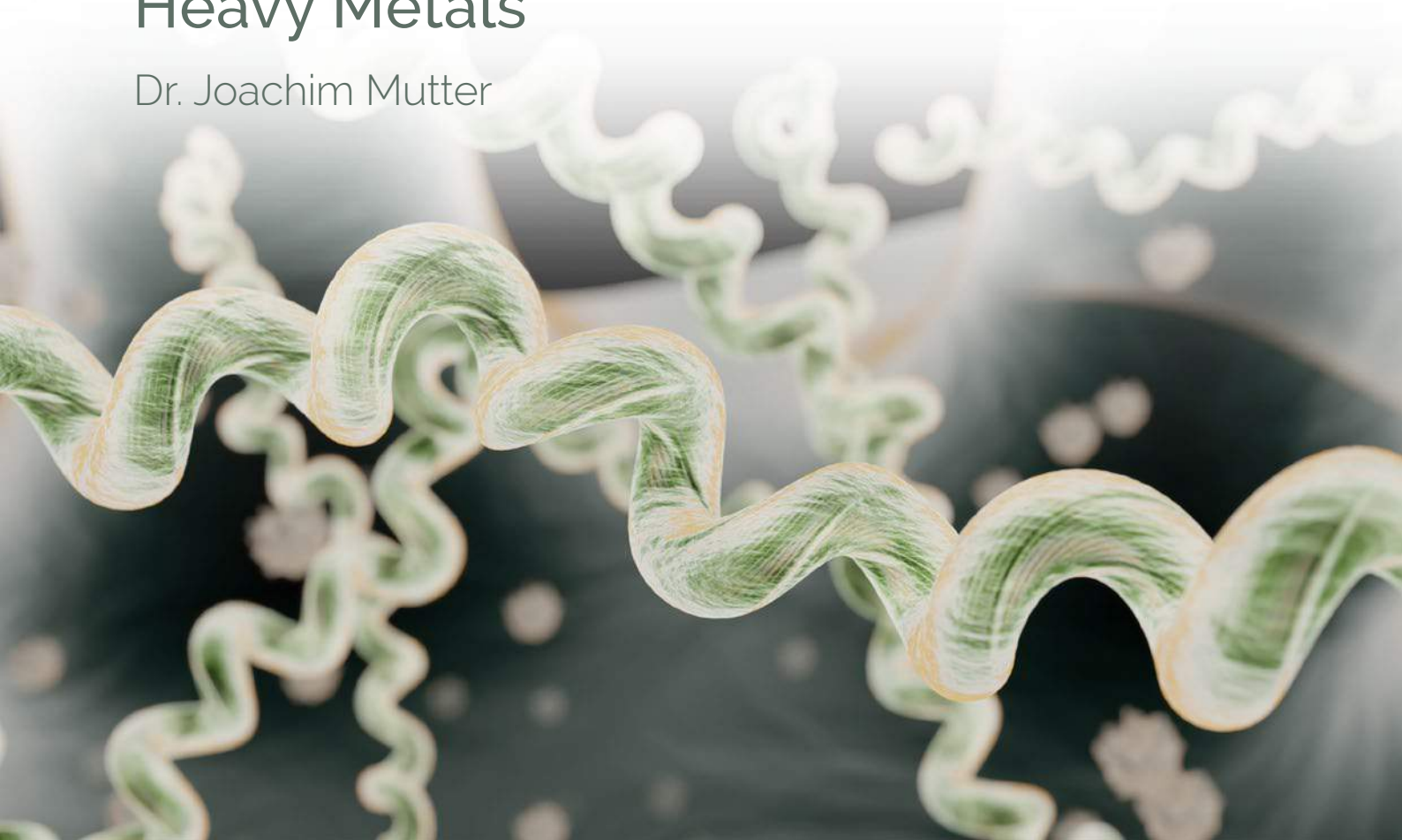


Chronic Diseases, including Multiple Sclerosis, Lyme & Heavy Metals

Dr. Joachim Mutter



Contents

Radio-frequency energy leads to antibiotic-resistant bacteria

The public is completely brainwashed

Amalgam supporters come from industry

MS following vaccination or fish consumption?

Relapsing and chronically progressing forms of MS

Multiple Sclerosis – Do-it-yourself measures



Foreword from Dr. Heinz Reinwald, PhD Alternative Practitioner

I would like to thank Dr. Joachim Mutter for giving me the opportunity to translate his interview on Lyme Disease, Multiple Sclerosis and other chronic diseases, which in my eyes is nothing less than seminal. The strong impact he gives on detoxification and especially to chelation in order to treat Lyme shows this is not merely an "infectious" disease as generally believed within the infectious paradigm of our current medical belief system.

Although a tick bite may trigger an already existing problem, it will never be the mere cause of Lyme. Like Dr. Dietrich Klinghardt once said, he knows many native Indians who go bow hunting and come back from the forest with plenty of tick bites, but not one of them gets sick. The logic of Dr. Mutter's treatment results with his detox protocol clearly shows this is spirochetal-overgrowth due to an intoxicated and thus favorable milieu for Borrelia matching with a weak immune system rather than an infection. Just as these native Indians going into the forest and returning without any infection or illness, each one of us has the opportunity to care about detoxification and to create a strong immune system.

Is multiple sclerosis really a form of borreliosis?

Editor: Dear Joachim, a specialist article entitled „Multiple sclerosis is Lyme disease: Anatomy of a cover-up“ has highlighted that pathogenic Lyme-disease spirochetes have been found in the brain of every MS patient and that this insight was verified as early as 1911 in independent studies from across the world. However, it appears that the medical-industrial complex is systematically suppressing these findings and instead steering research in another direction. Furthermore, this article claims that there are hard facts to substantiate that these spirochete bacteria also trigger fibromyalgia (FMS), Parkinson disease, chronic fatigue syndrome (CFS), lupus, Crohn disease, frontotemporal dementia (FTD), Alzheimer disease and amyotrophic lateral sclerosis (ALS). Apparently, 14 of 16 patients with Alzheimer disease harbour live *Treponema spirochetes* in their brains. Do you also believe that borreliosis is a contributor to triggering the development of MS?

Mercury (amalgam) and multiple sclerosis



Dr. Joachim Mutter:

I know umpteen patients either with MS or with any of the other diseases you mention. But in many of these patients their disease often started when they experienced increased exposure to mercury. This usually happens when amalgam fillings are finished or removed, during root canal or

professional dental hygiene treatments performed in the presence of existing amalgam fillings, during polishing, or when other metals, titanium implants or even braces are fitted. Or when there is a change in dietary habits, such as someone with amalgam fillings starting to chew gum intensively. Or when amalgam carriers are fasting. Even people without amalgam can be mercury intoxicated: Through amalgams of their mothers, fish (contain rising levels of mercury), some vaccines (Thiomersal contain ca. 50% organic mercury), some tatoos etc)*.

According to autopsy studies, amalgam carriers have approximately two- to 12-times more mercury¹ in their bodies' tissues². During fasting or weight loss (voluntary or not) the mercury that is stored in the body's fat is released into the blood and lymphatic system, which allows it to reach the brain and nervous system all the better. Mercury leakage from amalgam is also increased by radio frequency energy (WLAN doubles mercury leakage) and mechanical shocks (for example, vibrations, accidents, beatings). This is because it is not just the organs but also the jaws of amalgam carriers that contain increased levels of mercury which can be released at a higher rate by mechanical vibrations.

Conversely, some patients' health has been improved simply by the safe removal (applying all conceivable safety measures) of the amalgam filling. Sometimes an improvement is only achieved by means of the mercury detoxification detailed below.

Once you have seen this and are familiar with the innumerable scientific in vitro studies and studies in animals and humans that suggest mercury has a role to play in these diseases, then the infection theory will inevitably initially take a back seat, because this cause, after all, has not been treated. But that is only half the story.

...

*See – <http://www.owndoc.com/lyme/multiple-sclerosis-is-lyme-disease-anatomy-of-a-cover-up>

¹Furthermore, mercury from other sources can of course also enter the body, such as from broken mercury thermometers or mercury-containing lightbulbs, vaccines that include mercury-based preservatives and aluminium adjuvants (which increase the toxicity of mercury), seafood which is increasingly contaminated with mercury and other toxins (arsenic, micro-particles, DDT, and PCBs etc., the levels of which differ according to the type, age and origin of the fish), mercury-containing eyedrops or contact lens solutions, and previously also from antiseptic solutions including mercurochrome (which has been banned in Germany since 2001).

²In some cases, however, the additional removal of metals from the teeth or jawbone, devitalised teeth or remaining pockets of infection from the jaw area is required as well as the removal of amalgam splinters, which are nearly always found in the jawbone and oral mucosal membrane in these diseases.

Causal treatment

While working at the out-patient department of the University Hospital of Freiburg in Germany, under direction of Professor Dr Franz Daschner*, I was inevitably involved in researching the most important causes of diseases with the goal of developing an effective causal treatment. This encompassed the best from orthodox and the best from alternative medicine, providing it was underpinned by a scientific database.¹ Because some patients who attended the clinic presented with irreversibly fatal diseases, such as amyotrophic lateral sclerosis (ALS) or end-stage cancer, and I wanted to help them somehow. I found it frustrating to manage these incurable diseases with only palliative care, as is the approach in mainstream medicine, without even questioning the inevitability of death in the first place. Initially this treatment worked reasonably well, especially in MS and many other diseases – there were some extraordinary cases that astounded even me. Yet we had no success during the first years with ALS², Alzheimer disease, Parkinson disease, and frontal lobe dementia (Pick's disease).³

What was depressing was that everything that I had learned and at least 90% of all the treatments that had been touted as „being effective“ did not work, irrespective of whether they originated from orthodox or alternative medicine. This included diagnostic and treatment devices (such as bioresonance or frequency devices). In addition, some „super remedies“ that had been included failed completely.

Consequently the development of „causal treatment“ had to be continued, which after a few years allowed the first patients with fatal diseases to be rescued or at least disease progression to be slowed down. With regard to one of the worst and incurable chronic diseases, ALS, there are now several long-term survivors and even disease improvement - in one case, the patient is nearly cured. These findings were detailed

in a Master's thesis which was awarded „summa cum laude“ honours from the Europa University in Frankfurt, Germany, and later published as an abridged version in a specialist (Pubmed listed) medical science journal⁴.

Radio-frequency energy leads to antibiotic-resistant bacteria

I had been working at the university hospital for seven years when Professor Daschner was appointed Emeritus Professor. His now vacant position as Director was filled with an individual who failed to support my efforts (for example, to recognise and ban amalgam as a toxin at the highest governmental level), which prompted me to start my own private practice. If I had more time right now, I would be able to publish dozens of studies. However, without funding and while running my practice, which is booked up completely for years to come, this is a difficult task to achieve.

Diet, toxins and radiation

In response to your question of whether infections (in this case spirochetes) play a causal role in many diseases, the answer is yes and no. To be more precise, although they do play a role, there is something more fundamental going on. The question we have to ask is what are the main primary causes of chronic disease? Based on our scientific knowledge, on empirical medicine and on epidemiological data, two key factors are emerging:

1. Diet plus vital substance deficiencies
2. Toxins (millions of new chemical substances, but also many natural ones, such as BMAA (β -methylamino-L-alanine) in ALS) and man-made radiation (radioactive and electro-magnetic, such a radio waves).

*Awarded the „Bundesverdienstkreuz am Bande“ (Germany's federal cross of merit), the German Environment Prize, and the „Ecology Manager of the Year“ award in 1998

¹Naturally you are not allowed to use any random „esoteric“ treatment at the University Hospital.

²Amyotrophic lateral sclerosis

³E.g., ALS patients of co-consulting eminent world authorities also died, regardless of how much orthodox or alternative medical care was available.

⁴Mangelsdorf, Walach, Mutter 2017. „Healing Amyotrophic Lateral Sclerosis - A case report“: <http://www.karger.com/Article/Pdf/477397>

These two key factors obviously play a significant role in all chronic diseases. Although both can be categorised into thousands (for artificial toxins, millions) of sub-categories, we are lucky that they can be graded by importance and/or relevance. This leaves us with approximately 20 key factors and makes diagnosis and treatment easier.

On the topic of diet, I cannot add anything that your readers do not already know. On the second topic, the factor of toxins/radiation, I would like to state that there are prime toxins, which play a central role (e.g. heavy metals), as well as less important toxins. The same applies to radiation. In total, however, all toxins¹ and radiation² have increased drastically over the past decade. For years now this has led to an increase in the previously mentioned diseases, but also in cancer, autism, ADHD and any other chronic illness.

Infections (borreliosis)

The two key factors weaken the body and have caused such a degree of sickness in in-vitro and animal experiments as to result in death. Of course they also destroy the immune system. And this is where infectious agents, which have existed for millions of years and can also be found in our wild fauna, come into play: In a thus weakened body they face no obstacles to spreading and establishing themselves and in turn worsen existing disease or trigger new illness.* Indeed, apart from the various forms of borreliosis, other co-infections (such as ehrlichiosis, chlamydia, mycoplasma, bartonellosis, babesiosis plus other parasites and viruses) are also on the rise. If tested for, they can be found in all manner of diseases, including arteriosclerosis and myocardial infarction (chlamydia³).

Stress

Naturally, a body weakened by the two key factors mentioned above will also be more susceptible to stress. Put differently, a stress factor may be the straw that breaks the camel's back. How we communicate with and manage ourselves also plays a role. Therefore stress-reducing measures, such as meditation and psychotherapy, also have their place.

Genetics

A hereditary-genetic component must also be considered. Broadly speaking, individuals with less effective detoxification genes are naturally more susceptible. In the case of borreliosis, markers expressed on immune cell membranes also increase susceptibility. In historic times these genes played a lesser role as the only foods available were wholesome and uncultivated, and no man-made toxins nor radiation existed. Although heavy metals were present, they were usually locked away deep under the earth's crust and not circulating in the biosphere like they do today. Although natural irradiation, such as the sferics and the Schuhmann resonance, also existed then it was critical for supporting life on earth. In conclusion, we can also add genetic susceptibility (genetics⁴) to the four previously mentioned factors (diet, toxins & radiation, infection, stress).

Key factors causing illness – an overview:

1. Diet and lack of vital substances (macro-and micronutrients)
2. Toxins and radiation
3. Infections (borreliosis and other bacteria, parasites, fungi and viruses)
4. Stress
5. Genetics

¹For example, global mercury contamination has risen several times over the last 300 years.

²Over the last 10 to 20 years radio-frequency energy has entered a new dimension in terms of total irradiation

*In analogy, if a plant grows in great soil, the sort that no longer exists due to today's farming methods, and is not exposed to radio frequencies (which also damage plants, see cress-WLAN experiments or tree deaths), it will be in top condition to resist various plant pathogens (fungi, bacteria, viruses). But, if the soil is poor (lack of nutrients, toxic contamination) or the plant is exposed to radiation, it will be weaker. Now any plant pathogen will be able to establish itself and can be controlled only by the crude tool of agrochemicals. In humans the use of antibiotics to manage chronic infection is comparable to this. Indeed, if used correctly and in conjunction with treatment for the two key factors, they can be very helpful.

³In the case of chlamydia infections, however, antibiotic treatment has failed to prevent heart attacks. previously mentioned factors (diet, toxins & radiation, infection, stress).

There is synergy between all five of these factors⁵. For example, in cardiomyopathy and myocarditis, animal experiments have shown that cardiopathic viruses (coxsackie-viruses) can only cause an infection if the heart has previously been exposed to lead or mercury. Conversely, radio-frequency energy results in antibiotic-resistant bacteria. Radio-frequency energy is also a stress factor for Borrelia bacteria and moulds. It is possible that Borrelia spirochetes produce more neurotoxins and moulds more MVOCs⁶ when exposed to radio-frequency energy.

The latest on borreliosis



It is 10 years now since the US-American pathologist, Dr McDonald, demonstrated the presence of focal Borrelia infections that were hidden inside parasites, in brain samples from patients with MS.

Using cell cultures, Professor Sapi, Professor Feng and others were able to show that Borrelia bacteria exist in various forms, ranging from the classic spirochete form to spherical bodies, microcolonies and biofilm-forming microcolonies, and cell wall free forms.

It has also been shown that individual antibiotic agents were unable to eliminate the Borrelia bacteria completely. At least a triple combination was required to achieve this. In addition, long-term treatment with antibiotics

The public is completely brainwashed

(6 months to a year) failed to eliminate these bacteria in Borrelia-infected mice and primates. Thus it is now clear that so-called "post-Lyme disease" is not „post-Lyme“ but actually still constitutes an active infection. A fact that orthodox medicine still denies.

Of course Borrelia bacteria have also been found in petrified fossils and indeed in the 5000-year-old „Ötzi“ mummy (inside the bones). However, there are only few signs of disease (joints, bones).

Why does the news not cover this?

Obviously, those actually responsible* for this avalanche of ill health are not interested in jeopardising their businesses or indeed in being dragged into the courts and forced to pay compensation (as was the case for the tobacco industry). In order to prevent what would be catastrophic for their income, reputation and compensation funds, no legal or illegal lever has been left untouched, ranging from PR gurus and advertising psychologists to lobbyist and the funding of studies and „expert“ opinions. The old adage still holds true today: Power is money and money talks. This is why the general public is completely brainwashed when it comes to the main causes of disease or the approaches taken to secure health and happiness.

In today's world of total information overload this perhaps works even better than in the manipulated media environment created by the Ministry of Propaganda during Germany's Third Reich 80 years ago.

⁴Practically speaking, the situation is that most individuals do not develop lung cancer as a result of smoking, while some others get it relatively early. Of course this does not mean that smoking is harmless. Even in genetically identical experimental animals the same dose of a toxin will not kill every animal. This can be clearly seen in pharmaceutical research studies to determine the lethal dose (LD) of a substance (e.g. at an LD50, only 50% of the experimental animals die). The genetic component, however, is subject to the sort of damage and degeneration caused by key factors 1 and 2 that crosses generations. This means that if the father, or in particular the mother, has been exposed to toxins/radiation or has suffered malnutrition there will be negative genetic and epigenetic consequences for the generations that follow. Today we are witnessing that, for example, hereditary mitochondrial diseases are on the rise – but the harm was usually inflicted on the previous generation.

⁵Working together

⁶Microbial volatile organic compounds

Borrelia bacteria as biological warfare agent?

Editor: The article further sets out how the borrelia Lyme pathogen came into being and when and where it was first observed by claiming that: „If you now also take into account the previously known reports that Borrelia bacteria were further developed as a biological warfare agent by the Nazis, a whole new dimension opens up. After World War II the Americans scooped up all documents, researchers and materials in the context of ‚Operation Paper Clip‘ and took them back to the USA. Later the first pathogens were released in the vicinity of Lyme, by accident or on purpose (hence the name Lyme disease).“ Do you agree with this information?

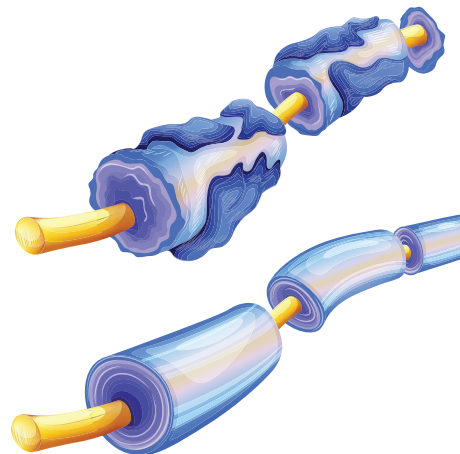
Dr Joachim Mutter: Borrelia bacteria have existed for millions of years. There is information to suggest that Professor Traub did, at the time, work for the military to develop a biological weapon based on Borrelia bacteria. He supposedly had a laboratory (LAB 257) on Plum Island¹. After his return to Germany, the laboratory fell into disrepair. The island lies on a bird migration route and can probably be reached by fallow deer at low tide. Rumours claim that part of the town of Lyme became infected at the time, whereby the symptoms were thought to be psychological as no cause could be identified. It was not until years later that the pathogen was described by Willy Burgdorf, although a Swiss scientist had already postulated spirochetes, or Borrelia bacteria, prior to World War II.

The symptoms of a Borrelia burgdorferi infection had also been described earlier, such as facial palsy, lymphocytosis and erythema migrans. Whether, at that time, the spirochetes invaded the nervous system and brain to such a degree as to become veritably entrenched, I beg to doubt.

Myelin sheaths attacked

Editor: Could you please take a closer look at mercury, amalgam and aluminium in respect of MS?

Dr Joachim Mutter: There are many studies on mercury as the cause of autoimmune diseases (incl. MS). Mercury is the most toxic non-radioactive element. It is about 10-fold more neurotoxic than lead and three times more toxic than arsenic or cadmium. Together with arsenic and lead it heads the CERCLA list of most dangerous toxins worldwide (issued by the US government). In Germany too, a study was published on this in the 1990s, supported by a 13-million fund (Deutsche Mark, DM). It revealed the mechanism for autoimmunity triggered by mercury and gold. These metals are deposited in the body's own structures (e.g. in proteins – in MS, the myelin basic protein). They denature proteins and in so doing change their three-dimensional shape. As a result the immune system can no longer recognise these endogenous proteins as „self“, but sees them as „foreign“ and starts to attack and destroy them. In MS, these are the myelin sheaths², in polyarthritis the cartilage, in lupus erythematosus the skin basement membrane proteins, in autoimmune hepatitis parts of the mitochondria, in type I diabetes the islet cells or their proteins, in the most common autoimmune disease ever, Hashimoto's thyroiditis, microsomal proteins, thyroperoxidase, and globulins.



**The chemical-pharmaceutical/agrochemical-industrial complex; the food industry, incl. conventional agriculture; the mobile phone industry; and the dentists' organisations (with regard to the toxic substances, such as amalgam, that are incorporated in the jaw bone and root canals)*

¹An island off the coast of Lyme in the state of Connecticut

²An electrically insulating layer surrounding the nerves

Autoimmune diseases are on the rise, and so is environmental mercury contamination.

Aluminium & glyphosate

Aluminium, too, plays a role because it makes mercury more toxic. But fluorides and the agricultural poison glyphosate (it acts like the amino acid glycine and is erroneously incorporated into our body's own proteins) can equally play a role. Glyphosate also causes manganese- and zinc deficiencies. As a consequence, the digestive enzymes that break down gluten fail and the production of stomach acid is disrupted. Thus, leaky gut and more develop.



How autoimmunity develops

„Up until recently, the mechanics by which autoimmune diseases develop was largely unknown. A research alliance including 20 projects funded by the BMBF¹ to the tune of 13 million DM since 1990 has provided new insights. Research success: First-ever indications on the genesis of autoimmune diseases.

Up to five per cent of all adults in Europe and the USA are estimated to suffer from an autoimmune disease. The disease pattern: a disturbance of the immune system causes an inflammation in various organs of the body. Once the inflammation has occurred it often persists throughout life, at varying severity levels. Such chronic inflammation may even result in the destruction of the affected organs.

A variety of conditions are among the group of diseases caused by this autoimmune process, including diabetes, multiple sclerosis and rheumatic diseases. Until recently the process of how these immune system disturbances develop was largely unknown.

A project by the BMBF-funded research association „Autoimmunity Research“ discovered how heavy metals, mercury and gold can trigger a disturbance of the immune system: According to our current knowledge, a specific group of white blood cells, the T cells (or T lymphocytes) play a central role. Normally they would work with other immune cells to protect the organism from invading bacteria and viruses. There are, however, T cells that become ‚misdirected‘ and attack the body's own cell structures. In a healthy body the majority of these defective cells are switched off via a self-destruction mechanism or deactivated by means of different control mechanisms. In autoimmune conditions this is different: Misdirected T cells become active and attack the body's own tissues.

Amalgam supporters come from industry

A great research success

In most autoimmune disease, what triggers this „self“ attack, be it external factors or processes within the body, was based only on assumption. It was also not clear which of the body's own molecules were misdirected by the immune system. The observation that certain heavy metals can trigger autoimmune diseases was therefore a lucky break. Ernst Gleichmann and his colleagues from the University of Düsseldorf discovered that the treatment of an antigen with gold or mercury salts modulated the immune response to this antigen in mice. Antigens are foreign substances in the body. While the correct part of the antigen is targeted by T cells in the absence of heavy metal salts, the immune system's reaction is disturbed following treatment with gold or mercury. It starts to target parts of the antigen that should not be attacked. The reason: Heavy metals trigger a chemical change in the antigen's structure. The T cells are no longer able to recognise the original antigen. We

¹BMBF = Germany's Federal Ministry for Education and Research (Bundesministerium für Bildung, Wissenschaft, Forschung und Technologie)

assume that this mechanism is also responsible for the development of autoimmune diseases.

Possibility of a new treatment approach

Many of the medicines used in rheumatoid treatment contain gold salts because they have a healing effect in rheumatoid arthritis. In 20% of the rheumatoid patients this treatment causes inflammation, an undesirable side effect. In all likelihood this can be attributed to the autoimmune processes described above. Unfortunately, the other drugs available for the treatment of rheumatoid arthritis have also been associated with considerable side effects, which limits the availability of alternative treatment options. Based on these new insights, however, researchers will be able to develop novel strategies for a more effective treatment of autoimmune conditions." (see bibliography, 1)

Amalgam

During the „Amalgam Trial“ against DEGUSSA, the Landesgericht Frankfurt (Frankfurt Higher Court) exposed several things:

„Following completion of the investigations it has been established that dental amalgam, even if used correctly and as intended, is generally likely to damage the health of amalgam carriers in a relevant number of cases...“ (see bibliography, 2)

In 1998, Germany's Federal Institute for Drugs and Medical Devices (BfArM) backs the expertise and review of the toxicologist of the University Kiel (Germany), which was demanded by the Court of Frankfurt, for its quality. (see bibliography, 3)

In 1997, the Higher Social Court of Lower Saxony (Niedersächsisches Landessozialgericht) referred to the Kiel amalgam expert opinion three times when ordering a German health care insurer (AOK) to pay the costs for exchange of intact amalgam fillings against composite materials in patients with possible amalgam-related complaints. (see bibliography, 4)

Prior to this, the German Bundesrat (Federal Council of Germany) had adopted a resolution to reduce the use of mercury across all its uses in session 668 on 29 April 1994. The reasons given contain the following: "The measures to prohibit the use of gamma-2-phase amalgams or to curb the use of amalgam in specific populations or risk groups (toddlers, patients with certain types of kidney failure) are insufficient."

Industry intimidation tactics

In order to rebuild the seriously tattered safety reputation of amalgam the German dentists' associations and Germany's Federal Ministry of Health obtained an „amalgam consensus“ in 1996 that is still valid today. This consensus states that amalgam is a safe material that should also be used in future. In the course of obtaining this consensus, the University Kiel expert opinion and the toxicologists from University Kiel were subjected to an unparalleled campaign of discreditation by amalgam supporters (some of whom had been court experts for DEGUSSA, e.g. Professor Halbach) and by the defence lawyer who had represented DEGUSSA. (see bibliography, 5)

The campaign accused the Kiel authors of making incorrect statements, despite such statements not actually appearing in their expert-opinion report. This has been documented and can be proven. (see bibliography, 6)

In 1999, the judgement of the Higher Social Court of Lower Saxony in favour of the victims of amalgam damage versus a health care insurance was revoked by the Federal Primal Social Court in Kassel, which as a result of the campaign against the Kiel expert opinion was not familiar with the background information.

“One of the ethically most disturbing methods used by companies to gain the upper hand in scientific disputes is the attempt to discredit the scientists on the opposing side, to intimidate them, or to involve them in scandal. The orchestrated attacks on Dr Irving Selikoff, author of several early studies warning about health-related issues with asbestos, are one of the most important examples of the sort of intimidation tactics used by companies.“ (see bibliography, 7)

Treatment sequence in MS

Editor: When an MS sufferer presents at your practice, what is the sequence of treatment steps?

Dr Joachim Mutter: The treatment method was developed over the course of nearly 30 years, first in conjunction with my own illnesses (as almost everything was wrong with me), then later during my university studies (when I started treating acquaintances) and then when I became a physician.

The treatment sequence is the same for all chronic diseases, at least in its basic form. For individual diseases specific extras are then added on. This is why it is impossible to explain this in a nutshell. I have published four books* and also run seminars for physicians, in which “causal therapy” is taught. What is more, seminar participants also have to spend some time as an intern at my practice in order to be added to the list of recommended therapists.

To give a broad overview, the diagnostic and treatment sequence is as follows:

1. Medical history and “detective” work in addition to diagnostic work-up with blood, urine and hair analyses (if required).
2. Reduction of harmful factors (radiation, hygiene products, wrong diet, incorrect medication, food supplements containing inferior accompanying substances)
3. Top-up with vital substances (micro-(and macro-nutrients) by means of a good diet and food supplements
4. Removal of toxins from the teeth and jaws applying all conceivable protective measures
5. Detoxification (urgently in case of severe disease)
6. If still required, treatment of infections, such as existing borreliosis
7. Regeneration by stimulating the body’s own stem-cell formation

As described above: First we evaluate at what point the disease started. Then we establish by means of dental treatment records whether a visit to the dentist took place shortly before disease onset. This is the usual approach, as detailed in Answer 1. In addition, we probe for other key factors, such as travel, change of diet, place of residence and work environment, type of work, vaccination record etc., by means of questionnaires.

MS following vaccination or fish consumption?

MS following vaccinations

Unfortunately some MS cases have occurred immediately after a vaccination. Put conservatively, there was

at least a temporal link. Although vaccinations are a good thing in principle, it has become apparent that some vaccines contain thousands of nanoparticles of aluminium, lead, or iridium or contain mercury-based preservatives (e.g. in the UK, USA, Africa many East-European countries, Asia, etc.).

I have also seen cases where the symptoms started following the ingestion of fish or even seaweed, specifically those species that are found in oceans with particularly high mercury loads. Or cases following mercury exposure as a result of a broken thermometer.

Dietary analysis

The next step is to undertake a dietary analysis. It is unfortunately the case that some organic products, such as chia seeds, goji berries, smoothy powders, spirulina, chlorella algae, *Aphanizomenon flos-aquae* (AFA), cacao, Stevia and cereals or seeds, from China, India and South America can potentially be contaminated with toxins, partly with the banned herbicide, paraquat. Saturated fats from palm oil or cacao butter, but also partly from coconut oil can have an unfavourable effect. Many patients also consume plants from the Solanaceae or nightshade family, and others which contain high levels of oxalic acid (cacao, tomatoes, spinach, sorrel, beetroot, cashew nuts, etc.). This can cause complaints, especially if the acid cannot be metabolised properly because toxins blocks the metabolism. Oxalic acid is the strongest acid to be found in the body and largely comes from food.

Consuming conventionally produced food goes hand in hand with an increased supply of toxins, like glyphosate and glufosinate, which is even higher in animal-derived products. About 90% of all toxins come from animal products, we consume.

Many patients also eat too much grains, nuts, fruit, dried fruit and all manner of sweet things. Of course, additives (aspartame, neotame, sucralose, glutamate, phosphate, etc.) also play an important role in many patients. Some also have B12, zinc and lysine deficiencies, among many other things.

*Dr Mutter’s books: see P. 54 / no. 56, 67, 195, 196

Results and laboratory values

We collect all important diagnostic results and laboratory values. These include tests that among other things detect active borreliosis or co-infections. The problem with borreliosis is that standard tests (antibody tests) often fail to work. Alternative tests have to be applied. Direct and indirect toxin test are also part of the work-up. Mercury in particular lies hidden within body tissues or inside the brain. Measurements obtained with so-called bio-monitors from blood, saliva, urine and hair often do not correlate with body content according to the WHO 1991. In addition, the official threshold values are set too high. This is where indirect tests, such as the urine porphyrine profile, and intelligent mobilisation tests are of value. These and other tests have been described in the books "Healthy not chronically ill [German]" („Gesund statt chronisch krank“) (see p. 54/no. 196) and „Don't be poisoned [German]" („Lass Dich nicht vergiften“) under the section „Smart diagnostics“.

Toxins in the jaws

A careful diagnostic work-up of the jaw area is critical: Even in patients who have had amalgam removed, residual traces can often still be found under crowns or fillings, at the tip of the roots, in the jaw bone and the paranasal sinuses, and also in the oral mucosal tissues. These cannot be seen on standard X-ray images. Visualising them requires special DVT¹-based diagnostics or very high-resolution CT² scans with 768 Matrix, which are rare. But even the best images are of no use if they are not seen and interpreted by an experienced diagnostician. Sadly, there are too few of these and at this juncture, if not earlier, most dentists fail.

Images from the jaw area will also reveal other foreign bodies (e.g. root filling material), foci of inflammation, bone necrosis, etc.. All of these have to be removed professionally with the very greatest regard to safety.

In MS patients, all root canal filled and dead teeth and any metal should be removed. In the case of titanium implants, zircon-ceramic implants, for example, offer an alternative. Again, this is a step at which most dentists fail, as they do not have the experience or

practical know-how of dealing with many severely ill patients.

Amalgam used in 30% of fillings - even today



Furthermore, dentists would have to know that toxins in the jaws and teeth can negatively affect the body, including the brain. Most dentists, however, are not aware of this: Amalgam, the by far most toxic substance in dentistry, 50% of which is mercury and which is released continuously and taken up by the body, is viewed as harmless and is the only material that until today is fully reimbursed by German health insurers for fillings in posterior teeth. The situation in Germany is that some people are informed about this issue and refuse amalgam of their own accord. Despite this, 30% of all fillings (51 million per year, status 2017) are still made from amalgam. Those who usually receive amalgam are the unemployed, low incomer, and immigrants. This is one reason why the lower socioeconomic people suffer worse health in Germany. Nonetheless, I have also seen severely ill members of royal families from in- and outside Germany, who were amalgam carriers.

¹DVT = Digital volume tomography

²CT = Computerised tomography

Eliminating toxin stores

The safe removal of toxic substances and inflammatory foci from the jaws and teeth and the use of metal-free, well-tolerated special ceramic replacements is an important step. Detoxification happens in parallel or following this step: Mercury, but also lead, cadmium and arsenic, are toxins that are stored* by body tissues and require medical detoxification. Dietary intervention alone does unfortunately not work quickly. The use of antitoxins, such as DMPS, DMSA and tiopronine, followed by penicillamine or NBMI are called for. This approach facilitates rapid detoxification, which is what is needed in untreatable and fatal diseases. In these cases, natural detoxification with uncontaminated chlorella algae (only the products grown in clean water and indoor (closed or glass tubes) can be recommended, because other products have too high levels of environmental toxins, see p. 47), uncontaminated coriander (most are pesticide laden), garlic, wild garlic, and grass juices, etc. would be too slow., while mobilisation through fasting, heat, sweating, massage and deep connective-tissue massage may in some patients actually cause more toxins to be churned up.

If all steps have been conducted properly and the patient's health has recovered, treatment can be deemed complete. If the patient is not entirely healed, a renewed query regarding infection follows. Should an infection still be present, then it too is treated (e.g. borreliosis). Sometimes, however, it no longer plays a role owing to the previous measures.

Relapsing and chronically progressing forms of MS

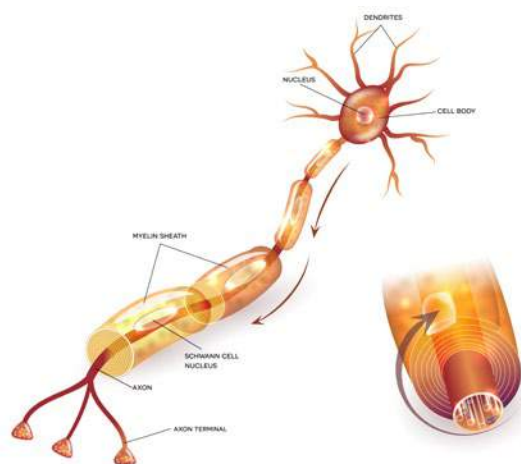
Successful MS treatment

Editor: How many cases of MS have you treated?

Dr Joachim Mutter: In MS you have to separate between the different forms. There are more benign forms like the relapsing form and severe forms like the chronically progressing form.

About 80% of my patients have the most severe form, primary chronic progressive MS. This form of the disease cannot be modulated by any of the means available to orthodox medicine. No immune suppressor (inhibiting the body's defence mechanisms) or biological agent is able to help.

Overall, I know about 60 patients with MS. In approximately 80% of these disease progression was stopped or there was even disease improvement. In cases with the relapsing form, the success rate was about 95%.



Irreversible-stage MS

Editor: Is there a highly advanced stage of MS that cannot be reversed?

Dr Joachim Mutter: Yes. Once the patient has become bed-bound and developed spastic tetraplegia¹ it is no longer possible to make improvements; the CNS² is too badly damaged. It is an art to remove amalgam and mercury from the body and the brain; and that requires great experience and a profound knowledge of all the scientific data in this field.

A new autopsy study in humans, the majority of whom died from MS an PD, showed that approximately 30% of the cadavers had extremely high levels of

*While exposed to toxins, the amount of stored toxins in the body's organs gradually increases over time and their half-life in the brain is estimated to be 18-30 years.

¹Spastic tetraplegia is the paralysis of all four extremities (arms and legs)

²CNS = Central nervous system

mercury inside their nerve cells (i.e. their motor neurons). The levels found in the neurons were definitely a 100- 1000-times higher than in the surrounding tissue. A single mercury atom in the respiratory chain of mitochondria is enough to cause an increased consumption of up to 1000 glutathione molecules. You can imagine what happens to a poor nerve cell when it is stuffed half-full with one of the most toxic elements on earth. To wash out this level of toxins requires many detox sessions followed by treatment with specialised agents that can enter the brain and nerve cells and capture the toxin.

Editor: How well recognised is your treatment method for MS in medical circles? Is your method already being taught at medical universities?

Dr Joachim Mutter: To date, this causal treatment is being taught only at the Europa University. Additionally, I teach it in board certified training courses for physicians. Although there are many scientific publications on this, they are not taken up by mainstream medicine for the reasons given above.

Air traffic & geo-engineering

Editor: As a practitioner of environmental medicine, to what extent do you perceive fine dust and metal contamination from increased air traffic and the active pursuit of geo-engineering strategies to be dangerous?

Dr Joachim Mutter: Up until now many patients have recovered despite these environmental stressors. From that perspective, they still appear to have little influence.

Indeed, the very existence of these stressors has been denied. However, the data I have at hand and my observations of the sky since childhood (there never were any of these long vapour trails then) do give rise to the suspicion that something is going wrong. Furthermore, I have been able to photograph, on the same day, several aeroplanes in the sky with normal vapour trails and next to them at the same time planes leaving „chemtrails“. So this also rules out a weather-related phenomenon.

In addition, several of my friends who are pilots have all reported to have seen how planes flying in the airspace ahead of them suddenly started to emit a spray which had previously not been there. I suspect that aluminium and barium are not the only hazardous

waste products to be eliminated cheaply – however, I do not know enough about this subject. What can be observed, however, is that the incidence of many diseases has risen massively over the past years, even among children and young adults. Radio-frequency energy is certain to also play an important role here as it is amplified up to 700-fold by metal deposits in the body or cells (antenna function).

Depleted uranium munitions

Editor: Are there additional causes for the modern diseases of environmental medicine?

Dr Joachim Mutter: Apart from alcohol and smoking, increased media consumption must be mentioned. They emit mostly negative informations, which shocks us and hypnotize us.

In many war zones, depleted uranium (DU) munitions fired by the USA and NATO (also during the wars in Yugoslavia, Iraq and Syria) pose a potentially serious hazard. DU munitions are composed of waste materials from the nuclear industry and tonnes of them are used during these wars (see the film „Deadly Dust“). Their half-life is millions of years. Radiation leaking from nuclear plants and smaller or larger nuclear accidents should also be named.

Furthermore, there are the nanoparticles from emissions, and even a number of medicines, for example some pain killers or proton pump inhibitors (to block stomach acid) etc., can cause serious conditions.

MS self-help groups

Editor: Which self-help groups are worth recommending?

Dr Joachim Mutter: The two main self-help groups in Germany have been infiltrated by the pharmaceutical industry. This is obvious even from some of their own web-pages, where patients are frequently given the wrong information and the main causes of MS, such as amalgam, toxic accompanying substances in vaccines or an unhealthy diet, etc. are denigrated as conspiracy theories. Even regarding borreliosis there is no proper information. It is a well known industry PR strategy to support self-help groups that even goes as far as creating foundations. Their boards are then infiltrated with some relevant experts, who in turn will only allow the sort of research that is convenient. During my university time I wrote many re-

search applications on the topic of mercury and MS and other diseases, like Alzheimer's or Lou Gehring's disease, etc.. But if a dental health official is sitting on the board, the applications have no chance whatsoever. In addition, the scientific establishment would be embarrassed if MS or Alzheimer were in part actually found to be triggered or worsened by mercury or amalgam. For decades, research funding worth billions has been wasted senselessly on all sorts of things, with little or no results – and now something as simple as amalgam and mercury is supposed to be the cause with a treatment that is accordingly successful? This, of course, could never be allowed to happen.

Editor: In your opinion, which diseases are related to MS?

Dr Joachim Mutter: Few conditions are similar to MS in terms of symptomatology. Perhaps the initial phase of Guillain-Barré syndrome or certain forms of neuropathy share some similarities. But heavy metals and Borrelia infections can trigger all chronic illnesses and also many acute conditions, including even heart attacks. Furthermore, mercury in particular has a high affinity for the brain and the nervous system. Of course, there are also genetic nerve conditions, such as ataxias, types of hereditary motor-sensitive neuropathies and many more.

Multiple Sclerosis – do-it-yourself measures

Reducing heavy metals naturally

Editor: What supportive measures can a relatively healthy person take to reduce the concentration of metals in their body in a natural way?

Dr Joachim Mutter: Simple household remedies such as sun bathing, sauna visits, contaminant-free organic raw vegetables, specific algae¹, wild herbs, exercise (sweat it out), etc.. Some people also find it helpful to eat uncooked egg yolks from bio-dynamically produced eggs – to aid phospholipid exchange. Furthermore, vegetables and plants that contain many thiols,

such as brassica, leeks, wild garlic, chives and garlic are good.

Coriander has to be handled with care initially – I know enough cases where this has provoked a veritable detoxification crisis.

Bowel cleansing is an option, with charcoal plus castor oil, pectins, alumina² or zeolithes, whereby these can themselves be contaminated with aluminium or heavy metals that can be released by stomach acids.

Ispaghula or flax seeds from Europe, HydroColon, coffee enemas, hot alkaline baths, melatonin and many more treatments are an option. High doses of inorganic selenium and its micronutrients can also help.

Editor: Thank you very much for your invaluable work for humans and the environment.

¹Incl. clean chlorella (heavy metal content less than 0.2 ppm, the threshold limit is 2 ppm (!)); now only achievable if grown indoors. For several reasons, I would advise against *Spirulina platensis*, AFA, and contaminated seaweed.

²There are different types of alumina, which are more or less rich in aluminium. It is a fact that the aluminium contained therein is released through contact with acids, particularly fruit acids. If alumina are prescribed, it is best to take these with charcoal and ispaghula and linseed fibres so that the stuff can pass through the digestive tract quickly and safely.

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7 Source: (P. 342) BOHM et al. Int. J. Occup. Environ. Health 2005; 11:338-348.

Supporting references for MS sufferers, doctors, and non-medical practitioners, etc.:

Marco Dorer: MS, a progress report [German] (MS, ein Erfahrungsbericht) (see page 24)

Dr. Evers: A treatment for MS [German] (Eine MS-Therapie)

Dr. Klinghardt: Borreliosis [German] (Borreliose)

Dr. Kuklinsky: Mitochondria [German] (Mitochondrien)

Dr. Perlmutter: Grain Brain

Dr. Mutter: Don't be poisoned [German] – (Lass Dich nicht vergiften) (see page 54/no.195)

Dr. Mutter: Healthy, not chronically ill [German] (Gesund statt chronisch krank) (see page 54/no.196)

Dr. Mutter: Neuro-seminar transcript [German] (Das Seminarskript des Neuroseminars)

Books and publications:

<http://www.detoxklinik.de/publikationen>

The latest lectures:

„What makes you ill or healthy“ – <http://www.youtube.com/watch?v=32DTKsPS1aI>
supplementary:<http://www.youtube.com/watch?v=3LUNhBaaYxc&t=159s>

Physician and layperson seminar:

(Causal Treatment) [German] – (Ärzte- und Laienseminare (Ursachentherapie)): <http://www.detoxklinik.de/seminare>

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