

Dentists for MCS



Having dental treatment can present a lot of difficulties for people with MCS. The following is a collection of helpful articles from various sources for people with chemical and electro-sensitivity. Information about removal of mercury fillings is also included. A list of UK practitioners is listed at the end. Depending on how sensitive you are, the following information may be too detailed or not detailed enough. Please use common sense when deciding what precautions to take for you.

Before your procedure:

Make sure you use a dentist who is familiar with your illness. Holistic, homeopathic and mercury-free dentists are more likely to be sympathetic and aware of suitable alternatives. The first appointment of the day can help you avoid reactions to fragrances on other patients (check the cleaning schedule too). Ask the staff to avoid using fragranced products – they can always put on deodorants etc after you leave.

If you are hypersensitive ask your dentist not to consume coffee or mints before your procedure, and to avoid eating spicy foods or garlic the day before. Give them a copy of the A5 leaflet 'what is MCS' and the letter 'Dentistry for MCS' which explain the most common problems for people with moderate/ severe MCS.

Testing Materials

Ask if the dentist will give you samples of permanent and temporary materials for you to test, including cements. Test the materials. Put some next to you while you sleep to see if they cause a reaction. If that's ok, try cheek and gum testing:

"Get a sample and put it in your mouth between the cheek and gum for as long as you can. The Heavy Metal Bulletin advocates 2 weeks during waking hours. Another recommendation is to test 2 hours a day for 2 weeks. Record symptoms, if any, for each material. Make sure to include cements with your test. Ultra-sensitive persons have the most difficulty with these materials. On the results of these tests, decide which materials you want the dentist to use."

Vega testing, kinesiology and dowsing have also been useful for some people. Your practitioner may be able to help you use a laboratory for testing likely reactions too. Melisa Diagnostics Ltd offer a blood test for hypersensitivity to metals. See 'Laboratories' listing at the end of this document.

"The best dental practitioners will first perform a serum compatibility test to assess the response of the patient's immune system to a variety of different dental materials. The patient will be supported with supplements designed to boost the immune system prior to the dental procedures. Toxicity is highly variable between patients. A titanium implant may cause no issues in one patient but may cause a host of problems in another. When any metals are placed in your mouth patients can be prone to a variety of different electro-chemical effects eg people with ES may suffer from increased sensitivity, inflammation, pain and nerve shocks, ulcers and inflammation. A variety of different options do exist. For example

ceramic dental implants and zirconia implants, tend to be better tolerated by some sensitive individuals.” From www.naturaldentists.co.uk

Information for the Chemically Sensitive Patient

This article is from the [Amalgam and Mercury-free Dentistry FAQ](#). Most of the following information for the hypersensitive patient, except as (Ed. Noted), was taken from a special letter by Alfred V. Zamm, M.D., FACAI, FACP, 111 Maiden Lane, Kingston, NY 12401-4597 that he provides to his MCS patients.

Dr Sherry Rogers notes: “For anaesthetic, try to avoid gas. The best and the most often tolerated is xylocaine 1% or 2% injectable anaesthetic. Use individual 2 ml glass ampoules and not the unit dose vial. The former has no chemical preservative while the latter does. You and the dentist can negotiate whether he wants it with adrenalin or not. If he uses his own adrenalin, it has sulphites in it.”

1. Local Anaesthetic:

a). If a local anaesthetic is required, use 3% carbocaine without epinephrine in a single-dose disposable "carpule" with no preservative.

b). Epinephrine comes with a bisulfite preservative, which is often very disruptive to hypersensitive patients. In addition, the epinephrine itself is often degraded more slowly by an inefficient cytochrome P-450 system (detoxification enzyme system); hence, small doses give large effects to these patients.

2. Avoid eugenol or substances containing eugenol. Even in small quantities, eugenol has been devastating to many patients.

3. Avoid the use of "varnish" to coat the inside of the tooth prior to treatment.

4. Avoid protective plastic tooth coatings, as they are often not tolerated.

5. Root canals.

The root canal "caulking" paste is often not tolerated by chemically sensitive patients. This paste contains cytotoxic substances such as eugenol and halogenated hydrocarbons such as chlorothymol, iodothymol, as well as resins. These substances frequently produce insidious chronic reactions. (Ed. note: Packing for root canals contain many chemicals, usually phenol or formaldehyde. Root canal sealers and fillers made of calcium oxide or calcium hydroxide have been well tolerated by chemically sensitive patients. A product called Biocallex which is based on heavy calcium oxide, is capable of being used without the addition of any cytotoxic substances).

6. The following substances have almost always been well tolerated:

- a). "ZOP" (zinc oxyphosphoric acid) cement (be careful not to have ZOE inadvertently substituted, as ZOE contains eugenol).
- b) High gold alloys that do not contain palladium.

7. Some individuals are intolerant to composite dental materials used as a replacement for amalgam. To find out if you are intolerant to the plastic-containing fillings, replace one small filling and wait two weeks. (Ed. Note: Please ask the dentist to cure the composite thoroughly, using additional time with the curing light if required. If at all possible see if the dentist can have an inlay or onlay fabricated in a dental lab as the restoration of choice. Composites cured in the laboratory are usually done under high heat and pressure, providing complete curing of the composite). Observe any reactions over this two-week period. If you have not had any adverse reactions during this two-week period, then replace a second small filling and wait another two weeks and observe for any possible reactions. This is done as a double check to make sure that you can tolerate the plastic.

8. Toxic reactions to mercury vs. allergic reactions to plastic: It is common to have a toxic reaction to the mercury vapours resulting from the removal of the mercury-containing fillings. This toxic reaction takes place during the first week and over the second week gradually lessens. Do not confuse this with an allergic reaction to the plastic, which starts during the first few days and which will not lessen but will worsen over the next one to two weeks. If you determine that you are reacting to the plastic, have the dentist remove this test plastic filling immediately. In this case, do not proceed to the second trial.

Your options at this point are to use high quality gold and Z.O.P cement without eugenol, (Ed. Note: In the USA you can have a dental materials reactivity test done to determine your sensitivity to dental materials. Have your dentist contact Clifford Consulting & Research (719) 550-0008 or Fax (719) 550- 0009 for details).

9. Additional nutritional self-help suggestions before and after removal of dental mercury: a). Vitamin C is somewhat protective against foreign (xenobiotic) molecules. You should not take vitamin C during the five hours prior to your dental appointment, as it may lessen the anaesthetic effect. However, bring extra vitamin C with you and take a minimum of 500 mg after completion of your dental work and before leaving the dental office. b). Take chemically pure liquid selenium solution, one teaspoon daily (if tolerated), three days before and three days after each dental visit. The selenium will help protect you against unavoidable mercury exposure during the removal process. (Ed Note: If not available at your health-food store, a liquid selenium by Allergy Research (Selenium Solution) is available from UK vitamin suppliers including www.revital.co.uk Tel. 0800 252 875.

Advice from our medical advisor Dr Apelles Econs:

'I have found that a single injection of Triamcinolone (a steroid -Kenalog) 80 mg intramuscularly is well tolerated even by highly sensitive patients and will reduce all types of sensitivity / inflammation for up to two months, hence reducing the risk of serious dental side effects.

Ignoring "rotting" teeth and the inevitable immune inflammation that comes with them, has a more severe impact on a person's health, than the risk of reacting to substances used by naturopathic dentists.

People with MCS are often worried about immediate reactions to the dental procedure (a reasonable concern based on their personal alarming experiences (which generate a 'fight or flight' response) but they should also be aware of the delayed adverse effects of metals or materials eg gold is not 100% "safe".

I have found that, if my patient can tolerate vaseline, they may be able to reduce the effects using light vaseline soaked cotton wool buds, because the alarm signal starts from the nasal receptors and the air they breathe through the mouth does not have the same serious effect.'

Comments from people with MCS on forums:

"I can use a zinc phosphate cement called from Germany. It can be used to cement most gold or porcelain crowns or inlays I THINK. There should be other zinc phosphate cements with a minimum of ingredients. You would need to ask your dentist about specifics on that. There are probably other forms of pretty non-reactive zinc phosphate cements around available. For what it is worth I have had zero problems with my previous 4 oral surgeries. Found a very skilled oral surgeon/MD who agreed to do it with only local. I used Citanest (preservative-free prilocaine) with no problems."

From: : <http://stason.org/TULARC/health/dental-amalgam/13-Is-There-Information-For-The-Chemically-Sensitive-Patient.html#ixzz1vElyFXnR>

" As for the partial and denture material, the Flexite material which most people with MCS tolerate is a nylon, rather than an acrylic-based product. However, they do have several different types of Flexite. I have both the clear nylon type called Flexite II (that one is usually used for partials) and another type which is pink and called Northerm. The lab. should be able to supply your dentist with samples to test. None of the Flexite products have monomers, even the acrylic ones, which seems to be the worst sensitizing agent. Forgot to mention the impression materials when I posted this before. They have to use several different materials in different phases of the process. The alginate stuff never bothers me, is a pretty natural substance. There is ONE however, that KILLS me when it is being used. It is an ether-type smelling thing that burns everything it touches, etc. HOWEVER, with all of them, they are only in the mouth a couple of minutes, and you should be okay if you rinse really thoroughly afterward.

[This Message was Edited on 01/06/2004] from <http://www.prohealth.com/me-cfs/blog/boardDetail.cfm?id=324209>

Here's Nicola Watson's experience in the UK:

"I had the treatment (a preventative glass ionomer cement restoration using Fuji IX GP) a month ago and am very happy with the work, no negative repercussions. The worst bit was sitting in the very smelly chair and having to wash my hair 3 times to get rid of the perfume.

Dentists would normally do a filling for a cavity like this but mine was happy to do this less conventional, more conservative treatment as a safer option for me. Happily, I was able to have this treatment without the usual varnish, but my dentist did need to use a tiny amount of antiseptic and vaseline when inserting the cement.

Fuji unfortunately do not give out full lists of ingredients in their products (which I wasn't over the moon about) but if you get a dentist to talk to them, they can tell you if a product contains particular chemicals which are a problem for you personally. I was able to find out from them about the fluoride release - which in the context of other exposures such as fluoridated water is very low and that heavy metals like lead are present in the material (not put there intentionally), though again at low levels and they test each batch for lead contamination. Obviously, everyone has a different degree of sensitivity so I can't say how this would suit all MCS sufferers.

As a precaution to protect me from any fluoride release, I have used extra iodine over the past month plus selenium and Epsom salts baths. Apparently, tamarind is also good for flushing out fluoride so I've been having that too."

And another person's experience from the USA:

"When I had dental work done I used the following:

Preventative Resin Restoration:

Delton and Z100 as sealants Composite restoration: Z100

Bonded Resin Restoration: Empress crown. The information did not state whether the crowns you use are internally stained-would like to check with lab.

Targus crown is 25% stronger with imbedded fibers. Did not test well/chemically less toxic materials available:

Perioguard antiseptic rinse (contains hexachlorephine). Replace with 3% hydrogen peroxide brushed onto teeth.

3M Scotchbond Resin Cement. Best alternative for cementing crowns is Panavia (Kuraray, Co) which comes in a kit with etch, primer, activator, catalyst, and ceramic primer. This is probably the simplest solution.

Other products which are recommended over 3M are: CR Hybrid

One Step All Bond (Bisco, Inc., Itasco, Il) is also OK but still needs Panavia or CR Hybrid. Vitrebond tests well if pulp capping is needed.

Other comments:

Intraoral sandblasting is less toxic than using etchant. If etchant is used, rinse mouth immediately after use to buffer acid. Avoid polycarboxylate.”

1998 from <http://www.ctaz.com/~bhima/dentsafer.htm> NOTE: *This list may pertain to those that are not ultra-sensitive or that are not suitable for you.*)

“I called the lab that made my removable partial and they confirmed it was 100% acrylic, no dyes or other ingredients like cadmium. “

“If it is made of acrylic then it is not flexite and may not contain cadmium. Dr Cook (USA) makes them with acrylic but bakes it for 20 hours as opposed to 4 hours in order to ensure the product is stabilized and no longer releasing monomers. As an aside, I did react to the flexite.”

“Sealant: I recently tried Filtek LS, which is a completely new form of composite and it seems to work well for me.”

“ I had a problem with sutures so my dentist used organic cotton thread which I bought. He sterilized it with heat (autoclaved), doubled it for strength and used that.”

Homeopathy for Dental Surgery

ARNICA 30c:

Dental Surgery & treatment: take 30c before and after dental visits to prevent physical shock, bruised soreness, dental pain and bleeding gums after any dental work and extractions. **TMJ** in an acute isolated case of, and to prevent an aggravation of TMJ dental work. **Toothache** after a head injury, concussion, or dental work. **Dental surgery** alternate Arnica and Hypericum before, during and after tooth extraction, root canal, and fillings.

HYPERICUM 30c:

Dental Surgery hemorrhage in dental surgery, and shooting pains sensory nerves in gums and teeth after tooth extraction, root canal, fillings; it promotes the regeneration of the severed nerves.

RUTA 30c:

Before and after a **tooth extraction** to reduce pain and speed healing; bone and periosteal pain after **dental surgery; bone pain** in and after any oral surgery; and scraping of the periosteum; bone and periosteal pain after dental surgery.

STAPHYSAGRIA 12c:

Tooth extraction for pain and nervousness after.

From: Homeopathic Remedies for First Aid Emergencies By
Erika Price, DIHom, DHM, BIHF (U.K.).
Homeopathic Self-Sufficiency www.geocities.com/HotSprings/7776/

For homeopathic remedies and advice contact Ainsworths homeopathic pharmacy www.ainsworths.com
Tel. 020 7935 5330. They also have a remedy to help with the effects of radiation if you have to have X-rays.

Mercury/ Amalgam Fillings:

Most people may think removing the fillings is going to heal all their health difficulties, and they will instantly get well as soon as the fillings are out of the mouth, but this is not necessarily the case. In reality the body burden of mercury has probably increased over a large period of time. For most people, especially those who are chemically sensitive, careful detoxification is warranted before any fillings are removed, to decrease the body burden of metals. In cases of very severe sensitivity it may be preferable to leave the fillings in until health improves and you can tolerate the procedure.

“Dear Dr. Rea,

I have multiple chemical sensitivity. Do the mercury fillings cause problems for those with MCS? I have 6 of them. Thanks.

Dr. Rea’s response:

Yes, my suggestion is to replace mercury amalgams with porcelain and gold.”

Often an assumption is made that mercury is the only or the most important heavy metal toxin to remove from the body. In her books *The Toxic Time Bomb* and *It’s Not In Your Head*, Dr Sherry Rogers comments: “many people’s E.I symptoms have cleared once their mercury amalgams were replaced with gold. [BUT] ... for many, this is just plain not the most important part of their total load. Or, the total load is so high, that removal of amalgams is equivalent to only removing 1 of 5 nails from the shoe; it doesn’t appreciably affect the overall symptoms until the total load is addressed.

Once chemical sensitivity symptoms present, how safe is it to chelate mercury (assuming there are no amalgams present)?

“If chelation is possible, what is the safest way to achieve this?”

Dr. Rea’s response:

If the health of the person is stable, chelation may be helpful as mercury toxicity may be involved in the health problems and symptoms of the individual. Mercury toxicity can affect brain, bone, immune system, and organ functioning.

The safest way to reduce mercury toxicity is through IV therapy of Vitamin C and Glutathione combined with deep heat chamber chemical detoxification. A total program of metal and chemical

avoidance and the use of air purification, organic food and glass bottled spring water is essential.”

William J. Rea, M.D., F.A.C.S., F.A.A.E.M

From www.plantthrive.com

Some people find the metal in the alloy fillings exacerbates electro-sensitivity as it can set up small electrical currents. Here is some research detailing this:

Metal alloys in the oral cavity as a cause of oral discomfort in sensitive patients.

Procházková J, Podzimek S, Tomka M, Kucerová H, Mihaljevic M, Hána K, Miksovský M, Sterzl I, Vinsová J.

Source: Institute of Dental Research, 1st Medical Faculty, Charles University, and General Faculty Hospital, Prague, Czech Republic. prochazkova@vus.cz

Erratum in Neuro Endocrinol Lett. 2007 Oct;28(5):iii.

Abstract

OBJECTIVE OF THE STUDY:

The occurrence of galvanism with its heterogeneous symptomatology is often the source of considerable problems. Abrasion and corrosion not only damage dental alloys but also burden the organism by release of metallic particles. The objective of this study is to evaluate the hypothesis that measurement of galvanic currents could be a useful diagnostic method.

PATIENT GROUPS AND METHODOLOGY: Three hundred fifty-seven persons with dental metal restorations were divided into groups according to abnormal values of galvanic currents and by oral discomfort. In all persons a detailed examination of the oral cavity was performed, and galvanic currents were measured. In one hundred fifty-nine patients abnormal galvanic currents were found. Measurement of metallic elements in saliva was performed in these patients and in a group of 21 healthy volunteers without any metals in the oral cavity. Thirty-three patients agreed to treatment which involved removal of the causative alloys and their replacement by non-metallic restorations.

RESULTS: No correlation was found between the values of measured currents and the number of teeth treated by metal restorations. However, patients with metal restorations had significantly higher contents not only of mercury, but also of tin, silver, copper, and gold in the saliva than patients without metallic restorations. After removal of the electro-active restorations, both the contents of metals in saliva and galvanic currents decreased in comparison with the levels before the treatment.

CONCLUSIONS: Galvanic effects as well as metal particles may induce a series of local or systemic pathological phenomena in sensitive individuals. The occurrence of pathologically acting galvanic effects is influenced not only by the composition and combination of different dental alloys, but to a significant degree also by the quality of used materials and processing.

From PubMed: <http://www.ncbi.nlm.nih.gov/pubmed/16804514>

Anaesthetics and Pain Relief

Depending on your level of sensitivities you may need to be careful about which anaesthetics are used. Local are usually better tolerated than general. Similarly some people find that some kinds of pain relief simply don't work. For more information see www.MCS-Aware.org/medical or ask us for the helpsheet: 'Hospital Guidelines for Patients with MCS' which includes protocols for surgery and treating reactions.

Some comments on the ES/MCS problems from different types of dental fillings

ES sufferers often have problems with mercury amalgam fillings. Debbie Taylor, writing in the ES-UK newsletter, highlights some of the problems with the alternatives to amalgam.

Source: http://www.foodsmatter.com/es/general/articles/dental_fillings.html

"There is much pressure these days to have mercury amalgam fillings removed. The white composite fillings (light-cured) that are most commonly used to replace amalgams are neurotoxic. They can kill the nerve of the tooth (which does not show up on x-ray) and that results in a great deal of pain and then an extraction (or a root filling or an implant, both of which are most detrimental to general health).

Composites are plastic and release xeno-oestrogens. These xeno-oestrogens play havoc with the hormonal system and are implicated in period problems, infertility, prostate cancer and breast cancer to name just a few.

Probably glass ionomer fillings (non-light-cured) are at present the safest materials available for white fillings. Ketac (for back teeth) and Chem-fill (for front teeth) are the least contaminated. (Yes, the dental industry is about as well controlled and regulated as the mobile phone industry.) Ceramic inlays sound good but are on a metal base plate, and no metal in the mouth is the best policy. Nacre inlays can be as strong as titanium, if their structural integrity is kept; however, being unpatentable I have yet to persuade a dentist to use them. Nacre would be the best material in my view.

Local anaesthetics can have synthetic adrenalin in them, which is best avoided. So Scandonest or Citanest are the ones to ask for. They just work a little slower.

Dentists are not trained to discuss treatments. If you have a dentist willing and able to talk thoroughly over your treatment before hand, that is a very good start. It is important to know every material intended for use, preferably as a written list, because fillings can be a constant source of toxin release.

Debbie Taylor

Holistic dentist Adam Sapera comments:

Debbie makes some interesting points. The galvanic reaction to metals in the mouth is well documented and mercury toxicity is also well established.

Composite resin is a plastic, therefore some toxicity is always a possibility but some types of composite are better than others. In any case, resins can be tested with AK or EVA for compatibility. Glass ionomers are great materials but they don't have good durability and are not suitable for stress

areas. They also contain fluoride which may be an issue for some, even though they are good at resisting caries.

There is no metal in ceramic inlays, unless you consider the aluminium in the crystalline structure - in which case we should give up ceramic plates... Should we go back to tin?

Nacre, as a material, is not readily available. Whichever way you look, it's all a compromise, each case needs individual attention and reactions vary widely. There are some spectacular case reports. Sadly there are no absolutely ideal materials available.

Best Practice for Mercury Removal

From www.naturaldentists.co.uk

Amalgam/silver fillings contain mercury, silver, tin, copper and zinc. A crown can contain gold, silver, palladium, copper, chromium, indium, gallium, iridium, nickel and more. Implants are often made of titanium, aluminium and vanadium. You should look for a dentist that specializes in mercury removal, and is sensitive to the need to deal responsibly with the toxic material for everyone concerned. The International Academy of Oral Medicine and Toxicology has devised a number of strategies for reducing the amount of mercury exposure to patients, dental staff and the environment during mercury removal. These methods include both physical barrier and ventilation methods, as well as "biological support," nutritional methods to support the anti-oxidant and excretory systems that are stressed by heavy metal exposure. Your dentist may or may not follow all of these protocols. They are voluntary guidelines by a group of bio-compatible dentists.

1. Try and remove the mercury amalgam in large chunks at cool temperatures, rather than aerosolize the mercury through excessive drilling. Your dentist will cut the filling in large chunks using a water spray to reduce the heat.

2.Suction

Perhaps the best tool to ensure the mercury vapour is eliminated is to use a high volume evacuation (HVE) device. Some of these HVE devices include a special suction tip which surrounds the tooth.

3.Rubber dam

A rubber dam is a rubber device that fits in the mouth and acts like a dam to prevent small particles of the mercury amalgam from being swallowed. Some dentists will rely on the HVE to suck up all the mercury. Rubber dams tend to be awkward to place.

4.Cover the skin

Covering the patient's face with a barrier will prevent spattered amalgam particles from landing on the skin, or the eyes.

- 5.Clean Air. This is a critical one. Ensure that your dentist has a separate air supply for the patient as well as piped-in air for the dentists and staff so they do not have to breathe the air directly over the mouth during amalgam removal. High tech room air filters can also be used.

Some dentists will also provide nutritional support to detoxify the body of residual mercury deposits, and will ensure that all local anaesthetics are the least toxic possible.

For more details on Mercury and its affect on patients and dentist and their staff visit <http://www.mercurymadness.org>

Finding a Practitioner

"Holistic" means to view something as a "whole thing", not simply as parts in isolation or disconnected from one another. With respect to dentistry this means viewing the mouth, teeth, gums, jaws and "oral environment" in "connection" with the rest of the body and the person. A person is an integrated whole and anything that happens in one part affects the whole person. Until more dentists are trained, you may have problems finding one who is up to date with the latest procedures, and research. The International Association of Oral Medicine Toxicology has a list of dentists. See their website www.iaomt.org email: info@iaomt.org or write to them at International Academy of Oral Medicine and Toxicology, 211 Kerneywood Street, Lakeland, FL 33803 USA.

British Homeopathic Dental Association (BHDA) www.bhda.co.uk

The BHDA have a list of homeopathic dentists. Homeopathy is a healthcare system that works with the body's own recovery systems to help the person get well naturally. Follow this link to find out more about [the history and principles of homeopathy](#). Using homeopathy, dentists are able to perform much more gentle treatment, creating much less anxiety and trauma in the process. Homeopathy will also aid the recovery process, reducing the intensity, and length of any swelling, bleeding or discomfort you may feel. Homeopathy can be used alongside conventional methods of treatment to give patients the best possible care. The BHDA is the official body of dentists in the UK who use homeopathy in their treatment. The BHDA recommends that if at all possible, you should consult one of the dentists who has completed the Faculty of Homeopathy training. The dentists with the highest level of training are Diplomats of the Faculty, and have gained the DFHom (Dent). If there is no dentist with DFHom(Dent) in your area, you might also consider contacting a Licenced Associate of the Faculty, LFHom(Dent). This is a preliminary qualification which indicates that the holder has passed the Faculty's Primary Health Care Examination and is able to use homeopathy in a limited way.

The College of Naturopathic Medicine has a list of practitioners who specialise in Mercury Free Dentistry. "The College of Naturopathic Medicine is one of the UK's largest, highly-respected and well-known natural medicine training providers" www.naturopathy-uk.com Tel. +44 (0)204 538 3263.

Specialist Laboratories – you will need to be referred by a practitioner

Melisa Diagnostics Ltd (blood test for hypersensitivity to metals)

MELISA® is the world's leading test for hypersensitivity to metals. It is used worldwide by dentists and doctors to determine whether a patient is intolerant to materials commonly used in dental restorations or bodily implants. 6 Heatherdene Mansions, Cambridge Road Twickenham TW1 2HR

Tel. 020-8133-5166 www.melisa.org

IGLab – based in Germany. They offer DNA adducts, ATP/mitochondrial profile, chemicals & VOCs tests
Email: info@igl-labor.de Tel: +49 48 45 – 79 16 40.

VivaHealth – This company offers services for a wide range of tests, including the ones which were available in Biolab including test of body metals (pre- and post DMSA provocation) (Biolab is no longer operational) www.vivahealthlabs.com Email: info@vivahealthlabs.com Tel: sales enquiries 01753 981 699, support team 01753 981 698 Address: Viva Health Laboratories Ltd, The Stables, New Lodge, Drift Road, Winkfield, Windsor SL4 4RR.

Mosaic Diagnostics (formally Great Plains Laboratory)– test of body metals (pre-and post DMSA provocation) www.mosaicdx.com

Genova – test of body metals (pre- and post DMSA provocation)
<https://www.gdx.net/uk/> Tel: 020 8336 7750. Email: infouk@gdx.net
Address: Genova Diagnostics- Europe Headquarters, 46-50 Coombe Road, New Malden, Surrey. KT3 4QF

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