Treating the Untreatable: Heavy Metal Toxicity and Fibromyalgia

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The human body is a complex organism with many overlapping systems. As clinicians, we are often faced with patients who exhibit a myriad of symptoms. Sometimes it is difficult to tell which condition should be dealt with first.

A 65-year-old female presented to my clinic in March 2013 with diagnoses of osteoarthritis, fibromyalgia, lichen sclerosis, and a mild cognitive impairment. She appeared older than her age, with pale blotchy skin, dull eyes, a pudgy body, loose skin, and a pleasant, yet apathetic demeanor. She had been under the care of an integrative doctor for the past seven years without benefit. The patient complained of continuous fatigue and pain. Previously, she experienced increased pain and fatigue only with abrupt weather changes. She described her pain as perpetual stiffness, with sore, achy joints that improved with movement, and made worse by walking up and down stairs. Imaging results were all negative. Concomitant sensations included cold hands and feet characterized by a throbbing sensation.

The patient's most distressing concern at this time was her short-term memory loss. Over the past two years. She had lost the ability to recall what people had just told her five to ten minutes ago, where she left her keys, with a resultant dependency on her iPhone schedule and reminder apps to help her accomplish her to do list.

I took the patient's history. She craved meat, vegetables, and sweets, and her least favorite food was fish. Her digestion was good with up to four bowel movements daily, formed, without straining. She had more energy in the evening, less in the morning. She swam and walked daily, except for in the winter. Patient had a life long history of difficulty falling asleep, but no problem staying asleep. Her life was relatively stress-free. In the past, her menses was regular, five days in length with no PMS, pain, bloating or alteration of mood. Peri-menopause saw uncontrolled bleeding which required surgical intervention. Patient had had an unsuccessful D&C followed by a partial hysterectomy.

The patient's lab work showed CBC/CMP - WNL, except for high end HgA1c at 5.5. Challenged heavy metal burden tests showed (+) mercury and (+) lead toxicities, and recently also cadmium toxicity.

IMPRESSION: Certainly, the patient's osteoarthritis, fibromyalgia, and mild cognitive impairment could be attributed to **heavy metal toxicities**. It is also not unheard of for one metal to increase when a chelator that has a high affinity for both metals has pulled the other out. Could her conditions, and more importantly the symptoms, of those diseases be multi-factorial? After seven years, why were the symptoms and metal toxicity worsening instead of improving? I felt it prudent to explore the circulation issue and ordered some coagulation-specific tests.

HTRP and ISAC Coagulation Panels

HTRP	Result May/13	Nov/13	Optimal Range
Factor 2 Activity	122%	117%	90-110
Protein C Activity	145%	174%	80-120
Protein S Activity	82%	103%	80-120
Lipoprotein (a)	124mg/dl	74mg/dl	<31

ISAC	Result May/13	Nov/13	Optimal Range
Fibrinogen	330 mg/dl	336	200-325
Prothrombin 1&2	318 mg/dl	211	90-300
T/AT Complexes	4.1	4.4	<4.3
CD62P	7%	7%	<10
CD62P + ADP	75%	47%	<60

The Esoterix coagulation panels revealed there were indeed some circulation issues. In their totality, the numbers were highly suggestive of an impending cardiovascular event. The high fibrinogen, Lp(a), CD6-2P, and elevated Factor II could all potentially cause hypercoagulability and therefore clot formation.

I recommended the following treatment plan: daily IV hydrogen peroxide, Boluoke® one cap BID, high grade fish oil, 1,000 mg TID, vitamin E, 800 mg BID, circulatory botanical tincture, one tsp, three times a day, exercise, gentle 20-30 minutes daily and the blood Type O diet.

Within **two days**, the patient's circulation had returned to her hands and feet. Her blood pressure also began to lower, so she was weaned off the blood pressure meds without any blood pressure spikes. She also noted a return of some memory functions. However, she was still having great difficulty with auditory retention.

Having diverted a potential catastrophic event, we resumed focus on the **heavy metal toxicity** in her system and decided to obtain a new baseline. Surprisingly, lead levels had jumped from 23 to 56 ug/ gm. Mercury had also increased to 6.3 ug/gm! Did improving her circulation cause these spikes? Or was there an on-going exposure we needed to uncover?

We did a thorough search of all possible sources. She stopped drinking out of ceramic glazed mugs for her morning coffee and afternoon tea, measured water content for lead levels, and switched out some suspect cookware. Of note, the patient did have many years of exposure to lead working as a hobby artist.

We opted to continue her chelation protocol with oral supplementation. She was started on EcoNugenics protocol and DMSA: 100 mg, qd, five days on, two off.

The patient is now a very engaging, cheery, easy-going gal who lives a high quality life. She enjoys dancing, traveling, walking, and swimming. This case highlights the need to prioritize and treat the most detrimental underlying conditions first. **Chelation was removing some of the patient's heavy metals, but she had so much more in storage that couldn't get out due to her poor circulation!** This, I believe, was the **missing link** in treating her successfully.