

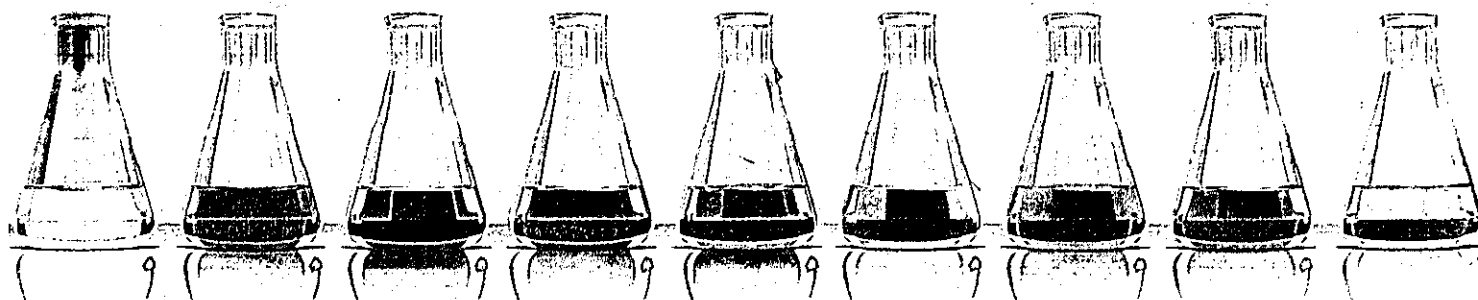
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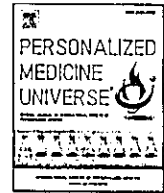


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Case report

System lupus erythematosus and mercury toxicity

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ABSTRACT

This case study examines the relationship between heavy metal toxicity and its influence on auto immune disease. In the traditional medical world almost all auto immune diseases are classified as idiopathic. In my clinical experience with hundreds of auto immune disease patients, it is increasingly clear that environmental influences particularly heavy metals and most commonly mercury is a major causative agent. This case study is not uncommon and the effect of mercury on immune dysregulation is well documented. It is therefore imperative that the medical community examine more closely the effects of our environment on human health.

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1. Case presentation

Mrs. C was a 47 yr old female when she presented to my office suffering from end stage lupus, attempting a last resort treatment. Mrs. C was brought to my office in a wheel chair by her husband, on steroids and with advanced liver and kidney failure.

Mrs. C was a healthy woman until 2 years ago she began experiencing numbness and tingling down her legs and arms as well as severe fatigue. She also began to experience IBS symptoms, memory loss and moderate depression. Over the course of three to four months patient began to experience severe joint pain and headache which were disabling.

Mrs. C at the time went to see her family physician who ran several blood tests. The tests were inconclusive, and the family physician sent her to a rheumatologist. Several lab tests done by the rheumatologist showed positive for ANA – 1:340 with speckled pattern and positive titers for rheumatoid factor. She was diagnosed with SLE and rheumatoid arthritis. She was placed on 50 mg of prednisone, 100 mg of Celebrex and was also referred to a neurologist for increasing loss of lower motor function and paresthesias.

The Neurologist diagnosed neurological manifestations of Lupus with peripheral neuropathy and given Neurontin.

As the months progressed her symptoms continued to worsen including more difficulty walking and short term memory loss. Patients steroids and NSAID were increased but her joint pains and muscle weakness continued. Subsequent lab testing showed increasing titers of ANA and Anti DSDNA as well as R.F.

When she appeared in my office, Mrs. C was unable to ambulate in a wheel chair and appeared very depressed with difficulty speaking.

Her physical exam revealed a 47 yr old female with mild obesity with cranial nerve deficits as well as peripheral, sensory and motor nerve damage and muscle atrophy. Her labs revealed a BUN of 35 creatine of 2.7, AST 250, Alt 400 ANA 1:640 with positive RF in addition her TSH was 7.5 $\mu\text{v}/\text{ml}$.

Mrs. C was a non-smoker social drinker with two grown children and a supportive husband who has worked for 20 yrs at a glass factory producing dishes and glassware for consumers. Mrs. C also was a consumer of fish 5–6 days a week. I ordered a pre and post heavy metal challenge test on Mrs. C using DMPS 250 mg. IV as well as 1.5 gm. CAEDTA IV. Patient results were astounding mercury levels came back over 170 $\mu\text{g}/\text{g}$ -creatinine normal is less than 4 $\mu\text{g}/\text{g}$. Pre challenge was less than 4 $\mu\text{g}/\text{g}$.

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URINE TOXIC METALS

LAB#:
 PATIENT:
 SEX: Female
 AGE: 47

CLIENT#: 26321
 DOCTOR: John Salerno, DO
 1 Rockefeller Plaza
 14 West 49th St #1401 14th Floor
 New York, NY 10020

POTENTIALLY TOXIC METALS

METALS	RESULT µg/g CREAT	REFERENCE RANGE	WITHIN REFERENCE RANGE	ELEVATED	VERY ELEVATED
Aluminum	< dl	< 35			
Antimony	< dl	< 1			
Arsenic	21	< 130			
Beryllium	< dl	< 0.5			
Bismuth	1.1	< 15			
Cadmium	1.7	< 2			
Lead	32	< 5			
Mercury	130	< 4			
Nickel	1.7	< 12			
Platinum	< dl	< 1			
Thallium	0.3	< 0.8			
Thorium	< dl	< 0.3			
Tin	1.3	< 10			
Tungsten	< dl	< 1			
Uranium	< dl	< 0.2			

CREATININE

	RESULT mg/dL	REFERENCE RANGE	2SD LOW	1SD LOW	MEAN	1SD HIGH	2SD HIGH
Creatinine	32	35- 225					

SPECIMEN DATA

Comments:
 Date Collected: 8/13/2004 Method: ICP-MS Collection Period: timed: 6 hours
 Date Received: 8/16/2004 <dl: less than detection limit Volume: 450 mL
 Date Completed: 8/19/2004 Provoking Agent: Provocation:

Toxic metals are reported as µg/g creatinine to account for urine dilution variations. Reference ranges are representative of a healthy population under non-challenge or non-provoked conditions. No safe reference levels for toxic metals have been established. V10.00

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Lead was greater than 32 ug/g normal < 4 ug/g see (graph). Patient immediately began a chelation plan using both DMPS 250 mg weekly with 2.5 gm. CAEDTA simultaneously with 600 mg of glutathione. Heavy Metals were monitored after 20 treatments. After such, mercury levels went to 37, lead to 7.5 u/g. Patients symptoms

improved so dramatically over the period, she was able to ambulate after 2 months, her joint pain were nearly resolved mood was dramatically increased, energy was also markedly improved. Just as important her ANA titers were negative after 3 months as well as R.F. Mrs. C continued to chelate and her titers levels went to near zero.

URINE TOXIC METALS



LAB#:
 PATIENT:
 SEX: Female
 AGE: 48

CLIENT#: 17027
 DOCTOR: Allan Magaziner, DO
 1907 Greentree Road
 Cherry Hill, NJ 08003

POTENTIALLY TOXIC METALS

METALS	RESULT µg/g CREAT	REFERENCE RANGE	WITHIN REFERENCE RANGE	ELEVATED	VERY ELEVATED
Aluminum	< dl	< 35			
Antimony	0.4	< 1	██████████		
Arsenic	30	< 130	██████████		
Beryllium	< dl	< 0.5			
Bismuth	0.4	< 1.5	██████████		
Cadmium	1.4	< 2	██████████		
Lead	7.8	< 5	██████████		
Mercury	.37	< 4	██████████		
Nickel	12	< 12	██████████		
Platinum	< dl	< 1			
Thallium	0.3	< 0.8	██████████		
Thorium	< dl	< 0.3			
Tin	4.7	< 10	██████████		
Tungsten	0.08	< 1	██████████		
Uranium	< dl	< 0.2			

CREATININE

	RESULT mg/dL	REFERENCE RANGE	2SD LOW	1SD LOW	MEAN	1SD HIGH	2SD HIGH
Creatinine	48	35 - 225	██████████	██████████	██████████	██████████	██████████

SPECIMEN DATA

Comments:	Method: ICP-MS	Collection Period: timed: 6 hours
Date Collected: 12/15/2004	<dl: less than detection limit	Volume: 500 ml
Date Received: 12/20/2004	Provoking Agent: DMPS	Provocation:
Date Completed: 12/23/2004		

Toxic metals are reported as µg/g creatinine to account for urine dilution variations. Reference ranges are representative of a healthy population under non-challenge or non-provoked conditions. No safe reference levels for toxic metals have been established.//

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2. Discussion

After thorough investigation, it was determined that Mrs. C had been continually exposed at her work site to mercury which was

used to manufacture glass. This case is a classic example of an Auto-Immune Disease improperly diagnosed as Lupus and rheumatoid arthritis that is in fact mercury poisoning. It is important that all clinicians test for heavy metals as a routine work up.