

Accumulation of metals in the body  
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In memory of Vladimir Nikolaevich Pastukhov

Events in my personal life made me pay attention to the accumulation of metals in the body of patients.

So far, there are few such observations. This is explained by the fact that not so many patients with "global" processes come to our medical center. Most often we are dealing with diseases of infectious etiology.

The treatment of patients with "global", systemic processes, we owe the faith in us of our constant patients who "PR" us and bring to us those whom the official medicine considers "incurable".

Unfortunately, we will probably not be able to help some of these patients, because elimination of the disease factor from the body is not always possible.

We have already encountered this when, against the background of braces or implants, uncontrollable vascular processes appeared: headaches, diplopia, impaired coordination, etc. the patient's condition and dental intervention.

In this case, the installation of implants is considered a non-returnable procedure. This fact made me think about the nature of the accumulation of metals in the human body.

Metals, including heavy metals, are essential for all forms of life in trace amounts. They enter a living cell in the form of cations, but their absorption is strictly regulated, since most (if not all) heavy metals are toxic in large quantities.

Substances that can bind to metals form chelating compounds with them. The latter include many effective drugs and other substances with selective toxicity. For example, fungicides. Their action is to disrupt the very sensitive balance between heavy metal cations in nature. Some of them are capable of displacing heavy metals from living tissues, but most enhance the toxicity inherent in heavy metals.

Copper, iron, molybdenum, cobalt, manganese take part in redox processes;

Cobalt is an essential cofactor for some enzymes, for example vitamin B12.

Copper is an essential component of many enzymes, including phenolase (tyrosinase), which plays an important role in the metabolism of plants, fungi and mammalian pigment cells. Copper is also required for the action of dopamine hydroxylase (a key enzyme in the synthesis of catecholamine hormones) and ascorbic acid oxidase.

Iron is an essential component of porphyrin enzymes: catalase,

peroxidases and various cytochromes, which play the role of electron carriers and are necessary for all living cells. So, hemoglobin and myoglobin are oxygen carriers.

Manganese is essential for the action of many catabolic enzymes.

Molybdenum performs essential functions in enzymes.

Zinc is an essential component required for action at least 20 enzymes with very different functions.

The action of zinc, magnesium and manganese is associated with the processes of hydrolysis and group transfer.

Calcium plays the most important role in making flexible and tough structures; provides tissue firmness. It functions outside the cell.

Magnesium is the second most abundant inside the cell, is an irreplaceable link that determines the integrity of ribosomes, serves as a cofactor for all enzymes that use ATP in the transfer of phosphate groups.

Sodium and potassium serve as charge carriers. They bond weakly therefore can exchange quickly. Their ions differ in their ability to penetrate cell membranes in a state of rest and excitement, in their affinity for the mechanism of active transport and in the ability to activate enzymes.

Chromium is considered a factor in glucose tolerance necessary for normal carbohydrate metabolism in the human body.

Vanadium, nickel, tin are vital for animal nutrition. Aluminum is considered biologically inert, but after dissolving in vacuoles of plants with an acidic environment exhibits some toxicity.

Lithium is usually not a component of the cell, but it can function as sodium when conducting a nerve impulse.

Non-metallic micronutrients include Boron, Iodine, Fluoride, Selenium and Silicon.

Nowhere in the literature is there any indication of the benefits and participation in the exchange processes of plutonium, strontium, uranium, titanium, lead, mercury, etc.

Unfortunately, the topic of the accumulation of metals in the human body is gaining importance due to the doctors' ignorance of the mechanisms of their elimination, antidotes, and the use of their compounds is increasing, especially in prosthetics. In many countries, the use of metals is decreasing. They are being replaced by ceramics and polymers. But not with us. The blind faith of dentists and traumatologists in the non-toxicity of metals for humans defies criticism. In the days of protocols and algorithms, the ability to think is discouraged.

Thallium, uranium, cesium, radium, strontium are accumulated by the lymphatic system, gastrointestinal tract, liver, kidneys, bones. In the EURT zone (East Ural radiation trace), Semipalatinsk and Chernobyl, tumors of the lymphatic system did not occur, but blocking of immunity with the development of severe immunodeficiency states was observed everywhere.

Mercury poisoning has been described, but, unfortunately, even quick measures do not stop degenerative processes in the nervous tissue, leading to profound disability.

Patient observation has revealed at least two factors that

for a long time they are not visible as the main cause of deep pathology. And when they are revealed, the doctor, feeling complete powerlessness, is forced only to accompany the patient, unable to change anything.

Aluminum. The main way of admission is AIK. Patients who underwent heart surgery with its shutdown, have irreducible toxic accumulations of aluminum in the body.

The main places of accumulation: pancreas, liver, kidneys, arteries. This leads to almost continuous relapses of pancreatic pathology, the addition of infectious factors, and a decrease in the activity of enzymes and hormones. More frequent visits by the patient allow to identify the reason for the lack of recovery. But even in this case, a significant improvement is not achieved.

In such patients, one can try to adapt to aluminum. Test directly through the mesenchyme.

Titanium. Used for prosthetics. Features of titanium implants the fact that the connective tissue of the body grows in them, and they can be removed only with a large amount of tissue. Dental implants can only be removed from a portion of the jaw.

The main organs of accumulation: all mucous membranes, including the gastrointestinal tract, respiratory tract, sinuses. The pancreas, liver, bones, bone marrow, prostate and kidneys are accumulatively damaged. The more implants, the more pronounced the accumulation of metal with impaired excretion and function.

The clinical picture is erased. There is general asthenia, weight loss, decreased appetite. For a long period (up to a year) clinical and biochemical analyzes without deviations. Ultrasound, CT, MRI, FGS and other examination methods do not reveal pathology. The ART method reveals only an unclear general degenerative picture. Etiological studies show saprophytes. The increase in immunodeficiency makes it necessary to deal with the joining foci of acute and chronic inflammation. Every patient visit becomes an emergency care. At the same time, no significant improvement was observed in any structure. The factor of pain is added, the localization of which cannot be differentiated. "Everything hurts." And against the background of joining infections, it is almost impossible to stop multiple foci of inflammation. The aggravation of the clinic is accompanied by bleeding of all mucous membranes. Around this time, multiple, at first not very significant, then global violations of all clinical, biochemical and hormonal analyzes appear. Everything "falls". The level decreases, the condition of the kidneys worsens significantly. At this time, titanium is tested practically through any organopreparation. Hemoglobin decreases to critical values (50 and below), blood wastes build up, especially urea and creatinine. Chills begin, the person refuses to eat. especially urea and creatinine. Chills begin, the person refuses to eat. especially urea and creatinine. Chills begin, the person refuses to eat.

Resuscitation is not effective. Maintenance of blood counts, transfusion, hemodialysis, organ removal - no effect.

The reason for the ineffectiveness of resuscitation and death is not clear to doctors. The section is meaningless.

Over the past year and a half, another 18 people came to see me with

deep degenerative diseases against the background of the accumulation of metals in the body. But if living in settlements where there is a metal production (Pervouralsk - chromium, Salda - nickel, titanium) does not lead to an irreversible accumulation of metals in the body, then the introduction of metal into the tissues of the body is still an unsolvable problem.

The lack of information in dentistry not only in patients, but also in doctors and the lack of serious research work on metallosis is a trap that many more patients will end up in until medicine stops using metal and uses silicone and ceramics.

#### Literature

1. Baeva Yu.I. Chernykh N.A. Heavy metals and human health // Bulletin Peoples' Friendship University of Russia. Series: Ecology and life safety. Issue No. 1. - 2004. - pp. 125–134.

2. Gotovsky Yu.V. Bioresonance and multiresonance therapy // I International conference "Theoretical and clinical aspects of the use of bioresonance and multiresonance therapy." - M.: IMEDIS, 1995. - P.436–444.

3. Kashkina E.A. The influence of heavy metals on biochemical processes in organism // Scientific achievements of biology, chemistry, physics: collection of articles on mater XII international. Scientific-practical. conf. - Novosibirsk: SibAK, 2012.

4. Kuranova A.P., Ivanova E.B. Heavy metals as ecotoxins. Applied Toxicology. - 2010. - T.1.No.2.C. 14-17

5. Samokhin A.V. Gotovsky M.Yu. Electro-acupuncture diagnostics and therapy according to R. Voll's method. - M.: IMEDIS, 1995 - 448 p.

6. Ovsepyan A.A., Bazikyan G.K. Optimization of bioresonance diagnostics on hardware and software complex "IMEDIS-VOLL" // Abstracts and reports. V International Conference "Theoretical and Clinical Aspects of the Application of Bioresonance and Multiresonance Therapy". Part I. - M.: IMEDIS, 1999. - P.201–206.

7. Great medical encyclopedia / Editor-in-chief B.V. Petrovsky, online version. <http://bme.org>

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