

# Holistic Dental Health Teleseminar

## *Jini Patel Thompson Interviews Dr. Hal A. Huggins*

Jini: You know what? I saw that too and I talked Dr. Huggins a couple of days ago, he said, “Did you see that, from the FDA?” I said, “Yeah, that’s pretty amazing.”

Woman 2: Yeah but they don’t have to have new rules out until July 2009. They got another year to bring rules out.

Jini: Yeah. I know, I know. Well, It’s the way – and also it’s not like they said, “Everybody should be wary...” they said, “Susceptible people,” you know like pregnant women and fetuses should be wary of mercury.

Woman 2: Yeah, yeah. If you have them, my goodness it’s not recommended that you get them removed.

Jini: It’s kind of typical of the FDA that it doesn’t – not a whole lot of what they say just – if you just run it by common sense, you go, “What? That doesn’t make any sense.”

Woman 2: Therefore, you can say, “Oh, it must be government,” in some fashion, right?

Jini: Yeah, exactly. It allows people who are really swayed by the mainstream medical system, which is of course controlled by the pharmaceuticals, to say, “Well, the jury is still out, it’s not for sure yet, so we’ll just keep doing what we’ve been doing.”

Woman 2: Reading and doing things on another site regarding FDA, personally I wouldn’t trust them – well literally we trust them with our lives – we really shouldn’t be.

Jini: Yeah.

Woman 2: It was absolutely criminal in my mind what I was reading about. Just about everything regarding how they perceive different things and how they've gone forward with the biological things, and how they've supported Monsanto. Just how all of these rules have changed, they have no concept, and they really haven't even done any studies. They might, might have read some of it. They made these judgments that affect our lives. Things in Canada, what our government is doing again, it's against homeopathic and natural things. If they spent a little of their time and effort on drugs that do kill people, then we might actually get somewhere.

Jini: Yeah, exactly. Dr. Huggins are you on the call yet?

Dr. Huggins: Yeah, I am on the call, yes.

Jini: You're there, hi.

Dr. Huggins: You'd be surprised how much energy I have expended in keeping my mouth shut during this conversation.

Jini: I kind of wondered about that.

Dr. Huggins: That was the -- in the trial that came up here a few weeks ago, the FDA was saying, "Well, you don't have to tell us about mercury, we know it's poisonous." I said, "Well, then why don't you take it out of the fillings?" They said, "We can't say."

Jini: Yeah.

Dr. Huggins: This came in the next week or two in front of a federal judge in Washington D.C. She didn't take to that too kindly. She wrenched them out on it and said, "Okay, why can't you do it?" They said, "Well, the ADA (American Dental Association) won't let us do it." The FDA was pronounced the worst agency of all the federal agencies in the United States. I go, "Well, you know that at least you're first, or I mean worst."

Jini: Exactly.

Dr. Huggins: But, there's no competition. They have been voted the worst.

Jini: Yeah, they're at the top, there's nowhere to go now, but down. Dr. Huggins, I'm going to put you and I into lecture mode, no one else on the call has to do anything, just me. Okay, so Dr. Huggins can you still hear me?

Dr. Huggins: Hello, hello?

Jini: Yep, yep I can hear you.

Dr. Huggins: Yes, I can hear you.

Jini: We're good. Just so --I'm just going to give everyone a little bit of information. If you want to make the sound louder on your phone, just press \*4 and that will up the volume for you.

Dr. Huggins: Well, I'm deaf, so I have a special system in here with headphones and so on, so I've got...

Jini: So you're good.

Dr. Huggins: I've got you in my crosshairs, so you're doing okay.

Jini: Okay. Then also, just in case anybody has any problem at any time, you can press \*0 and that will summon the operator if you're having a technical glitch or something go wrong.

Anyway, Dr. Huggins I'm going to start by introducing you and myself so that people who are listening to this call later on, or now, can get a better idea of who we are. I am Jini Patel Thompson, and I specialize in natural healing protocols for digestive diseases, like Crohn's, colitis, irritable bowel syndrome, and diverticulitis. You can find out lots more about me and my books if you go to [www.listen2yourgut.com](http://www.listen2yourgut.com)

Today, I'm chatting with Dr. Hal A. Huggins, who received his DDS, that's his dental degree from the University of Nebraska. Was that in 1962, Dr. Huggins?

Dr. Huggins: It was either 1862 or 19 – no it was 1962, that's right.

Jini: One of those centuries. Since then, Dr. Huggins has practiced general dentistry with the emphasis on nutrition. Then in 1973, he became involved in the study of mercury toxicity and its impact on human health.

From one of your bios, Dr. Huggins, it said that your first cases had kind of an "accidental rapid improvement" that captured your attention and then inspired you to delve into the depths of chemistry, endocrinology, toxicology and immunology. To develop what is now the most advanced technology for treating dental material-stimulated, degenerative and auto-immune diseases. Which I guess is a fancy way of saying that, a lot of these dental materials are ruining our health. We need to figure out why and how, and what we can do about it.

Through the course of his investigation of all of these mechanisms of toxicity, as they relate to auto-immune diseases, Dr. Huggins earned a Master of Science Degree from the University of Colorado. In 1983, Dr. Huggins began a full-time practice, devoted to diagnosing and planning treatment for patients suffering from mercury toxicity. He currently heads the world-renowned Huggins Diagnostic Center. A multi-discipline clinic combining dentistry, medicine, nutrition, psychology and other healing arts dedicated to the treatment of auto-immune diseases.

Public interest in his techniques has brought him invitations to speak in 46 of the 50 United States and 13 foreign countries. Radio, television and print media have followed his research by requesting 900 interviews in the past 15 years. Today will make 901. Actually, you are probably way past the 900 mark by now.

Dr. Huggins: Well, we're past 1500. The information you're reading was probably from 15 years ago.

Jini: There you go.

Dr. Huggins: The Dental Association came in and destroyed Huggins Diagnostic Center back in 1996. It's not there anymore, unfortunately.

Jini: But you have your current...

Dr. Huggins: Because we were turning around too many diseases.

Jini: ...clinic. You have your current clinic, right?

Dr. Huggins: Well, the telephone is a primary portion of it. Primarily what we are doing now is trying to teach people how to – We're teaching physicians and dentists how to do this technology that I have developed. We do work at several centers around the world where I kind of supervise what's going on. We do that, but we can't do anything like that in Colorado, because Colorado – If anybody, if any dentist says, if the patient says, "Is mercury poisonous?" And they say "Yes", they're going to be selling used cars tomorrow. They don't even give you a trial anymore, they just-- license is gone.

Jini: So you have to kind of, you have to stay under the radar to some extent?

Dr. Huggins: To a great extent, because there are a whole lot of people in Colorado that got hit just recently - over the period of the last two or three months, for taking out amalgam fillings. With mercury, there's nothing poisonous about mercury unless it's in fish or food or something like that. But in the mouth it's perfectly safe.

Jini: Exactly. If anybody wants to find out more about Dr. Huggins' treatment programs and what he can do to help you. You can go to his website, which is [www.drhuggins.com](http://www.drhuggins.com) They can get in touch with you and different solutions that you offer, your books --you've written, how many books have you written now?

Dr. Huggins: I don't know, a bunch. I've just written four in the last year. Pretty good

size, but probably five or six others and maybe 20 little ones, 60 pages, 100 pages, something like that.

Jini: The quick ones, so yeah, over 10 serious ones and then about 20 others, so wow, well done. Okay, I would like to get –We actually had a whole bunch of questions submitted via the question box on the Web page. We have like two pages of questions that just came in from that and then there's also the other stuff that I wanted to get into. I was thinking, let's start right away talking about mercury fillings.

I think, Dr. Huggins, that the people that are on this call are all pretty aware that mercury is bad. It does leach out, the vapor leaches out from the fillings and it causes widespread problems in the body. So, I don't want to spend...

Dr. Huggins: We don't need to start at 101.

Jini: Yeah, exactly. I don't want to spend too much time going over that. Let's get into some of the more advanced questions about that. We have - one of the questions that came in was, "If the mercury filling was removed and replaced with a composite, is there a possibility that mercury residue still exists underneath the new filling?"

Dr. Huggins: Very little, but that's one of the minor parts of the problem, that would be less than, well maybe a 100th of one percent of the problem. When taking out the fillings there are a whole lot of things that should be done to protect the patient. One of the major ones is, fillings are like little, tiny batteries. Some of them are positively charged and some of them are negative. If you take out a filling that has a positive charge in it, leaving the negatives behind, you stimulate four of the endocrine glands. Endocrine glands are like the thyroid, the pancreas and estrogen, testosterone. These are all hormones, endocrines.

Now, there is a balance system in the body that can be summed up by calling it degenerating and regeneration. The example used most often is the red blood cell. It lives 120 days and then it has to die or be degenerated, and then build a new one, which is regeneration. The whole body undergoes this, if you take out a positive current filling,

the degeneration cycle is stimulated. If you take out a negative current filling first, the regeneration cycle is stimulated.

By actual count, you know, we refer to some of the dentists that I have trained around the world, so people call in here. And we had one girl that we have here call about 150 patients, or clients, whatever you want to call them. Now, sometimes, the closest dentist that has been trained is 500 miles away, so they just went to the guy across the street and had their fillings taken out and something white put in. 63% of those people, within six months, ended up with an auto-immune disease they did not have before they had their fillings removed.

Jini: Right.

Dr. Huggins: So the chances of having the wrong fillings taken out first are, must be 63%. There's a whole lot of other things that have to go in, we have a protocol, that's one of the books, a 60 page book just on the protocol of what it takes to safely take out the fillings and stimulate the immune system to come back to life.

You were mentioning, I took a post-doctoral Masters in Immunology about 15 years ago. I learned to respect the immune system to a very great extent. I don't like treatments that kill the immune system. I'm there to salvage whatever of the immune system that I can. If you randomly take out fillings, your chances of damaging your immune system are pretty high. But, then in putting in the white fillings, hey, 60% of those plastic fillings called composites, contain aluminum.

Jini: Oh my goodness.

Dr. Huggins: The aluminum is high enough to create neurological problems, not as bad as mercury, but close to it. This is called, "The jumping from the frying pan into the fire syndrome."

Jini: Are there some of the white...

Dr. Huggins: There are a whole lot of things that you can do ruin yourself when you go to the dentist.

Jini: Are there some of the white composites that do not contain anything, I mean...

Dr. Huggins: There are about...

Jini: Go ahead.

Dr. Huggins: ...30-40 do not contain aluminum, but they may contain other things. That's why when I was at the University of Colorado, we developed what is called a "Serum Compatibility Test." In other words, it's a blood test that determines what fillings challenge your immune system and which ones don't. Any place where I work, we don't have a choice, we have to do that, because if I put in – well, I haven't put in fillings in 25 years – but if a dentist puts in a filling that is the wrong filling, hey, you didn't get your money's worth and you certainly may have ended up being worse. We use a blood test to determine what a safe filling is and what isn't.

Other people who use kinesiology and find out what the electrical balance in the body, but that's not the same as the immune system. Most of the things that I have focused on have been like leukemia and multiple sclerosis, Lou Gehrig's disease, lupus, there's one I keep forgetting... oh, Alzheimer's.

All of these things are directly related to dental materials. But you have to come in and do every step right, or it's not going to work.

Jini: Right.

Dr. Huggins: And putting in the proper material is one of those steps.

Jini: Also, when the dentist is removing your mercury fillings, they have to do things like, they have to give you a separate oxygen feed, into your nose so you can breathe oxygen.

Dr. Huggins: No. No.

Jini: No?

Dr. Huggins: I disagree with that.

Jini: Okay, so let's go back a bit.

Dr. Huggins: Now they have medical grade air, and this is okay. Now, we prefer to have negative ion generators and they do clean up the air. If somebody calls and says, "My dentist uses oxygen," I don't say anything about it. But, if you look at it from the biochemical standpoint, there are several different forms of mercury, three basic ones. One of them will tear things up at the tissue level right where it's touching. And that happens when you spray oxygen on it. If you're cutting a filling out, putting mercury vapor all over the place, then hit it with oxygen, you're going to oxidize that mercury and it's going to do a whole lot of damage locally, right where it is. So, no, I do not subscribe to the use of oxygen. I do say it is fine to use the medical grade air, just to have compressed air blown up your nose, that's okay.

Jini: Right.

Dr. Huggins: But I prefer to have a negative ion generator that cleans the mercury out of the air so you're not breathing it and you can't absorb it. Maybe you heard about the scientist at Dartmouth. Who spilled a drop of ethyl mercury on her finger and she was double gloved, she had two sets of rubber gloves on, one drop hit the glove on her little finger, and dropped off. She took the next six months to have a very uncomfortable, severe death.

This stuff is potent. Dentists really should treat it with a lot more respect than they do. But, in dental school, you'd take a bath in it every day and the Dental Society says, "If you say anything bad about it, we're going to take your license." So, you end up loving mercury.

Jini: Well, and people just don't even have the awareness— I remember my high school science class, we had mercury in a dish and our teacher warned us, "Don't touch it, don't." Well, we're kids, what are we going to do? Of course we're touching it. We're like going, "Oh wow, this is really cool!" We're splitting it into smaller droplets.

Dr. Huggins: Yeah.

Jini: It's just ridiculous that you would give something like that to a bunch of junior high students. But, now do you also put the vacuum on the chest to suck up the mercury vapors as they're being removed?

Dr. Huggins: Some people do that. In the places I work, we don't do that and there's a good reason for it. The negative ion generator will clean the mercury out of the air. But, let's say, are you sitting in a chair right now?

Jini: Yes.

Dr. Huggins: Okay. Let's say that there is a 10 mile an hour breeze that came by. What would that do to you as far as sitting in the chair is concerned? Would you still be sitting in the chair, or would it blow you on the floor?

Jini: Right.

Dr. Huggins: You would sit there. All right, as air goes by, mercury just sits there and watches it, because mercury is very heavy. I don't object to the use of it, because you've got somebody who is at least thinking in the right direction. It is going to pick up some of the bacteria and get rid of that. But as far as cleaning mercury out of the air, the mercury just sits there and says, "Hey, there's a 50 mile an hour wind going on here, I wonder where the storm came from."

It really, when you look at it scientifically, does not reduce the level of mercury. Where we would like to use something that does reduce the level of mercury, because it goes right through your skin. You don't have to just breathe it.

Jini: I think I read somewhere that you, according to your protocol, clients need to be on intravenous vitamin C during the – is that correct?

Dr. Huggins: Yeah, yeah, the intravenous vitamin C does protect against the mercury. In particular protects against the toxins from the anaerobic bacteria that are running around in cavitations and root canals. That's where it is really significant of importance, but it's going to do quite a lot of protection just using it while you're taking out the amalgam. Yes, I totally subscribe to that.

There are a certain number of people – very few – that there are few people who cannot tolerate the intravenous vitamin C. There's a test to determine that, but if people have no problem with it we're – I've been using for 35 years, I've never seen anybody who was sensitive to it. But, it can happen and if it can happen, you can have some results that aren't too good. So, perhaps you'd want to test. But, the question was, "Is vitamin C effective?" It is, in particular, if you give it slowly.

Jini: Yeah.

Dr. Huggins: But, sometimes people will run a whole bag of vitamin C through in an hour. Well, it might as well have been water, because the body does not derive any benefit from that. But, if it takes three, three and a half hours to dispense it, then the body does receive a lot of benefit from the IV vitamin C.

Jini: Interesting. That's a really good tip for people who are having intravenous vitamin C for any reason, because...

Dr. Huggins: Because if you go into the doctor's office at three o'clock, remember all those personnel are going to be in their car on the way home at 5:01.

Jini: Yeah, and you know I had, I actually had a series of IV vitamin C treatments. In the beginning, they put them in slowly, and they said, "It will take two, two and a half hours." But then as I got used to it they said, "Well, we can speed it up now, you can be out of

here in an hour, hour and a half.” They’re just thinking-- they’re not thinking from the point of view that you just pointed out which is that: How is this being utilized by the body? And we’re wasting a lot of it, so let’s not do that. That’s very useful for us to know for other applications as well.

Dr. Huggins: Yes.

Jini: Now, you kind of addressed this already, but we had another person write in. He said, “I’m extremely chemically sensitive.” He’s got the multiple chemical sensitivities. What is the least chemically reactive material for fillings, and what brand makes it? Do you recommend Heliomolar?

Dr. Huggins: No, I don’t, there are 92% of the people who react to Heliomolar, so we don’t use that. No, what we do in a situation like that is first get rid of some of the cause, which would be the cavitations, root canals, the other fillings and so on. But if you’re going to correct somebody like that, it is best to use a blood test, because I have found that I have a lot of experience in it. The one thing I cannot do is guess correctly. We do a blood test to find out which filling material can you handle? If I know what that is, then I can find out what company makes it and use it. But to guess at that, I’m sorry, I’m not psychic.

Jini: Yeah.

Dr. Huggins: I’m not psychic enough to figure that out.

Jini: Now, don’t you have on your Web site, drhuggins.com, don’t you have a listing of dentists who have been trained and approved by you?

Dr. Huggins: I don’t think so.

Jini: Then people would then have to contact your office...

Dr. Huggins: Yes. There is too much harassment that goes to people if you have their name. I'm well into chemistry, and for everything I do in chemistry, I don't do in electronics. I just, I am too old to get into that, that's for the eight-year-old kids.

But, I think at one time we may have had a list there. We do have a list of the people who have been trained and what we try to do now is when people call in here, we try to match them with somebody who has had the right amount of training. If somebody has some really, really treacherous disease that's related to dental materials, you don't really want to send it to someone who had their first course yesterday.

Jini: Right.

Dr. Huggins: If they've got a whole lot of surgical work to be done, but they don't do the intravenous Vitamin C, best to go to somebody else.

Jini: Yeah.

Dr. Huggins: What we do is, people call in here, then we do spend the time to try to figure out who's the best match for you. There is a, I was going to say that there is an 800 number for that, but that's not true, it's an 866 number. Would you like for me to give that number?

Jini: Yes, please.

Dr. Huggins: If I can find it here... It is 866-948-4638.

Jini: Okay. And that's a toll-free number. Is there a local number for people who are calling from overseas?

Dr. Huggins: That would be 719-522-0566.

Jini: Okay. Great, so let's move on to root canals, because of course this is – this seems to me to be the new favorite procedure that dentists like to do on people. My husband came up against this just last year.

Dr. Huggins: Do you know why that is?

Jini: Tell me.

Dr. Huggins: Back in the 1900s someplace, dentistry said, "Dentists should place 30 million root canals a year, by the year 2000." Dentistry accomplished that by the year 1999, so they have now moved the bar up to 60 million root canals a year.

Jini: Wow.

Dr. Huggins: Can you believe that? Why are we doing 60 million, because that's the requirement.

Jini: Okay, so...

Dr. Huggins: You have 60 million people running around there with dead teeth? Not necessarily, but we're going to have to do root canals on them anyway.

Jini: Well, now let's say you do have an ethical dentist, and he's only – like when my husband had his tooth removed, the entire side of it was gone. Would that have been, would you have said, "Yeah, the whole one side of your tooth is rotted all the way down to the bottom, so we need to take this." Would you have taken it out? Would you have left it? What would you have done?

Dr. Huggins: Well, it depends on how close it came to the nerve. Is the nerve still alive? There is a branch of dentistry called "Heroic Dentistry." You can do some things to teeth that are pretty well broken down, and put them back together and they can survive. But if they're getting close to the pulp chamber, you've already got the bugs in the pulp chamber and these are some of the worst bugs in the world. No, I would under no

circumstances – I have to call this a personal opinion – but it is based on thousands and thousands of tests. There is no way that in good conscience I could tell somebody, “You can have a root canal and have no worries about health consequences.” That would be an out-and-out lie.

Jini: What you advise in that case is to have the entire tooth extracted, then the entire socket, including all of the different membranes and everything completely cleaned out?

Dr. Huggins: That’s correct. Well, only if you’re interested in your health.

Jini: Yes. We’re going to take that as a given. Then, what’s your opinion on implants?

Dr. Huggins: I don’t really have an opinion, but I have some factual information on it.

Jini: Okay.

Dr. Huggins: When I took immunology at the University of Colorado, I was, by own modest admission, I was pretty good at implants. I asked the professor about implants and his answer was, and I quote: “Anything implanted in bone will create an auto-immune disease. The only difference is the length of time it takes.” So, that was my last implant. Where I have been watching the dentistry being done, I take out implants at every class we have anymore. I do the DNA assays of the bacteria that are around them, and they’re pretty trashy.

In fact, at this next one that we’re having, there’s a good friend of mine who has three implants. He was one of the smartest dentists that I have ever known. I always looked up to him and hung on every word he said. I hadn’t seen him in about 10 years, I saw him at a meeting and he recognized me, we talked, I introduced him to some of the people on our staff. We ran into him 10 minutes later and had to introduce him to all the people on my staff again. I had to introduce him four times within one hour - and this is one of the most brilliant men that I know. As one of the guys said, “You know, the big problem is he has a driver’s license.”

So we're going to be taking out his implants and I'm going to be doing the testing on him. Hopefully, within a few days we'll see my buddy come back again with an active brain. Cause his brain is just shot, I mean he's...

Jini: From these implants, from the reaction to his implants...

Dr. Huggins: Yeah, right. If I'm wrong, he's still going to be full of Alzheimer's a week afterwards. But, a lot of people when they get those implants out, they come back to life. I know what he was like, and I'm just really personally involved in this, because it hurts me so bad to see such a brilliant person brought down to a level of what – I've seen five-year-olds who could retain things better.

Jini: So, you would say, just walk around with a hole in your mouth? Just don't...

Dr. Huggins: No, I wouldn't. Because if...

Jini: Okay.

Dr. Huggins: When I first started dentistry 50 years ago, we didn't have implants, what did we do? We made bridges, we made partials, we made dentures. No. Dentists are experts at filling up holes.

Jini: Okay.

Dr. Huggins: If you take a tooth out, you can put in a bridge, you can put in an immediate removable partial 15 minutes later. No, you don't have to run around toothless, dentists have known forever how to fill up spaces.

Jini: Okay. Now then, what about crowns? Because, they're a foreign source material in your mouth, what...

Dr. Huggins: Well, you know it's funny, you can take titanium and make an implant out of it, stick it in the bone, give somebody some dreaded disease. You can take the same

titanium and make a crown out of it, then there's no problem. You got a choice, if you take the tooth out, hey it's gone, if you put a crown on it, it's compromised. But it's like with a broken leg, would you rather have it cut off, or do you want to put a cast on it?

Jini: Right. Then are there better materials for crowns, are some better than others?

Dr. Huggins: Yes. A lot of the crowns do have copper in them, because you start with gold, and that's too soft. You add some platinum or palladium and that makes it turn silver colored. We're not going to pay that kind of money for something that looks silver. So, they put copper in it to make it look gold-colored again. The copper is almost as toxic as mercury is. You don't want that. But, also it's getting expensive, so close to 90% of the crowns that are placed in the US today are made out of nickel.

Nickel is the most carcinogenic, which means, cancer-producing metal that we have. But, it's cheap. If you get cancer, hey insurance pays for that, so it's no big deal.

Jini: I know that thing about nickel, because I think I got it from... I can't remember where I read about it. But, you know even if you're just buying your stainless steel pots and pans, you need to test it with a magnet. If the magnet doesn't stick, it's because there's too high of a nickel content.

Dr. Huggins: What is another word for stainless steel? Nickel.

Jini: Really?

Dr. Huggins: If you have stainless steel, you have nickel. But, yeah, we tested about 24 sets of cookware, 15-20 years ago, and found that it doesn't take much for those metals to come right through. Especially the copper bottom, hey that copper comes through because the other metals in there, your iron, cobalt, chrome and nickel, form a lattice work, which is something like chicken wire. If you take the copper and have copper on the bottom, the copper as it heats up comes through like a bunch of BBs. Can you throw BBs through a chicken wire fence? Yes, and...

Jini: What's the cookware you recommend then?

Dr. Huggins: The best cookware, you can use everything in it is Pyrex; there's virtually nothing that comes out of Pyrex. One of the worst, it looks a lot like it, is that smoky looking stuff, Vision Wear. Boy the flavor that comes out of the water that's been in that is atrocious. But, number two was one called La Creuset, or, La Creusay – depending on how French you are...

Jini: Oh, Le Creuset! The cast iron pans that are coated with enamel.

Dr. Huggins: Cast iron, with aluminum on it, with porcelain on it. But, the porcelain is fired at a high enough temperature that the aluminum does not come out into the food. If you take your regular aluminum cookware, the aluminum comes out in voluminous amounts. That turns out to be number two. Number three was cast iron.

Jini: Okay.

Dr. Huggins: It's fun to cook with cast iron when you get to know how to do it. Very little problem with cast iron, the...

Jini: It sure strengthens your wrists.

Dr. Huggins: Isn't that the truth? That's my aerobics program. The Le Creuset is rather expensive.

Jini: Yes, it's very expensive. But you know what? I have one Le Creuset pan and I tell you, I would take it traveling with me almost; it's just the best pan in the world.

Dr. Huggins: You've probably worn it out.

Jini: Yeah. Okay, so that's interesting to know that crowns, bridges and partials are not too-- I mean does give us some options other than...

Dr. Huggins: Well, there was a program on television, just a few days ago where they were talking about – especially in the west coast. But, China is getting about a 100% increase each year in dentists sending impressions over to China to have crowns made over there. Because they're pretty cheap, and they make them out of nickel. They did some studies on them here the other day and found that they're quite high in lead.

Jini: Oh my goodness.

Dr. Huggins: Where'd the lead come from? It was interesting, you know the paint they're using on the kids' toys has lead in it?

Jini: Yeah. Yes, there have been massive recalls.

Dr. Huggins: Here the dental crowns have lead in it. You may have heard the name, Jay Leno?

Jini: Yeah.

Dr. Huggins: Jay Leno was saying, "If we get our gasoline from China, how can we be assured that there is no lead in it?"

Jini: Exactly.

Dr. Huggins: I got a big kick out of that.

Jini: Now, you know someone else I wanted to ask you about, 'cause anybody who has done any research at all into dental alternatives, has come across Dr. Gerard Judd. Are you familiar with him?

Dr. Huggins: I guess I haven't researched the topic.

Jini: Well, you wouldn't need to. But, those of us who are out here, okay, well he has a PhD in chemistry. The platform for what he – he actually died last year, I did speak to

him before he died, but, very nice well-meaning person. But, anyway the basis for his platform is that, if you brush your teeth with normal toothpaste, the glycerin that is present in every toothpaste -- it's a super sticky substance, it coats the teeth, and prevents re-enamelization of the teeth because they're coated with this glycerin. That's one of his big things, he says, "Just brush your teeth with a bar of soap even would be better, than using any toothpaste that contains glycerin." Then he said, "If you want to provide your body with the tools to rebuild your tooth enamel. You supplement with vitamin C, calcium, vitamin D, in the vitamin D3 form and monosodium phosphate." He then said that even perhaps disodium phosphate, when I spoke to him on the phone, he said, "Perhaps even disodium phosphate would work better."

He said if you take those supplements daily, it provides the body with the supplements to rebuild that enamel and to even heal existing cavities. What are your thoughts on all of that?

Dr. Huggins: Well, I think he must be something pretty close to God, because nobody else can rebuild enamel. Enamel itself is built when the tooth is erupting when it's still down in the bone, by something called the enamel organ. Which is just a little thing that looks like a little grate, and the tooth grows within it. As the tooth erupts it comes off. To re-enamelize a tooth, that would be... that would be kind of a difficult thing to do.

Jini: Because it's not something...

Dr. Huggins: I've never heard of it being done. I have a minor in chemistry; I have a little background in there, a lot of biochemistry and so on. I don't see any way that you can re-enamelize a tooth. Now, I will go along with not using a regular toothpaste, because they have sorbitol and manitol, which are sugars in it, so brush your teeth with sugar.

A mixture of table salt and baking soda is very good. I grew up during the Second World War. We didn't have toothpaste tubes; and they were made out of lead, so that was probably just as well.

Jini: Do you advocate a 50/50 mixture of baking soda and table salt?

Dr. Huggins: That's a little bit tough for most people, closer to 30% salt, but certainly not sea salt. Sea salt causes a lot of problems with neurological diseases. That's a deep subject, so we probably don't need to go there, except just to put that information out. That the patients that are seen wherever I am, if they're taking sea salt, I tell them, "Quit taking sea salt, you can go home and not have to go through the rest of the procedures." But it turns out to be about that bad.

Jini: Should they not eat sea salt either?

Dr. Huggins: Correct. Depending on whether you're interested in your health or not, no.

Jini: Okay, so we have to go into this just a little bit. Are you saying because there's too many toxins now in the ocean that are...

Dr. Huggins: No, the sodium is in a non-biological form and the potassium is and where does it come from? The bottom of the world's biggest cesspool. There are all kinds of stuff in there that are not necessary for the body and that are harmful. We have again, thousands of tests; I'm not just talking off the top of my head. I mean, we have thousands of tests to show the neurological changes with sodium, potassium and chloride when we get people off of sea salt.

Jini: Okay, well that's, wow, that's very interesting as well. Okay, and then, while we're on the subject of other people's recommendations. Let's talk about our good old dentist from the 20s and 30s, Dr. Weston A. Price. For people who don't know about him, we're not going to get too far into it. But, basically his studies resulted in studying traditional people who had cavitation rates of less than 1%, and he studied what they ate. Thinking and believing that that was the key to why they're – not that they just had a low cavitation rate – but they had...

Dr. Huggins: Let's clear one thing up here, you're talking about cavities. Because cavitations are where a tooth has been removed and the healing was incomplete. It's a

very specific thing; it's a hole in your head, so to speak. You get this about a 100% of the time with the wisdom tooth – and that's where you leave the ligament in, the top caps over with a couple millimeters of bone. Then you've got this hole in there full of anaerobic bacteria. But a cavity is, what Price was studying there. The cavitation is where it's post-surgical, after the removal of the tooth.

Jini: Oh, okay.

Dr. Huggins: Yeah.

Jini: That's very interesting. Okay, so his thing that he discovered among all the dietary guidelines that he advocates is this Activator X. Which now there's a pretty good amount of research behind it suggesting that that's vitamin K2. Do you have any thoughts or opinions on that and if that's really valuable for us, and worthwhile as a supplement or...

Dr. Huggins: K2 I don't know anything about that. It might be interesting as a side story to know that the week that Weston Price died, which was in 1947, he called a friend of his to his side and he said, "My work is too important to die with me. Here's my steamer trunk that I took on all those trips you were talking about around the world. I filled it with some of the more important things. See if you can find somebody who would be stimulated to carry on my work." And 40 years later that trunk was given to me.

I deal with Weston Price's work. But I'm not – and I know he worked with the Activator X, but I didn't know it was vitamin K2 or whatever.

Jini: That's been the latest thing...

Dr. Huggins: One of the main things he found, with degenerative disease - as the fat in the diet goes down, the degenerative disease goes up. The perfect place where you did not have degenerative disease in the population, including dental decay, was when the diet included 40% fat. As we go on a low-fat diet, you will notice that multiple sclerosis is going up and diabetes is going up, Lou Gehrig's disease is going up by tremendous

amounts. Well, how do we turn around these diseases? We look for the ancestral diet, how much carbohydrate, protein and fat do you need? The blood tells us that, which is not the Blood Type.

Jini: Right.

Dr. Huggins: It is your blood chemistry. You do not absorb nutrient unless there is fat attached to it. On a low-fat diet, you can starve to death.

Jini: Yeah.

Dr. Huggins: You start eating more and more calories, and that's why we're going up 10% every 10 years in weight, as we're going down 10% in fat. Well, we find we put people on a high fat diet, first thing they do is take off a bunch of weight.

Jini: Yeah.

Dr. Huggins: Because you become satisfied with less amounts of food, and you absorb more of the nutrient.

Jini: When you talk about – Did you say 30% or 40% fat?

Dr. Huggins: 40.

Jini: 40% fat, you're talking, you're not talking about vegetable oils and things, you're talking about...

Dr. Huggins: No, there are fats and oils. Vegetable oils, what would you think? Is that a fat or an oil?

Jini: Well, that's an oil.

Dr. Huggins: You got it.

Jini: You're talking about butter...

Dr. Huggins: We do need oils in the diet, but yes butter turns out to be one of the better ones because it's less contaminated than a lot of the other fats.

Jini: Okay, and fats from meats? Like the naturally...

Dr. Huggins: It depends, if it's something like prime rib, yes, it's very good. If it's from a cow that was raised by the freeway, there's going to be a lot of stuff in it from the exhaust. That's not quite - the fat there is not as good.

Jini: What about coconut oil?

Dr. Huggins: Is it a fat or an oil?

Jini: Well, it's solid. So I don't know what...

Dr. Huggins: It is in the middle, put it in the refrigerator and you're going to think oil. No...

Jini: When you say 40% from fat, what should people be eating?

Dr. Huggins: Butter. But there's nothing wrong with coconut oil, we need oils and we need fats. It's just they don't substitute for each other, but the exception with coconut oil is someplace there in the middle.

Jini: But how are you going to get 40% of your calories from fat, from butter realistically, just from butter alone?

Dr. Huggins: I don't have any trouble doing it, that's just a quarter of a pound a day. I eat that much or more. You get where you put it on everything but ice cream. Because it activates the enzymes in the food and the flavor is better. We follow people's chemistries, we do a first chemistry and we do the second one six days later. If we have

done something wrong, it shows up in the chemistry. If the patient did something wrong, it shows up in the chemistry.

Jini: Right.

Dr. Huggins: If they didn't eat their butter, it takes me about two seconds to figure that out.

Jini: Okay, interesting. I'm just asking, I'm being devil's advocate, because personally I have always used - people would look at me and go, "Are you going to have some toast with your butter?" I would literally put like a quarter inch thick slab across a muffin or whatever. I would say, "You know what, I just intuitively, my body needs this," I just knew it.

Dr. Huggins: Well, you may have...

Jini: When I was pregnant, I doubled it. I ate so much butter, it wasn't even funny.

Dr. Huggins: Yeah, okay.

Jini: Of course I do the fish oils, the coconut oils and everything else as well. Okay, interesting. Let's talk-- so you're saying for the toothpaste we use the 30% table salt, 70% baking soda, is there a particular brushing technique or toothbrush? Is that more just topical stuff and the key root to dental health is the diet?

Dr. Huggins: Well, the true dental health yes, is diet. That's true. But, the comment that I use on people is usually, "You're not standing close enough to your toothbrush."

Jini: Okay.

Dr. Huggins: But there are a lot of techniques, hey, you know I went through dental school; I was a dentist for a long time. I just don't see, well for one thing, your tooth brushing technique is not going to compensate for a poor diet. There are people who

spend an hour a day on their teeth, flossing and using these little wooden things, all this kind of stuff. My gums are in a whole lot better shape than any of theirs, I go to the dentist routinely, about every 10 years. I have had my teeth cleaned once since 1962.

Jini: You know what? That's one thing I wanted to ask about too, the whole tooth cleaning business.

Dr. Huggins: Well, if you've got stuff on your teeth, you need them cleaned. But if your chemistry is in balance, you don't deposit stuff. How many hours do I spend on my teeth a day? I spend three-one minute sessions on my teeth. I would challenge anybody to match me as far gum health is concerned. And outside of breaking off a cusp, it's been a long time since I've had a cavity.

Jini: Do you floss?

Dr. Huggins: Almost every week, yes.

Jini: Once a week?

Dr. Huggins: About.

Jini: Okay. Okay, very interesting. Now I've got another question here.

Dr. Huggins: But, we have to consider that I monitor my chemistry and I'm pretty decent on following the diet that my chemistry says I need to be on. But, if somebody is eating a diet that causes calculus to form and so on, no they are not going to be able to get away with three-one minute sessions a day. It's a matter of, how much of the package are you putting together? I don't happen to need, and I used to have to have my teeth cleaned all the time, because I had all this calculus forming on it. Well, it doesn't form on it anymore, so what are you going to clean if there's nothing on the teeth to clean off?

Jini: This brings me to another question that we received from a few different people. Are there any safe tooth whiteners?

Dr. Huggins: No.

Jini: Okay.

Dr. Huggins: Any other questions?

Jini: Okay.

Dr. Huggins: What does a tooth whitener do?

Jini: Well, it just makes you look prettier.

Dr. Huggins: It's an acid or an aldehyde or peroxide or something. The tooth is alive. There is a fluid flow that goes through the tooth. If you put the fluid-- it goes from the inside out when you don't have decay. When you do have decay, it's because the fluid is going from the mouth, through the enamel, through the dentin, into the pulp chamber. If somebody does a whitener on you while the fluid flow is going in, that stuff goes into the pulp chamber and starts killing off the pulp.

Jini: Right.

Dr. Huggins: If you want to hold on to root canals, that's a good way to get them.

Jini: That's a good way to fulfill the root canal quota for the year.

Dr. Huggins: That's correct.

Jini: Okay, I've got another question from Pat, in Surrey, she says, "I have a chronic sinus infection in my right sinus. Plus I have a root canal in the upper right quadrant. Is it possible these two things are connected?"

Dr. Huggins: I have seen the connection actually, hundreds and hundreds of times. They go in and they do Caldwell-Luck Procedure, clean out the sinus and use antibiotics, then they still have a sinus problem. You take out the tooth, and magically the sinus problem can get better.

Jini: Right.

Dr. Huggins: It's not a 100%, but it's definitely above 90.

Jini: Yeah. Okay.

Dr. Huggins: But if you take the tooth out and leave the periodontal ligament in, you've still got the problem.

Jini: Exactly. Again, the root canal has to be cleaned out according to the specifications—and if people want to find out more about your protocols and exact specifications, they can call your office; they can go to your web site. You have a bunch of books and reports; you've got a lot of information there for people.

Dr. Huggins: Yeah, call us at that 866 number, 866-948-4638 we will try to get you into the hands of a dentist who can take it out without doing more damage than good. Because, just taking out a tooth is the most dangerous thing that a dentist can do, because it's releasing not only the bacteria, but the bacterial toxins directly into your bloodstream.

Jini: Okay, now I've got a question here that I am sure a lot of people – from my readers would be concerned about. The woman says, "Her husband Dave, age 44. He's had symptoms of ulcerative colitis for the past two years. Prior to the onset of any symptoms, he'd been complaining about a loose filling. Now he has a mouth full of mercury amalgam fillings. His estimate is at least 20. He is managing his colitis symptoms using natural methods and products with a lot of success. Taking no prescription medication, however, full remission still has not been achievable. We feel

that there is something standing in the way of his healing, could this be the load of mercury in his mouth?”

This is the important part I think: “We hesitate to deal with it, for fear of exacerbating the ulcerative colitis symptoms.”

Dr. Huggins: No, she’s absolutely right. If the protocol is not followed, you can end up getting in a whole lot worse shape than you were. They need to call and find a dentist someplace reasonably close, within 1,000 miles, who has been trained to do this in such a manner that it does not create a new disease. But, she’s absolutely right on both counts. That mercury is messing up whole intestinal tract, and if you take the fillings out wrong, if you put in a filling that has aluminum in it, or has something in it has something in it that your immune system is reacting to, you’re going to exacerbate it and he’s going to have to have his guts cut out. She’s absolutely right on both sides.

Jini: Yeah, and I know that even – now after people have their mercury amalgam fillings removed and they follow the proper protocol. Is there a mercury detox procedure that you have to follow?

Dr. Huggins: Yes.

Jini: Would that be the same for...

Dr. Huggins: No.

Jini: ...because detox is very risky for people with Crohn's and colitis

Dr. Huggins: It really is.

Dr. Huggins: That gives us more trouble than anything else. Except people taking vitamins they don’t need. There are certain vitamins that do a whole lot more damage than good. But detoxification is something that should be built into your life, so it’s part

of the rest of your life. And doesn't become some kind of a Pagan religion, but just becomes part of your life.

That depends a great deal on what's available, and what does your chemistry say you need? Then we monitor chemistry to find out if you're – most people get over-detoxified. Too much drug, too fast. What it does – detox, per se is very easy, that is to release mercury, yeah. But elimination? That's a whole different ballgame. Now, just because you have taken mercury out of the bone in your arm and stuck it into your brain, does not mean you have improved the health of the person.

You've got to be able to take it out and eliminate it. That is tricky. As I've said, most people do way too much, they take these very severe drugs and they take too many of them too much. Under the doctors' supervision, and they say, "Well, there's a healing crisis, you are going to get sick before you get well." Well, if you would do it a little slower, you wouldn't get sick and you might get "Weller."

Jini: We have...

Dr. Huggins: I may be a little emotionally involved in that.

Jini: Yeah. You probably see – you probably have to pick up the fall-out for a lot of those detox patients.

Dr. Huggins: Yeah, I've talked to somebody who's over-detoxed probably everyday.

Jini: Yeah. Well, we have Dr. Carolyn Dean - she's a medical doctor and a naturopath and she writes for our Infoletter, *Good Health Is Real Wealth*. She said in her, actually in this month's issue, she said that from her work with autistic children, she said she doesn't like Chelation, because she says, "It pulls out as many good things as it does bad." She's found that for a lot of these kids it's too harsh of a detox. She prefers Phosphatidyl Choline and Inhaled Glutathione. Which she says facilitate the detox -- you know and you do it at home, you do it over a long period of time.

Dr. Huggins: We have a procedure that takes about six days to get these kids straightened out. But using the Chelation, the EDTA and all that kind of stuff is definitely not a part of it. I applaud her for going against the grain of the establishment and doing something that is a whole lot better.

Jini: Yeah, because the EDTA, the Chelation therapy is just becoming more and more popular now a days.

Dr. Huggins: Yeah, and it's a really easy way to paralyze people. We've done that.

Jini: Wow. Basically, there's just – we've learned a lot – are you okay if we go over time a little bit, Dr. Huggins, so I can...

Dr. Huggins: Well, I'll make you a deal. Are you going to send me a tape or something of this program?

Jini: Of course you're getting it. You will get the recording and you will get the PDF transcript.

Dr. Huggins: Get a what?

Jini: It's a - written transcript.

Dr. Huggins: Don't talk dirty to me.

Jini: It's a transcript.

Dr. Huggins: Yeah, I would appreciate that. We have some new people on staff, and we covered a lot material here. I'd sure like to use that a training tool for them. If you'd send it to us, I would be most appreciative.

Jini: Yes, yes, you will definitely get that and we make that available to everybody. We make the recordings and the written transcripts --like the transcript of this call will

probably be about 40 pages long and we make that available as well. I find like this information, it's literally it's gold. So, to be able to make that available...

Dr. Huggins: Well, you better mix a little platinum with the gold or it's going to be too soft.

Jini: Now, I can't even remember my last question that I had for you. Oh well, never mind. I am going to open up the phone lines right now, to see if anybody who is on the call has any questions. If they don't, then we'll go back, we still have a couple of more questions came in over the Internet. So, I'm just going to open that up now.

Okay, can everybody else on the call – You should be live now, so is there anyone else that has a question for Dr. Huggins?

Dr. Huggins: I must have left them pretty confused.

Caller 1: Dr. Huggins?

Dr. Huggins: Yes.

Caller 1: I was wondering if you've heard about using iodine as a supplement to, it's a chelator. But it's a natural substance that it would, it's supposed to bind to the intestines and get rid of mercury?

Dr. Huggins: No, it definitely binds directly to mercury yes. Like anything else you can be overdosed or under-dosed on it. Yes, we do use it; we use the old fashioned Lougal solution from 75 years ago. There are several things it can do with the thyroid gland, but usually we have thyroid tests to determine what's going on. Because thyroid gland is one of the first places that mercury likes to attach. In fact, Dr. Stortenbecker in 1962, over in Stockholm placed fillings in dog's mouths where the mercury was radioactive. He found radioactive mercury in the thyroid gland within less than four minutes.

So, you can pretty well figure anybody who's had one amalgam in their mouth for more than four minutes, has a thyroid problem. Sometimes it is in the productions of the T3, or conversion to T4, or back. Or it may be that the mercury is on the hormones so that the iodine cannot attach to it. There are several different things that mercury does to interfere with thyroid and with iodine. But, yes iodine is a –when it is needed, it is a major factor in treatment, yes.

Caller 1: Because my daughter was tested by a Dr. Fletcher, he does a lot with the iodine study and she was very low on iodine and she was high in mercury. In your experience with a person whose intestines may be a little compromised with the Crohn's disease, would it be safe to start on some low drops of the iodine solution?

Dr. Huggins: That's a difficult thing to answer. I know a lot of people do that, but I don't know, I've kind of gotten paranoid over the years. Because if anything that I have tried without testing beforehand, has either ended up hurting the patient, or messing up the chemistry. I kind of like to...

Caller 1: How would you...

Dr. Huggins: ...know where I'm going before step into the dark.

Caller 1: How would you test for something?

Dr. Huggins: Testing several of the blood chemistries, the red and white blood cells and the thyroid, so-called thyroid function tests. They're not really function tests, they're just showing the presence or absence of it.

Caller 1: Yeah.

Dr. Huggins: When it is necessary, I would have to say that yes, iodine is very good.

Caller 1: Okay. Would your dentists, somewhere who, would they be trained in this too?

Dr. Huggins: No.

Caller 1: No. We'd have to come to you. All right, thank you.

Caller 2: Dr. –

Jini: Anybody – Sorry go ahead.

Caller 2: You just mentioned three blood tests that you perform. Are there any others when you're doing work-ups?

Dr. Huggins: Oh yeah. We got bunches of them. I do a lot of this, I don't charge the patient for it, I do it myself just 'cause I am learning a lot from it. But the porphyrin tests- we've done since 1990 and we find a whole lot of value in the porphyrins. Because, if porphyrins show up in the urine, that means bottom line that your energy molecule is going down the toilet, instead of turning into hemoglobin or the molecule ATP which is your primary energy molecule.

We're doing some micro albumins now and creatinins in the urine, which is a fairly new test. It is demonstrating to us kidney damage. Kidney can be damaged 50% before it shows up in your conventional blood test. By then, hey, you are already in trouble and you didn't even know it. But we find out a little more by looking at what's called a micro albumin in the urine. We've done a bunch of spinal taps, like on people with multiple sclerosis, there are a whole series of real weird proteins in the spinal fluid.

We find with Alzheimer's, MS, ALS, I think we did 53 sets of them at one time. We found that within 10 days all of those abnormal proteins were gone. 100%, every one of them. Where I am working now they don't have the facility to do spinal taps, when I had the big clinic here, we had MDs on the staff who were capable of doing that.

There's one that we found lately, that I do consider a marker for mercury toxicity. We've never had a marker for it. A marker means, hey if this is here it's positive. Because,

they say well, “What’s *the* test for mercury toxicity?” Well, it can hit any cell in the body, so in order to do it successfully, you’d probably have to resort to cremation.

There’s some resistance there. But, we have found looking at methyl mercury on the red blood cells - good grief, does this tell me a whole lot. We haven’t done very many of them, but the results are very, very right – what you’d call, “In your face.” That if there’s a lot of methyl mercury on the red blood cells, then healing is going to be extremely slow. If there is very little methyl mercury on the red cells, then healing is going to be very rapid. In between is like a straight line, but I’ve never found anything more indicative of mercury toxicity than methyl mercury on the red blood cells.

There is a laboratory in Northern Colorado that is starting to do this. We are doing some of the experimental work with it. It’s amazing how much information it gives. Most things will give you a little bit of information, and if you put 10 or 20 tests together, you’re beginning to learn something. But this really socks it to you that this patient is really in bad shape.

Well, we had one that came up from South Africa and he wasn’t getting well very fast. If at all, there was no response – and he should have, looking at the chemistry and what he was doing. But, testing his versus mine, he had 10,000% more mercury on the red cells than I did. And I was in dentistry for 25 years. It’s really a great test and we’re encouraging him. He’s applying to get interstate license and all that kind of stuff, so it should be available within a few months.

Jini: All right, thank you. Then, Dr. Huggins, what’s your opinion on the hair analysis tests for mercury toxicity?

Dr. Huggins: Well, I’ve done a half a million of them, so I’m getting to the point where I get the feeling I know what’s going on there. Probably half of them I pay a whole lot of attention to. But with mercury, the one thing I’ve found there is that it’s very misleading in something that I have coined the term, “Retention Toxicity.” If you have a very low level of mercury in the hair, this means you are retaining mercury. You’re not getting rid of it, you’re getting more mercury toxic everyday.

Jini: That makes a lot of sense.

Dr. Huggins: My reflection on this, on a California State meeting, the ADA came in and did mercury tests on dentists and found that dentists had extremely low levels of mercury. Their conclusion is that, even though dentists take a bath in it everyday, they are not exposed to mercury in their office. Well, that's kind of a stupid conclusion, but it proves my point. That if you're exposed to mercury, if you're mercury toxic, then the mercury level in the hair is going to be low. That affects emotions, and dentists are number one in suicide. Does that have anything to do with it? Well, sure it does.

If we have high levels of mercury in the hair analysis, one of two things: Either you've had a big exposure not very long ago, or your body really knows how to get rid of mercury. I'm the opposite of what is usually looked at that, they say, "You have low level, therefore you're not mercury toxic." Well, no these are my toughest patients if they have low levels of mercury in the hair.

Jini: Because they are retaining it all in their body.

Dr. Huggins: Right.

Jini: Is there anyone else who has a quick question before I go back to lecture mode?

Caller 3: I got a question about the – Can you hear me?

Jini: Yeah.

Caller: The sea salt? It was kind of shocking to me. What do you recommend?

Dr. Huggins: All I heard was, "Let's get a see-saw and go shopping."

Caller 3: I said, the sea salt. You mentioned sea salt is not safe.

Dr. Huggins: Correct.

Caller 3: What do you recommend? Like just plain table salt from the supermarket...

Dr. Huggins: We recommend Morton's Pickling and Canning Salt. Because it does not have the amounts of aluminum, I think maybe it's got a little bit in it. But it has less of everything in it, it's sodium chloride. It's table salt. We get some terrific responses in neurological people when we just get them off of the sea salt and onto Morton's Pickling and Canning Salt. In fact, I am thinking of buying stock in the company as much of the stuff as we're selling now.

Caller 3: They don't use any anti-caking agents or chemicals or anything?

Dr. Huggins: I don't think it's got much of anything in it.

Caller 3: Okay. Wow.

Jini: Okay. Okay, any other questions?

Caller 4: Question about brown algae. I've heard that's good to take to absorb mercury?

Dr. Huggins: Jini could you translate for me? I didn't follow...

Jini: She said she heard that brown algae is good to take to absorb mercury.

Dr. Huggins: Well, it's good to give you mercury, but it's not going absorb it out of your body, no.

Jini: Okay, Dr. Huggins, we're back in lecture mode. I guess what I want to ask, which I'm sure that other people are wondering is, let's say that we can't get to you. We can't come to your clinic, maybe we don't have the money, or like me, maybe we have three little children that we wouldn't be able to leave for any length of time. What could we do

– even if you can't tell us on the call, do you have a report that we can order that can tell us, okay, we're at home, we can't come to you, what can we do to...?

Dr. Huggins: Yeah, we have trained these Alliance dentists in the dental procedure. Then we have a computerized interpretation of the blood chemistry, hair analysis, CBC and all of these things. Has about 100-and-some page interpretation in it and you can get that from our office and use that with your dentist, and if it's one of our Alliance-trained dentists they know how to work with that. It does not work on the serious things like multiple sclerosis and Lou Gehrig's disease and all. But, if you got six months to live, sometimes you can find 10 days to come and see us.

Jini: Exactly. Do you have anything that provides – because I mean, we just touched on the sea salt, the frying pans and you know, we touched on a few things. But do you have a guide for what we can do in our diet and our daily life?

Dr. Huggins: That's what we were just talking about, that 120 pages goes through...

Jini: It's all in there. Okay. Okay, perfect. I'm going to give out the phone number again for everyone to get in touch with Dr. Huggins and his clinic and get this information, or get referrals to the dentists that have been trained by him. The toll-free number again is, 1-866-948-4638, if you're calling from overseas, the number is 719-522-0566, and the web site again is [www.drhuggins.com](http://www.drhuggins.com) Please go there and follow up on all of this amazing information that we've covered in this call. Dr. Huggins I'm just – I've read extensively on holistic dental things and you've really blown me away today. So, I thank you for that.

Dr. Huggins: Well, I'm glad of that, I mean it was worthwhile getting up this morning. Just to talk to Jini.

Jini: Exactly. Well, thank you so much and perhaps we will have to schedule a followup with this. Oh, one other thing I wanted to mention, you know the porphyrin test that you talked about? That's another thing that Dr. Dean, who I mentioned earlier, she does with

her clients to test for heavy metals. She published this in, again, this month's Infoletter and she gives a website - there's a lab in France that will actually do this test.

Dr. Huggins: Well, you can it done at a lot of places. There are probably 100 labs in the United States that do porphyrins.

Jini: Okay, so how would somebody go about finding – would they just type in porphyrin lab tests or would they, do you know of a lab?

Dr. Huggins: Well, just call your local hospital. Well, what some of them will do, there are some big laboratories that do maybe a 100 of them a day. They send them all to that laboratory and get it done. Just call your local physician, call your local hospital, ask them if they can do porphyrins. If they don't do them there, they'll send them to a reference lab that does do them.

Jini: Okay, perfect.

Dr. Huggins: The one in France is kind of on the expensive side. And then you have to ship things overseas. But, you might not be able to get it done in a town of 500. But if you have a town big enough to have a hospital, or big enough to have a couple doctors around it, they should be able to get it done.

Jini: Okay, perfect. Well, thank you so much, and I will be in touch with you tomorrow anyway. But, I'm sure everyone has learned a tremendous amount on this call and thank you so much for your gift to the world of your knowledge, your experimentation and everything. It's just fabulous.

Dr. Huggins: Well, thank you Jini. You certainly do a good job of getting your questions together and firing them out here, so I appreciate that. You are a good interviewer.

Jini: Thanks so much, sweetie. Okay, we'll talk to you soon.

Dr. Huggins: Okay.

Jini: Okay. Bye, bye.

Dr. Huggins: Bye, bye all.

**NOTE:** The 120 page manual that Dr. Huggins refers to, that you can use with your dentist, is called the *Client Education Pack*.