

To Treat Chronic Disease, Look First to the Mouth: An Interview with Hal A. Huggins, DDS, MS

Interview by Karen Burnett

Hal A. Huggins, DDS, MS, has built a career on trying to convince dentistry to stop the use of mercury in fillings. He has been in practice since 1962, and received a post-doctoral master's degree at the University of Colorado with emphasis on immunology/toxicology in 1990. He successfully pioneered treatments for autoimmune diseases caused by dental toxins and has personally treated over 5000 toxicity patients.

He has lectured professionally in 46 of the U.S. states and 14 foreign countries. He has authored several books, written over 50 articles and given over 1000 radio/TV interviews, including 60 Minutes Australia (1989) and 60 Minutes New Zealand (2007).

He is currently an international consultant for multi-disciplined centers and founder of the Multi-Discipline Alliance of professionals who practice the Huggins Protocol for recovery of autoimmune diseases. He can be contacted through <http://www.hugginsappliedhealing.com>.

Integrative Medicine: A Clinician's Journal (IMCJ): Please tell us a little bit about your background and how you became interested in medicine and dentistry? For example, where did you grow up?

Dr Huggins: I grew up in Colorado Springs. I practice in Colorado Springs. I live in Colorado Springs and plan on dying in Colorado Springs.

IMCJ: How did you become interested in becoming a dentist?

Dr Huggins: Well, for some reason or another, I decided to go into dentistry when I was 11 years old—but they said I was too young to be accepted, so I had to go through a bunch of stuff, like junior high and high school and college to get there. And I accomplished that. And then I got into writing; I did some ghostwriting. And while ghostwriting, one of the authors asked me to do the first chapter in his book on nutrition and its influence on dentistry. Well, I didn't know anything about that, so he told me several people to get acquainted with, which I did, and that changed my life.

I found out that blood and chemistry—not blood type, but blood chemistry, can show you how much carbohydrate, protein, and fat each individual needs by using very narrow ranges instead of normal ranges. Once on that diet, take another blood test and find out if it worked—if you overcorrected, under corrected, or were right on target. The other side of the two-edged sword was considering whether the patient did what he or she was supposed

to. This helped gum disease and dental decay a tremendous amount but, as a side effect, it also helped multiple sclerosis, leukemia, Lou Gehrig's disease, and about 200 other diseases.

When your chemistry is in balance, you have resistance to disease. When it is out of balance, you have susceptibility to disease that shows up first in the mouth in the form of dental decay and gum disease.

IMCJ: Did you go directly from this issue of the nutritional effects on dental health into learning about periodontal disease and overall health?

Dr Huggins: Well, it all kind of came precipitating on me at one time, because as we were correcting the gums, people who had had multiple sclerosis for a number of years got out of wheelchairs and started walking. That got my attention. Then, I came down with multiple sclerosis and that got my attention, too. So back when I was 35 years old, I had no use of my left leg at all. And now my 75th birthday is coming up very shortly and I've been upright almost 40 years.

IMCJ: Wow!

Dr Huggins: So anyway, we found all these autoimmune diseases that were being affected by our treatment. And so I hired quite a large staff. I had 76 employees which included medical doctors and dentists and chiropractors and Feldenkrais practitioners and nurses. And in this multi-disciplined practice, we had all kinds of things happen that people called miracles but they weren't really miracles, we were just getting rid of the toxins—which turned out to be the mercury in the fillings as well as root canals and something called cavitations.

Cavitations are areas where teeth are removed and the socket never heals. Because dentistry is taught: Do not take a dental burr to the bone. Well, that leaves the attachment. See, teeth are not directly attached to bone. There are fibers that come out of the bone and fibers that come out of the tooth. They intertwine and form what is called the periodontal ligament. If you leave the periodontal ligament in after surgery, this is much like leaving the afterbirth in the uterus after a child is born. So, people are going to get pretty sick because this is where all these anaerobic bacteria that create disease set up housekeeping.



Thus in these areas called cavitations, we now have our own DNA laboratory that is absolutely state-of-the-art in identifying these bacteria. We have found about 55 pathogens in root canals and 82 in the cavitations. When we removed these pathogens and balanced the chemistry, the increased efficiency allows the body to heal from what were formally considered incurable diseases. This, of course, made the dental association extremely unhappy because it put them in the crosshairs of massive liability.

IMCJ: Were there any other colleagues in the dental industry doing this kind of work at that time?

Dr Huggins: No, I was the first one to develop the technology. I taught thousands of dentists how to do it. Then the dental associations came along and took the license away from anybody who was trying to do this. The fillings, the common silver-colored fillings, are called silver fillings to cover up for the fact that they are 50% mercury.

Mercury is the most hazardous metal on the planet that is not radioactive. But suppose you, as a patient, asked the dentist, “Is mercury poisonous and does it come out of my filling?” If he says yes, he’s going to be selling used cars tomorrow.

By taking away the license of a lot of dentists and threatening their families and other things, they have been able to control this [practice]. We have reduced the number of mercury fillings placed. When I first started, dentistry was placing 1 million amalgams a day. Today, they’re only placing 100 000 a day but they are doing 41 000 root canals a day. Dentistry claims root canals are sterile, but in our studies of about 700 dozens so far, we have found 100% are contaminated with pathological bacteria that create disease.

IMCJ: What health problems do you believe are caused by the presence of mercury in the human body?

Dr Huggins: It’s not a matter of belief, it’s a matter of just looking to see. There are well over a 100 of them. The major ones would be multiple sclerosis, leukemia, Lou Gehrig’s disease, Alzheimer’s, Parkinson’s disease, seizures, chronic fatigue, mental and emotional problems. In fact, if you take the last 200 patients that I have seen, I would say that a good 95% of them have what you call “floating suicidal thoughts.”

Obviously, they haven’t committed suicide but it may come through their head 12 to 15 times a day, and it drives them nuts. They won’t tell their ministers. They won’t tell their spouse, their

children, or anyone else because they’re too embarrassed. There are a whole lot of procedures that have to be done with this technology, and if all are accomplished, the suicidal thoughts are generally gone within 36 to 48 hours. But the emotional problems, the unexplained anxiety, unexplained depression, all of these things take maybe another week or two to straighten out.

IMCJ: So the mercury affects a lot of the health issues involving autoimmune problems and neurological problems, is that what you’ve found?

Dr Huggins: Yes. So as a result of that I went back to the University of Colorado when I was almost 50 years old and got a postdoctoral master’s emphasizing immunology and toxicology. That taught me a whole new vocabulary and a whole new way of treating autoimmune diseases, which as long as we had physicians on the staff for other professionals besides dentists, that was a legitimate thing to do. But it still implicated dentistry because mercury is so poisonous.

But then they went to the high copper amalgam in 1976. The high copper amalgam was supposedly invented to counteract Huggins’ accusations that mercury was a poison. The high copper amalgam was not supposed to excrete mercury. However, it turned out that the mercury came out 50 times, that’s five-zero, 50 times faster than the conventional amalgam.

Incidence of multiple sclerosis, picking the years from 1970 to 1975, averaged around 8800 new cases a year. Then the high copper amalgam came out in the next year, and incidence jumped to 123 000 new cases a year. And it continued to increase. This parallels diabetes because diabetes followed exactly the same pattern and Lou Gehrig’s disease followed the same pattern.

IMCJ: So do you see a connection between the increase in the root canals and these diseases?

Dr Huggins: I don’t think there’s a whole lot of doubt about it because we can reverse those diseases by getting the material out of the mouth so that we can balance the chemistry. A lot of people run out—and here is a big caution—don’t just run out and get your amalgams removed and root canals removed because that can create brand new diseases if it is done improperly.

A lot of people run out and say, “Hey, I’ll give you \$20 000 if you take all this out of my mouth.” And then the patient comes down with the worst disease. So it is critical that the technology that I

THE FILLINGS, THE COMMON SILVER-COLORED FILLINGS, ARE CALLED SILVER FILLINGS TO COVER UP FOR THE FACT THAT THEY ARE 50% MERCURY. MERCURY IS THE MOST HAZARDOUS METAL ON THE PLANET THAT IS NOT RADIOACTIVE.

developed over 43 years is used. Admittedly 43 years ago, I made mistakes; 42 years ago I made mistakes; 40 years ago, not quite as many; 38, even less. So what we've done is find out what works and what doesn't work in the technology. And over a period of 43 years, multiple sclerosis, where it used to respond 10% of the time, now responds over 90% of the time.

IMCJ: One of the things you do is take care of the residual amounts of mercury that remain in the body during amalgam removal?

Dr Huggins: Yes, and chelation is very famous for that. But chelation is too often too much, too fast—too much of an overdose. So chelation therapy has a whole lot of problems to it, but there are other ways to get rid of the mercury and copper and zinc and the [rest of] the 20 different metals that dentistry uses, since most of them are toxic. Gold and platinum are not, but the rest of them have fairly high toxicity.

IMCJ: What is the best replacement for amalgam fillings in your opinion?

Dr Huggins: This is something that we worked on at the University of Colorado. We developed a blood test that shows which filling materials are safe for you and which ones are safe for me, because what the immune system can get along with depends on our exposure over our lifetime.

Now, a lot of dentists say, "Well, just take out the mercury and put in a white filling," white fillings are another word for composite, the plastic filling. And over 60% of those contain a high amount of aluminum. Ceramic and porcelain are other words for aluminum oxide, which is the clay that is used to make the ceramic crowns. And aluminum silicate is also used in the white plastic fillings, not all of them, but most of them.

In our DNA laboratory, we have shown that within 1 to 2 weeks, there is quite enough aluminum coming out of both the composites and the porcelain crowns to cause some of the bacteria to form plasmids. Plasmids are little extensions of DNA that produce toxins. The toxins, in turn, produce disease.

It has taken a long time to put together what I can tell you in 30 seconds, but this is the mechanism of action for mercury and copper, aluminum, nickel—gold is expensive so they use nickel now for the crown, and nickel is the metal that has the highest carcinogenic index. In other words, nickel causes cancer more than any other metal. So you have your choice of having mercury or nickel where you're either killing the cell or giving it cancer. Which would you prefer?

IMCJ: I don't want to choose either one of those.

Dr Huggins: Well then, you'd better not go to the conventionally trained dentist then.

IMCJ: So you give a lot of blood tests to try to determine what the overall health of the patient is before treatment, before removal of the amalgam fillings?

Dr Huggins: That is correct.

IMCJ: And what kind of things are you testing for?

Dr Huggins: Well, we checked for carbohydrate metabolism. There are 5 chemistries that tell us how your body is handling carbohydrate. They are calcium, phosphorus, glucose, cholesterol, and triglycerides. Now cholesterol and triglycerides sound like fats, but they are actually influenced by the carbohydrate that you eat. So that tells you about how to get in the right amount of carbohydrate to supply the energy your body needs. And then protein metabolism—there are 5 chemistries used in protein metabolism. The BUN, the blood urea nitrogen, gives us an idea of the amino acids available for reconstruction of the body. Then a really important one is albumin. Albumin has 2 functions in the body simultaneously. Number 1, it brings in the nutrients that you need, the amino acids, the fatty acids, the vitamins, the minerals, the hormones, all of these things are transported in by albumin. Simultaneously it is transporting the toxins—the metallic toxins, and the toxins from the bacteria from root canals and cavitations—out of the body. So it is extremely important to have that at a certain level.

And people are getting more and more dentistry done, so the albumin is getting more and more stressed. The quote, "normal level," keeps going down to the point where now it is quite normal to have an albumin level too low to do any detoxification or to heal the body. So we have to look at this in a different way than normal. We have to look at it from the physiological standpoint of what is required to furnace the raw materials for healing.

Globulin is another one of the proteins and it is a support factor for white blood cells. White blood cells are your immune system. So we monitor a lot of things going on in the white blood cells to see how badly affected the immune system is by the dental materials and your lifestyle.

So as these are corrected, the chemistry is corrected towards these very narrow ranges that I call the "stability ranges." They're called stability ranges because men, women, children, and to a certain extent babies, are little different, whether they be African or Asian or Caucasian or whatever. They all end up with the identical chemistries when running at maximum efficiency. So it's not that your normal is different from my normal, it's your stability range or stability point is identical to mine. So we have a target to follow through a series of blood tests used to monitor the action of the body: Are we making progress or are we not?

We can also do liver function, kidney function, and the red blood cell? I left out red blood cells. They are kind of important.

IMCJ: And are there supplements people can take to try to achieve that goal?

Dr Huggins: Yes. Sometimes you need supplemental help, especially in protein digestion. A lot of people do not have the ability to digest protein because they are told to be on a low salt diet, as salt would give them high blood pressure. Well, we have not found that. But we have found that the low sodium levels and low potassium and low chloride prevent protein metabolism from

going ahead, and that is what you need in order to heal.

IMCJ: You mentioned lifestyle and how that can affect people's chemistry. What kind of effect?

Dr Huggins: Well, everything I do turns out to be controversial in one way or another because the standard protocol—it's not working but it is still standard. We are finding people get into exercise or exercising far too much. Now if you're a couch potato, this is not a good thing. But if you're riding a bicycle or running 5 miles a day, you are using up a whole lot of the energy that could be used for healing.

So we look into that for lifestyle; look into smoking and drinking and the obvious things there that have something to do with health. And the psychological aspect is very important. We find that that has to be treated by specially trained people because that gets into a whole different area. You don't get sick until you give yourself permission to get sick and you don't get well until you give yourself permission to get well.

So the psychological aspect is different for each disease but if it's not addressed, you're not going any place.

IMCJ: Have you observed that procedures like root canals and implants are becoming more common?

Dr Huggins: Oh yes, there is a requirement now that you do a certain number of root canals a year—well, as I understand it. They are not going to put this in print, but it's like speeding on a highway the 26th of the month or after is a bad idea because there's a quota. Now, dentistry's quota was set up in 1990 to do 30 million root canals a year by the year 2000. Dentistry accomplished that by 1999 and so they raised the bar. So, as I understand it, they are now doing 40 million root canals a year, and from what I hear from people, many may not be needed.

Now of course, if you're interested in health, you don't need a root canal anyway, because 100% of them are incubators for some of the world's most toxic bacteria. Most dentists have something special to sterilize the root canal. What they're doing is sterilizing a column of air in the middle of the tooth. Now in a front tooth, there may be one canal. However, there are as many as 75 auxiliary canals in a front tooth. There is no way you can get in those, but they are full of what's called necrotic tissue. That is, dead tissue and bacteria. And you can't get in to clean those out, so they're still contaminated. And then the periodontal ligament that we mentioned before, that's the attachment between the bone and the

tooth, has an even higher concentration than the tooth itself. And then, you look outside the tooth and you've got a higher concentration in the bone surrounding the tooth than you had in the tooth.

So, they talk about sterilizing the tooth. Hey, forget that—it doesn't really have a whole lot to do with what's going on because every time you bite down, you squirt the world's most dangerous bacteria right into your bloodstream. It then picks up something called chemotaxis and that's a fatal attraction. Chemically, these bacteria are attracted to certain tissues and whichever tissue they are attracted to, is where they are going to go.

And they have found—I've been reading recently—a lot of the material done at Mayo Clinic from 1900 to 1955 on root canals and their relationship to incurable diseases under the direction of Dr Edward Rosenow. Dr Rosenow worked under Dr Weston Price, who was smeared pretty badly by the dental association even though he was head of research for 14 years for the dental association. He found that you could take out a root canal tooth in somebody who has had a heart attack. Take a little piece of the root, stick it under the skin on the belly of a rabbit, and in 2 weeks, the rabbit would die of a heart attack.

IMCJ: Wow.

Dr Huggins: If you take that out and put it in another rabbit, in 2 weeks that rabbit would die of a heart attack. [Consecutively], he did that in 30 rabbits and he did that with many, many rabbits—thousands of them—and with

heart attacks and particularly heart disease, he could transfer this 100% of the time.

Now, not all the diseases are transferred. Some of them are only transferred 88% of the time, but that is still high enough to say it's the bacteria that is in the root canal and the toxins that they form that create these diseases specifically targeted towards the same organ in other animals.

IMCJ: What year was this that Dr Price did this work, do you remember?

Dr Huggins: That was in 1909. He worked with Dr Edward Rosenow at Mayo from about 1900 probably until Price's death which was in the '40s. Rosenow kept working in this field until 1955. And there are many, many publications—I just saw some yesterday and this morning, showing that Rosenow has shown that medicine should be looking an entirely different area. Medicine ignores the mouth. You should look there first because this is the origin of most of the nonresponsive diseases. And he had some



special ways of doing some pretty decent analysis on bacteria. Of course today it's a bit on the expensive side, but DNA is highly accurate for finding these bacteria. There is no question about the results.

IMCJ: I know that a review was published in 2005 by the Freiburg University Institute for Environmental Medicine that seems to have found some connections between mercury from dental amalgams and neurobehavioral changes, autoimmunity, Alzheimer's disease, and multiple sclerosis among other problems, but it seems like there hasn't been a lot of medical support for that.

Dr Huggins: Let's just take a side view here. How many blood tests do you think it would take to say that there is substantial evidence? Maybe a hundred or a thousand? We collected at my practice over 300 000 data points of chemistry information on thousands of patients and they pretty well indicate the things that I am saying are true because what I say is based on what I've seen in the chemistry.

So yeah, there is plenty of evidence out there but quite frankly, there is no money in health. The money is in disease. The dental association has poured millions of dollars into trying to stop me—and anybody who says anything that I say—and trying to wipe out the memory of Weston Price who was undoubtedly the finest researcher that dentistry ever found. He was awarded accolades—one sheet has something like 26 past presidents of the American Dental and Medical Associations that all signed a proclamation saying that he had done the finest research that has ever been done. Nobody is ever going to duplicate that. But the legal aspects are so big that the dental association can no longer consider itself a health profession. It is a disease profession, and it refuses to follow the dictate of "first do no harm." Hey, you put mercury in somebody's body and it's going to kill. You put root canals in and let those toxins spread out through the body and it's going to create disease. This does not follow the dictate of first do no harm.

IMCJ: Would you consider Dr Price one of your mentors in the field?

Dr Huggins: Oh absolutely. As a matter of fact, an interesting little story there, I just was involved in it again today. On his death bed in 19—I think it was '47—Weston Price pointed out a steamer trunk that had gone around the world with him during his studies on nutrition and he said, "You know, I did a pretty

good job on nutrition but I didn't get root canals across. I didn't get those eliminated. I put some special materials in this box, find my steamer trunk, find somebody that you think can be stimulated to follow in my footsteps and give him this material." Forty years later, that material was given to me and just today, just a few hours ago, I found out that connection to the man who sent that material to me and he may still have that steamer trunk. If he does, I would love to have it. I read 3 pages of Price's material and at that time, by my own modest admission, I was pretty good at doing root canals. I even did a root canal on a wisdom tooth once and observed in my work, "Hey, this is, you know, really, really gold star." The patient came down with multiple sclerosis later, so maybe not too much of a gold star.

But anyway, Price's material did stimulate me not only to stop doing root canals but it was probably 15 years before I could add one word to Price's information that he had published in those two textbooks on root canals. And now with the advent of DNA, for the last four years I am very happy to say that I am now able to stand upon the shoulders of my mentor and show further horizon that has more benefits. I didn't think I would ever be able to do that, but now, I have been able to accomplish that.

IMCJ: That's great. Do you know what an acceptable alternative to a root canal would be?

Dr Huggins: Oh absolutely. Let's say, since it's the same bacteria there, you have a ruptured appendix, what would you want done?

IMCJ: Have it taken out.

Dr Huggins: Okay, what's the alternative?

IMCJ: I don't know.

Dr Huggins: Leave in the appendix and get sick. Well, you got the same thing. You've got the same bacteria in a ruptured appendix that you have in a root canal, so yes the root canal must be removed but there are a lot of steps that go with this. If the patient gets into a vehicle and rides more than 3 miles, say in a car, right after surgery that will form a cavitation. That will never heal completely. And there are another 10 or 20 items just like that. Intravenous vitamin C has to be used because that's about the only thing we know that will neutralize the toxins. Antibiotics have the opposite effect of what you'd like for them to have at this time. So, it's not a simple technique at all, but I'm the one who has made the mistakes and I can tell you how not to make those

QUITE FRANKLY,
THERE IS NO
MONEY IN HEALTH. THE
MONEY IS IN DISEASE.
THE DENTAL
ASSOCIATION HAS
POURED MILLIONS OF
DOLLARS INTO TRYING
TO STOP ME—AND
ANYBODY WHO SAYS
ANYTHING THAT I SAY.

mistakes so that you can get a higher percentage of success.

IMCJ: Do you think science is moving in the right direction regarding toxic elements in the body? For example, they don't seem to want you to eat mercury that's in fish. However...

Dr Huggins: Yes, that's true. And there is a hundred times more mercury in fillings than fish—the thing is, you don't eat fish 24 hours a day but your fillings are excreting mercury 24 hours a day.

IMCJ: So there is a disconnect?

Dr Huggins: Well, the World Health Organization has announced that there is more mercury coming out of fillings than anything else—and I may have this backwards—but there are 2 organizations you may have heard of. You heard of the United Nations? The United Nations has been studying this for several years and I think they are asking for a ban on amalgam and other mercury products by 2014.

IMCJ: Oh good.

Dr Huggins: And WHO, the World Health Organization, they are asking for a ban in 2013. So, it's going to get there. It has only taken 35 years to get there.

IMCJ: That is promising. What are you working on right now?

Dr Huggins: What I'm working on right now is the dental materials that create mutations that, in turn, create new diseases we didn't use to have. We have a whole list. In fact, I think I've got some of them right here, diseases that did not exist a hundred years ago or so but are present today. Let's see, a bunch of pictures here. We've got the top 10 bacteria found in breast cancer.

IMCJ: Yes, that would be interesting.

Dr Huggins: With breast cancer, we've got the top 10 bacteria that are found in root canals of people who have breast cancer. I heard many years ago, "Hey, it's a root canal on the bicuspid that gives breast cancer." And I said, "No." The bacteria here, *Prevotella denticola*, *Prevotella intermedia*—just a lot of these things I can't pronounce, but they are still pretty bad—these toxins are so powerful it wouldn't matter which tooth had the root canal. And then over the years, I found that in an absolute majority, it's a root canal on a bicuspid associated with breast cancer.

IMCJ: Wow.

Dr Huggins: So we do have ways of controlling those but it is not the ways that are conventionally taught. You don't get rid of the disease until you get rid of the dental materials that caused it and then balance the chemistry. The balance in the chemistry is what puts people back together. Taking out the filling turns off the faucet but it doesn't empty the bucket. Healing is a different story.

IMCJ: And it needs to be taken out very carefully?

Dr Huggins: There are certain orders. Some of the fillings are positive in electrical charge, some are negative. If you take out the fillings that have positive charge on them by electrical reading, the patient is going to get worse. If you take out the negative-current fillings first, they are going to get better. And there are 4 endocrine glands that are stimulated on either side of that equation, 4 of them related to degeneration and the other 4 to regeneration. So, you have to do the negatives first to stimulate the regeneration or you will become a degenerate.

IMCJ: Are there any nutritional factors that impact dental health positively instead of negatively?

Dr Huggins: Well yes, of course. If you have protein in your diet, you have the ability of healing, provided it is handled properly. And you have to have, as Price pointed out, 40% fat in the diet in order for healing to take place because your cell membranes are 40% fat. They say fat is going to give you high cholesterol and it's going to kill you. Well, we find that if we have high cholesterol, let's say 350, 450, I can drop the level 100 points in 6 days by giving people 2 eggs a day and a quarter of a pound of butter a day.

Butter is one of the better fats because a nutrient is not absorbed unless you have fat in the diet. So a low-fat diet means you're going to get sick, you're going to have a very low opportunity to heal.

IMCJ: Wow. I think that goes against what a lot of people understand about and how to be healthy.

Dr Huggins: Yes. And those are the people who are ending up with these terminal diseases. Like I said, I already have 300 000 chemistries on the record here that show that we turned the health around for people by putting these things in. So this is not an empty statement, it is backed up by hundred of thousands of blood chemistries.