

Dr. Tim Guilford

Connections: Mercury, Glutathione, Ascorbate, and MegaC

Cubberly Community Center 4000 Middlefield Road, Room H1, Palo Alto, California

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Meet Dr. Tim Guilford

He has been using a combination of "mainstream" and "alternative" therapies since the mid-1980's. The techniques include homeopathy, nutritional support and heavy metal detoxification strategies. While the approaches may differ from those currently considered "mainstream", they are well founded in medical tradition and, where possible, documented in biochemistry. It is easiest to describe the combination he uses as "complementary" allowing a variety of approaches to many problems.

After graduating from the University of Texas Medical Branch Medical School, Dr. Guilford completed a two-year surgery internship and residency at Johns Hopkins Hospital. After that he completed a four-year residency in Otolaryngology (Ear, Nose, Throat Surgery) at the University of Michigan, and was Board certified in Otolaryngology in 1978.

In the early 1980's he became interested in allergy. The need for a therapeutic approach to treat children with allergies sparked his initial interest in homeopathic medicine. Since then he has been using low-dose natural combinations to treat allergies in both children and adults. An interest in chronic diseases led to the further study of homeopathy, and to document knowledge in this area, he became licensed in the state of Nevada as a Homeopathic Medical Doctor in 1986.



Continued research of the causes of chronic disease led to the exploration of the role of excess toxic metal burden. For 5 years Dr. Guilford conducted clinical research, through a licensed Investigational Review Board, on the effects of toxic metals such as mercury, on chronic disease. Toxic metal excess is being increasingly associated with many illnesses including vascular disease and neurobehavioral problems.

An individual's nutritional status plays an important role in the development of many illnesses. Evaluating and restoring these losses help maintain and regain health and energy. Laboratory tests which help document deficiencies and guide nutrient therapies are used whenever possible. Emphasis is placed on restoring a balanced nutrient biochemistry. When possible, he recommends oral supplements and when needed, intravenous nutrients.

Toxic Metals and Mercury

Routinely, in patient evaluations for chronic illness he finds elevation of toxic metals. Metals are very prevalent in our environment. Contamination from metals has led to concerns about eating fish from ponds and waterways. Lead contaminants persist as a concern in the San Francisco Bay (Carl T. Hall, San Francisco Chronicle 9/12/2000). This reflects the use of lead in gasoline and run-off from mines as far away as the Sierra Nevada. Some city governments are paying people to turn in mercury thermometers.

When metals get into the body, they are rapidly absorbed out of the blood stream and into tissues. Hair analyses, representing a simple tissue to biopsy, will often, but not always, reflect past exposures. Sometimes the only way to determine the presence of toxic metals such as mercury is to use a challenge infusion with a metal chelator and measure the excretion of the metal.

Once in the system, the metals cause problems by depleting antioxidants and displacing normal minerals. The metals also rapidly deplete the levels of glutathione in the body (Stohs, 1995). This can result in dysfunction of the energy-producing units in the cell called mitochondria.

Mitochondria are the sites where energy is made and many biochemicals and pollutants are detoxified prior to removal. Metals like mercury and lead have effects on the neurologic system, as well as other organs. Decreased levels of glutathione have been found in Parkinson's Disease (Schulz, 2000). The combination of decreased glutathione and diminished mitochondrial function can leave the system susceptible to accumulation of additional environmental toxins.

Many of the people Dr. Guilford sees with significant elevation of toxic metals complain of fatigue, muscle aches and mood swings. Research has demonstrated that metals can trigger autoimmune diseases (Powell, 1999). The effects of abnormal and normal metals may also be exaggerated in disease states such as diabetes (Okunade, 1999).

He recently had a conversation with an expert in environmental medicine who feels that toxic metals have been in the environment for some time and we now have the sensitive technology to identify their presence. Whether we are seeing an increase in toxic metals or just seeing metals thanks to better technology, there is now an improved understanding of how to reduce the load of these toxins.

Chelators such as EDTA are effective for many of the toxic metals. More specific chelators are needed for mercury with DMSA and DMPS the most useful (Crinnion, 2000). Restoring the levels of antioxidants, minerals and other nutrients can be a critical component of reversing the effects of toxic metals.

The presentation will review some of the controversial aspects of mercury and its role in creating disease, as well as the historical perspective of how we view mercury today. General strategies for moderating the effect of this persistent environmental toxin will be presented.

MegaC Project Update:

Phil Jacklin met with an MD at the Palo Alto VA Hospital in order to give him a copy of Tom Levy's book <u>Vitamin C</u>, <u>Infectious Disease and Toxins</u> and to asked him to investigate the megaC therapy. The doctor, a nationally known specialist in infectious disease, was responsive and offered to draft a concept paper for a small pilot study. It would be designed to test two hypotheses:

- 1. That high dose intravenous and oral ascorbate (vitamin C) is an effective treatment for some one of the common viral diseases, e.g. hepatitis C, mononucleosis, or genital herpes.
- 2. That high dose intravenous and oral ascorbate "perturbs the immune system". He wants to use new measures of immune function to do this. (An affirmative result would eliminate the objection to the therapy that there is no conceivable mechanism by which it could possibly

work.)

Phil hopes to have a proposal from the doctor before the July meeting of the Smart Life Forum. The doctor would like to do the research if the money can be found. SLF may try to help him raise the funds.

