Hair Testing for Mercury and Other Toxic Metals
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Notes


3. Bennett and Plum. *Cecil Textbook of Medicine.* 20th edition. WB Saunders & Co. both p. 69 “Because of the metabolism of mercury, blood and urine levels may be unreliable, and clear evidence of poisoning may be documented only after administering drugs that augment mercury excretion in urine.” This is also in the 21st edition. The 24th edition states: “clinical signs or symptoms are poorly correlated with blood or urine mercury levels because of substantial intraindividual and interindividual variation.”


9. Personal communication from Dr. George Gilson, recounting that Dr. Johnathan Wright has discussed this for quite a long time.

10. *Hair Test Interpretation,* vide supra. The astute reader may notice that the book was written, and rules derived, with 23 ‘essential and other’ elements, but today’s DDI test has 22. The statistics work out close enough that the actual counts to use do not change and the probability of satisfying one of the rules by chance is not increased above 2.5%.


12. How to interpret some other labs’ tests is given on page 268 of *Hair Test Interpretation,* vide supra. For labs not on the list compare to the lab with the closest number of essential and other elements.


14. See page 26 of *Hair Test Interpretation,* vide supra, for finer gradations between a “normal” and an “abnormal” hair test depending on exactly how it counts.

15. David Hammond kindly provided access to a dataset on Thai public college students in 2016.

16. livingnetwork.co.za vide supra.


23. Data of Adams, JB et al. privately communicated to me in 2004. This data consisted of Doctor’s Data hair analyses for autistic children and control children. No formal evaluation of controls being ‘neurotypical’ was performed.

24. Unpublished data of myself and Gordon Downie, PhD, MD.