HUMAN FAQ

What about . . . AMALGAMS?

In the dental field, "amalgam" refers to the common "silver" fillings that you see in most mouths. This substance is in truth a combination (or amalgam) of various metals with mercury, about 50%, as the "glue" holding it all together. Such fillings have been used in dentistry for over a hundred years because the material is strong yet malleable. This malleability serves it well since it helps the material achieve proper chewing surface conformation after the initial carving by the dentist. They are relatively easy for a dentist to place and normally will not require follow-up visits for bite checks.

The last few decades, however, have shown that there can be inescapable problems with the mercury content. Mercury is considered so toxic that mercury thermometers are supposed to be disposed of in hazardous waste site dumps and if a mercury thermometer breaks in an office, it almost calls for a HazMat suit. Mercury can out-gas for decades resulting in numerous ills but most especially in neuro-muscular manifestations from headaches to multiple sclerosis, immunological suppression and may even be implicated in atherosclerosis and diabetes. It has been found in dangerous percentages in breast milk. Back when felt hats were made by hand, there was a psychosis common to those who worked with the hats known as Mad Hatter's Disease. This is actually a form of mercury toxicity since mercury was used in the process. In modern times, suicide, which we believe can be linked directly to mercury toxicity, is an all-too-common cause of death within the dental profession.

Dental concerns are of special interest to me as I was a Certified Dental Assistant from 1961 until 1984. In the 1960's, we mixed amalgam by hand with mortar and pestle, "mulling" it and squeezing out excess mercury with fingers and little round "squeeze" cloths. Mercury spills were daily occurrences. While hand-filled capsules and mechanical *amalgamators* eventually came into being, it was not until a few years before my retirement from the field that prefilled capsules became common. This filling material was used for all children and adults with dental caries large enough to require and hold onto the material. Only the wealthy could afford the less toxic gold foil, inlays, onlays or crowns while the less financially sound individuals had to make do with both amalgams and toxic high-nickel-content crowns. I felt very fortunate that during my last two years, I was working with a very advanced dentist from Boulder CO, Judith Timchula, DDS, who refused to utilize *any* amalgam.

Today, in spite of a vast array of proof to the contrary, most dentists and insurance companies, following the lead of the American Dental Association, continue to consider amalgam fillings appropriate and will neither consider placing nor paying for posterior (in the back of the mouth) composite fillings on chewing surfaces. Rarely will you ever hear a dentist speaking out against amalgams at all since those who do can be summarily dismissed from the ADA. However, some have had the courage to do so. One who did, Harold Huggins, DDS, wrote the seminal work on amalgam dangers: It's All in Your Head: The Link Between Mercury Amalgams and Illness [www.hugnet.com]. Another important book is The Roots of Disease: Connecting Dentistry & Medicine by Robert Kulacz, DDS and Thomas E. Levy, MD which discusses not only amalgams but other common yet questionable dental practices.

Unfortunately, many individuals, hearing of the dangers of amalgam, rush right out to have their existing restorations removed and then suffer the consequences of too rapid detoxification. We have heard numerous reports of individuals having constant bouts of "flu" or general malaise and lethargy for sometimes 18 months or more. This is not only unnecessary, but dangerous and does NOT need to happen. Slower is far better, especially for adults with no neuromuscular or immune deficiency indications who have had such fillings for many years. It is ***imperative*** to locate a dentist quite familiar with the process (some are referred on WWW.HUGNET.COM or check with the ***DYNAMITE®*** home office), one who does not utilize *any* amalgam at all in his/her practice, and one who, consequently, has taken the time and made the effort to learn proper application of alternative restorative materials. In 2000, I called every dental office in Fort Collins to locate such a dentist, but each continued to use amalgams at that

SAFE AMALGAM REMOVAL

- Many aware dentists will use a machine to register galvanic content of each restoration to find which are still active; those should be removed first
- Removal should take place in sessions no longer than 2 hours long; longer can overstrain the immune system causing other problems
- Preferably, total removal will take place within a month
- Removal should occur either in quadrants or in halves depending upon both the number of restorations requiring removal and the galvanic charge of each quadrant
- *Under no circumstances should the midline be crossed;* the midline is the line between the two front teeth and corresponds to the "governor vessel" of the oriental acupuncture system
- Rubber dams should always be utilized to help reduce the level of particulates and vapors inhaled; for those allergic to latex, vinyl ones are available
- Copious amounts of water along with high speed suction devices also help to control removal out-gassing
- Make sure you are following the ***DYNAMITE®* Basic Program** of **Elixir**, **Regular** or **Plus** and **TriMins** adding **Herbal Green**, **Izmine** (even though it is in the **Elixir**) and **Hiscorbadyne+** in maximum doses (many adults regularly take up to 8 **Hiscorbadyne+**, or more, daily)
- Add approximately 1 tsp **Miracle Clay** gel 1 day/wk (some people can handle only 1 tsp top water formed when mixing the **Clay** into gel) to your diet; the **Clay**'s negative charge attracts the positive metal ions removing them from the body . . . in fact, **Clay** can even remove amalgam "tatooing" from gum tissue
- ***Do not take Hiscorbadyne+ the day of dental procedures as Vitamin C by mouth, even 500 milligrams, can shorten the effect of the dental anesthetic to around 10 minutes***; the IV form of Vitamin C does not do this
- Make certain your supplementation does NOT include high concentrations of B-12 as it is a *methylator*; the possible resultant *methyl mercury* is extremely damaging to your nervous system
- In addition to proper supplementation, lymphatic drainage massage and acupuncture/acupressure are very helpful during this time to help mitigate detoxification reactions while supporting the system
- Bearing in mind that the colon is a vital organ of toxin elimination, high colonics are also of great value in aiding safe detoxification, and for some, imperative; we will give directions for self-cleanses in a follow-up article or you can go to a colonic therapist experienced in mercury toxicity removal
- During such intense toxin release, some people can become mentally and/or psychologically confused; be prepared by following our suggestions and also by having a family member willing to act as driver and sometimes even as care giver during this time

time. In fact, many receptionists became quite defensive about their office's use of "silver fillings" since they were approved by the ADA.

In addition to the books mentioned above, please read this article's side-bar information on proper amalgam removal and composite placement. Research appropriate dentists carefully before you turn yourself over to one. Schedule a conference with the dentist, not just an assistant or hygienist, to learn the full extent of the office philosophy. Follow our support suggestions carefully and completely to help avoid serious repercussions which can result from too abrupt removal. And do share your awarenesses with others in your family or circle of friends so they, too, may become less mercury toxic. ■

NEW MATERIAL PLACEMENT

- Not all metals or "white" fillings are compatible with all individuals; testing by your dentist should occur (via blood, machine and/or kinesiological testing) *before* any material is placed in your mouth
- Composite fillings (white) actually bond with existing dentin and enamel resulting in less healthy tooth tissue having to be removed, as is done with amalgam fillings in order to mechanically hold them in place
- Because of this bonding, they are extremely sensitive to any moisture and require rubber dams for correct placement
- They must be placed in layers with each layer being "cured" with an ultra-violet light before the next layer is set
- Due to their hardness, composite fillings require not only very careful contouring but also a "bite check" appointment the next day to check for high spots on any chewing surface involved which might not show up immediately due to anesthetic; even the thinnest abnormality can cause enough percussive damage to a tooth nerve for it to become extremely sensitive and even die with the dentist then suggesting a root canal and crown to save it
- Root canal procedures have also come under question not only because of the toxic materials used to fill the root canal but also because so many leak thus causing continued local and/or systemic infection
- Also in question are various cast inlay, onlay and crown materials as some have a high nickel content; additionally, these all require large amounts of healthy tooth tissue removal so make sure there is no alternative
- If dentures are suggested, again be aware of the compatibility of the materials used with your bio-system; partials with metal crossing the mid-line can interfere with the body's energy system to the degree of causing mental confusion and headaches, etc.