

Brunswick Holistic Dental Centre

Principals: Dr Nigel Cluer B.D.Sc (Hons)
Dr Marcus O'Meara B.D.S

*Amalgam Removal
Information Booklet*

by

Dr Nigel Cluer B.D.Sc (Hons)

Address: 6/18 Mullumbimbi St, Brunswick Heads, NSW, 2483.
1264
Postal Address: PO Box 108, Brunswick Heads, NSW, 2483.
1593

Phone: 026685

Fax: 026685

Email: admin@brunswickdental.net

Website: www.brunswickdental.net

Introduction

This booklet in 3 sections is designed to:

1. Provide information for a patient who is considering having their amalgam fillings removed. We encourage patients to make an informed decision, don't rush into anything
2. Provide a questionnaire to illicit possible mercury related symptoms and consent forms to fully inform our patients.
3. Provide information on treatment protocols. The intent here, should the patient be mercury toxic or mercury sensitive, is (i) to assist the Doctor in ridding the patients body of mercury even before amalgam fillings are removed and (ii) to minimize the toxic reactions and toxicity, independent of changes in body function. Otherwise the sudden additional load of body mercury that may result during mercury amalgam removal could very well cause a worsening of the patient's condition.
 - Only the Doctor who is properly trained can fully judge what regime and protocols should be followed for any particular patient. The procedures for treatment and prevention differ considerably, with each demanding special considerations as well as the removal of the source of mercury contamination. We recommend our patients be treated by Sam Queen or a qualified medical practitioner. If you choose not to we will help you as best we can.
 - First it is necessary to determine if the patient has chronic mercury toxicity. (IV –Vitamin C , amalgam removal and/or chelation therapy are not indicated in the initial treatment phrase of mercury poisoning).
 - Amalgam removal, if done initially without preparing the patient in advance, may even result in greater risk of toxicity and/or anaphylaxis. Chronic mercury toxicity symptoms are difficult to recognize. As a general rule visible symptoms and elevated blood and urine values characterise mercury toxicity “poisoning”. Laboratory testing alone without evaluating the medical history and the patient's symptoms may result in an incomplete understanding of the patient's mercury body burden. Following a thorough physical and dental examination/history, laboratory tests (e.g. blood, urine, vapor analysis,etc) can then be used more accurately to confirm the Doctors suspicion.

Check List

- **Consultation** with your Dentist. He will map out mercury amalgam fillings, test them for galvanic currents, give you a quote and treatment times. Don't book for amalgam removals on the 7th, 14th or 21st day after your first removal. Your Doctor may require blood test, urine test, hair analysis

- **Decide** (a) whether to remove mercury amalgam fillings
(b) After making an informed decision fill out the questionnaire and sign the informed consent form .
(c) Type of detox programme
 - Self treat
 - Doctor/Naturopath
 - Sam Queen (Free Radical Therapy)(d) Hair Analysis

- **Extra things to do**
 - Prior to mercury amalgam removal
 - On the day
 - Days after mercury amalgam removal

SECTION I

MAKING A DECISION

	Page
• Disclaimer	4
• Scientific facts about Mercury and Dental Amalgams	5 - 11
• List of symptoms	12
• Signs and symptoms that may be related	13
• Results after Amalgam Removal	14
• Tooth Chart: Meridian connection between teeth and organs etc	15/16
• Base line i.e Pre And Post Amalgam Removal Testing	17

Disclaimer

This material has been created solely for educational purposes. The author and publisher are not engaged in giving medical advice or services. The author and publisher provide this information, and the reader accepts it, with the understanding that everything done or tried as a result from reading this book, or website is at his or her own risk. The author and publisher shall have neither liability nor responsibility to any person or entity with respect to any loss, damage or injury caused, or alleged to be caused directly or indirectly by the information contained in this book or website

The content contained on this website is provided for general information only, any advice or information received through this website or its content should not be relied upon as being correct or accurate. It is your obligation to verify independently such matters from primary sources of information and by taking specific professional advice. You must not rely on the content or associated service of this website to do this for you

Scientific Facts about Mercury and Dental Amalgam

What really is that 'Silver' filling?

Dental amalgam is an alloy of silver, tin, zinc and copper, which is combined with an equal amount of elemental mercury. The 'Silver Fillings' in your mouth are about 50% mercury.

As there is a continuous release of mercury from dental amalgam, dentists must dispose of scrap amalgam as toxic waste following strict guidelines. It is illegal to put it in the garbage, the sewer or the drain. In fact it seems that the only legal place to keep this material is in the mouth of a living person! (It is estimated that 1kg mercury per year is released from each crematorium chimney!)^{1 2 3}

How Much Mercury is Too Much?

Mercury escapes from amalgam in the forms of mercury vapour, elemental mercury and mercury ions. The rate of release of mercury is increased by an increase in temperature, friction and electrical currents. Elevated levels remain for about 90 minutes after such stimulation.⁴

The dental authorities claim that only a minute amount of mercury is released from amalgam fillings and although this is true, it is worth remembering that mercury is a cumulative poison. It stays in your body and the levels are topped up continuously. This type of poisoning is called micromercurialism. The earliest symptoms are usually sub-clinical and neurological, namely fatigue, headaches, forgetfulness, reduced short term memory, poor concentration, shyness and timidity, confusion, rapid mood swings, unprovoked anger, depression and suicidal tendencies.^{5 6 7}

A variety of scientific studies^{8 9 10 11 12 13 14} indicates that 20mcg/m³ to 150mcg/m³ of mercury vapour may be found in the mouth of a person with amalgam fillings. 1 mcg of mercury vapour is 5 times greater than the level quoted by the United States Environmental Protection Agency (USEPA) as safe.¹⁵ It is 50 times greater than the level regarded as an acute exposure by the Agency for Toxic Substances and Disease Registry (ATSDR) in the USA.¹⁶ The ATSDR lists mercury as one of the top 20 most hazardous substances known to man!

There is NO known safe level of mercury vapour.

World Health Organisation stated in 1991 that for mercury vapour, there is no known "observable-effect level (NOEL)."¹⁷ In other words, all levels of mercury vapour are harmful. The WHO also demonstrated that dental amalgam is the single greatest source of mercury to the general population – up to 10 times more than from all other sources combined.

Latex paints, which contained mercury, had to be taken off the market after releasing only 2-3mcg/m³.

The Richardson Report, a study completed for Health Canada in 1995, found that the tolerable daily intake of mercury was exceeded in different age groups with the

following number of amalgam filling: adults – 4, teenagers – 3, children and toddlers – 1¹⁸.

Retention of mercury in the body is estimated to be 1mcg/filling/day.^{11,12} Up to 80% of inhaled mercury vapour is absorbed through the lungs.^{19,13} A percentage of mercury vapour adheres to the lining of the nose and mouth and is transported directly into the brain.⁶ Mercury from amalgam easily crosses the blood brain barrier and can damage any part of the central nervous system.⁶ Some mercury is also transported along nerve fibres (retrograde axonal transport) back to the brain.^{20, 21, 22, 23, 24}

Mercury from amalgam has been found all the way down the spinal cord.⁶ The levels of mercury in the brain are directly proportional to the number of fillings in the mouth.^{8, 10, 12} Minute amounts of mercury in the brain will cause the same type of damage as is found in the brain of patients with Alzheimer's Disease.²⁵ Low levels of mercury in the brain will severely disturb cellular function and reduce the growth of nerve fibres.⁶

Dentists regularly implant amalgam fillings directly into the bone in the form of retrograde root fillings (a filling placed at the end of the root). Mercury can pass readily from such an implant into the brain. Would any other branch of medicine condone such an absurd practice? **One amalgam manufacturer, Caulk, states that amalgam is contraindicated for use as a retrograde filling, yet the Australian dental authorities teach and condone this practice!**²⁶

Mercury from amalgam may be found in all cells of the body (highest concentrations are usually in the kidney, liver and brain).

There will also be a very high concentration of mercury in the jawbone and the soft tissue lining the mouth.

Blood and urine sampling are poor ways of estimating body burdens of mercury as most of the mercury is retained in the cells of the body.

DMPS is a chelating agent, which will remove some mercury from cell and bind it in such a way that it can be excreted. Changes in urine mercury levels can then be measured.^{27, 28}

Mercury from amalgam does not cause a specific disease – it causes mercury poisoning, which, is characterized by a wide range of symptoms. Many organs and functions of the body may be affected.

The following are some basic facts from the published research:

- Mercury from amalgam fillings has been shown to cause a 50% reduction in kidney filtration after just two months in the mouth (animal studies)²⁹ Kidney damage from mercury has been reported often in the literature.^{30, 31, 32, 33, 34}
- The most common symptoms of long-term low-level mercury poisoning are headaches and psycho-emotional disturbances. Muscle twitches and body shakes are later symptoms and thus more severe.
- Research from 1993 onwards has shown that mercury from amalgam fillings will cause an increase in the number of antibiotic resistant bacteria in the gut and mouth.^{35, 36, 37} The number of antibiotic resistant bacteria fall rapidly after the amalgams are removed.
- Mercury from amalgams can cause a weakening in the walls of the small blood vessels (micro-angiopathies) – this results in a reduction of blood supply to the tissues resulting in reduced function and/or cell death.⁶
- Heart function may be affected by mercury and electrical currents from amalgam.^{38, 39}

- Some reports ^{40, 14} suggest that elevated cholesterol levels are related to mercury in the body. It has been noted that cholesterol levels drop after removal of amalgam fillings.
- Although the dental associations claim that less than 1% of the population show true allergy to amalgam, the latest research ⁴¹ indicates that the real figure is closer to 13%. Assuming that only half the population in Australia has amalgam filling, this would mean that over 1,700,000 people may be sick due to an allergic reaction to these fillings. Since the medical profession as a whole do not acknowledge the dangers of amalgam, it is most likely that the majority of these people are misdiagnosed and therefore mistreated.
- True allergy is only one type of immune reaction. ⁴²
- Mercury will always have a detrimental effect on the immune system. This creates any environment in the body for other diseases to develop. ^{43, 44, 45, 46, 47, 48, 49, 50}
- Mercury binds to proteins, and thus makes them look like foreign material to the cells of the immune system. ^{50, 51} Overt auto-immune diseases may then ensue.
- There are literally hundreds of peer reviewed scientific papers discussing the damaging effects that mercury has on the immune system. ⁵⁰
- Mercury from amalgam may cause an increase in allergies, skin rashes and itching. ^{52, 53}
- Mercury will bind strongly to selenium, a trace element needed for a wide variety of enzyme functions. Latest research indicates a direct relationship between reduced blood selenium levels and an increase in the rate of some types of cancer. ^{54, 55, 56, 57, 58, 59}
- Many studies indicate that selenium supplementation will help to protect from the damaging effects of mercury. ^{60, 61, 62, 63}
- Mercury binds to hemoglobin in blood and reduces its capacity to transport oxygen ⁴⁰ This may be one of the causes of chronic fatigue.
- Mercury at levels as low as 1 part/ten million will destroy the wall of red blood cells. ^{64, 65, 43}

In May 1998 the British Government recommended that dentists not place or remove amalgam in pregnant women.

- Mercury from amalgam filling will cross the placenta and concentrate in the foetus ^{66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76}
- Mercury from amalgam can also be transported via the breast milk and concentrate in the body of the feeding infant.
- Breast milk increases the bioavailability of mercury to the infant. ^{77, 78}
- Prenatal exposure to mercury may cause developmental defects and may cause permanent neurological damage in the unborn child. ^{69, 70}
- Tissue levels of mercury in the foetus, newborn and infant are directly proportional to the number of amalgam fillings in the mother's mouth. ⁷⁹
- Mercury is mutagenic – it can cause single strand break in DNA. ^{80, 81, 82, 83, 84}
- Female dental personnel exposed to mercury, exhibit twice the rate of miscarriage, infertility and still births as compared to the rest of the population. ^{58, 59, 12, 49}

If you are pregnant, never allow amalgam fillings to be placed in your mouth. Do not go into a dental surgery where amalgam is

used, as the mercury vapour levels in the air may be harmful to the foetus.¹⁶

- Electric currents, generated by the interaction of different metals in the mouth, can be measured in micro-amps. The central nervous system operates in the range of nano-amps. This is about 1,000 times less than the currents generated in the mouth. This is in the same order of magnitude as that induced in a person standing under high-tension power cables.^{85, 86, 87}
- Electrical currents, formed by placing gold into a mouth with amalgam fillings, will create an increase in electrical currents in the fillings, resulting in an increase in mercury released from all of the fillings.
- Placing a gold crown over an amalgam filling may cause a four-fold increase in the amount of mercury being driven through the tooth.^{62, 44} Gold crowns, on top of amalgam, create a permanent galvanic cell. Amalgam is still the most commonly used material to build a core for a crown. **This practice is contraindicated by the manufacturers Caulk and Ivoclar.**
- Dental fillings are an implant of materials into living tissue. Neither the United States Food and Drug Administration nor the Australian Therapeutic Goods Administration have approved mixed dental amalgam as an implant material.
- Although the dental authorities make claims about amalgam safety, they have not presented one scientific paper, which indicates that this material is toxicologically safe.
- In dental surgeries where amalgam is used, the mercury vapour levels may be so high as to be hazardous to health. Dental associations have said that if mercury from amalgam is so dangerous for the patient, then why is it that the dentists, who are exposed to far greater levels of mercury, are not sick? This claim is not substantiated by the scientific literature. In fact, dental personnel show a range of medical effects different from the rest of the population.
 - Twice the rate of glioblastomas that the rest of the population.⁹⁰
 - Reduced IQ levels have been demonstrated.^{91, 92, 93}
 - Psycho-motor and psycho-emotional studies of dentists, demonstrate a sever drop in scores compared to the rest of the population.⁹⁴
 - Twice the rate of suicide of any professional group.
 - 20% of Canadian dentists are on permanent disability for psychological reasons.⁹

Detoxification and Amalgam Removal

Clinical experience has demonstrated that people affected by mercury from dental amalgams will often enhance the benefits of amalgam if removal is combined with a detoxification routine prior to, during and after the amalgam removal.

Removal of amalgam fillings has been shown to substantially lower the body burden of mercury.^{88, 89} Protocols do exist for the safer removal of dental amalgam from your mouth. Failure to follow these guidelines may result in exposure to an unacceptable level of mercury. Removing old amalgam fillings must be performed with extreme care.

References

1. Health risks from exposure to mercury from crematoria. The Institute of Environmental Medicine, Karolinska Institute Report, 51M 1/92.
2. More mercury from crematoria; Nature 1990 Aug 16;346(6285):615
3. Comment on: Nature 1990 Oct 18;347(6294):623 Nature. 1991 Feb 28; 249(6312)
4. Lorscheider, F.L., Vimy, M.J., and Summers, A.O. FASEB Journal (April 1995).
5. Stortebecker. Mercury Poisoning from Dental Amalgam 1985
6. Stortebecker, P.. The Lancet, May 27, 1989
7. Mercury Contamination In the Dental Office. . NYS Dental Journal November 1979
8. Magnus Nylander,. ICBM 1988
9. Svare CW et.al. J. Dent. Res. 60(9):1668-1671, 1981
10. Ott K et. al. Dtsch. Zahnarztl Z 39(9):199-205, 1984
11. Vimy MJ. Lorscheider FL J.Dent Res. 64(8):1069-1071.,1985
12. Matts Hanson.J. Orthomolecular Psychiatry Vol 12 No 3 Sept 1983
13. Langan, Fan, Hoos. JADA Vol 115 December 1987., 867
14. Sam Queen; Chronic Mercury Toxicity; New Hope Against an Endemic Disease.
15. The US EPA maximum safe level is only 0.3 mcg.m³
16. The Agency for Toxic Substances and Disease Registry (ATSDR) of the U.S. Public Health Service recently published its Toxicological Profile for Mercury (Update) [ATSDR. TP-93/10]. Nov.1994.
17. World Health Organisation Criteria 118 published 1991.
18. G.Mark Richardson PhD., Medical Devices Bureau, Environmental Health Directorate, Health Canada December 1995. Later published in Human and Ecological Risk Assessment Vol2 No4: 709-61, 1996
19. Koos et al.,Am J Obstet And Gynecol., 1976:126;390-409
20. Stortebecker, P. Mercury poisoning from dental amalgam through a direct nose-brain transport. The Lancet, May 27, 1989.
21. Arvidson, B Acta Neurol Scand. 82(4):234-7. Oct 1990.
22. Arvidson, B. Muscle Nerve. 15(10):1089-1094, Oct 1992.
23. Achner: Acta Pharmacol Toxicol (Copenh) (1986 Nov) 59(5):349-55
24. Retrograde Axonal Transport of Mercury in Primary Sensory Neurons Innervating the Tooth Pulp in the Rat. Neurosci Lett. 115(1):29-32. Jul 17, 1990
25. Neurosci Lett. 115(1):29-32.Jul 17, 1990
26. <http://www.caulk.com/MSDSDFU/DispersDFU.html>
27. Aposhian-HV; Maiorino-RM; Rivera-M; Bruce-DC; Dart-RC; Hurlbut-KM; Levine-Zheng-W; Fernando-Q; Carter-D; et-al J-Toxicol-Clin-Toxicol. 1992; 30(4): 505-28
28. Godfrey M.Campbell N.J.Adv. Medicine 7(1) 1994
29. Boyd, N. D., H. Benediktsson, M. J. Vimy, D. E. Hooper, F. L. Lorscheider, Am. J. Physiol. 261 (regulatory Integrative Comp. Physiol. 30): R1010-R1014, 1991
30. Nielson, J et al: "Mercuric Chloride-Induced Kidney Damage in Mice: Time Course, and Effect of Dose," J Toxicol Environ Health, 1991, 34(4); 469-483.
31. Garcia JD Yang MG Belo PS Wang JH Carbon-mercury bond breakage in milk, cerebrum, liver, and kidney of rate red methyl mercuric chloride. Proc Soc Exp Biol Med (1974 May) 146(1):190-3
32. Andres GA Brentjen JR Autoimmune disease of the kidney. Proc Soc Exp Biol Med (1984 Jul) 176(3)
33. Druet E Houssin D Druet P Mercuric chloride nephritis depends on host rather than kidney strain. Clin Immunol Immunopathol (1983 Oct)29(1):141-5
34. Hirszel P Michaelson JH Doge K Yamase H Bigazzi PE Mercury-induced autoimmune glomerulonephritis in inbred rats. II. Surv Synth Pathol Res (1985)4(5-6):412-22
35. Summers Ao, Wireman J., Vimy MJ., Lorscheider Fl., Marshal B., Levy Sb., Bennet S., Billard L. J.Of Anti-Microbaial Agents and Chemotherapy 37[4]:825-34 April 1993
36. Brunker P Rother D Sedlmeier R Klein J Mattes R Altenbuchner J Mol Gen Genet (1996 Jun 12) 251(3)
37. Williams MV Environ Mol Mutagen (1996) 27(1):30-3
38. Ziff S., Silver Dental Fillings – The toxic Time Bomb, Aurora Press, New York 1984
39. The Missing Link- by Dr Michael F Ziff DDS & Sam Ziff
40. Huggins H., Its All In Your Head. 1990

41. An Epidemiological Study of Mercury Sensitization. Sato, k. Kusada, Y. Zhang, Q. Yanagihara, M. Ueda, K. Morihiro, H. Ishii, Y. Mori, T. Hirai, T. Yomiyama, T; Ikda, K. *Allergology International*, 46:201-6, 1997.
42. *JADA*. Vol. 122, Aug. 1991, p. 54
43. Abraham J, Svare C, Frank C.J. *Dent. Res.* 63(1):71-71,1984
44. Malmstrom C., Hansson M., Hylander m., Conference on Trace Elements in Health and Disease. Stockolm May 25-1992
45. Matts Hanson, ICBM conference Colorado 1988
46. Hal Huggins. Observations From the Metabolic Frinkge. ICMB conf. Colardo 1988
47. Verchaeve L et al., *Mutation Res.*, 1985:157; 221-226.
48. Pelletier L et al., *Eur. J Immun.*, 1985:460-465
49. Amalgam Hazards – an assessment of research By Irwin Mandel DDS Assoc. Dean for Research School of Dental and Oral Surgery Columbi University New York Published *JADA* Vol. 122 August 1991
50. Hultman P Johansson U Turley Sj Lindh U Enestrom S Pollard KM *FASEB J* (1994 Nov)8(14):1183-80
51. Stejskal VD Forsbeck M Cederbrant KE, Asteman O Mercury-specific lymphocytes: an indication of mercury allergy in man. *J Clin Immunol* 1996 Jan 16(1):31-40
52. Stejskal VDM, Cederbrant K, Lindvall A & Forsbeck M Melisa - an in vitro tool for the study of metal allergy. *Toxic in Vitro* 8(5):991-1000 (1994)
53. Veron et al Amalgam Dentaries et allergies *J Biol Buccale.*, 1986 : 14
54. Dr W. Kostler., President of the Austrain Oncology Society. Paper presented at the World Congress on Cancer. April 1994 Sydney Australia
55. Clark LC Combs GF Jr Turnbull BW Effects of selenium supplementation for cancer prevention in patients with carcinoma of the skin. *JAMA* (1996 Dec 25) 276(24): 1957-63
56. van den Brandt PA Goldbohm Ra Veer P Bode P Dorant E Hermus RJ Sturmans F A prospective cohort study on selenium status and the risk of lung cancer. *Cancer Res* (1993 Oct 15)53 (20)4860-5
57. Fleet JC Dietary selenium repletion may reduce cancer incidence in people at high risk who live in areas with lower soil selenium. *Nutr Rev* (1997Jul)5(7):277-9
58. Combs GF Jr Clark LC Turnbull BW Reduction of cancer mortailiy and incidence by selenium supplementation. *Med Klin* (1997 Sep 15) 92 Suppl
59. Yu B Wang M Li D The relationships between selenium and immunity in large bowel canver *Chung Hua Wai Ko Tsa Chihi* (1996 Jan) 34(1): 50-3
60. Watanabe C Udono T Shioiri H Stah H Change in the level of tissue selenium after a single administration of mercuric chloride in mice. *Bull Environ Cotam Toxicol* (1993 Jul) 51(1):24-9
61. Psarras V Derand T nilner K Effect of selenium on mercury vapour released from dental amalgams: an in vitro study. *Swed Dent J* (1994) 18(1-2):15-23
62. Ellingsen DG Nordhagen HP Thomassen Y Urinary selenium excretion in workers with low exposure to mercury vapour. *J Appl Toxicol* (1995 Jan-Feb) 15(1):33-6
63. Lindh U Danersund A Lindvall A Selenium protection against toxicity from cadmium and mercury studied at the cellular level. *Cell Mol Biol (Noisy-le-grand)*(1996 Feb) 42(1): 39-48
64. Dr Walter J Clifford Proceedings of the First World Congress on Cancer Sydney 1994
65. Kuhnert P, Kuhnert BRR and Erkard P *Am. J. Obstet and Gynecol.*,139;209-212., 1981
66. EPA Mercury Health Effects Update Health Issue Assessment. Final report 1984 EOA-600/8-84f. USEPA, Office of Health and Environmental Assessment Wahington DC 20460
67. Gordon – Proceedings of Intl conference on Mercury Hazards in Dental Practice Sept. 2-4 Glasgow 1981
68. Lee, L.P. and Dixon Effects of Mercury on Spermatogenesis *J Pharmacol Exp Thera* 1975: 194(1); 171-181.
69. – Vimy MJ, TakahaskiY, LorscheiderFL Maternal – Fetal Distribution of Mercruy Released From Dental Amalgam Fillings. 1990 published in FASEB
70. BrodskyJB. Occupational exposure to Mercury in dentistry and pregnancy outcome. *JADA* 111(11):779-780., 1985
71. Till et al. *Zahnarztl. Welt reform* 1978;87;1130-1134
72. Mohamed et al. *J. Androl.*, 7(1):11-15., 1986.
73. Inouye M., Murao K., Kajiwaru Y., *Neurobehav.Toxicol Teratol.* , 19985;7;227-232

74. Koos et al., Mercury toxicity in pregnant women, fetus and newborn infant. *AM J Obstet And Gynecol.*, 1976: 126; 390-409
75. Khera et al., Teratogenic and genetic effects of Mercury toxicity. *The biochemistry of Mercury in the environment.* Nriagu, J.O.Ed Amsterdam Elsevier, 503-18, 1979
76. Babich et al., *Environ Res.*, 1985:37;253-286
77. Vimy, MJ; Hooper, DE; King, WW; Lorscheider, FL. *Biological Trace Elements Res.*, 56:143-52, 1997
78. Oskarsson, A; Schultz, A; Skerfving, S; Hallen, IP; Ohlin, B; *Arch environ Health*, 51(3):234-51 1996.
79. Drasch, G; Schupp, I; Hofl, H; Reinke, R; Roeder, G. *Pediatrics*, 153(8):607-10, 1994.
80. Hansen, Stern, A survey of metal induced mutagenicity in vitro and in vivo *J Amer Coll Toxicol.*, 1984:3;381-430
81. Babich Devans Stotzky, The mediation of mutagenicity and clastogenicity of heavy metals by physiochemical factors. *Environ. Res.*, 1985:37; 253-286
82. Poma K Kirsch-Volders M Susanne C Mutagenicity study on mice given mercuric chloride. *J. Appl Toxicol* (1981 Dec)1(6):314-6
83. Gebhart E Chromosome Damage In Individuals Exposed to Heavy Metals *Curr Top Environ Toxicol Chem* (1985)8:213-25
84. Ariza ME Williams MV Mutagenesis of AS52 cells by low concentrations of lead (II) and mercury (II) *Environ Mol Mutagen* (1996) 27(1):30-3
85. Marxkors R. *Das Deutsche Zahn rztebl.* 24, 53, 117 and 170, 1970
86. Sheppard AR and EisenbudM New York University Press. 1977
87. Mareck and Hockman., *Corosion* 1974:23; 1000-1006.
88. Bergerow, J; Zander, D; Freier, I; Dunemann, L Long-Term Mercury Excretion in Urine After Removal of Amalgam Fillings. *Int Arch Occup Environ Health*, 66(3):209-212, 1994.
89. Bjorkman, L; Sandborgh-Englund, G; Ekstrand, J. Mercury in Saliva and Feces After Removal of Amalgam Fillings *Toxicol Appl Pharmacol*, 144(1):156-162, May 1997.
90. Nylander et al, Fourth International Symposium Epidemiology in Occupational Health., Como Italy Sept 1985
91. Joel Butler "Neuropsychological Dysfunctioning Associated with the Dental Office Environment". Professor of Psychology at the University of North Texas.
92. Echeverria, D; et al *Neurotoxicology and Teratology.* 17(2):161-168, 1995.
93. Gonzalez-Ramirez, D. Et al.. *J Pharmacol Exp Therap.* 272:264-274, 1995
94. Skare: *Scand J Work Environ Health* (1990 Oct) 16(5):340-7
95. *J. Can... Dent* 1994 Special Report

It is important that your dentist follows correct protocols when removing amalgam

Written for ASOMAT by Dr Robert Gammal BDS

The Australasian Society of Oral Medicine and Toxicology was formed by a group of dedicated dentists and doctors with the aim of education the public and the profession about the concepts of bio-compatible dentistry.

ASOMAT is a non-profit organization and can be contacted at:

PO Box A860 Sydney South NSW

Ph: 02 9867 1111

http:www.asomat.com email: asomat@asomat.com

List of Symptoms that Regularly Show up in Mercury Toxic Patients

There are a number of symptoms that regularly show up in the mercury toxic patient. Here is a list of symptoms found in a survey of 1320 patients. Keep in mind that anything over 5% is considered significant. While a differential diagnosis is required as to the aetiology of many of these signs/symptoms, nevertheless all of these have been connected with intraoral metal toxicity and have responded to subsequent removal of amalgam filling and body depots. The following list is from The Huggins Diagnostic Clinic in Colorado.

Frequency of Symptoms Percentage of 1320 respondents indicating presence of symptom.

Symptom	Percentage
1. Unexplained irritability	73.3
2. Constant or very frequent periods of depression	72.0
3. Numbness and tingling in extremities	67.3
4. Frequent urination during the night	64.5
5. Unexplained chronic fatigue	63.1
6. Cold hand and feet, even in moderate/warm weather	62.6
7. Bloated feeling most of the time	60.6
8. Difficulty remembering or use of memory	58.0
9. Sudden, unexplained or unsolicited anger	55.5
10. Constipation on a regular basis	54.6
11. Difficulty in making even simple decisions	54.2
12. Tremors or shakes of hands, feet, head etc	52.3
13. Twitching of face and other muscles	52.3
14. Experience frequent leg cramps	49.1
15. Constant or frequent ringing or noise in ears	47.8
16. Get out of breath easily	43.1
17. Frequent or reoccurring heartburn	42.5
18. Excessive itching	40.8
19. Unexplained rashes, skin irritation	40.4
20. Constant or frequent metallic taste in mouth	38.7
21. Jumpy, jittery, nervous	38.1
22. Constant death wish or suicidal intent	37.3
23. Frequent insomnia	36.4
24. Unexplained chest pains	35.6
25. Constant or frequent pain in joints	35.5
26. Tachycardia	32.4
27. Unexplained fluid retention	28.2
28. Burning sensation on the tongue	20.8
29. Get headaches just after eating	20.1
30. Frequent diarrhoea	14.9

Symptoms & Signs that may be related to the Mercury Toxic Patient

1. Local Oral Cavity

Metalic Taste	Stomatitis & aphthous ulcers
Excessive Salivation	Leukoplakia
Swollen tongue with scalloped edges	Amalgam tattoos

2. Psychological

Irritability & unreasonable anger	Depression & anxiety
Inability to make decisions	Loss of memory
Insomnia	

3. Neurological

Headaches often migraine type	Tinnitus
Tremors	Paraesthesia
Muscular weakness	Impaired visual fields
Diffuse myalgia	Visual acuity

4. Cardiovascular

Tachyarrhythmias	Chest pain
------------------	------------

5. Gastro-intestinal

Abdominal pain (often mimicking ulcers)	Diarrhoea
Colitis	Food intolerance
Constipation	

6. Immunological

Allergies	Candidiasis
Rhinitis	Sinusitis
Lymphadenopathy	Leucocyte abnormality

7. Endocrinological

Excessive chronic fatigue	Cold hands and feet
Excessive perspiration	Subnormal temperature

8. Urino/Geneital

Frequency	Nocturia
Loss of libido	

9. Integumentary

Unexplained rashes	Pruritus
--------------------	----------




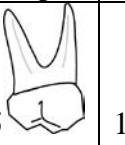
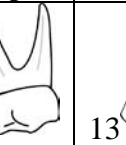
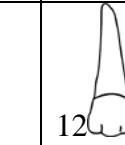



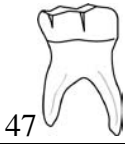

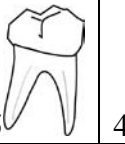
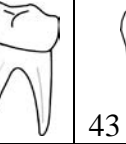
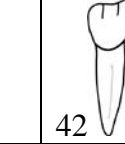
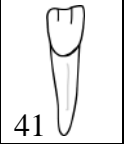

Results After Amalgam Removal



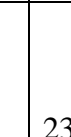







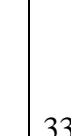





Selected health symptom analysis of 1569 patients who eliminated mercury-containing dental fillings.

The following represents a partial statistical symptom summary of 1569 patients who participated in six different studies evaluating the health effects of replacing mercury-containing dental fillings with non-mercury containing dental fillings. The data was derived from the following studies: 762 Patient Adverse Reaction Reports submitted to the FDA by the individual patients; 519 patients in Sweden reported on by Mats Hanson PhD; 100 patients in Denmark performed by Henrik Lichtenbery DDS; 80 patients in Canada performed by Pierre Lacrose DDS; 86 patients in Colorado reported on by Robert L Sibling OD MS, as partial fulfillment of a PhD requirement and 22 patients reported on by Alfred V Azmm MD, FACA, FACP. The combined total of all patients participating in the six studies was 1569.

% of Total Reporting	Symptom	No. Reporting	No. Improved or Cured	% of Cure or Improvement
14%	Allergy	221	196	89%
5%	Anxiety	86	80	93%
5%	Bad Temper	81	68	89%
6%	Bloating	88	70	88%
6%	Blood Pressure Prob	99	53	54%
5%	Chest Pain	79	69	87%
22%	Depression	347	315	91%
22%	Dizziness	343	301	88%
45%	Fatigue	705	603	86%
15%	Gastrointestinal Prob	231	192	83%
8%	Gum Problems	129	121	94%
34%	Headaches	531	460	87%
3%	Migraine Headaches	45	39	87%
12%	Insomnia	187	146	78%
10%	Irregular Heartbeat	159	139	87%
8%	Irritability	132	119	90%
17%	Lack of Concentration	270	216	80%
6%	Lack of Energy	91	88	97%
17%	Memory Loss	265	193	73%
17%	Metallic Taste	260	247	95%
7%	Multiple Sclerosis	113	86	76%
8%	Muscle Tremor	126	104	83%
10%	Nervousness	158	131	83%
8%	Numbness Anywhere	118	97	82%
20%	Skin Disturbances	310	251	81%
9%	Sore Throat	149	128	86%
6%	Tachycardia	97	68	70%
4%	Thyroid Problems	56	44	79%
12%	Ulcers & Sore Oral Cavity	189	162	86%
7%	Urinary	115	87	76%
29%	Vision Problems	462	289	63%

TOOTH CHART

Paranasal Sinuses		Maxillary Sinus		Ethmoid Cells		Sphenoidal Sinus		
							Frontal Sinus	
Sense Organ	Cavernous Sinus	Tongue		Nose		Eye	Nose	
Endocrine Gland	Anterior Pituitary	Para-Thyroid	Thyroid	Thymus	Posterior Pituitary	Interm. Pituitary	Pineal Gland	
Yang Organ	Duodenum Terminal Ileum	Mammary gland Stomach Esophagus		Large Intestine		Gall Bladder / Biliary Ducts	Bladder Genitourinary area Rectum Anal Canal	
Yin Organ	Heart	Pancreas		Lung		Liver	Kidney	
Meridian	Heart / Small intestine	Small intestine	pancreas	Large intestine	Lung	Liver / Gall bladder	Bladder	Kidney
Name	3 rd molar Wisdom	2 nd molar	1 st molar	2 nd bicuspid	1 st bicuspid	canine cuspid	lateral incisor	central incisor
Upper Right Jaw	 18	 17	 16	 15	 14	 13	 12	 11
Lower Right Jaw	 48	 47	 46	 45	 44	 43	 42	 41
Name	3 rd molar Wisdom	2 nd molar	1 st molar	2 nd bicuspid	1 st bicuspid	canine cuspid	lateral incisor	central incisor
Meridian	Heart / Small intestine	Large intestine	Lung	Stomach	pancreas	Liver/ Gall bladder	Bladder	Kidney
Yin Organ	Heart	Lung		Pancreas		Liver	Kidney	
Yang Organ	Terminal Ileum	Large Intestine		Stomach Esophagus Mammary gland		Gall Bladder / Biliary Ducts	Bladder Genitourinary area Rectum Anal Canal	
Endocrine Gland		Pineal appendage	Pituitary	Thyroid	Gonads		Adrenal Gland	
Sense Organ	Ear Tongue	Nose		Tongue		Eye	Nose	
Paranasal Sinuses		Ethmoid Cells		Maxillary Sinus			Frontal Sinus	
						Sphenoidal Sinus		

Sphenoidal Sinus		Ethmoid Cells		Maxillary Sinus				Paranasal Sinuses
Frontal Sinus								
Nose		Eye		Nose		Tongue		Cavernous Sinus Sense Organ
Pineal Gland		Interm. Pituitary		Posterior Pituitary		Thymus		Thyroid Para-Thyroid Anterior Pituitary Endocrine Gland
Bladder Genitourinary area Rectum Anal Canal		Biliary Ducts		Large intestine		Mammary gland Stomach Esophagus		Duodenum Jejunum Ileum Yang Organ
Kidney		Liver		Lung		Spleen		Heart Yin Organ
Kidney	Bladder	Liver/ Gall bladder	Lung	Large intestine	Spleen	Stomach	<u>Heart / Small intestine</u>	Meridian
central incisor	lateral incisor	<u>canine</u> cuspid	1 st bicuspid	2 nd bicuspid	1 st molar	2 nd molar	<u>3rd molar</u> Wisdom	Name
								Upper Left Jaw
								Lower Left Jaw
central incisor	lateral incisor	<u>canine</u> cuspid	1 st bicuspid	2 nd bicuspid	1 st molar	2 nd molar	<u>3rd molar</u> Wisdom	Name
Kidney	Bladder	Liver/ Gall bladder	Spleen	Stomach	Lung	Large intestine	<u>Heart / Small intestine</u>	Meridian
Kidney		Liver		Spleen		Lung		Heart Yin Organ
Bladder Genitourinary area Rectum Anal Canal		Biliary Ducts		Stomach Esophagus Mammary gland		Large intestine		Jejunum Ileum Yang Organ
Adrenal Glands		Gonads		Thyroid		Pituitary Pineal appendage		Endocrine Gland
Nose		Eye		Tongue		Nose		Ear Tongue Sense Organ
Frontal Sinus				Maxillary Sinus		Ethmoid Cells		
Sphenoidal Sinus								Paranasal Sinuses

Pre And Post Amalgam Removal Testing

The decision to remove mercury amalgam restorations should be based on the patients desire to improve aesthetics, repair damaged amalgam fillings or on documented symptoms consistent with mercury toxicity and a history of mercury exposure, preferably from a source other than a dental amalgam fillings. These reasons are generally sufficient to justify removing amalgam restorations to reduce further potential exposure and improve appearance.

The purpose of pre-and post-amalgam replacement testing is to establish acceptable documentation of mercury body burden related to the presence of mercury amalgam dental fillings. Testing should be done prior to amalgam replacement and implementation of any detoxification protocols.

Once a base line has been established, the values can be monitored by subsequent testing (following amalgam filling removal) to determine whether changes that occur in the individuals health and base line values have any relationship to the elimination of the mercury amalgam fillings.

The method for testing for patients is as follows:

Hair Analysis

Although human hair primarily reflects organic mercury, studies have indicated that 10% to 20% is from inorganic mercury. Regardless of composition, high mercury hair values, even without any other signs of exposure, should be a matter of concern.

Fecal Metal Screening

A stool specimen provides information on 25 different elements. Since the colon is a major route of mercury secretion, this should be considered a valid test for mercury exposure, although it is seldom used

Blood Mercury Levels

Since unchallenged mercury levels are not diagnostic of chronic mercury toxicity, it is recommended to use the chemistry protocols suggested by The Institute of Health Realities to establish a relationship between the values and the possibility of heavy metal contamination

Chelating Agent Use in Eliminating Heavy Metals and/or Evaluating Heavy Metal Body Burdens

For information on the use, problems and risks of chelating agents used in reducing mercury body burden and /or evaluating the status of heavy metal body burdens, it is recommended that the reader contact IHR. Note: The Institute For Health Realities recommends the use of chelating agents only after the patient has (1) successfully followed IHR's "Free Radical Therapy" protocol and (2) after all mercury amalgam fillings have been removed.¹ If removals are done prematurely the patients health can suffer severe consequences.

¹ Standards of care for Amalgam Removal- A guide for the Doctor and for the patient – Paul J. Pavlik,BS,DMD

SECTION II

QUESTIONNAIRE AND INFORMATION TO FULLY INFORM PATIENTS

	Page
Health Questionnaire	19-24
Biocompatibility	25
Dental issues that need to be understood	27
Informed Consents - Amalgam Removal	28
- Cavitational Surgery	29
- Extraction of root filled tooth	30

HEALTH QUESTIONNAIRE

Date _____

Name _____

Address _____

Date of birth _____

Male Female

Occupation _____

Do you consider your health to be? Excellent Good Fair Poor
Yes No

Are you under the care of a physician or other health care practitioner?

If yes give name: _____

Have you been hospitalised for any major surgeries?

Explain: _____

Are you taking any prescription drugs?

If so which ones? _____

Do you take vitamin supplements?

If so which ones? _____

Do you work in a healthy environment?

How many glasses of water do you drink daily?

Do you drink? Day Wk Day Wk Day Wk

Soda			Tea Black			White wine		
Milk			Tea herbal			Red Wine		
Soy milk			Coffee			Hard liquor		
Fresh juice								

Do you smoke marijuana?
How often? _____

Do you take other recreational drugs?
If so which ones? _____

HEALTH QUESTIONNAIRE

Do you smoke? **Yes No**
Cigarettes
Cigars
Are you exposed to second hand smoke?

Yes No
Are you constipated?
Do you have diarrhoea?
Do you have at least 2 bowel movements a day?

Yes No
Do you exercise or engage in regular physical activity?

Times per week? _____

What type of exercise? **Yes No**
Gym
Stretching
Swimming
Walking
Yoga
Other explain? _____

LIST OF SYMPTOMS

CARDIOVASCULAR **Yes No**
Abnormal blood pressure (high or low)
Angina
Cardiomyopathy
Do you have chest pains
Endocarditis
Heart murmur
Irregular heart beat
Shortness of breath
Tachycardia
Tightness in the chest

GENERAL PHYSICAL **Yes No**
Drowsiness
Dyslexia
Feeling tired upon waking
Hypoglycemia
Lower back pain

HEALTH QUESTIONNAIRE

ENERGY RELATED

Yes No

Chronic Fatigue	<input type="checkbox"/>	<input type="checkbox"/>
Drowsiness	<input type="checkbox"/>	<input type="checkbox"/>
Exhaustion	<input type="checkbox"/>	<input type="checkbox"/>
Lack Muscle	<input type="checkbox"/>	<input type="checkbox"/>
Oversleeping	<input type="checkbox"/>	<input type="checkbox"/>
Tired	<input type="checkbox"/>	<input type="checkbox"/>

GASTROINTESTINAL

Yes No

Abdominal cramps	<input type="checkbox"/>	<input type="checkbox"/>
Candida	<input type="checkbox"/>	<input type="checkbox"/>
Colitis	<input type="checkbox"/>	<input type="checkbox"/>
Diarrhea	<input type="checkbox"/>	<input type="checkbox"/>
Digestive disturbance Constipation	<input type="checkbox"/>	<input type="checkbox"/>
Distention	<input type="checkbox"/>	<input type="checkbox"/>
Gaseousness	<input type="checkbox"/>	<input type="checkbox"/>
Gastroenteritis	<input type="checkbox"/>	<input type="checkbox"/>
Indigestion/Weak stomach acid	<input type="checkbox"/>	<input type="checkbox"/>
Irritated bowel syndrome	<input type="checkbox"/>	<input type="checkbox"/>
Leaky gut syndrome	<input type="checkbox"/>	<input type="checkbox"/>

BEHAVIORAL / EMOTIONAL

Yes No

Anxiety	<input type="checkbox"/>	<input type="checkbox"/>
Decline of intellect	<input type="checkbox"/>	<input type="checkbox"/>
Depression	<input type="checkbox"/>	<input type="checkbox"/>
Despondency	<input type="checkbox"/>	<input type="checkbox"/>
Difficulty making even small decisions	<input type="checkbox"/>	<input type="checkbox"/>
Easily embarrassment	<input type="checkbox"/>	<input type="checkbox"/>
Emotional instability	<input type="checkbox"/>	<input type="checkbox"/>
Fearfulness	<input type="checkbox"/>	<input type="checkbox"/>
Inability to concentrate	<input type="checkbox"/>	<input type="checkbox"/>
Insomnia	<input type="checkbox"/>	<input type="checkbox"/>
Irritability	<input type="checkbox"/>	<input type="checkbox"/>
Loss of self confidence	<input type="checkbox"/>	<input type="checkbox"/>
Manic depression	<input type="checkbox"/>	<input type="checkbox"/>
Memory loss	<input type="checkbox"/>	<input type="checkbox"/>
Mental depression	<input type="checkbox"/>	<input type="checkbox"/>
Restlessness	<input type="checkbox"/>	<input type="checkbox"/>
Suicidal tendencies	<input type="checkbox"/>	<input type="checkbox"/>
Suicidal thoughts	<input type="checkbox"/>	<input type="checkbox"/>
Timidity	<input type="checkbox"/>	<input type="checkbox"/>
Violent irrational behaviour, sudden out bursts of anger	<input type="checkbox"/>	<input type="checkbox"/>

IMMUNOLOGICAL

Yes No

Allergies	<input type="checkbox"/>	<input type="checkbox"/>
Asthma	<input type="checkbox"/>	<input type="checkbox"/>
Chemical sensitivities	<input type="checkbox"/>	<input type="checkbox"/>
Chronic Fatigue Syndrome	<input type="checkbox"/>	<input type="checkbox"/>
Crohn's disease	<input type="checkbox"/>	<input type="checkbox"/>

Food sensitivities (especially to milk and eggs)	<input type="checkbox"/>	<input type="checkbox"/>
Parasites	<input type="checkbox"/>	<input type="checkbox"/>
Poor appetite	<input type="checkbox"/>	<input type="checkbox"/>
Rheumatoid arthritis	<input type="checkbox"/>	<input type="checkbox"/>
Swollen glands	<input type="checkbox"/>	<input type="checkbox"/>
Unexplained anemia	<input type="checkbox"/>	<input type="checkbox"/>
Unexplained fatigue	<input type="checkbox"/>	<input type="checkbox"/>

HEAD	Yes	No
Dizziness/acute, chronic vertigo	<input type="checkbox"/>	<input type="checkbox"/>
Facial paralysis	<input type="checkbox"/>	<input type="checkbox"/>
Headaches	<input type="checkbox"/>	<input type="checkbox"/>
Hearing difficulties	<input type="checkbox"/>	<input type="checkbox"/>
Impaired hearing	<input type="checkbox"/>	<input type="checkbox"/>
Lack of concentration	<input type="checkbox"/>	<input type="checkbox"/>
Migraine Headaches	<input type="checkbox"/>	<input type="checkbox"/>
Ringling in the ears (tinnitus)	<input type="checkbox"/>	<input type="checkbox"/>
Sinuses	<input type="checkbox"/>	<input type="checkbox"/>

ENDOCRINE PROBLEMS	Yes	No
Anemia	<input type="checkbox"/>	<input type="checkbox"/>
Arthritis	<input type="checkbox"/>	<input type="checkbox"/>
Chronic low body temperature	<input type="checkbox"/>	<input type="checkbox"/>
Cold, clammy hands and feet	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>
Excessive perspiration	<input type="checkbox"/>	<input type="checkbox"/>
Joint pains	<input type="checkbox"/>	<input type="checkbox"/>
Leg cramps	<input type="checkbox"/>	<input type="checkbox"/>
Low body temperature	<input type="checkbox"/>	<input type="checkbox"/>
Muscle weakness	<input type="checkbox"/>	<input type="checkbox"/>
Oedema	<input type="checkbox"/>	<input type="checkbox"/>
Overweight	<input type="checkbox"/>	<input type="checkbox"/>
Prostrate	<input type="checkbox"/>	<input type="checkbox"/>
Thyroid overactive	<input type="checkbox"/>	<input type="checkbox"/>
Thyroid under active	<input type="checkbox"/>	<input type="checkbox"/>
Underweight	<input type="checkbox"/>	<input type="checkbox"/>

EYES	Yes	No
Dryness of the eyes	<input type="checkbox"/>	<input type="checkbox"/>
Eyes draw to one side	<input type="checkbox"/>	<input type="checkbox"/>
Flickering vision	<input type="checkbox"/>	<input type="checkbox"/>
Glaucoma	<input type="checkbox"/>	<input type="checkbox"/>
Grey ring around the eyes	<input type="checkbox"/>	<input type="checkbox"/>
Inability to fix gaze	<input type="checkbox"/>	<input type="checkbox"/>
Irritation of mucous membrane of the eyes	<input type="checkbox"/>	<input type="checkbox"/>
Restricted, dim vision	<input type="checkbox"/>	<input type="checkbox"/>
Retinal bleeding	<input type="checkbox"/>	<input type="checkbox"/>
Uncontrolled eye movements	<input type="checkbox"/>	<input type="checkbox"/>

HEALTH QUESTIONNAIRE

MOUTH

Yes No

Bleeding gums	<input type="checkbox"/>	<input type="checkbox"/>
Burning	<input type="checkbox"/>	<input type="checkbox"/>
Swallowing Difficulty	<input type="checkbox"/>	<input type="checkbox"/>
Excessive salivation	<input type="checkbox"/>	<input type="checkbox"/>
Foul breath	<input type="checkbox"/>	<input type="checkbox"/>
Bleeding gums	<input type="checkbox"/>	<input type="checkbox"/>
Loosening of teeth	<input type="checkbox"/>	<input type="checkbox"/>
Burning sensation in mouth	<input type="checkbox"/>	<input type="checkbox"/>
Metallic taste in the mouth	<input type="checkbox"/>	<input type="checkbox"/>
Mouth ulcers	<input type="checkbox"/>	<input type="checkbox"/>
Painful	<input type="checkbox"/>	<input type="checkbox"/>
Soar throat	<input type="checkbox"/>	<input type="checkbox"/>
Increased tarter	<input type="checkbox"/>	<input type="checkbox"/>
TMJ/Grinding	<input type="checkbox"/>	<input type="checkbox"/>

RESPIRATORY

Yes No

Emphysema	<input type="checkbox"/>	<input type="checkbox"/>
Shortness of breath	<input type="checkbox"/>	<input type="checkbox"/>

NEUROLOGICAL

Yes No

Alzheimer's Disease	<input type="checkbox"/>	<input type="checkbox"/>
Bells palsy	<input type="checkbox"/>	<input type="checkbox"/>
Convulsions	<input type="checkbox"/>	<input type="checkbox"/>
Difficulty in walking	<input type="checkbox"/>	<input type="checkbox"/>
Dim vision	<input type="checkbox"/>	<input type="checkbox"/>
Dizziness	<input type="checkbox"/>	<input type="checkbox"/>
Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>
Facial twitches	<input type="checkbox"/>	<input type="checkbox"/>
Failure of muscle co-ordination	<input type="checkbox"/>	<input type="checkbox"/>
Headaches	<input type="checkbox"/>	<input type="checkbox"/>
Hearing difficulties	<input type="checkbox"/>	<input type="checkbox"/>
Insomnia	<input type="checkbox"/>	<input type="checkbox"/>
Loss of ability to perform hand movements	<input type="checkbox"/>	<input type="checkbox"/>
Motor neuron disease (ALS)	<input type="checkbox"/>	<input type="checkbox"/>
Multiple Sclerosis	<input type="checkbox"/>	<input type="checkbox"/>
Narrowing the field of vision	<input type="checkbox"/>	<input type="checkbox"/>
Numbness and tingling of extremities	<input type="checkbox"/>	<input type="checkbox"/>
Ringling in the ears	<input type="checkbox"/>	<input type="checkbox"/>
Tremors	<input type="checkbox"/>	<input type="checkbox"/>

SKIN

Yes No

Acne	<input type="checkbox"/>	<input type="checkbox"/>
Adrenal disease/ dysfunction	<input type="checkbox"/>	<input type="checkbox"/>
Chronic kidney disease	<input type="checkbox"/>	<input type="checkbox"/>
Dermatitis	<input type="checkbox"/>	<input type="checkbox"/>
Dry flaking skin	<input type="checkbox"/>	<input type="checkbox"/>

Eczema	<input type="checkbox"/>	<input type="checkbox"/>
Pinks disease	<input type="checkbox"/>	<input type="checkbox"/>
Psoriasis	<input type="checkbox"/>	<input type="checkbox"/>
Red flushed skin	<input type="checkbox"/>	<input type="checkbox"/>
Skin rashes	<input type="checkbox"/>	<input type="checkbox"/>
Trembling of hands, feet	<input type="checkbox"/>	<input type="checkbox"/>

DO YOU HAVE

Yes No

Aids	<input type="checkbox"/>	<input type="checkbox"/>
Cancer	<input type="checkbox"/>	<input type="checkbox"/>

Have you been checked for periodontal disease?

Do you have dental implants?

HOW DO I KNOW IF I HAVE MERCURY /HEAVY METAL TOXICITY?

Please answer the following questions:

Do you now have, or have you ever had, silver amalgam fillings in your teeth?

If so how many?

Did your mother have silver amalgam fillings during her pregnancy with you?

Did you receive a full course of inoculations as a child?

Do you or have you lived live in a polluted city or industrial area?

Do you or have you lived in an agricultural area that uses pesticides?

Have you ever worked in a dental office?

Have you ever worked in an industry that uses heavy metal components?

(fireman, cannery, smelting, welding, etc)

Do you eat a lot of fresh or canned fish?

Do you drink tap water?

If you answered yes to any of the above questions you may need to evaluate your metallic element balance.

BIOCOMPATIBILITY

You may wish to have a biocompatibility test to help us choose the dental filling material best suited to your body. There are three main methods for testing the body's response to these materials. Below is an explanation of each method, plus a list of practitioners we recommend who will perform these tests on you. These practitioners have samples of different filling materials to enable them to ascertain which materials would be most compatible for you.

- ❑ **If you choose not to have a biocompatibility test we will then use Admira**
- ❑ **Please have your biocompatibility test done prior to your first amalgam removal**

BLOOD TESTING: CLIFFORD MATERIALS REACTIVITY TESTING

Cost: \$265 USD

What is CMRT? The Clifford Materials Reactivity Testing (CMRT) is a laboratory screening process used to help identify existing sensitivity problems to various chemical groups and families of compounds in an individual patient. It specifically looks for existing systemic sensitivity which could be associated with various bio-materials and restorative products that are used to repair and reconstruct teeth, bone structures, joints and other body tissue. The CMRT is performed from blood serum using classical immunological methods in a CLIA-licensed interstate laboratory.

Using sensitivity data from testing, a determination is made regarding whether or not various restorative products may contain and release the offending chemical groups and families into the patient's system. Release of the identified chemical groups from the product could lead to irritation, impairment of healthy body functions and various toxic conditions. These products are identified by trade-name in the patient's report as being 'not well suited' for the patient. Other restorative products which are not expected to release significant levels of the offending substances are listed by trade-name as 'suitable' for use with the patient.

This guidance can assist the dentist or physician in choosing materials for the patient's needs that are least likely to present a risk of adverse reaction. Restorative products which are identified as 'not well suited' for one patient may turn out to be suitable for the next patient's needs. The use of CMRT to help reduce materials-related risk on a patient-by-patient basis is a means by which the doctor can provide an increased measure of due diligence for individual patient welfare and a higher level of quality care to the patient.

ELECTRO - ACCUPUNTURE

Chris Russell – Rainbow Centre – Lismore 66 215 121

Dr. Artman - Beechmont Natural Clinic 07 5533 3111

KINESIOLOGY

This method tests the muscle response. The dental filling material is placed in either the patients mouth, chest or head then the practitioner pushes down gently on the arm or leg to determine the body's response to this material.

Parijat Wismer	02 66857991	Byron Bay
Anna Rolfes	02 66872321	Newrybar
Donne Bloemhard	02 66511549	Coffs Harbour

We have loaner kits (deposit \$200) if you want a practitioner of your choice to do your testing.

Brunswick Holistic Dental Centre

Principals: Dr Nigel Cluer B.D.Sc (Hons)

Dr Marcus O'Meara B.D.S

BIOCOMPATIBILITY RESULTS FOR KINESIOLOGY

Patient.....**Date**.....

To the Practitioner:

If the patient is undergoing a standard filling we must have TWO items tested for categories 1 through 6.

Our preferred materials are marked with brackets and are the strongest and most biocompatible products available today. If, however these products produce a reaction in the patient, please test until two non-reacting materials are found.

For more complicated procedures please test all remaining items in categories 7 through 11.

COMPULSORY CATEGORIES

1. Lining Material

Ionoseal (1st pref)
Fuji 9
Vitrebond

2. Bonds

G-Bond (1st pref)
SE Bond (2nd pref)
Admira Bond (3rd pref)

3. Flowable Composite

Admira Flow (1st pref)
Diamond link(2nd pref)

4. Composite

Admira (1st pref)
Diamond Crown (2nd pref)
Grandio
Gradia – Cosmetic

5. Local Anaesthetic

Septanest (1st pref)
Scandonest 3% Plain (2nd pref)
Citanest (3rd pref)
Lignospan Special

6. Temp Fillings

Dyract (1st pref)
Cavit G (2nd pref)
IRM (3rd pref)
Kalzinol

OPTIONAL CATEGORIES

7. Porcelain Crown/Veneers

Procera
Empress II
Zirconian
Refractory Porcelian

8. Crown & Bridge metals

BIO C (Single Crown)
Degudent G
Degudent H

9. Cements

Rely-X
NX3
Mulitlink
Diamond Link
Zinc Phosphate

10. Denture materials

Success/FRS
Titanium
Vivodent teeth

11. Root filling materials

Apexit Plus
Seal Apex
Endocal 10
Thermafil
Ledermix
Pulpdent

Brunswick Holistic Dental Centre

Principals: Dr Nigel Cluer B.D.Sc (Hons)

Dr Marcus O'Meara B.D.S

Dental Issues that need to be understood prior to Treatment

1. After removals, the teeth may be thermally sensitive. This may necessitate your dentist having to apply or prescribe desensitizing agents.
2. If teeth have existing cracks or minor fractures, these can be exacerbated by the placement of composite resin fillings.
3. Some teeth may need to be crowned. For example, a large amalgam filling may become an even larger composite resin filling if some of the tooth fractures away, necessitating your dentist to recommend a crown.
4. Because of the potentially large number of fillings to be replaced, one must be aware that one's bite may change. This change can cause symptoms and at worst, may have to be adjusted by a specialist.
5. Occasionally pressure sensitivity may occur after removals. This can be due to minor fractures of the tooth or stress concentration sites under the composite resin filling. Both problems may necessitate the filling being re-done. If it's due to pressure sensitivity no fee will be charged.

I have read this statement and fully understand it:

Date:

Name:

Signature:

Address: 6/18 Mullumbimbi St, Brunswick Heads, NSW, 2483.
Postal Address: PO Box 108, Brunswick Heads, NSW, 2483.

Phone: 026685 1264
Fax: 026685 1593

Email: admin@brunswickdental.net

Brunswick Holistic Dental Centre

Principals: Dr Nigel Cluer B.D.Sc (Hons)

Dr Marcus O'Meara B.D.S

Informed Consent for Amalgam Removals

I give my dentist permission to remove dental amalgam fillings and other non precious metal from my teeth and replace them with dental materials presently considered biocompatible based on existing scientific research. These materials include: posterior composite resins, ceramic, gold and porcelain.

It has been explained to me that although the signs and symptoms of mercury toxicity outlined in the scientific literature may reflect signs or symptoms that I may presently have, there is, as yet, insufficient scientific evidence that removing amalgam fillings from my teeth will cause the cure or amelioration of any health problems or conditions. Furthermore, my dentist has made no representation that replacing my amalgam fillings with non precious metals will affect or cure specific symptoms or medical problems I may have.

If a composite posterior resin is the material chosen to replace my dental amalgam and other non precious materials, the advantages and disadvantages of the materials chosen has been explained to me, including the fact that there has not been a sufficient number of years of use to scientifically prove its wear characteristics. Accordingly, at this time, it is not known if posterior composites will last as long as dental amalgam and therefore may have to be replaced more frequently than amalgam.

As might occur with the placement of amalgam, gold, or any other dental material, I understand that there are situations beyond the control of my dentist that may necessitate endodontic treatment and, or removal of an existing tooth, despite precautions taken and proper procedures utilised.

Before dental work is done a treatment plan will be presented by the dentist. I understand that this is only a guideline and may change according to the circumstances involved in treatment.

Note: The proceeding release does not obligate the patient to have any dentistry performed.

I have read this statement and fully understand it.

Date:

Signature:

Name in print:

Address: 6/18 Mullumbimbi St, Brunswick Heads, NSW, 2483.

Postal Address: PO Box 108, Brunswick Heads, NSW, 2483.

Phone: 026685 1264

Fax: 026685 1593

Email: admin@brunswickdental.net

Brunswick Holistic Dental Centre

Principals: Dr Nigel Cluer B.D.Sc (Hons)

Dr Marcus O'Meara B.D.S

Cavitation Surgery Consent Form

Please be aware that cavitation surgery includes removing dead tissue, infected pieces of bones, and leaked dental material from old dental works, from your jaw bone. In other words a low grade, non-pus forming osteomyelitis of the jaw bone is being eliminated. This procedure has been given many different names such as Cavitation osteonecrosis, Ratner bone cavity, Alveolar Cavitation Osteopathy, or Roberts Bone cavity.

The need for this procedure is determined from your x-rays and from the professional experience of your treating dentist or physician.

You must absolutely be clear that:

1. If you are experiencing specific symptoms or any kind of facial pain, they may or may not be related to your focal infection in your jaw bone.
2. Your symptoms, if related to your jaw's focal infection may or may not improve with this surgery. You are also taking the chance of nerve damage (either permanent or temporary), sinus opening, teeth loss or damage, infection, bleeding etc.
3. Sometimes several surgeries are required to eliminate focal infections and still there are no guarantees for complete success.
4. Removing any kind of an infection or foreign body from the body, such as the jaw bone is logical and rational although not approved by authorities such as the Australian Dental Association (ADA) due to the fact that double blind studies are not available. By no means do we want to relay the message that it is the miracle cure, that its results are 100%, or that we are claiming anything not supported by the ADA.
5. Your surgery however will be performed in the utmost possible sterilized environment, precise, and professional manner.

If you have read the above, have asked your questions, are clear with the procedure, and are comfortable to proceed with the operation, please fill out the information below.

I _____ on this _____ day of _____ 20__ have discussed my case in detail with all my appropriate health care providers and I am fully aware of the procedure and reason for desiring it done, my questions have been answered and I am also aware of what I might be expecting after the surgery.

Patients Signature

Doctor

Address: 6/18 Mullumbimbi St, Brunswick Heads, NSW, 2483.
Postal Address: PO Box 108, Brunswick Heads, NSW, 2483.

Phone: 026685 1264
Fax: 026685 1593

Email: admin@brunswickdental.net

SECTION III

TREATMENT PROTOCOLS

	Page
• Supplementation	32
• Diet modification	33-35
• Recipes	36-37
• Example of daily diet	38
• Days before Mercury Amalgam Removal	39
• On the day of the removal	40-41
• Things to avoid	42
• Communicating with your Dentist	43

Supplementation

It is always better to have a trained practitioner to individualize and supervise your mercury detox program. However, if you want to do the bare minimum you can follow the protocol below. This program should be started a minimum of 4 weeks before amalgam removals and continued for 1 to 2 months. Can start as early as 2 weeks prior depending on the patient's exposure to mercury.

Protocol

AM Upon Rising – Reduced Glutathione: take 2 caps opened and mixed with 1 teaspoon honey – melt in mouth. After Glutathione, mix 2gm's **Ascorbic Acid** with 1 tablespoon lemon (or lime) juice, mix with water and take 1 tablet of **Bioflavonoids** with this mixture.

Digestive Enzymes: eg. Biozyme – with meals

Formula 1: 1 capsule 3 times a day with meals

Formula 2: 2 capsules with breakfast, 1 capsule with lunch. Females with a lot of PMT & poor dream recall may consider adding an extra Formula 2 at dinner.

Antioxidant: 1 capsule 3 times a day with meals

Ascorbic Acid: PM – 2g's with ½ lemon.

Things to avoid:

Refined sugar (very important)

Cigarettes

Fish (very important)

Hard Cheeses

Alcohol

Processed foods

Coffee

Hydrogenated oils and margarine

High glycaemic index foods eg white bread, potatoes etc

Rationale

1. Reduced glutathione binds with heavy metals, it's an important antioxidant and helps protect the kidneys during detox. This protocol is also called Up Regulating – which will convert toxins to a form that will allow the body to readily remove them. The Vitamin C in the form of Ascorbic Acid contains no buffer – chemicals that prevent sudden changes in acidity & alkalinity. It complements the Citric Acid. The Citric Acid in lemon and lime juice is a weak acid that stimulates your pancreas to secrete the body's own Buffering Agents into the small intestine, providing the body's natural source of antacid. This alkalinises the body
2. The Mega Antioxidant acts as an antioxidant, Multi B, anti-inflammatory and also nutrients that support connective tissue. When used with Formula 1 & 2 the dosage levels control the major fundamental defects i.e. oxidative stress & chronic inflammation and supply all the mineral buffers that help support the pH balance.
Formula 1 Multi mineral supplementation without iron, regulates pH. Blood glucose and cell membrane function.
Formula 2 helps support pH and detox
3. Digestive Enzymes- Helps break down protein into amino acids anti inflammatory stimulates digestion.

Diet Modification Prior To Amalgam Removal

Due to the toxicity of the heavy metals present in amalgam filings, a specific dietary protocol is recommended to safely detoxify and eliminate these metals. Commence the diet 4 weeks prior to amalgam removal and continue on the diet for 4 weeks after the last removal. If you feel unwell after completion of the entire programme, continue on the diet and supplements for an extra 2-4 weeks. The following instructions are compulsory:

Cholesterol: The levels of good cholesterol (HDL) need to be elevated, there are several reasons for this:

1. The mercury binds to the cholesterol where it can then be transported out of the body via the liver, bile and intestine.
2. High-density lipoproteins (HDL) act as antioxidants, which help to minimise the amount of damage the mercury causes at a cellular level.
3. HDL has a neurorestorative and protective affect on the central nervous system and brain that often accumulate mercury

The best way to maximise the level of good cholesterol is to include the following:

1. Flaxseed oil: 2 tablespoons twice daily is an excellent way to increase the good cholesterol whilst also inhibiting the bad (LDL) cholesterol. Flaxseed also acts as an excellent anti-inflammatory.
2. Lecithin: is required to maximally stimulate the LCAT enzyme, which loads cholesterol aboard the HDL carriers. Lecithin can be obtained in its raw powered form or from eggs and butter.
3. Exercise
4. Cultured dairy
5. Lloyds grape juice

Eggs And Vegetarian Sources Of Protein: are needed to stabilise glucose, bolster the immune system and provide sufficient amino acids to maintain liver function. Good sources of protein also help to buffer released mercury. Good sources of protein include – eggs, tempeh, soymilk, nuts (esp. almonds), seeds (pumpkin, sunflower and sesame), chickpeas, legumes and rice. To gain a complete protein with vegetarian sources, the following combinations may be used: Grains + nuts, seeds & grains + legumes + nuts and seeds- see grain recipe.

Detox shake: An excellent way to obtain adequate protein and cholesterol level is the following drink.

The recipe is as follows:

- 1 handful almonds
- 1 tsp. Sesame seeds
- 1 tsp. Sunflower seeds
- LSA mix may also be used which is available from health food shops
- 1 cup of water or soy milk
- 2 tbsp. Whey powder (check lactose intolerance)
- Pure honey if needed

Drink: Between 1.5 to 2 litres of filtered or spring water should be consumed daily. 100ml of lemon juice and 30ml of apple cider vinegar may also be added to the water to help assist PH and the kidneys and detoxification process.

Keep Bowel Movements Regular: At least once a day is good. Twice a day is better. Three times a day is best. Three meals a day should mean three bowel movements. The bowel should be functioning properly when being detoxed for mercury, as the bowel is one of the major pathways out of the body. If you are not having at least one bowel movement a day, then the mercury may be absorbed back into the body. If necessary, a good quality fibre supplement should be taken. If then there is no improvement, a Naturopath should be able to correct any digestive imbalance. A simple remedy is to eat one or two kiwi fruits per day slightly hard.

DIET

Special Dietary considerations: The diet below is an optimal diet, however we only ask that you follow this as best as you can, without being fanatical. If you suffer from any particular ailment that should need specialised dietary considerations, a Naturopath can tailor individual dietary regimes. More elaborate detoxification diets can be developed for those patients wanting a deeper cleanse.

Foods Allowed:

1.Dairy products: Only fermented sour milk products are used. They are needed for three reasons:

- (i) To increase the levels of beneficial lactoalbumins in the intestine.
- (ii) As a good source of high quality protein
- (iii) To bind “free mercury and to carry it out of the body”.

Plain yoghurt and other sour milk products made with live cultures can be consumed (Jalna dairy products are made with live cultures and are often organic). Soft cheeses may be used – cottage cheese, cream cheese, feta and ricotta. Butter should also be used **NOT** margarine.

2.Lemon Juice: Take lemon juice in between meals either diluted with apple cider vinegar and water or on its own. This provides amore alkaline, hospitable environment for the friendly bacteria to grow. The bitter principles also help stimulate correct liver and gall bladder function.

3.Vegetables and salads: Increase your intake of cruciferous vegetables: Broccoli, cauliflower, brussel sprouts, and cabbage. Orange and yellow vegetables should also be increased. It is best to steam or stir-fry all vegetables to maintain maximum content. Try to buy organic if at all possible or try the farmers market. Garlic and onions can also be helpful to maintain your immune system while the sulphur groups break down free mercury. Increase intake of glutathione rich foods eg Avocado, asparagus, parsley.

4. Fresh fruits: All fruits have a wonderful detoxifying capacity and should be preferably consumed when in season. Watermelons, pineapple and pawpaw are especially beneficial for the kidneys and digestion.

5. Nuts and seeds: Are a very good source of protein however, peanuts should be avoided as they contain harmful funguses. Nuts and seeds should also be unsalted unless with Celtic Sea Salt.

6. Grains: Grains must be organic, as some grains are treated with methyl mercury fungicides, especially wheat. Eat a variety of grains and pulses eg: rice, buckwheat, barley, millet, rolled oats, corn, rye, organic wheat, split peas, lentils and chickpeas

7. Cold pressed olive and flaxseed oil: Should be used for cooking and salad dressings.

Recipes

Some excellent dietary recommendations that will benefit most patients:

PROTEIN DRINK

Whey protein powder – 2 dessertspoons with almond milk (or oat milk)

1-teaspoon Lactobac \$49 (dairy free probiotic) and 1 teaspoon psyllium powder in 200mls of water – at night. Can have several times a day if hungry.

Or, instead of Whey Powder- Musashi LP1 or Shiho are best as they are partly hydrolysed and less allergenic and LP1 has liver herbs in it as well.

WHOLE GRAIN CEREAL

- ❑ 2 cups short grain brown rice
- ❑ 1 cup whole rye (or rye berries)
- ❑ ½ cup oat pearls (or whole oats/oat groats)
- ❑ ½ cup barley

Put all into a pot of water to wash and drain off debris that rises to the top. Add water or unfiltered apple juice to cover grains (add additional water if necessary) and cook on low for 1-2 hours or until soft.

Store in refrigerator.

You may dress it up with berries, raw honey, plain yogurt, mucosa builder, etc. or eat it with a side dish with dinner.

General recommendation: Eat the grains **every other day**.

Note: Daily use of the Mucosa Rebuilder recipe will promote a healthy mucosa lining. You would want to be using this for at least a FULL week before eating grains regularly.

Rationale:

Contains isosterols and beta – glucans, which assist in exiting cholesterol and heavy metals. Your body asks the friendly bacteria and oils to rebuild the mucosal lining of your bowel. A healthy mucosa is critical for a strong immune system.

MUCOSA REBUILDER : Best to take it straight.

You'll need

- ❑ Blender
- ❑ 100 grams of fresh butter, softened – do not use margarine or butter blends
- ❑ 1/2 cup extra virgin olive oil
- ❑ 10 caps of Pro-Biotic and 10 caps of Colostrum
- ❑ 6 caps of L-Glutamine with 4 caps of Zinc Carnosine (Pep Zinc)

Protocol:

- ❑ Blend ingredients together
- ❑ Store the mixture in the fridge. Can put the mixture on food, but do not heat.
- ❑ Take 1x Tablespoon per day for 1 week, then 1 heaped teaspoon daily for 5 days per week
- ❑ Store the mixture in the fridge. Can put the mixture on food, but do not heat.

Rationale:

Your body uses the friendly bacteria and oils to rebuild the mucosal lining of your bowel. A healthy mucosa is critical for a strong immune system.

GLUTATHIONE NASAL SPRAY

You'll need

- ❑ 150 mg reduced glutathione and ½ tsp. Xylitol
- ❑ Nasal spray bottle

Protocol:

- ❑ Open capsule of glutathione and ½ tsp. Xylitol into 3 oz. water and mix
- ❑ Pour some of mixture into nasal spray bottle
- ❑ Blow your nose. Spray liquid into each nostril until it drips or you feel a burning sensation
- ❑ Blow your nose again. Spray nostrils again
- ❑ Make fresh daily. Can drink extra water that's left in cup

Rationale:

Glutathione is absorbed easily through nasal mucosa. Helps fight viruses.
Xylitol fights bacteria.

VITAMIN C WITH LEMON WATER

Take the recommended amount of vitamin C with 8 oz (0.5 liter) of filtered water in to which you've added 1 teaspoon of fresh lemon juice.

You can use fresh lime juice or fresh frozen lemon juice, available in the frozen foods section, often near the lemonade. Do not use the bottled, room temperature juices, as they contain undesired preservatives.

Grapefruit juice provides some effect, but not to the extent of the lemon or lime juice. Orange juice is not recommended because of its high sugar content.

Rationale:

Vitamin C In the form of ascorbic acid contains no buffer-chemicals, which prevent sudden changes in acidity or alkalinity. So C can cause stomach irritation when taken without food. The citric acid in lemon and lime juice is a weak acid that stimulates your pancreas to secrete the body's own buffering agents into the small intestine, providing the body's natural source of antacid, While using a weak acid to counter act stomach acid is counterintuitive, it is exactly how the body works.

If you are working to balance your saliva or urine pH, add a teaspoon of lemon or lime juice to your drinking water throughout the day.

Raw apple juice or apple cider contains malic acid, another weak acid that functions in a similar way to citric acid.

OTHER: Try to exercise eg walking 20 – 30 minutes 4 – 5 times a week
Avoid eating anything 2 hours prior to bedtime
The grain recipe as well as Tempeh

An Example Of An Ideal Daily Eating Plan

Upon rising: Lemon Juice and Ascorbic Acid

Breakfast: High protein eg eggs, butter, yoghurt, cottage cheese
raw nuts and seeds.

Mid Morning: 4ml grape juice and water
or yoghurt

Lunch: High protein lunch. Cottage cheese, raw nuts, seeds
avocados, asparagus, parsley, green tea

Dinner: High fibre meal that includes lentils, beans
and green vegetables etc.

Don't eat 2 hours before bed.

Before Bed: Lemon juice and Ascorbic Acid

Take 3 mg of Melatonin daily just before bedtime for 1 week
prior to and one week after each amalgam removal

Take 3-5 gm Vitamin C (Ascorbic Acid) daily beginning 1
week before amalgam removal and continue for at least 1
month afterwards.

Treatment Protocols

Days before amalgam Removals

Patient should be following a dietary and supplement regime i.e. Short programme or Sam Queens or your Doctors, Naturopath, etc.

In addition to supplements

1. Take 3 gm of OML Melatonin daily just before bedtime for 1 week prior to and one week after each amalgam removal.
The hormone Melatonin activates the synthesis of Enzymes that reduce L – glutathione. Since reduced glutathione (GSH) binds heavy metals, it is an important component in reducing the effects of heavy metals. Glutathione ties up mercury and keeps it from serving as a free radical. It is an important antioxidant and helps protect the kidneys during detoxification.
2. 3 –5 gm of Vitamin C (Ascorbic Acid) daily beginning 1 week before Amalgam removal and continue for at least 1 month afterwards. Also it is good to eat foods high in Vitamin C. Vitamin C has been used safely and effectively as an adjunctive therapy yet there remains the odd individual who may be harmed by mega dose supplementation.
e.g Someone with a history of kidney stones
Impaired kidney function
Deficiency of the Enzyme G – 6 – PD
Referral with a Doctor is required if there is a history of either of these conditions.
3. **Intravenous Vitamin C IV-C**
You will need to us for a referral to a doctor who administers IV.
 - IVC offers the maximum potential for quickly reaching the blood levels of Vitamin C necessary for maximum effect. Vitamin C provides the electrons needed to neutralize mercury toxicity in the form of mercury ascorbate, which is then excreted in the urine.
 - Since IV-C does not irritate the digestive tract, it maximises the amount of ascorbic acid the patient can tolerate without producing unwanted digestive side effects
 - Some users of mega dose Vitamin C have reported severe reactions; therefore it is imperative that the Doctor evaluates the patient properly. IV-C is best done prior to amalgam removal on the same day.

On the Days of Your Amalgam Removals

INSTRUCTIONS:

- Dress warmly and comfortably.
- **Don't take any vitamin C on the day of removals prior to your appointment as it sometimes interferes with the anaesthetic.**
- Please don't drink too much before your appointment, as appointments are often long and difficult for the dentist to stop work for you to go to the toilet. You will have a rubber dam and as it is fitted to your mouth, it would be inconvenient to both you and the dentist, if you had to get up to go to the toilet.
- Some patients can be very nervous before a dental appointment. It is wise to let the dentist and assistant know before treatment commences. Taking a Valium or herbal relaxant that you know works can assist nervous or phobic dental patients.

It is suggested that the morning of the dental appointment increase supplements intake

- B6 to 30mg daily
- Zinc 15-25mg daily
- Magnesium intake to 500mg daily

WARNING: Pregnant and Breast-feeding women SHOULD NOT be exposed to mercury vapour AT ALL.

During the Appointment

- Charcoal tablets will be given at the appointment, after the amalgam removal. Charcoal tablets taken with water, will bind any swallowed mercury in the stomach and prevent any enteropathic (excretion with the bile and re-absorption further down the intestines) re-circulation of the metal.
- Homeopathic trauma remedies are available for those who need them.

Protection Against Mercury

1. We always use a Rubber Dam with Rubber Sealant to stop patients swallowing any mercury and other toxic products.
2. We will always use our State of the Art MERCURY EVAPORATOR MACHINE, which sucks away all mercury vapour so patients don't breathe any in or get any on their skin or clothes.
3. Our optional extra is to breathe oxygen through a nose mask aswell.

After the Appointment

- After each appointment you may experience **SOME SENSITIVITY** of the teeth, especially to cold. This usually settles down after the first few weeks. Sometimes the dentist will paint on a desensitising agent and or provide desensitising toothpaste. If **PRESSURE SENSITIVITY** persists for longer than a month, the filling may have to be re-done at no expense to the patient.
- As you progress through your appointments, the bite and fillings are progressively fine-tuned

Biological or holistic dentists and physicians often recommend Intravenous Vitamin C after mercury removal. It is one of the best ways to assist in gentle detoxification; it boosts the immune system and energises the body at the same time. It is optimal to have intravenous Vitamin C after each quadrant of mercury is removed from the teeth. Intravenous Vitamin C is sometimes mixed with other vitamins and minerals assisting the body to flush mercury and heavy metals

When mercury begins to dump into the blood, the ascorbate in the Vitamin C attaches to the mercury to form mercury ascorbate, which is then excreted in the urine. So the Vitamin C provides the electrons needed to neutralize the mercury toxicity. Oral Vitamin C may be taken, however the body has a much better capacity to utilize it when taken intravenously and is far kinder to the gastric system and intestines.

Important

Patients with acidosis or acidic urine pH are recommended to establish a more alkaline balance before proceeding with large doses of Vitamin C.

Post Detoxification

1. After detoxification or mercury removal, if the patient is feeling tired and depleted it is suggested that could take:
 - B12 Vitamin oral supplement 25-50mg daily
 - Vitamin C – Intravenous **Highly Recommended**
 - Co Q Enzymes 50-100mg daily

2. If a patient is deemed to be suffering from mobilisation of mercury they should introduce more:
 - Magnesium, up to 500mg/day
 - Caltrate Calcium 1-2 Tablets/day
 - Ural 1-2 Sachets/day
 - Neutra Phos 2-3/day

Other Sources of Mercury to Avoid during the Removal and Detoxification Period

FOODS AND BEVERAGES

- Tuna, canned or fresh
- Shellfish-shrimp, lobster, crab, oyster etc
- Salt water fish
- Carrots and lettuce (unless organic)
- Grains (sometimes treated with methyl mercury)
- Kelp and other seaweeds

COSMETICS

- Clairol hair dyes
- Mascara- especially water proof
- Skin lightening creams

MEDICATION

- Preparation H
- Toilet paper made from recycled paper
- Body Powders and talc's containing calomine
- Mercurochrome
- Vaccines
- Metholate
- Laxatives containing calomel
- Contact lens solutions
- Vaginal gels- especially contraceptive gels

MISCELLANEOUS

- Latex and solvent thinned paints
- Fabric softener
- Floor waxes and polishes
- Air conditioner filters
- Wood preservatives
- Cinnabar used in jewellery
- Felts
- Adhesives
- Tattoos
- Batteries with mercury cells
- Sewerage disposal
- Fungicides for lawns, shrubs, and trees

READ THE LABEL: ANYTHING WITH THE LETTERS MER IN THE NAME, NO MATTER WHAT IS IN FRONT OR BEHIND, PROBABLY CONTAINS MERCURY.

Communicating With Your Dentist

Fear: Going to the dentist usually brings up people's fears and nervous reactions. People can lose their voice once they have entered the dentist's office, often becoming intimidated by the receptionist, assistants, and dentists. A patient will suffer in silence and remain with questions unanswered rather than speak up. This causes a whole new layer of frustration, anger, pain and stress then imprints on the patient's body, mind and spirit. Before your dental appointment, focus on relaxing the body by deep breathing, praying, meditating or and positively affirming that everything is going to be fine during the dental procedures. Imagine the dental procedures as being easy and painless. Have faith and trust in your dentist.

How to Communicate with Your Dentist: Prepare and list any unanswered questions and present them to your dentist. When speaking to you dentist, avoid becoming over emotional and keep your communications clear and concise. Usually a dentist's office is an extremely busy place. Dentists and staff are often stressed. Maintain an appreciative attitude towards your dentist and office staff, and don't be too demanding. Speak up, have a voice and do everything possible to make dental appointments less stressful and more healing.

Links

IAOMT – www.iaomt.org <<http://www.iaomt.org>>

Sam Queen – www.healthrealities.com.

Clifford – www.cclab.com <<http://www.cclab.com>>

