

# Dental Issues and Health

by

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Sometime in the late 1990s, a dentist invited me to attend a seminar on Oral Toxicology that he was hosting in Santa Fe. The other participants were all dentists.

His opening statement was, “Folks, we are responsible for 98% of the deaths in this world. To the best of my knowledge, I have only killed two people, but then, I have been practicing mercury-free dentistry since day one of my career.”

You can imagine, there was a great deal of commotion in the room, people moving their chairs, repositioning their bodies, and fighting back the desire to defend. There were four presenters. The first was Bob Jones of Cavitat Medical Technologies. His story was that he began to put on weight, going from 195 to nearly 500 pounds. He feared he was not long for this world and confronted a dentist with a demand to perform oral surgery. The dentist was reluctant to comply, saying he could die in the chair. Bob said he would sign a form authorizing the dentist to throw his body in a dumpster if he died in the dentist’s office.

The story unfolded that infected teeth are a major cause of systemic infections, including those that relate to problems with the heart. Dr. Boyd Haley of the University of Kentucky, another presenter, said that extracted teeth submitted for pathological analysis frequently contained thirty or more microbial organisms, many of them dangerous.

Exquisite pictures from inside the mouth revealed that amalgams can cause tattoos on tissues in the vicinity of filling. Besides interfering with energy patterns, transmitting radio signals, and causing specific malfunction in parts of the body that are energetically related to the teeth, leeching of mercury from the amalgams is associated with countless medical conditions, everything from *Candida albicans* and immune failure to autism and Alzheimer’s disease.

Why does this happen? Mercury is a known toxin and it is liquid at room temperature, not to mention body temperature. It is a neurotoxin and has been cited as a possible factor in multiple sclerosis as well as diseases that affect the brain. The latest theories suggest that there are “good excreters” and “poor excreters”, meaning that some people are able to eliminate toxins better than others. The poor excreters are therefore more susceptible to disease, but they often test lower in measurements based on hair analysis—for the simple reason that they are unable to eliminate the mercury efficiently.

When an amalgam restoration is placed in the mouth, it contains about 49-53% mercury, but in studies done on sheep, the amount remaining after six months was only 9-13%. This shows not

only that leeching is a risk but that the fillings themselves would tend to become loose within a relatively short time.

Because there is very little blood supply to teeth, it is difficult to administer an antibiotic or natural immune enhancing supplement that travels deeply enough into the inner structures of the teeth and their roots, meaning that the mouth is a haven for bacteria and viruses that would otherwise be addressed by the immune system.

The immune system relies heavily on the phagocytic activity of white blood cells, but due to the electromagnetic interference of toxic metals, white blood cells tend to disintegrate and turn to fuzz. This is something I observed in darkfield microscopy exams of patients in Switzerland. I had missed this phenomenon in Germany because the government paid for the removal of amalgams so very few patients still had them. However, this was not the case in Switzerland so I was able to see several complications that are seldom, if ever, discussed in professional circles.

The first is that the white blood cells will, in fact, attack something related to the presence of toxic metals. One dentist referred to these as cations, but the correct terminology may be eluding both of us. In any event, there was a direct correlation between amalgams and rapidly disintegrating neutrophils, a condition I had seen previously with a patient in Salzburg who had multiple sclerosis and with other patients who had a wide range of neurologic diagnoses, everything from Parkinson's disease to dementia.

My tentative conclusion was that people who are not effectively eliminating the mercury are suffering not just from stress to the nervous system but also a type of congestion due to die off of white blood cells. These become fuzzy and eventually stringy and this congestion can be easily seen in patients with chronic fatigue syndrome, fibromyalgia, and even cancer. Moreover, it is unlikely to be recognized as a contributing factor in illness since so few people are observing this immune tragedy.

Ironically, the toxins themselves act as inhibitors of some pervasive problems, such as blood parasitization. So, referring back to the observations in Europe, I found that German patients were far more likely to have parasites—of all descriptions—in their blood, but Swiss patients had, in general, far fewer, something that I first thought might be due to the quality of the water in the Alps, but I later became totally convinced it was the amalgams rather than the water, this when two patients from Spain came to the clinic in Switzerland and they exhibited the same problems with the neutrophils as the Swiss patients.

Everyone who has studied this problem agrees that some patients need to have their amalgams removed using what is sometimes called “conscious dentistry” or “biological dentistry.” However, the problem with replacing amalgams with relatively inexpensive composite fillings is that the plastics in the composites are seriously estrogenic. Over many years, I have observed both total remission following removal of amalgams, sometimes just a single amalgam and sometimes all of them; but I have also seen patients who became worse as a result of the vapor

released during removal of the amalgams and the elevated levels of xenohormonal compounds. This problem seemed particularly worrisome for breast cancer patients, but it would potentially affect anyone whose growth or reproductive hormones are already out of balance.

Fortunately, there is a sane alternative to both amalgams and composites: Cerec dental restorations. This is a fascinating technology that deserves a few words of explanation.

The dentist requires special training and equipment to provide these restorations. Initial preparation of the tooth is the same as for any dental procedure: the cavity and/or old filling is removed, using the safest possible measures, i.e., proper ventilation, rubber dams in the mouth, and sometimes homeopathic remedies or intravenous fluids to help with the trauma. Once the tooth is prepared, a camera with three lenses is put into the mouth to photograph the tooth and the triangulated images are sent to a computerized mill where the dentist tweaks the three-dimensional image. Then, a ceramic block is placed into a machine and a restoration is milled “while you wait,” which, depending on whether a simple onlay or full crown may take anywhere from three to fifteen minutes. Water is sprayed while the machine creates a perfect ceramic piece, very similar to a porcelain filling except that the material is stronger and more natural. The ceramic is matched perfectly to the adjacent teeth, cemented on (yes, unfortunately with a compound that may also be estrogenic) and then the surface is tested for bite, polished, and voilà!

Once the amalgams have been removed, oral chelation of toxic metals can proceed. In general, recovery is somewhat inconsistent, proceeding in fits and spurts, with occasional dramatic improvements and stretches when very, very little seems to be changing; however, it is now well established that even children whose learning was affected by toxic metals can recover what seemed to be irreversible loss of function. The most common feedback I hear from patients is, “Why did I waste so much of my life being ill?”

Why?

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