

My Top Dental Health Care Issues for 2016

By Bill Wolfe, DDS

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entistry, as with all healthcare, must necessarily provide the safest, least toxic, yet effective treatment for patients in order to achieve healing/wellness, while minimizing any stress to the patient's biological terrain.

- 1. Mercury Fillings. The scientific evidence has well established two facts: firstly, that amalgam fillings release mercury in significant quantities in the form of toxic vapor, thereby creating measurable exposure for patients and, secondly, that chronic exposure to mercury, as in the quantity released by amalgams, causes physiological harm. Significantly, there exists a "Grandfather Clause" provided by the FDA, that states a manufacturer need only demonstrate that a new dental device or material is "substantially equivalent" to one that legally existed prior to May 28, 1976. However, in current day, if a new implantable material that is 50% mercury and leaches micrograms of mercury per day were presented for approval for use in the human body, it certainly wouldn't be approved. Mercury amalgams are totally unnecessary anymore, and from the biocompatibility standpoint, they are totally insupportable.
- 2. **Biocompatibility of Dental Materials.** In a 2001 survey, the Clinical Research Associates Newsletter (a dental newsletter) asked the question: "What is your most deciding factor in choosing a dental filling material?" The answers by dentists were not unexpected: durability, 47%; patient preference, 22%; esthetics, 12%; ease of use, 10%; biocompatibility, 4%. Why is biocompatibility such a low priority? Dentists are clearly most concerned that their work is comfortable, good looking and long lasting. The majority of dentists appear to believe that the biocompatibility of dental materials and procedures is a settled issue. It turns out, though, that our customary materials and procedures range from very benign to frankly, toxic. Individuals vary in their biochemical and immunological responses. Therefore, biocompatibility testing to help determine the least reactive materials to use with each individual patient is an important service, especially if the patient suffers from allergies, environmental sensitivity, or autoimmune diseases.
- 3. Root Canals and Dead Teeth. Any other dead body part would be removed or amputated, however dentistry keeps dead body parts. The controversy's origin lies in the question of residual populations of microbes in the microscopic dentinal tubules—whether or not root canal techniques adequately disinfect them, or keep them disinfected; and how those bacteria and fungal organisms diffuse out of the tooth, and into circulation. Besides the toxic effect of the dead tooth, there is also the issue of how such teeth affect the associated energy meridians to distant organs and structures.

- 4. **Fluoride.** The evidence of the harmful effects of fluoride accumulation in the human body and lack of effectiveness with reducing tooth decay continues to mount. Any honest appraisal of the risks and benefits of water fluoridation would lead to the conclusion that it must be stopped.
- 5. Environmental Concerns. Dental offices have been collectively identified as the major source of mercury pollution in wastewater, and regulatory action is in place in many jurisdictions requiring dental offices to install mercury separators on their waste water lines.

Twenty First Century Dentistry: In the "old days", when the only restorative materials were amalgam or gold, it was difficult for dentistry to fulfill its mission and be biologically discriminating at the same time. Today, we can do better dentistry, in a less toxic, more individualized, more environmentally friendly way than ever...if dentistry chooses to do so.

After restoring my own good health by clearing my body of mercury toxicity, I have spent my career helping others to do the same. Please call me if I can be of assistance to you. 505-299-6950, www.drwolfe.com

