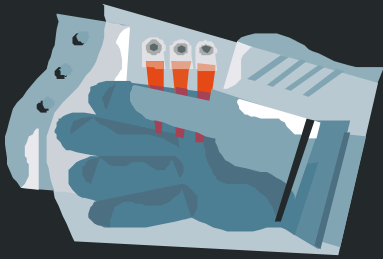


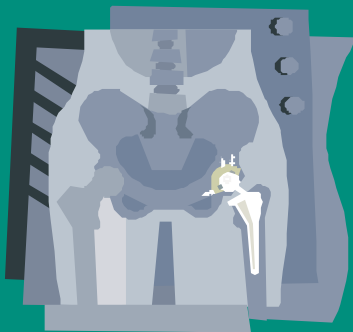
How to Avoid the Dangers of Having Your “Silver” Mercury Amalgam Fillings Removed

By Eugene A. Sambataro, D.D.S., F.A.G.D.
Director of The Institute for Biological Dentistry



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Dr. Sambataro received his dental degree from the University of Maryland Dental School in 1980 and, the following year, completed a residency at University Hospital in Baltimore. He received a Fellowship from the Academy of General Dentistry (F.A.G.D.) in 1989.

After completing a residency at University Hospital in 1981, Dr. Sambataro proceeded to practice traditional general dentistry. However, he soon recognized that dental treatment involved more than teeth, gums and the jaw. Effective treatment needed to be integrated with and concerned about the health of the rest of the physical body, as well as the patient's emotional and spiritual health.

His interest in biological dentistry took several years to develop. It wasn't until 1986 that he realized mercury fillings may be contraindicated for health reasons.

Currently, Gene is studying for a naturopathic degree and a Ph.D. in Nutrition. He is also the founder of the Institute for Biological Dentistry.

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The Institute for Biological Dentistry

Presents

How to Avoid the Dangers of Having Your “Silver” Mercury Amalgam Fillings Removed

By Eugene A. Sambataro, D.D.S., F.A.G.D.

What is Biological Dentistry?

Biological dentistry integrates healing the mind, body and spirit with the best that dentistry has to offer. There is a focus on overall health and on the uniqueness of each individual. A biological dentist is more concerned about treating the causes of a problem than just the symptoms.

For example, if you have a cavity, normally a dentist would simply treat the symptom by drilling and filling the cavity. A biological dentist will first ask the question “What created the cavity?” The biological dentist knows that a cavity is not the simple result of sugar in the diet. It’s a systemic problem that is related to the pH (acid level) of your saliva, the state of your immune system, your genetic predisposition, and a host of other factors.

With biological dentistry, the focus is on you. The number one concern of the biological dentist is your well being. That’s why we recommend the removal of potentially toxic dental materials.

Biological Dentistry doesn’t stop there. In maximizing the health of the entire person, there may be attention paid to nutritional support, detoxification, structurally aligning the jaw-to-jaw relationship, diet and lifestyle changes, and, above all – patient education.

Are We Slowly Killing Ourselves In Our Efforts To Improve Our Dental Health?

We brush our teeth regularly, rinse with a strong mouthwash, even floss now and then. And, when these efforts fail, we get our cavities filled with “silver”.

Most people would be shocked to discover that those “silver” fillings are actually composed of over 50% mercury - the most toxic non-radioactive metal known to man.

Over 200 million Americans have had this highly toxic metal packed into one or more cavities. In fact, the average adult in this country has ten amalgam filled teeth. Worldwide there are over two-and-a-half billion people with mercury amalgam fillings, creating what many leading researchers believe to be a “toxic time bomb”.

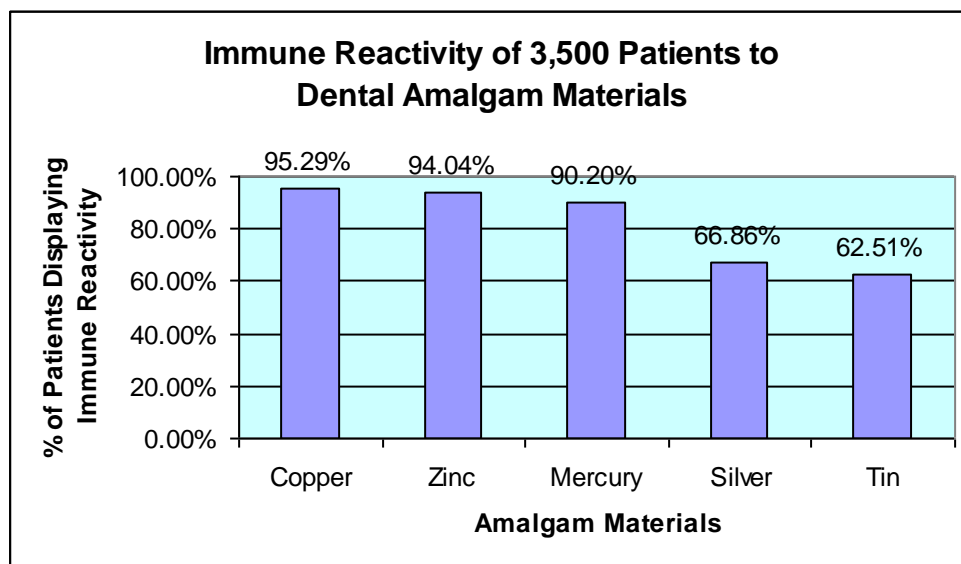
What’s most puzzling is that mercury amalgam is legally treated as a highly dangerous material before it is placed in your mouth and after it is removed. However, for the past 168 years traditional dentists have insisted that, once the mercury is mixed into an amalgam and placed in your mouth, it becomes a safe and stable substance.

We now know that this is absolutely false. This poisonous metal implanted in your teeth is continuously leaching into your body, where it accumulates over time. Although all body tissues retain this poisonous substance, it is stored primarily in the kidneys, liver and brain. The most intense discharge occurs from chewing, drinking hot liquids, eating acidic and salty foods, and, of all things, brushing your teeth.

What is Dental Amalgam Syndrome?

It is very difficult to prove the damaging effects of long-term, low-level exposure to a toxin. It took many decades and millions of lost lives to prove that cigarette smoke, lead, and asbestos were harmful to humans. Scientific evidence has been accumulating for many years now showing that low-level mercury poisoning may be more damaging than any of these toxins.

One of the damaging effects of low-level mercury poisoning is suppression of the immune system. Mercury leaching from your fillings could therefore be implicated in almost every illness, both major and minor, including cancer and chronic fatigue syndrome.



Mercury is a strong neurotoxin that can damage the central nervous system. It is a stronger neurotoxin than lead, cadmium, or even arsenic. This is why mercury amalgams have been implicated in the development of Alzheimer's disease, amyotrophic lateral sclerosis (Lou Gehrig's disease), multiple sclerosis and Parkinson's disease.

There are almost fifty subclinical (minor) signs and symptoms that are often seen in low-level mercury poisoning. These signs and symptoms are part of what is now being called the Dental Amalgam Syndrome. They range from vision problems to irregular heartbeat, chest pain, asthmatic breathing, difficulty in swallowing, short-term memory problems, anxiety, irritability, depression, tiredness, increased need for sleep, weekly headaches, vertigo, joint pains, lower back pain, weak muscles, stomach irritation, pins and needles (paresthesia) around the liver and the lymph nodes, eczema or other skin eruptions, and many other symptoms.

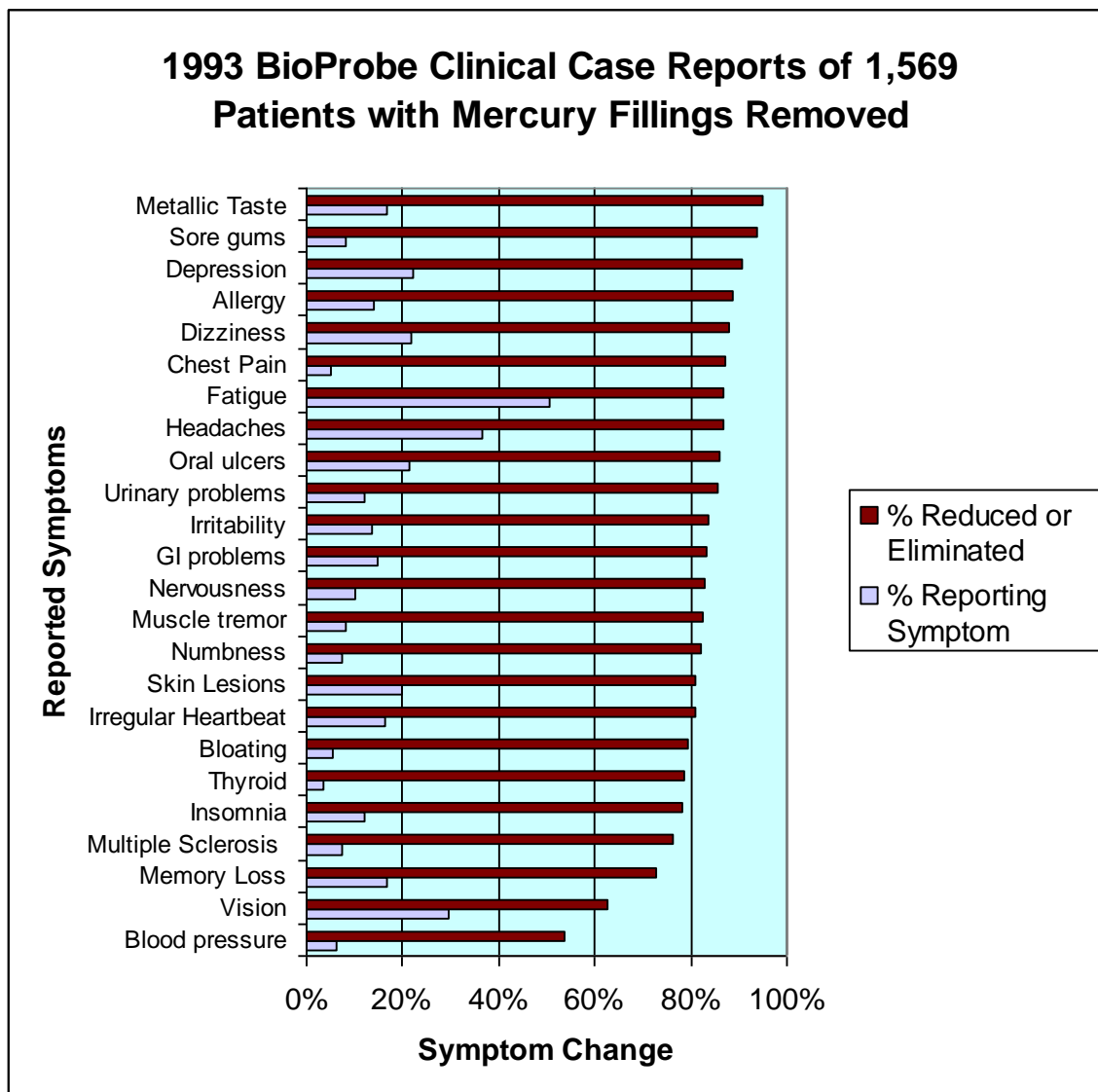
Some experts believe that up to 90% of Americans are adversely affected by mercury poisoning.

What Can I Do to Protect Myself?

The first thing you should do is complete the Mercury/Toxic Metal Sensitivity Questionnaire (Call The Institute for Biological Dentistry at 410-964-3118 for a free copy). This will help determine whether mercury poisoning is harming you.

Your next line of defense, if you are not suffering any symptoms, is to avoid any further risk. When those old mercury amalgams need to be replaced, or if you develop new cavities, choose to have only biocompatible materials placed in your mouth.

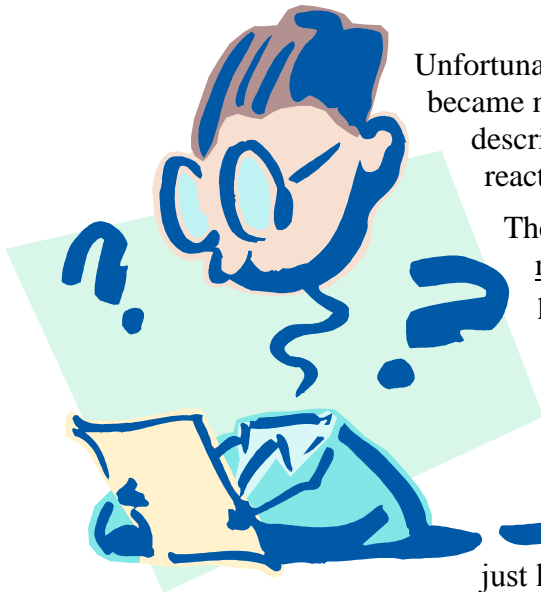
If you are experiencing symptoms of mercury poisoning, or if you want to avoid even the possibility that your health may be jeopardized, you should consider having all your amalgams removed. Although there is no guarantee that your symptoms will be eliminated or your illness will be relieved, most people who choose to have their toxic fillings replaced do experience relief, as the following chart shows.



To Remove, Or Not To Remove? That Is The Question.

You may have already been aware that silver amalgam fillings are actually fifty percent mercury. And you may have known that mercury is toxic and is being released from those silver fillings. What you may not be aware of is the potential danger in removing these fillings – the subject of this report.

Most dentists are only trained to traumatically remove old fillings without any regard for their patient’s safety or their own.



Unfortunately, in an attempt to improve their health, some patients became more ill after removing their fillings. These symptoms, often described as flu like, may include headache, nausea, allergic reaction, rash or increase in body temperature.

The reason patients experience feeling ill is they probably were not protected from the mercury exposure during the removal process. Because of the heat generated by the drill, the mercury toxicity is far greater than the mercury released during chewing.

So, you may ask, “How do I eliminate the chronic exposure of mercury from my fillings? Am I better off just leaving them in?” The fact is that without specific precautions, you may be better off taking supplements (i.e. chlorella, selenium, glutathione, etc.) to protect yourself from the daily exposure than having your amalgam fillings removed.

The Need for Safety Protocols

A little more than one hundred years ago most babies died at birth, or shortly thereafter. One major reason for this was the ignorance and arrogance of the physicians who delivered the babies.

They refused to believe in the theory of germs, no matter how convincing the evidence. Instead, many of them would proudly go directly from working on cadavers in their teaching classrooms to delivering babies. Do not pass Go, do not wash your hands, do not dare look at the available evidence.

A similar situation exists today in dentistry concerning mercury amalgam fillings. Scientific evidence clearly shows that mercury does leak from amalgam fillings and enter the body and that this highly toxic metal is harming the body.

Once physicians reluctantly accepted the possibility that they were responsible for the high infant mortality rate, safety protocols were developed. These protocols were highly effective in protecting the newborn & the mother from life threatening infection.

Over the years, I have been introduced to a number of safety protocols to properly remove mercury fillings. The protocol I have developed includes protection for the patient prior to, during and after the removal. This protocol protects the patient, the staff and the dentist.

In the following pages I'd like to share with you the specifics of this protocol so that you may better understand the importance of following the procedures I use to protect your health.

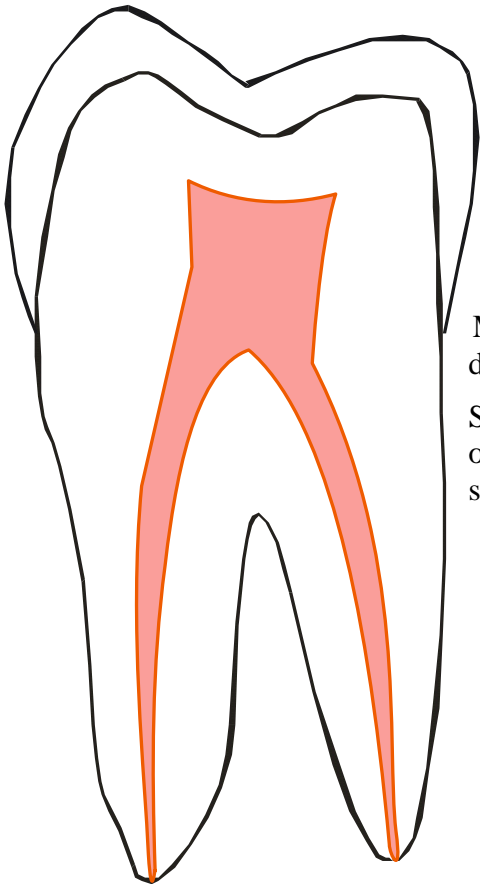
I will start by first reviewing the ways we are exposed to mercury from dental amalgams. Then we will look more closely at the dangers posed by removing the dental amalgams. This will provide the basis for the actual procedures I use in the safety protocol. Then we will cover a few related issues, such as chemical sensitivity, the occasional emotional release following removal, and further detoxification procedures.

Sources of Exposure to Mercury

- **Through the tooth surface**

Anyone who has mercury fillings has been releasing mercury from those fillings since the time they were placed. Studies have shown that the mercury is not locked into the silver filling, as most dentists and the ADA would have you believe.

The most obvious source of mercury contamination from dental amalgam is the surface of the tooth. After all, those dark, grayish/black surfaces are what you see when you look in your mouth. It makes sense that this is where the mercury leaks into your mouth. And, to a certain degree this is true. The greater the number of amalgam surfaces in your mouth, the greater the amount of mercury released.



- **Through the tooth root structure**

However, mercury is also going through the root of the tooth. Because the tooth is alive, it has a blood supply. This means that there are fluids flowing in and out of the tooth. Mercury will disrupt this fluid flow, which can lead to tooth decay and the death of the tooth.

So, you're getting mercury exposure and it's not just coming off the surface. It's also leaching down into the nervous system and the vascular system.

- **Saliva & Galvanism**

Mercury is considered a heavy metal. It has 80 protons and 80 electrons. When mercury oxidizes in the mouth, it loses electrons.

What happens when you take dissimilar metals and you put them in an environment like the mouth with saliva that has electrolytes? What does that produce? Oxidation. Electrolysis. A battery.

The battery effect changes the mercury in the filling. Liquid mercury begins to vaporize. It becomes something called ionic mercury. If it is ionic, it has lost some electrons so it's looking to hook up with things in the body that have extra electrons. Primarily, it will look for those amino acids that are high in sulfur.

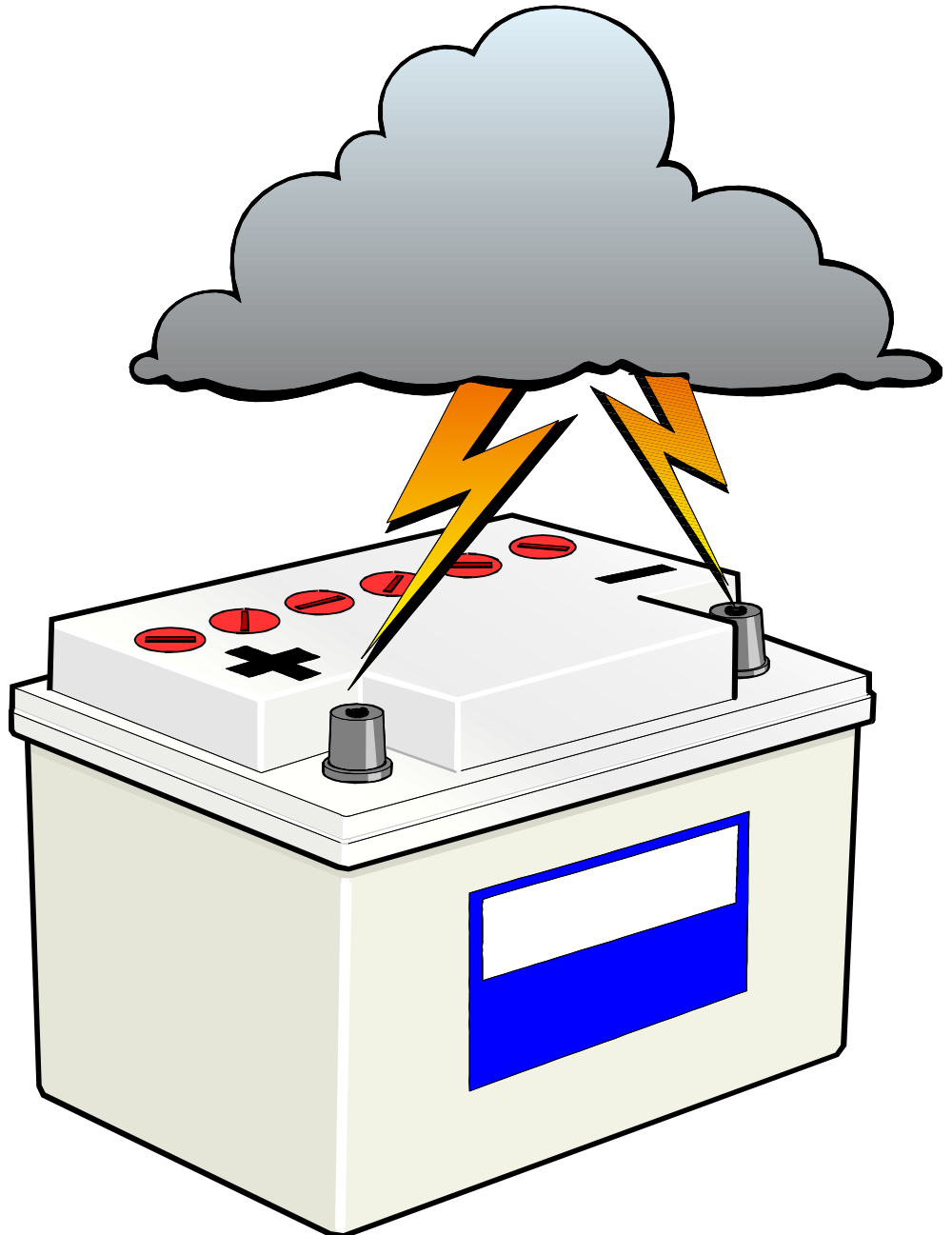
The ionic mercury will also be methylated. Meaning, the bacteria in the mouth and in the gut will combine with this mercury and become methyl-mercury.

This is about a hundred times more toxic than ionic or elemental (liquid) mercury. That's good stuff! You really don't want to be swallowing that.

Early on in dental school we learned that you don't mix dissimilar metals. So they put us in the clinic and what do we do? We mix dissimilar metals and put them in patient's mouths.

We take old fillings that have silver mercury fillings in them and we grind them down. We leave part of it in there and we put a nice pretty gold crown on top of it. This only increases the galvanic reaction. Which also increases vaporization.

So, are we helping people? I mean, there is good intention there, but dentists who place these amalgams are not using common sense.



• Hot food/liquids

Let me tell you a little bit about mercury. Mercury is the only heavy metal that is in liquid form when it is at room temperature. For every ten degrees rise in temperature, you're going to get a ten-fold release of vapor.



Take a pound of lead and a pound of mercury and put them both on the kitchen table. Now, come back in one hour you will still have a pound of lead, but you won't have a pound of mercury, because it vaporizes. And this is the problem.



So, what happens at body temperature? That's almost 30 degrees higher than room temperature. That's a 1,000 fold increase in vaporization.

Clearly, we're increasing vaporization in the mouth. If you are eating something hot you're going to get even more vapor. This is what we want to emphasize about trying to protect you. Unfortunately, many people are already vaporizing themselves. There is only one way to prevent that – remove the amalgams.

• Chewing & Brushing

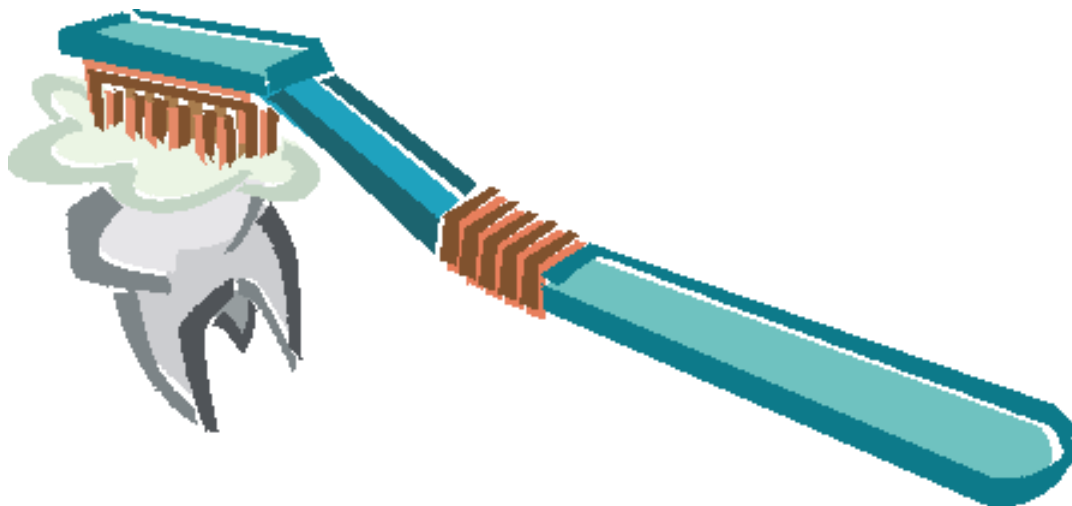
The American Dental Association says that a zinc oxide layer forms over the top of the amalgam, so that protects you from vaporization. There is only one



problem with that line of reasoning: You can't chew; you can't brush.



Simple things such as chewing and brushing will remove the zinc oxide layer. So, don't brush and don't eat. It's as simple as that.

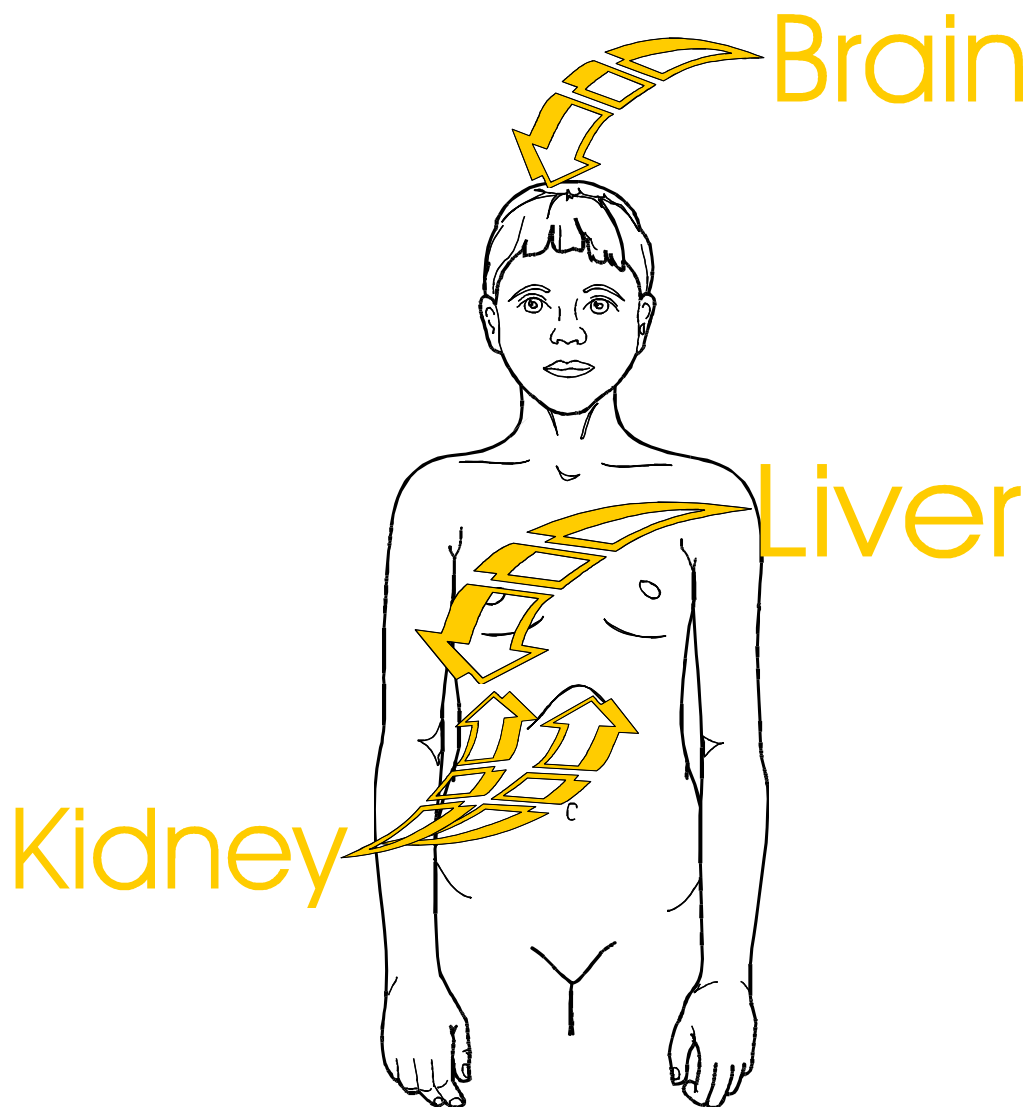


- **Distribution**

If you empty a cup of salt into a gallon of water, what happens? Most of the salt dissolves (ionizes) and distributes itself evenly throughout the water. The rest settles at the bottom of the container.

This is essentially what happens with mercury ions – they distribute themselves throughout the body, with a special affinity for sulfur-containing amino acids.

What are the organs with the highest concentration of sulfur-containing amino acids? The brain, the liver & the kidneys.



Mercury is also deposited in other organs of the body and in fat cells, but concentrations will be highest in the brain, liver and kidneys.

And once it's deposited, it doesn't just sit around idly, waiting for something to happen. Mercury is a powerful cytotoxin and neurotoxin, which means it destroys the cells of the body and the nervous system.

Let me tell you a little about the chemistry. Mercury is a liquid. As such it is used to hold the filling together.

When the filling is initially placed, about 750 milligrams of mercury is used (50% or more of the amalgam), mixed with copper, zinc, silver and tin.

Over the life of the filling, mercury continues to be released. The World Health Organization agrees that about .18 milligrams a day is coming off of these fillings. How long is it going to take for 750 milligrams to come off? About 11 years.

When enough mercury has leached out, there is nothing to hold the other components in place. The filling disintegrates. So, is it locked in there? I don't believe so.

Does mercury continue to come out over the life of the filling? Yes.

Are we continuing to expose ourselves when we eat, chew, drink hot foods and liquids? Yes.

What we don't know about each individual is how you are affected by it. We can't answer that. Some people have tremendous protective mechanisms. Glutathione protects you from this. If you produce a lot of glutathione you are going to be protected. If you don't have these protective mechanisms you may be affected by one filling, whereas someone else might have twenty fillings and not be affected.



Dangers of Amalgam Removal

Ten years after I stopped placing mercury fillings I was still removing them without any protection. Because we didn't know, in our efforts to help patients we did a lot of things that were wrong. Instead of getting better, some people were getting sick from amalgam removal.

This is where some of the safety protocols started to develop. A lot of the work that I'm doing comes from Hal Huggins. If you haven't read his book, *It's All In Your Head*, I would strongly recommend purchasing his book.

In the process of drilling, there is a film of mercury that is absorbed by the soft tissues of the mouth (gums, cheeks, tongue, etc.). Due to the blood supply present in the mouth, this is a direct link to the circulatory system. Also, fragments of mercury can easily be swallowed thereby being deposited in the digestive system where the bacteria in the G I tract produce methyl mercury which is one hundred times more toxic than elemental mercury. These fragments can also be propelled to strike the face, skin and eyes. So what can be done to prevent exposure to the nasal passages, digestive system, blood stream and skin?

• Heat from drilling

 In order to remove the amalgam, we need to use a high-speed drill. When we drill into the mercury amalgam at 100,000 rpm, we are creating heat. We are creating friction. We just talked about what heat does. Remember, for every 10 degree increase in  heat, there is a ten-fold increase in the release of vapor.



- **Mercury vapor**

During the removal of mercury fillings, patients are exposed to the mercury vapor that is being released from the high speed drill. How far does the vapor have to go from the mouth through the nasal passage to the brain? It doesn't have far to travel. This is what is happening when we take the fillings out: We're increasing the vapor.

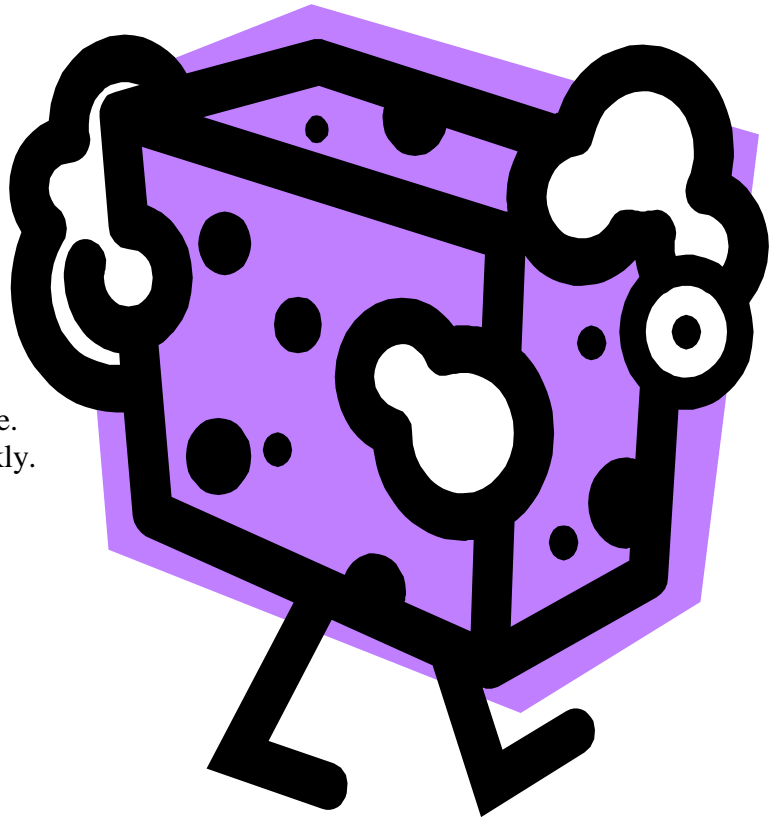
- **Absorption**

Have you ever placed a medicine under their tongue, such as Nitroglycerine or a homeopathic preparation?

Why do you do that? Absorption.

Sublingual (under the tongue) is the quickest way to get a substance into your body, short of putting an I.V. in your body.

Now the tongue is pretty close to your teeth, isn't it? So you are absorbing the mercury, absorbing it through the nasal passages, absorbing it through the mucosa, the gum tissue, under the tongue. And it gets into your system pretty quickly.



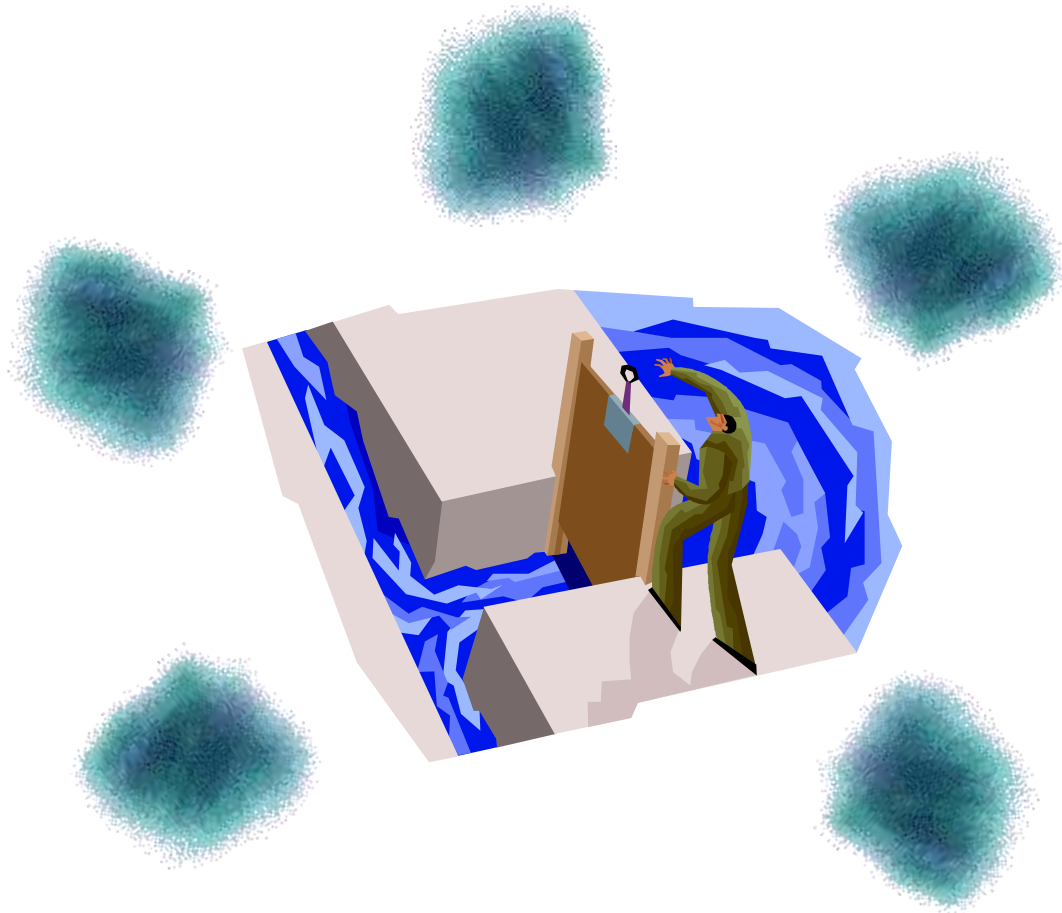
- **Mercury fragments**

The old, unsafe way of removing the filling was just drilling it out as quickly as possible, where the mercury is just heating up and vaporizing and fragments are flying all around – sort of like an explosion in your mouth.

The safer way is to remove the filling in pieces or fragments. We do that by sectioning the filling and removing it in large pieces.

● Pressure equilibrium

The mercury that was stored in the rest of the body (i.e., the brain, the liver, the kidney), is in equilibrium with the mercury in the mouth.



Remember the example we used earlier of the cup of salt and the gallon of water?

What happens when we remove some of the salt from the water on, say, the left side of the container?

Some of the salt that had settled on the bottom of the container will ionize and distribute itself back into the water. That's because the salt in the water and the salt at the bottom have established equilibrium, a balance point. Change the concentration in either the water or the settlement at the bottom and the other side of the balance point will also change.

This is exactly what happens with mercury amalgams. The mercury that is being released from the amalgam and the mercury that is stored in the body are at equilibrium.

So, what happens when you remove the amalgam, this huge source of mercury contamination?

The mercury stored in the body, especially the fat cells, will be released into the blood stream.

Here we do all these great things to protect you while your having your amalgams removed and you go home and you're feeling really lousy as a result of an increase in systemic mercury.

These are the major problems involved in amalgam removal. Let's turn now to the safety protocols we use to protect you from these problems.

Safety Protocols

- Patient Protection

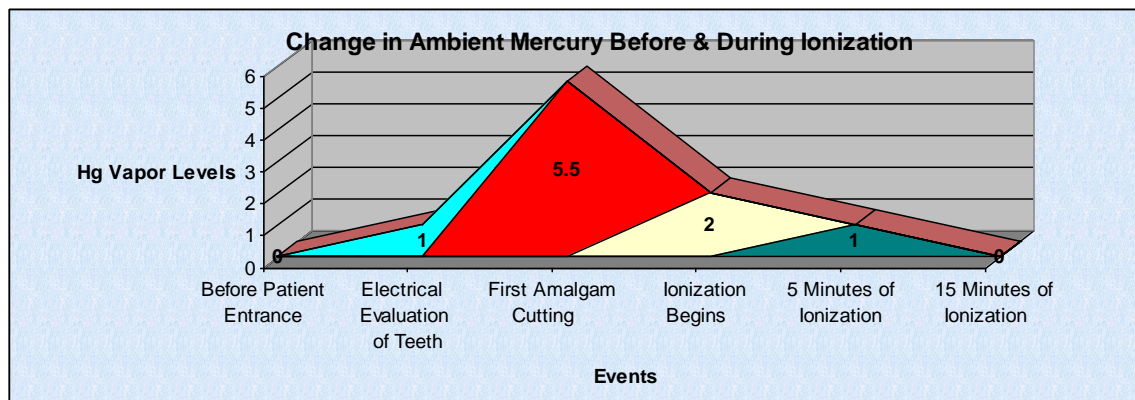
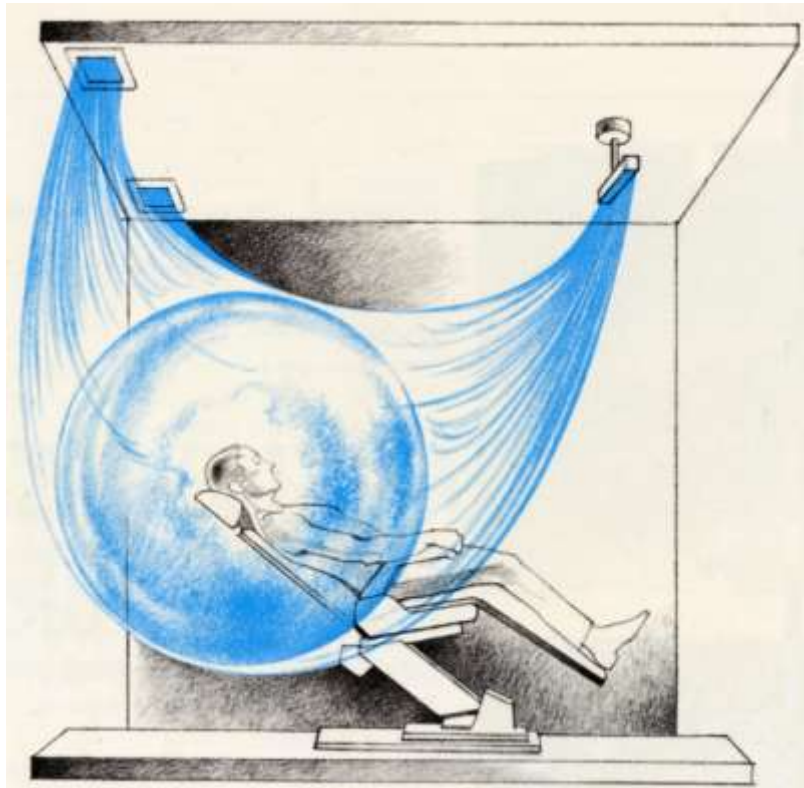
 - Negative ion generator & Air Filtration

In my office, we have a negative ion generator. We talked about the mercury when it vaporizes it has a charge to it. The ion generator will pick up and bind to that charge and remove the mercury to a collection pad elsewhere in the room. Does that sound like a good idea?

These negative ion generators are used in chemical plants wherever they have mercury and other heavy metals. It also picks up microbes, bacteria, a lot of these things we don't want when we are laying back in the dental chair with our mouth open. So, it makes sense doesn't it?

What happens when you start to remove the mercury and you turn the ion generator on and then what happens after a period of time: the mercury in the room drops. So it does work. It really works. My staff will tell you, they have to clean the unit.

An air filter in the room also provides constant circulation of air thereby ensuring healthier breathing even after the removal of fillings. In addition, there is a special high-speed vacuum that is placed close to the patient's mouth.



– Oxygen mask

In order to prevent exposure to the nasal passages, an oxygen mask is provided that fits securely over your nose.



We recommend oxygen because it limits breathing in the mercury vapor that is being released from drilling the amalgam.

It also oxygenates the arterial blood. We know mercury will bind to hemoglobin. Have you ever experienced fatigue? Could that have something to do with mercury attaching to the hemoglobin?

– Rubber dam

A rubber dam which is made of vinyl or latex is stretched over the teeth being drilled. This helps prevent swallowing any mercury fragments as well as mercury absorption in the soft tissue. We don't want any fragments going down the throat because when it enters the digestive system it combines with organic compounds and becomes methyl-mercury; one hundred times more toxic.





But the main purpose is so that you don't swallow those chunks that are coming out of there. I remember as a kid, sitting... the dentist would have me sit up to spit out in the bowl and all this black stuff came out. And that was the new stuff he was putting in! So, fortunately when I had that stuff removed, I was protected. But think about those big chunks.

We have this special little suction unit. It

fits right over top of the tooth. It is like a little cup. So, you have the rubber dam on, you have this little cup over top of it and it picks up the fragments, okay? Is it 100% proof? No. There are still going to be fragments that we don't catch. That is why we are doing everything we possibly can.

At least you are not swallowing them. You've got the nosepiece on... the oxygen so you are not breathing it, you're not swallowing it, and it's not being incorporated into the ambient air that you are sitting there breathing with your mouth wide open, with your nose wide open.

In case some mercury should leak through the rubber dam, additional protection is provided by ingesting activated charcoal prior to drilling. This will bind to free mercury.

We also use copious amounts of water during the drilling process to reduce the heat generated by the drilling, since heating the amalgams releases more mercury.





– Protective eyewear

In addition, you are going to have eyewear to protect your eyes. We don't want any mercury particles to get into your eyes.



– Mercury Vapor Analyzer

We use a mercury vapor analyzer as part of the initial exam. We don't do that to scare people. This is about educating patients.

I tell patients, just because the mercury level that we read is high, it doesn't mean they are being affected.

The Occupational Safety and Health Agency (OSHA) says that a level of .050 mg. over an 8 hour workday is considered toxic. So, if you are working in a room and getting exposed to .050 mg. mercury, that is considered toxic and OSHA will shut the workplace down.

The World Health Organization says zero mg. is the acceptable level. The Environmental Protection Agency says .020 mg. is the accepted level.

In laboratory rats, 0.217 mg of exposure was determined to cause Alzheimer's. So, think about those numbers. I frequently see exposure levels of about .050 mg.



We use the mercury vapor analyzer to educate patients so that they really understand what we are talking about. This instrument is an industrial-made instrument. Its industrial use is to measure mercury in the workplace. We adapt it by placing a straw in there and taking a reading from your mouth.

What I don't know, as I said before: Is the amount of mercury you are being exposed

to toxic to you? We don't know the answer to that. We know mercury is toxic. We know it is released from the filling. We know it combines with sulfur-containing amino acids. We know it is methylated in the stomach, in the gut and becomes methyl-mercury.

We don't know how it affects you because each individual is different. Each of us has different protective mechanisms. We also don't know when it might affect you. What are you pre-disposed to? What is going to happen in your life that may set you up for a toxic response to the mercury coming from your teeth.?

We don't know. Nobody knows.

– Disposable gown

Also we use drapes – disposable gowns. We drape the patient because the mercury will also fall onto your clothes and you will be taking mercury home with you.



– Disposable chair covers

We use disposable chair covers to stop the mercury from contaminating the dental chair.



– Post charcoal

Following the drilling, we ask you to take an additional activated charcoal.

– Amalgam vapor posttest

A mercury reading is taken following removal of the filling to check if the vapor has changed from pre-removal.

– Distilled water

We use distilled water for everything in the dental office. Every dentist should do this. And it's not just because of the mercury. Contamination of the water used in most dental offices is very common and very dangerous.

Safety Protocols

• Dentist Protection

– Industrial mask

If mercury is so toxic upon removal, how are the dentist and staff protected from the mercury vapor? Well it just so happens that there are industrial made masks that have special filters that screen out mercury vapor. These may look like something from a Sci-Fi movie, but long term chronic exposure for the dentist and staff can be devastating.

I wear a mask. My staff wears masks. They look like hazmat masks. This is a little scary, isn't it? You're sitting back in the chair waiting for the dentist and he walks in wearing a hazmat mask!



It's a little scary, but we're serious about this. I don't want to be exposed to mercury. But, I want to help people, so here is my choice. Here is my dilemma: Do I stop practicing dentistry so I don't get exposed? Do I take the ADA stand and say it's not a problem? Or, do I continue to practice and protect myself?

So, we practice what we preach.

If you have a dentist that says: "I'm holistic. I'm mercury-free." and you go in there to take your fillings out and there is no protection for you and there is no protection for the dentist, I would seriously question how holistic he or she is being.

That is really what we are trying to get across in this special report. We are not here to educate you about the importance of removing mercury fillings. Hopefully everyone already has some understanding about mercury and its toxicity.

If you've already decided you want the mercury out of your mouth, we are trying to convince you of the importance of using some protocol.

Take this information back to your dentist. How your dentist responds to this will tell you a lot about him or her. Okay?

Safety Protocols

• Need for Additional Protection

– Supplementation pre & post

What supplements are important to protect you? You need some protection prior to having the amalgams out. You need protection during the process. And, you also need protection afterwards, because remember what I said? After you remove them, there is mercury coming out from the body.

There is glutathione, there's NAC, and there is Vitamin C.

Be prepared because you are going to find there is some controversy over these things. You're going to find some people say certain substances are better than others. Some bind to mercury better than others. Some act inter-cellularly. Some pass the blood-brain barrier.

Once again, you have to get educated.

And you can't just detoxify unless you are already healthy. If you are in poor health, you may get sicker if you try to eliminate these heavy metals from your body.

If you start to mobilize mercury out of the brain, out of the liver, out of the kidneys, where is it going to go? Somewhere else in the body. Where do you want it to go? Out. Well, if you have poor kidney function or poor bowel function, it is not going to get out. So, that is where the other professionals come in. We need them. If you are going to do chelation to get the material out, don't just run out and get chelation. There is just too much information out there that you may not know.

You need supplements. We do have specific supplements that are really good that will protect you: MSM, glutathione, NAC... These things have what in them? What did we talk about? Sulfur? That's it. It's sulfur. If mercury likes sulfur, then why not give it sulfur? If we can give it something that will bind to it, it will get excreted out of your body. Okay?

– Electrical charge & removal sequence

There is also a protocol for the sequence of removal to prevent negative responses. This sequence is determined by an instrument that measures electrical current being emitted from metal restorations.

Dr. Huggins, a well-known Colorado dentist and a pioneer in the treatment of mercury toxicity, found that those fillings with the highest negative charge needed to be removed first. He found that those patients with high negative electrical charges who had those fillings removed first seemed to get better faster. And those who did not have the high electrical charges (high negative numbers) removed first did not do as well. The reason for this is the release of these charges exits thru the positively charged restorations.

If the positively charged restorations are removed first there will be a significant delay in the healing process. What is the significance of these charges? These positive and negative charges mixed with saliva (electrolytes) produces a battery within your mouth. This creates an interference of energy as it moves along the meridians in your body.

The charges are also much higher than the electrical output of the brain and nervous system. Do you think this might create a problem for the transmission of information along the nervous system?



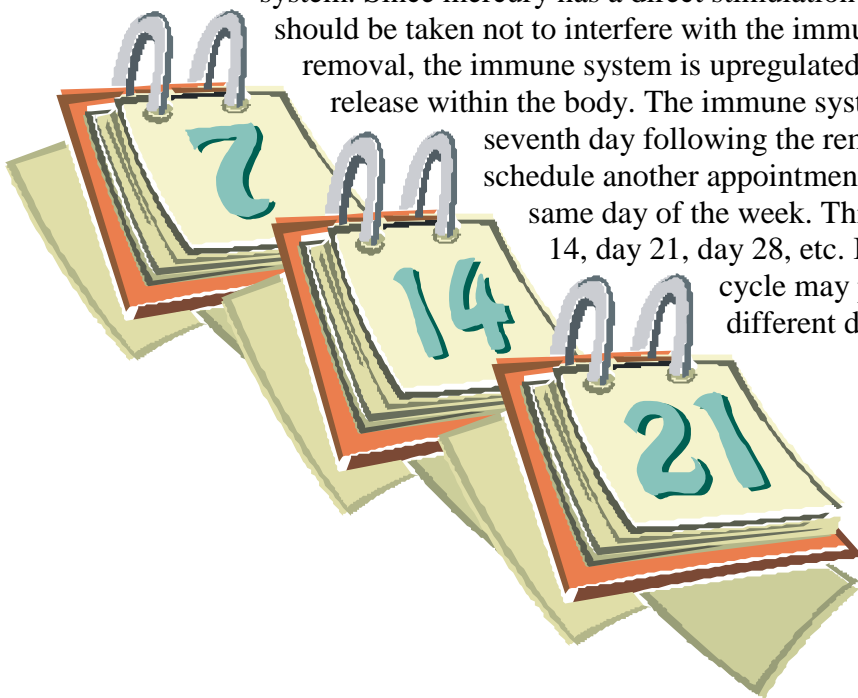
There is a test used for electrical galvanism, we talked a little bit about that earlier. Those electrical charges are real. If I was an electrician and I wanted to check to see if there was juice in the electrical outlet, I'd use a little tool that tells me what the current or amperage is, right?

We have an instrument called the Rita Meter that does the same thing. And this, to me, is amazing. Every time I do it, I'm amazed by what type of information I'm getting because I see this instrument start to produce a signal on the machine that there are electrical charges coming off this tooth. The significance is, the higher the charge, the more oxidation is occurring.

I have seen as much as 170 milliamps. That is about 1,000 times the nanoamps the brain works off. Do you think maybe this could be causing some energy problems? Could it be interfering with some flow of energy?

– Immune Cycle

One final concern that should be included in the protocol deals with the cycle of the immune system. Since mercury has a direct stimulation of the immune system, precaution should be taken not to interfere with the immune cycle. At the time of the filling removal, the immune system is upregulated to protect you from the mercury release within the body. The immune system will completely recover on the seventh day following the removal. Therefore, you do not want to schedule another appointment to remove additional fillings on the same day of the week. This cycle continues to repeat itself at day 14, day 21, day 28, etc. In order to reduce the ill effects this cycle may produce, schedule the removal on different days of the week.



Additional Issues

• Chemical Sensitivity

Many patients have chemical sensitivities. How could you not in today's society? Look at all the toxins we are exposed to.

We don't want to take out a toxic material and put something else in there that is toxic. So we do biocompatibility tests to find out what is going to be in that patient's best interest. Is there anything on the market right now that is totally compatible with every patient? No. But, we do the best we can.

I can tell you this: I have not seen a material that is as toxic as mercury, so, whatever you put in there it's going to be better.



• Emotional Release

Did you ever think there might be an emotional reaction to removing your amalgams? Well we know there is an emotional reaction going to the dentist. There is also some emotional tie to getting the mercury filling and also when it is released. The body is saying: "I don't like that material."

Dr Gene Eberts, who has been practicing mind/body healing for about 25 years, states that when you go through a mental or emotional

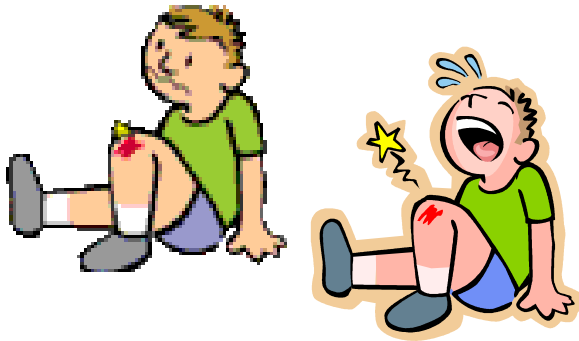
pattern to facilitate healing on a physical level, there is a physical response.

The individual experiences something physically: sometimes a release, sometimes pressure or pain.

In the same way, when you go through the physical route to healing, as in the removal of an amalgam, there is often a corresponding emotional release.

He states we don't exactly know why this is, but we do recognize that the mind and the body are not separate. Your mind and your body are one. Your brain for example, is distributed throughout your body; it's not just in your head.





Every cell, every organ in your body has receptors for brain chemistry. So, when a trauma occurs, when the body is traumatized as this child was, there is an emotional pattern that is somehow attached to that. This is a very common thing in body work.

So, when you do a process of healing, often there is an emotional component to it that comes out. Recognize that this is a good thing.

The reason I'm telling you this is that some patients do have an emotional release after getting their amalgam removed. It is a little scary. It can be a little unsettling.

I wanted to let you know that it really is a sign of healing. That it is a good thing that is happening even though not everyone experiences it.

But, what we recognize is that whatever trauma occurred in the installation of the amalgam and in the chronic poisoning over time, somehow the body wisdom knows this and when it is removed you may experience some emotional process. It could be tears, it could be laughter, it could be anger.

Some people will go through certain body movements; something that they experienced earlier in life. It doesn't happen to everyone. Some people have to be really open to let that happen. It just sounds a little bit too strange.

● **Further Detoxification**

Okay, you've taken the fillings out; you've gotten the mercury out of your mouth. Now you need to get it out of the rest of your body. This is where you can benefit from other allied health professionals.

Sweating is an excellent way to remove toxins from the body, so you can do saunas and exercise. But, you don't want to do these things unless you are under someone's care to advise you. You need some protection during this time. Drink lots of water so you are not getting dehydrated, and eat a high fiber diet.

You see, it's not over once you've had the fillings out. You have to continue the process. And, we can check to see if you are mercury toxic even after the fillings are out. You can do challenges: there is DMPS, DMSA, there is EDTA.

You need to educate yourself about that because there is some really important information out there. Some people have been hurt through this process. Some people have had EDTA chelation while they still had fillings in their mouth.

Guess what? EDTA pulls the mercury out of the fillings. So, here you are going to get help and you are getting worse. So, you need to know this information.

We use allied health professionals. Chelating drugs, and supplementation: alpha-lipoic acid, Glutathione, and MSM. But once again, you need to see a health care practitioner who can make sure that you can get the mercury out of your body.

Also, there is a need to evaluate for mercury allergy elimination. You might be allergic to the mercury, so you can't get rid of it. In the process of trying to get rid of it, the body is holding on to it. You can be allergic to your own saliva. You could also be allergic to all the supplements that you are taking.

You know, we have almost gone overboard with the supplementation. So, we took that medicine cabinet full of drugs and now we are taking fifty supplements, and I'll tell you, I am guilty of it myself. We have all kinds of healers that can help you through this process. Mind/body healers, acupuncturists, body workers. These things are all important. So, don't try to do it all by yourself, okay? Research it. Educate yourself, but seek these people out.

– **Non-chemical**

- Large quantities of water (ionized, if possible)
- High fiber diet
- Sweat producing exercise
- Sauna (far infrared, if possible)

– **Allied health professionals**

This is where the biological dentistry comes in because, as a dentist there are certain things that are not within my license to practice. That is why we need allied health professionals: physicians who can detoxify these patients. Because you've got to get the mercury out of the mouth but you can't get it out of the body if the bowels aren't working; the kidneys aren't working... So, we need to treat that. That is where the biological part comes in. So it's a lot more difficult than just running down to your dentist and saying: "I want all these fillings out!" Start to think about these effects.

- Chelating drugs
- Vitamin supplementation
- Mercury allergy elimination
- Body workers
- Mind/Body healers
- Energy healers

With all of this information you may now decide it is safer to just leave the fillings in. Well, you are right if you have some health problems and the proper protocol is not followed. In fact, the more serious your health problems, the more strictly the protocol needs to be followed.

In most cases it is more prudent to remove mercury fillings than to be exposed over a lifetime of chronic release of mercury. Also, the silver mercury fillings are, from an engineering perspective, the worst way to restore a tooth. The manner in which it is placed undermines the integrity of the tooth and sets up a corrosion reaction that can result in fracturing of teeth and the need for root canal therapy or extraction.

The majority of adult dentistry is replacing silver mercury fillings or restoring teeth that have been destroyed with this material.

Actually the best dentistry is no dentistry.

One final warning is the need to evaluate for the most compatible materials to replace the mercury fillings. This again is more important the more severe your health is or your level of chemical sensitivity.

Now you may be asking “What if I didn’t follow these protocols and didn’t replace with a biocompatible material?” Once again I will repeat that it is far healthier to have anything else placed in your teeth than mercury. If they were replaced without safety precautions you may have experienced some flu-like symptoms but didn’t relate them to your dental visit.

If you had them removed and your health is currently good then you may want to have a test for mercury toxicity.

If you are having some health concerns or symptoms related to mercury toxicity, I would highly recommend testing for mercury toxicity and follow with a detoxification program that is supervised by an experienced health practitioner.

Remember, the goal is to remove trauma and irritation and assist the body to heal. Doctors don’t heal patients. The body has the ability to heal itself. Therefore doctors must keep in mind – “First do no harm.”

The End