The Oral Systemic Protocol For Amalgam Removal With Maximum Health Protection

A.The Oral-Systemic Protocol

As a result of my experiences and my subsequent research, I was able to design a state of the art oral-systemic protocol that offers maximum health protection. Our protocol identifies and minimizes dental risks so that a patient has little or no pain and sensitivity. It also identifies systemic risks, allowing us to minimize those risks and provide maximum protection.

B.At the First Appointment

When you become a new patient with us, you will first undergo a comprehensive exam. This exam will include a complete dental examination, a systemic assessment, and a discussion of your health goals. After completing the exam, we will prepare a health treatment plan for you. Following is an outline of our oral-systemic amalgam removal process.

C.The Oral-Systemic Amalgam Removal Process

Introduction:

Our state of the art protocol is the product of personal experience, scientific research, and 28 years of professional success.

Our Goals:

- To offer patient safety and comfort
- To minimize adverse dental reactions such as tooth sensitivity, pain, nerve loss, and tooth loss.
- To minimize adverse systemic reactions during and after amalgam removal.

1.The Comprehensive Examination

Dental History

- Amalgam exposure
- Exposure to other metals: crowns, pediatric crowns, braces, implants and bridges.

Dental Examination

- Tooth (structural) Exam: To determine if the teeth requiring mercury removal present as strong teeth (requiring a weak filling) or weak teeth (requiring a strong filling to support the tooth.)
- Dental Nerve (pulpal) Exam: To determine if the dental nerves are healthy or show an indication of inflammation, infection or neurodegeneration. We obtain this information by performing clinical, provocative and radiographic assessments.
- Periodontal (gum tissue) Exam: To determine whether the gum tissue is healthy, infected, inflamed or receded. Is there bone loss on specific teeth? Does bone loss affect the prognosis of two key teeth? Is there food impaction, which can cause more periodontal problems or decay on teeth we plan to restore? A periodontal examination will evaluate gum line levels, bone loss, tooth mobility (looseness), and other parameters which may affect the outcome.
- Functional Examination: To assess the occlusion (the

bite), the muscles of the jaw and the jaw joint. Muscle spasm in the jaw muscles can exert stress on the teeth, causing sensitivity, pain and fractures. It can also exert stress on the gums and on the bone around the teeth, contributing to gum recession and bone loss. Additional pressure exerted on the bone tissue itself results in ischemia, or reduced blood flow to the teeth. This is the most significant factor in adverse dental consequences, and can be evidenced on a radiograph.

Dental Radiographs (x-rays): It is necessary to obtain a full-mouth series in order to make proper teeth, nerve, periodontal and bite assessments. We take analog x-rays, which are state of the art and expose patients to low levels of radiation, compared to digital x-rays, which are a computer interpretation and not a true image.

Acupuncture Meridian to Tooth Association Analysis: The acupuncture meridians in traditional Chinese medicine show a correspondence between teeth and the rest of the body. If a significant association is noted, we will discuss these correlations.

The Patient's Health Status:

- To determine if the patient is under any systemic risk from the immune, detoxification or elimination systems.
- To determine if any consultations with physician or other practitioners need to be performed, as well as additional tests.

The Treatment Plan

Dental Restoration Type: Once amalgams are removed, we will select a restoration type and material for each tooth being restored, based on a diagnosis. Restorations are classified as Type I through IV and are dependent on the following diagnostic criteria:

- Structural Assessment:
  A strong tooth can have a weak filling material but a weak tooth requires a restoration type which will strengthen it.
- Functional Assessment:Muscle spasm causes greater stress to the tooth. Mercury and dental metal provide strength in the face of such force. Once mercury is removed and a weaker material, such as a ceramic, replaces it, careful consideration must be taken so that the tooth and material can survive the stress. The mouth, under extreme conditions, can exert forces up to 1000 pounds per square inch!
- Neurological Assessment:The condition and location of the dental nerve is important. The more tooth loss there is and the deeper the filling, the greater the risk to the nerve for sensitivity, pain, and nerve loss (death of the nerve).
- Periodontal Assessment:The restoration must also protect the surrounding gums to prevent recession and food impaction. Food impaction, as a result of open tooth contacts, can result in tooth decay, bone loss, and the need for extensive restoration and potential crown lengthening surgery.

The Restoration Classification System:

- Type I: Direct Restorations Diagnosis: Good dental health, according to all assessments.
  Indications: A strong tooth which can be restored in one visit with a direct filling material such as composite.
- Type II: Inlay Restorations Diagnosis: Food impaction with existing or potential pathology.
  Indications: A structurally sound tooth with open contacts is a good candidate for an inlay.
- Type III: Onlay Restorations Diagnosis: The loss of a tooth’s chewing surface, called a “cusp.”
  Indications: A structurally sound tooth with a decayed

or fractured cusp is a good candidate for an onlay.

- Type IV: Crown Restoration Diagnosis: The loss of one or more cusps.
  Indications: A structurally weak tooth with the loss of at least one cusp requires a crown.

Other Indications:

- Cracked or fractured tooth
- Degenerative or susceptible nerve
- Excessive grinding which would fracture a Type I, II, or III restoration.

Biocompatibility: Material Selection

- Introduction: Before being considered for use, dental materials undergo testing for various components, such as strength, wear, resistance, and esthetics. However, no significant testing for biological safety is performed. ANSI Specification 41 is the standard for biological testing of dental materials. It does not specify or require “real world” testing of corrosion, off-loading and ionization, all of which can occur once these materials are placed in the mouth. In fact, products which underperform in these tests can be placed on the market as long as a warning is added on the product insert sheet. Also, many products released into the market do not require testing at all, since they have received “grandfather” status.
- Metal-free Restorations: Many dentists claim that they use metal free restoration products. In truth, there are few, if any, metal free dental restoratives. The nature of chemistry requires that any existing anion must be balanced with a mineral or metal cation. Consequently, nearly all “metal free” restorations, such as ceramics, porcelains, composites, and glass ionomers, contain metal cations. Therefore, they are not truly metal free.

All these restorations, likewise, produce galvanic currents in the mouth, which must be understood and balanced by any dentist.

Reference: go to www.ccrlab.com.

- Common Materials used in Dental Restoration

Type I Direct Filling:

- Composites. These are composed of two-thirds silica glass and one-third resin. The resin compound contains Bis-pheny A (BPA) or a similar compound. Proper polymerization (setting) is considered safe but health concerns have been raised.
- Conpomers. These are composites with a short life span and are rarely used in the United States.
  Types II, III, and IV Materials
- Ceramic materials. There are three “families,” including alumina, zirconia and lithium disilicate. Many dentists believe ceramics are biocompatible by nature; however, immune sensitivities may arise not only in the parent molecules, but also in the manufactured and patented versions. To obtain a patent, a manufacturer must alter the parent molecule. In most cases, ceramics are advertised as being improved for strength and esthetics. Usually, this involves the addition of metal ions to the matrix of the ceramic.
- Processed composites. Various composites are lab processed to remove any unreacted chemicals which may leach into the body. As with ceramics, however, various metallics may be added to enhance the characteristics of the composite.
- Metals. A small percentage of patients react to composites and ceramics. In that case, gold is the only option for restoring their teeth. Also, ceramic restorations in severe grinders would disintegrate, even

with the use of a mouth guard. Dental metals are classified by the following categorization.

- Biological” Gold: Alloys with more than 90% gold and some platinum.
- “High Noble”: Many of these alloys contain palladium and other metals which may be biologically reactive.
- “Noble Metal”
- “Base Metals”

NOTE: Only biological gold will be consistently biocompatible in a select population. If one must use a gold alloy, there are homeopathic techniques which work as an antidote for any retention in the body. Also, some alloys may be designated by a palladium free (PF) label to indicate biocompatibility.

The Treatment Phases

Dental Pre-Preparation
Introduction: The purpose of this phase is to treat the dental nerves and muscle spasm to reduce the risk of pain, sensitivity or nerve loss.

- If muscle spasm is present and poses a risk to dental nerve health, as in the case where nerve degeneration is present, a bite adjustment may be necessary. If the spasm is severe (neuromuscular dysfunction), two mouth guards may be necessary.
- If nerve degeneration is present, dental acupuncture and neural therapy techniques exist to stimulate nerve health.

Systemic Pre-Preparation
Introduction: The purpose of this phase is to improve one’s ability to function metabolically and to tolerate the amalgam removal process.

- The Nutritional Assessment determines one’s metabolic status, that is, one’s ability to convert food into

energy and nutrients and to deliver those essential nutrients to target tissues, such as the oral cavity. There are twelve metabolic diets. Adherence to the wrong one can result in physical degeneration and disease. We also assess for food allergies so that these foods can be eliminated during the therapeutic phase.

- The Systemic Assessment determines one's ability to process toxins by way of the Immune-Detoxification-Elimination systems. Specific tests measure mercury blood level with liver and kidney function (Quicksilver Scientific). We can perform these tests before and after removal, to show a decrease in blood levels and increase in organ function. Other tests show metal allergies (MELISA test) as well as genetic defects for glutathione (Phase II) and cellular pumps (Phase III), designed to remove mercury and other heavy metals.

Therapeutic Schedule

- Amalgam removal start time: The quadrant of your mouth to be treated and the amount of filling to be removed will be determined either during or after the treatment plan process.
- Waiting periods between treatments: Generally, a period of three to four weeks is satisfactory to allow recovery. Waiting periods may vary for patients with more severe conditions.

Day of Treatment Process

- Do's:
- Do have only a liquid meal, consisting either of fruit smoothies or vegetable juices with protein.
- Do take supplements as prescribed.
- Do take prescribed medications as needed.
- Don'ts:
- Do not take Vitamin C (for all procedures) or omega 3

oils (for all surgical procedures). NOTE: These can be taken after the procedure.

- Do not take NSAID pain killers (aspirin, ibuprofen) before surgery.
- Do not work out on the day of treatment
- The Amalgam Removal Patient Protection Process
- Throughout the amalgam removal process, we protect our patients (and ourselves) using several techniques:

- Cooling: Drilling out amalgam fillings generates heat, increasing the release of mercury vapor. We keep your filling cool to reduce the amount of vapor released.
- Chunking: Chunking involves drilling only enough of the filling to cut it into chunks, which are then removed by simple suction. This technique helps to reduce the amount of vapor produced.
- Using a high-volume evacuator: This powerful and important suction tool surrounds the filling during removal. It captures mercury vapor and amalgam particles, thereby minimizing the patient's exposure to them.
- Oxygen to reduce vapor exposure. We provide you with a protective oxygen mask during amalgam removal. This is especially important if you are pregnant or nursing or have existing health issues related to mercury, allergies, or the immune system.
- Using a rubber dam. A rubber dam isolates the tooth being worked on. It reduces the amount of mercury vapor inhaled and makes evacuation of the filling material easier. It also prevents amalgam particles from being swallowed. With some teeth, however, such as second and third molars (wisdom teeth), it may not be possible to place a rubber dam.
- Cleaning the patient's mouth. Once the fillings have been removed, we thoroughly rinse and vacuum the patient's entire mouth. We then ask the patient to gargle and spit out the residue into a sink.

- Keeping room air as pure as possible. We filter our office air to keep it pure and free from any mercury vapor released as a result of amalgam removal.

Follow-up Procedures

Homeopathic injections
Acupuncture meridian balance.
Neural therapy
Four-Day Follow-up: Some patients may be advised to double their nutritional supplements for a few days.

- Post-systemic Therapy

There are various forms of detoxification therapy to assist the body with removal of toxins. We can advise you as to the various techniques and doctors who are skilled in chelation therapy, a medical procedure that uses chelating agents to remove heavy metals from the body.

We advise all patients to continue in our practice for periodic re-evaluations of the teeth nerves, gum tissue, and bite and to ensure our treatment plan will provide long-term dental health.