Biological Dentistry

Today's Paradigm Shift

By Michael Rehme, DDS, CCN

After graduating from dental school in 1983, I felt I had received an excellent education. I thought I had the proper dental skills necessary to help my patients restore, repair and maintain their teeth and periodontal (the tissue and structures surrounding and supporting the teeth) health for years to come.

I also believed my job was to *save teeth at all cost*. The mechanical skills that were taught to me, i.e., fillings, crowns, root canals, implants and periodontal therapy, would indeed provide my patients the opportunity to fulfill these objectives.

During the first ten years of my professional career, everything seemed to pass by without incident. I thought I was providing an excellent service for my patients. I was restoring mouths and relieving pain just as I was taught in school.

For some reason I kept thinking that there was more that I should be doing for my patients. I realized that I was part of the health profession, but I really didn't feel like I was actually contributing to my patients overall health. I was looking, I was searching. I wasn't sure what I would find. There had to be something more than just, *"drill, fill and bill."*

In 1996 I happened to be paging through a health magazine, *The Townsend Letter: The Examiner of Alternative Medicine*. One of the articles discussed the potential dangers of mercury fillings and how they may be compromising the health of our dental patients! I must admit when I first read this, I simply could not and would not believe that there was any truth to this inflammatory article.

No one ever discussed this topic while I was in dental school. I never read about this in any of my dental journals. Nor was it a topic of discussion with my fellow colleagues. However, I was always taught to check my facts before making a decision. So the research began.

It soon became apparent that the more articles and papers I read regarding this controversial topic, the more I began to believe that there really was some truth to mercury sensitivity. Are we using materials in dentistry that are harmful to our health? Why isn't there more information available to dentists and to the public about the potential hazards of mercury toxicity?

To my surprise, I discovered that the "mercury debate" has been a hot topic among dentists and research scientists for over 150 years! Not only mercury, but root canals and their efficacy have been challenged as well.

Is it possible that a "dead tooth" could cause systemic complications (those that spread to other parts of the body)? Do focal infections (localized bacteria in the teeth and gum areas that cause infection elsewhere in the body) actually exist?

What about cavitations (holes, empty spaces) or lesions (abnormal structural change) found in the jawbone? What impact do these have on the jawbone and the rest of the body? G.V. Black, the father of modern dentistry, described the process of cavitations in 1915 as a progressive disease of the jawbone.

Needless to say, I became more intrigued. Consequently, I realized there were more questions that simply needed to be answered. Most of these topics have been around for a long time. Unfortunately, for some reason, the significance of these findings was lost along the way.

In 1997 I was introduced to the term *"biological dentistry"* by several colleagues whom later became my mentors. It was through their logic and wisdom that I was taught to think outside the standard conventions. I was taught to visualize dentistry as a key component in the holistic approach of treating the entire body.

Once I understood this concept, my dental practice would never be the same. I developed a new approach and philosophy on how I would treat my patients. I realized through my continuing educational process and clinical experiences that dentistry does play a major role in the health of one's entire body.

Imagine when you were first born or as a young child; you had no fillings, crowns, root canals or implants; however, as you got older, the dental work soon began. With good intentions, dentists restored these mouths the best they could with the best materials and latest techniques available at the time.

It is my educated opinion and in the best interest of my patients that I choose not to place mercury restorations in teeth nor perform root canals in my office. I also believe that cavitations exist in the jawbone, can be identified and be removed in a conservative fashion. Having made this statement, I would like to provide the following documentations that can be found in the dental and medical literature - thousands of peer reviewed studies and tens of thousands of clinical cases:

Mercury:

- Mercury is a poison.
- It is one of the most poisonous elements known to man.
- Mercury amalgam may cause ill effects in those people who are mercury sensitive.
- Mercury from fillings has been shown to encourage the growth of antibiotic resistant bacteria. Dental amalgam fillings are comprised of approximately 50% mercury.

1. World Health Organization: Studied mercury exposure to humans in air, water, food and amalgams fillings, and concluded that the largest source of exposure was by far, dental amalgams. The W.H.O. also concluded that there was no safe minimum dose of mercury.

Monte, Tom;"Fear and Loathing in the Dentist's Chair," National Health Magazine, July/August 1992 p. 68.

2. Dr. Louis Chang: 1980. Mercury Vapor Studies:

Mercury vapor is released in every single test that was performed.

- 90% is absorbed into the blood stream rapidly via lungs and readily cross cell membranes and the blood-brain barrier.
- Once in the cells they form inorganic mercury that does not cross cell membranes or the blood-brain barrier readily and is responsible for the majority of toxicity effects.

3. DAMS, Inc. Scientific Documentation Webpage: Mercury, root canals, cavitations
www.amalgam.org

4. Uninformed Consent; T.E.Levy(MD) & R. Kulacz(DDS), Xlibris Corporation, 2002 Mercury, root canals, cavitations www.hugnet.com

5. Dr. Richard Hansen - mercury restorations www.mercuryfilling.com/Protocols

Solution: replace any mercury fillings with tooth colored composite resins or non-metallic crowns as needed. Avoid metallic oxides in the composite materials if possible.

Root Canals:

1. Endodontic Success - A Reappraisal of Criteria Amer. Assoc. of Endodontics: Bender, I.B.; Seltzer, S; Soltaanaff, W. OS OM OP 22(6): 780-802, Dec. 1996.

"The incidence of success or failure in endodontics is determined mainly by X-ray findings, for X-rays offers a convenient, objective method for such determinations. The incidence of success is then between 39% - 62% depending on the investigator." Therefore, as of 1996, the incidence of root canal failure according to Bender et. al., is between 38% - 61% of all studies reviewed.

Once a root canal is completed, it is impossible to "sterilize" the tiny dental tubules within the root of the tooth. The bacteria left behind in the tubules is cut off from the normal oxygen and blood supply and therefore begins to metabolize differently. They change from an aerobic to an anaerobic process and begin to give off toxins.

2. **Root Canal Cover-Up**; *Meinig, DDS, George, E;* (much of is based on research of Dr. Westin Price)

3. **The Roots of Disease;** *T.E. Levy(MD) & R.Kulacz(DDS), Hampton Roads Publishing, 2001*

4. *Biopsies performed on extracted root canal teeth reveal a biological success rate of approximately 25%.*

5. *Dr. Boyd Haley, Professor and Chair of Chemistry Dept., University of Kentucky, Alt Corp, Inc. founded 1997. www.altcorp.com*

Solution - avoid root canals in the first place by practicing preventative measures. Have regular check-ups; eliminate any decay that is found in order to reduce chance of nerve damage in the future. If you have a root canal performed and you feel that your health has become compromised in any fashion, consider removal of the tooth.

Cavitations:

NICO (Neuralgia Inducing Cavitational Osteonecrosis) lesions are hollow places in jaw bones. Dr, G.V.Black, described this cavitation process as early as 1915 where he described a progressive disease process in the jawbone, which killed bone cells and produced a large cavitation area or areas within the jawbones.

The term cavitation was coined in 1930 by an orthopedic researcher to describe a disease process in which a lack of blood flow into the area produced a hole in the jawbone and other bones in the body. Cavitations often produce trigeminal neuralgia pain, headaches, and facial pain. They are common in all bones that have bone marrow and may linger for years without producing any major discomforts.

Current research findings indicate that 45% - 94% of all cavitational lesions are found at wisdom teeth extraction sites.

1. *"Routine Dental Extractions Routinely Produce Cavitations:"* Thomas E. Levy, MD, FACC, and Hal A. Huggins, DDS, MS. Journal of Advancement in Medicine, Vol. 9, No. 4, Winter 1996.
2. *Cavitation treatment:* Dr. Steve Evans, DDS, www.altcorp.com/AffinityLaboratory/cavtreat.htm
3. *Cavitat Instrument:* (ultrasonic bone scanning device to detect cavitations - 98% accurate - FDA approved) inventor - Bob Jones. www.cavitat.com
4. *Dr. Wes Shankland; Oral Surgeon* - cavitations www.drshankland.com/nico.html
5. *Dr. Christopher Husser; Trigeminal Neuralgia, Atypical Facial Neuralgia:* the Cavitation Connection www.curezone.com/dental/dental_neuralgia.asp

Solution - the only treatment available at this time to remove cavitational lesions is surgical removal. The solution for practicing biological dentistry is to keep it simple. Get back to basics. Give the body what it needs: health and balance. Imagine when you were first born or as a young child; you had no fillings, crowns, root canals or implants; however, as you got older, the dental work soon began. With good intentions, dentists restored these mouths the best they could with the best materials and latest techniques available at the time.

But is it possible that maybe we made some errors in judgment along the way? Are there sensitivities that we were unaware of? And are there alternative approaches to restoring the oral cavity that could be investigated? I ask these questions because I have personally observed the positive results and the systemic changes that have occurred in many patients, once mercury fillings were removed and replace with a more compatible material or a root canal tooth extracted or a cavitational site that was surgically repaired. The dental professional must be aware of these situations and also be willing to adjust or even change some of its protocols if enough evidence is provided to suggest that any dental techniques and/or procedures are having a negative impact on our patient's health.

Sometimes what we refer to as "scientific based evidence" today, can change as new research and new information are uncovered tomorrow. We once thought the world to be flat, eggs were bad for you and margarine was better than butter. "Scientific based evidence" has and will continue to change its positions, as long as we are allowed to investigate new ideas and consider possibilities that challenge and stimulate our intellect. As long as we have our patient's best interest in mind, our efforts will be supported by our clinical observations and scientific results.

Dr. Michael Rehme, DDS, CCN (Certified Clinical Nutritionist). He practices Biological Dentistry that includes mercury free, tooth colored fillings; healthy dental materials; balancing body chemistry; and nutritional therapy. For information about Biological Dentistry and patient success stories visit www.toothandbodyconnection.com or call his office 314-997-2550. Attend a free monthly presentation and discussion by Dr. Rehme on Biological Dentistry in the seminar room at his newly expanded office on the third Tuesday each month at 6:30 pm. Please call to verify the date and reserve your space.

MICHAEL G. REHME, DDS, CCN & ASSOCIATES
a healthy choice for dental care