SAVE YOUR TEETH, SAVE YOUR LIFE

GOOD PROTOCOLS: SAFE MERCURY REMOVAL
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THE GOOD DENTIST
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Minimally-invasive, systemic, and biological dentists have zero tolerance for mercury amalgam. Because of mercury amalgam’s toxicity and its tendency to expand and contract with heat, causing tooth fractures and recurrent decay over time, the preference is always to remove mercury amalgam fillings sooner than later, but only with the proper safety protocol to protect the patient, dentist, and dentist’s assistant.

Without a proper safety protocol, it is not safe to remove mercury amalgam fillings. Because the safety protocol is not taught in most dental schools, both dentists and patients need to know what a safe mercury amalgam removal protocol looks like. Patients need to know what they are asking for. Dentists need to know how to provide it. The International Academy of Oral Medicine & Toxicology provides a video of a safe mercury amalgam removal. I recommend everyone watch this video to have an idea of what safety looks like when removing mercury amalgam. Utmost caution and care must be used, because drilling mercury without the safety precautions will expose everyone in the room to dangerous mercury vapor. This is to be avoided at all costs.

If patients know what they are looking for, they can determine from a brief conversation with the dentist, the dentist’s assistant, or even the office receptionist, if a dental office uses a proper safety protocol. If they do not, you have the wrong dentist to remove your mercury amalgam fillings. Whether the dentist agrees to take the fillings out or not, you have to find a different dentist who knows how to do it safely. One way to determine that is to ask about equipment.
Here’s an itemization of the equipment I use for safe amalgam removal. Use it as a checklist. Call up the dentists you want to query, or send them an email via their website, and ask them in simple terms if they are trained and experienced in a safety protocol for mercury amalgam filling removal. If so, ask if they use the equipment listed below. Check off on all the items on the list. Just using a dental dam, for example, is not enough. Not by any means. Remember also, if the dentist you are querying keeps advising you to leave your mercury amalgam fillings alone, suggesting it’s safer to leave them in your teeth than take them out, listen up! That dentist is basically telling you he or she lacks confidence about the safety of their removal process, or lacks adequate education about the reasons why mercury amalgam is an unsafe dental material, or both. Do your due diligence. Keep looking until you find a dentist who has the training, experience, confidence and the equipment.

**EQUIPMENT LIST FOR SAFE AMALGAM FILLING REMOVAL**

— Latex dental dam.
— Charcoal.
— Oxygen tanks with nasal oxygen mask covering patient’s nose.
— Vitamin C and minerals, as well as homeopathic remedies if appropriate, delivered by IV drip.
— “Elephant” mercury vapor vacuum.
— Mercury vapor mask for the dentist. The dental assistant should also wear a protective mask.
— Ozone generator for O₃ (for sanitizing bacteria and biofilm in cavities and sites of recurrent decay under old fillings, caps, root canals) and ozonated water (for rinsing mouth).
— Procaine—a form of anesthesia injected under the skin that causes lymphatic flushing—used after dental procedures to detox the jaw, neck, chest and breast areas. Also injected into old scars to increase lymphatic flow.

**PROCEDURE FOR SAFE MERCURY AMALGAM REMOVAL**

A dental dam is placed around the tooth being worked on, with charcoal around the base of the tooth to absorb mercury. Activated charcoal capsules can be given to patients before the procedure, as well as after, as an extra precaution.

Next, a nasal oxygen mask is placed on the patient’s nose to prevent mercury vapor exposure. The mask is connected to oxygen tanks, and the patient is directed to breathe only through the nose. This gives the patient a constant supply of fresh oxygen to breathe and prevents her from inhaling any mercury vapor. Face and eyes are then covered. IV Vitamin C and minerals are given during amalgam removal to support the patient’s immune system. I add homeopathic remedies to the drip as needed.

The dentist and attending staff wear a protective mask to prevent breathing mercury vapor. It’s crucial that mercury vapor exposure be minimized for everyone in the room and office. Dentists and hygienists need to practice self care. The safety protocol is for them as much as for patients. A mercury vapor vacuum also helps by sucking air from around the patient’s mouth during the removal procedure. The vacuum creates more safety for everyone. Dentists who are naturally reluctant to remove mercury fillings because they know it can expose everyone to mercury vapor can feel more confident with these safety precautions in place. The dentist and hygienist must be safe and comfortable as much as the patient.

After all the amalgam filling has been removed, sterilizing ozone gas is used to treat any recurrent decay on the exposed tooth. Ozonated water is used for rinsing. Ozone (O₃) is easily made in the office with an O₂ compressor.
After the removal procedure is complete, I add another step to help my patient deal better with any possible mercury exposure by causing a flush of the lymphatic system in the surrounding areas. To do this I use procaine.

Using a small needle, I inject a little procaine just under the skin along lymphatic drainage pathways in the jaw, neck and chest to help the body flush toxins from that area. This is a precautionary step. If any mercury got into the fluid tissue, I want to flush it out immediately so it does not settle into the chest and breasts, since lymph drains down from the mouth through the neck into the chest and breasts. Just a few drops of procaine injected just beneath the skin along the lymphatic pathways and around lymph nodes causes the body to flush those areas. The flushing effect is immediate. Scars can also be injected to open up better lymphatic flow. Refer to images showing the full process below.
I can’t emphasize enough that amalgam removal is complete only when all the mercury amalgam is removed. This is really important to clarify, because I know most dental schools say it’s okay to leave some amalgam in the tooth and then put a new filling material or cap on top of it. But this is not acceptable for systemic or biological dentists—dentists who are mercury-free, minimally-invasive, and concerned about chronic disease down the line. We know that mercury leaches from the amalgam into the tooth. I have seen this over and over again in my practice over the past 20 years. The mercury is not stable. It comes out of the amalgam and into the teeth. Also mercury amalgam degenerates over time, leaching more mercury and causing recurrent decay under and along the sides of the amalgam. Finally, the expansion and contraction of the mercury amalgam with changes in temperature increases the risk of fractures. The longer the amalgam filling stays in the tooth, the higher the risk of mercury exposure, the more risk of recurrent decay and tooth cracking, and the greater the risk of losing that tooth over time.

The first photo that opens this section shows the patient’s teeth after I removed all mercury amalgam. You can see with your own eyes that nothing was left behind. My work was done after the patient had gone to a previous “holistic” dentist who agreed to remove her mercury amalgam fillings, but who left mercury amalgam underneath the new fillings! When the patient’s teeth began to turn grey, she came to me for help, and indeed I found some of the old mercury amalgam had been left behind. I had to do the work all over again, only do it right.

With a safety protocol in place, mercury amalgam fillings can be removed without harm to patient, dentist and staff. However, the dentist chosen needs to have the training, skill and experience to perform the procedure with minimal damage to the teeth. Fractures have to be avoided.

Strict guidelines should be in place for proper toxic waste disposal in dental offices. Washing mercury amalgam material down the drain into the city waste water is against the law. That’s how toxic it is. It has to be handled carefully as a hazardous waste. How ironic is that, by the way? Dentists are allowed to put mercury amalgam in your mouth, but the same mercury amalgam once it’s removed from you mouth is too toxic to allow down the drain, and must be handled according to strict EPA guidelines for hazardous waste removal.

If there are multiple amalgam fillings, they are usually removed one quadrant at a time. After the removal is complete, a mercury detox protocol can be started under the guidance of a doctor who specializes in heavy metal detox. I cover this topic in the next section. But first, each tooth has to be restored and a new filling placed using safer biomimetic dental materials.

**RESTORATION AFTER MERCURY AMALGAM REMOVAL**

After the mercury amalgam is removed safely, the work of restoration starts. For restoration we no longer need the oxygen mask and protective gear, so all of that can be removed. The patient will be breathing much easier now, not just because the dental dam, nasal oxygen mask and protective face covering have been removed, but also because the body responds so positively to its new mercury-free state. People are usually so relieved to know this toxic material is out of their body that they have a physical, emotional and energetic experience of elevation. Without this toxic heavy metal in their teeth, they feel lighter.

The 6 photos below show the process of restoration, which begins with dental ozone therapy to clean up the tooth surface before placement of a new fillings. The first row of photos shows the exposed tooth before and after ozone therapy.
In the first 2 photos, you can clearly see that mercury leached into the tooth from the amalgam, in spite of claims made by the ADA that mercury in amalgam is stable. You can see the dark areas of contamination and decay. I see this all the time under amalgam fillings. I want consumers of dental mercury amalgam to know what teeth look like that have been treated with the “drill it, fill it” method. When you’re dealing with an amalgam filling this big, it’s not a pretty sight.

Ozone gas is a perfect new medicine tool for this early stage of restoration. It’s a crucial step to clear the area with ozone before placing the new filling, to prevent recurrent decay under the new filling. The ozone is applied with a suction cup applicator placed over the tooth. Within a minute or two, ozone gas kills not only bacteria but also biofilm—a sticky plaque of bacteria, viruses and fungus. Ozone also helps oxidize the mercury that has turned the tooth blackish grey. The white film in the first two images is from the oxidation process. In the 3rd photo, the oxidation has been suctioned away. You can see how the surface of this molar has been cleaned up of most of its contamination and bacteria. It’s so clear in fact, that now you can clearly see a fracture in the top middle of the tooth. It looks like a thin grey line. As I’ve said many times, fracturing is very common with mercury fillings, because drilling weakens the biodynamic structure of the tooth, and because amalgam expands and contracts with heat.

The second row of photos below shows the restoration I did with Ribbond strips, a biomimetic dental fiber reinforcement made from a Kevlar-like material that helps to cushion fractures. My hope was that the fracture could be cushioned enough to save the tooth. The last photo shows placement of a new filling made of biomimetic cubic zirconia.

Applying Ribbond takes time and increases cost. But remember, as a minimally-invasive, systemic dentist, I don’t do root canals. So I’m doing everything I can to save this tooth now, even if it takes more time and money. I don’t want any more deterioration that might damage the pulp or nerve of this tooth. If this tooth
cracks in a year and gets infected, I’m not going to get paid more to then do a root canal procedure on this tooth. In my practice, a root canal is not an option. I don’t want to lose this tooth any more than my patient.

Honestly, I spend a lot of my professional time repairing the work done by dentists who have not been trained in minimally-invasive and biomimetic practices. Instead they used “drill and fill,” making the restoration work challenging, because drilling damages so much of the tooth structure. Even if mercury were not known to be one of the worst neurotoxins, it is a very poor material for dental fillings. It’s not biomimetic in any way. It damages too much of the tooth structure. My job will be to replace the mercury amalgam with a non-toxic biomimetic dental material that will last a lifetime. I want to cause minimal stress to the tooth and to the body. The biomimetic filling material of choice for me is cubic zirconia—for all the reasons I explained in the “Cost Effective” section of the previous chapter. Biocompatibility testing can be done, but typically zirconia is a non-allergenic, resilient filling material safe enough for pregnant women, children and everybody else.

For their own safety, consumers of dental services need to have a good understanding of safe mercury amalgam removal. As I said before, if a dentist says “don’t worry” about the amalgam fillings and advises you to leave them in your teeth, take that at face value. Fundamentally, it means that dentist is not the right one for you, because the dentist doesn’t realize how toxic they are, or is not comfortable taking them out. Maybe the dentist knows why you want the mercury amalgam removed, but he or she doesn’t have the equipment and training to do the job safely and effectively. Maybe the dentist knows with his or her skill level that he or she may risk killing the tooth in the process of removing the amalgam fillings. I’ll be the first to say that removing mercury amalgam and restoring drilled teeth is much more complicated and challenging than drilling the tooth and putting in the amalgam filling in the first place.

Take responsibility. Do your research and find a good dentist who knows why you want the mercury amalgam fillings out, is confident about how to remove them without causing more damage to the teeth, and has the equipment and protocol in place to do it safely. Ask for what you want, and have a candid conversation with the dentist about their equipment, training, experience, and skill level—before you schedule an appointment.

For dentists who want training in the mercury amalgam removal safety protocol, just join some of the organizations listed in Chapter 6, Finding a Good Dentist. You’ll then be updated on all the trainings and conferences going on every year. Come hang out with the minimally-invasive, biomimetic, biological, and systemic dentists and experience how many exciting new developments are taking place in our profession. It’s a whole new era. Be sure you get dental ozone therapy training as well, sometimes called ozonotherapy.