

## *DENTAL AMALGAMS AND CFIDS: HARMLESS FILLINGS – OR TOXIC CONCERN?*

written by Dr. Michael Fleming

*Are dental amalgams bad for your health?* The debate continues to rage about the mixed-metal tooth fillings, which contain mercury and other potentially toxic substances. The topic is of particular interest to people with CFIDS, who are searching for relief from the multitude of symptoms they face every day.

The American Dental Association (ADA) states unequivocally that amalgam fillings are safe, since the mercury is made stable when mixed with other materials. Although other materials are now available for fillings, the ADA says that amalgams still play a role in modern dentistry — and should not be removed simply out of unfounded concern over the presence of mercury.

Yet not all medical professionals are convinced. Michael Fleming, DDS, writes that amalgam removal cannot promise miracles — but should not be completely rejected, either.

CFIDS remains one of the most clinically challenging conditions to treat in the health care setting. Many people with CFIDS (PWCs) have tried so many different things to get well that they have worn themselves out emotionally, financially and physically in the process. The ongoing symptoms have often led patients on a wild goose chase searching for a cure. Some may have simply resigned themselves to a life managed with medications. Others continue the quest for healing with varying degrees of success.

A controversial treatment advocated to relieve chronic fatigue states and other disorders is the removal of mercury-based amalgam fillings and other dental materials from the mouth. In the search for wellness, many PWCs have replaced their fillings, believing that the materials in them may be working their way into the body and causing symptoms. Some PWCs have shown measurable results, and others little or no perceived benefit. Many others have considered having their amalgam fillings removed but are not at all sure of the relevance and effectiveness of such a treatment.

The current scientific evidence does not adequately support the legitimacy of amalgam replacement treatment to treat disease or ill health. However, when considered as part of a broader long-term plan to recover health, replacement therapy can be seen as “taking a brick off the wagon” of the immune system. Treatments should therefore not be seen as offering the final answer to a patient’s health problems, but rather as taking one more step toward allowing the body an opportunity to heal itself.

Dental amalgam is a mixture of at least three metals: mercury (45–55 percent), silver and tin. Depending on the manufacturer, copper is often added for corrosion resistance, along with zinc, palladium and other trace metals. Amalgam has been the standard filling material for teeth since the mid-to-late 1800s, and its use in teeth was first recorded in France as early as the 1780s.

Virtually every dentist practicing in the world today has been trained to do amalgams and the majority of them continue to install them routinely. Dental amalgam remains a deeply entrenched treatment modality even though there has been significant decline in its use with the development of tooth-colored alternatives and growing health concerns over the presence of mercury.

When the body is exposed to mercury, the health effects include a variety of toxic, allergenic and local oral symptoms. The list is long, but typical symptoms would include fatigue, a decline in mental clarity, irritability, depression, withdrawal from family and friends, poor sleep, night sweats, anxiety, panic, premature aging and a general sense that one is losing one's health and mind. There may be cardiovascular, neurological, gastrointestinal and genitourinary symptoms of all sorts.

Many of the symptoms of mercury toxicity mimic those of CFIDS, multiple chemical sensitivity syndrome and autoimmune disorders. Furthermore, it can take months or years for any effects of mercury to appear, making a conclusive diagnosis of any mercury-related disease nearly impossible. It is not uncommon for people with mercury poisoning to be functioning at a high level until an illness or significant life stress event occurs and health begins to decline either suddenly or more gradually.

It is worth noting that the World Health Organization has stated that dental mercury fillings constitute the main mercury exposure risk to humans, exceeding food, air and water sources combined.

Even though mercury in the mouth is a hot issue in dentistry these days, PWCs must realize the oral cavity can also contain a veritable smorgasbord of other materials as well. It is not at all uncommon in a dental practice to see patients with a combination of root canals, crowns, bridges, implants, amalgams, composite fillings, removable metal/plastic appliances and all sorts of bonding and bleaching agents, solvents, fillers and cements. These materials can contain mercury, tin, silver, copper, zinc, palladium, gold, nickel, beryllium, chromium, iridium, gallium, indium, platinum, titanium, barium and aluminum — as well as complex plastic polymers and adhesives. Root canal fillings often contain a latex rubber derivative (gutta percha), formaldehyde, eugenol (oil of cloves), heavy metals including mercury and various cements and bulking agents.

The decision for PWCs to enter into a treatment process like amalgam removal needs to be made after careful consultation with a trusted and knowledgeable physician and dentist, who, in turn, will work with each other and the patient to establish a plan of treatment. Attention needs to be given to all the materials present in the mouth, not just the amalgams. Careful consideration needs to be given to the patient's current state of health when entering into this treatment. Fortunately, PWCs generally tolerate dental treatment very well with few complications. If a choice is made not to engage in removal therapy, in my opinion it still would be a good idea for PWCs to avoid the installation of any more amalgams.

Dentists are not obligated to provide removal treatment and many do not believe the removal of amalgam has any value in treating health problems such as CFIDS. Both dentist and patient need to mutually appreciate the need for this treatment and the risks and potential benefits must be clearly discussed and understood. Patients may wish to consult with a dentist and/or physician familiar with the new materials and procedures and experienced in managing patients with CFIDS.

Patients also must be prepared to accept the fact that no guarantees of improvement of symptoms can be made. There can be significant expense — sometimes thousands of dollars — to have removal treatments performed, depending on how much material is present in the mouth. These expenses are not always covered by dental insurance.

It is the dentist's duty to do no harm in the process of removal treatment and to give his or her best efforts to those who seek care for this purpose. While amalgam removal is a treatment worthy of consideration in the CFIDS population, it is well for all of us to remember to "be informed before anyone performs."

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