

Mercury Tooth Fillings A Toxic Time Bomb?

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Here is another article I came across on yet more reasons why we need to insist that our fillings and any other substance or product we use not contain mercury. It boggles my mind to think that mercury is still being used at all and that there is debate on whether or not it's safe in any amount.

by Charles W. Moore

Sweden has banned mercury amalgam dental fillings, effective January, 1997, after determining that at least 250,000 Swedes have immune and other health disorders directly related to the mercury in their teeth. Denmark will ban amalgams beginning in January 1999.

In 1991, Germany's Health Ministry recommended to the German Dental Association that no further amalgam fillings be placed in children, pregnant women, or people with kidney disease, and in 1993 this was extended to include all women of child-bearing age, pregnant or not. Austria is also phasing out mercury fillings.

By contrast, the American Dental Association (ADA) says replacing amalgam fillings from non-allergic patients for the purpose of removing toxic substances from the body is "improper and unethical." The Canadian Dental Association (CDA) insists that there is no scientific evidence linking medical illness symptoms to mercury fillings, except relatively rare allergic sensitivity to mercury. (The number of persons with a specific and detectable sensitivity to mercury may not be so small. According to a Health Canada report, as many as 15 percent of people with amalgam fillings show signs of sensitivity to mercury. Some American researchers claim that at least 20 percent of people with amalgam fillings are "mercury toxic.")

What gives?

Are the Europeans and Scandinavians hysterical Cassandras, in a sweat about nothing, or are the North American dental associations concerned about things other than patient health? Are mercury amalgam tooth fillings dangerous or not?

Amalgam tooth fillings are an alloy of 50 percent mercury, 35 percent silver, 13 percent tin, 2 percent copper, and a bit of zinc. Mercury toxicity was known in the 19th century, but amalgam's cheapness, ease of placement, and durability kept it popular. Dentists argue that mercury fillings last longer than resin composites, and are more gentle to tooth pulp. Composites also require more skill and time to place.

Unfortunately, mercury is a poison that penetrates all living cells of the human body. It is more toxic than lead, cadmium and arsenic. The smallest amount of mercury that won't damage human cells is unknown. Autopsy studies show a correlation between the number of mercury fillings and mercury levels in the brain and kidneys. Research also indicates that amalgams have an adverse effect on the immune system's T-lymphocyte count.

Scrap dental amalgam is classified hazardous waste by the American Environmental Protection Agency, and by law must be stored in unbreakable, sealed containers, and handled without touching. Dr. Sandra Denton, M.D., who specializes in treating chronic mercury toxicity, asks: "What is it about the mouth that makes this same stuff non-toxic?" Referring to American Dental Association (ADA) claims that amalgams have been proved safe in studies, Dr. Denton challenges them to produce such studies. They have not. "*On the other hand,*" says Denton, "*research documenting mercury toxicity is voluminous.*" She has collected some 3,000 articles and several books on the topic.

A Danish study found that Multiple Sclerosis (MS) patients had eight times higher levels of mercury in their cerebrospinal fluid than healthy controls. An article in the Journal of Forensic Medicine & Pathology states: "Slow retrograde seepage of mercury from [root canal](#) or Class V amalgam fillings...may lead to multiple sclerosis in middle age." Dr. Hal Huggins of Colorado Springs, Colorado, a dentist who has MS himself, treats MS victims and people with other chronic health problems by removing mercury amalgam fillings as well as with detoxification and nutritional supplementation. He claims that 80 to 85 percent of his patients improve significantly.

Despite Huggin's successes, the U.S. Multiple Sclerosis Society opposes mercury amalgam removal, stating that they have found no scientific correlation between amalgams and MS. Dr. Huggins counters that if his results are to be written off as "anecdotal" or "placebo effect", then he has the largest collection of sustained recurring anecdotal placebo responses in the world.

Antibiotic resistant bacterial disease has become a significant and growing public health problem over the past decade. Studies show that genes protecting bacteria against mercury poisoning often bundle together with other genes that give bacteria antibiotic resistant qualities.

If amalgam fillings stimulate and maintain populations of mercury-resistant bacteria, it's no major stretch to suggest that they might also be an agent in developing antibiotic-resistant bacteria. Research by Dr. Anne O. Summers, et al., at the University of Georgia shows such a relationship in monkeys. Dr. Summers put mercury fillings into the molars of monkeys. Within five weeks bacteria in the animals' intestines became resistant not only to mercury, but also to common antibiotics like penicillin, streptomycin, and tetracycline.

Another monkey study by Dr. Stuart B. Levy at Tufts University found that before having mercury fillings, an average of one percent of the monkeys' oral, and nine percent of their intestinal Enterobacteriaceae were antibiotic-resistant. After receiving mercury fillings, 13 percent of oral and up to 70 percent of intestinal bugs became antibiotic resistant. The ADA responds by reiterating its stand that mercury fillings are safe, and arguing that animal studies "*cannot be viewed as affecting humans.*"

It is well-established that elemental mercury vapour emits from amalgam tooth fillings during chewing, brushing, and eating hot and/or acidic foods. Most of this vapour is inhaled, allowing efficient absorption across the alveolar membrane in the lungs. Mercury easily crosses the blood/brain barrier – the brain and nervous system's main natural defense against many toxic substances. It can bind strongly to sulfur-containing proteins in nerve tissue (which may explain the association with MS – a disease of the nerve sheaths), and deposits in virtually all body tissues and organs.

In experiments on mercury fillings in sheep, Dr. Murray Vimy, a dentist at the University of Calgary, proved that mercury migrates from the teeth into nearly all body tissues, especially the brain, kidneys, and liver.

The average dentist handles two or three pounds of mercury annually. According to Consumer Reports, up to 10 percent of dental offices have mercury vapour levels exceeding 50 micrograms per cubic metre of air – the upper limit considered safe for eight-hour workplace exposures. Dr. Sandra Denton cites a study at the University of North Texas that found neuropsychological dysfunction in 90 percent of dentists tested.

Female dental personnel have a higher spontaneous abortion rate, higher incidence of premature labour, and elevated perinatal mortality, which has been substantiated by the EPA to be characteristic of women chronically exposed to mercury vapour.

Stillbirths are significantly correlated with maternal blood mercury levels. Methyl mercury, the organic form of mercury that forms after oral ingestion of mercury, is 100 times more toxic than elemental mercury. Methyl mercury easily crosses the placental barrier and builds up 30 percent higher red blood cell levels in the unborn child than the mother.

The CDA counters that with billions of mercury amalgam fillings placed, there is no apparent epidemic of ill health effects. However, others argue that so many people have mercury fillings that no effective control group exists. Former Health Canada biologist Mark Richardson, who researched the scientific literature on mercury toxicity in preparing a risk assessment, notes that it is people wanting to maintain the status quo who conclude that there is no evidence that mercury toxicity is a health problem. He refers to the tobacco industry's stalwart insistence that studies linking smoking to lung cancer are unscientific. Richardson's report, under consideration by Health Canada, recommends limiting the number of mercury fillings per person.

Stubborn reluctance of dental associations to acknowledge the health risk of mercury toxicity from amalgam fillings may indeed have much in common with tobacco company tactics. If diseases like Multiple Sclerosis, Chronic Fatigue Syndrome, and Multiple Chemical Sensitivity are linked to mercury exposure from tooth fillings, significant potential exists for individual or class action lawsuits against dentists.

Indeed, the German Dental Association has stated that if the government recommends further limitations on amalgam use, it will advise its members to stop using amalgams completely due to increasing risk of legal

liability. The truth will eventually out, and if mercury fillings are indeed eventually proved harmful, a history of foot-dragging will not bolster the dental community's case in court.

Dr. Murray Vimy is certain that every time you chew, brush, or grind your teeth you absorb mercury. However, he counsels against panic and suggests that mercury fillings be replaced with non-mercury materials like resin composites, porcelain, or gold, as needed. There is some risk that mass replacements could expose the patient to more mercury than if old fillings were left alone.

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