

## If Metal Fillings Need to be Replaced

Most dentists do not realize that the main exposure to patients with metal fillings occurs during the removal of the fillings. It is more harmful to remove amalgam fillings than to leave them in place IF the right dentist doesn't do it. Florida's environmental regulatory agency notes that one mercury filling from one tooth thrown into a lake can be enough to contaminate that lake for fishing and swimming.

Amalgam is the generic term applied to the silver-mercury filling commonly used in dentistry. Amalgam is also known as the "silver filling" (due to its shiny appearance) or the silver-mercury filling. Powdered metals and metal compounds consisting of silver, copper, tin and zinc are mixed with about an equal weight of liquid mercury. Three different types of chemical reactions take place within this mixture and the resultant silver-mercury amalgam will set at room temperature and, most importantly, within a few minutes.

Less than 1% of dentists are properly trained and have the proper equipment to protect their patients from inhaling mercury vapor and from swallowing mercury residue during the removal process. Many elderly people start going downhill after having their metal fillings replaced or removed by a dentist that did not use the proper protocol.

For a list of dentists in your area who adhere to the proper protocols necessary for the safe removal of mercury fillings visit <https://iaomt.org/for-patients/search/>

The business of replacing metal with composite fillings is done almost like a surgery in the sense that you must make sure and cover the entire mouth with a plastic covering so that no metal particles are swallowed. An oxygen mask is placed over the nose so that none of the fumes are breathed during the procedure. You are told not to breathe through your mouth, only through your nose during the process.

If a person was to have a "traditional" dentist replace their fillings, it could potentially be more harmful because of the small extremely toxic mercury particles that get swallowed during the procedure. Even a minute amount swallowed may cause more health problems than simply leaving them the way they are. The liver would be extremely overloaded for months, possibly years, attempting to clear the toxic metals out of the body.

Interestingly, when a dentist purchases the amalgam mixture used for metal fillings; it's shipped with strong government warning labels that say, "Highly toxic material inside." It comes in a securely sealed container with another warning label "DO NOT OPEN except under \_\_\_ conditions... gloves, mask, etc." How is it that when it's in our mouth as a filling, it's safe? When we chew and grind our food, these fillings begin to wear down over the years and minute amounts of metal being swallowed over a twenty to thirty-year period while chewing and ingesting our food.

Doctors have found that metals are lining the inside of a person's veins, arteries, and valves of the heart! Yes, doctors check our cholesterol level and sometimes find a high level, but it is not likely that a Cardiologist would consider having the patient tested to see if minute measures of mercury from the teeth are being swallowed and collecting in the arteries. Anyone who's had chelation knows that it can be cleared out slowly by chelation. But what if there was an herbal formula that safely clears is out?

The other reason you want to have a Biological Dentist do your work is so that they can do a compatibility test on your first visit to see if the new filling material will cause a reaction. They can test you using a similar device to see if one of the five different ingredients that make up the replacement white composite filling will react negatively with your system.

Just to be clear, not everyone who has mercury amalgam fillings need to assume they have metal toxicity or that their fillings need to be replaced. Dental fillings are not a problem for MOST people. But they are a problem for a lot of people. Replacing them can be expensive so no need to take on that endeavor unless it's necessary. The other thing is that – even if your fillings are a problem, they may not be the biggest problem in your body right now. There is likely pathogens that are a higher priority right now than the metals.

Again, most dentists do not understand the health concern it may cause, and it's virtually impossible to convince a dentist of the dangers if they aren't already aware.

### **METHODS TO REDUCE MERCURY VAPOR EXPOSURE TO BOTH PATIENT AND OPERATORS DURING AMALGAM REMOVAL - a *Mercury Safe Protocol***

1. Eye Protection for our patients as well as dentist and staff.
2. Pre-treatment rinse with oral detox, then suction out; repeat when mercury fillings have been removed.
3. Drape patient in dental chair with disposable drape or oversized bib.
4. Provide an alternative source of air (oxygen) to patient via nasal mask, which ideally has a one-way valve and vacuum within nasal mask. Protect dental personnel with a non-rebreather gas mask.
5. Isolate area being treated with a proper-fitted, non-latex dental dam. If dam use not possible, multiple high volume and low volume suctions can be used. Copious amounts of cool water must be used under both conditions with the spray focused on the junction of the handpiece burr and the filling being removed.
6. When the last mercury filling has been removed, or before and between removals, an oral rinse with water and oral detox is appropriate, best care.
7. A saliva ejector needs to be under the dental dam during mercury filling removal to pick up mercury vapors that will pass through the dental dam.
8. Surround-type or 2 properly placed high volume suctions are best during mercury filling removal.

9. Use a new carbide cutting burr to section Mercury fillings into as large "chunks" as possible. Keep up with the abundant rinsing.
10. Purify the air with an ionizing filtering system and mercury vapor filtering systems.
11. After mercury removal, dental personnel must remove gloves, wash hands thoroughly, and re-glove.
12. For high and low volume suction at the chair, have a centralized Hg separator. Best units collect 99% of mercury before it goes to wastewater. Dentistry is the only industry that is unregulated about pollution of Hg. We must regulate ourselves voluntarily.
13. Consider appropriate nutritional and physical support protocols under the care of a knowledgeable practitioner.
14. Feel comfortable and confident that the restorative materials used have been evaluated for safest use. Use the most compatible and technically appropriate materials.

### Protective Barriers

For virtually all operative procedures involving removing metals from the mouth, a rubber dam is used. Two high-volume suctions are in place on the "tooth-side" of the barrier and a low-volume suction is placed in the mouth, "air-way" side of the barrier. Mercury vapors that could pass through or around the rubber dam are thus vacuumed into our office filters and not inhaled by our patients.

After metal removal, it is necessary to provide an oral detox lavage and suction to further evacuate potential vapors and particles.

- This 5-minute video demonstrates the safe removal of dental fillings.  
<https://www.youtube.com/watch?v=MglUj7s3PA>
- This website describes health issues associated with mercury exposure.  
<https://hugginsappliedhealing.com/amalgam-fillings-huggins-grube-protocol/>

This information is presented for educational and experimental purposes only. It is not intended as a substitute for the diagnosis, treatment, or advice of a qualified, licensed medical professional. The content presented is offered as information only, not medical advice, and in no way should anyone infer that we are practicing medicine. Seek the advice of a medical professional for the proper application of this information to any specific situation. No statement on this website has been evaluated by the Food and Drug Administration. Any product mentioned or described on this website is not intended to diagnose, treat, cure, or prevent any disease.