

The Chiropractor, Silver-Mercury (Amalgam) Dental Fillings, and the Dentist

If your practice is similar to mine, you most likely face this common question from your patients: "Should I remove my silver fillings?" Hopefully, you will give wise counsel and not cause the patient to seek harmful therapy nor expose yourself to annoying litigation.

The Controversy

Admittedly, dental care is very important for everyone's good health. Persons who have difficulty with performing the tasks of regular dental hygiene should consult their dentist or rehabilitation specialist for special training and the use of special toothbrush devices.

Dental problems that are not attended to may be the focus of infections which can then spread to other parts of the body. Any person with a chronic disorder should take special care to have any tooth or gum disorder treated appropriately.

There are some claims that mercury leaking from amalgam dental fillings damages the immune system and causes a broad range of diseases, including multiple sclerosis, by contributing to the demyelinating of nerves. But this theory is refuted by several organizations.

For example, the National Multiple Sclerosis Society states that there is no evidence that dental problems cause MS to develop or to progress. They go on to tell their MS sufferers that there is no scientific evidence to connect the development of MS or other neurological diseases with dental fillings containing mercury.

Strategies to Deal with the Amalgam Controversy

Regardless of your professional beliefs or the personal beliefs of your patients, there are many factors you should consider when addressing the amalgam controversy with your patient. Ultimately, you need to set up a positive working relationship between you, the patient and their dentist.

Nothing will impress the dentist more than your command of the subject, regardless if they agree or disagree with your position on the amalgam controversy. Consider this as you may well win the dentist over as a referral source. Equally important, the chiropractor must have a sense of the problems the dentist faces with removing old amalgams.

Is There a Catch-22 for Dentistry? Dentists Can Place the Amalgam, but Can They Remove It?

Dentists face a peculiar catch-22 when it comes to removing amalgams "for health reasons." State laws and scopes of practice vary across the land. Basically speaking, it is beyond the scope of their practice to diagnose a systemic problem/disease believed to arise from amalgam toxicity! This means that their hands are tied somewhat and they need to rely on a diagnosis from a qualified health practitioner.

To illustrate this restriction that the dentist faces more clearly, the American Dental Association

Council on Ethics, Bylaws and Judicial Affairs (CEBJA) states, "Removing serviceable dental amalgams because it is allegedly a toxic substance is improper and unethical." This is published in the *ADA Principles of Ethics and Code of Conduct*, which is available from the council.

The CEBJA statement continues, "There is no scientifically documented evidence of a cure or improvement of a specific disease due to removal of amalgam restorations from a non-allergic patient. If an allergic reaction is suspected, the patient should be independently diagnosed ... Based on the foregoing reasons, the Council concludes that removal of amalgam restorations for the alleged purpose of removing toxic substances from the body presents a question of fraud or quackery in all but an exceedingly limited spectrum of cases."

What the ADA is saying to the dentist regarding amalgam toxicity is a reminder of their scope of practice, meaning that if amalgam allergy/toxicity is suspected, it is clearly a systemic disorder, and since their scope of practice limits them to the oral structures, they are not permitted to make this diagnosis.

The Chiropractor's Role

Clearly, the chiropractor can direct the patient to their dentist, who can provide invaluable assistance in ways such as evaluating the number of amalgam fillings; their size; approximate age; state of repair/disrepair; overall quality; and their impact on the individual's oral health.

It is important to work closely with the dentist because an unsatisfied or confused patient is a liability to both of you. For example, if the decision to replace the amalgams is made, the patient may ask your opinion about what material to put back in the tooth. Please understand this is a difficult question.

The best way to handle this issue is to work closely with the dentist so that you "speak with the same voice." The wrong words here can make a mess of things. Imagine how the patient would feel if you led him or her to believe that switching your amalgam fillings to a tooth-colored filling is easy, only to find out that such a procedure was neither easy nor possible. An interesting approach here is for the dentist to make a set of study models, after which the two of you can meet "over lunch" and use the models to better discuss the case.

In case you are wondering just how troublesome it is for the dentist to replace amalgams, let's examine the medicolegal side of this issue. A court decision underscores the risks involved. A woman was awarded \$100,000 when her amalgam restorations were removed after being told they were a "liability" to her large intestines. (The dentist used a Dermatron device, which is not approved by the FDA to assist in the diagnosis.)

You can see this is a serious matter. Advance planning and patient education is important!

Internet Resources

1. Patient's and Dentist's Guide to Dental Amalgam
www.dent.unc.edu/bayne/amalgam/harr-hp.htm
2. Amalgam Fillings and Health -- the Threshold Concept
www.dental@revision.org/threshld.htm
3. The Placebo Effect
<http://dcn.org/go/btcarrol/skeptic/placebo.html>
4. Amalgam Fillings and Informed Consent
www.fplc.edu/risk/vol2/spring/royal.htm

