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# **The Elimination of Heavy Metals in Dental Practice**

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In modern holistic dentistry, the elimination of heavy metals has an increasingly important part to play, and can no longer be omitted from the majority of treatment plans.

Again and again, in the initial exploratory consultation, patients show a lack of understanding regarding the need for eliminative treatment. These fillings - mainly amalgam fillings - have been in place for years, they say, and there have been no problems with them. But just as frequently one encounters the opposite extreme: Patients place the entire blame for their health problems on the amalgam and, apart from its removal, they do not wish for any other treatment, such as removal of the metal mix from dental alloys and replacement with biocompatible, uniform dental metals.

### **Origins of heavy metal burdens from dental materials**

In the German Federal Republic, as in other industrialised nations, it is regarded as normal for people to have several amalgam fillings in their teeth. Again and again, in a wide variety of publications from conventional dentistry, reference is made to the absence of any risk of toxicity from amalgam fillings. It is likewise regarded as normal that a number of different metals and metal alloys are employed in dental treatment. As a child one's first dental cavities were filled with amalgam. In the course of one's life the teeth suffer more and more, to the point where they can no longer be filled, instead of which they are restored with metal crowns composed of a wide variety of metals.

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The official health insurance companies in Germany will only cover the cost of ceramic crowns and white fillings for the first five teeth in the upper jaw and the first four in the lower jaw. In the very place where large filled teeth are to be found, in other words the molars, the insurance companies will only pay out for a full metal crown. Not only that, but they will only pay up to €10,00 per tooth (not per gram of metal). This frequently leads to false economies on the part of patients, who want an alloy with reduced precious metal content, which may cost less but is also less stable in the oral environment.

This inevitably leads to an accumulation of various dental alloys. (Alloys are combinations of various metals, which are cast together and placed on the destroyed tooth in the shape of a dental crown). Straight away this introduces a galvanic element - a battery in the mouth!

However, even one single filling has problematic potential, since generally amalgam fillings are packed in by hand, i.e. the dentist packs the material into the cavity with a round-headed packer. Thus the density of compression is inconsistent. To compensate for this shortcoming, amalgam condensers were manufactured in the shape of an angle-iron, which could be attached to the treatment unit and would pack the amalgam into the tooth at a uniform vibrational rate. After these fillings have set, cutting instruments are used to create contours ("hills and valleys") on the surface, so as to recreate the natural surface of the destroyed tooth as far as possible. In this way the

masticatory movements in relation to the opposite jaw should proceed smoothly. Following this the surface is given a preliminary polishing, and only several days later is the final polishing carried out. With these fillings a very satisfactory surface is achieved, which compares favourably in hardness with an inlay. However, it is not possible to polish the surfaces which face the adjacent teeth, which means that already, within the same tooth, there are differences in hardness, density and surface polish, and so the first little oral battery is created.

Should a different metal or alloy then be placed in the mouth, the saliva provides a good conductor, and once again a battery has been created. However, it is now much more powerful and quite capable of dissolving and splitting the less precious material (usually amalgam). The usually acclaimed stability of this mixture is reduced and the material decomposes. Fig.1 provides a particularly striking view of the porosity of the surface.



Particular complications and, later, parodontal and immunological problems result from the deposition of free silver in the gingival pocket. Such accumulations show up strikingly as a bluish impregnation of the gum (Fig.2).



Such deposits are found in patients with a mixture of metals, especially where they have been provided with higher-value metal alloys. In these cases parodontal problems are frequently found, with hæmorrhaging and pocket formation. These accumulations remain in place long after any extraction of the tooth, and must always be surgically removed.

The amalgam fillings shown in Figs. 1 and 2 are 16-year-old fillings which were done in the Göttingen Dental Clinic. The conditions under which these restorations were carried out may therefore be described as optimum. In spite of this the fillings, which are not in direct contact with a gold crown, show signs of extreme decomposition. The surfaces of the fillings reveal hundreds of tiny black craters - signs of break-up and decomposition of these supposedly extremely stable amalgam fillings.

Let us now take our thinking a stage further and consider how the environmental situation in the mouth (pH value of the saliva) is constantly changing for dietary reasons (acidic food and drink, etc.); it is easy to appreciate the chemical forces which contribute to the break-up, splitting and decomposition of these various metallic combinations. The products of this process are either

swallowed, absorbed via the oral mucosa or inhaled.

In everyday practice we find a mixture of metals in almost every patient. One patient had received “restorative“ treatment - a particular feat of dentistry and dental technology. On examination we found no less than 15 different metal alloys. This had cost the patient a lot of money, but clearly this restoration was not designed to improve the patient’s level of health.

**The outcome of this is a clear challenge to everyday dental practice:**

to avoid, or at least minimise, the proliferation of different metallic compositions in patients’ mouths. If a metal needs to be used, then it must be one and the same (nowadays this is technically quite possible). Several weeks before the assessment (i.e. the removal of old fillings and restorations), a heavy metal elimination must begin, so as to prepare the patient and his metabolism for this treatment and to enable him to come through the process unscathed.

Experience has progressively confirmed that 2-3 fillings (depending on their size) are the maximum number that may be removed in one session. For such a removal, strict conditions for the protection of the patient must be observed. The fact is frequently overlooked that dentists and their assistants are frequently exposed to these noxious and toxic substances for long periods at a time. Therefore it is in the interests of all concerned to avoid exposure to mercury vapour. For this reason

dentists and their assistants should undertake regular heavy metal eliminations.

**SANUM eliminative treatment**

There are many conflicting procedures for the elimination of heavy metals, and both their efficacy and their tolerance by patients vary widely. Having been in practice for 15 years, I have come to the conclusion that the SANUM preparations constitute a very effective procedure which satisfies all the requirements. After taking them for only 1-2 weeks, patients feel extremely well. Common complaints, such as muscular pain, headaches, general weakness and feeling poorly, internal restlessness and poor concentration, very quickly disappear, even if the metals have not been removed. After removal this elimination must be carried out for a few more weeks or months, depending on the severity of the case.

An important aspect of the elimination is also the replacement of depleted minerals such as zinc and magnesium, for instance. It should also be mentioned that the daily dose of the SANUM elimination represents excellent value for money, which makes it very acceptable to patients.

The eliminative treatment consists of USNEABASAN (beard moss), (5 drops twice daily), MAPURIT (1 capsule at lunchtime), ZINKOKEHL (5 drops in the evenings) and possibly also SELENOKEHL (5 drops in the morning). If an appropriate mobilisation of heavy metals is to be set in motion, then it must be clear that the patient has to be in a position



to excrete these mobilised toxins. With increasing frequency we find that the intestines are unable to cope, and with this in mind SANUM extended the scope of their heavy metal elimination treatment. By incorporating OKOUBASAN and LUFFASAN into the therapy they have satisfied the requirement to promote excretion via the intestinal route.

Thus the **current** SANUM treatment for elimination of heavy metals, toxins and metabolic waste is as shown below:

€ USNEABASAN (5 drops in the morning) and OKOUBASAN 2X (5 drops in the morning), in daily alternation from Monday to Friday.

€ On both Saturdays and Sundays one tablet of LUFFASAN 4X.

€ MAPURIT, one capsule daily at lunchtime; ZINKOKEHL 3X, drops daily in the evening.

At the time of writing I have treated about 35 patients in the space of 4 weeks using this new SANUM eliminative therapy. The results are even clearer to see than with the old elimination. With some patients there is an initial aggravation, but within a short while this leads on to a far better state of health. Thus treatment should be initiated with low doses of USNEABASAN and LUFFASAN.

In conclusion it must be reiterated that, where holistic dental treatment is concerned, heavy metal elimination is indispensable. Patients

are clearly free of symptoms sooner and are much more amenable to further treatment.

Only when a method of dental prophylaxis is widely available to the general population will it be possible to prevent the use of dental alloys with their deleterious consequences, and only when children and their parents no longer suffer from dental defects will it be possible to dispense with such a prophylaxis.

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