

The 7 Reasons Why Beach Street Centre does not Endorse or use Dental Amalgam:

1. On 7th Jan, 2003 the Superior Court in San Francisco approved the wording of the following warnings to be displayed in Californian dental surgeries in compliance with proposition 65:

“Dental Amalgam, used in many dental fillings, causes exposure to mercury, a chemical known to the State of California to cause birth defects and other reproductive harm.....”

2. Dispersalloy® has an MSDS for each of its two components. Dispersalloy® Dispersed Phase Alloy and Mercury - Dated Revised 24/09/97

Side Effects/Warning

Prior to use, read the MSDS information and product instructions for this item. Exposure to mercury may cause irritation to skin, eyes, respiratory tract and mucous membrane. In individual cases, hypersensitivity reactions, allergies, or electrochemically caused local reactions have been observed. Due to electrochemical processes, the lichen planus of the mucosa may develop. Mercury may also be a skin sensitizer, pulmonary sensitizer, nephrotoxin and neurotoxin.

The use of amalgam is contraindicated;

1. In proximal or occlusal contact to dissimilar metal restorations.
2. In patients with severe renal deficiency.
3. In patients with known allergies to amalgam.
4. For retrograde or endodontic filling.
5. As a filling material for cast crown.
6. In children 6 and under.
7. In expectant mothers.

3. In 1993, the Director of the National Institute of Dental Research (NIDR), Dr. Harold Loe, stated in the September edition of "Dental Products Report":

“That first filling is a critical step in the life of a tooth. Using amalgam for the first filling requires removing a lot of the tooth substance, not only diseased tooth substance but healthy tooth substance as well. So, in making the undercut you sacrifice a lot, and this results in a weakened tooth. The next thing you know the tooth breaks off, and you need a crown. Then you need to repair the crown...and so it continues to the stage where there is no more to repair and you pull the tooth. With the first filling you should do something that can either restore the tooth or retain more healthy tooth substance. Use new materials-composites or materials you can bond to the surface without undercuts. You can do this with little removal of the tooth substance so that the core of the tooth is still there.”

4. Swedish Government Report 2003

Swedish Government Report On Dental Amalgam and Mercury

Title: Dental Materials and Health Author: Maths Berlin

“With reference to the fact that mercury is a multipotent toxin with effects on several levels of the biochemical dynamics of the cell, amalgam must be considered to be an unsuitable material for dental restoration. This is especially true since fully adequate and less toxic alternatives are available.

With reference to the risk of inhibiting influence on the growing brain, it is not compatible with science and well-tried experience to use amalgam fillings in children and fertile women. Where patients are suffering from unclear pathological states and autoimmune diseases, every medical doctor and dentist should consider whether side-effects from mercury released from amalgam may be one contributory cause of the symptoms.”

5. WHO & Agency for Toxic Substances and Disease Registry Statement Elemental Mercury and Inorganic Mercury Compounds Human Health Aspect (No50) 2003, based on the Toxicological profile for mercury (update) published by the Agency for Toxic Substances and Disease Registry of the US Department of Health and Human Services. (ATSDR 1999) published under joint sponsorship UN Environment program, international labour organisation world health organization interorganisation program for sound management of chemicals.

“Dental amalgam constitutes a potentially significant source of exposure to elemental mercury, with estimates of daily intake from amalgam restorations ranging from 1 - 27 mcg/day, the majority of dental amalgam holders being less than 5mcg/day”

“For elemental mercury, the main route of exposure is by inhalation, and 80% of inhaled mercury is retained.”

“Mercury may be absorbed through the skin in toxicologically relevant quantities.”

6. Quintessence International Volume 26, Number 3 / 1995 by Richard J. Simonsen, the Editor-in-Chief wrote;

"Amalgam should never be used as a restorative material in pediatric dentistry. Why? Because better materials are available."

"Amalgam should never be used as a first time restorative material. Why? Because better alternatives are available." "Move Over Amalgam - At Last"

7. WHO Criteria 118 1991

Criteria 118 published by the world health Organisationⁱ is the first WHO publication which included dental amalgam as a dietary source of mercury. They found that daily contributions to the body burden of mercury from various sources are;

Air and water	0 mcg/m ³
Foods generally	0.3 mcg/m ³
Seafood	2.3 mcg/m ³
Dental Amalgam	1-17 mcg/m ³

The figure for amalgam was reviewed in 2003 and raised to 27 mcg/m³.

In other words dental amalgam is the single greatest source of mercury to the general population. Staggeringly to a value of ten times higher than all other sources combined, including seafood.

Criteria 118 also established a **No Observable Effects Level** for Mercury. **The NOEL for mercury is ZERO.** In other words there is NO level of mercury vapour which does not produce observable physiological changes!

ⁱ World Health Organization. 1991. Inorganic Mercury. Environmental Health Criteria 1 18. International Program on Chemical Safety. (Geneva).

