

# Amalgam Removal Does Lower the Body Burden of Mercury

## **Australian Risk Assessment of Mercury**

### **Exposure from Dental Amalgam Published August 2000**

Prepared by Chem Affairs Pty Ltd PO Box 890 Lane Cove NSW 1595

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This risk assessment was commissioned by the National Health & Medical Research Council of Australia (NHMRC), as part of a series of recommendations put forward by a working party which was set up in 1998 to assess the literature about the dangers of mercury from dental amalgam. NH&MRC have not yet endorsed this document. Although most of the report claims safety for amalgam on the bases of a supposed "Normal Mercury Level" in the body it is important to know that there has never been a level of mercury exposure which is considered safe. The "Normal" levels suggested in this report are far above the levels set by both the USEPA and the ATSDR.

In point 8 of the Executive Summary the following is stated:

"Amalgam removal has been shown to be effective in reducing mercury levels to the levels of those in people without amalgam fillings. Chelation treatment has also reduced levels in the short-term....in one case report, amalgam removal has reduced a very high urine mercury level to a normal level. This change was accompanied by a decline in symptoms....."

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## **Potential Biological Consequences of Mercury Released from Dental Amalgam. A State of the Art Document?**

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The Australian and other dental associations in the world have consistently claimed that removing amalgam for the sake of health improvements is unethical as there is no relationship between mercury from dental amalgam and disease. They still hold this position. Much of their claims of late are based on a report called "Potential Biological Consequences of Mercury Released from Dental Amalgam. A State of the Art Document. [MFR-panel (Swedish Medical Research Council)]A State of the Art Conference in Stockholm 9-10 April 1992".

The dental associations come to the following conclusions, which are responded to by Prof. Murray Vimy, one of the leaders of the International Academy of Oral Medicine and Toxicology. Note Prof Vimy's credentials - Murray J. Vimy BA, DMD, FAGD, FIAOMT Clinical Associate Professor Department of Medicine

### **Dental Association Comments:**

"- Mercury released from dental amalgam does not, according to available data, contribute to systemic disease or systemic toxicological effects.

No significant effects on the immune system have been demonstrated with the amounts of mercury which may be released from dental amalgam fillings.

- Allergic reactions to mercury from amalgam have been demonstrated, but are extremely rare.

- In very few individuals local reactions such as lichenoid reactions of the mucosa, may occur adjacent to amalgam restorations as well as adjacent to dental restorations made of other materials.
- There are no data supporting that mercury released from dental amalgam give rise to teratological effects.
- The possible environmental consequences of mercury from handling dental amalgam can be controlled by proper waste management, including the installation of efficient amalgam separators in dental offices.
- Available data do not justify discontinuing the use of silver-containing dental amalgam fillings or recommending their replacement."

In the panel: Bergman B (chairman), Bostrom H, Larsson K S, Li5e H

**Professor Vimy's Response:**

In An open letter to Sekreterare Tore Scherstén Medicinska Forskningsrådet Swedish Medical Research Council Box 6713 S-113 85 Stockholm, Sweden December 15, 1992

Re: Potential Biological Consequences of Mercury Released from Dental Amalgam. A Swedish state of the Art Conference,

April 9, 1992.

Dear Secretary Scherstén:

By now you must have felt the pressure of a number of groups who have criticized your "conference". In fairness to you, it is apparent that trust was misplaced in an organizing committee, which had no intention of convening an objective academic scientific forum. Rather, these individuals had a predetermined agenda, as demonstrated by their public positions on the issue of amalgam safety taken on many occasions prior to this meeting.

Drs. Larsson, Löe and Bergman are all on the record as defenders of the status quo. Dr. Bergman's objectivity is tainted by his wife's involvement in the issue; while Dr. Larsson is on the record as a strong supporter of amalgam. Indeed it was incredible to see this person act as both presenter and "judge", especially since he has no scientific experimental track record of his own to demonstrate his expertise in this area. Finally, Dr. Löe, politically, administratively and economically affiliated with the American dental establishment, is apparently more concerned with preventing litigation in the U.S.A. than he is with determining scientific truth. His opening biased remarks made it obvious why he was chosen as moderator. Dr. Boström was red herring - a physician "yes"-man with absolutely no research expertise in this area.

The conference presenters showed a general lack of expertise. Most have poor research records and many had not published research papers on either mercury or dental amalgam. This is easily determined by reviewing the bibliographies to their written presentations. They have few if any research papers of their own to cite! The penultimate example was Dr. Petr Skrabanek, a self anointed "quack catcher". This individual, who has no scientific expertise of amalgam, is one of a growing group of self appointed watch-dog "experts". In North America, we have an organization called the National Council Against Health Fraud which purports to be expert in everything. Dr. Skrabanek's mere presence at the meeting totally discredited the scientific purpose of the conference. Sweden, a country of many noted scientists, was better represented by the quality of the expertise in the audience than by the quality of many conference speakers.

Finally, I understand that my invitation to present a paper at this conference was extended reluctantly by the organizing committee, and only after political pressure for a more balanced meeting. If you review the list of speakers chosen it will be obvious that the intention of the organizers was to "white wash" the conclusions. The conclusions of the conference were drawn by the organizing committee and do not represent a consensus view of all the participants or the audience. Since the results were apparently prordained, as I have just described, they are not credible.

I have enclosed for your information a reprint of a recent medical scientific forum on the same issue (Goering et. al., 1992). As you can see, there is now international scientific concurrence on a number of points related to the amalgam mercury issue and its potential effects on human health; a concurrence which is in marked contrast to the "massaged" conclusions of the Swedish Medical Research Council's biased organizing committee.

Respectfully yours, [signed Murray J. Vimy BA, DMD, FAGD, FIAOMT Clinical Associate Professor Department of Medicine (also Private Practice of Dental Medicine)]

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**A vast wealth of published research exists which clearly demonstrates that removing the source of the mercury poisoning – the amalgam fillings – will in fact lower the body burden of mercury. Here is a small taste of this literature:**

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