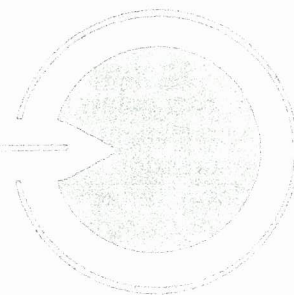


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NEWSLETTER



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WYOMING AG RULES ON ADA AMALGAM POSITION!!

Attorney Charles G. Brown of the "Consumers for Dental Choice" project has received a letter from the office of the Attorney General (AG) in Wyoming. This letter stated that the Wyoming Board of Dental Examiners lacks jurisdiction to enforce the infamous American Dental Association (ADA) position against the removal of mercury dental fillings!

The Wyoming dental board had incorporated the ADA "Principles of Ethics and Code of Professional Conduct" into its Rules for the state. However, the ADA section on amalgam removal (5.A.1) is actually an added "Advisory Opinion" by the legal department of the ADA, which is not included in the Rules for Wyoming.

This point, along with the issues of potential violation of antitrust laws and First Amendment rights, were brought to the attention of the Wyoming AG office by Mr. Brown. As a result, the Wyoming AG office ruled that the dental board lacked jurisdiction to enforce the Advisory Opinion of the ADA Code. This represents a dramatic victory, as it constitutes

a legal precedent that can be used in other states that might choose to discipline mercury-free dentists on the basis of the position of the ADA.

PETITION TO STATE DENTAL BOARDS!

The "Consumers for Dental Choice (CFDC)" have sent petitions to the dental boards in all 50 states, with cover letters to every Governor, Attorney General, and dental board Executive Director. These petitions call for action providing a level playing field for mercury-free dentistry and allowing consumers access to information they need to make informed choices.

Attorneys Charles G. Brown and James S. Turner of CFDC have detailed key points in the well constructed petition. Major points are Constitutional rights of freedom of speech and freedom of choice, along with the potential for violation of Federal Anti-Trust laws. Scientific evidence challenging the safety of mercury fillings and the recent directive from Health Canada are citing as compelling evidence that opposition to the use of mercury fillings is not a fraudulent action. The fact that the dental boards have the duty to represent the interests of state citizens, rather than those of a portion, albeit majority, of a profession is emphasized.

Table of Contents

Wyoming AG rules on ADA amalgam position	1
Petition to State Dental Boards	1
Are Dental shots carcinogenic?	2
IAOMT dentist wins award	3
ASOMAT scores in Australia	3
New DMPS Study	3
Amalgam mercury and antibiotic resistance	3
SCIENCE:	
Effect of subchronic mercury exposure on electrocorticogram of rats. Desi et al.	4
Localized cellular inflammatory responses to subcutaneously implanted dental mercury. Nadarajah	4
Effects of inorganic mercury and methylmercury on the ionic currents of cultured rat hippocampal neurons Szücs A. et al	4
Resistance of the normal human microflora to mercury and antimicrobials after exposure to mercury from dental amalgam fillings. Edlund et al.	5
Thiol compounds inhibit mercury induced immunological immunopathological alterations in susceptible mice. Hu H. et al.	5
Effect of dimercaptosuccinic acid per os on distribution and excretion of 210Pb and 203Hg in mice.	6

Effects of sulfhydryl compounds on the accumulation, removal and cytotoxicity of inorganic mercury by primary cultures of rat renal cortical epithelial cells. Endo T; Saakata M.	6
Increased inorganic mercury in spinal motor neurons following chelating agents. Ewan KB; Pamphlett R.	6
Clearance half life of mercury in urine after the cessation of long term occupational exposure: Influence of a chelating agent (DMPS) on excretion of mercury in urine. Sallsten et al.	6
An ultrastructural study of root canal walls in contact with endodontic biomaterials. Guigand M. et al.	7
In vitro study of intradentinal calcium diffusion induced by two endodontic biomaterials. Guigand M. et al.	7
FORUM:	
IAOMT 1998 Mid-Year Meeting	8
American Academy of Head, Neck & Facial Pain	8

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CFDC urges all, doctors and consumers, to help support this important drive by sending letters to the Governor, Attorney General, and dental board of the state. Key points that may be addressed include: [consumers/patients] * Support for the CFDC petition; * expression of choice for Hg-free dental fillings; * desire for access to a mercury-free dentist; * emphasis of Constitutional right of access to information for an informed choice; * confirmation that the state dental board has declared neutrality in the mercury filling controversy; and [dentists] * support for the CFDC petition; * desire to be treated fairly by the state dental board; * confirmation of knowledge on the documented science and the position of Health Canada; * emphasis of Constitutional right of free speech; and * confirmation that the dental board has declared neutrality on the controversy.

CFDC recommends attempting to achieve the following goals from the dental boards: 1) The choice of dental fillings is a matter of choice by the consumer, and is an appropriate matter for a dentist to discuss with his or her patients. 2) The dental board will not exercise its disciplinary powers in a discriminatory manner against dentists who practice or advertise mercury-free dentistry.

LATE BREAKING NEWS! Charles G. Brown of CFDC has just contacted Bio-Probe. The response from the states "has overwhelmed us", he states, "but we need grass roots attention from consumers and dentists!" He noted a reply from the Kansas Attorney General's office: "There are no dental regulations in place which would prevent any Kansas licensee from discussing the pros and cons about fillings containing silver amalgams." But, Mr. Brown notes, there are regulations against fraudulent practice of dentistry. Care must be taken to address the controversy only in terms that are well documented, and the opposing position should be given.

CFDC states that dental boards in over a fourth of the states have already promised to take up the issue soon. The following states have set dates to address the petition: Montana= 7 Nov.; Kentucky= 11 Nov.; Ohio= 13 Nov.; Georgia= 14 Nov.; Colorado= 19 Nov.; Arizona= 5 Dec.; Louisiana= 6 Dec.; Virginia= 22-23 Jan.; Idaho= January meeting. **WE URGE ALL CONSUMERS AND HEALTH PROFESSIONALS TO ATTEND THESE MEETINGS!** Florida and Nevada have stated that they will address the petition, with no date given. Pennsylvania took up the issue in October and reaffirmed its previous position of neutrality. New Mexico took up the issue on 24 October, with no result reported; but a DAMS representative attended to speak on our behalf.

In the past year, the "Consumers for Dental

Choice" have won several important victories that are invaluable in securing the rights of mercury-free dentists and dental patients. This effort is vital and deserves the support of everyone. Public support will help provide success to this action that is so important to both patients and mercury-free dentists. **PLEASE support this petition in your state, encourage others to also do so, and send contributions.** All doctors, at the least, should send an immediate contribution to CFDC, of at least \$200. Contact: Consumers for Dental Choice, 1424 16th Street, NW, Suite 105, Washington, DC 20036. The opportunity to secure the rights of patients and mercury-free dentists has arrived; this opportunity **MUST** be supported!

ARE DENTAL SHOTS CARCINOGENIC?

Members attending the 1997 Annual Meeting of the *International Academy of Oral Medicine and Toxicology* (IAOMT) in Toronto were shocked to receive information that dental local anesthetics break down in the body to carcinogenic anilines!

The original local anesthetic (Procaine, or novocaine) is actually manufactured from an aniline. Anilines are commonly called "coal tar derivatives", and have been found to be cancer causing agents dating back to the late 19th Century. In fact, the first identified carcinogen is the aniline that caused scrotal cancer in chimney sweeps. A number of different anilines have been determined to cause various cancers.

All local anesthetics currently approved for use in the United States (lidocaine, mepivacaine, bupivacaine, procaine, etc.) are broken down in the body to anilines. This has been demonstrated in animal and human studies. In 1993, the *Food and Drug Administration* (FDA) conducted a tissue study confirming that 67% of lidocaine converts to a known aniline. Animal studies have found that this particular aniline causes cardiotoxicity and a number of cancers (brain and prostate cancers, leukemia, sarcomas, carcinomas). It is also one of the main carcinogens found in tobacco. An injection of only 1 cc of 2% lidocaine provides a dose of this aniline equal to smoking 84,000 cigarettes. The FDA now requires warnings on packages of new pharmaceuticals containing aniline-based local anesthetics.

Human epidemiologic evidence from the World Health Organization suggests (most epidemiology can only suggest) a relation between the advent of the use of local anesthetics and the occurrence of certain cancers, especially breast cancer. Other epidemiologic evidence in California also suggests the relationship to breast cancer.

At this point, it can not be definitely claimed that