SWEDISH GOVERNMENT HEALTH BOARD DECLARES AMALGAM TOXIC AND UNSUITABLE AS A DENTAL FILLING MATERIAL
SOCIALSTYRELSEN STOPS AMALGAM USE
(The Swedish Social Welfare and Health Administration)

Amalgam is an unsuitable and toxic dental filling material which shall be discontinued as soon as suitable replacement materials are produced. As a first step, amalgam work in pregnant women will be stopped.

Thus recommended Socialstyrelsen’s expert group who had investigated the controversial question of the risk of mercury poisoning from amalgam.

Socialstyrelsen gave their complete support to the experts and made therefore an historic about-face after more than a decade of hot debate.

“We now realize that we have made a mistake”, acknowledged division chief Viking Falk at the Socialstyrelsen. “This has caused people to suffer unnecessarily”.

Socialstyrelsen’s dental experts have led the opposition against the researchers and patients who for many years have fought to have this risk acknowledged.

No one can say how long it will take before the use of amalgam fillings will be banned. Ten years was a guess put forward on Tuesday by the investigating committee.

Inside headline and article:
Socialstyrelsen changes their position

DANGEROUS TO USE AMALGAM

Amalgam is, from a toxicological point of view, an unacceptable dental filling material which shall be discontinued when a suitable dental filling material has been developed.

As a first step in the process to eliminate the use of amalgam in dental fillings, comprehensive amalgam work on pregnant women shall be stopped in order to prevent mercury damage to the fetus.

This historic decision was made in the report by a special investigatory commission on the use of mercury in amalgam, presented on Tuesday. The Socialstyrelsen gave their complete support to the contents of the report. Therefore, a big breakthrough can be marked in the more than decade long and heart-rending conflict over the risk from amalgam.

“WE HAVE MADE A MISTAKE”

We realize now that we have previously made an error in our judgement of this question. Patients have suffered unnecessarily and we will now rectify our mistakes and in different ways try to solve the problem. It means no less than to give patients the best possible treatment, explained Viking Falk from the Socialstyrelsen when the report was presented.

This is an unusual test of the country’s leading medical authority and their responsibility, especially against a background that the Socialstyrelsen’s dental experts have for many years worked firmly against researchers and patients who have tried to warn of the toxic risk from amalgam.
WRONG TRACK
We got onto the wrong track from the very beginning due to the emphasis on so called oral
galvanism, explained the chief of Socialstyrelsen’s dental bureau, Hans Sundberg. Further-
more, the most important knowledge in this field has become available only in recent years.

It was in December 1985 that the Socialstyrelsen, after hard political pressure, consented to
the expert commission.

HEALTH RISKS
The commission is not dominated by dentists but by the neurologists, i.e., experts on nerve
damage. The spokesman has been Professor P.O. Lundberg at the neurology clinic of Uppsala
Academic Hospital.

A united investigation disclosed that amalgam fillings give off mercury vapor, especially after
chewing, drilling away fillings and filling teeth; this can be objectively measured in the urine.
However, it is also stated that the mercury exposure from amalgam is very low and that the
number of patients with problems caused by mercury “ought to be” very small.

The right for patients with problems to obtain qualified care and a thorough examination is
emphasized. This examination should be by cooperation between dental and medical care.

The experts also suggest a number of measures for the Socialstyrelsen. The most important
one is to support extensive research to find suitable replacement materials and then to
discontinue amalgam use in Sweden.

A system with obligatory reporting of side effects of dental materials and preclinical testing
of all materials is also suggested.

MISCARRIAGE INVESTIGATION
For dental employees, the Workers Protection Agency should investigate mercury risks and
give instruction for amalgam use. Health examinations will be made and an investigation of
the incidence of miscarriages and deformed children among dental personnel will also be
carried out.

Furthermore, the dental health care program for patients with suspected mercury-related
complaints will be worked on again.

None of the experts would say precisely how much time is needed to completely eliminate
the use of amalgam in Sweden.

The alternatives which exist today, mostly different types of plastic filling materials, do not
meet established standards and are also health risks, said Professor P.O. Lundberg.

Although ten years was mentioned as a deadline for amalgam, no one wanted to back that
figure.

Professor Mats Hanson from Lund, Chairman of the Dental Patient Organization, is the
person who has worked hardest to get amalgam prohibited and who has taken part in the
investigation: “We have not reached our goal. I wanted an immediate stop. But, we at least
won an important victory today.”

BIO-PROBE COMMENT: The comment made concerning the health risks of plastic filling
materials appears to be similar to those previously made about the safety of amalgam
fillings and are also unsupportable by the existing scientific research.
EDITORIAL
Sam Ziff & Michael F. Ziff, D.D.S.

This issue of Bio-Probe is dedicated to the handful of courageous health care professionals and scientists, throughout the world, who have fought so valiantly and relentlessly to "expose" the toxicity of the most widely used dental material in the history of mankind; a material so euphemistically called "Silver Amalgam" by its defenders.

Each one, individually, has had to face that "moment-of-truth" when they had to make a decision to stop using amalgam. The health of a patient, unknowingly being subjected to the implantation of a poison in their mouths, became of greater importance than their own or their families future. These were not capricious decisions based on a whim or a desire to be "different". Rather, these were logical decisions based on cold-hard-scientific-facts that, in all consciousness, could no longer be ignored.

Although there are many medical doctors, homeopaths, naturopaths, chiropractors, nutritionists and academicians who reached the decision that mercury amalgam dental fillings were toxic, it was the dentists who bore the full brunt of the decision. It was the dentists, more than the others, who were:

- ostracized by their dental societies and subjected to ridicule by their peers;

- subjected to delicensing "witch hunts" by state regulatory agencies; witch hunts in which members of the U.S. Food and Drug Administration ill-advisedly participated;

- publicly mocked and called "frauds" because they were "ripping off their patients" by removing amalgam fillings and replacing them with materials that did not contain mercury, all under the disguise of improving their patients' health;

- totally impotent to defend themselves, or their practices, from the totally unsubstantiated articles, read by millions of people in "Consumer's Report", "Harvard Medical News Letter", and "University of California, Berkely Wellness Letter";

- initially confronted with the need to do their own research to determine the "best" alternative dental filling materials and the "best" clinical protocols for their use as well as developing a communications network to disseminate the information so as to minimize any unnecessary trauma to patients. All of this was because the National Institute of Dental Research and the American Dental Association abrogated their basic responsibilities to the profession and the American people;

- confronted with the need to continually defend themselves because of the public pronouncements by the American Dental Association and the National Institute of Dental Research, in every media available, "that amalgam was safe" and "that the small amount of
mercury released from amalgam dental fillings did not represent a health hazard except in those few individuals who may be hypersensitive to mercury’, or the fraudulent statement: ‘When mercury is combined with the metals used in dental amalgam, its toxic properties are made harmless.’;

— constantly fighting insurance carriers to provide payment for replacement of amalgam dental fillings, even when, in some instances, the attending physician had written a prescription for the removal of all amalgam fillings because of health reasons.

The action by the Swedish Government, in part vindicates all who so tirelessly participated in the struggle. It cannot compensate for the heartache, physiological and mental stress, and adverse financial impact resulting from the cruel and unjustified actions listed above. Nor does it alleviate any of the needless suffering being caused by those dentists who still faithfully and blindly follow the advice of the ADA and their local and state societies and continue to implant a known poison in the mouths of their patients, without ever advising them that scientific data indicates a serious potential health hazard associated with “silver amalgam dental fillings”.

Perhaps the greatest tragedy in the continued use of amalgam, or the permissiveness to let it remain implanted, is the story yet to be told; that is the story of what may have been done to children, pregnant women and the babies they were carrying. The tip of the iceberg is the statement buried in the text of the public announcement by the Swedish Health Board, previously quoted and repeated here: “As a first step in the process to eliminate the use of amalgam in dental fillings, comprehensive amalgam work on pregnant women shall be stopped in order to prevent mercury damage to the fetus.”

There is mounting scientific and anecdotal evidence attesting to the teratogenic potential of mercury. The real questions of mercury teratogenicity, which must now be answered by scientific investigation and which concern people with mercury amalgam implanted in their mouths, are:

— Does the sperm of men with amalgams contain mutagenic properties in comparison to the sperm of controls without amalgams?
— Have the oocytes of women with amalgams undergone some form of mutagenic transformation in comparison to oocytes of controls without amalgams?
— Do women with amalgams have more spontaneous abortions than controls without amalgams?
— What is the rate of birth defects of children borne by women with amalgams when compared to the children of controls without amalgams?
— Is there a relationship between subtle mental or intellectual defects in children borne of mothers with amalgams versus controls without amalgams?
— Have the immune systems of children borne of mothers with amalgams been compromised when compared to children of mothers without amalgams? Further, is the already fragile immune system of these children then additionally compromised by the placement of amalgams in their teeth beginning at age two? Are these children then more vulnerable to the myriad of childhood diseases than their counterparts borne of mothers without amalgams?

— Ad infinitum!

As in Sweden, there has been a basic failing in the U.S. of the “expert” system. In Sweden the Socialstyrelsen (Health Board), which is the administrative arm of the Department of Health, had to admit that the previous “expert evaluation” had misinformed them. “We have no knowledge ourselves but have to trust our experts”’. The dental experts being referred to have failed in their responsibilities to the public health. Perhaps more importantly, the experts’ advice was being accepted as scientifically correct by medical members of the Health Board, which ultimately affected how all physicians in Sweden viewed the issue.

In this country we also have a number of “experts” who are totally biased to the use of amalgam and who have been referred to as ADA spokespersons. Media reporters, attempting to sort out the true story of the amalgam controversy, are “referred” to these individuals to express the establishment position that amalgam is safe. The same names keep being referred to and quoted by the media: Nelson W. Rupp, D.D.S., M.S.; Sheldon Newman, D.D.S., M.S.; John W. Stanford, Ph.D., Secretary, Council on Dental Materials, Instruments and Equipment, American Dental Association; Edgar W. Mitchell, Ph.D., Secretary, Council on Dental Therapeutics, American Dental Association; Wilmer B. Eames, D.D.S., private practitioner in Colorado; Robert S. Baratz, Ph.D., a dental researcher at Boston University’s Schools of Medicine and Dentistry; Thomas W. Clarkson, Ph.D., Department of Toxicology, University of Rochester School of Medicine; William T. Jarvis, Ph.D., Professor of health education at Loma Linda University in California, who is also President of The National Council Against Health Fraud; John E. Dodes, D.D.S., Director New York chapter of The National Council Against Health Fraud; and Enid Neidle, Ph.D., Assistant Executive Director, American Dental Association Division of Scientific Affairs.

Each of the individuals named have made it a personal crusade to tell the American public, the dental profession and the medical profession, that amalgam was safe except for those few people who were hypersensitive to mercury. The burning question that must now be asked is:

**IF THE NATION OF SWEDEN, BASED ON SCIENTIFIC DATA, HAS DECLARED AMALGAM TO BE AN UNSUITABLE, TOXIC AND POSSIBLY TERATOGENIC DENTAL MATERIAL, HOW CAN THE “EXPERTS” IN THIS COUNTRY SUPPOSEDLY LOOKING AT THE SAME SCIENTIFIC DATA, DECLARE AMALGAM TO BE SAFE?**
REVIEWS/ABSTRACTS

Danscher, G. et al. Silver amalgam fillings cause mercury accumulations in primates (Cercopithecus Aethiops). Abstract of presentation made at the first meeting of the International Society For Trace Element Research In Humans, Dec. 8-12, 1986, Palm Springs, CA.

"Three adult vervet monkeys received occlusal fillings in all first and second molars. Total weight of the amalgam fillings for each animal varied from 0.8 - 1.2 grams. After one year, the monkeys were anesthetized and killed by transcardial perfusion with buffered glutaraldehyde. Tissue from different organs including kidney, liver, adrenals, pituitary and spinal ganglia were removed and tissue blocks embedded in Epon. Semi-thin sections were then analyzed by autometallography (J. Histochem. Cytochem. 33:219-228, 1985). This technique demonstrates small amounts of silver and mercury. When sections are exposed to potassium cyanide before autometallography, exogenous silver will be removed from the section (Histochem. J. 18:109-114, 1986). It is therefore possible to distinguish between accumulations of the two metals. From the present study, it was found that the kidney, liver, adrenal, pituitary and spinal ganglia contained intracellular accumulations of mercury located primarily in lysosomes. Lm and Em pictures from these organs will be presented. Tissue from three monkeys without amalgam tooth fillings were devoid of mercury and silver."

Dorland's Medical Dictionary defines lysosome as: "one of the minute bodies seen with the electron microscope in many types of cells containing various hydrolytic enzymes and normally involved in the process of localized intracellular digestion. Injury to a lysosome is followed by release into the cell of the enzymes which may damage the cell and give rise to wasting and other pathologic aspects of certain diseases, as in muscular dystrophy."

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"Alterations in the levels of selected enzymes have been studied in the liver, kidney and brain of mouse following mercuric chloride (1 mg/Kg body wt./d) administration for 10, 20 and 30 d. The activity of acid phosphatase increased in all tissues, the highest increase was recorded in the kidneys which showed as much as 4.5 fold elevation following mercuric chloride administration for 30 d. Although the alkaline phosphatase activity in the liver and the brain increased following HgCl₂ administration, the kidneys experienced a tremendous decline in this enzyme following the same treatment. Mercury-induced changes in ATPase were complex inasmuch as the nature and magnitude of these changes varied with the tissue as well as the duration of the treatment. Whereas the liver ATPase declined after all the treatment intervals, this enzyme increased in the kidney and brain following administration of HgCl₂ for 10 d. However, both the kidneys and brain registered a substantial fall in ATPase activity when HgCl₂ administration was continued for 30 d. The levels of both glucose-6-
phosphatase and succinic dehydrogenase decreased in all the tissues following HgCl₂ administration. Invariably, the magnitude of decrease was the highest after 30 d. treatment with HgCl₂.


'The study was composed of 27 persons that displayed vague symptoms similar to those of the victims of Minamata and Iraq. Skew distributions of mercury were observed in individual erythrocytes and neutrophil granulocytes when measured by PIXE. Mercury could not be detected in platelets. The erythrocytes also displayed lowered concentrations of calcium and strontium. The neutrophils displayed decreased concentrations of magnesium and zinc and increased concentrations of calcium and strontium. The neutrophils displayed decreased concentrations of magnesium and zinc and increased concentrations of calcium, strontium, and iron. The presence of mercury and the altered elemental profiles in the erythrocytes and the neutrophil granulocytes are suggested as early signs of exposure.' (PIXE = "Particle induced X-ray emission, which can, in principle, be used for detection of all elements, from sodium through the heavier ones, simultaneously.")

None of the test subjects had been working with mercurials. However, all had amalgam fillings. The mean number of amalgam fillings in group one was 16 (range: 8-22) and in group two, 14 (range:5-20). In group one, eight persons had gold and other alloys, whereas in group two the corresponding number was 10.

Bio-Probe comment: The clinical significance of the data reflected in this report speaks for itself without elaboration.


"High intakes of some fat-soluble vitamin or trace metals have been associated with a decreased risk of cancer. A mechanism to help explain their anticancer action might be immunosuppression during deficiency or immuno-enhancement with high intakes. In vitro, retinol suppressed T-lymphocyte functions, whereas high dietary vitamin A enhanced macrophage functions. High intakes of vitamin E can enhance some anticancer, immune defenses. Selenium excess was not very suppressive of immune functions in vitro, but did retard tumor cell growth. Selenium and zinc deficits are associated with immunosuppression. Enhanced immune functions by high intakes of trace elements and vitamins provide a mechanism to explain in part the concomitant decreased cancer incidence."

Bio-Probe comment: We find it fascinating that mercury affects the biochemical pathways and decreases homeostasis of each one of the nutrients addressed in the study. It is also a scientific fact that mercury suppresses immune function.