BBC “PANORAMA” VINDICATED ON DENTAL AMALGAM!

On 11 July 1994, the British Broadcasting Corporation (BBC) show “Panorama” aired a program on mercury exposure from amalgam dental fillings. The program featured a number of medical scientists whose research casted doubt on the safety of the exposure. Defending the safety of the mercury fillings, were two representatives of the British Dental Association (BDA). Following the program, the BDA filed a complaint with The Broadcasting Complaints Commission, claiming “unfair treatment” by the program. Following is the verbatim text of the Summary of Adjudication:

BROADCASTING COMPLAINTS COMMISSION:
Complaint from the British Dental Association -
Summary of Adjudication.

BBC’s Panorama: Poison in the Mouth broadcast in July 1994 suggested there was growing scientific evidence of links between mercury in dental amalgam and serious illnesses. During the programme, John Hunt and Peter Gordon of the British Dental Association (BDA) were interviewed. BDA complained to the Broadcasting Complaints Commission that they and Messrs. Hunt and Gordon had been treated unfairly.

The Commission consider it was legitimate for the programme-makers to assume that BDA would have some knowledge of the current state of research in relation to the use of amalgam. In these circumstances the Commission do not find that Messrs. Hunt and Gordon were treated unfairly in the programme’s use of an interview although they had not been given full notice of all the studies to be discussed. Nor do the Commission find unfairness in the fact that the programme showed Messrs. Hunt and Gordon to be clearly unaware of the existence of two of the studies, as that was the truth of the matter.

The Commission find no unfairness in the way in which the programme referred to the studies which criticized the use of dental amalgam or in the actual contributions from experts. BDA’s own contribution was shown as representing the opposing view, which supported the continued use of dental amalgam. However, the Commission consider that viewers might not have realized that BDA’s view was one which was widely accepted and that BDA’s advice on amalgam safety corresponded with that given by other dental associations. The programme’s failure to emphasize that important fact and its suggestion that BDA believed there to be a safe level of mercury, when in fact BDA had said only that amalgam was safe for use in dentistry, led to some unfairness to BDA.

You can get a copy of the full adjudication by sending a stamped addressed envelope to: Broadcasting Complaints Commission, 7 The Sanctuary, London, SW1P 3JS. 4 September 1996.
BIO-PROBE COMMENT: The Panorama program was shown widely throughout British Commonwealth countries, as well as some countries in Europe. Messrs. Hunt and Gordon of the BDA were obviously poorly informed on the published science on the subject, which was verified by the Commission. The concession that the program did not make it clear that the dental societies of other countries share the BDA’s view is minor, indeed. In substance, Panorama was clearly vindicated.

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CALIFORNIA DENTAL BOARD DROPS CASE AGAINST DR. ED ARANA!!!

Charles Brown and Jim Turner, attorneys from the law firm Swankin & Turner, have successfully persuaded the California Dental Board to drop its attack against Dr. Ed Arana in California. The decision, rendered on 19 November 1996, had been initiated by a complaint filed by another dentist, without patient agreement. [ED NOTE: Dr. Arana, long a stalwart leader in advanced dental therapy, has recently suffered a debilitating stroke, possibly induced by stress from this BOD attack. A number of respected speakers have donated their services for meeting to benefit Dr. Arana. See “Forum” below.]

This is the first definitive victory for the Consumer Dental Choice Project, which includes the attorneys of Swankin & Turner, along with a number of consumer advocate groups, including Dental Amalgam Mystery Syndrome (DAMS) and Citizens for Health. The strategy used in the Arana case involved applying emerging evidence from Health Canada and excellent testimony from scientists like Dr. Murray Vimy and Dr. Boyd Haley to show that the Board had a losing case.

The Consumer Dental Choice Project has also initiated several other actions. Notably, a letter was sent by attorney Charles Brown to the Attorney General (AG) offices of all fifty states, requesting their position on Mercury-Free Dentistry. Mr. Brown, a former State Attorney General himself, intends to focus the AG offices on Dental Board attacks on mercury-free dentists and to steer the issue from the local dental boards to a national forum.

Charles Brown has also traveled to the State of Iowa several times in recent weeks. He, along with Rene Mauser and other citizen activists have met with the Iowa Attorney General, the Governor’s Legal Counsel and several State Legislators, as well as the Executive Director and the Legal Counsel for the Board of Dentistry. Their focus is on the incorporation of the American Dental Association’s (ADA) Code of Ethics position on dental amalgam into the Dental Regulations of the State of Iowa. Since the ADA is a voluntary organization, that action raises issues of possible restraint of trade and violation of Federal Commerce regulations. More recently, the points were argued before the Iowa Board of Dentistry at its meeting on 16 January 1997. A large group of people were present to support the efforts of Mr. Brown and Ms. Mauser.

To support the work of the Consumer Dental Choice Project your tax deductible can be sent to: 1424 16th St., NW, Suite 105, Washington, DC 20036.

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PUBLIC HEALTH CONCERN!

The following letter to Governor Gary Johnson of New Mexico is being provided with the permission of its author, Dennis Lobstein, Ph.D. It was published in The Santa Fe New Mexican as a Letter To The Editor:

Dear Governor Johnson:

We do not need to repeat the medieval Spanish Inquisition in 21st Century New Mexico. Both the United States and New Mexico Constitutions protect our civil liberties. However, several New Mexico Highlands University administrators apparently believe they are above the law. The American Civil Liberties Union (ACLU) is prepared to litigate to uphold constitutional law.

Last January you, along with Senators Bingaman and Domenici, signed a Quality New Mexico Award for the New Mexico Highlands University’s Total Health and Wellness (THAW) Program, which I founded as my teaching and research laboratory. THAW also served as a powerful community service to promote healthy lifestyle choices. When the university became self-insured to promote employee wellness, due in part to my design, the underwriter for the university’s health insurance noted that THAW was on the “cutting edge of wellness programs, not only in New Mexico, but in the whole Southwestern United States.”

Suddenly, without warning that my position was in jeopardy, I was removed as director of the THAW Program - because President Selimo Rael, Vice President John Pacheco, and Dean Jim Abreu, under pressure from local pro-mercury dentists, didn’t like information I published about the health risks of dental mercury amalgam. The THAW student staff resigned in protest. Students, clients, and local physicians all signed petitions to bring me back as
director, but to no avail. University employees, on their own volition, are boycotting the THAW Program, because of the way the university administration violated my academic freedom, First Amendment constitutional rights to freedom of speech and press and Fourteenth Amendment rights to due process and equal protection under law (another director retains his position after the university settled out of court on his behalf for harassment of an employee - does a double standard exist?).

Local politics severely compromised this professor's job of informing the public about health concerns. You would serve the people of New Mexico well, if your next appointments to the NMHU Board of Regents were non-local scholars who understand academic and science. Many local politicians and business people who have provincial academic backgrounds seem to have a history of Crony Island Disease (see the open letter in the Santa Fe New Mexican, dated 5 September 1996), and that's what's killing the integrity of our university now! Criteria for administrative positions in a state university must be grounded in merit, not on how well we "suck up" to the local politicos. Sound public education depends on not being political.

Thank you for your serious consideration of this important matter,

Dennis Lobstein, Ph.D., FACSM
Associate Professor, Health Science, and
Founder of the Total Health and Wellness (THAW) Program

BIO-PROBE COMMENT: Dr. Lobstein is to be commended for his courage and determination in seeking justice. He represents the increasing numbers of individuals who are fighting to protect the public health by ensuring that scientific information challenging the safety of mercury amalgam dental fillings is not covered up!

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BEHAVIORAL EFFECTS OF FLUORIDE

BIO-PROBE COMMENT: The complete text of the following article by Valdamar Valerian can be found at the internet site of "Leading Edge Research Group" (http://www.cco.net/~trufax/reports/ffbehav.html). Due to the length of the article only about half of it is being reprinted here, with the permission of the author. The second half of the article deals with the hypothesis, documented by research, that governments throughout the world are using the fluoridation of water to cause behavioral changes in mass populations. Although many people might consider this an extremely controversial or radical hypothesis we feel that each individual should be afforded the opportunity to read the article and make up their own mind.

Behavioral Effects of Fluorides On Mass Populations

by Valdamar Valerian
(c) July 20, 1996

Much research on the effects of fluorides on human physiology was done by the Mellon Institute, under contract with major corporations that produce fluoride. Because of the policies of Mellon, which does not allow the decades of research to be accessed by the public except with express permission of those companies who contract with it, the data is not available to the public. However, there are literally thousands of scientific studies which list physiological effects of fluorides. There are no credible scientific studies which demonstrate that fluorides are safe to ingest. Studies which are paid for by parties who manufacture fluorides, products containing fluorides or have a vested interest in maintaining the status quo are invalid because of a conflict of interest. You cannot trust the fox to guard the henhouse.

Animal Studies and Carryover to Human Expectation

Literally thousands of studies are available on the physiological effects of fluorides on animals and humans. However, toxicity studies are chiefly carried out on animals. One of the immediate questions that arises is the relevance of animal studies to humans. A 1995 study, Neurotoxicity of Sodium Fluoride on Rats [1], indicates that "experience with other developmental neurotoxicants prompts expectations that changes in behavioral functions will be comparable across species, especially humans and rats." [2] The reason that rats appear to be used, rather than mice, is that rats have a higher resistance to toxins and will not manifest symptoms as readily. Logic then tells us that if rats are affected, the potential for human damage is at least as great.

Human Considerations With Fluorides

Fluorides have been added to public water supplies for more than 40 years. Even looking at the issue on a superficial level, dental fluorosis has been on the rise in the mass population since the 1960's [3], which is an indicator that the total amount of fluoride intake, including water fluoridation, has been on a serious level for some time. Exposures to dietary fluoride easily exceed 100 parts per million (ppm); toothpastes, which are packaged in aluminum tubes [4], contain 1000 to 1500 ppm fluoride [5]. Mouth rinses contain 230-900 ppm [6].
Store-bought juices can contain 2.8ppm fluoride [7], a fact which even the American Dental Association admits [8]. However, biological effects are apparent at even lower levels [9], and fluorides are accumulative in the brain [10], with the effects on behavior related directly to plasma fluoride levels [11].

Thus, there are studies which directly contradict claims by proponents that fluorides do not pass the blood-brain barrier [12] which only reflect short-term situations. Fluorides are cumulative, and short-term studies are specifically designed by proponents in a weak attempt to circumvent biological data [13]. Research indicates that agencies like the AMA and ADA were reasonably honest about the issue prior to 1945, before corporate pressure apparently forced them to "get in line". According to the AMA on September 18, 1943, "fluorides are general protoplasmic poisons, with the capacity to modify the metabolism of cells by inhibiting certain enzymes. Sources of fluoride intoxication include drinking water containing 1ppm or more of fluorine" [14]. Amazing, isn't it? Even the ADA was honest about the issue back then, on October 1, 1944, when it said, "drinking water containing as little as 1.2 ppm fluoride will cause developmental disturbances ... we cannot run the risk of producing such serious systemic disturbances. In light of our present knowledge of the chemistry of the subject, the potentialities for harm outweigh those for good" [15]. So, since the properties of fluorides haven't changed, and the nature of human physiology haven't changed, why do they maintain today that it causes "no harm"? What's wrong with this picture? Since everything in society flows from the top down, we can only assume that governmental agency pressure is the reason. In fact, that is precisely the case, but why in God's name would that want to do that?

Since acquisition of reports on the behavior effects of fluorides on the brain from U.S. sources is quite difficult, most of the reports (but not all) are from foreign research. Chinese investigations have found that levels of fluoride in water from 3-1 ppm affect the nervous system directly without first causing physical deformations from skeletal fluorosis [16].

Experiments on Rats and Fluorides

In rats exposed to 100 ppm fluoride for six weeks, starting at the age of three months, fluoride levels increased in the medulla oblongata in both sexes, and in the hippocampus of females, the sex with significant behavioral disturbances [17]. It is a matter of fact that the hippocampus is neurologically considered to be the "central processor" in the brain which integrates inputs from the environment, memory, and motivational stimuli to produce behavioral decisions and modify memory [18]. Humans are exposed to plasma levels of fluoride as high as those found in rat studies [19], and considering water and food products containing fluoride are given to babies and young children, it involves interruption of normal brain development [20] and subsequent interference in the way a human being perceives and is able to react to the environment, including social situations of tyranny and domination.

Furthermore, generic behavioral pattern disruption as found in rat studies can be indicative of a potential for motor dysfunction, intelligence deficits and learning disabilities in humans [21]. As far as accumulation of fluorides in the brain is concerned, with rats it was found, in one case, that six weeks of consuming 75 and 100 ppm fluoride produced a higher plasma fluoride level than did 125 ppm [22]. So, long-term accumulation of low doses has a significant effect. The medical establishment knew this in 1944, because they specifically said that levels above 1ppm were dangerous. Why, then, was the "optimum level" for water fluoridation (never mind the higher levels in foods and juices) set at 1ppm? Why would the World Health Organization have a target of fluoridating water supplies planet wide by the year 2000? [23] Why does the Clinton administration push so hard to have the United States completely fluoridated by the year 2000? Why does Mexico add 250 mg of potassium fluoride to the salt consumed by the population? [24] Why in 1996 is the U.S. sending proponents of fluoridation to Scotland and England to help quell the justifiable concerns of the public, who are being termed "civil rights activists"?

More Human Studies

The Chinese have been a great source of information on the effect of fluorides on the intelligence of children. A study done in 1995 by Li of 907 children demonstrated that "the IQ of children living in areas of fluorosis was lower than areas where there was no fluorosis" [25].

According to the Li study, "it appears that the influence of a fluoride environment on the development of intelligence may occur early in development, such as the stages of embryonic life or infancy, when the differentiation and growth of the nervous system is most rapid." [26]

Furthermore, "active and comprehensive meas-
the population." [ 27] If we are already getting an overdose from the environment, why do we need it added to the water? The practice, even in terms of simple logic, is no defensible in any shape, way or manner. Lastly, the Li study concludes with, "this suggests that developing brain tissues are sensitive to fluorides." [ 28]

Other Chinese studies support the work by Li[29]. Since fluoride levels in the body are cumulative, and fluoride intake lowers intelligence, the end result is a population with little ability to evolve, or for that matter with little ability to recognize or challenge tyranny. Since many countries have banned fluoridation [ 30], and those countries are the same ones who have less tendency to dominate the population than the ones who do fluoridate, the picture is becoming clear. Since studies which claim that fluorides prevent cavities are contracted by parties with a conflict of interest, and there is no credible scientific evidence to suggest that it does [ 31], one can only conclude that there is another purpose for fluorides to be added to the water and food. One of the many reasons they can get away with this is because of the paradoxical effect of the effect of toxins on biological systems. There is not a linear dose-response relationship [ 32]. What this means is that a small amount of fluoride concentration has a great effect. Orthodox media and science tells the public that a linear effect is the only observable phenomena. They're lying. Meanwhile, social behavior is getting more bizarre, producing crime ...and requiring a calculated totalitarian response. As the total accumulation of fluorides is approaching a toxic level, we see all sorts of physiological phenomena in progress. Even gastrointestinal problems and acid-stomach is produced by fluoridated water[33].

REFERENCES:
[ 7 ] A report surfaces that fluoride-containing pesticides on fruit increase human fluoride intake. Some juices contain 6.8 ppm fluoride. [ 29]
[ 9 ] Scientific information is published on the Paradoxical Effect of the biological effect of chemical toxins, in an article by Shatz et al. That is the response increases with time and then diminishes with even higher doses. In other words there is not a linear relationship between dose and effect. This means that there is no threshold below which fluorides and radiation, for example, are harmless. This also applies to the electromagnetic effects on human biology. [Shatz, A., et al, "The Occurrence and Importance of Paradoxical Concentration Effects on Biological Systems", Compost Science, Vol 5, p.22-30, Spring 1984; Shatz, A., "Low Level Fluoridation and Low-Level Radiation - Two Case Histories of Misconduct of Science", by A. Schatz, Ph.D., 1996].
[ 13 ] This rationale is also seen within the paradigm of vaccination, mercury amalgam, etc. See Matrix III Volume II, Leading Edge Research Group, P.O. Box 7530, Yelm, Washington 98597.
[ 20 ] [21][22] Ibid.
[ 21 ] The WHO internet site and other documents establish this target. Also, the CDC Morbidity and Mortality Report on May 29, 1992 and the ADA News on January 3, 1994. It is also interesting that the apparent target date for establishment of the NWO is the year 2000. The WHO also engages in international fluoride politics, intimidation and bribery. See Matrix III Vol II, p.307. The United States is the most medicated nation on earth. Now, who would want to medicate the "land of freedom"? Why is the fluoridation of aborigines and indian tribes so vital to governments? Many questions abound.
[ 22 ] Salt Fluoridation in Mexico, Dr. Lucila Pazoz Hernandez, National Coordinator of the Salt Fluoridation Program in Mexico. On May 27, 1991, Mexico became the seventh country in the world to adopt salt fluoridation as a "mass measure." The salt fluoridation program is also part of international commitments, such as the 1979 resolutions of the Pan American Health Organization.

[30] For example, The Netherlands, which was under Nazi domination, was quick to realize the social implications of fluoridation, and banned the practice. Denmark, West Germany, France, Italy, Norway, Sweden, Switzerland and Yugoslavia are some of the countries that have reversed their stance on fluoridation. Countries like Finland have a small program affecting only 1.5% of the population.

[31] In fact a 1992 study in Tucson, Arizona of 26,000 elementary school children found that the more fluoride a child consumes, the more cavities appear in the teeth. No wonder the ADA promotes it. The study was conducted by the University of Arizona, headed by professor emeritus Cornelius Steelink. It was also revealed that children living in a fluorinated community had 11 times more risk of fluorosis. Many studies with similar results abound.


[33] Scientific report reveals the connection between fluorides and non-ulcer dyspepsia (epigastric pain after eating). Gupta, I.P. et al, "Fluoride as a possible etiological factor in Non-Ulcer Dyspepsia," Journal of Gastroenterology and Hepatology, Vol 7, 1992, pp.355-356; also, Susheela AK, "Fluoride Ingestion and Its Correlation with Gastrointestinal Discomfort," Fluoride, Vol 25(1), 1992, pp. 5-22. Note: Since fluorides are cumulative in the body, the general level in the population where large gastric problems arise may be occurring. Thus the large marketing effort for "acid controllers" in the 1990’s, which may also be covering up the prevalence of heliobacter pylori infection as well as approaching fluoride toxicity in the population.

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Dr. David Kennedy, D.D.S. has been extremely active in the California fight to have mandatory fluoridation overturned. Anyone wishing to help can send donations to Citizens for Safe Drinking Water; 3243 Madrid; San Diego, CA 92110. You can also get information by calling 1-800-728-3833, leave a short message and your name and phone number, someone will call you back. Internet sites: http://emporium.turnpike.net/P/PDHA/health.htm Fluoride Home Page: http://www.santarosa.edu/~dmontgom/fluoride.htm email Dr. Kennedy at: dkennedy@ucsd.edu

An outstanding video on the Fluoride issue is now available through Bio-Probe. The video covers the recent "Fluoride Forum" held at Clark University on 24 October 1996. The price is $30.00 plus $3.00 postage for U.S. orders. Florida residents add 6% Sales Tax. To order call 800 282-9670.

SCIENCE
Detection and Quantitation by Lysis-Filtration of Bacteremia after Different Oral Surgical Procedures.
Heimdal, A; Hall, G; Hedberg, M; Sandberg, H; Soder, PO; Tunor, K; Nord, C.E.

ABSTRACT: Patients with bacteremia after dental extraction, third-molar surgery, dental scaling, endodontic treatment, and bilateral tonsillectomy were studied by means of lysis-filtration of blood samples with subsequent aerobic and anaerobic incubation. Samples were obtained before, during, and 10 min after treatment.

Bacteremia was observed in 100% of patients after dental extraction, 55% of patients after third-molar surgery, 70% of patients after dental scaling, 20% of patients after endodontic treatment, and 55% of patients after bilateral tonsillectomy. Anaerobic microorganisms were isolated more frequently than aerobic microorganisms were, and viridans group streptococci were the most commonly isolated bacteria. Ten minutes after treatment, the frequency as well as the magnitude of bacteremia showed pronounced reduction.

Profiling of Propionibacterium Acnes Recovered From Root Canal and Blood During and After Endodontic Treatment.
Debelian, GJ; Olsen, I; Tronstad, L.
ABSTRACT: This report describes the first results of an ongoing study of bacteremia after endodontic treatment of teeth with Asymptomatic Apical Periodontitis. After access cavity preparation, microbiological samples were taken from the root canal under aseptic conditions in 4 single-rooted teeth in 4 patients. In treatment of 2 of the patients, the first 3 reamers (sizes 15-25) were deliberately used to a level 2 mm beyond the apical foramen. In 2 patients the instrumentation ended inside the root canal 1 mm short of the apical foramen. Blood samples were taken from the patients during the endodontic instrumentation and 10 min after the treatment was completed. Using lysis-filtration under anaerobic conditions, the blood was passed through a cellulose membrane filter. The filters as well as the root canal samples were incubated using an anaerobic technique.

Anaerobic bacteria were isolated from all root canals. In the 2 patients where over instrumentation had occurred, Propionibacterium acnes was recovered both from the root canals and from the blood samples taken during and after the treatment had been completed. Biochemical profiles, antibiotic susceptibility tests and electrophoresis of soluble proteins revealed that Propionibacterium acnes isolate from the root canal and blood samples were identical within patients, but varied between patients. Facultative anaerobic bacteria including
Streptococcus sanguis were recovered from only one root canal sample and not from the blood samples.

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Systemic Diseases Caused by Oral Microorganisms
Debelian, GJ; Olsen, I; Tronstad, L.

ABSTRACT: Human endodontic and periodontal infections are associated with complex microflora in which approximately 150 (in apical periodontitis) and 350 (in marginal periodontitis) bacterial species have been encountered. These infections are predominantly anaerobic, with gram-negative rods being the most common isolates.

The anatomic closeness of this microflora to the bloodstream can facilitate bacteremia and systemic spread of bacterial by-products and immunocomplexes. A variety of clinical procedures such as tooth extraction, periodontal and endodontic treatment, may cause translocation of microorganisms from the oral cavity to the bloodstream. The microorganisms that gain entrance to the blood circulate throughout the body, but are usually eliminated by the host (reticuloendothelial system) within minutes. However, in patients with ineffective heart valves or vascular diseases, bacteremia can be a potential danger, leading most commonly to infective endocarditis and myocardial or cerebral infarction. Other forms of systemic diseases such as brain abscesses, hematomatous infections and implant infections have also been related to oral microorganisms.

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Bacteremia in Conjunction With Endodontic Therapy.
Debelian, GJ; Olsen, I; Tronstad, L.

ABSTRACT: This study characterizes oral microorganisms believed to have spread from the root canal into the blood stream during and after endodontic therapy of teeth with Asymptomatic apical periodontitis. Microbiological samples were taken under aseptic conditions from the root canal of 26 single-rooted teeth in 26 patients. In the endodontic treatment of 13 of the patients (Group 1), the first 3 reamers, sizes 15, 20 and 25, were used to a level 2 mm beyond the apical foramen. In the other 13 patients (Group 2), the instrumentation ended inside the root canal 1 mm short of the apical foramen. Blood samples were taken from the patients during the instrumentation and 10 min after the treatment was completed.

Anaerobic microorganisms were isolated from all root canals. In 7 patients of Group 1, Propionibacterium acnes, Peptostreptococcus prevotii, Fusobacterium nucleatum, Prevotella intermedia and Saccharomyces cerevisiae were recovered from the blood. In 4 patients of Group 2, P. Intermedia, Actinomyces israelii, Streptococcus intermedius and Streptococcus sanguis were isolated from the blood. Biochemical tests and antibiograms revealed that the isolates from the root canal and blood had identical profiles within the patients, strongly suggesting that the microorganisms isolated from the blood had the root canal as their source.

BIO-PROBE COMMENT: The search for these four studies was stimulated by the discovery of the 1996 Debelian et al. study published in the November 1996 Bio-Probe Newsletter, Vol.12, No. 6.

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Chronic Elemental Mercury Intoxication: Neuropsychological Follow Up Case Study.
Hua, MS; Huang, CC; Yang, YJ.
Brain Inj, 10(5):377-84, 1996.

ABSTRACT: In initial and follow-up investigations of neuropsychological function in a patient with elemental mercury intoxication, his scores were compared with those of a group of normal control subjects matched for sex, age and education. Each subject received a comprehensive neuropsychological examination including a personality inventory.

On the initial examination the results indicated that the patient had a significant depression of performance intellectual functioning, impairments of attention, non-verbal short-term memory and visual judgement of angles and directions, psychomotor retardation and personality changes including depression, anxiety, desire to be alone, lack of interest and sensitivity to physical problems. Such an impairment picture is compatible with the previous observations of individuals with chronic exposure to elemental, organic or inorganic mercury.

The follow-up study was undertaken about 1.5 years later. The results show that the patient's cognitive and personality functions were fully recovered. Our findings thus suggest a reversibility of impaired neuropsychological function in persons with elemental mercury poisoning if a prompt removal from the toxic environment is accomplished, together with proper medical treatment

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FORUM
IAOMT 1997 SPRING SYMPOSIUM
DATE: Friday-Sunday, 14-16 March 1997.
SITE: Louisville, Kentucky.


HOST/MEEETING REGISTRATION:
IAOMT Spring Symposium, c/o Dr. Jack C. Kall, 2323 Lime Kiln Lane, Louisville, KY 40222. T: 502-423-0781. Meeting registration includes spouse or one staff member, as well as Friday and Saturday lunches. Pre-registration (by 14 February 1997): IAOMT members = $345; Non-members = $445; additional office auxiliary = $150. Registration after 14 February 1997: IAOMT members = $395; non-members = $495.

PROGRAM:
- James C. Pendergrass, Ph.D. - “Effects of Heavy Metals on Brain Proteins.”
- Trevor Lyons, D.D.S. - “Microbiology in the Diagnosis of Oral Disease.”
- Bernard Schechter, D.D.S. - “Natural, Botanical Remedies for Non-Surgical Periodontics.”
- Phyllis J. Mullenix, Ph.D. - “Fluoride Affects Brain Function.”
- IAOMT Workshops will be held on Friday afternoon, with attendees having a choice of workshops:

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THE AMERICAN ACADEMY OF BIOLOGICAL DENTISTRY
SITE: Carmel, California.

HOTEL/ROOM RESERVATIONS: Carmel Mission Inn, Highway 1 and Rio Road, Carmel, CA 93922. Tel: (408) 624-1841 or (800) 348-9090

MEETING REGISTRATION: American Academy of Biological Dentistry, P.O. Box 856, Carmel, CA 93924. Tel: (408) 659-5385; Fax: (408) 659-2417. Tuition: $495; $250 - Auxiliary with Doctor. [Add $50 per person if after 2-5-97]

PROGRAM: ** All speakers have donated their services, including expenses, to benefit Dr. Ed Arana, who has suffered a debilitating stroke, possibly induced by stress from the recent attack by the California Board of Dentistry.
- Jerry Bouquot, D.D.S. “NICO Update and Review of Ischemia and Infarction of the Jaws.”
- Bart Flick, M.D. “Uses of Silver in Medicine For Wound Sepsis and Tissue Regeneration.”
- Boyd Haley, Ph.D. “Current Root Canal Toxicity Testing.”
- Christopher Hussar, D.D.S., D.O. “Surgical Intervention of Dental Interference Fields.”
- Dietrich Klinghardt, M.D. “Inter-Relationship of Oral Interference Fields to the Rest of the Body.”
- Vera Stejskal, Ph.D. “MELISA: An Invitro Tool for the Study of Metal Allergy.”

If you are a mercury-free dentist or are contemplating going mercury-free, you need to join the IAOMT. The IAOMT has helped fund or has been the catalyst for much of the current scientific research demonstrating that dental amalgam is not the benign dental material that 150 years of use and the ADA would like you to believe. Furthermore, the IAOMT is doing something about Standards of Care and Protocols that protect you, your staff and the patient.

For membership information contact Dr. Ronald M. Dressler, D.D.S. FIAOMT, 3071 Campbellton Rd. SW, Atlanta, GA 30311. (404) 349-2088 or FAX (404) 349-2090