

To the SCENHIR report on "The safety of dental amalgam and alternative dental restoration materials for patients and users".

We do not agree with the report which is more distinguishing for what it has left out than for what it contains.

The report does not reflect current knowledge of mercury and amalgam and seems to be 30 years out-of-date.

The report seems to reflect the opinions and wishful thinking of industry and dental schools. The report relies heavily on blood and urine levels of Hg which at best can be useful in acute poisonings, useless for chronic poisoning and irrelevant for immunological/immunotoxic effects. Mercury research has failed to find a correlation between exposure (blood/urine) and severity of symptoms. At higher levels of exposure more persons get ill but tells nothing about how ill they are. Since studies has shown elevated blood levels into industrial ranges after use of nicotine chewing gums, does the EU intend to restrict the use of chewing gums?

We are surprised that a report which claims to be scientific can include references like Bratel, Herstrom, Dodes and others. For instance it is not possible to claim psychic causes for somatic symptoms when mercury has as a major effect psychic and cognitive disturbances, known since ages.

We can not find any reference to the Swedish Dept. of Health report Dental Materials and Health (SOU 2003:53) and the risk evaluation by M. Berlin, former chairman of the IPCS Environmental Health Criteria 118, Inorganic Mercury. The report from the Dept. of Health must have been known at least by the scandinavian participants. Likewise we find no information on the studies in Norway which show clear-cut late damage to dental assistants health.

Lichen is known to become malignant in one to a few % of cases, enough reason to ban amalgam. For lichen the report discusses the generally positive effects of amalgam removal. Not so for other health effects of amalgam, there are now quite a number of studies showing a positive health effect in 70-90 % of patients (addendum: saner2-e.pdf). We must assume that the omission is deliberate. A hallmark of side effects of drugs is the concept Challenge-dechallenge-(rechallenge). This obvious measure has not been used in the clinics established to handle side effects of dental materials. Patients in both Norway and Sweden have repeatedly complained to the health authorities about the way they have been (badly) treated and their reports on health changes after amalgam removal have been ignored.

We can find no discussion on the malpractice of placing amalgam in contact with gold with ensuing severe corrosion. To cite Skinner's Science of Dental materials 3rd Ed 1948: "... such a condition is always a hazard to the health of the patient". Many other sources inform about the severe effects of gold-amalgam corrosion cells. This malpractice is however common practice. Dentists seem to be completely ignorant on corrosion.

This "greenwashing" report will not be accepted in Scandinavian countries where the awareness of amalgam toxicity is widespread and the report is more akin to the "science" produced by the tobacco industry.

The fact that alternative materials also contain toxic substances is no excuse for continuing with amalgam. Rather it is a shame for dentistry that they put on the market untested materials with toxic content and use the population as guinea-pigs. We demand that dental materials should be handled much like medical drugs.

The Swedish Association of Dental Mercury Patients, Tandvårdsskadeförbundet, Tf (6000 members) and recognized as a handicap organisation with state support.

Mats Hanson, deputy director

e-mail mercapto@telia.com

e-mail to central office of Tf info@tf.nu