

DENTAL SEALANTS & BISPHENOL A:

Some things every Parent, Patient, and Dental Care Giver needs to know about
“Sealants and Dental Bonding Agents”

Or my opinions after three decades of experience, practice, research, and teaching
A Brief History of a Scientific Odyssey Through Life

“One definition of insanity is to keep on doing the same thing expecting different results.”

This was an unexpected turn in this scientific odyssey through life, as happens in most scientific advancements. Over two decades ago we researched and published a technique that we felt would make Acrylic based “Dental Sealants” obsolete. While many nations turned against resin based ‘sealants’ because placing something in teeth that was incompatible with water just didn’t make sense, the American dental manufacturers have been very successful in continuing to convince American dentists that “sealants” were good for business, and they are right. Sealant’s are like legalizing the sale of automobiles that you can depend on 2.5% catching on fire and burning up every year. Study after study shows that sealants fail at a rate of more than 2% a year, adding up to a dismal 50% failure rate at 15 years.

Conversely, twenty-five years ago we perfected a water-based technique for children that virtually eliminates future decay. I’ve pointed this out in lectures to several thousand dentists all over the world over the last twenty years, but the dental Universities and dentists continue to use and promote what is now, in my opinion, an antiquated and discredited technique because it is a real money maker. (www.jtimrainey.com, click “Articles”, “THE FUTURE IS HERE NOW. A LETTER WRITTEN IN 2000!!!”)

A new twist in this argument against ‘Sealants’. To keep from being extremely technical requires some over simplification, but we will try to keep it simple. There is an entire industry built around chemicals called “plastics”. As often happens when dealing with a myriad of chemicals, a few classes of chemicals prove to be more or less toxic to humans and other animals. One of these classes includes certain dental Acrylics, and the rule of thumb is that the smaller the molecule, the more likely it is to be “toxic”. Over a decade ago we began to pin down various manufacturers and got them to admit that they knew that certain dental plastics were toxic to certain patients, and you will be happy to know that if you OR YOUR CHILDREN were in the small minority of patients that fit in that category, dental manufacturers, lecturers, and dental universities considered you “expendable” or “collateral damage” while better alternatives existed.

Meanwhile, our “double bonding” procedures isolated sensitive tissues in susceptible patients from the danger, and our use of a different class of materials on children eliminated the risk in children. We used materials that were compatible with water to eliminate the major source of sealant failure. (Where’s the rocket science in that decision?)

Bottom line? The technique we use virtually eliminates decay in the back teeth while the use of resin based sealants, while unreliable in preventing decay, may also pose other health risks. Easiest way to minimize the risk? Don’t use these materials in children.

“The NTP concurs with the conclusion of the CERHR Expert Panel on Bisphenol A that there is *some* concern for neural and behavioral effects in fetuses, infants, and children at current human exposures. The NTP also has *some* concern for bisphenol A exposure in these populations based on effects in the prostate gland, mammary gland, and an earlier age for puberty in females”, p. 37, BisphenolADraftBriefVF_04_14_08

If modern, state-of-the-art, gentle dentistry is important to you for your children and you, give us a call.

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