

THE DEAD ELEPHANT IN THE LIVING ROOM  
Some things every Patient, and Care Giver needs to know about  
Mercury-Silver-Amalgam “Fillings”

Or my opinions after three decades of experience, practice, research, and teaching

Free money. A \$14,000 gift for your children and grandchildren. What would you do with an extra \$14,000? What can your children do with an extra \$14,000?

After two decades of my warning the dental consumer, “Buyer Beware”, recent events have taken an interesting twist. One of the more interesting examples of “political correctness” has been the continued and vehement defense by my very own American Dental Association of the indefensible placement of Mercury containing Silver-Amalgam fillings in teeth. When other materials and techniques became available, placing Mercury in teeth made just about as much sense as spraying our kindergartners with insecticides (I was able to stop the spraying of children with insecticides. I’m working on Mercury.)

Recently, the FDA had to choose between placating the ADA and continuing to ignore the hazards of using toxic metals in teeth or consider warning against using Mercury containing fillings in children and pregnant women.  
(<http://www.fda.gov/cdrh/meetings/090606-summary.html>). This resulted in a great example of bureaucratic gridlock, compounded by politics, and a completely misguided and misleading statement concerning a key material to stopping the cycle of drill, fill, and bill that throws the entire proceedings into question. The information on this key material and how to use it has been available for more than two decades and the dental advisors to the FDA chose to ignore this information.

A quarter of a century ago we perfected a “Minimally Invasive” dentistry method that potentially stopped 70% of future decay when the proper guidelines were followed. As we refined and improved these procedures, we have openly shared these scientifically based procedures with thousands of dentists and various organizations, including the ADA and the FDA over the years, and both organizations continue to ignore the information that would potentially eliminate 70% of all dentistry (and possibly the need for 70% of all dentists). The FDA is so dedicated to preserving the status quo that information concerning alternative restorations contains this intentionally misleading statement concerning the use of the key material, Glass Ionomer: “Glass Ionomer cement is also a tooth-colored material. It is not usually used for long-term fillings because it breaks easily”. <http://www.fda.gov/cdrh/consumer/amalgams.html> When used within the guidelines that have been researched, refined, and, most importantly, published in peer-reviewed journals, Glass Ionomers are so reliable that some dentists using this technology are willing to place a lifetime warranty on the initial restorations, something that I initiated in the early 1990’s when we realized how reliable these restorations were. We’re now a quarter of a century into this “limited warranty”. That’s one Dead Elephant in the Living Room that the FDA and ADA have chosen to ignore, but there are others.

As part of this running gun battle against the entrenched establishment that would maintain the status quo of “drill, fill, and bill,” when the various entities tried to intimidate members of my group or me into silence, I would fire off various challenges, including the variation “Come into my office, observe the procedures, and do a long term

study of the cost benefits”. There have been no takers of these challenges between the various individuals, dental associations, Universities, Insurance companies, and various regulatory agencies including state boards and the FDA, probably because the liabilities were too obvious and too great, in my opinion.

Inconceivably, one of the largest providers of Dental Insurance, Delta Dental, just completed a study that answered the question of “what is the estimated cost directly to the consumer to receive traditional “drill, fill, and bill (Mercury-Silver Amalgam) fillings?” Answer: “The average cost to maintain a restored cavity in the molar of a 10 year old reaches \$2,178 by age 79. If the patient has several cavities, the cost rises accordingly.” (Northeast Delta Dental [www.nedelta.com](http://www.nedelta.com), or [www.jtimrainey.com](http://www.jtimrainey.com), “Articles”, “Eliminating Future Dentistry”. Just taking into consideration that there are eight permanent molars (excluding the eight bicuspids) and the statistical probability that 80% of all molars will need restoring, the lifetime cost can be extrapolated to \$14,000 for traditional dentistry. Meanwhile, we have treated tens of thousands of these molars in thousands of patients since 1983, and have placed a (limited) lifetime professional warranty on our restorations. That’s a convenient Dead Elephant for organized dentistry to try to continue to ignore. Why would they want to fix something that would eliminate 70% of future income? (And dentists?) What we have done in this professional lifetime has probably saved patients tens of millions of dollars.

The next “Dead Elephant”. We have given courses on this technology in this area to thousands of dentists from all over the United States and the world. Although dentists have been legally, morally, and ethically bound in the past to disclose to their patients alternative treatments, (...for at least the past 25 years, we have made information available to patients on the various procedures, as was required in the ADA Section III, Code of Professional Conduct 1.A, and the similar TSBDE Rule 109.173 which concerns informed consent.), the most obvious beneficial side effect of traditional fillings for the dentist resulting from the intentional destruction of sound tooth structure is that once teeth are violated with a high speed drill and an Amalgam filling is placed, teeth can predictably be expected to deteriorate over a period of a lifetime, requiring an increasingly expensive cycle of repair and replacement, not to mention the trauma, pain, loss of income, and inconvenience associated with repeated trips to the dentist for more shots, more drilling, etc over a lifetime.

The second “Dead Elephant” is this convenient side effect (for the dental profession, not the patient) of cracks that the high speed drill and Amalgam fillings create in previously unfilled teeth, and the weakening of the teeth caused by the unnecessary removal of sound tooth structure to accommodate the Amalgam filling technology. Not only does removing sound tooth structure weaken the teeth (that’s NOT rocket science), the high speed drill shatters the porcelain like structure of the enamel, and the associated cracks can and will lead to future cycle of replacement dentistry.

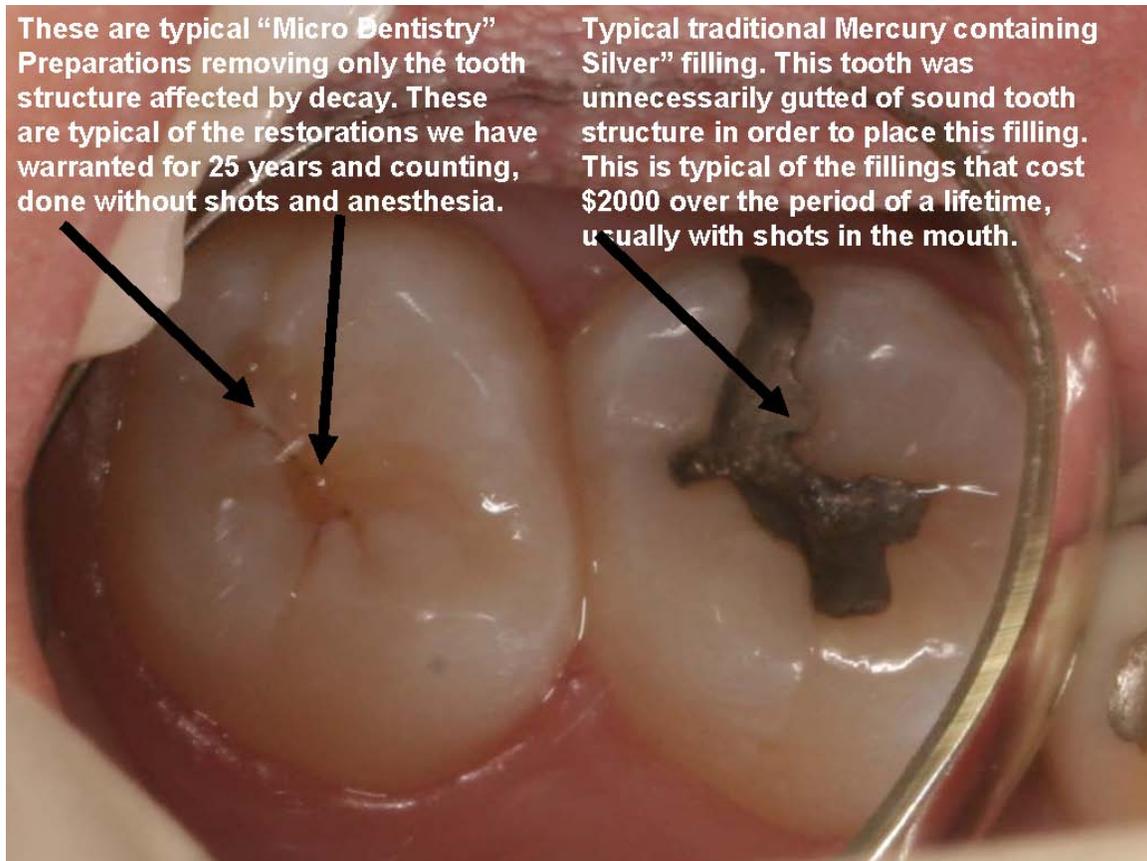
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### 1 Section III, Code of Professional Conduct:

1.A Patient involvement. The dentist should inform the patient in the proposed treatment, and any reasonable alternatives in a manner that allows the patient to become involved in the treatment alternatives.

What can be done to ensure the future dental health of your children? If your physician is referring your children to a dentist, first ask the physician if the dentist is using “Micro-Dentistry” techniques. If the physician is clueless, Buyer Beware. Ask the dentist the same question. When questioned, most dentists will claim that “they can do the same thing” etc. Then ask questions, the obvious questions being, “will you place a lifetime warranty on your restorations”? “Do you avoid using a high speed drill?” “Do you routinely avoid using shots on children?” If the answer to any of these questions is “no” then you obviously are not getting “the same thing”. Buyer Beware.

Here is a picture that compares our Micro-Dentistry to traditional dentistry side-by-side.



If avoiding the predictable, expensive, and inconvenience of repeated dental procedures is important to you for your children and grandchildren, call us. We truly enjoy seeing children as soon as they have teeth and we enjoy introducing them to gentle and fun ways to preserve their teeth over a lifetime.

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