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Greetings advanced from Fred Dreher, DDS

This Month...

#### Why my practice is Mercury-Free\* and Mercury-Safe

Dental schools still teach dentists to use mercury-amalgam (silver) fillings and the American Dental Association (ADA) continues to tell the public that they are safe. Recently, more and more questions have been raised about the safety of the mercury vapor released from these fillings. (I personally stopped placing mercury-amalgam fillings almost ten years ago!) This has resulted in a controversy and an ongoing debate about them - with some dentists saying they are safe and some saying they are not. At this time, over 50% of practicing dentists are no longer placing mercury-amalgam fillings in their patients' teeth. Three countries, Norway, Sweden and Denmark, have banned the use of these fillings in the dental practice.

After much research, including reading Dr. Tom McGuire's book *The Poison In Your Teeth...*, attending IAMOT (International Academy of Oral Medicine and Toxicology) conferences and reading information on the ADA's website, I have concluded it would be in the best interest of my patients to offer safe mercury-amalgam removal in addition to being a mercury-free practice.

Because it has been proven that high levels of toxic mercury vapor are released when amalgam fillings are removed, I've made my office as mercury-safe as possible. To that purpose, I use state-of-the-art technology, equipment and safe removal protocols to protect my patients, my staff, myself and the environment from excessive, unnecessary, occupational exposure to mercury at my office.

Becoming both a mercury-free and mercury-safe practitioner was my decision, but I believe that deciding whether or not to have your existing mercury-amalgam fillings removed and replaced must be your choice. Because I place great importance on Patient Education, I feel it is my responsibility to educate my patients about the relationship between oral and overall health issues, and to provide them with the information required for making educated decisions about their care. If you would like to learn more, please visit the IAOMT website, [www.iaomt.org](http://www.iaomt.org), or ask my office if you would like to borrow a copy of one of Tom McGuire's books, including *The Poison In Your Teeth...* or *Healthy Teeth-Healthy Body*. I also encourage you to visit the ADA's website [www.ada.org](http://www.ada.org) to learn more about the pros and cons of removing or keeping mercury-amalgam fillings. Again, the decision to remove and replace these fillings can only be made by you.

\*(Meaning we do not place mercury-amalgam fillings, or use any materials in our office that contain mercury!)

#### Bruxism

Bruxism is the medical term for grinding, gnashing or clenching your teeth. The condition affects both children and adults. Some people with bruxism unconsciously clench their teeth together during the day, often when they feel anxious or tense. This is different from tooth grinding or clenching that occurs at night, which is called sleep bruxism. Most children who are bruxers do so at night, while adults are either daytime or nighttime bruxers.

Bruxism may be mild and may not even require treatment. However, it can be frequent and severe enough to lead to jaw disorders, headaches, damaged teeth and other problems. Unfortunately, people with sleep bruxism usually aren't aware of the habit, so they aren't diagnosed with the condition until complications occur. That's why it's important to know the signs and symptoms of bruxism and to seek regular dental care.

#### Signs and symptoms

The signs and symptoms of bruxism may include:

- Teeth grinding or clenching, which may be loud enough to wake your sleep partner
- Teeth that are worn down, flattened or chipped

- Worn tooth enamel, exposing the inside of your tooth
- Increased tooth sensitivity
- Jaw pain or tightness in your jaw muscles
- Earache — because of severe jaw muscle contractions, not a problem with your ear
- Headache
- Chronic facial pain
- Chewed tissue on the inside of your cheek

#### Causes

Doctors don't completely understand the causes of bruxism. For daytime bruxism, it has been thought that abnormal alignment of upper and lower teeth (malocclusion) may contribute to the problem, though this hasn't been confirmed in research studies. Sleep bruxism is believed to be related to changes that occur during sleep cycles in some individuals, and this is an active area of current research.

In adults, psychological factors seem to be associated with bruxism, including:

- Anxiety, stress or tension
- Suppressed anger or frustration
- Aggressive, competitive or hyperactive personality type

In children, bruxism may be related to growth and development of the jaws and teeth. Some researchers think children brux because their top and bottom teeth don't fit together comfortably as they are erupting. Others believe that children grind their teeth because of tension, anger, or as a response to pain from an earache or teething. While bruxism has been reported to occur in up to 30 percent of children, often in children under the age of 5, most children outgrow bruxism before they get their adult teeth.

In some cases, bruxism isn't caused by stress or dental problems. It can be a complication of another disorder, such as Huntington's disease or Parkinson's disease. It can also be an uncommon side effect of some psychiatric medications including certain antidepressants.

#### Risk factors

These factors increase your risk of bruxism:

- Stress. Increased anxiety or stress can lead to teeth grinding. So can anger and frustration.
- Age. Bruxism is common in young children, but usually goes away by adolescence.

#### When to seek medical advice

Bruxism often goes unnoticed. See your dentist if you have worn teeth or pain in your jaw, face or ear. Also consult your dentist if your bed partner complains that you make a grinding noise while you sleep.

If you notice that your child is grinding his or her teeth — or has other signs or symptoms of this condition — be sure to mention it at your next dental appointment.

Now that spring is finally here (officially, at least, although we're still getting snow!) we would like to remind everyone to be sure to wear a mouthguard when participating in sports like baseball, softball or even paintball! It's time to check the fit of your child's bike helmet too, and be sure they (and YOU!) wear one at all times. Don't forget the helmet and mouthguard for roller skating, skate boarding and other activities that could cause a head or mouth injury. We are wishing you a healthy, and happy (long overdue!) spring!

**Have a great day!**

*Fred Dreher, DDS*