

By Karin Öckert, DDS, Specialist in Periodontology

Extract from article published in "Näringsråd och näringsrön" 1999; 4(4):2

Are systemic intolerance reactions to dental materials rare among patients, or have dentists simply not learned to observe and interpret the signs of intolerance? Based on my 34 years of clinical experience, systemic intolerance reactions are far more common than localized mucosal reactions. Several hundred of my patients have shown severe systemic reactions to "incorrect" dental fillings, causing considerable suffering and even sick leave. Given that over 40% of the Swedish population today suffers from some form of allergy or hypersensitivity, it is urgent to expand our knowledge in this area through research.

Case Description

A 54-year-old woman experienced problems after receiving a gold crown on a tooth with a gold post in 1965. The tooth had first been devitalized with arsenic preparations and then filled with gutta-percha. She developed severe mental symptoms, including hysterical episodes and depression, for which she took Sobril for many years. She also suffered from meningitis, shingles, chronic muscle pain, and headaches. After a slipped disc operation in 1983, a titanium plate was inserted, which worsened her condition, leaving her bedridden. She was granted early retirement in 1986. Medical examinations showed no remarkable lab findings. She was treated for respiratory difficulties with Sobril, Cipramil, Treo, Pulmicort, and Bricanyl. Patch testing revealed allergies to nickel, palladium, and colophony.

Her symptom score, according to my symptom form, was 207—extremely high.

After three months of additional vitamins and minerals and a strict healthy diet, her bodily symptoms improved. Additional fiber dramatically helped her gastrointestinal issues, though they returned when her root-filled tooth was extracted. A test of composite dental material triggered symptoms within six hours, including eye irritation, anxiety, nasal congestion, cough, shaking, tachycardia, muscle pain, and respiratory difficulties. Removal of the test material resolved all symptoms within 24 hours. She could not tolerate any composite or composite cement, only glass ionomer cement (Fuji LC), which was successfully used to replace her fillings.

She then underwent a one-week intestinal cleansing program at GUA Health Centre, involving brine, fresh water, herbs, and a special diet. This intervention dramatically reduced her symptom score from 207 to 36 and allowed her to tolerate subsequent dental treatments, including amalgam removal and ceramic crown cementation. Two years later, her overall health and vitality were greatly improved, with only occasional use of Sobril for insomnia.

This case demonstrates that improving the body's natural defenses and intestinal health can increase tolerance to dental materials. Leaky gut syndrome, which allows bacteriotoxins and undigested proteins to enter the bloodstream, can cause toxic and allergic reactions. Causes include infections (bacterial, fungal, or parasitic), heavy metals, medications (antibiotics, anti-inflammatories), and food allergies. Treating leaky gut can reduce hypersensitivities and prevent the development of new allergies.

A person's tolerance to environmental toxins can be compared to a water butt: once full, even small amounts of toxic substances can provoke acute reactions. Studies that ignore this complexity cannot claim to be fully scientific.

