Dental Allergies – Truth or Myth?

By Michael Rehme, DDS, CCN, FIAOMT
May 7, 2012

When an individual discovers they have a food allergy, the obvious thing to do is eliminate that food choice from their diet. Continual exposure to these sensitive foods could create symptoms like itching, nausea, diarrhea and abdominal pain. More severe cases can cause general weakness, immune suppression, lightheadedness, asthma and even anaphylaxis (extreme reaction that could lead to shock).

Common sense dictates that in order to remove the symptoms you must remove the source of the problem. Even in dentistry these same principles can apply. Is there such a thing as dental allergies? Can we actually be sensitive to dental materials or dental procedures that also cause systemic sensitivities?

I honestly believe the answer to this question is yes. Dental research indicates that it takes approximately two minutes for any substance, once exposed to the inner layer of the tooth (dental tubules), to reach the bloodstream. Therefore, when a tooth is prepped for a filling or even a crown, these tubules are uncovered and the dental materials used in the restoration process can and do penetrate directly into the bloodstream.

Recently, I completed a case with a patient who was still experiencing the same symptoms that were bothering him even after his mercury fillings were replaced with tooth-colored fillings. Another dentist had removed his mercury restorations and, upon my initial clinical evaluation, it seemed to be an excellent dental revision and everything seemed to be within normal limits. He was hoping that the mercury removal would reduce or even eliminate some of the anxiety issues he was experiencing as well as the “foggy head” and neck pains. Disappointed with the initial results, he was looking for a second opinion to see if there was anything else that could be done.

As we discussed his case, the only suggestion I could offer this patient was to perform a blood compatibility test to check the dental materials used to replace his mercury fillings. This is useful information for a biological dentist because we recognize the fact that one’s body can be sensitive to certain materials used in the oral cavity. If we can identify the original material used, the compatibility test will assist in our decision making process for our patients.

The results of his test indicated that the materials used in his mouth were highly reactive. Yes, even tooth-colored, composite resins can be a problem. Not all composites are created equally. With our patient’s consent, the tooth-colored fillings were replaced with a new material that was found to be in his least reactive list.
Although I can never promise results to our patients, the blood compatibility test does offer a solution with many of our more difficult cases. It doesn’t surprise me anymore to witness these remarkable changes that can occur once the sensitive materials are removed. Substituting the original composite resin for a new, more compatible material was the key to Jeff’s improved health and wellness.

Here is a testimonial from Jeff: “I came to Dr. Rehme having problems with anxiety, pain in my jaw and a really foggy head. I had a blood compatibility test ordered and found the mercury fillings I had replaced with porcelain fillings two years ago with a different dentist were incompatible with my body. I allowed Dr. Rehme to remove and replace the white fillings with composite materials that my body liked and I feel so much better. I am not having the foggy sensation, no more anxiety and my face and neck pain is so much better that it’s almost totally gone. I am so glad my friend recommended I come see Dr. Rehme, he has allowed me to get my life back.”

The biological concerns must go hand in hand with the methods we use for the mechanical procedures we perform on our patients as we continue to strive for excellence and provide the best dental care available today.