THE MATERIALS IN THIS PDF DOCUMENT ARE NOT REQUIRED FOR YOUR ACCREDITATION. THEY ARE BEING PROVIDED TO YOU IN THE EVENT YOU WOULD LIKE TO LEARN MORE ABOUT THE TOPICS PRESENTED IN UNIT 1: COURSE INTRODUCTION.

SUPPLEMENTARY (OPTIONAL) CONTENT FOR UNIT 1: INTRODUCTION

☐ Read the “Optional Mercury Removal in Pregnant & Lactating Women” IAOMT Scientific Review. Click here to go to pages 2-3.

☐ Read the “Chronic Mercury Toxicity” IAOMT Scientific Review. Click here to go to page 4.

☐ Read the “Magnification Used in Dentistry” IAOMT Scientific Review. Click here to go to page 5.

☐ Read the “Sodium Lauryl Sulfate” IAOMT Scientific Review. Click here to go to pages 7-8.
Optional Mercury Removal in Pregnant & Lactating Women

- **Explanation of IAOMT position:** This SR is in stark contrast to the position of the ADA in which amalgam dentistry may be performed in the 2nd trimester of pregnancy.

**Name of Scientific Review:** Optional Mercury Removal in Pregnant & Lactating Women

**Alternative name(s) of Scientific Review:** n/a

**This Scientific Review is related to:** Medicine & Dentistry

**This Scientific Review is:** Procedure

**Purpose of the Scientific Review:** Protect the unborn fetus or young child from unnecessary mercury exposure during “optional” and “non-optional” mercury amalgam removal from mom.

**Scientific Review History:** None

**A brief description of the Scientific Review:** Pregnancy and lactation are not appropriate times for “optional” mercury filling removal because the unborn baby, or young child, is at risk during the mercury removal process. If removal of mercury amalgams is not “optional” (dental care must be rendered because of pain) the mother, the fetus or child is at greater risk of being exposed to mercury vapors and protective measures (precautions) need to be taken.

**A specific description of this Scientific Review:** The practice of “optional” amalgam removal from pregnant and lactating women should be deferred until pregnancy and lactation is terminated.

1) **With Pregnancy**
   a) Determine if tooth with mercury amalgam filling is in need of dental service due to existing or potential infection/pain or if for optional mercury removal:
      i) If “optional”:
         (1) In order to decrease mercury vapor exposure: Encourage patient to avoid acidic and hot foods and beverages, use night guards to prevent grinding, never chew gum, and avoid smoking.
         (2) Encourage patient to see knowledgeable health care practitioner to supplement but not actively detoxify
         (3) Wait until post natal for dental care unless nursing
      b) If not “optional” (dental mercury work must be done):
         (1) Employ all IAOMT Standards of Care to decrease mercury vapor exposure
         (2) Try to wait until the 2nd trimester
         (3) Minimize mercury vapor exposure per visit by doing one tooth at a time

2) **With Nursing Mom**
   a) Same as above: Determine if tooth with mercury amalgam filling is in need of dental service due to existing, or potential infection/pain, or if for “optional” mercury removal:
      i) If optional:
         (1) In order to decrease mercury vapor exposure: Encourage patient to avoid acidic and hot foods and beverages, use night guards to prevent grinding, never chew gum, and avoid smoking
         (2) Encourage patient to seek knowledgeable health care practitioner to supplement but not actively detoxify
(3) Wait until nursing is terminated
   ii) If not “optional”: (dental mercury work must be done)
   (1) Employ all IAOMT Standards of Care to decrease mercury vapor exposure
   (2) Have mother save milk for feeding or defer dental treatment when child can rely on other liquids and foods
   (3) Minimize mercury vapor exposure per visit by doing one tooth at a time

Manufacturer(s): N/A

Scientific Literature:
- Transfer of Amalgam Mercury into Tissues of Unborn Baby (Vimy, MJ,: 1990; Drasch, G; et al, 1994)

Legal Aspects of this Scientific Review:
- Neurological effects
- Stillborn babies
- Spontaneous abortion
- Birth defects

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IAOMT Member #: 455 IAOMT Chapter: North American
“Chronic Mercury Toxicity: New Hope against an Endemic Disease”

Scientific Review Approval
Scientific Review Provisional Approval
IAOMT Board Review No Opinion 5/17/91
Reevaluation & Revision No Approval 9/01/00

Explanation of IAOMT position: Must reading for information on Vitamin C but be aware that IV administration of Vitamin C is outside the dental Scientific Review and best be done by physician.

Name of Scientific Review: “Chronic Mercury Toxicity: New Hope Against an Endemic Disease “

Alternative name(s) of Scientific Review: Medical/Dental Reference Book On Mercury

This Scientific Review is related to both Medicine & Dentistry

This Scientific Review is a Publication

Purpose of the Scientific Review: Medical/Dental Reference Book On Mercury

Scientific Review History: The text was the culmination of many years of research and personal hands on experience with every aspect of the diagnosis and treatment program it professes. Since publication in September 1988 its content has stood well the test of time, and it has been a positive influence on those who regularly administer IV-C. Robert Cathcart, M.D., for instance, the number one user of IV-C today, has since switched from administering IV-C in sterile water to administering it in lactated Ringer's solution as the text suggests.

A brief description of the Scientific Review: The text "Chronic Mercury Toxicity: New Hope Against an Endemic Disease" is the first medical reference book for the recognition and treatment of chronic mercury toxicity using dietary and lifestyle changes, food supplements, and intravenous vitamin C.

A specific description of this Scientific Review: For the purpose of stimulating research, the book was compiled in 3 parts. Part I serves as a guide to diagnosis and lays out dietary, food supplement and lifestyle needs. Part II (safety) discusses vitamin C safety and steps to be taken to insure safety. Part III outlines steps for administering IV-C.

Manufacturer(s): Publisher: Queen & Company Health Communications, Inc.; P.O. Box 49308; Colorado Springs, Co. 80949-9308; H.L. "Sam" Queen, D.Sc, author.

Scientific Literature: For accuracy, text reviewed by 22 authorities. Contains in excess of 500 scientific references.

Legal Aspects of this Scientific Review: Chapter seven (7) of the text covers the dentist's and physician's legal responsibility for using IV-C (or any other treatment program for that matter), the authority of which was confirmed by a leading expert in informed consent. The book was written to satisfy the requirements of the FDA for "proposed new uses for existing drugs"; it received a positive review in a leading scientific journal; and the treatment program it espouses is now being studied at three institutional sites.

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Magnification used in Dentistry

<table>
<thead>
<tr>
<th>Scientific Review</th>
<th>Approval</th>
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<tr>
<td>Restorative Dentistry</td>
<td>9/9/99 Provisional Approval</td>
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Explanation of IAOMT position:

**Name of Scientific Review:** Magnification used in Dentistry

**Alternative name(s) of Scientific Review:** Visual Enhancement of Dental Procedures

**This Scientific Review is related to:** Medicine & Dentistry

**This Scientific Review is:** Equipment & Technique

**Purpose of the Scientific Review:** To improve the overall quality of dental care

**Scientific Review History:** Ocular Assistants in the form of loops have been used in dentistry for over 30 years. The use of custom built fixed precision mounted ocular telescopes takes the visibility to another level of clarity. These devices have been available for 10 years.

**A brief description of the Scientific Review:** The use of custom (which can incorporate personal prescriptions) or adjustable ocular telescopes for most dental procedures will improve the dentist’s ability to see small differences normally difficult to distinguish with the naked eye.

**A specific description of this Scientific Review:** At first, magnification is a bit challenging. The field of view is decreased as magnification is increased. A good starting point is 2.5X (object appears 2 1/2 times the normal size). After initial learning period a jump to 3.5X is usually well tolerated. At 4.5X the field is considerably reduced so that only one or two teeth are visible. At this level the most minute detail is visible. Higher magnification is not recommended unless a mounted binocular microscope is used.

**Advantages**
1. Enhanced ability to recognize and thus remove all old restorative materials, decay, cracks, etc.
2. Avoid most pulpal exposures
3. Improved ergonomics for the operator thus reduced eye strain and back strain
4. Allows dentist to sit further away from the contaminated aerosol spray
5. Allows the dentist to use smaller drills effectively during the slice and chunk mercury amalgam removal potentially reducing mercury vapor exposure for the doctor, patient & staff
6. The glasses can incorporate an additional orange safety glass to protect the operator’s eyes from lutein degradation with exposure to intense blue spectrum light
7. Instills confidence in the patient

**Disadvantages**
1. Initial cost of gasses around $1000.00
2. Procedures may take initially longer due to the recognition of more detail
3. Higher magnification lenses are larger and therefore places and increased load on the operators neck & nose
4. A support strap behind the head helps distribute the weight and stabilize the glasses.
5. Difficult to parallel multiple units (teeth). Two pair of glasses may be an aid, one higher and one lower magnification for different applications
6. The more magnification lenses used the greater the reduction of available light. Auxiliary lighting is recommended to fully optimize visibility
7. Limited visual field requires more diligence in protecting soft tissues. Use of a rubber dam greatly simplifies this consideration.
8. Difficult to sterilize – can not be soaked in cold sterilization – only wiped down
**Manufacturer(s):**
- Design for Vision
- Orascope: 1-800-369-3698

**Scientific Literature:** none

**Legal Aspects of this Scientific Review:** none

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# Sodium Lauryl Sulfate

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<tr>
<th>Received</th>
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<th>IAOMT Board Review</th>
<th>3/30/00</th>
<th>Reevaluation</th>
<th>9/01/00, 10/4/05</th>
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<th>Provisional Approval</th>
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**Explaination of IAOMT position:** No explanation is needed.

**Name of Scientific Review:** Sodium Lauryl Sulfate (SLS)

**Alternative name(s) of Scientific Review:** Sodium Laureth Sulfate, Sodium Lauryl Ether Sulfate

**This Scientific Review** is related to: Medicine & Dentistry

**This Scientific Review** is a: Product

**Do you have a vested financial interest in this Scientific Review?** No

**Purpose of the Scientific Review:** To alert to the potential toxicity of SLS in toothpastes and other personal care products.

**Scientific Review History:** SLS has been added as an anionic surfactant or foaming agent in garage floor cleaners, engine degreasers, car wash soaps as well as many toothpastes and shampoos for many years.

**Briefly describe the Scientific Review:** SLS is a major ingredient in many tooth pastes. It should be avoided by all because of its potential toxicity.

**A specifically, by outline if appropriate, describe the Scientific Review:** Because it is cheap, it makes the mixture foam well and it thickens the product appreciably, manufacturers add SLS to most of their toothpastes in more than the 1% recommended maximum addition.

**Manufacturer(s), Distributor(s), or Publisher:**
- **Manufacturers:** Arco Chemical, Dow Chemical, Olin, Eastman Chemical
- **Manufacturers of these toothpastes use SLS in their products:** Aquafresh, Colgate, Crest, Pepsodent, etc.

**Scientific Literature:**
- “In absorption, metabolism and excretion studies, SLS had a permanent degenerative effect on cell membranes because of its protein denaturing properties. High levels of skin penetration may occur even at low use concentrations”.
- “SLS had an LD 50 of 0.8 to 1.1 g/kg in rats. A formulation containing 15% caused depression, labored breathing, diarrhea and death in 4 out of 20 animals.”
- “Other studies have indicated that SLS enters and maintains residual levels in the heart, liver, lungs, and brain from skin contact. This poses the question of it being a serious potential health threat to its use in shampoos, cleansers and toothpastes.”
- Longevity, August 199995, Canker Sores. “New for canker sore sufferers: A study at the University of OSLO in Norway saw a 70% decrease in the small, crater-like ulcers when patient prone to them brushed with toothpaste without SLS. Researchers suspect that SLS, a common dental detergent, disrupts the mouth’s mucosal layer, leaving it more vulnerable to irritants and allergens.

**Legal Aspects of this Scientific Review:** Liability for improper eye development in children, cataracts, nitrate absorption, penetration into systemic tissues (brain, heart, liver) and proven skin irritant.
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