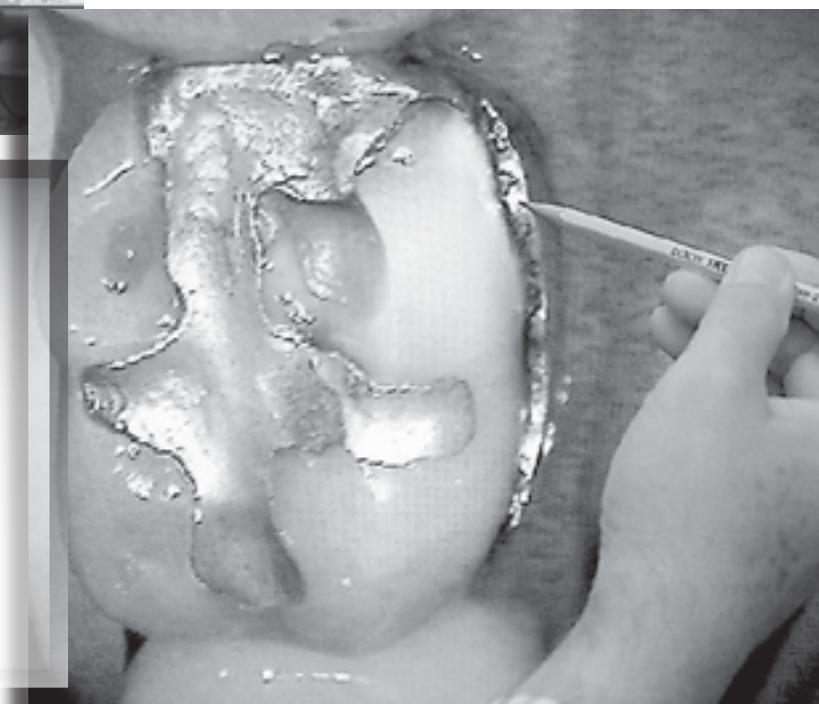


Chasing Elusive *Dental Pain*



Dr. Willock examines an enlarged view that shows breaks in a silver-mercury amalgam filling. Over time, he notes, dental amalgam causes fractures in teeth and itself becomes brittle and breaks.

“Mercury amalgam cracks and splits teeth as it heats up and cools down from eating hot and cold foods.”

There are times when Dr. C. Michael Willock is as much detective as dentist. “Of course we can see a lot of dental issues—broken teeth, recurrent decay, leaking fillings, periodontal problems, broken, damaged materials—with magnified visual inspection,” he says. “But there are fairly frequent times when symptoms elude both what we can see and what we record radiographically.

“A deep crack in a tooth is an example of a condition that might very well not show up clinically or on film, but still it hurts. Fortunately, we have ways to isolate and restore such problems. When we are able to relate pressure to the pain—simply by pressing on suspect tooth—we are on the path to relief.”

SINUS INFECTIONS

At other times, Dr. Willock (still in detective mode) may trace a hurting tooth—always an upper tooth—to a sinus infection. “This most often occurs in the spring and fall, when the weather is changing and there’s pollen in the air. A susceptible patient breathes in this pollen, and it irritates his or her sinuses.

“There are nerves from the roots of the upper teeth, from the molars and premolars, that flow back and serve as messengers to the brain. At times, the allergic irritation inflames these nerves, producing what certainly seems like an ache in an upper tooth. But in fact, the problem is not in the tooth, it’s back in the sinus. One of the clues for me is that in most instances, with this condition, it’s impossible to isolate the pain to a single tooth. Rather, the pain seems to float from one tooth or one area to another.”

Effective relief of the problem for many patients comes from use of over-the-counter hydrogen peroxide, diluted 50:50 with water, used as a nasal flush, says Dr. Willock.

AMALGAM FILLINGS

Quite often, notes Dr. Willock, a range of dental issues are related to the use, over time, of amalgam fillings. “One of the main problems concerns the physical properties of the material,” he says.

“Mercury amalgam cracks and splits teeth as it heats up and cools down from eating hot and cold foods. When it gets hot from eating hot foods such as a baked potato, it expands nearly three times as fast as natural tooth structure, and places great stress on a tooth, acting like a wedge, and cracks it. In extreme cases, it will split the tooth down the middle.

“Then, when the amalgam cools down or is chilled—with a serving of ice cream, for example—it contracts more quickly than the natural tooth structure and a small gap opens up at the margins of the restoration and leakage occurs. Bacteria enter between the tooth and the restoration. When the tooth warms back up to body temperature, the gap closes and ‘seals in’ whatever happened to be in the patient’s mouth and saliva at the time.

“Dental amalgam does not bond to a tooth like the newer materials, and

therefore does not seal the tooth. Because it does not seal the tooth, it leaks from the day it is placed. Eventually, the amalgam corrodes and this black corrosion—silver sulfide—is what is commonly found on the inside of a tooth when the old amalgam is removed.

“In some instances, patients are unusually sensitive to the mercury content of the fillings. The first thing we do for the sensitive patient is recommend a visit to their physician, to verify as much as possible the source of their sensitivity. A Clifford Reactivity Test blood serum test may be ordered to help determine sensitivity issues. In turn, it helps us know what type of materials we can use to safely restore their teeth (see www.ccr-lab.com). A growing number of my patients have reported improved health that they believe is due at least in part to the removal of their silver-mercury fillings.”

Dental amalgam—principally made up of mercury and silver—is a toxic substance according to many governmental agencies, including the EPA, FDA, and the manufacturers of the amalgam material.

Dr. Willock tells patients who want to remove amalgam fillings that the proce-

dures “is a significant health event, with the potential of exacerbating the toxicity problem if it is not done with great care.” An accredited member of the International Academy of Oral Medicine and Toxicology (www.IAOMT.org), he is one of the few dentists in the area who has had extensive training in the safe removal of amalgam fillings.

Now, Dr. Willock says, patients are more frequently choosing ceramic, zirconia, and composite resins because these restorative materials match the natural color of teeth, and bond to the tooth for a better seal and are less toxic. Cosmetically, composite resins are far more attractive than silver-mercury fillings or gold fillings, he says. 

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