DAMS
DENTAL AMALGAM
MERCURY SOLUTIONS

Dental Truth

651-644-4572
dams@usfamily.net

2025 issue, published August 2025

Summer 2025 isssue, with news on water fluoridation, mercury, thimerosal, dental local anesthetics and more

EPA didn't comply with fluoride trail ruling; it appealed, criticizing trial court's judge

In September of '24 the fluoride trial court Judge Edward Chen ruled that water fluoridation *does* pose an unreasonable risk to children's brains. Then, in 2025 there came heady victories with Utah banning fluoridation state-wide followed by Florida, America's third most populous state, doing the same. Biden's EPA started an appeal of the TSCA trial verdict, but the hope was that, with the confirmation of Robert F Kennedy Jr. as Secretary of Health & Human Services (HHS), that Trump's EPA would not follow through on Biden EPA's fluoride appeal. But Trump's EPA *did* file an appeal brief and it featured attacks on the conduct of the trial and the decisions of trial court Judge Edward Chen.

Banning amalgams in the US?
The dental mercury issue has been quieter but, with the European Union banning amalgams beginning January 1, 2025 and with Kennedy heading up the HHS and Marty Makary MD (shown here) as new FDA commissioner, the time is ripe for the newly reformed FDA to ban dental amalgam fillings. Petitions to the FDA asking for the ban *have been filed*, setting in motion the process for the FDA to reconsider its awful amalgam rule of 2009 and to act to ban dental amalgams.

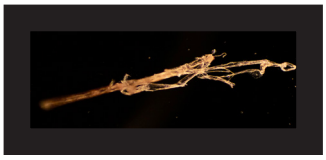
Class action lawsuits against big toothpaste
Attorney Michael Connett, already busy fighting off the EPA's fluoride appeal, is also representing plaintiffs who are bringing class action lawsuits against Colgate and other big toothpaste companies for unethical and, allegedly, illegal, marketing of fluoride toothpaste to children. Plaintiffs allege that the candy flavor ingredients and cartoon animated marketing lure children into using too much toothpaste and swallowing too much fluoride.

In depth story on toothpastes, mouth rinses
We take a look into what are the most effective and safe toothpaste ingredients. How should a consumer make the best choice, overall? Is nano-hydroxyapatite the answer? Are emulsifiers an oft-hidden hazard? A deep dive into toothpaste issues.

Platelet Rich Fibrin (PRF) has developed
PRF is derived from the patient's own blood, so it is well tolerated. We take a look at all of the many products now developed using PRF and how it has changed dentistry.

Valerie Kanter, DMD She is the chair of the IAOMT's Endodontics Committee. Some oppose all root canal treatments. Kanter sees those criticisms but speaks of a "Regenerative Endodontics" which looks for ways to address the many concerns about root canal treatments. She also teaches Vital Pulp Therapy which, when successful, brings a dying tooth back to being alive.

Graphene oxide (GO) in dental local anesthetics? Sophisticated testing has confirmed that it is a real issue. How can we avoid having GO injected during a dental procedure? What are the results of having GO in the body and in the blood? Do we want GO to cause self-assembling nanobots to form inside our blood? And, if this happens, how do we reverse it?



DAMS, Dental Amalgam Mercury Solutions
1041 Grand Ave, #317
St Paul MN 55105 USA
651-644-4572
dams@usfamily.net

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DAMS does not support, endorse, or oppose political candidates or parties. But DAMS encourages participation in the political process and urges that citizens screen candidates thoroughly on the most important issues.

In This Issue

The EU has banned mercury amalgam fillings. The US FDA has now been petitioned to also ban amalgam fillings!

On January 1st of 2025, a ban on dental amalgam mercury in the European Union, which includes 27 countries of Europe and does not include the UK, took effect. This, along with the halt in amalgam manufacture by the world's largest manufacturers of amalgam, Kerr and Dentsply/Sirona, gives unmistakable momentum to efforts to ban mercury amalgams in the US, Canada, and the rest of the world. The appointment of Robert F. Kennedy Jr. as Secretary of Health and Human Services (HHS) by US President Donald Trump signals a new era of reform at least within that federal agency in America, and that leads to a renewed effort to bring an end of amalgam use in America. Kennedy has a deep understanding of the toxicity of mercury and of the serious hazard that it poses to health. The Food and Drug Administration (FDA), which is part of the HHS, is the agency that classifies and regulates dental materials as well as food and drugs. The FDA is now headed by Trump appointee Dr. Martin Makary, MD, MPH, (shown here) who is also expected to bring reform to the agency. Because of that, activists and reformers expect that the FDA will readily reconsider its mistaken, wrong-headed 2009 amalgam rule. That 2009 rule placed dental amalgam into the Class II, for "moderate risk" materials instead of Class III, for "highest risk" materials, where it obviously should have been put.

Petitions to the FDA to have it ban mercury amalgam fillings have been filed and we'll keep you posted on their progress and how you can help! ■

A short history of dental amalgam mercury

1840s Dental amalgam filling began to be used in America, but they were condemned by the National Association of Dental Surgeons, yet half of the dentists kept using them anyway.

1850s The mercury using dentists organized their own group, and that's what became the American Dental Association (ADA).

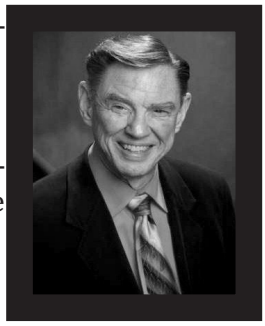
1920s A German chemistry professor, Alfred Stock, investigated mercury poisoning from dental amalgam fillings in himself and his colleagues. He spearheaded an international science-based movement against the use of amalgam fillings. But his chemistry lab in Frankfurt was bombed by the allies in World War II, resulting in a setback to his work on mercury poisoning by dental amalgams.

1973 An American dentist met Brazilian dentist Olympio Pinto, and Dr. Pinto showed American dentist Hal Huggins (right) evidence that amalgams released unsafe amounts of mercury into the people who have them. Huggins went on to become the leading educator in American dentistry and to the public about the hazards of dental mercury, spawning a movement that has only grown since then.

1984 The International Academy of Oral Medicine and Toxicology (IAOMT) was formed by Canadian researcher/dentist Murray Vimy, DMD, and IAOMT had its first meeting in Calgary, Alberta. One of IAOMT's leaders, Michael Ziff, DDS, and his father, Sam Ziff, published a newsletter and authored many books on dental amalgam mercury.

1990 DAMS INC was incorporated in the state of New Mexico as a non-profit group with the purpose of educating the public about the amalgam filling issue and getting amalgams banned.

1990 December 16th Morley Safer, hosting the CBS television show ***Sixty Minutes***, examined the dental amalgam mercury controversy. Safer interviewed top amalgam research scientists such as Fritz Lorscheider, PhD, Murray Vimy, DMD, and Boyd Haley, PhD. The program was viewed by 30 million people. ADA went into panic, while many more people went seeking safe amalgam removal.



1990s Hal Huggins operated a dental clinic in Colorado Springs, Colorado, that became a magnet for patients from far and wide who wanted to get their dental amalgam fillings removed safely. His 1993 book, *Its All in Your Head*, *The Link Between Mercury Amalgams and Illness*, helped spread Huggins' fame and his message; but the Colorado state dental board had another agenda: to stop Huggins and all of his allies. The dental board opened up an investigation of Huggins, dredged up a pile of complaints against him, and charged him with being unethical and a fraud for spreading the word about the dangers of amalgam fillings and for removing them for health reasons. In December 1995, the Colorado State Dental Board revoked Huggins' license to practice dentistry, and Huggins clinic in Colorado Springs was forced to close down. Similarly, many other holistic dentists in other states were aggressively investigated, charged, and often also lost their licenses to practice dentistry.

2006 The Children Amalgam Trials Two studies were done on children, one in Portugal and one in New England, purportedly showing that amalgam fillings are safe. They were published in JAMA, the Journal of the American Medical Association. A major media blitz rolled out immediately proclaiming that the two studies had proven that amalgams are safe for children. Critics said that the studies were biased and were unethically performed on young children who could not possibly have given an informed consent.

2009 FDA's amalgam rule FDA issues an amalgam rule that placed the dental amalgam filling into Class II (moderate risk) rather than banning it or putting it into Class III (highest risk to the patient). By putting dental amalgam into Class II, amalgam avoided having to be evaluated for safety. The FDA's rule did not call for the avoidance of amalgam use in children, pregnant women, or people with neurological disorders. It did not even require that a patient be told that amalgam fillings contain mercury.

2013 The Global Mercury Ban Treaty The treaty banned industrial uses of mercury, such as in thermometers and thermostats, but it did not include any mention of mercury (thimerosal) that is still used in some vaccines and it addressed mercury amalgam fillings in a separate section that imposed weak conditions each country would have to satisfy in order to comply with the treaty. So, the treaty was weak with regard to medical and dental uses of mercury. But, on the other hand, it gave delegates from around the world a chance to become informed about the dental amalgam issue and to go back to their home countries and work for an end to the use of dental amalgam mercury there.

A short history of dental amalgams (continued from page 3)

2014 On March 5, 2014 IAOMT, DAMS, and various individuals sue the FDA, calling to a major reversal of its 2009 amalgam rule. The lawsuit called for the FDA to either ban amalgam fillings entirely or, at the very least, to put it into Class III (highest risk and requiring a proof of safety). But by November 12, 2015, the FDA filed a Motion to Dismiss the lawsuit, claiming that the plaintiffs did not have "standing" to bring the lawsuit. The plaintiffs responded and there was a battle over standing.

2016 On July 1st Federal District Court Judge James E Boasberg ruled in favor of the FDA, dismissing the lawsuit on the basis of "standing." In his lengthy opinion, Boasberg found that even a DAMS member named Roger Waller, who was a prisoner in a federal prison, did not have standing even though the prison doctor and dentist had cited the FDA's amalgam rule as a reason they would not allow Waller to get his amalgam fillings removed. Judge Boasberg cited the prison doctor's statement that Waller's health was just fine and that his symptoms and complaints couldn't possibly have been due to mercury from his amalgam fillings. So, as part of his opinion in dismissing the entire case, the judge declared that even Roger Waller, a sick, ailing mercury-toxic prisoner, did not have standing to sue the FDA.

2020 September 24 FDA puts out a press release warning that mercury amalgams should not be placed in "vulnerable populations," including children, pregnant women, women who might get pregnant, people with neurological disorders, and those with kidney disorders. However, the FDA undercut the message by saying that amalgams are generally safe and that amalgam removal itself tends to be unsafe. Further, despite the warning about vulnerable populations, together encompassing 85% of the US population, the FDA did not follow up with the logical next step and revise its 2009 amalgam rule. So, the FDA's warnings, while attempting to show sincerity, actually changed little or nothing.

2025 With new FDA Commissioner, Dr. Martin Makary, MD, and new HHS Secretary, Robert F. Kennedy, Jr., the FDA should be receptive to petitions to reconsidering its un-protective 2009 rule. Big media will likely howl with criticism of such an action, but banning dental mercury in U.S. is long overdue and badly needed. ■

EPA appeals fluoride trial verdict, criticizing trial court judge

On September 25th of 2024 Judge Edward Chen ruled that water fluoridation poses an unreasonable risk to children's brains. His ruling appeared to hand an ultimate victory over fluoridation to the plaintiffs as the judge ordered the EPA to make a new rule to address the neurotoxicity of fluoride.

But on July 18, 2025, the EPA attempted to turn the tables on Judge Chen. It filed an appeal of the judge's verdict arguing that the judge made enough serious mistakes so as to invalidate the entire trial and its verdict.
EPA's appeal argues that *none* of the plaintiffs had standing to sue, not even a pregnant woman in a fluoridated town in Kansas who, at first glance, seemed like the perfect plaintiff.
A three-judge appeals court will determine who the ultimate winner is: a grass-roots coalition wanting to end water fluoridation or an EPA that seems determined to do nothing about the health hazards of water fluoridation.

EPA goes for business as usual
EPA's legal arguments, formulated by the Solicitor General and his staff at the US Department of Justice (DOJ), come after a nine-year legal process in which activists and non-profits seek to do what previous presidents, Trump I and Biden, never made it do: perform a risk assessment on the hazards posed by water fluoridation and halt the strange practice of water fluoridation. The fact that the EPA, aided by the DOJ, is appealing a judge's ruling, suggests that some portions of the Trump II administration still support "business as usual."

Many Americans went to the polls last November looking for reform. As a presidential candidate, Robert F. Kennedy Jr. called for reform that included an end to "agency capture." When Kennedy actually emerged in the Trump II presidency as Secretary of Health and Human Service (HHS), it was hoped that his spirit of reform would permeate *all* of the Trump II federal agencies - that it would be a culture of Make America Healthy Again through agency and regulatory reform

But now it does not appear to be

EPA appeals fluoride trial (continued from page 4)

that way. Despite thousands of messages urging them to "stand down" on the appeal, EPA/DOJ *did* file the appeal, and EPA is doing so with the promised assistance of a coalition of many of the biggest environmental polluters in America.

The American Chemistry Council (ACC), a trade association of big oil companies and chemical polluters, is planning to file an amicus (friend of the court) brief in support of the EPA's appeal. ACC dislikes the Toxic Substances Control Act of 1976 (TCSA) statute, since it allows activists and critics to bring their petitions, and then lawsuits, against a rogue federal agencies that fail to do the right thing and ban toxins. It has a massive lobbying team to influence Congress and Trump's appointment of Lee Zeldin as administrator of the EPA also shows its deep, out-sized influence in Trump II. Lee Zeldin is a staunch advocate

for the interests of big oil and gas and Trump's appointment of Zeldin has been described as a "giant gift to big oil." So, in appealing the fluoride trial verdict, Lee Zeldin aligns with "big oil" as well as with "big dentistry." Thankfully, the Centers for Disease Control (CDC), which falls within the Kennedy-led HHS, will likely be ordered to entirely stop its promotion of water fluoridation; but the EPA' s resistance to the fluoride trial's verdict shows a stubborn alignment with "business as usual" there in parts of Trump II, as if nobody there had ever heard of MAHA and reform; and the appeal leaves open with the dire possibility that the EPA might *prevail* in its appeal of the fluoride verdict, causing the trial court verdict to be stricken.

Whose side is Trump really on? It is hard to see that Trump will "Make America Healthy Again" when EPA remains a captured agency, leaving America mired in fluoride and, truthfully, so many other toxins. Another example of a bad Trump appointment is that of the Federal Communications Commissioner—continuing the FCC capture by the wireless industry and leaving the American people as among the most heavily microwaved people in the world. With all of his power and sway, Donald Trump could do much better for the health of the people. Perhaps he needs to think about who's side he is really on, and what he really wants for the health and freedom of the people.

Does EPA's brief hold water?

Standing argument The concept of legal standing is this: do at least some of the plaintiffs (even one!), the parties seeking a legal remedy, have sufficient connection to the policy, action, or inaction that is being challenged. If the plaintiffs are judged as not having legal standing, then the case is to be halted and dismissed, and it will not be tried on its merits, i.e. on the allegations brought forward by the plaintiffs. That is what the EPA is seeking to do, even now at this late hour, long after the trial court ruled that the plaintiffs *do* have standing. EPA is now arguing that even a plaintiff named Jessica, a pregnant woman living in water fluoridated town of Leawood, Kansas, did not have standing in the case. At first, Jessica seemed to be a perfect plaintiff for the case, because she was pregnant in 2020 and had her baby in that year. She and her baby were arguably at risk of future harm from water fluoridation if EPA does nothing to protect her from it. But, in a somewhat convoluted argument, EPA found out and argues that Leawood, Kansas already had some fluoride, between 0.24 and 0.4 ppm, naturally occurring in its water. EPA then goes on to argue from there, that Jessica would already be hopelessly impacted by that naturally occurring fluoride, leaving the EPA with no ability to remedy her hopelessly fluoride-toxic situation. That is, she and the others in her town are already doomed by fluoride already naturally occurring there in the water. So—presto—EPA says that Jessica had no standing and, of course, it manages to argue that no other plaintiffs, including the non-profit organizations, did either. If EPA's' sweeping attacks on plaintiff standing hold water, the entire case is thrown out. With 200 million Americans being forced to drink and use water that is fluoridated, it seems bizarre to think that no one person and no non-profit on the long list of plaintiffs would end up with standing.

We suggest that Jessica *does* have standing A rebuttal might say this: yes, naturally occurring fluoride in Leawood's water might have some undesirable impact, but water fluoridation, which is currently imposed on Leawood, approximately doubles the dose of fluoride, making adverse fluoride impacts distinctly greater. So an EPA rule, which might well do away with fluoridation, would have a helpful impact on the situation. Further, an EPA rule might well alert officials and the public in towns such as Leawood as to the adverse impact of exposure to fluoride in the water and such an alert could lead families and/or the town itself, to filter out naturally occurring fluoride in their water or to find other, better sources of water, that are naturally lower in fluoride.

EPA appeals fluoride trial (continued from page 5)

So the EPA, through its rules and recommendations, could make a very positive impact on Jessica's situation. So, we see an argument that Jessica *does* have legal standing to sue and the case should be tried on its substance.

EPA also claims that Judge Chen allowed too much evidence
EPA/DOJ now argues that Judge Chen seriously erred by allowing evidence into the trial that was not contained in the plaintiffs' original 2016 petition. Fluoride research, much of it US government funded, continued through 2016 and beyond and Judge Chen allowed a considerable amount of new science into evidence both during the 2020 leg of the trial and also in the 2024 second leg when the National Toxicology Program's (NTP) "State of the Science" summary was brought into the trial. Both parties in the lawsuit claimed to want to bring the NTP's report into evidence in hopes that the new evidence would clinch its arguments over the science. In fact, attorneys for the defendant, EPA, always insisted that such further evidence would support its contention that the science was and is too unsettled for it to do a risk assessment and then adopt a rule. But the ongoing evidence just kept favoring the plaintiff's case further and the judge's decision went for the plaintiffs. Now EPA argues Judge Chen erred by allowing way too much new evidence into the trial and that was a fatal mistake in his conduct of the trial. Is EPA just being inconsistent and self-serving in now arguing now that Chen let in too much evidence?

EPA claims the Judge Chen "commandeered" the trial
All would agree that the fluoride trial was long, bitter and hard-fought. The judge constantly heard objections and motions and had to rule on them. We think Judge Edward Chen should get a medal for having the strength and stamina to endure it all and to see it through to the end.
And, in seeing it through, Judge Chen seemed to be a model of impartiality. It seems that he didn't want to give the EPA any reason to complain and to appeal. He bent over backwards to be fair to the EPA, granting the delay that EPA wanted in order to bring in the NTP report and allowing the EPA to attempt to find support in the "Spanish study," which, weirdly enough, concluded that water fluoridation actually raises the IQs of children in the fluoridated community. The Spanish study, using very questionable methodology, ended up being dismissed entirely as evidence. He rolled with the punches in hearing this historically long, contentious trial. It seems to be a stretch to us for the EPA to argue now that Chen "commandeered" the entire trial in a way that fundamentally violated the TSCA statute guidelines that provide for such a trial as this one.

We'll see In about six to twelve months from now, the appeals court judges will hear the arguments and counter-arguments in this appeal, and then decide whose arguments are more persuasive. Many of the 200 million Americans, currently living under the thumb of the very coercive and unhealthy practice of water fluoridation, will be watching with interest. ■

Makers of children's fluoride toothpastes & mouth rinses named in class action lawsuits

As shown in science and in a court battle, fluoridated water poses an unreasonable risk to children's brains. Now activists have sued makers of children's fluoride toothpastes and mouth rinses, charging that the children and their unsuspecting parents are being lured into buying such toothpastes, overusing them, with children often swallowing excessive amounts of the fluoride. The six class action lawsuits, filed in federal district courts on January 13, 2025, charged that the companies' labels showing candy, fruit juice, and cartoon characters mislead children and their parents into thinking that the products are natural and safe. The labeling and marketing leads the children to use much more toothpaste on a toothbrush than is recommended in the label's fine print and by the FDA. Defendants in the toothpaste lawsuits include conglomerates Proctor & Gamble (Crest), and Colgate, (owns Tom's of Maine). Facing charges over the marketing of their mouth rinses are ACT (owned by Chattem, which is owned by Sanofi Pharmaceutical), Colgate (Tom's of Maine), Firefly (owner, Perrigo Pharmaceutical) and Hello.

The lawsuits allege that the defendants' false and misleading labels violate the Federal Food, Drug & Cosmetic Act and several state consumer fraud statutes. The cases were filed in federal courts in California and New York. Plaintiffs, seeking financial and punitive

damages, are being represented by attorney Michael Connett , who has been the lead attorney in the successful lawsuit against the EPA in the Federal 9th District Court.

Being major corporations, the defendants will be able to mount a vigorous defense. But, if found guilty, the defendants could end up paying significant damages, including punitive ones. The trial's publicity could and should erode the images of the toothpastes as safe and fun products for children to enjoy. The general public may also grow leery of fluoride toothpastes and the other fluoride products being peddled for oral hygiene and some of them, like fluoride varnish, as just as bad or worse; it is truly child abuse!

Fluoride toothpastes and mouth rinses make a significant addition to the body's accumulation of fluoride, serious poison. Chronic effects include harm to bones, connective tissue and teeth (e.g. dental fluorosis), kidney function, thyroid function, and injury to the digestive tract. The overly-enthusiastic child who consumes a lot of the flavored, sweetened toothpastes or drinks much of a fine flavored mouth rinse may need urgent care. Acute fluoride poisoning requires a trip to a poison control center in order to avert permanent damage and, possibly, death. ■

Toothpastes—which are best?

The array of toothpaste selections has never been so wide and preference patterns are changing. Fluoride, as an ingredient, is being seriously challenged by the nano hydroxyapatite options. But some ask is a nano particle ingredient in a toothpaste actually safe? Aside from that question, there is a long list of ingredients that we have heard warnings about–flavors, dyes, artificial sweeteners and most of all, the emulsifiers. Independent testers have also weighed in by revealing heavy metal contaminants such as lead, cadmium and arsenic, things that nobody wants to put in their mouths. Lead Free Mama and Mamavation, the best known independent testers, are giving out no warning against fluoride in toothpaste leading us to wonder why that is. We will sort through all of that, starting with a look at nano Hydroxyapatite, a new up and coming ingredient, and how it outperforms fluoride in the most credible comparison studies.

Nano Hydroxyapatite (nHA) origins, development and safety issues Hydroxyapatite is a naturally occurring calcium - phosphorous compound that makes up about 65 to 70% of the mass of a bone and about 70 to 80% of the mass of tooth enamel and dentin. In the 1970s NASA scientists found that, by creating very small nanoparticles of it, the body's natural tooth surfaces could be strengthened. A Japanese company obtained the patent from NASA and in the 1980s and 1990s it figured out how to make the particles smaller and started marketing it as a toothpaste ingredient. By 2016 it had gained use in Europe and elsewhere as a toothpaste ingredient and the European Union called for an expert scientific panel to evaluate the safety of nano Hydroxyapatite (nHA) as an oral hygienic and cosmetic product.

A European expert panel was charged with evaluating the safety of nHA. After eight years it finally gave a conclusion of safety within certain limits and conditions of use.
In order for hydroxyapatite to be able to seal up cracks in a tooth's enamel and keep the bacteria out of the tooth, its particle size has to be very small so it can get into the tiny cracks in the enamel and into the tubules that permeate the dentin. It turns out that particle size and the particle shape are key variables to consider when assessing safety. In 2015 the European Union Commission tasked an expert panel called the Scientific Committee on Consumer Safety (SCCS) with studying the safety of nHA in toothpastes and mouthwashes and advising the EU on whether and how it can be used safely. In 2016, in its first report, the committee cited many studies that had found adverse health impacts from nHA but it noted that they were mainly found at higher levels of exposure; the committee concluded that it could not give a definitive statement on conditions for the safe use of nHA at that time.
In 2021, the SCCS committee concluded that rod-shaped (non-needle) form of nHA does not pose a systemic (body wide) toxicological risk.
In 2023, the committee came out with final safety opinion stating that cells do take up the nHA material but that uptake does not

Toothpastes—which are best? (continued from page 7)

pose a hazard of genetic or cellular mutations. If the nHA ingredient does not exceed 10% of the toothpaste and if at least 98.5% of the nano particles are rod-shaped and the rest of them are not too needle-shaped, and if the particles are not coated or surface modified, then it should be safe. The committee also emphasized that its safety assurance does not apply to the inhalation of the nHA as with breathing and its safety statement does not apply to products that might lead to exposure to the lungs.

Nano hydroxyapatite found to perform as well or better than fluoride
In a review article published in the May issue 2025 of the Journal of Dentistry a review article by a team of European researchers found that hydroxyapatite-containing toothpastes were as good as fluoride toothpastes in stopping the development of new decay and in halting the progression of existing decay. In conclusion, the review stated that "Hydroxyapatite toothpaste could be an effective alternative to fluoride-containing toothpaste in preventing caries progression and promoting enamel remineralization. The comparable performance of hydroxyapatite to fluoride, coupled with the superior biocompatability and lack of toxicity, positions it as a promising option for individuals seeking fluoride-free oral solutions."

A similar review done in 2024 by Gugnani and Gugnani, of India, came to a similar conclusion. They found that hydroxyapatite toothpastes are at least as good as fluoride toothpastes in caries prevention in reducing bacterial load and in remineralization of enamel. In their conclusion these authors said that hydroxyapatite toothpastes "can be a good alternative to fluoride."

Safety questions about nHA continue to be raised by some
Nagging questions about the safety of nHA remain, at least for some researcher and toothpaste developers and for some consumers. Some ask, for example, how can we be assured, for each of the products with nHA in them that at least 98.5% of them are rod-shaped, and few or none of them are needle-shaped? How can I be sure that the nano-particles in a product are not coated or surface-modified during the production process? How much of a product with nHA, and also with essential oils, very volatile, might manage to get into my lungs? Might there be long term effects from the every-day use of nHA that have not yet been uncovered?

One such critic is Stephanie Greenwood, who cites on her web site the toxicity studies that triggered the SCCS investigation in Europe as reasons for continuing caution about use of nHA. Further, no hydroxyapatite product has ever been approved by the US FDA, she points out. On her website, BubbleAndBee.com Ms. Greenwood reviews research into several aspects of toothpaste quality and she tells how she came to formulate a safe, simple toothpaste, with just a few ingredients, for her company, Bubble & Bee Organic. Drawing on Ms. Greenwood and many other sources, we offer the following guidance on ingredient—some that are safe and some that are best avoided.

Ingredients that are safe

Glycerin is safe and widely used. It is only a myth that glycerin prevents tooth remineralization.
Stevia is safe and OK for most, although some are sensitive to it.
Essential oils They are generally safe and helpful ingredients if they are organic. They provide an anti-microbial action that, for most of them, does not kill off all of the bacteria and that's good because some of the oral bacteria benefit our health and belong there. But one to avoid is Tea Tree Oil, which is too harsh to have in the mouth; so Tea Tree Oil is best avoided as an ingredient. Another oil you may want to avoid is Neem oil which is able to disturb friendly bacteria and which, at least for some people, may be too harsh.

Ingredients best avoided

DEA A foaming agent, is a known hormone disruptor and irritant, with moderate cancer risk
Artificial flavors
Red, blue and yellow food dyes
Detergents such as sodium lauryl sulfate and sodium laureth sulfate —they harm good bacteria
Triclosan a powerful, non-degrading antibiotic. It is an endocrine disruptor and a harsh chemical.
Tea Tree Oil this essential oil is not ever to be taken internally and so is too harsh to be included in a toothpaste. Regular use of tea tree oil, as in a toothpaste, kills off friendly bacteria in the mouth.
Artificial sweeteners such as aspartame, saccharin, and Splenda. Alcohol sugars such as xylitol, sorbitol, are best avoided by sensitive people because of the possibility of allergies and disruption of biodiversity. Stevia is safe.
Bentonite clay Sometimes testing has revealed elevated levels of aluminum, lead and arsenic.
Emulsifiers Emulsifiers are used to control the consistency of the product. They are damaging to the microbiome and to the intestinal tract and they cause inflammation. These include ingredients such as

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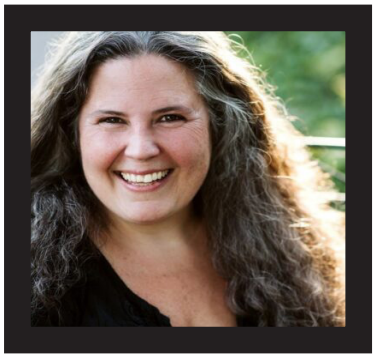
polysorbate 80 and other polysorbates, carrageenan, maldtodextrin and carboxymethyl cellulose.

Ingredients may be listed in disguise Ingredients will often be named under an alias in order to escape attention. Natural" toothpastes often provide a long list of essential oils and herbal ingredients, thus evoking a favorable reaction. But, in order to get all of those essential oils to mix with each other and with water, the manufacturer is likely to make use of an *emulsifier*. So, be alert to check the list for an emulsifier along with that long list of benign essential oils and other safe, natural ingredients.
Carboxymethyl cellulose, for example, is often listed simply as "cellulose gum," "cellulose gel," "modified cellulose," CMC, or simply "gel." The emulsifiers are very undesirable and yet, since they are found in the vast majority of toothpastes and mouthwashes, it is necessary to be on the alert for them in order to avoid them.

Company trust Toothpaste industry giants are Proctor and Gamble (Crest) and Colgate, which owns Tom's of Maine. They are big supporters of fluoride and fluoridation and they are closely connected to the American Dental Association; their fluoride toothpastes always carry the ADA Seal of Acceptance. They have put other very toxic ingredients in their products such as triclosan and carrageenan. We have reasons to avoid buying from these industry giants. But some also avoid buying from "health" brands that have fluoride into *some* of their toothpaste products.

Contaminants—not listed as ingredients but testing may reveal that they are there
Lead, cadmium, arsenic and mercury have been found through independent testing.

"Lead Safe Mama" tests for toxic metal contaminants in consumer products



An advocacy business called Lead Safe Mama, founded by activist Tamara Rubin, reported on June 14th 2025 that, of the 51 toothpastes and tooth powders she's tested, 35% have had elevated cadmium, 47% have had elevated mercury, 65% have elevated arsenic and 90 % have had elevated lead. Tamara Rubin has reported the worst offenders to regulatory agencies in the manufacturer's state and has called them out in the media. She claims that the worst offenders, based on high levels of lead and arsenic are, so far, Primal Life Tooth Powder, VanMan's Miracle tooth Powder, Redmond Earthpaste (the bentonite clay ingredient is suspected as being the culprit), and Just Ingredients.

DAMS has not conducted testing of its own to independently confirm her testing results but it appears that Tamara Rubin has provided some valid, helpful test results on a variety of consumer products. Rubin, herself the mother of two lead-poisoned sons, has dedicated the last decade of her life to testing consumer products for lead and other toxic metals and she has also worked hard to educate the public on the hazards of lead paint removal without using safe techniques. Her 2016 film MisLEAD does an excellent job of portraying the ongoing problem of lead poisoning of children and also adults. Her film provides important guidance on managing lead abatement safely. Her web site is TamaraRubin.com

While Lead Safe Mama's data is helpful, her reporting on dental toxins misses some hazards
The focus of Tamara Rubin's research and reporting is mainly on toxic metals in the products she has tested. But we must observe that, so far, she has been missing her chance to blow the whistle on mercury, as found in dental amalgam fillings, and fluoride, as found in toothpastes and in many dental products and treatments.
Fluorine is not a metal and that may be a reason why its compounds, the fluorides, escape her attention in toothpastes and other products. She sounds no warning about the toxicity of sodium fluoride, which was used back in the 1930s as a rat poison and an insecticide and which is used in very high, toxic amounts in any fluoride toothpaste. In the textbook *Clinical Toxicology of Commercial Products*, published in 1984 by Williams & Wilkins, various substances are ranked on a scale from 0 (practically non toxic) to 6.0 (most toxic). Where do fluoride salts, lead and arsenic rank on that scale of toxicity? Lead is rated as 3.0 (toxic), arsenic is rated at 5.0, extremely toxic, and fluoride salts are rated just below that, at 4.5. So these toxicology experts rate fluoride as being more toxic than lead and not quite as toxic as arsenic. What does that mean for the health

Toothpastes - which are best? (continued from page 9)

conscious consumers that follow Tamara Rubin?
We know, of course, that water fluoridation and fluoride dental products are promoted by the ADA and consumption of fluoride in water is forced upon millions of Americans by mandatory water fluoridation. Let's do some mathematical comparisons of these dental toxins and compare them with the toxic exposures that have been uncovered by Lead Safe Mama's extensive testing program.

Lead Safe Mama wants lead content to be below 5 ppb (parts per billion) ideally. That's fine, we all want it to be very low. But, for comparison, we should ask first how many ppb of fluoride are we getting in water when it is fluoridated? Answer: 0.7 ppm (parts per million) which is 700 ppb. (multiply the ppm figure by a thousand). That's a pretty elevated level of fluoride and it is as bad or worse than 700 ppb lead would be, a lead level that Lead Safe Mama would be strongly warning about.
And what about the toxicity of fluoridated toothpastes which are at 1500 ppm or higher? 1500 ppm is 1,500,000 ppb. Lead Safe Mama would be loudly ringing every alarm if a toothpaste were that high in lead. She should be just as concerned about the high fluoride found in every fluoridated toothpaste...we'd welcome that concern.

And what about the heavy metal hazard in dental mercury? Dental amalgam mercury fillings which are still being put into many children's teeth in America. Mercury is one of the very toxic metals that Tamara Rubin is specifically concerned about, as she has tested for mercury in every one of the 51 toothpastes that she has tested. How do the mercury levels in mercury amalgam fillings stack up?

Tamara Rubin says she wants mercury in a product to be under 5 ppb, ideally. She certainly doesn't want to see it elevated into the hundreds or thousands of ppb. But how many ppb is the amalgam mercury filling, considering that it is half mercury? How many ppb is that? Out of every billion parts of amalgam, a half of it, a half of a billion is made up of mercury, so the number of parts per billion of mercury within amalgam is 500 million. A mercury amalgam filling is 500,000,000 ppb. That's a mercury exposure that Tamara Rubin, *Consumer Reports* and all other consumer advocates should be raising the roof about. We'd welcome Tamara Rubin doing that.

Some references:
This Ingredient [the emulsifier] in Ice Cream Keeps It From Melting But Harms Your Gut By Dr. Joseph Mercola, DO, Mercola.com June 25, 2025

Finally, a toothpaste that is good for you and your teeth and is packaged in glass By Stephanie Greenwood (below), BubbleAndBee.com

A sick building, toxic dentistry and a smart meter—A toxic combination

By Karen Secor

I was the Director of Computer Services at a Community College in Michigan for 14 years. The first 7 years went well, but in December of 1986 strange things started to happen. I didn't know why I felt anxious while I was sitting in my office one afternoon. Within minutes I watched as big red welts popped out all over my legs. The itching was horrible! In a panic, I drove to the emergency room. The diagnosis was "Urticaria, sources unknown." I didn't know I'd have hives almost every day, sometimes several times a day for the next 7 years. I experienced more problems that happened mostly at work – memory and cognitive issues, voice loss, breathing issues. The diagnosis, after a methacholine test, was "asthma induced by chemicals."

I didn't know what had changed at work, but I later learned the air handling system didn't work properly. Also, a new Duralast roof had been installed several months earlier, so more fumes circulated inside our building. Our computer room was directly above the auto shop. A print shop and cosmetology salon were also in the building. Others experienced problems too, but I was the canary. Different chemicals caused different reactions. The worst experience happened when the custodians used a highly toxic floor stripper. I passed out and was taken via ambulance to the hospital and was still unresponsive when I arrived. I didn't know what I needed to do to get my health back.

At the time, I didn't know I would

A toxic combination By Karen Secor

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have help from my good friend Diane, who was highly reactive to chemicals from working at a beauty parlor. She found Allergy Associates in La Crosse, Wisconsin and was diagnosed with Multiple Chemical Sensitivities (MCS). I also made an appointment there and had the same MCS diagnosis. Testing showed I was highly reactive to ethanol, phenol, formalin (formaldehyde), and sodium benzoate, a preservative used in food products. Back then not much was known about MCS. The connection between health issues and dental problems was not common knowledge either.

I'm not sure how Diane found Dr. Cook, a holistic dentist near Green Bay. At one appointment he told her she needed to replace her amalgam fillings and made an appointment for her to see a dentist in Minneapolis. Diane didn't know he had arranged to have Dr. Hal Huggins be the guest speaker at a dinner meeting the night before her appointment. She received two tickets in the mail for that event and invited me to go with her. Although I didn't know it at the time, that trip turned out to be a real blessing for me because there I got Dr. Huggins' book, *It's All in Your Head*, *The Link Between Mercury Amalgams and Illness*, and I identified the source of my problems. It said: "Let a gold crown be placed beside an amalgam filling, ... and all kinds of electrical fury are generated. From the practical standpoint, I have seen patients who were tolerating the challenge of multiple amalgams. Then, with the addition of one gold crown, they succumbed to the autoimmune disease to which they were genetically susceptible."

Two months before the first hives attack my dentist had done a root canal and capped the tooth with a

gold crown. I already had had many amalgam fillings—the first ones had been done when I was in grade school.

When I asked my dentist if he would replace my fillings with less toxic dental materials, he refused. He was afraid he'd lose his license to practice dentistry. I was fortunate to find a dentist in Eau Claire who used Dr. Huggins' protocol to remove the fillings in a certain sequence, one quadrant at a time. The dentist also had me send a blood sample to the Huggins Clinic in Colorado. It was used for a Compatibility Report that identified dental materials as "least, moderately, or highly reactive."

After all my fillings were replaced, I was disappointed that I still had problems at work. But, when I left the college a year later, I left behind the chemical exposures. Within just several weeks ALL my health problems disappeared—hives, asthma, memory and cognitive issues too. It such a good feeling to have my health and my life back!

I am so grateful I found the cause of my tooth/chemical health-related issues. I'm careful to stay away from chemicals, especially scented products. Since then, I've only had two bad experiences: one at a ladies room in a hotel with a strong smelling scented plug-in, and the other at a hotel with new carpeting.

Then in 2010 something strange happened in my house. My heart raced if I lay down in my bed, but I didn't have that same experience if I lay down on my couch. I also noticed I had "space cadet moments" My mind and memory didn't always function well. I wondered what was causing these strange problems!

A year later, I found answers in the April 2011 DAMS Newsletter. The article, "Waking up to 'Smart' Meter Radiation and Oral Galvanism," written by Michele Hertz, was exactly what I needed! I had no idea my electric company had replaced my analog electric meter with a "smart meter." I was angry when I found the new "smart meter" on the back of my house, and that my electric company had installed it without any notification.

According to Michele Hertz, "Smart meters emit radio frequency in two ways. ... One way is through radiation from an antenna, allowing the meter to be read from a remote location. Another way is through the radiation it causes to be emitted from the wiring and electric devices found throughout the home, ... expanding the smart meter's radio wave pollution in the home."

I ordered Graham Stetzer filters when I saw that Michele found them to be "helpful." I installed them on my outlets one at a time and checked the readings after each filter was added. The meter's safe range was supposed to be 30 to 40 millivolts (mV), but the reading in my kitchen, when I started, registered over 1400 mV!!! That explained exactly why I experienced those "space cadet moments" and why my mind wasn't working well!!! Several other outlets registered over 1200 mV. As I attempted to deter-

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A toxic combination

By Karen Secor (continued from page 11)

mine which outlets needed filters, I walked around my house with my mind in a fog. But after I had all the outlets in the 30 to 40 mV range, thanks to the filters, my house felt a whole lot better, and so did I.

Several years later, I had problems with Wi-Fi in my house. I didn't know why, but knew something had changed. According to Michele, "computers and computer printers with Wi-Fi, and other Wi-Fi devices ... will all cause a smart meter's radio wave signal to be broadcast into the air, expanding the smart meter's radio wave pollution in the home." Sitting in one corner of my living room was like being in a field of static electricity, getting zapped repeatedly. When I used my laptop on my couch, even for a short time, electricity seemed to flow out of the keyboard. The tips of my fingers felt like they had been on a hot stove. I searched the internet for "smart meters, dirty electricity, and EMFs," and found the book *Toxic Electricity* by Steve Magee. It gave me a better understanding about sources of EMFs and minimizing their effects.

I bought a high frequency , radio frequency (RF), meter that showed high, dangerous readings next to the wireless router and also next to my cell phone when it was receiving or sending calls. I disconnected the wireless router and attached my laptop directly to my modem. After adding a USB keyboard and a USB mouse, I was finally able to use my computer without any problems. I also bought a Trifield meter that showed dangerous readings when the microwave oven was on. I got rid of the router and the microwave oven.

I was suspicious that smart meters – mine and my neighbors, along with whatever other toxic frequencies were in the air – had something to do with my heart racing when I lay down in my bed. I had an unexpected conversation with a lady I knew whose daughter lived in a metropolitan area out east and had trouble sleeping. She became suspicious that EMFs from cell towers, some newly installed, were the source of her problems. She discovered Mylar, the material used in emergency space blankets.

Mylar can also be used to create a Faraday tent or sleeping bag that blocks harmful frequencies. When she built a canopy over her bed with Mylar sheets, she was able to get a good night's sleep for the first time in months. Being concerned about family members working in construction near these towers, she made Mylar inserts for them to wear in their hard hats to minimize their EMF exposures.

Thanks to that unexpected conversation, I purchased several emergency space blankets. Now when I sleep under Mylar sheets, my heart doesn't race and I don't hear static or buzzing sounds. I made a hat out of Mylar that I use when I hear static or buzzing in my house, mostly in the evening.

I am really grateful to Michele Hertz for the article she wrote. Not only did it help me solve problems in my house, but it also included additional information about toxic dental materials. What she wrote was PRICELESS! I am also grateful to Leo Cashman for all the DAMS newsletters. Thank you both!!! ■

To stop harmful EMFS, 704 No More launches

Cell towers and roof top antennas lurk in every town and city and, increasingly, in national parks, forests, and wilderness areas. "Is there no escape?" A growing number of victims of microwave sickness are now asking. The exposure problems are also severe indoors, as Wi-Fi, cordless, and cell phone radiation reach almost everywhere – inside and around schools, shopping centers, sports venues, and health facilities. States, local governments, and citizen organizations are pointing to a little known provision of federal law, Section 704 of the *Telecommunications Act of 1996*, that *blocks* them from using the powers they should legally have to protect health, property, and the environment. The consequences are severe, as seen in the following examples:

1) In 2008, a scientific paper was published showing that difficulties in detoxifying mercury and other toxic metals in autistic children were dramatically improved by creating a living environment free of Wi-Fi and other such microwave radiation sources. After 40 weeks of dumping toxic metals, the first boy in the experiment started pulling out of autism.

2) Residents in Pittsfield, MA, fought back against Verizon and even got their town to push for relocation or removal of a cell tower after it became clear that the tower was harming the health of nearby residents, making their homes unlivable. Verizon sued the town claiming that the town had no jurisdiction over the matter and that, under federal law, only the Federal Communications Commission (FCC) has jurisdiction to decide over the matter. A superior court judge agreed, ruling in favor of Verizon, and the town and its residents had nowhere to go from there because

To stop in harmful EMFs, a "704 No More" movement launches (continued from page 12)

the FCC ignores health issues in such matters. The FCC doesn't even have a system to adjudicate people's claims of damage to health, and FCC's lax radiation intensity guidelines are nowhere near adequate for protecting health

3) After AT&T built a cell tower very near the home of Marcia Haller and her family, she suffered a series of brain lesions or strokes. In fact, brain lesions appeared on her MRI scans, and she was sent to the emergency ward many times. Citing the Americans with Disability Act, she sued AT&T, arguing that she has a disability that the company must accommodate by removing their tower. Her 18-year-old son's health has also been impaired. They only recovered or got better by leaving their homes, allowing time for recovery from the microwave radiation assault. But because of the Section 704 provisions, no direct legal action based on the harmfulness of AT&T's cell tower could be brought.

Section 704 of the Telecommunications Act of 1996 empowers the Federal Communications Commission (FCC) to preempt state and local governments to rule over matters whether to grant permits for the siting of radio frequency (RF) antenna, pushing out local governments from the role they always used to have. Because of corrupt presidential appointments, the FCC has been granting everything that Verizon, AT&T, and T-Mobile want rather than what local governments and the people are clamoring for. The result has been an ever- increasing expansion of RF radiation exposure, and it has been only made worse by the slow but steady expansion of 5G iPhones and the building out of 5G infrastructure on 5G poles. A flock of bad bills has been flying through Congress, un-noticed by the big media and serving only the unbridled interests of big wireless. Perhaps only a grassroots movement to overturn the evil effects of Section 704 can turn things around and allow relief to those being harmed and a return to liberty.

Section 704 says, "No state or local government or instrumentality thereof may regulate the placement, construction, and modification of personal wireless service facilities on the basis of environmental effects of radio frequency emissions to the extent that such facilities comply with the Commission's regulations concerning such emissions."
Since the FCC is not set up to be a court or to hear complaints of injury to health or property, this section leaves local governments, states, businesses, and people, nowhere to go for relief from the damage inflicted by RF radiation. Further, court decisions have interpreted the FCC's preemption to include its rulings on issues such as exposures from Wi-Fi and smart meters, not just cell towers and 5G poles.

The FCC's guidelines for RF radiation limits, adopted in 1996, are notably lax - among the worst, most unprotective in the world.
In the lax FCC guidelines, there is only a nod to protect from us from "thermal" (heating) intensities — don't let it cook your body parts —but the guidelines don't protect us from a many other health effects such as red blood cell clumping, strokes and other cardiovascular problems, immune disorders, sperm damage, fertility problems, and vision problems. FCC has been sued to force it to clean up its awful safety guidelines but, so far, in its arrogance, it has failed to even respond to scientific evidence and public testimony that have been entered into the court filings. The FCC is best described as a "captured" agency, captured by the industry that it is supposed to regulate, and many members of Congress also seem to be unduly influenced by wireless industry campaign contributions and lobbyists.

704 No More Plan of action

A grassroots initiative is being organized in order to educate the public on this issue, raise necessary funds, and bring forth lawsuits to overturn the FCC pre-emption found in Section 704. Its provisions violate key provisions of the Bill of Rights, such as the right to life, liberty, and property that cannot be taken without due process, the rights of those who do not want to purchase an unwanted commercial product such as Wi-Fi radiation or cell antenna or 5G pole radiation, and the rights and duties of states and local governments to control their own commercial development and to protect property, health and the lives of the people.

Attorney W. Scott McCullough, JD, is planning to be the lead attorney in the litigation. He is sounding the rallying cry to put an end to Section

704 and its detrimental impacts on our governmental processes, our health, and our freedom.

For more, see the website 704NoMore.org. ■

Platelet Rich Fibrin(PRF)— Its many applications By Leo Cashman

The now-widespread use of platelet rich fibrin (PRF) in dentistry involves 1) the drawing blood of the patient prior to a dental procedure and 2) spinning it around in a centrifuge for a specified number of minutes, and 3) drawing out the desired portion of what's in the centrifuged blood so as to select a portion that is rich in platelets as well as fibrin. It has become most widely used as a natural, body-friendly material that is good to pack into a tooth extraction site or a surgical wound site, doubling the speed of wound healing and, with the white blood cells that it is rich in, keeping infection at bay. It has become wildly popular for those well-known uses. But, going beyond those early successes, PRF science and technology has gone far beyond those early uses and developing skill and knowledge in the use of PRF have made it into a significant specialty for some dentists. A large number of scientific papers have been published in scientific journal over the last 15 years or so and. In 2019, the text book, *Platelet Rich Fibrin in Regenerative Dentistry*, by Richard Miron, DDS, PhD, was the most highly sold book in dentistry. Miron, shown here, has a PhD in cell

physiology as well as in dentistry. He has also authored or co-authored the largest volume of scientific papers on the subject of PRF, explaining theory and "how-to" protocols for making PRF based products in their many applications.

Here is an overview of some of the applications that have been developed, starting with the most basic ones:

PRF clots and plugs The blood is spun in a centrifuge, removed from the test tube and set aside for use after a tooth extraction is nearly done. It may be stuffed into a cylinder and compressed for use in packing it into an extraction socket. The plug is finally stuffed into the extraction wound site before the site is all sewed up. This is probably the best known application of PRF.

Note: the dentist is using PRF, and not PRP (platelet rich plasma). PRP has some applications in medicine, as with transfusions, but is not used in dentistry.

PRF membranes For this, the PRF is placed into a "box" shaped form and is compressed to make a membrane that is 1 or 2 mm in thickness. Properly made, these membranes can be surprisingly strong.

Drawing liquid PRF In this protocol, the lid on the test tube is not removed after the centrifuging and, rather, the still-liquid PRF is drawn out through the lid using a long needle. This allows the liquid PRF for use where needed in other protocols.

Making a bio-graft (a larger PRF membrane) Here the liquid PRF is placed in a custom sized tray and let to set for 15 minutes. This resulting larger membrane may be used in a gingival (gum) grafting procedure.

Making "sticky bone" In this protocol, the PRF material clots from its exposure to air and then it is compressed. Following that it is mixed with allograft bone material; allograft means the bone material is derived from another human (which may be a living person, your friend or family member) and not bovine, e.g. from a cow, or artificial bone material. As a final touch, liquid PRF is mixed with this bone-graft complex, making it sticky after a few seconds.

Concentrated PRF (C-PRF) In this protocol the top 3-4 mL of liquid is withdrawn through a needle and discarded. The remaining 0.5 to 1 mL is drawn out for use as a concentrated liquid layer of PRF.

Bio-filler for facial esthetics The protocol is more elaborate and we won't mention most of the steps. But it ends up from a mix of "albumin gel" and liquid C-PRF that is then used for injections using small needles for facial injection treatments. This application is not dental, but is an application that is popular in the increasing number of dental offices that offer it.

e-PRF membranes The protocol for this uses a novel heating process to extend the working properties of the membrane to 4 to 6 months instead of the usual 2-3 weeks.

Other applications There are other applications of these PRF products worth noting. One is in connection with the placement of a ceramic implant. The PRF is placed into the space between the prepared bone and the ceramic implant itself, helping the bone to better connect to the implant by having it connect directly

PRF

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to the PRF first, and then that connects to the bone to make a better connection between the implant and the bone around it.

Sinus lift Another application is found with the doing of a "sinus lift." The added bone can be "sticky bone" that can be more readily accepted by the body because of the PRF component of it.

Endodontic use Finally, PRF can also be used inside a pulp chamber as part of an endodontic, i.e. root canal treatment, of a tooth, as done in more advanced, "regenerative" root canal treatment procedures.

PRF is a versatile material used in different ways in dentistry but, of course, it is not really a "dental material" in that it has no manufacturer and is not subject to FDA approval the way a manufactured dental product would need to be. PRF is a human-sourced technology, bringing out the healing power of blood, processing it in a precise way, and then putting it where it is needed most and best used.

Professionals may find more details for continuing education at PRFedu.com. Its on-line course offers instruction on the scientific principles, the equipment needed and the protocols to be used for different applications. The instruction is provided by Dr. Richard Miron himself. ■

Valerie Kanter on regenerative endodontics and vital pulp therapy

By Leo Cashman

Is there a place in biological dentistry for doing root canal treatments so that the patient is not put in jeopardy by the root canal treated tooth itself? Can a root canal treated tooth be truly free of bacterial, fungal and viral infections as it is supposed to be? Can the periodontal ligaments at the ends of the root canaled tooth's roots contribute positively to the circulation of the jawbone around them instead of being a detriment to the jawbone and to systemic health? Some leading-edge dentists are looking for ways to do just that.

Endodontist Valerie Kanter, DMD, of Santa Monica, CA, has been doing root canal treatments for almost a decade now, looking for the best materials and techniques to overcome the problems that have plagued root canal treated teeth for the last century. She is well aware of the research of Weston A. Price, DDS, who showed the health harm that root canaled teeth can cause both in animals (a lot of rabbits suffered) and humans. Auto immune disorders, neurological disorders, cardiovascular disease and cancer can result from the toxic insult delivered by badly infected root canaled teeth. The causes for these problems are not hard to find: most of them are not successfully sterilized by the treatment and patients are often left with a quiet lurking condition that leads eventually to abscesses, pain and a wide range of systemic health conditions. Furthermore, such root canal treated teeth, along with improperly extracted teeth, serve as leading causes of another nagging dental-health problem: jawbone osteonecrosis, a.k.a. "cavitations"—infected dead zones within the jawbone that can spread, often without pain or other obvious signs, causing more and more teeth to die, and all too often causing chronic disease. The scale of these problems is vast, with about 70 million root canal treatments being done each year in the US. In comparison, there are relatively few biological dentists seeking to overcome the persistent problems caused by endodontic ("root canal") treatments, trying to make them as safe as they are supposed to be.

Dr. Kanter, who is also is a professor at the UCLA School of Dentistry, describes her approach as "regenerative" endodontics, as it seeks to improves status of a tooth to the fullest extent possible. Sometimes her efforts yield for the patient a tooth that is vital and living, one that can resume functioning as any other tooth would. She calls such a tooth rescue effort Vital Pulp Therapy (VPT) and, ironically for an endodontist, it endeavors to make both root canal treatments and extractions unnecessary.

When going into the pulp chamber of an inflamed, infected tooth, Dr. Kanter takes the attitude of "explore and see" what is the best result possible for that patient and for that tooth. Maybe with the effort to sterilize each cell layer and restore it to health, she will find a layer somewhere down into the pulp that responds well, becomes vital, and sets the tooth back onto the path of becoming normal. She avoids use of

Valerie Kanter on regenerative endodontics (continued from page 15)

anesthetics and drilling, and relies instead on alternating use of laser and ozone treatments; she calls the technique EndOzLaze. She first works to sterilize the top layer of tissue she encounters, if possible, and if it cannot be rescued, that layer is removed with her laser and then she goes on to a deeper layer within the pulp. With each cell layer, she seeks to sterilize the layer, while not harming the nerve (and, in fact, gently sterilizing it). Ozone is used to sterilize the dentinal tubules, too, leaving the entire tooth sterile as she goes. She sometimes places bio-ceramic materials into the root as part of the treatment. When a laser is used to stimulate healing, a moderate amount of energy is provided through a low-level Fotana YAG laser. Healthy periodontal ligaments provide about 70% of the blood flow to the surrounding jaw bone, she says. So, even if a tooth cannot be saved, a root canal treatment could potentially allow for preservation of the ligaments. This is a point for a patient to consider, when assessing the choice between an extracted tooth followed by a ceramic implant versus a root canal treated tooth with healthy, protective periodontal ligaments at the end of its roots. A well-done root canaled tooth, she suggests, may lead to better jawbone health, immune function, muscle function and nerve function.

Only a small fraction of the endodontic treatments being done today follow the "regenerative" approaches described by Dr. Valerie Kanter. But she has had an influence and her "Vital Pulp Therapy" talks are spreading the word about the fuller possibilities of how inflammation and infection in the pulp can sometimes be reversed, bringing the tooth back to being alive and vital. Whenever that is successful, that's counted as a victory.

At IAOMT (International Academy of Oral Medicine and Toxicology) conferences she has lectured on these topics, stirring discussions and challenging past practices and mindsets. She serves as the chair of IAOMT's Endodontics Committee. ■

Tests find graphene oxide in local anesthetics—what does that mean?

By Leo Cashman

In early May we reported on the results of testing of Carbocaine, a local anesthetic widely used in dentistry. Micro Raman Spectroscopy testing done at the University of Colorado, Boulder, found the D and G bands indicating the presence of graphene oxide in six "particles of interest." But in only one of those six was a weak 2D band identified while in the other five, the 2D band was not seen. The lab report said "Although some studies have identified materials as graphene oxide in the absence of a resolved 2D band, its structural homogeneity inhibits confident classification by Raman Spectroscopy alone."

In our view, the presence of the D and G bands in six of the particles *does* indicate the presence of graphene oxide but with varying degrees of impurities, with the impurities affecting the presence or absence of the 2D band. We appreciate that the Boulder lab, being under scrutiny and speaking with great caution, hesitates to classify the tested particles as graphene oxide; but, in our view, that is what actually has been identified in their Raman spectroscopy test results.

In three additional particles of interest, the results showed that the particles were all different from each other, were not graphene oxide, but the chemical makeup of those particles was unknown and could not be identified. Additional particles were found to contain magnetite (Fe3O4), quartz (SiO2) and, likely, chrysotile.

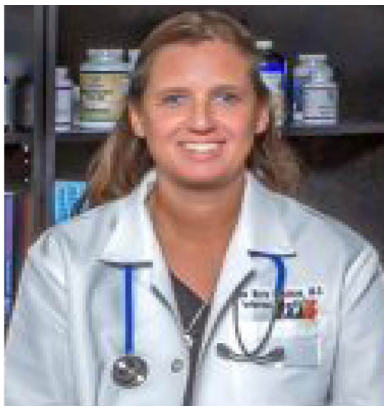
The results of the testing for Carbocaine bears great similarity to the results from the earlier testing of Septocaine, another local anesthetic made by Novocol Pharmaceuticals. Based in Cambridge, Ontario, it is one of the world's five largest manufacturers of dental anesthetics and has a major position in the North American market. GO is not labeled as an ingredient in the Carbocaine or in any other local anesthetic so the question is: how did it get there and how did it escape quality control measures?

Medical Genomics Medical Genomics tested sample of Carbocaine for bacteria, yeast, mold, DNA, mRNA, SV40 virus and the spike protein The good news is that none of these possible contaminants were found in the Carbocaine samples. It had not found any of those contaminants in Septocaine and Orabloc, the anesthetics it had tested earlier. Thus, graphene oxide remains presently as an identified contaminant of concern.

Graphene oxide is able to self-assemble into nanobots, researchers have found Independent researchers report that graphene oxide particles found in human blood are able to self-assemble into "nanobots," also called "nanorobots," that are synthetic, non-living "parasites." Though they are not alive, the nanobots have an ability to reproduce and can erode a person's health somewhat like

Graphene oxide in dental local anesthetics (continued from page 16)

living parasites do. They can act like little antennas that can communicate with antennas that are external to the body, thus opening up the possibility of control by an external intelligence. French researcher-writer Fabien Deruelle suggests that the purpose of GO being deployed into the bodies of many people would be "cognitive warfare" and mind control. It could be used on an unsuspecting domestic population. Of course, such a scheme raises concerns about loss of freedom.



Other sources of graphene oxide (GO) have been identified by researchers using microscopes

The best known American writer-researcher in these matters is. Ana Mihalcea, MD, PhD, (above), author of *Transhuman, Volumes I and II*. In addition to identifying graphene oxide, she identifies hydrogels. They are chemicals that are somewhat similar to jello, they are mostly made of a watery material that holds a solid shape because of polymer molecules that run through the material and hang onto the water molecules. Dr Mihalcea reports that, in modern technologies, hydrogels appear to be able to respond to their environment and store information, like little data storage devices. They, too, can form inside of human blood and possibly play a role in hybrid learning activities and mind control inside the body.

Dr Mihalcea has observed the formation of both nanobots and hydrogels in blood following the use of other commonly used injectables, not just local anesthetics. They include: 1)Dexamethasone, used to help the immune system function and control inflammation, 2) Benadryl, used to treat allergies, 3) Omnitrope somatropin, a growth hormone given to young adults, 4) Lentus Insulin, widely used by adults with type 2 diabetes, and 5) Pfizer's Embrel, a product that is used by people with auto immune diseases like rheumatoid arthritis. Researchers like her also point to other sources of graphene oxide as being processed foods and even the outside air that is breathed after the skies have been aerosol sprayed with "chemtrails." So even those who eat natural, organic food, avoid covid shots and other vaccines, and drink only pure, non-fluoridated water, are still quite likely being exposed to graphene oxide.

Are there any local anesthetics that we know are safe? What do top biological dentists do?

DAMS is unable to point to any local anesthetics that are assuredly free of graphene oxide (GO) and there are reasons to doubt that any such anesthetic can be found. First, consider that all three of the anesthetics tested so far have been found to have GO. Secondly, Novocol makes Lidocaine and the other not-yet-tested local anesthetics commonly used in North America, and this suggests that their other products would be similarly contaminated. Novocol now has a partnership with Moderna for doing the "fill and finish," (filling the bottles and labeling them), for all the mRNA injectables that Moderna makes in Canada. Its strong partnership with Moderna suggests to some that Novocol will not be zealous about keeping contaminants out of its products.

Finally, Dr. Mihalcea and other researchers with microscopes have seen nanobot development in patients' blood after use of Lidocaine. This observation in the blood suggests that testing of Lidocaine and the others, if done, would reveal the presence of graphene oxide .

Dr. Mihalcea's microscopic scan results and those of other researchers are shown extensively in her book, *TransHuman: Overcoming the Global Depopulation Agenda Volume II*.

Alternatives in dentistry to using a local anesthetic

For routine dental work such as fillings and even for inlays, onlays and crowns, some dentists are willing to try to get through the dental work without using a local anesthetic. Such a strategy requires an agreement in advance with the patient undergoing the dental work. The dentist may say, for example, "we can agree to try to get through this without a local anesthetic; if it becomes too painful, raise your right hand and I'll stop and administer a local anesthetic." With that kind of backup plan, patients are often able to adopt a calm, positive frame of mind and, often, they can get through it without needing to use an anesthetic. Sometimes even children

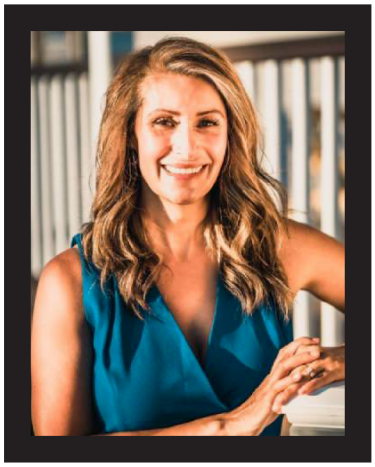
Graphene oxide in local anesthetics (continued from page 17)

can get through routine filling work without the local anesthetic. Smaller children can sit in their mother's lap in the dental chair and that alone can have a calming, relaxing effect.

A measure that can reduce dental pain is use of the homeopathic remedy Arnica montana (use a high potency like 1M) and vitamin B1 (thiamine). Biological dentists commonly use homeopathy at times and one of its possible benefits would be the prevention of pain. Acupuncture is quite effective in eliminating pain; however, the expense of having an acupuncturist on hand in a dental clinic makes its use uncommon. Use of a *general* anesthetic is an alternative to consider. But a general anesthetic is more invasive, carries its own inherent risk especially when used repeatedly. Fluorine is used in the chemical makeup of most general anesthetics and its metabolites may leave some detrimental effects that are not well studied.

What can a person do to inhibit the self-assembly of GO into nanobots or to get rid of them once formed? In Chapter 4, "Treatment Solutions" of Mihalcea's Volume II, she discusses a variety of ways to overcome the nanobot problem. One step is to detoxify from toxic metals such as iron, aluminum, mercury and cadmium by eliminating all sources of such toxins and by doing a metal detox program using intravenous EDTA and intravenous vitamin C in order to break up nanobots and rid them from the blood. But EDTA, while being a good chelator for lead and aluminum, is not a good chelator of mercury and we suggest that the strategy for a heavy metal detox should be modified, and avoid EDTA, when mercury is present in the patient's body. A scientific article in 1993 by Boyd Haley, PhD, and others, warns that use of EDTA as a chelator for mercury could backfire and have detrimental effects on the patient's brain. It found that the EDTA- mercury complex is more toxic to the neurons than mercury by itself is. So, even if EDTA is useful for destroying nanobots found in the blood, EDTA should be used for toxic metal detox selectively and only when we know that the patient receiving it does not have a mercury body burden.

Methylene Blue is another agent that is mentioned for fighting off the nanobots just as it has been found useful in fighting off covid and other chronic infections.



Maria Crisler (above) is another noted researcher and writer. Working in collaboration with Dr. Edward Group, Crisler has helped develop detox products that can address the new hybrid parasites that have become present. Dr. Group's company, Global Healing, has many products that are sold online. For wiping out nanobots, its products Pantrex II (a parasite cleanser) and Toxin Binder are some of the best known. Readers can go to GlobalHealing.com for more information on these and other products.

Alcohol is best avoided because it has been found to promote the self-assembly of GO into nanobots. Avoidance of Zeolite, a metal detox product, is also suggested as its aluminum content may promote self-assembly.

The Global Healing web site offers further advice that we quote for those seeking answers. "Maintain a balanced diet rich in fruits, vegetable and whole grains. Stay hydrated by drinking plenty of water. Regular exercise helps stimulate the lymphatic system and promotes sweating, aiding detoxification. Consider incorporating practices such as sauna therapy, dry brushing, and probiotic supplements to support gut health. Avoiding processed foods, reducing sugar intake, and limiting exposure to environmental toxins whenever possible may also be beneficial."

To that we would add what Fabien Deruelle says in the closing paragraph of his 2024 paper *Microwave radiofrequencies, 5G, 6G, graphene nanomaterials: Technologies used in neurological warfare. It says* "It is also becoming vital to stay as far away as possible from powerful sources of high-frequency electromagnetic radiation (antennas, Wi-Fi, cell phones, etc.) and to use all types of wireless technology as little as possible." ■

Eric Zaremski, DDS, northern California dentist, remembered

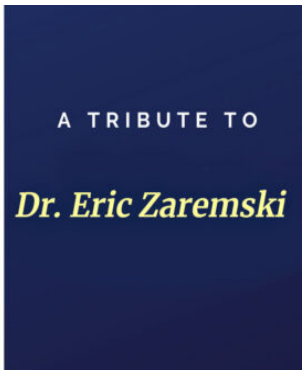
Eric Zaremski, DDS, died unexpectedly on March 12, 2024. He was 65. Zaremski was well liked and well regarded, a smiling, generous, and friendly holistic dentist who practiced in Greenbrae, California, about 16 miles north of San Francisco.

The March 2018 issue of Dental Truth featured an interview with Zaremski talking about ozone and its uses in dentistry. With his detailed knowledge, Zaremski was sought after as a dental ozone trainer. He also championed the use of laser cavity detectors and the practice of minimally-invasive dentistry.

Eric grew up in Palos Verdes, California, and went on to graduate from the University of California, Berkeley, with a degree in biochemistry. He graduated from the University of the Pacific Dental School in 1999 with honors. He was active in the International Academy of Oral Medicine and Toxicology (IAOMT) and the Holistic Dental Association.

He was also a founding member of Children's Health Defense, California Chapter, working to promote health freedom. His patients, friends, and the organizations in which he was active, are all saddened by his passing. He is survived by his wife, Christine.

He is shown below, right, with Robert F. Kennedy Jr., who is now Secretary of Health and Human Services. ■



Kris Homme, dental mercury activist and organizer in Berkeley

Kris Homme, an activist, organizer and researcher on dental mercury who lived in Berkeley, California, died on January 13, 2025 at age 67.

Kris was best known to DAMS as an organizer of monthly DAMS support group meetings, which met about 15 years ago, around a picnic table in a public park in Berkeley to discuss the challenges of dealing with dental mercury poisoning.

Kris herself had a tough and long road to find health. She had rapid macular degeneration at age 33 that forced her to give up her job as a civil engineer working for large utility companies. She went into the health field, obtaining a Master's Degree in Public Health from the University of California, Berkeley. But one important reality eluded her during her years of education in public health: her mercury amalgam fillings were causing her vision problems and a host of other problems, such as chronic fatigue, hormone imbalances, gut problems, and chemical sensitivities. It wasn't until 2008 when, at age 51, she fully realized that she had been mercury poisoned by her amalgam fillings for many years of her life. Mercury toxicity, along with some genetic susceptibilities, explained her symptoms quite well.

She did what she could within her sphere of influence, writing articles and being active at conferences. A picture of her is shown, below left, at a 2010 conference.

In the last 16 months of her life, she found companionship, support, and a new love with Stephen Fowkes, a caregiver with whom she shared a furnished house. Stephen Fowkes helped her cope with the progressive health challenges that she faced until hospice and the end of her life.

Kris Homme is also survived by her mother, Virginia Homme of Granite Falls, MN, and her relatives in Minnesota, as well as by her dear, but estranged, husband Mark Elfield, of Berkeley. ■

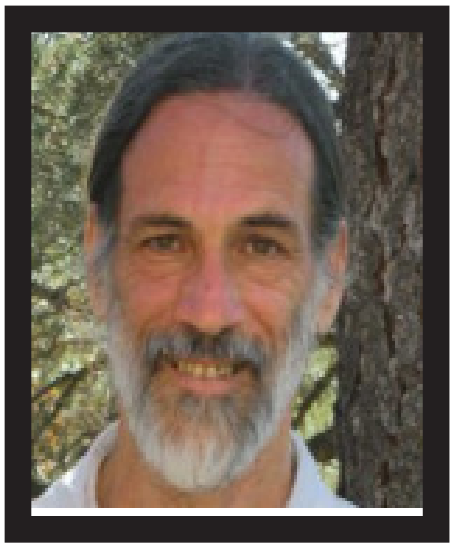
Arthur Firstenberg, writer, activist on toxic EMFs

By Leo Cashman

Well known EMF writer, educator, and activist Arthur Firstenberg, died on February 25, 2025 at the age of 75, surrounded by friends and some family at his home in Santa Fe, New Mexico. His death came about six months after being stricken by a sudden remote attack, from an unknown force, on August 20, 2024. In his own words, on October 1, 2025, he reported:

"On August 20, after spending all day on the computer sending individualized letters to the first 10 of our 96 volunteers around the world, my body was seized by an unknown force that has paralyzed and crippled me ever since. These letters were sent by the volunteers to 50 environmental organizations urging them to join forces with us. Suddenly, from one moment to the next, as I was shutting down the computer, I could not move and every muscle in my body felt like it had been attacked by a baseball bat. Since then I am in extreme pain all over all the time, from my fingers to my toes, all my muscles are so weak, and I can only move very slowly. I am still trying to find out what is causing this, and I am seeing an energy healer. ..."

Firstenberg was born in 1950 in Brooklyn, New York, into a Jewish family, survivors of the holocaust.



While he attended Cornell University where, in addition to studying physics, math, ancient civilizations and foreign languages, he also spent time in nature hiking, canoeing and rock climbing. From 1978 to 1982 he attended medical school at the University of California, Irvine, but his studies there were derailed after receiving more than 40 dental x-rays and developing microwave sickness.

In 1996, Congress passed the Telecommunication Act of 1996, whose infamous section 704 prohibited states and local governments from denying cell antenna permits based on environmental and health effects. Arthur founded a non-profit called the "Cellular Phone Task Force" to educate the public on the growing hazards of radio frequency (RF) radiation. His 1996 book, *Microwaving Our Planet*, told of cancer, multiple sclerosis, and other problems caused by microwave radiation.
In 2005 he moved to Santa Fe, New Mexico, where he became a leader in opposing every new cell tower, new city "community Wi-Fi" devices and the "smart" meters proposed by utility companies.

His best known book, *Invisible Rainbow: A History of Electricity and Life* (Chelsea Green, 2020) has sold more than 100,000 copies. His final book, *The Earth and I* (Skyhorse, 2025) came out in January 2025, the month before his death.

Firstenberg is survived by a nephew and personal friends, and he leaves behind a large body of articles and newsletters as well as his books. We are left in amazement and admiration at the research that he did and his moving descriptions of the harm that has been done to birds, amphibians, and other animals as well as to virtually all humans. His battle is not over and must be carried on. Many questions remain as to what happened in the terrible remote attack of August 20, 2024, that he was never able to recover from. ■

Robert E (Bob) Harris Jr DMD, ozone teacher, remembered

Robert "Bob" E Harris, DMD, died on June 12, 2025, at the age of 80. Bob Harris was best known to his fellow IAOMT dentists as a fabulous teacher of ozone in dentistry. As Bob Harris explained, ozone has a good use in practically every kind of dental procedure, including fillings and crown work, and not just tooth extractions and gum disease treatments. He had clinics in Louisville, Kentucky, and New Albany, Indiana.

In addition to enjoying fishing, Bob was a racehorse enthusiast; he owned several thoroughbreds and attended the Kentucky Derby for 60 years. He was a gospel-sharing Christian. Bob is survived by his wife Kathleen, three siblings, three daughters and a granddaughter. He is remembered fondly ■

Mark Geier, MD, PhD, remembered. He revealed science of vaccine injury and of thimerosal (mercury) in vaccines

By Leo Cashman

Physician, scientist and vaccine safety advocate Mark Geier died on March 20th, 2025 at the age of 76. He was pre-deceased by his wife, Anne E Geier, and survived by his son, David Geier, who collaborated with him in many of the research studies.

Thimerosal *not* safe!

Mark Geier, MD, PhD, authored over 200 scientific articles, book chapters, and publications, all told, but he was best known for his research findings that thimerosal, a toxic mercury compound used in many childhood vaccines and in flu shots, was linked to the explosive ten-fold increase in autism that occurred in the U.S. during the 1990s. The generation of children born in the U.S. (but not elsewhere) was the most vaccinated generation in the history of the world and, sadly, the most heavily exposed to mercury-thimerosal. It was also the sickest, with an upsurge of ADHD, allergies, and asthma as well as, dramatically, autism. Mark Geier partnered in the data analysis research with his son David, who had a bachelor's degree in biochemistry. Dr. Geier also developed a practice specialty in evaluating and treating over a thousand children who were somewhere on the autism spectrum or had other neuro-developmental disorders. He provided expert testimony in 90 court cases in which parents of children with autism sought compensation from the federal Vaccine Injury Compensation Court (the vaccine makers themselves were shielded from liability). Mark Geier provided expert testimony to a Congressional Committee, to the Vaccine Advisory Committee of the FDA, and spoke widely to audiences in the holistic and alternative health communities wanting to know the truth about the emerging health crises. Even as Mark Geier emerged in the1990s as a leading expert in cases about vaccine injuries, he was increasingly met with hostility by the "special masters" in the vaccine court cases and by attacks launched by government-industry-media publicity blitzes. The battle over thimerosal, vaccine injury and the causes of autism continues on to this day.

Controversies, board actions

Some of the methods that were used for detoxification and recovery of the autistic children were controversial. In particular there was the use of DMPS chelation and the use of the drug Lupron in order to block hyperandrogenism and precocious puberty. The Maryland State Board of Physicians pursued him for such unconventional methods leading into a lengthy battle that went on for years, with some Geier success on an appeal, but it all eventually ended with the revocation of Geier's medical license.

Dental mercury

Mark and David Geier were also well known to the biological dental community, having spoken at IAOMT conferences several times. They were able to analyze data in a large state database in Florida and found correlations between the presence of dental mercury in the mouth with both asthma and arthritis, indicating the widespread impact that dental mercury has on health. Database analysis also showed that a mother's dental mercury exposure plays a contributing role in autism and other neurological disorders in their children.

The publications and the reports of data unearthed by the Geiers have forever shaped the debate over the causes of autism and other childhood health problems. We thank Mark Geier for his determination and courage shown his work, even as we say goodbye to him now. *See breaking news, below.* ■

Thimerosal banned in vaccines On June 26, 2025, CDC's newly reformed ACIP Committee recommended that thimerosal, a toxic mercury compound, be banned in all flu shots. **HHS Secretary Kennedy signed the ban on July 22nd**. An HHS press release quoted Kennedy as saying "After more than two decades of delay, this action fulfills a long-overdue promise to protect our most vulnerable populations from unnecessary mercury exposure. Injecting any amount of mercury into children when safe, mercury-free alternatives exist, defies common sense and public health responsibility. Today, we put safety first." In his statement, Kennedy made it clear that he intends to eliminate mercury from *all* vaccines and to make America a leader in the world on the issue. "With the U.S. now removing mercury from *all* vaccines," he said, "we urge global health authorities to follow this prudent example for the protection of children worldwide." ■

DAMS Dental Amalgam Mercury Solutions
1041 Grand Ave, #317 St Paul MN 55105 USA Telephone 651-644-4572

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- - - **Dental and Health Books** - - -

Chew on This, But Don't Swallow By Blanche D. Grube, DMD, and Anita Vazquez Tibau [2021] 24.00 ___
Rescued by My Dentist, By Douglas Cook, DDS [2009] 24.00 ___
Whole Body Dentistry, By Mark Breiner, DDS, [2011] 24.00 ___
Uninformed Consent, the hidden dangers in dental care, By Hal Huggins, DDS, & Tom Levy, MD [1999] 20.00 ___
Dentistry Without Mercury, By Sam Ziff and Michael Ziff, DDS [2001] 10.00 ___
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Mercury Detoxification Simplified, By William Rasmussen, MA [2014] 26.00 ___
Death By Root Canal, By Ron Carlson, DDS, Paul Kenyon, MD, and Melissa Yee,DAc [2022] 26.00 ___
Hidden Epidemic, Silent Oral Infections Cause Most Heart Attacks & Cancer, By Thomas Levy, [2010] 22.00 ___
The Fluoride Deception, By Christopher Bryson [2004] 22.00 ___
Lead Detoxification Naturally, By William Rasmussen, MA [2008] 12.00 ___
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Smoking Teeth equals Poison Gas, Mercury vapor release from amalgams, By David Kennedy, DDS 11.00 ___
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USA DAMS coordinators and world-wide contacts - 2025

DAMS contact info
1041 Grand Ave, 317
St Paul MN 55105 USA
Phone 651-644-4572
dams@usfamily.net

www.amalgam.org

Bernie Windham
Research Director, DAMS
www. myflcv.com

ALASKA
G. Scott Crowther
907-349-2198
crowther@alaska.net

ARIZONA
Karen Truskowski
928-554-4169

CALIFORNIA
Dave Rana
510-473-7262
amalgam.org@niwas.net

Paul Kangas
415-352-9317
dr8kangas@gmail.com

Marta Sonnenblick
415-457-8091
martasonn@gmail.com

Evelyn Wilson
209-742-4261
wilsonevie@hotmail.com

Paul Hewitt
209-522-2554

FLORIDA
Bernie Windham
850-893-2164
berniew1@embarqmail.com

HAWAII
Adrian Chang
808-395-6198

ILLINOIS
Linda Brocato
847-537-4794
LindaBrocato@aol.com
multiple sclerosis issues

MASSACHUSETTS
Jean Griffin
508-362-2452

Robert Dziuban
413-232-7052

MICHIGAN
Karla Raasio
906-370-3643

MINNESOTA
Leo Cashman
651-644-4572

NEBRASKA
Loretta Roth
308-436-7717

NEW JERSEY
June Wulff
609-653-6160
wulffden@aol.com

Herb Shapiro
973-543-7805

NEW MEXICO
Joan Didak
505-316-2315

NORTH CAROLINA
David Marsh
828-773-4400
davidmarsh2020@gmail.com

TENNESSEE
Paul Funk
901-425-2586

TEXAS
Belinda Birchfield
214-677-8854

UTAH
Mae Navajo
808-707-1177

VIRGINIA
Marie Flowers
540-890-4233

Linda Cifelli
757-565-1839

WASHINGTON STATE
Laurie Ramos
509-935-4964

WISCONSIN
Tammy Carlson
715-529-2305

– – – – – – – –

AUSTRALIA
Francene Lee
POBox 2170
Ocean Shores NSW 2483
damsau@mailfence.com
04 8426 9814

AUSTRIA
Mag. Christina Kempl
Selbstihlfegruppe
Der Behinderten
Fur Ganzheitsmedizin
01/8652215

DENMARK
Foreingen mod Skadeligt
Dental Materiale
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GERMANY
BBFU, Reinhard Lauer
Reinhard.Lauer@bbfu.de
www.bbfu.de
+49-6171-917-9014

Zahn und Gesundheit (ZUG)
Gesine Weinert
Finkenweg 10
45549 Sprockhoevel

INDIA
Dev Rana USA Telephone
510-473-7262 (California)
amalgam.org@niwas.net

MEXICO
Lau'Ana Lei
(52) 376 108 3445
JLL@theWestenders.org

MOROCCO
Fouad Dannoune
212 635 743 536
Fouad.Dannoune@gmail.com

NETHERLANDS
St Amalgaam Vrij Nederland
Dacaostakade 158 Entresol
1053 XC Amsterdam
Tel 020 61 89 124
earth@web-light.nl
www.web-light.nl

NORWAY
Forbundet Tenner og Helse
Postboks 114 Nesttun
N-5852 Bergen
post@tenneroghelse.no
Tel 47-994 22 345
www.tenneroghelse.no

Maryanne Rygg
Mrygg@online.no

SPAIN
www.Mercuriados.org
mercuriados@gmail.com

SPANISH SPEAKER in USA
Charlene Ihmoda
541-386-6584 (in the USA)

SWEDEN
Tandvardsskadeforbundet (TF)
Bellmansgaten 30
118 47 Stockholm SWEDEN
Ph: 46 520 80 600
www.tf.nu
info@TF.nu

UNITED KINGDOM
Becky Dutton
+44 7776 178206
beckydutton@
UnderstandingScoliosis.org

Michele Payne
www.mercurymadness.org

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Professor A. K. Susheela remembered

Professor A.K. Susheela, PhD, of India, one of the world's leading experts on the adverse health effects of fluoride exposure, died in September 2023 at age 86. Her research studies illuminated the devastating impact of fluoride contamination on the health of countless communities, primarily in rural India. But her influence was far beyond that, as she traveled and educated others, world-wide.

Following are excerpts from a letter she wrote in February 1996 to a non-profit that had been promoting water fluoridation:

"India, Africa, China, certain parts of Thailand, Japan, New Zealand, Australia, Israel, Pakistan, Syria, Turkey are severely affected with health problems due to excess fluoride ingestion through water and food. However, the problem exists in the UK, USA and Canada to a lesser extent probably due to better nutrition, calcium and vitamin C...But 'Water Fluoridation' is a guaranteed danger to health... To summarize a few scientific facts, fluoride ingestion affects adversely:
* muscle structure and function, resulting in muscle weakness
* red blood cells are killed prematurely, lowering hemoglobin content, resulting in anemia
* blood vessels are blocked through calcification, resulting in cardiac problems
* the male reproductive organs are affected, resulting in defective sperm, leading to infertility in some men
* the gastrointestinal tract mucosa (lining of the stomach and intestine) is deranged, resulting in pain in the stomach, gas formation, nausea, loss of appetite, and constipation followed with intermittent diarrhea...
* people lose their teeth... at a relatively young age...

'People's Health is the Nation's Wealth' I hope [organization's name]would do everything possible to stop the cruel method of poisoning people through fluoridating drinking water in the name of prevention of dental caries."

For more pictures and description of Shusheela's work, go to https://www.fluorideresearch.online/epub/files/250.pdf