International Academy of Biological Dentistry and Medicine

Some Agreements and Disagreements in Biological Dentistry – April, 2008

The field of biological dentistry or holistic dentistry has as its objective the diagnosis, treatment, and optimum maintenance for each of the people that come to us for care. We always use what our experience and training suggests are the best elements of conventional dentistry – but going further, we strongly acknowledge, appreciate, and consider that oral health and disease are inseparable from total-person wellness. From this comprehensive vantage point, we see optimal health as intimately related to the choice of dental materials and techniques as well as to the training, experience, and skill of the dental professional providing the care. Our intention is to be minimally invasive yet appropriately proactive and not simply reactive.

The world of thoughtful people, some highly sophisticated in the compatibility of biomaterials, has shown increasing appreciation for the role that dental materials can play in regaining and maintaining more optimal health. For us to disregard the relevance that they have demonstrated would be blind and irresponsible. How then do we proceed?

Through the past decades and to this very day, different techniques and practices are chosen by "biological dentistry" practitioners to determine which dental materials would seem most ideally suited for their patients. The sometimes-desperate people that we see are wonderfully – but often troublingly – unique. We must take into consideration their individuality, especially as it relates to the permanent placement of dental materials. Experienced practitioners have learned to accept with humility the fact that ***no single dental material or anesthetic can appropriately be ideally suited for all of their patients.***

Without doubt, practitioners become familiar with and have chosen certain "favorite" materials due to their strength, beauty, and chemical metabolism. At the same time, the conscientious dental professional knows that multiple (and often competing or even conflicting) factors must be weighed for each patient each time. In this not-so-perfect world, several material testing techniques are favored rather than blanket adoption of any one material as "the best." Thus we go forward, evaluating and treating individuals as best we can with customized treatment, always remaining open to newer materials and improved techniques. As a happy consequence, recent advances in nonmetallic fillings, partial crowns, crowns, and prostheses have led to more successful treatments for more patients than ever before.

The field of root canal-treated teeth is an area that includes dental material considerations, but an even more basic issue arises first. ***A tooth without blood vessels and nerves is dead – keeping that tooth in the body will always be a burden with which that body must deal.*** Controversy over "compatible" root canal filing materials, use of laser light energy to "sterilize" canals, and the relative effectiveness of varying irrigants is interesting and perhaps even hopeful. But these concerns remain subsidiary to the primary issue, namely that "The tooth is dead and will remain a burden." Practitioners –

and ultimately each patient for him or herself – face the quandary of understanding to what degree good health might be sacrificed by keeping dead teeth in the mouth. In many cases, the choice can have overwhelming consequences, especially for those with chronic, debilitating diseases so common in our society today.

We know of some "health professionals" who recommend that their patients insist on having the treating dentist sign a contract that details the precise selection of techniques, protocols, and materials usage to be employed. In many cases, these treatments represent a business "franchise" approach, sort of a "one-size-fits-all." Surgeons, of course, cannot ever accept such limitations because what they encounter during an operation might best be treated by approaches not already discussed. Dental surgeons likewise should remain mindful that patients ultimately place faith in their experienced judgment as well as their skill. Perhaps this "contract" situation is even more worrisome when patients lack a sufficient background to make a well-reasoned choice but are relying on persuasive but possibly incorrect "franchised" opinions regarding what they actually need.

As in all fields of health care, minority opinions can be the source of hopeful progress as well as unintended disasters. Biological dentists who shoulder the responsibility for making the best decisions for their patients need to rely on their training, experience, skill, and judgment at every turn. Perhaps all that is needed is a brief conversation explaining biological individuality – and gentle reassurance that the patient honestly doesn't want to limit the dentist to a treatment contract that might not allow for the best available care in his or her particular circumstances. After all, "biological dentistry" is treating the whole patient, with the goal of restoring and maintaining optimal health, rather than merely treating a tooth in a particular way!