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**WEST ONE DENTAL CLINIC**

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## **AMALGAM**

Although there is now no dispute that there is daily chronic leakage of mercury vapour from the surface of amalgam (silver fillings), the most widely held, conventional view is that this leakage does not present a health hazard

One problem with this view is that, although it may produce no immediate symptoms, the presence of mercury may still be having an effect either directly on specific organs or indirectly through an adverse repercussion on the health and stability of the immune / glandular system

Therefore, it may take some years before any health symptoms appear — at which time, the ‘effect’ is somewhat separated from the ‘cause’ with a subsequent loss of co-relation between these two ‘time zones

Another problem is that any reaction to the presence of mercury seems to be related to the ability / non-ability of the host’s body to cope with the potential side effects of its presence rather than to the ‘dosage’ level of mercury emanating from amalgam fillings

When it comes to dental treatment, without proper protection, drilling out an old amalgam restoration releases a large, acute (as opposed to the chronic leakage of daily chewing) dose of mercury into the system This can be sufficient to induce a symptom producing ‘reactive overload’ on either the aforementioned organs or the immune system, which is rarely attributed to the dental treatment and is, conventionally, viewed as a ‘coincidence

Although in the above scenario, an apparent tolerance to mercury can change very rapidly into intolerance, this change can also happen very gradually over the years as other stress factors weaken the immune system, which subsequently, becomes more susceptible to any additional challenges - I think we’ve all heard stories of the hangover ‘recovery’ time of youth becoming rather longer in later life!

So, for many of us, the continual presence of amalgam fillings is a bit like having a slow acting ‘Toxic Time Bomb’ within our bodies just waiting for an opportunity to ‘pounce’!

To summarise, if any current health symptoms have you considering a possible intolerance to mercury, a good rule-of-thumb is to:

- 1 Look for any possible historical relationship between placement and replacement of amalgam fillings [the latter is liable to be more virulent as it not only produces an acute dose of mercury at removal but also during a new amalgam replacement] and onset of these symptoms - especially those with no apparent medical cause
- 2 Look back through the medical health of parents & grandparents (including Aunts & Uncles) for examples of ‘genetic weakness and, if showing some co-relation to your symptoms, you should consider the possibility that mercury from your restorations may be a possible direct or indirect reason for their appearance.

In conclusion, if from the above or any other reasons, you do have a concern regarding amalgams, we can, from a diagnostic view-point, provide professional consultation / testing together with the clinical expertise of a ‘Safe Amalgam Removal’ replacement protocol carefully designed to prevent any ‘acute overdose’ during its instigation.

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**AMALGAM FACTS**

- Mercury is a known poison, with a particularly toxic effect on the Brain/Nerve Tissue, Kidney! Reproductive and Endocrine (Glandular) Systems
- Mercury constitutes around 50% of all amalgam (silver) fillings
- An extremely high dose of mercury is released both at removal and insertion of amalgam fillings
- Mercury continues to be released from amalgams throughout the lifetime of the filling
- This release is increased by chewing, grinding and with hot, cold and acidic foods
- The World Health Organisation released a document naming amalgams as the highest daily source of mercury in human beings
- The handling of mercury both in industry and the dental profession is highly regulated to protect both workers, dentists and their staff from suffering from any ill-effects from mercury poisoning
- Mercury is a well-known bactericide which will kill off natural as well as harmful bacteria and has been related as a causative factor in Candida and other problems with die digestive bacteria including antibiotic resistance
- In amalgams, mercury is mixed with silver, copper and zinc and, in the presence of gold fillings, frequently creates a battery effect leading to a metallic taste and increased mercury release
- Even without the presence of gold, all amalgams act as a battery producing an electrical charge, the level of which can be measured and can affect the natural electrical activity of the brain Teeth without amalgams do not produce this effect
- In a recent study, amalgams were placed in the biting surfaces of a pregnant sheep and 60 days later, the presence of mercury in the liver, kidneys and jaw bone was noted to such a degree that a photo scanning x-ray showed the outline of these organs Foetal uptake was greater than in the mother This experiment was repeated in monkeys with the same result

**NO STUDIES EXIST WHICH PROVE THAT MERCURY IS A SAFE FILLING MATERIAL**

## REMOVAL & REPLACEMENT OF AMALGAM FILLINGS

There are *five basic steps* involved in Amalgam Removal / Replacement.

1. **Diagnosis:** this involves the diagnostic establishment of a potential link between the presence of mercury fillings and a myriad range of health problems.
2. **Consultation** for the Clinical aspect of Treatment requires:
  - a An exact '*charting*' showing the position and extent of all amalgam restorations.
  - b Up-to-date *x-rays* to provide information on the depth of each filling and it's proximity to the nerve canals.
  - c *Correct Order of Removal* As each amalgam produces a recordable level of 'battery type' electrical activity which is related to the degree of mercury vapour release, an electrical meter is used to establish the individual amalgam levels which then dictate the removal sequence.
3. **Chelation Therapy** : although amalgam removal eliminates future mercury release, chelation therapy is necessary to assist the body in excreting mercury previously lodged in the tissues.
4. **Amalgam Removal**
  - a *Protection Procedures* with a massive amount of mercury being released on removal, very stringent protective measures must be applied to prevent mercury overdose' into the system.
  - b The necessary Protection Procedures can take up to 25 minutes for each visit.
5. **Replacement**
  - a If there is any evidence of excessive gum disorder or other tissue breakdown, this may have to be deal with prior to instigation of replacement by white (ceramic) fillings to ensure that these are placed in a mouth with healthy periodontal (gum) tissues.
  - b In the majority of teeth, the replacement material will be Composites (White Fillings) which, for long-term success, require a much more exacting procedure than amalgams and, as they take around eight times longer, they will consequently be more expensive.
  - c Where previously crowned (capped) teeth have an underlying 'core' of amalgam, the crown is removed, the core replaced with a white material and, wherever possible, non-metal crowns are placed. If metal, based crowns are required, Titanium or very pure gold are the materials of choice.

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**Strictly Confidential Questionnaire**

Name.....

DOB.....

Home Address.....

.....

Telephone (Home) .....

(Work) .....

[Mobile].....

Email Address.....

Occupation.....

Referred By.....

Marital Status..... Expectant Mother.....

Doctor .....

Doctor's Address .....

.....

Telephone .....

**MEDICAL HISTORY**

**Please Circle and give details where necessary**

1. Are you under the care of a doctor / specialist at present..... Yes / No  
If so, please specify.....
2. Do you have a history of the following :  
High blood pressure : Blood disease : Circulation or Heart Problems : Rheumatic Fever : Anemia :  
Asthma : Tuberculosis : Bronchitis : Kidney or Liver complaints : Hepatitis : Jaundice : Diabetes  
Arthritis : Eye or ear complaints : Digestive Problems : Skin or Nervous Complaints  
Any other, please specify.....  
When was your *last* complete physical examination .....
3. Are you currently on any drugs [including Aspirin, Warferin or Dilantin ] / other medication.....Yes/ No  
Please specify .....
4. Have you received an extended course of drug therapy in the past five years / had cortisone during last two years? ..... Yes/No  
Please specify.....
5. Do you smoke? If so, how many week? .....Yes / No  
Do you drink alcohol? If so, how many units per week?.....Yes / No
6. Are you allergic to Penicillin, Anaesthetic, Adrenaline or any other substances..... Yes / No
7. Do you have any other allergies?.....Yes / No  
Please specify .....
8. Have you had any operations?..... Yes / No  
Please specify .....
9. Have you ever had excessive bleeding after extractions, surgery or injury..... Yes / No  
Please specify.....
10. Do you suffer from fainting attacks or epilepsy.....Yes / No
11. Are you under any unusual strain or tension .....Yes / No  
Please specify.....
12. Are you a sufferer or carrier of Aids or Hepatitis [please circle]?..... Yes / No
13. Do you have a history of (Please circle where appropriate):  
Migraine : Constant or Frequent Headaches : Neck, Back or Joint Pain

**DENTAL HISTORY**

- 1. What prompted you to seek dental care at this time?  
.....  
.....
- 2. When was your last dental examination?.....
- 3. Were ALL the teeth x-rayed at that time?.....  
Were they cleaned?.....
- 4. How often do you have your teeth examined?.....  
Cleaned.....X-rayed.....
- 5. Are you experiencing any discomfort from your teeth or gums?..... Yes / No  
Please specify.....
- 6. Has apprehension kept you from regular visits?.....Yes / No
- 7. When and how often do you brush your teeth?.....
- 8. How often do you use dental floss?.....
- 9. Do your gums bleed easily, feel tender or irritated?.....Yes / No
- 10. Does food generally wedge between certain teeth?..... Yes / No  
Please specify.....
- 11. Are you troubled with bad breath?..... Yes / No  
Please specify.....
- 12. Are your teeth sensitive to hot, cold or sweets?..... Yes / No  
Please specify.....
- 13. Do you snack between meals?.....Yes/ No  
Do these snacks contain sugar or carbohydrates?..... Yes / No
- 14. Are you happy with the appearance of your smile? .....Yes /No
- 15. Would you like to retain your healthy natural teeth as long as possible?..... Yes / No
- 16. Do you have any mouth habits such as (please circle)  
Clenching Teeth L: Biting Lips, Cheek or Tongue : Grinding Teeth at Night : Finding your  
Jaws Locked Open or Closed : Facial, Head, Neck, Shoulder or Back Pain / Problems  
Other (Please specify)  
.....  
.....

- 17. Have you lost any teeth other than wisdom teeth..... Yes / No

- Have they been replaced?..... Yes / No
18. Have you noticed any loose, shifted or tipped teeth?..... Yes / No
19. Have you had the nerves of any teeth removed?..... Yes / No
20. Have you noticed any discolouration of tooth structure?.....Yes / No
21. Do you regularly have restorations replaced because of breakage and chipping?..... Yes / No
22. In the past, have you had the opportunity to choose your Dental Restorations?..... .Yes / No

If so, what was your choice?

Porcelain?..... White Filling [Composite]?.....

Silver Amalgam?..... Gold?.....

23. Does apprehension keep you from visiting the dentist? Would you be interested in (Please circle)?  
 Nitrous Oxide [Laughing Gas] : Oral Valium : Intravenous (shot in the arm) Sedation :  
 General Anaesthetic
24. Are you satisfied with your past dentistry?.....Yes / No

If not, why not?.....

25. Any previous dental experiences worth noting? (Please circle)
- Difficult Extractions : Orthodontics / Braces / other Dental Appliances : Gum or Joint Problems : Extensive Restorations : excessive bleeding after extraction : Any Others :
- .....

Thank you for your co-operation If there is any other information which you feel would be of value to me in your dental treatment please add below

Signed.....Date.....

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## **THE ATTACHED QUESTIONNAIRE**

[About Silver (Amalgam) Restorations]

### **Introduction**

Although commonly described as 'silver', these restorations (fillings) are an amalgamation (mixture) of silver, copper, zinc and tin 'glued' together with *Mercury* which accounts for up to 75% of the whole restoration. Mercury is known as a *cytotoxin* [i.e. it is toxic to all living cells] and, after Plutonium, is the most toxic substance known to man.

It is extremely volatile and evaporates as mercury vapour *immediately* a 'mercury' restoration is placed – a situation that continues throughout its lifetime.

This evaporation has daily 'surges' brought about by ingestion of hot Liquids, chewing, acidic food / liquids with the return to a 'resting' release taking around 90 minutes. The level of this 'resting' release is also affected by the presence of other more 'pure' metals (like Gold) or differing degrees of purity between the amalgams themselves.

This vapour 'rises' upwards into the brain (where it gets trapped in the brain cells) and 'down wards' into the lungs (where it gets transported through the blood and deposited in various tissues / organs) and intestines. (Where it interferes with the natural functioning of the gut bacteria and is also transported to other tissues /organs through the blood)

As mercury very readily combines with a particular type of molecule called 'sulfhydryl', which is found in most proteins (the building blocks for all body tissues), this provides an easy mechanism, which allows it to become ingested and 'trapped' in living tissue cells. As a result, it can potentially interfere with the normal healthy functioning of virtually any process of, or organ within, the body.

In conclusion, although this mercury 'lodger' is cytotoxic to body tissue / organs, the degree of adaptation to this cytotoxicity has an individual variance. For some, associated symptoms do not appear (or may take many years to do so) while, at the other end of the scale, these may appear very rapidly and with great intensity.

### **The Questionnaire**

The following questionnaire is intended to provide any given individual with some idea of the level to which they are 'tolerating' this noxious substance. The following 'scoring' rates will indicate that level.

1-20 You may have some degree of toxicity but it is not enough for major concern.

20-40 You are somewhat toxic and should reduce your exposure to mercury and other heavy metals such as lead and cadmium.

40 + You are highly toxic and should see a Clinical Ecologist or your doctor / dental surgeon immediately.



<b>HEAD</b>	Never [0]	Rarely [1]	Often [2]	Always [3]	
Headaches					
Migraine Headaches					
Stuffy Sinuses					
Vision Problems					
Hearing Difficulties					
Memory Loss					
Lack of Concentration					
Insomnia					
<b>Section Subtotal</b>					
<b>MOUTH &amp; THROAT</b>	Never [0]	Rarely [1]	Often [2]	Always [3]	
Chronic Hoarseness					
Sore Throats					
Cold Sores					
Bleeding Gums					
Painful Gums					
Swollen Glands in Throat					
Thyroid Problems					
<b>Section Subtotal</b>					
<b>CHEST &amp; CARDIOVASCULAR</b>	Never (0)	Rarely (1)	Often (2)	Always (3)	
Asthma					
Bronchitis					
Chest Pains					
Irregular Heart Beat					
Tachycardia (Fast Heartbeat)					
High Blood Pressure					
<b>Section Subtotal</b>					
<b>STOMACH &amp; G.I. TRACT</b>	Never [0]	Rarely [1]	Often [2]	Always (3)	
Bloating					
Constipation					
Crone's Disease					
Gastrointestinal Problems					
Irritable Bowel Syndrome					
Stomach Ulcers [Helicobacter Pylori]					
<b>Section Subtotal</b>					

<b>KIDNEYS &amp; BLADDER</b>	Never (0)	Rarely (1)	Often (2)	Always (3)
Frequent Urination				
Bladder Infection				
				<b>Section Subtotal</b>
<b>NEUROMUSCULAR</b>	Never (0)	Rarely (1)	Often (2)	Always (3)
Muscle Tremor				
Numbness Anywhere				
				<b>Section Subtotal</b>
<b>SENSITIVITIES</b>	Never (0)	Rarely (1)	Often (3)	Always (3)
Allergies				
Skin Disorders				
Dry Peeling Skin at ends of Fingers (acrodynia)				
				<b>Section Subtotal</b>
<b>METABOLISM</b>	Never (0)	Rarely (1)	Often (2)	Always (3)
Lack of Energy				
				<b>Section Subtotal</b>
<b>APPARENT PERSONALITY TRAITS</b>	Never (0)	Rarely (1)	Often (2)	Always (3)
Anxiety				
Bad Temper				
Depression				
Dizziness				
Fatigue				
Irritability				
Nervousness				
				<b>Section Subtotal</b>
<b>MAJOR SIGNS OF MERCURY TOXICITY</b>	Never (0)	Rarely (1)	Often (2)	Always (3)
Metallic Taste in Mouth				
Metallic Smell From Urine				
Metallic Smell From Faeces				
				<b>Section Subtotal</b>

<b>HAVE YOU EVER HAD</b>	<b>Never (0)</b>	<b>Rarely (1)</b>	<b>Often (2)</b>	<b>Always (3)</b>	
Kidney Disease					
Kidney Failure					
Multiple Sclerosis					
ALS (Amytropic Lateral Sclerosis)					
SLE (Systemic Lupus Erythematosus)					
FM (Fibromyalgia)					
CFIDS (Chronic Fatigue Syndrome)					
				<b>Section Subtotal</b>	

<b>OVERALL TOTAL</b>	
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**SYMPTOM CHECK LIST**

*[Please circle problems]*

- Allergies
- Arthritis
- Asthma
- Bloating
- Blurred vision / Candida
- Brain fog
- Bronchitis
- Bruising easily
- Coldness
- Conjunctivitis or itchy/ watery/ crusty/ reddened eyes
- Crying fits
- Cramp
- Constipation
- Depressive illness
- Digestive upsets / burping / wind
- Dizziness
- Ear infections / irritation / tinnitus
- Facial pallor and strain
- Fatigue / extreme fatigue
- Frozen shoulder
- General malaise
- Hair loss / brittle nails
- Headaches
- Hyperventilation
- Insomnia / disturbed sleep / poor quality sleep
- Irregular periods
- Joint pains / stiffness
- Kidney problems / increased urination
- Muscular weakness / pain / cramps
- Mental illness
- Mild sweats
- Metallic taste
- Mouth / gum / tongue ulcers
- Oedema (swelling and reddening of extremities)
- Rhinitis / allergies
- Reproductive System problems
- Swollen Face
- Salivation / dribbling at night
- Weight Gain or Loss
- Wobbly Gait

There may be other symptoms pertinent to you alone but they will fall somewhere, in or close to, the main symptom areas mentioned here. Reactions to mercury are always individually based, some being more or less severe.

Five or more circles indicates that replacement of amalgam fillings should be considered.

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**SYMPTOM QUESTIONNAIRE**

**NAME**..... **DATE**.....

- As reactions to mercury are always individually based with differing levels of severity, there may be other symptoms pertinent to you alone but they will fall somewhere in, or close to, the main areas of the human body mentioned here.
- If you have 5 or more of the symptoms outlined below, there is a good chance that the continual presence of mercury fillings in your mouth will be having a direct or indirect effect on them

Please underline any current Symptoms thus: Severe ===== Moderate.....

**HEAD**

Headaches	Migraine	Pain	Hair Loss
Brittle Nails			

**EYES**

Blurring of Vision	Sticky Eyes	Excessive Tear Production
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**EARS**

Ear Infections	Irritation	Tinnitus [Ringing in the Ears]
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**MOUTH**

Pain of any Kind	Ulcers	Bleeding Gums
Metallic Taste	Excessive Salivation	Dribbling at Night

**RESPIRATORY**

Nasal Problems	Cough	Asthma
Shortness of Breath	Tightness in Chest / Bronchitis	Hyperventilation [Rapid Breathing]

**CARDIOVASCULAR**

Palpitations	Skipped Beats	Blueness of Hands and Feet
Bruise Easily		

## **GASTRO INTESTINAL**

Nausea	Indigestion	Diarrhoea
Constipation	Candida	Bloating

## **GENITO-URINARY**

Frequently Urgent or Painful Urination	Inability to control bladder
Irregular Periods	Reproductive System problems

## **MUSCULO-SKELETAL**

Tire Easily	Muscle or Joint Weakness	Limitation of Motion
Swelling / Discomfort around Joints		Numbness or Tingling
Cramp	'Frozen' Shoulders	'Wobbly' Gait

## **SKIN**

Any Rashes	Hives	Dermatitis
Swollen Face	Facial Pallor / Strain	
Do you react to Jewellery or other Metal?		

## **NERVOUS SYSTEM**

Anxiety	Depression	Poor Concentration
Poor Memory	'Brain Fog'	Crying Fits
Dizziness	Mental Illness	

## **GENERAL**

- Do you feel Cold or Heat to excess?
- Chronic Fatigue?
- Have you ever felt ill after Dental Treatment?
- Any Allergies?
- Have you ever been diagnosed positively for any condition
- Are you on any Medication?
- Do you react to Traffic Fumes / any inhalants / chemicals?
- General Malaise?
- Insomnia / disturbed / poor quality sleep?

