



Donald Robbins, DMD, Newsletter

In This Issue

**Heart Problems from
Removal of Dental
Fillings??**

**Can Vitamin C and Lysine
Help Prevent
Cardiovascular Disease?**

**Periodontal Charting -
Must Be Checked Yearly!**

**Do You Participate in My
Insurance**

A Special Offer for You!

Join Our List

**Friends and Family are
always appreciated!**

[Join Our Mailing List!](#)

**Refer a
friend program**



We are excited to share
with you our new

Issue: # 20

February/2010

Welcome to 2010! Every year that goes by brings us closer to a safer dental experience. BioSafeDentistry is starting to gain momentum. Dr. Robbins is speaking to dentists at an education meeting at the Dental School at Boston University in May. He is also co-hosting a weekly interview program on www.webtalkradio.net with Dr. Kathleen Boyle, a doctorate in biochemistry and nutrition. Starting the end of January, **PROTECTING YOUR HEALTH**, will be available for you to dial up and hear.,

Our practice is growing and thriving and patients come to see us locally and from great distances. Health aware people from Virginia, Maryland, New York, New Jersey, and even one from Costa Rica are pleased to find a dental practice that protects their overall health so carefully. Don't forget to maintain your health by maintaining your periodic dental checkups!

Heart Problems from Removal of Dental Fillings??

referral program!

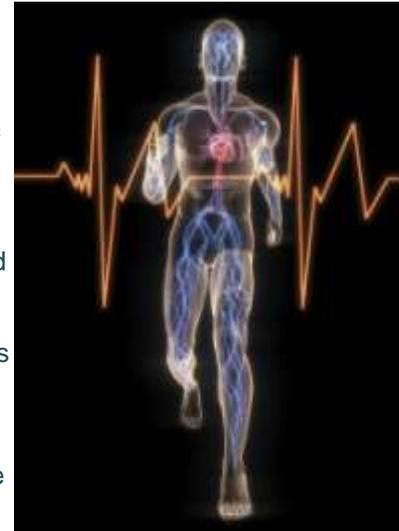
For every friend or co-worker that you refer to our office who becomes a patient, both of you will receive a \$50.00 credit on each of your accounts towards future treatment or products. Ask us about the details of this offer.

A Friendly Face Around Our Office



Nina is always happy to see our patients arrive in the office. She has a gift of making people feel good about themselves. She listens closely to what patients are really saying when they speak to her. She constantly works to find solutions to a patient's concerns about their

I had the pleasure of treating a very nice 39 year old woman; we'll call Melissa, a few years back. Melissa came to me because of a bad taste of metal in her mouth and had several teeth that were sensitive. We treated her in our BioSafeDentistry protocol for a little over one year. We removed a couple of her big mercury silver fillings, quite successfully, using our standard protection protocol. She was protected in the office while they were removed and was on the protection supplements we required for their removal. She had no pain nor did she have any bad reaction nor get sick from the mercury removal.



Unfortunately Melissa was relocated for business reasons to Virginia where she was further treated by another dentist. Two months ago she contacted me because she was very sick. The dentist she saw removed three mercury fillings without any protection against the mercury vapor exposure nor did he recommend supplements to protect her health. This is very common as most dentists think they can simply remove silver mercury dental fillings and just put in a white bonded one without a problem. It doesn't work that way - all patients must be protected from the released mercury during their drilling and removal process.

Within two weeks Melissa had heart palpitations, pain in the lower rib cavity and was waking up in the middle of the night with shortness of breath.

She had to go to the *emergency room* that night when her heart rate was jumping between 60 and 150. The ER doctor diagnosed her with tachycardia (speeding up of the heart) - which is a symptom and NOT a diagnosis or cause - and sent her home with a drug to take that would slow her heart. For days after, she still had the heart symptoms on and off along with a strong cough.

Her physician had no idea why this happened, nor did a cardiologist who examined her. She still had tooth pain for weeks after the dentist appointment for which the dentist prescribed ibuprofen. Although she showed no infection, she was also prescribed an antibiotic. She took a stress test and had an echocardiogram performed. No pathology was evident. Melissa told me that her physicians do not know why she has this problem, and are now recommending a heart monitor to follow her condition

experience in our office,
whether it is treatment or
financial based.
Say hello to Nina!

NEED MORE INFORMATION?



Visit Our Sister Website!!!

[Click Here for
BioSafeDentistry and learn
more!](#)

LISTEN TO
DR. ROBBINS
co-host

PROTECTING YOUR HEALTH

TUNE IN TO:

www.webtalkradio.net

A weekly one-hour
interview program on
health topics you don't
usually hear about!

Find out the truth about
many alternative and
holistic health

Shortly before contacting me, she had started taking supplements and chelating agents she found on the internet, on her own. She realized it was probably the mercury exposure that was causing her heart problems. I am consulting Melissa - long distance - because taking chemicals and drugs from the internet with unknown "internet doctors" is dangerous. Without close monitoring with a knowledgeable doctor, she could have a serious heart event and could be made significantly worse.

This is an example of what motivates me to talk to as many people and dentists as I can, alerting them about this toxic material used in dental offices. It is not enough for dentist to stop *putting mercury amalgam fillings in teeth*. When the fillings are removed, *the mercury vapor released is absorbed into the body and causes health risks!*

You must not allow any dentist to remove (or place) mercury fillings in your mouth without proper precautions.

To Protect Your Health you must educate yourself and know what are safe procedures and materials and what are unsafe or toxic. Go to our website www.donaldrobbinsdmd.com or www.biosafedentistry.com to learn more.

Donald Robbins, DMD

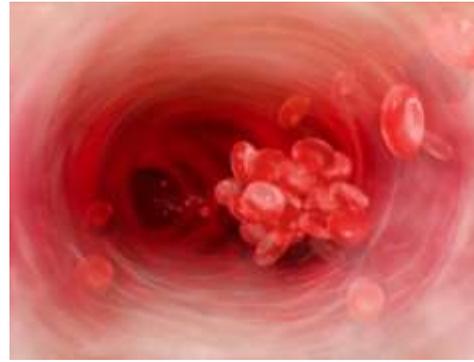
Can Vitamin C and Lysine Help Prevent Cardiovascular Disease?

In our last newsletter, we explained how Vitamin C helps the body process many different healing and detoxifying reactions. It helps keep your system running efficiently in other ways as well.

Linus Pauling was a physician and medical researcher who won the Nobel prize twice in his life. He was a major proponent of mega-Vitamin C nutritional support. At a time way before nutrition was considered essential for health *and for repair and treatment of diseases*, he realized that the body needed help regulating and fighting everyday exposures to toxic and damaging chemicals. It was later in his career that he promoted Vitamin C and Lysine as a method to fight cardiovascular disease.

therapies!

Although most investigators agreed that low density lipoproteins (LDL's) are what is deposited in the plaques in your arteries, lipoprotein A, or Lp(a), is a major contributor to that effort. But Dr. Pauling postulated that it is a particular amino acid - lysine - in the artery wall that causes the lipoprotein A to stick to the wall. Buildup of Lp(a) is what



helps form the atherosclerotic plaques. The plaque formation is what causes blockage of the lumen (opening) in the blood vessel leading to an infarct in the heart muscle (a heart attack). Or a piece of the atherosclerotic plaques can dislodge and block a distant blood vessel in the lung (infarct) or brain (stroke).

Dr. Pauling advocated nutritional supplementation with additional lysine (and proline) to compete with the lysine in the blood vessel. He postulated that the lipoprotein A would attach to the circulating lysine if present in sufficient quantity and thereby not attach to the artery wall. Although you get lysine in a normal healthy diet (as well as Vitamin C) you need more to keep Lp(a) from sticking to the lysine in the artery wall.

If the lipoprotein A can be pulled away from the artery wall, the plaques will be reduced, and blood flow will improve. But you need Vitamin C to help repair the damaged artery wall or additional LP(a) will stick back on again. Vitamin C helps heal quickly with organization of the collagen fibers.

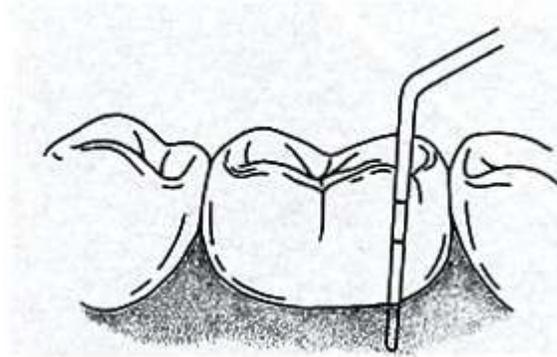
The initial daily dose of Lysine is 500mg, morning and night. Daily levels of Vitamin C should be at least 3,000mg, but hopefully you can handle 6,000mg to 10,000mg divided into several doses during the day. The Vitamin C in our office is the purest form available, in the "L-" form of ascorbic acid, which is the highest most active form available. The powder is pure white, not like the yellower types that show oxidation and synthetic manufacturing.

Dr. Linus Pauling died in 1998, a loss to all of us.

Written by
Dr. Donald Robbins

Periodontal Charting - Must Be Checked YEARLY!

Periodontal charting measures several things: pockets in your gum tissue, recession, bleeding and mobility of teeth. These measurements are used to diagnose the health of your gums and bone surrounding the teeth. It is an important assessment that determines the type of dental hygiene appointment needed to maintain or restore health. During your hygiene visit an instrument called a perio probe is used to measure the tightness of the gum tissue around the tooth. Think of the tissue as a turtleneck sweater around the tooth, it should be tight. The measurements in healthy gums should be between 1-3mm without bleeding.



Gingivitis is diagnosed when the measurements are between 1-3mm, but there is bleeding upon probing. It can be localized to an area or generalized throughout the mouth. Bleeding occurs when plaque has gotten between

the gum and tooth, causing inflammation. Removing the plaque allows the tissue to heal. Gingivitis is reversible, as the surrounding bone has not been affected.

Probing measurements of 4mm, straddles the line of healthy tissue, gingivitis, or the beginning of periodontal disease depending on the areas and if bleeding is involved. These areas need to be carefully observed to make sure they improve or remain stable. Measurements over 4mm should be treated with some form of periodontal therapy, again especially if bleeding is involved.

When bacteria, which causes plaque and tartar gets between the gum tissue and the tooth, the tissue pulls away from the tooth, forming a "pocket". The more plaque and tartar, the deeper the pocket, thus penetrating the periodontal ligament that can lead to destruction of the surrounding bone. This is periodontitis and the bone loss is not reversible. With proper treatment the tissue can tighten up again around the tooth and the area can remain stable when maintained.

Maintaining a healthy mouth involves good oral home care that should become part of your daily ritual. Brushing at least twice a day with a soft toothbrush, (preferably an electric one) for two minutes, daily flossing, using an antimicrobial mouth rinse, and taking Vitamin C should be included in your oral care. Some other aids may be individually introduced during a hygiene visit as needed. Keeping your regularly scheduled hygiene appointment is very important in maintaining a healthy mouth and can lessen the need for extra treatment and costs

Have a healthy and Happy New Year!

Lori Tribbett, RDH
Dental Hygienist

"Do You Participate In My insurance Plan?"

We have many phone calls every week with patients asking just this question. What exactly does participating mean and what does it mean if your dental office does not participate?

There are generally three types of dental insurance plans that you may find available from your employer: DMO/DHMO, Dental PPO, and Dental Indemnity.

- DMO/DHMO dental plans give the least amount of flexibility. They require you to choose a primary dentist and treatment is only allowed with this dentist. If you use a dentist out of the established participating providers you are responsible for the entire bill.

-Dental PPO plans offer some discounted fees with dentists who participate in their network. Most of these plans also allow the patient to have treatment completed by a dentist who is not in their network. If you choose to have treatment with an out of network dentist, you're out of pocket expense will depend on the plan provisions. Our experience has been that for the majority of these plans the patient's out of pocket expense is only slightly more than out of network.

-Dental Indemnity plans are traditional plans which give you the freedom to visit any dentist. Indemnity plans typically pay 50%-100% of services depending on the type of dental treatment being performed. Indemnity plan fee allowances are based on "usual, customary, and reasonable" which is determined by the insurance company averaging out the fees in an area and setting a percentage of that fee.



If you have a DMO or a DHMO dental plan and choose to have treatment in our office, you would be responsible for paying for all treatment. If you have a PPO dental plan with out of network coverage, with treatment in our office, most

insurance companies will send payment directly to us. If you have a dental indemnity plan you may come to our office for treatment.

Our office staff is happy to assist you with your insurance. When a new patient is given an appointment, our staff will call your insurance company to determine your coverage and eligibility for services. We do not require that you submit your own claims. For all PPO and indemnity plans our trained office staff will submit your claims for you. They will handle any questions or additional information your insurance company requires.

If you have questions about your dental insurance coverage or have a new plan in effect, please call our office staff. In addition, at no cost to you, our office staff will help you choose a dental plan that best suits you and your family's needs.

Nina Marciniszyn
Office Manager

The information and recommendations expressed here are not intended to diagnose, treat, cure or prevent any disease or malady. Please contact your physician for medical care.

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