

# A HEALTHY MOUTH

THE MISSING LINK  
TO OPTIMAL HEALTH

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DOCTOR OF INTEGRATIVE MEDICINE

UPDATED with chapters on  
Airway, Clear Braces and  
our new Fotona  
Laser

# ***A Healthy Mouth -***

## *The Missing Link to Optimal Health*

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*Because a Healthy Body Starts With a  
Healthy Mouth!*

*by Dr. Ingo G. Mahn*

**Doctor** n. 1. A person, especially a physician, dentist, or veterinarian, trained in the healing arts and licensed to practice. 2. a. A person who has earned the highest academic degree awarded by a college or university in a specified discipline. b. A person awarded an honorary degree by a college or university. 3. Abbr. Dr. Used as a title and form of address for a person holding the degree of doctor.

*[Middle English, from Old French docteur, from **Latin doctor, teacher, from docêre, to teach.]**<sup>1</sup>*

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***This book was written as a guide for new patients  
in our practice but contains useful information for  
ANYONE trying to achieve better health.***

*Dear Friend,*

*Interesting, isn't it, that the word "doctor" comes from Latin, meaning "teacher." It was only a few years ago that I discovered this particular definition and, in fact, one of the most important aspects of my job. It is also interesting that as I embark on revising this book for the 14<sup>th</sup> time how much things have changed AND how much they have stayed the same.*

*This is true both of my practice and of dentistry.*

*Despite selling my holistic dental practice in Wisconsin and moving here to the beautiful Southwest, my core philosophy has always remained the same – to be a valuable member of your health-care team and to provide the highest level of modern, affordable, holistic dental care.*

*In conventional dentistry, not much has changed. Rulings by the FDA show that lobbyist representing the mercury and fluoride industry still have enough money and influence to persuade politicians to put their own financial interests before the health concerns of their constituents.*

*On a brighter note, there is now talk about removing fluoride from the water supply in many municipalities (like they have in Europe). In addition, the percentage of dentists placing amalgam has fallen below 50% as more dentists and medical professionals are becoming aware of the effect of oral health on the health of the body.*

*Unfortunately, for the most part, dental schools are still turning out hoards of "tooth mechanics" that are oblivious to this fact.*

*They are taught to fill holes and joke about how easy dentistry would be if it weren't for the people attached to the teeth.*

*But, there ARE people attached to teeth and, with the discovery of the connection between gum disease and cardiovascular disease, even conventional dentistry is waking up to that reality!*

*Ultimately, it is the patient's active participation and communication with the doctor that holds the key to achieving optimal oral and physical health.*

*This book is the first step in opening a meaningful dialogue. When I first published this book in 2002, much of the information I presented here was not only revolutionary, but also difficult to find. In the age of the internet, that has changed. On the flip side, you do have to be careful about what you read on the internet - often I come across information which is incomplete, misleading or just plain wrong!*

*As a conscientious doctor and teacher, I consider it my duty to make sure that you have accurate information in order to be able to make an informed decision about your dental care. Understand that this book is a work in progress; it will continue to be updated as I continue on my journey of learning. It was intended to be a "quick read" – so please take a few moments to read it; it will make your experience at MyNaturalDentist much more rewarding!*

*Question Everything - Never Stop Learning - Keep an Open Mind.*

***... Let the Journey Begin!***

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## *The Mouth – Body relationship*

*Until recently, dentistry rarely considered the impact of a patient's oral health on their physical health. As a matter of fact, dentists usually didn't even take a patient's physical health into consideration when evaluating oral health.*

*We now realize conditions such as diabetes, poor nutrition, and smoking do have a very real impact on oral health. There are also a multitude of studies showing how poor oral health can contribute to such physical conditions as heart disease, diabetes, and various complications during pregnancy. These days, there is much talk in the dental headlines about the connection between gum disease & heart disease. But that relationship, is in fact, only the tip of the 'oral - systemic' connection iceberg!*

*Dr. Reinhard Voll, a German physician, who studied the relationship between oral and physical health for over 40 years, estimated that **80% of human disease was related either directly or indirectly to the oral cavity.***

*In my opinion, any dentist not willing to look beyond the oral cavity is doing his patients a disservice. It takes a tremendous effort and education, by both the dentist and patient, to evaluate ALL conditions present and to determine the appropriate treatment.*

***It is for this reason that I attended Capital University and completed a Doctorate degree in Integrative Medicine.***

*I understand the teeth are only one part of the puzzle. After your mouth is returned to optimal health, the process of returning to overall physical optimal health continues. Detoxification, cleansing, and proper nutrition, as well as elimination of harmful habits, all play an equally important and long-term role in achieving the healthier body you are seeking. It is my goal to assist you in this quest. Attaining a Doctor of Integrative Medicine degree allows me to effectively communicate with any practitioner (conventional or alternative) you are working with, to help you achieve optimal health.*

## ***What is Biological Dentistry?***

*A biological dentist is one who understands the mouth-body relationship and only performs dental procedures backed by clinical studies & evidence. Rather than using emotion-clouded anecdotal stories, biologic dentistry relies on science to back up any statements and claims.*

*The American Dental Association (ADA) continues to tout the safety of mercury-silver amalgam fillings. For years, they firmly stated NO mercury was released from these fillings. Their reasoning; 150 years of “safe” use. In light of mounting evidence,*

*they finally changed their position (you can even SEE the evidence - just go on YouTube and search “Smoking Tooth”) - admitting several years ago, that amalgam fillings do indeed release mercury. Their current position is that they consider these amounts to be “insignificant” (Don’t even ask me what that is supposed to mean since in the medical community NO amount of mercury is considered to be safe.)*

*Like the wishful thinkers who once thought the earth was the center of the universe (and were willing to burn on the stake anyone who did not agree with them), those supporting the placement of toxic materials in patients’ mouths have also seen their position crumble in the light of scientific evidence.*

*While biological dentists were made out to be quacks (ironically taken from the “quacksalver”, a term derived from the German word for mercury, first used to describe those using mercury-containing medications), it is in fact the biological dentists who are attempting to initiate a scientific debate on the subject.*

*Perhaps the greatest driving force in creating the changes which are taking place in modern dentistry, are today’s more highly inquisitive and educated patients. Gone are the days when the dentist was the lone source of information for a patient trying to learn about these issues. Dentists, when confronted by highly informed patients, may initially feel threatened, but are eventually forced to take notice and address these issues.*



*If you are like most patients seeking alternative care, you have fought your share of battles with conventional healthcare practitioners.*

***Rest assured, you have come to the right place!***

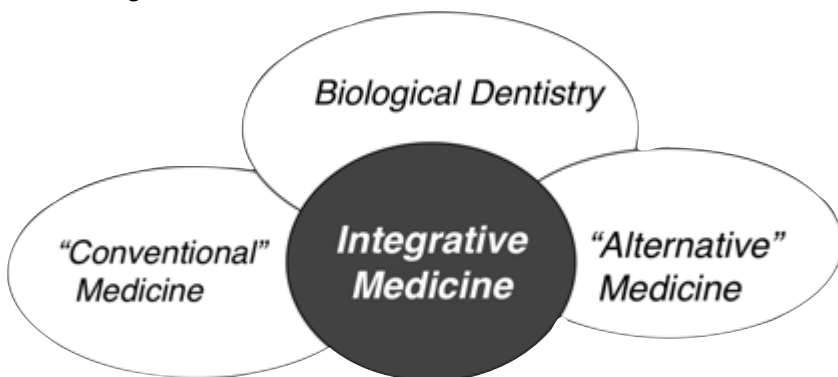
*Maybe the biggest difference you will notice at a biological dental office is the individualized approach to care.*

*My philosophy is that every patient is different and needs to be treated according to their specific needs.*

## ***If You Are Interested in Alternative Dentistry . . .***

*The days of “one size fits all” dentistry are gone. This statement is especially true of patients seeking “alternative” dental care. From the patient who merely wants to “get rid of the mercury,” to the patient concerned about the influence of dental materials on bio-energetic meridians, to the patient that desires special mercury-removal protocols and detoxification – our goal is to provide each patient the care that is just right for them.*

*I really prefer the term “Integrative” dentistry. It recognizes our offices’ role in helping you to achieve optimal health. Patients don’t truly benefit until we can all learn to work together towards a common goal.*



*That’s where this book comes in. It’s not only a way to learn about our services; more importantly, it’s our way of finding out about you. When we get together for your personal consultation, it is simply not feasible to go over all the background information you need to know in order to make an informed decision about your dental care.*

*If you understand the general concepts described in this book, our time together will be much more wisely spent answering any specific questions you may have.*

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***If you want to get the most out of your consultation, it is absolutely critical that you read this entire book and complete the “Informed Consent for Dental Procedures” form.***

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## ***Our Dental Philosophy***

*I know the reason you are reading this book is because we are a holistically minded practice. And, while it is easy to focus on the “holistic” part, let’s not forget that as a dentist my first and foremost responsibility is to do excellent dentistry. I see too many holistic dentists going off on too many tangents - nutrition, kinesiology, acupuncture, etc., - and neglecting their dental skills.*

*There is no need to “do it all”. We are fortunate to be living in an area with many world-class clinicians who are much more skilled at handling these tasks. In my opinion, things like testing for biocompatibility of dental materials, testing root canals for toxicity and handling the complicated task of detoxification, are best left to practitioners who are highly trained in these areas.*

*If you are like many patients in our practice and have been referred to us by someone you already work with, we will do everything possible to work in cooperation with that practitioner.*

***Our goal is to be part of the health-care team that helps you achieve optimal health!***

## A Word of Caution

1. *Communication is critical – this book will help to make that part easier. **You should read it completely in order for us to be able to communicate properly.** As you will see, there is more to biological dentistry than you may have suspected. I will be happy to answer any additional questions you may have at your New Patient and Consultation appointments.*

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***We ask that you refrain from asking our team members at the front desk any detailed dental questions. Even though they are knowledgeable, it is simply not feasible (or even legal) for them to give your questions the time and attention that they deserve. Please let them know about the nature of your question and the team member most qualified will help you.***

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2. *While we know that other patients have responded positively to treatment, each patient is unique. There are no guarantees as to what effect the recommended treatment will have on the overall physical health of an individual patient.*
3. ***You may feel worse before you feel better.*** *It is common for patients to have side effects (such as headaches) when their body is detoxifying.*
4. *You must follow all recommended pre and post-operative instructions.*
5. *You must eliminate any additional factors or habits that may be contributing to poor health.*

6. *You must make a total commitment to achieving better health.*
7. *This type of dentistry is extremely difficult and technique sensitive. This means regular follow-up visits after your mouth is restored are critical!*

*An important note regarding what to expect after your visit:*

*If the existing fillings in your mouth are deep and have underlying decay, we will be operating in very close proximity to the nerve of this tooth. Anytime damage to a tooth is extensive, some damage has probably already occurred to the nerve. This damage may or may not result in symptoms (i.e., pain). It is important that you understand:*

1. *Every time a tooth decays and is filled, the nerve is irritated. This results in a reversible inflammation (acute pulpitis) and manifests itself as the temporary sensitivity you get in the days and weeks after having a filling placed.*
2. *Repeated dental work on a tooth or a leaking filling (especially old silver/mercury amalgams & crowns!) can cause chronic irreversible inflammation (chronic pulpitis) of the nerve. This process can take many years and is usually completely painless until it turns into a toothache.*
3. *The nerve inside a tooth can completely die without any symptoms at all, until it becomes infected and swollen.*

4. *When we repair teeth with large, deep fillings, we may be unknowingly working on teeth with a “bad nerve”. Even though we use the most advanced techniques in dentistry to give the tooth a “fighting chance,” the short-term irritation of dental work may trigger symptoms of sensitivity, pain or even swelling.*
5. *It is common to require an adjustment of the bite, especially after extensive work (due to anesthesia and long opening) – even though your bite may feel OK, minor bite discrepancies are the most common cause of post-operative sensitivity.*

*If some of these potential complications sound bad – consider that NOT repairing these teeth will **inevitably** lead to these symptoms and possible tooth loss.*

*If the nerve in the tooth is still healthy enough to repair itself, the techniques and materials we use in our office give it the opportunity to do so. Because of these advanced techniques, we give teeth, which in other offices would immediately be treated with a Root Canal, a chance to heal.*

***Everything we do is designed to preserve the health of the nerve in your tooth; however, in some cases, we are performing procedures on teeth that have already been irreversibly damaged.***

***Our philosophy is to properly restore teeth **BEFORE** they begin to hurt or become sensitive. Only in this way can we prevent **UNNECESSARY** root canals.***

*Disclaimer – This book is intended to be an educational supplement only. It is in no way intended to give any medical or dental advice. Prescriptions for dental procedures or outside service and supplements can be made only after a thorough examination and consultation with Dr. Mahn & your primary health-care provider. This book contains opinions based on the professional and educational experiences of Dr. Mahn and may not reflect those of “mainstream” dentistry. It is your responsibility to evaluate the information contained in this book or seek another opinion on any unresolved questions.*

## **Legal Issues in Dentistry**

*One hundred seventy years ago, the American College of Dental Surgeons accused dentists who placed mercury amalgams, of committing malpractice! These dentists left that organization and went on to form the American Dental Association (ADA). Today, the ADA states the following:*

### **Code of Ethics**

#### *Advisory Opinions*

##### **5.A.1. Dental Amalgam**

*Based on available scientific data the ADA has determined through the adoption of Resolution 42H-1986 (Trans. 1986:536) that the removal of amalgam restorations from the non-allergic patient for the alleged purpose of removing toxic substances from the body, when such treatment is performed solely at the recommendation of the dentist, is improper and unethical.*

##### **5.A.1. Unsubstantiated Representations**

*A dentist, who represents that dental treatment recommended or performed by the dentist has the capacity to cure or alleviate diseases, infections or other conditions, when such representations are not based upon accepted scientific knowledge or research, is acting unethically.*



*Attempts at revoking the license of dentists who practice metal-free dentistry have led to what is known as the third amalgam war. I don't see the ADA ever backing down. To admit that mercury amalgams are toxic would be to disavow the very foundation of their existence. There is, however, hope.*

*When the California Dental Board refused to comply with an order requiring them to inform patients of the toxicity of mercury, they were successfully sued and disbanded. This has set a powerful precedent for dental boards all across the country and resulted in dentists being required to present every patient with a "Dental Materials Fact Sheet". You can view this pamphlet at:*

***[http://www.dbc.ca.gov/formspubs/pub\\_dmfs2004.pdf](http://www.dbc.ca.gov/formspubs/pub_dmfs2004.pdf)***

*Soon, it may be the dentists placing mercury amalgams, who will have to defend their actions!*

*Even while attacking dentists who speak out against mercury amalgams, the ADA have made it clear they will not defend the dentists who follow the ADA's "ethical" guidelines.*

*They state:*

*"The ADA owes no legal duty of care to protect the public from allegedly dangerous products used by dentists. The ADA did not manufacture, design, supply, or install mercury containing amalgams."*

## ***The Amalgam Debate***

*The amalgam debate has raged for almost 170 years. Ever since two French brothers introduced amalgam in the 1830s, it has been an almost constant source of controversy.*

*The following are interesting facts about the ADA:*

1. Dentists who were banned from the American College of Dental Surgeons because they continued to use what was even then considered to be a toxic substance (amalgam) founded the American Dental Association (ADA).
2. The ADA, even today, continues to accept an undisclosed amount of money from amalgam manufactures – a practice that the American Medical Association (AMA) has deemed UNETHICAL.
3. Because members of state dental boards are almost all members of the ADA, they have taken a strong position to oppose anti-mercury dentists.
4. Since the ADA was founded on the premise that mercury fillings are safe, it is unlikely that they will ever reverse their position on this issue.

According to the **FDA**, amalgam is a hazardous substance BEFORE it is placed in the mouth.

According to the **EPA** it is considered hazardous AFTER it leaves the mouth. But according to the **ADA**, it is safe while it is placed IN the mouth!

*I jokingly tell patients that according to the ADA the mouth is one of the few places to “safely” store mercury. It is also interesting that there is now an EPA mandate requiring dentists to install a device preventing amalgam which has been removed from patients teeth from entering the public water supply. If amalgam is a “stable” alloy as they claim - why is this necessary?*

*So what is the big deal about Mercury? Well, here is something you may or may not have know about this interesting substance:*



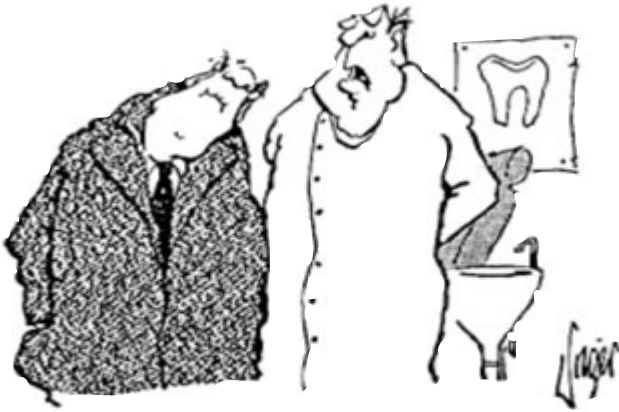
## *Mercury (Hg) Facts:*

- \* Mercury is the most toxic non-radioactive element on earth*
- \* Mercury is the only metal that is a liquid at room temperature*
- \* An amalgam filling contains 50 – 55% mercury*
- \* The average adult has 10 amalgams containing 5 grams of Hg*
- \* The EPA has classified dental amalgam as hazardous waste*
- \* Mercury vapor is continuously released from “Silver” fillings*
- \* Amalgam is the only Mercury containing substance not banned by the FDA*
- \* In California, patients have to be informed about mercury hazards*
- \* The average filling contains ½ gram of mercury*
- \* ½ gram of mercury per year in a 20-acre lake would warrant a fish advisory*
- \* Many European nations have placed restrictions on amalgam use*

*Hundreds of scientific experiments have clearly shown that the mercury contained in amalgam fillings is indeed released. This is a fact that the ADA denied for many years and was finally forced to admit in the early 1990s. The question has now become – “How much mercury is detrimental?”*

*The commonsense answer, of course, is that NO amount of heavy metal is optimal. In fact, if anyone you ever hear anyone claiming the amount of mercury released from amalgams to be*

*safe, ask them to show you just one study showing what a “safe” level of mercury exposure is.*



**“You’ve got seven new fillings on your left side”**

*It does however take additional training, equipment and materials to do this type of advanced dentistry. In Wisconsin, the state in which I practiced most of my career, it was NOT mandatory for dentists to attend ANY Continuing Education to maintain their dental license up until just a few years ago (we were one of the last states to institute this requirement). And guess what, until required by law to do so, 80% of Wisconsin dentists NEVER bothered to attend any post-graduation education courses. It’s no wonder why things are changing so slowly!*

*Mercury/silver fillings became popular with dentists 170 years ago because they were cheap, fast, and easy. The same is true today. But consider the embarrassment and the insurance liability issues, if the ADA was forced to retract their position on mercury!*

## ***Are my Amalgams Causing a Problem?***

*The effects of heavy metal poisoning are some of the most difficult to diagnose. How does a physician make the connection between symptoms such as irritability, lack of concentration, anxiety, muscle pain and tremors, to metals in the mouth? And, how does a physician measure these symptoms? It is a classic problem of dose and duration. In other words, if a patient drinks a bottle of Drano (high dose, short duration) and dies, it is quite simple to make the connection between the cause and the result. Now, take the amount of mercury released from a mouthful of amalgam fillings over a period of 30 years. Suddenly, the connection becomes much more difficult to make.*

*Over the first 150 years that mercury fillings were used, Americans led a much different lifestyle from today. Consider what we are potentially exposed to just from our diet alone! Hormones, pesticides, GMOs, steroids, antibiotics, and preservatives are just a few of the compounding insults our bodies have to endure. Add to that, the fact that many foods (even ones we think are good) may have greatly diminished nutritional value, as well as incessant electro-magnetic and chemical pollution... you can see that today's bodies are pushed to the brink.*

*Maybe the best analogy is that our body has a filtration system which works like a sponge. Eventually, the system becomes saturated and overloaded. It is at this point the disease process takes hold.*

*One of the problems with mercury is not just that it is toxic on its own, but that it is compounded by other adverse environmental factors.*

*Consider all of the advances modern medicine has made. It certainly does not seem to be reflected in the health of our society. Sure, the average lifespan has increased (primarily due to bypass surgery), but is the average American really healthier? Statistics certainly don't support this fact. Currently, modern medicine is simply finding better ways to cure the symptoms of our illnesses.*

*Removing the mercury from your mouth, detoxifying your body, and adopting a healthy lifestyle are crucial first steps in achieving optimal health.*

*In many of Europe's alternative clinics, the first doctor a patient sees is the dentist. They believe that it is impossible to achieve good health as long as the mouth is not healthy.*

*Today we have materials which make your teeth look beautiful, strengthen them, and most importantly, are more likely to be biocompatible. (Note: you will notice I said "more likely" – in fact some composites may contain ingredients to which some patients are highly reactive.)*

*The topic of which dental material is right for you can be a complex issue and is covered in detail in a later chapter.*

## **Amalgam Removal Protocols**

*As important as it is to have the mercury and metals removed from your mouth, it is equally (or maybe even more) important to use proper removal protocols. It has been shown that when amalgam is cut, much higher levels of mercury vapors are released. Due to the volatile nature of these vapors, they are much more easily absorbed by the body. That is why it is so important that this process is done correctly. In our office, we follow the IAOMT SMART protocol.*

### *International Academy of Oral Medicine and Toxicology*

*(from the IAOMT website) Protocol for Mercury/Silver Filling Removal*

*First in every concerned doctor's mind is the protection of the patient from additional exposure to mercury. This is especially true of the mercury-toxic patient. The mercury-toxic patient may have been exposed to varying amounts of mercury from diet, environment, employment, or from mercury/silver dental fillings. All forms are cumulative and can contribute to the body burden. The goal of this preferred procedure is to minimize any additional exposure of the patient, ourselves, or staff to mercury. During chewing the patient is exposed to intra-oral levels which are several times the EPA allowable air concentration.[2] During the removal or placement of amalgam the patient can be exposed to amounts which are a thousand times greater than the EPA allowable concentration.[3] Once the drill touches the filling,*



*temperature increases immediately, vaporizing the mercury component of the alloy. There are 8 steps to greatly reducing everyone's exposure.*

*1) Keep the fillings cool. All removal must be done under cold water spray with copious amounts of water. Once the removal has begun, the mercury vapor will be continuously released from the tooth.*

*2) Therefore, keep a high volume evacuator tip near the tooth (1/2 inch) at all times to evacuate this vapor from the area of the patient. Polishing amalgam can create very dangerous levels of mercury and should be avoided especially for the mercury toxic patient.*

*3) Provide all patients having amalgam removed with an alternative air source and instruct them to not breathe through their mouth during treatment. A nasal hood such as is used with the nitrous oxide analgesia equipment is excellent. Air is best and oxygen is acceptable although not required. If just air is used it should be clean and free of mercury vapor preferably from outside the dental office.*

*4) Wash and vacuum away particles of mercury alloy as soon as they are generated. The filling should be sectioned and removed in large pieces to reduce exposure.*

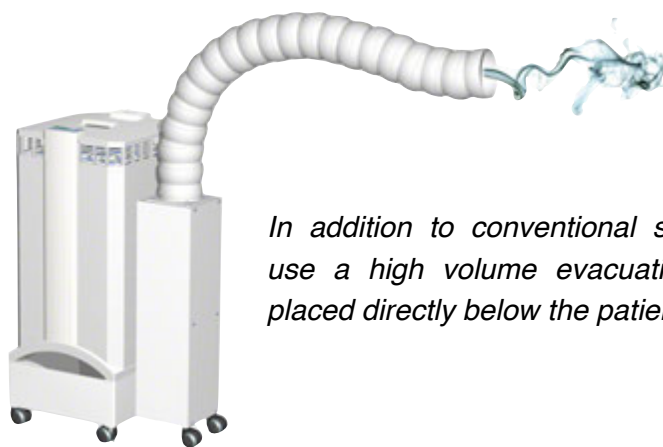
*5) After the fillings have been removed, take off the rubber dam if one was used and lavage the patient's mouth with cold water and vacuum. Remove gloves and replace them with a new pair.*

*6) Change the patient's protective wear.*

*7) Consider appropriate nutritional support before, during and after removal.*

*8) Install room air purifiers or ionizers and fans for everyone's well being.*

**Note:** At present the International Academy of Oral Medicine and Toxicology (IAOMT) has approved removal both with and without the use of a rubber dam.



*In addition to conventional suction, we use a high volume evacuation system placed directly below the patient's mouth.*

*For more information on the SMART technique go to:*

**<https://iaomt.org/for-patients/safe-amalgam-removal/>**

## **Huggins Protocols**

*Dr. Hal Huggins is considered to be the founder of the Holistic dental movement and has written many books on the subject. In September of 2005 I trained with Dr. Huggins in Colorado Springs to become a member of the “Huggins Alliance”. In our office we incorporate many of the protocols recommended by Dr. Huggins ([www.hugnet.com](http://www.hugnet.com)).*

*Dr. Huggins passed away in November 2014 at the age of 77, but left a lasting impression on the dental profession.*



## **Dental Material Options**

*It sounds simple enough – take out the mercury and put in some white stuff. The question is – “What white stuff?”*

*There really is no simple right or wrong answer. In fact, the answer depends on the individual patient. There are many patients who come to us requesting the removal of the mercury (or all metals) and have no preference for replacement materials. On the other end of the spectrum, we have patients that are extremely concerned about potential allergic reactions of these materials, both on a biological and energetic level. I will speak to the testing of dental materials in the next section, but first let’s talk about what the choices are.*

1. **Direct Composite Fillings** – these materials are placed directly into the tooth and hardened using a high intensity light. They are generally used for smaller fillings or in low stress areas.
2. **Inlays & Onlays** – these materials are fabricated outside the mouth by either a laboratory, or in our case, right in the office using CEREC CAD/CAM technology. Because they are hardened under laboratory conditions (using heat & pressure) they have superior physical properties which makes them stronger and more durable than composite fillings in high stress areas.

- a. *Inlays are generally used when a filling will not give adequate strength.*
  - b. *Onlays are used in cases where much of the tooth has been destroyed – think of it as doing the job of a crown without removing healthy tooth structure.*  
*(Note: Even though these restorations are a fantastic way to restore teeth, many insurance companies will not pay for them.)*
3. **Crowns** – cover the entire tooth. We NEVER do this type of restoration unless a tooth already has an existing crown. We can also make these restorations in a single visit.
4. **Bridges** – replace missing teeth by permanently attaching to the teeth on either side of the space. These can also be fabricated **without using any metal**. Because they are made at an outside dental lab, this is a two visit procedure.
5. **Partials and Dentures** – removable appliances replacing missing teeth. We now have materials that are thinner, more comfortable, more bio-compatible AND more esthetic

*That does bring up the question of “How long do they last?”*

*Again, there is no simple answer (is there ever?) to this question because of the numerous factors involved. Primarily it depends on the material being used.*

*As a rough guideline we tell patients:*

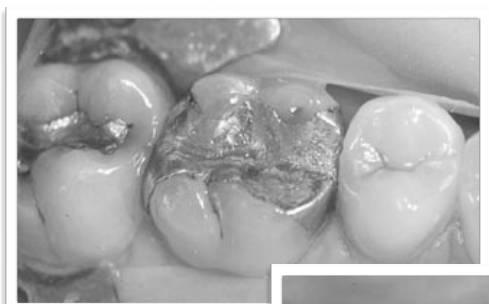
- |                             |               |
|-----------------------------|---------------|
| 1. Composite fillings:      | 5 - 7 years   |
| 2. Inlays, Onlays & Crowns: | 10 - 15 years |

*The second factor is the skill with which the restorations are placed. Bonded restorations are highly technique sensitive – that means everything has to be done correctly, or they don't work. This is a stark contrast to the placement of amalgam fillings; I remember hearing dentists joking that you could teach a monkey to do an amalgam. Some dentists claim composites “don't work”. This is usually only the case when these restorations are done without proper training and equipment. In a way, these dentists (fewer every year) are correct, IMPROPERLY bonded fillings indeed do not work. However:*

***A PROPERLY bonded composite, when used in the proper situation, is superior to an amalgam in every way***

*Unlike amalgam, composites seal the tooth, strengthen the tooth and as an added bonus even look like the tooth!*

*Finally, a major factor in the longevity of these restorations is the habits of the patient. Diet, chewing habits, grinding & clenching, oral hygiene, and regular maintenance all play a role in how long you can expect your new fillings to last.*



*(Dentistry by Dr. Ingo Mahn)*

*Pictured above: A single, 60 minute visit illustrating the replacement of faulty amalgams using a combination of two fillings and an onlay.*

## ***A Little More Dental Philosophy***

*Whenever I do a treatment plan for a patient I follow the WIDIOM rule (Would I Do It On Me). That means I will suggest the best possible treatment for any given situation. However, not all patients are willing to or able to pursue “ideal” treatment right away. If that’s the case, don’t worry, we will work with you to get your mouth healthy at a pace that is comfortable for you.*

## ***Biocompatibility Testing***

*If you have no preference, we will choose the material we consider to be best for the area to be restored. These materials have proven to be biocompatible for a majority of our patients.*

*However, if you have specific concerns or needs, it will be up to you to have specific biocompatibility testing done. Since every patient has different beliefs, needs, and desires, it is up to you to decide which method best suits YOUR needs. The following are the most popular testing methods:*

1. ***Clifford Test / Peak Energy*** – blood tests that measure potential reaction to ingredients in dental materials.
2. ***Electrodermal screening*** – there are several devices that measure the influence of dental materials on your bio-energetic pathways (energy meridians).
3. ***Kinesiology / Muscle Testing*** – similar to electrodermal screening, it measures the influence of the material on the body's energy fields.

*As of today, there is no “perfect” restorative material and no “perfect” way to test for biocompatibility. There are many practitioners capable of performing testing of dental materials. I am happy to make samples of all of our materials available to them.*



## Mercury & Pregnancy

*If you are pregnant, we recommend that you have NO dental work, except on an emergency basis.*

*Ideally, if you are planning on starting a family, both partners should have their entire dental work & detoxification completed 6 months prior to conception.*

*Realistically, if your plan is to try to have a child sooner and you still have mercury fillings in your mouth, it is up to you decide how you want to proceed. As much as we hate to expose a mother-to-be to some potential mercury vapors during amalgam removal (despite all the precautions), I am even more bothered by the fact that there will be a constant release of mercury from the existing fillings during the entire course of the pregnancy (as well as while nursing).*

*In lactating women with aged amalgam fillings, increased mercury (Hg) excretion in breast milk and urine correlated with the number of fillings or Hg vapor concentration levels in mouth air. It was concluded that Hg originating from maternal amalgam tooth fillings transfers across the placenta to the fetus, across the mammary gland into milk ingested by the newborn and ultimately into neonatal body tissues. Comparisons are made to the U.S. minimal risk level recently established for adult Hg exposure. These findings suggest the placement and removal of "silver" tooth fillings in pregnant and lactating humans will subject the fetus and neonate to unnecessary risk of Hg exposure.*

*Vimy, M.J., Hooper, D.E., King, W.W., Lorscheider, F.L., "Mercury from Maternal "Silver" Tooth Fillings in Sheep and Human Breast Milk: A Source of Neonatal Exposure" Biological Trace Element Research, 56:143-52, (1997).*

*Of course, my recommendation is to follow the “ideal” course of action. Since there is fairly little data on this subject, the choice is up to you. We will be happy to guide you in making the decision based on the condition and number of amalgams present.*

## **Nutrition**

*Obviously this is a subject entire books can and have been written about. Overall, my experience has been that patients interested in alternative treatment are already well educated about this subject. I do want to however briefly touch on how nutrition relates to oral health and detoxification.*

*Maybe one of the most common questions is what dietary protocols should be followed before amalgam removal. Because of the strict protocols we follow when we remove amalgams, your exposure to mercury vapors is greatly reduced and therefore becomes much less of an issue. If you are already health conscious and eat a healthy diet (the fact you are reading this book makes me think you are), you will probably have to make no changes at all and the suggestions below will seem very basic.*

*However, if you hear the phrase “do you want fries with that” before most of your meals, you should probably pay a little closer attention to the basic suggestions below:*

*Important: Keep in mind, that you must follow the recommendations of your primary health care provider when implementing a nutritional or detoxification program. Any recommendations we make are only general guidelines for patients new to the area of nutrition.*

- 1. Seek the care of a physician or practitioner familiar with heavy metal sensitivities and detoxification protocols.*
- 2. **VERY IMPORTANT!** Drink plenty of good quality (alkalized if possible) water*
- 3. Until specific protocols are established, take a GOOD non-synthetic multi-vitamin supplement (Suggested sources: True Botanica or Life Extension Foundation).*
- 4. If possible, eat a diet rich in sulfur-containing foods, such as cauliflower, broccoli, onions, garlic & egg yolks (NOTE: Chickens today are often fed with mercury containing fish meal; be sure to use only organic, free-range eggs)*
- 5. Eat a diet rich in whole foods.*
- 6. Avoid foods containing refined sugars.*
- 7. Consider 'juicing' as an alternative to caffeine for added energy or a "Green Drink" as a juicing alternative (I have been using a product called Living Fuel for years. [www.livingfuel.com](http://www.livingfuel.com)).*
- 8. Eliminate harmful habits such as smoking and minimize consumption of alcohol.*
- 9. Maintain proper bowel function! This is how most toxins are eliminated. Probiotics & fermented foods are an excellent way to establish a healthy gut.*

## ***After Your Treatment / Detoxification***

*It is important to note - just because the mercury has been removed from the mouth and the constant source of mercury has been eliminated, this does NOT eliminate the mercury that is locked in the cells of the rest of your body. This requires a process called detoxification.*

*Detoxification is one of the most misunderstood concepts in healthcare. Too often I hear of practitioners giving advice that can potentially do more harm than good.*

*The Basics: Over the years, your body has been exposed to many toxins, including heavy metals. In most cases the body is able to excrete these toxins. Some people's bodies are less effective at this process and toxins build up over the years. Usually the body will try to store toxins in areas where they will do the least potential damage (i.e., fatty tissue).*

### ***The First Rule of Detoxification: Remove the Source!***

*Dr. Hal Huggins has studied thousands of patients during detoxification and has come to some interesting conclusions (not to mention a number of clever sayings which I will share with you).*

1. *“Detoxifying while you still have toxins in your mouth is like toweling off while you are still in the shower; it doesn’t do any harm but it also doesn’t do much good”*

2. ***“De-toxification is Re-toxification”***

*Most patients and some practitioners can get a little carried away with wanting to detoxify **TOO FAST**. When you start to release stored toxins out of non-vital tissues (i.e., Fatty tissues), you are re-exposing much more critical parts of your body (i.e. Central Nervous System). When talking about a highly neurotoxic substance such as Mercury, you want to make sure you don’t detoxify at a pace that **exceeds your body’s ability to eliminate**. Even if done properly you may feel worse before you feel better.*

3. ***“Detoxification is Excretion”***

*90% of mercury leaves the body via the BOWELS. So, unless you are having regular bowel movements, don’t even think about an aggressive detox program. Dr. Huggins found that it is NOT necessary for all toxins to be removed in order for someone to get healthy – it is merely important to change the balance of toxins coming in vs. going out. In other words you just need to get rid of a little more than you take in every day and your health will improve. From what I have seen, he is absolutely right, patients using aggressive, unsupervised chelating agents (substances that mobilize and bind mercury in order to allow it to be excreted more easily) often become very ill.*

*Detoxification can include a wide variety of treatments and therapies. Some of the most common are:*

- 1. Nutrition & Herbal Remedies (Garlic & Chlorella)*
- 2. Colon Hydro-therapy (colonics)*
- 3. Homeopathic Remedies*
- 4. Infrared Saunas (Good low-level detox!)*
- 5. Exercise (Sweating)*
- 6. IV – chelation (DMSA, EDTA, DMPS)*
- 7. Oral chelation (PCA-Rx, Metal-Free, NDF)*
- 8. Energetic therapies (EFT, NAET, PEMF)*

*Most importantly, work with a practitioner who has plenty of experience. The detoxification process is not the time for experimentation. I have seen numerous patients whose health became substantially worse with aggressive detoxification protocols. It is however normal in some cases to feel worse before you feel better; this is due to a healing reaction (Herxheimer reaction) which is a common side effect of detoxification.*

*My philosophy: We are constantly exposed to toxins in today's world (even more if you have ever had amalgams), so institute a good low level, **PERMANENT** detox program.*

## **Biological Treatment for Gum Disease**

*You can't have a healthy mouth without healthy gums. Sadly, 75% of Americans have some form of periodontal (gum) disease. If your gums bleed when you floss (you do floss – don't you??), you have gum disease. Doesn't that concern you? If another part of your body that bled when touched, would you be? Well, you need to be concerned about gum disease, because it is an INFECTION that causes the destruction of the bone that supports the teeth.*

*Fortunately, our bodies are able to take care of infections relatively easily, if given the chance. Think of gum disease as you would of a deep cut with dirt and bacteria lodged within it. The cut would get badly infected! But, what if you cleaned the cut out and disinfected the wound? Assuming that you are otherwise healthy, the area would quickly heal. The gums are no different. It is important to clean up the gums, BUT it is also of major importance to support the body's immune and regenerative systems.*

*Our job is to remove the deposits and toxins that have accumulated on the root surfaces (root planning & scaling) and to kill the bacteria in the pockets (herbal anti-microbial irrigation). We then educate you about proper oral hygiene procedures, as well as prescribe for you a specific regimen of hygiene and nutritional protocols.*

*By addressing these oral irritants, we help to create the conditions for your mouth to return to health; it is up to YOU to do the rest. That means good home care and good nutrition.*

*Many practitioners believe the health of the oral cavity reflects the health of the body. I have also observed patients with good nutrition and strong immune systems to have healthier gums!*

*Sometimes people laugh when I tell them bacteria (like the ones implicated in gum disease) do not cause disease. But think about it - when do most people get sick? It's not when the temperature outside is 95, and all those little bugs have ideal conditions for frolicking about. No, it's when the weather gets nasty, during the holidays, or when you are traveling. In other words, it's when your IMMUNE SYSTEM is compromised. It's not the bugs - it's how your body is able to handle the bugs. As Louis Pasteur (inventor of "pasteurization", the process designed to sterilize liquids such as milk) said on his deathbed: "The microbe is nothing – the terrain (our immune system) is everything."*

*If we were to ignore the condition of your body, we would simply be treating the SYMPTOMS, instead of the CAUSE. Our treatment for gum disease includes a full arsenal of integrative dental protocols.*

*Treating symptoms is very profitable for the medical and pharmaceutical industries. Our goal is to get your mouth healthy and to TEACH you how to keep it that way.*

*That's what being a DOCTOR is all about.*



## **The Fluoride Debate**

*Maybe one of the hardest things to accept is that fluoride may not be all that it is cracked up to be. Since childhood, most of us remember being told of the miracle of fluoride. No more tooth decay we were told! To oppose such a wonder drug would be unthinkable. Yet, that is exactly what I am asking you to consider. And, as always, I am asking you to consider the FACTS.*

*There is no debate about the fact that in its pure state, fluoride is a powerful poison. It is, in fact, a waste product of the aluminum and fertilizer industry.*

*So how did the whole notion of fluoridation ever become popular? Well, back in the early 50's there was an extensive study done on the effects of fluoride. After a 3-year period, the community that was fluoridated had a 65% reduction in the DMFT (Decayed, Missing & Filled Teeth)! It was miraculous! Fluoride was touted as the substance that would eliminate decay in our lifetime. How could anyone in their right mind oppose fluoride? But, wait a minute – in that 3-year study (which was supposed to last 10 years), what happened in the community that was NOT fluoridated? Believe it or not, there was an IDENTICAL reduction in the DMFT!*

*(NOTE: I believe that it was an improvement in **patient education** on the causes of decay: television commercials, introduction of more dental hygiene products and the promotion of regular dental maintenance visits – that was the more important contributor to the reduction in the rate of decay.)*

*Numerous studies showing fluoridation to be an ineffective means of controlling tooth decay are causing many communities in Europe and Canada to rethink and reverse their position on fluoride.*

## *Fluoride Facts:*

*There has never been a valid study proving that ingesting fluoride lowers the rate of decay.*

- ❖ Fluoride is listed as a lethal poison in the Merck Manual*
- ❖ Studies show an increase in cancer rates in fluoridated communities.*
- ❖ Fluoridation causes a dramatic increase in bone cancer in young men.*
- ❖ Fluoride drops & tablets aren't approved by the FDA as safe or effective*
- ❖ According to a 1993 report from the US National Research Council, dental fluorosis, the first visible sign of fluoride poisoning, affects up to 50% of the children drinking water containing 1-ppm fluoride.*
- ❖ Fluoride has been shown to suppress the immune system.*
- ❖ Fluoride suppresses Thyroid function.*
- ❖ Fluoride inhibits the production of a number of essential enzymes; this results in changes in body proteins leading to auto-immune diseases.*

## ***DID YOU KNOW?***

*Originally water was fluoridated with SODIUM fluoride*

*SILICA fluorides are significantly less expensive.*

*SILICA fluoride is now used in 90% of communities that fluoridate.*

*SILICA fluoride is much more toxic than SODIUM fluoride and*

***HAS NEVER BEEN STUDIED FOR SAFETY BY THE FDA!***

*Yes, it is true, when applied TOPICALLY, fluoride has anti-bacterial qualities and does make the surface of the teeth more resistant to acid. The question is, at what expense? Proper dental hygiene and diet (which directly affects body pH), play a much more important role in the prevention of decay.*

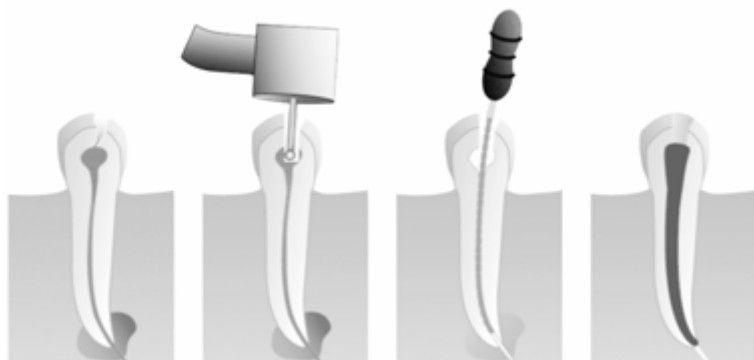
*Several years ago I was asked to speak to a community in the process of debating fluoridation. It was not until I did research in preparation for this presentation that I truly learned about the dangers of water fluoridation.*

*Needless to say, I was pleasantly surprised when the peer reviewed Journal of American Physicians and Surgeons (Vol. 10, No. 2, Summer 2005) published an article summarizing all of this information in one article. You can find it on the internet at:*

<http://www.jpands.org/vol10no2/kauffman.pdf>

*(This link was active as of the date of this publication, if you can not locate it; please call us or check on our MyNaturalDentist.com website)*

## The Root Canal Debate



*Whether or not to perform root canal therapy is an issue of controversy even among biological dentists. The 2018 Netflix documentary entitled “Root Cause” (promptly removed once it got popular) has stimulated conversation on the subject even in conventional circles. While there are a small number of practitioners who believe ALL root canals are to be avoided (and existing root canals extracted), there are also many, like myself, who believe root canals to be a valuable service for some patients – if performed properly!*

### ***Here is the problem with root canal therapy ...***

*When a tooth is healthy and vital, it is a living, flowing system. Each root (teeth can have multiple roots) generally has one main canal. This main canal contains the nerve, as well as a blood and lymph supply.*

*The dentist, when doing a root canal, cleans out only the main canal (usually with a series of files and a bleach-containing solution) and fills it with a latex based material called gutta percha.*

A detailed cross-sectional diagram of a tooth. The diagram is labeled with various parts: 'crown' at the top, 'enamel' on the outer surface of the crown, 'pulp' in the central cavity, 'dentin' forming the bulk of the crown, 'gingiva' at the gum line, 'root' extending into the jaw, 'alveolar bone' surrounding the root, 'periodontal membrane' between the root and bone, and 'alveolar process' at the base of the jaw. The diagram illustrates the complex internal structure of a tooth, including the pulp chamber and root canal.

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have a tooth with a dead or  
pro and con literature. As a

*Do not Canal therapy until you  
proceed until you know all of*

***Need more info? Ask about the Root Canal information packet that explains your options in detail.***

**IMPORTANT:** *There is a lot of online information about Root Canals - some of it is inaccurate and **MOST OF IT IS INCOMPLETE!** We offer powerful treatment options, unknown to most practitioners, that address many of the concerns you may have about this procedure*

## ***Holistic Tooth Removal***

*In the event a tooth requires removal, it is critical to do so properly to avoid future problems. Improper removal may result in the incomplete healing of the tooth socket and bone formation. Instead of filling with solid bone, the extraction site becomes a source of toxicity and infection.*

*In our office, our dental team uses the following protocols to avoid these complications:*

- 1. Atraumatic removal of existing tooth*
- 2. Removal of periodontal ligament*
- 3. Removal of surrounding toxic bone around root canals*
- 4. Irrigation with Ozonated Saline*
- 5. Laser sterilization of the socket*
- 6. Use of bone grafting as needed to maintain bone levels*
- 7. Laser photo bio-modulation for accelerated healing*
- 8. Facilitate administration of post-op Vitamin C*
- 9. Use of post-op homeopathic healing support*

*By using a highly trained dentist and an efficient team approach right here in our office, we ensure all holistic protocols are flowed and make the oral surgery process as easy and affordable as possible.*

## About X-rays

*A major concern in our office is protecting our patients from unnecessary x-ray radiation. Since it is impossible for us to accurately diagnose without good x-rays (conditions such as decay between the teeth, abscesses, cysts, and even tumors), it is important to minimize radiation exposure. That is why we have invested in several pieces of very specialized equipment.*

*The first are actual x-ray machines themselves. While they look like conventional x-ray machines, they differ from those used in many dental offices in the way they generate the x-rays. Let me try to explain:*

*In our high end x-ray units, DC (Direct Current) x-ray generators to convert voltage into a constant stream of high energy radiation that is able to harmlessly passes through the patient. Conventional AC generators (used by older x-ray machines) instead generate a series of pulses producing harmful low-energy radiation that is absorbed by the patient.*



*With our technology, patient dosage can be reduced by more than 25%. Constant potential technology also improves image quality, has absolute reproducibility, and is not affected by line voltage fluctuations.*

*Not only are we able to use a lower exposure, but also we are able to eliminate the part that has the potential to do the most damage.*

*The second piece of equipment we use to reduce patient exposure is a Panoramic X-ray machine. Using the same DC current technology, it allows us to take an x-ray of all the teeth, sinuses, and the TMJ, with very minimal exposure.*



*Above: A standard Panoramic x-ray of a child, note the un-erupted adult teeth.*

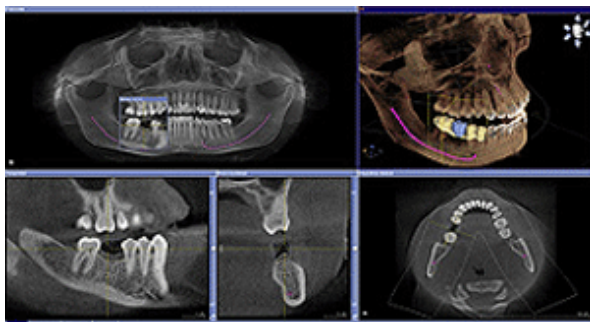
***In our office we use digital sensors for all x-rays; this allows exposure to be reduced by as much as 90%.***

*This technology allows us to get the diagnostic information we need, without you having to be concerned about receiving unnecessary radiation.*



## 3D Imaging

*In our office we have even more advanced x-ray technology. Cone Beam CT scanners allow us to see what is going on in the head and neck area like never before... in 3D! The level of exposure with this type of imaging is actually quite low (compared to medical CT scans which can be 500-1000x higher); about the same amount of radiation you get flying on a plane from Phoenix to New York or just living on planet earth for a week or so.*



*This technology remarkable technology allows us to:*

- 1. See the TMJ, sinuses and even nerves in 3D*
- 2. Analyze the airway for potential breathing issues*
- 3. Accurately diagnose failing Root Canals and infections*
- 4. Pre-plan for placement of dental implants*
- 5. Fabricate surgical guides for accurate placement of implants*

*Due to the high cost of this technology, most dentists charge between \$250 and \$600 for this service. At Natural Dental Partners it is included in our **\$49 New Patient Special!***

## Airway & Sleep Apnea

*Recently it has been discovered that lack of proper sleep is responsible for a large number of physical and psychological ailments.*

*While there are many reason why people do not get the required amount of restful sleep, the inability to maintain an open airway and the resulting lack of oxygenation is near the top of the list.*

*The following is an article I wrote for the Oct. 2019 issue of Natural Awakenings:*

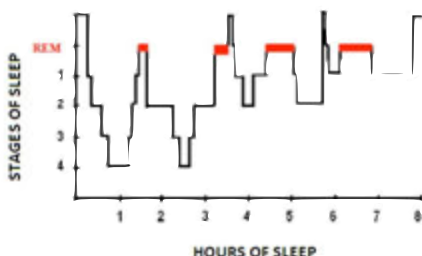


### Breathe Well for Better Health

*A deep, life giving breath. We rarely think about it, yet every night millions of Americans literally struggle to get their next breath. Unfortunately, this problem is far more widespread than we realized and the health consequences are far more serious. The inability to properly breathe at night results in disturbances in sleep, which not only lead to increased daytime fatigue, but are now being linked to medical conditions, both physical (Fibromyalgia / Rheumatoid Arthritis) and mental (Anxiety / Depression) in nature.*

*Snoring is one of the more apparent symptoms of this problem. This makes matters worse because the sleeping partner of the snorer, unless they have already moved to the spare bedroom, is also affected.*

*It is important to note that “normal” nightly sleep patterns (as depicted in this hypnogram) follow a somewhat predictable pattern.*



*During the first part of the night, we fall into a deeper state of sleep. During this quieter period our body temperature drops, heart rate and breathing slows and our muscles relax. This critical process allows for physical regeneration of our body. Failure to reach this level of sleep results in increased inflammation and reduced immune function. The result? A myriad of physical ailments. In fact, recent studies have linked breathing induced sleep disturbances to fibromyalgia and even cancer!*

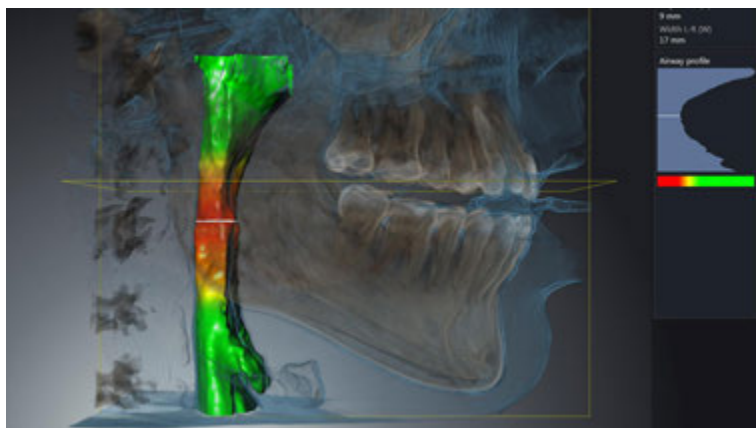
*The second part of the night is a lighter level of sleep known as REM (Rapid Eye Movement). Restorative sleep during this time of night (when we dream), has been shown to facilitate learning, improve memory and enhance emotional health. Neurotransmitters and stress hormones are also balanced during this time and failure to sleep during this part of the night may lead to increased anxiety, phobias and depression.*

*Once you discover all of the other potential conditions associated with a poor nights sleep, all of a sudden that afternoon drowsiness after a restless night takes on a whole new significance.*

*Common factors leading to poor sleep, such as a bad sleep environment, stress, alcohol, stimulants, etc. are usually easily identified and addressed. Despite being one of the leading causes, sleep disturbed by the inability to properly breathe, is usually not considered*

*When you realize that snoring is an indicator of nighttime breathing problems and that over half of men over the age of 50 snore, you begin to see just how extensive the problem is. Women are not immune from this problem and in many cases can be even more difficult to diagnose. Rather than the more drastic sleep apnea seen in men, where breathing can stop for long periods of time (sometimes as often as 20-30 times an hour), women tend to have a milder version. Still, every time one of these events occurs, there is a decrease in oxygen levels followed by a release of adrenaline as the body gasps for air. Not an environment that allows the body to regenerate and heal!*

*Fortunately modern imaging technology has made it easier to screen for these conditions. Software analyzing these images allows the dentist and patient to easily visualize the airway in 3D.*



*Another diagnostics tool is data obtained from sleep study. In the past it was a challenge for doctors to convince patients to spend 2 or 3 nights in a sleep center hooked up to an array of wires and sensors. Again, modern technology comes to the rescue and a sleep study can be done from the comfort of your own home.*

*The good news is, once a diagnosis of disturbed sleep due to breathing is made, effective treatment options are available. Currently the CPAP is considered the “gold standard”, but presents a multitude of problems (bulky, noisy and hard to keep clean) which make compliance low. Fortunately, other therapies and oral appliances are available for those patients unable to tolerate the CPAP device. For example, simple oral appliances which reposition the jaw and even minor surgical procedures are proving to be highly effective in dealing with this problem.*

*Oxygen is our most important nutrient. Getting enough, especially at night may be the key to achieving optimal health.*

***The following point is CRITICAL...***

*Most people are unaware of breathing and sleep problems. Even in mild cases, known as Inspiratory Flow Limited breathing (IFL), cortisol levels are elevated throughout the night.*

***The resulting inflammatory reaction is devastating to health.***

*That's why every new patient in our practice is thoroughly evaluated for the presence of airway and breathing problems as part of our initial exam.*

**If you (or someone you love) has symptoms of  
sleep apnea, take advantage of our  
\$49 Gift of Health offer**

**With our advanced diagnostic tools we can easily  
determine if airway issues are preventing you from  
feeling your best!**



*"I just don't feel right unless I get my normal eight  
hours of semiconscious drifting in and out of sleep."*

***You may be asking yourself, if breathing and sleep issues are such a big problem, why is no one talking about them?`***

*Actually, this is currently considered the “hot” topic in dentistry. However, because it takes considerable training and years of experience to implement an effective program, few dentists look at this aspect of their patient’s health.*

*I have been actively studying airway and breathing issues now for several years, unfortunately all the treatments presented in these programs were merely “band-aid” fixes. That all changed when I found Dr. Felix Liao, author of “Six Foot Tiger, Three Foot Cage”. His treatment involves treating the ROOT CAUSE of the problem, which in many cases is a poorly developed or improperly positioned maxilla (upper jaw).*

***If you are experiencing such symptoms as:***

- 1. Waking up at night or daytime sleepiness*
- 2. Increased cortisol levels / Adrenal fatigue*
- 3. Unexplained weight gain*
- 4. Difficult to treat hypertension*
- 5. Loss of libido*

*there is a good chance that airway and sleeping issues may be underlying causes that have not been considered. If during your dental examination we suspect that this may be the case, we will recommend a more comprehensive 3D Diagnostic evaluation to determine the proper treatment to help eliminate any oral contributions to poor overall health.*

## Implants

*While Airway analysis is one of the newer applications of our 3D imaging technology, we have long used it for the computerized planning of dental implants. Our technology is unique in that it integrates with our CEREC optical scanner to much more precisely determine where the dental implant needs to be placed.*

*By planning the final restoration FIRST, we essentially start with the end in mind. Once the final restoration is digitally planned on the CAD/CAM software, it is then possible to import that information right into the 3D scan and see the planned restoration, along with the bone, in cross section.*

*The information is then uploaded to a laboratory that fabricates a surgical guide that allows us to place the implant within 100 microns (0.004 inches) of where I need it to be.*

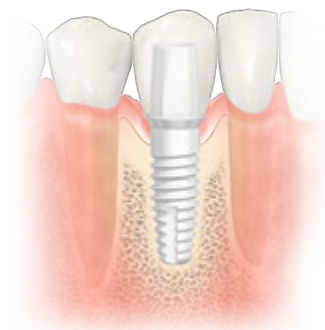
*As you can see in the picture on the right, we want the implant (yellow arrow) to be in proper alignment with the final crown (purple arrow).*



*This is especially critical to prevent failure of the non-metallic Zirconia implant we use in our practice.*

## Why Ceramic Implants

*Essentially a dental implant is designed to replace a missing tooth by screwing what amounts to the root of the tooth into the jawbone and then attaching a permanent crown. Until recently, the material used to do this was Titanium (or a Titanium alloy).*



*Unfortunately it has been discovered that these materials are not as biocompatible as first believed. One of the issues is the purity of the Titanium. Supposedly “pure” Titanium can have as much as a 2% level of “impurities” that do not have to be publicly disclosed. **These can include metals such as Nickel, Aluminum and Vanadium. Enough, as one recent German study showed, to cause an allergic reaction in sensitive patients.***

*Several years ago a Swiss company introduced a high strength non-metallic Zirconia implant. Since then, two of the leading manufacturers (Straumann and Nobel Biocare) have also introduced a line of Zirconia implants. Most of these implants have been of the one piece type. This created the difficulty of protecting the exposed part of the implant during healing process.*

*Fortunately we place Nobel Biocare’s Pearl implant, a new two piece system, that solves many of these challenges.*



## Our Technology

*We pride ourselves in being one of the most technologically advanced and highly trained dental offices in the country (a unique combination when combined with a holistic philosophy!) You can only achieve and maintain that status through constant research and learning. By making this commitment, we are able to offer our patients the best modern dentistry has to offer. Here is a summary of some of just some of our services:*

*CEREC technology – In most cases we are able to do long-lasting, biocompatible restorations in just ONE visit! No more wearing temporary crowns for weeks and weeks. It's kinder to your tooth and easier to fit into your busy schedule. Now gaining in popularity, we have been using and teaching dentists about this technology for over 25 years!*



*The new **CEREC Primescan** takes optical scanning to a whole new level. No more messy impressions! Almost everything can be scanned and fabricated in-house or directly uploaded to the dental laboratory.*

**LASER therapy** – we are always excited to harness the power of laser in order to treat problems in the most minimally invasive and holistic manner. In our office we use 3 lasers:

The **NV3Pro** Diode laser is used primarily for the treatment of gum disease and also has applications in treating cold sores and canker sores.



The **Lightwalker** laser is the latest addition to our laser family and has incredible capabilities. We are particularly excited about the NightLase® feature. In this mode the laser warms the tissue of the soft palate, causing it to tighten. This reduces the sound of snoring. It also has the potential to open the airway and lessen the effects of sleep apnea. By using this conservative laser treatment first, we aim to eliminate the need for an oral appliance or CPAP machine.

Being a dual wavelength laser, it has a number of healing and therapeutic properties. When used to perform gum surgery, it has actually been shown to stimulate the formation of bone, something previously thought to be impossible. The Lightwalker laser is also used in oral surgery to remove the periodontal ligament, sterilize the socket and to accelerate healing.

***Intra-oral Camera*** – these have been around for years, but are still an important tool which allows you to see what we see. A picture is indeed worth a thousand words. Once you see what amalgam fillings do to your teeth, you will want them removed! And, if you think that's bad, wait until you see what's under them!

***Air abrasion*** “drill less” – An important tool to conservatively treat decay when it is in its earliest stages. We generally use this tool to clean out the grooves of teeth before we do our “Super Sealants”. Unfortunately it can't be used to clean out old metal restorations - but we do use it to create an ideal surface for the bonding process.

***Electric Drills*** - Hate the noise of the dental drill? Good news! The new generation of dental drills we use are quieter, cut with less vibration and have precisely located LED lights and cooling ports. The result is less trauma to the nerve of the tooth; that means less post-operative sensitivity and less chance of the need for a future root canal.



## **Clear Aligners**

*In the past, we thought of straightening teeth primarily for looks. We now understand the benefits of properly aligned teeth:*

- 1. A stable bite to avoid jaw pain*
- 2. Good contacts between teeth to prevent gum disease*
- 3. Expanded arches to open the airway and facilitate breathing*
- 4. And of course, a beautiful, healthy smile*

*While the benefits of straight teeth are important, who wants to wear traditional metal braces? Many of us have been there and we are not doing it again!*

*All doctors here at NDP are trained in the latest clear aligner technology. With just a quick, highly accurate optical 3D scan (no messy impressions), we can have a set aligners fabricated that quickly and safely move your teeth to the desired position.*

***Best of all, nobody even has to know you are wearing them!***



## **For Your Comfort**

*We are dedicated to giving you a very comfortable dental experience; it is possible! Here are some of the things we do:*

**The Office** – *We have worked hard to create a home-like atmosphere. The reception area is comfortable and we invite you to enjoy a cup of tea or a healthy snack before your visit. And, because we don't use the same materials as conventional offices, it doesn't SMELL like a dental office!*

**“Painless” shots** – *we go to great lengths to administer the local anesthetic in the most comfortable way possible. We even use a computerized delivery system. Most patients report that they couldn't even feel it! We also use a technique which allows us to place a smaller amount of anesthetic in a more localized area, that way you don't leave the office feeling quite so numb.*



**Warm herbal neck wraps** – *Everybody LOVES the warm neck wrap. I guess it's because it makes you feel as if you are being pampered at a spa. A very comforting and supportive feeling – and a big hit with our patients!*

## ***For Your Safety***

*At your initial visit, you are welcome to take a tour of our sterilization center (pictured below). We are proud of the fact that we take every available precaution to ensure your health and safety. If you have any additional questions, don't hesitate to ask.*



## ***About our Fees***

*While we have worked hard to keep our fees very competitive (mainly by being efficient), achieving optimal oral care using holistic and high-tech methods is generally more costly than conventional dentistry. Still, we want this type of dentistry to be affordable for you!*

*Keep in mind however, while the dentistry we provide here may entail a higher INITIAL investment, I believe it is actually less expensive than conventional dentistry in the LONG RUN.*

*A majority of what we do in our practice involves removal of recently done dentistry that should have lasted much longer.*

*It's like the old saying, "You never have time to do it right, but you always have time to do it over," the same is true for budgeting for quality dentistry. One of the most common phrases we hear from new patients is, "I wish I would have met you earlier."*

*Remember to compare apples to apples. While our fees may seem high compared to what you are used to, they are actually quite reasonable when compared to other dentists that perform similar services.*

***"There are few things more expensive than  
cheap dentistry"***

*Dr. Ingo Mahn*

*Building a practice which can offer the services we do has taken tremendous resources. We will continue to research the most advanced materials, equipment, and techniques to help you achieve your goal of optimal dental health. Achieving this goal will require a financial commitment on your part. **However, we will do everything we can to help make quality care affordable.***

*We offer multiple finance choices (including  
**interest free** options through CareCredit®)  
to make your care affordable.*

**Substantial discounts** for pre-payment.

See our Financial Policy for more details



"Why don't you go to a proper dentist?"



## ***The Power of Networking***

*One of the first things I did when I moved to this area was to establish a network of capable health-care practitioners. We are only part of the optimal health puzzle and rely on them on how to proceed in a manner that is best for you.*

*If you are interested in finding a practitioner, know of a practitioner or are one, please let us know. Networking is one of the most powerful tools we have in helping you achieve optimal health!*

## ***Our Gift to You***

*We have a special gift for all new patients to our practice; we call it our “Gift of Health”.*

***It includes all necessary X-rays, including a 3D scan, a complete examination with consultation for only \$49!***

*It's a great way to learn about the condition of your mouth and a chance to meet our wonderful team.*

***To take advantage of this offer, simply mention that you read about it here.***

## ***Our Mission***

*Our mission is to restore and maintain the natural health, function & beauty of our patients' mouths. We will do so using the most advanced techniques and biocompatible materials known to dentistry in a relaxing, caring, & safe environment. Most importantly, we will teach our patients how to maintain their health.*

### ***The Secret About You***

*Your body has a natural ability to heal itself. Do everything you can to strengthen your body and it will heal. **It's up to you to give it a chance.***

***Before your next appointment: Please complete the "Informed Consent for Dental Procedures" form.***

*With a better understanding about the basics of Biological Dentistry, we can focus our consultation on the conditions present in your mouth, as well as any specific questions you may have.*

## About Dr. Mahn



**Dr. Ingo Mahn** is a graduate of Marquette University School of Dentistry (1985). He is the founder of Natural Dental Partners, a private practice with an emphasis on Health Centered (Holistic) and Cosmetic dentistry and has been published in numerous local and national journals. He has also been featured on NBC and FOX news for his work in hi-tech dentistry.

Dr. Mahn has spent the last 25 years dedicated to helping his patients achieve a higher level of physical health through dentistry. He is an accredited member and serves on the board of the International Academy of Oral Medicine and Toxicology (IAOMT). In 2004 he completed a 2 year doctoral program at Capital University of Integrative Medicine in Washington, DC. He was elected class president and won the President's Research award for his doctoral thesis: "The Science and Sense Behind Biological Dentistry".

**Dr. Natalie Nguyen** joined the NDP team in the Fall of 2019. Originally from Orange County, CA, she graduated from Midwestern University College of Health Sciences. During her time at Midwestern, she won multiple awards for her dental skills. Our patients love Dr. Nguyen and she has proven herself to be a skilled and caring practitioner.



## **Contact Information**



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Courtesy of:  
**Natural Dental Partners**  
Phoenix, AZ

[MyNaturalDentist.com](http://MyNaturalDentist.com)



## A Healthy Body starts with a Healthy Mouth

Discover why more and more health-care practitioners are  
looking in the **MOUTHS** of their patients

Dr. Ingo Mahn uses the knowledge gained from earning a  
Doctorate in Integrative Medicine, as well as 35 years of  
clinical experience, to guide you on a journey of  
discovering how your mouth may be preventing you from  
achieving **OPTIMAL HEALTH**