Dear reader,

There has been a major outcry after my last editorial was released and I have to admit that I expected this due to the mixed reactions that overseas dental work usually evokes among many dental professionals. Offshore production might have become a major business in Asia, however, it is not definitely one that most people involved are happy to speak about.

Regarding the fact that most of my readers are from countries where these products are made, I do not have to stress how much impact this development had on the local dental industries. In China particularly, over 50 per cent of all lab work is now produced for customers overseas. Similar figures can be expected from countries like Thailand or the Philippines where more and more labs are seeking for customers abroad in order to advance their business.

The market cries out for regulation. It seems unfair that patients are constantly left in the dark where products they have come to rely on every day are coming from. Unfortunately, change seems unlikely to come soon around their front teeth at the gin-galilne? The enamel is white, all right, but they are well on their way to rampant decay problems.

I was shocked to see an article in DT Asia Pacific recently about a study at Harvard actually recommending that people apply strongly acidic things to their teeth to whiten them. Lemon juice will certainly whiten teeth, but it does this by demineralising the enamel. How many of you have seen teenagers with white hands around their front teeth at the gin-galilne? The enamel is white, all right, but they are well on their way to rampant decay problems.

Remember the school experiment involving placing an extracted tooth in a jar of pop for a couple of weeks? The tooth actually dissolves, because pop is extremely acidic. I maintain that the primary cause of tooth decay is not refined sugar—it’s acid.

My book Acid Attack (see also the website acidattackerk.com) was based on research involving testing the pH of people’s saliva and testing the pH of commonly consumed liquids. What I found confirmed what I have been observing for decades. People who are prone to decay have a very ‘acid system’. In other words, they have a low salivary pH. And every one of the patients I have seen with severe decay problems also has something in their diet that’s high in acid. The most destructive one is pop. Lemon and grapefruit are also very destructive.

I have seen hundreds of patients with severe decay. But after eliminating the acidic things from their diets (primarily pop), decay isn’t nearly as much of a problem. And, these people often have acid reflux issues. Hydrochloric acid from the stomach causes the same damage that phosphoric acid in pop does.

If you want to really help your decay-prone patients, there are a few things you can do. First, have them eliminate all acidic things from their daily diet, such as pop, lemons, grapefruit, sour candies or chewable vitamin C. Show them a method of flossing that’s really effective (under the gum) and have them buy and brush with Mylanta or Maalox a few times a day to neutralise acid. Finally, chewing gum is helpful—as long as it isn’t sour—for neutralising acid because it increases salivary flow.

Yours sincerely,
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