

Patient / Parent Inquiries

It sounds to me that you have a good understanding of the situation and you have started well with the chewing gum, Xylitol and Recaldent. Make sure that you have the diet controlled well by eliminating between meal snacks or sugary drinks. Avoid snacks before bedtime. Consider fluoride rinse also. Regarding Dental Ozone, the good news is that all decay can potentially be treated. However the difficulty arises in actually getting the ozone to the treatment site. Best to consider 3 types of cavity here.

1/. The very early patch of decay just below the biting, (occlusal), surface. This is diagnosed with DIAGNOdent, (not visible yet on X-Ray) and can be treated with Dental Ozone and Remin kit + dietary measures already discussed. Can then seal with suitable flowable composite or Fuji glass material.

2/. Deeper decay into dentine on occlusal surface. Access decay with air abrasion and then follow same steps as for case 1/. (This type of decay may be visible on X-Ray)

3/. Decay visible between the teeth on X-Ray. Access must be made to this decay either from buccal or occlusal surface. We used to call this a 'tunnel' prep. It has the advantage of minimising the damage to the tooth. Access is made either with air abrasion or a tiny size micro bur. I usually treat Dental Ozone then for 120 seconds, remin fluid (reductant) followed by Fuji V11 glass ionomer sealant. I leave this for 6 months and then just restore top with flowable composite, Ultraseal XT or equivalent.

Hope this helps and you find a sympathetic dentist who can do this, good luck!

You must find a dentist with experience using Dental Ozone, if they don't have they won't understand it completely, It's not suitable for every situation, but it can reduce the size of fillings even if you can't eliminate them completely.

Unfortunately, despite your best intentions, you have two problems.

One, the delay in approval of the Dental Ozone in Australia.

Two, the fact that there are no dentists using it in Australia and as a result no-one with any experience.

As an Australian dentist patiently waiting for my Dental Ozone unit to be delivered (we were originally expecting Oct, then Nov, now it looks like some time in 2005), I think it would be unwise to delay treatment of your daughter's dental condition.

As a result, unless you can make it somehow to Europe, I do believe that your daughter needs to receive some form of dental treatment.

Either conventional fillings, some form of remineralisation, or at least the removal of active decay and the placement of temporary fillings of some sort.

I think delaying treatment until the TGA approval is complete (which could take as long as the bureaucrats want it to) could result in much more serious dental problems.

If you are in the Melbourne area, then please call Dr Jeff KNIGHT.

Jeff has a Dental Ozone for research, has lots of experience, and will help you.

I know Jeff personally, have lectured with him, and he has a great deal of experience in the different treatments that may be able to help your daughter.

You show a great understanding of the technology, and please do not be discouraged by the TGA's delay - 2005 seems to be a more likely time at the moment.

Root Canal Questions

I am a Doctor from China. I had some problem on using Dental Ozone.

For root canal treatment, if I use ozone to disinfection. Can we done the filling at once?

I've used it as an extra step (I've not used it instead of other stages) in my root-filling protocol for the last 30 months (more than 400 teeth). I've immediately root filled the tooth without further washing out, and have had no problems with this approach.

Modern endodontics is all about 1 visit endo - from preparation, cleaning, shaping and obturation in one visit.

The Dental Ozone takes the cleaning aspect one step further - in that you now have the ability to sterilise the canal system and the fine apical delta, rather than just 'clean & disinfect'.

When I was in practice, I used the Dental Ozone for 60 - 90 seconds for each tooth to be sterilised, and then filled/obdurate straight away. In essence, the Dental Ozone is used as an adjunct within the endo protocol. I ceased using hypochlorite some 4-5 years ago as a 'cleaning' agent. Now, I think I would apply 120 seconds / 2 minutes ozone, as we know that you cannot over treat, but you can ensure sterility.

In all the cases I did, I estimate that some 1% failed, but these were the endo cases where there was bone/peri-apical infections present.

So if you have dropped hypochlorite as an irrigant what is your preferred solution? At one time you were suggesting ozonated oils to dress canals, has that option now been superseded?

Sometimes we wish to have a Guinea Pig to test or experiment new things before implementing them on real patients. And who is the best Guinea but ourselves.

Months ago, I broke my upper premolar and needed RCT. I didn't have yet an ozone system, I had only ozonated oil from Julian. I accessed the pulp (after a second attempt, the first perforated the mesial wall), shaped and kept the access opened on purpose so I develop a peri-apical infection. And I did. Cleaned slightly and injected the oil, keeping the cavity opened.

Two days later, percussion was negative and no pain while eating. As you may expect, 3 weeks later, pain on pressure resumed. Same procedure with the oil, but this time I closed the cavity. No pain 24 hours later. It was about time I see an endodontist to fill my roots. I explained what I did, he took me for a lunatic at first, now he is on oils.

Now that I have an ozone generator, I routinely gas the canals.

One thing to consider, It's preferable not to use hypochlorite and O3 at the same time.

In any event, we'll need to talk about how to remove the oils if we're planning to use bonding to seal the canal, place a post or restore the top of the tooth.

Dear anyone who has advice.

As a relative newcomer to ozone and only recently started a new practice any advice would be appreciated on how, if possible at all, to treat interstitial caries anywhere, anterior or posterior.

Are there any super-duper tips on how to achieve the vacuum seal? especially on deciduous teeth?

Is everyone treating the simple stuff now and then again after 3 and 6 months or are people having success with single treatments and if so are the treatment times longer than 40 seconds?

Any interesting and exciting ways of using the ozone would also be met with interest.

Dental Ozone cannot be used in all circumstances, and I use Photo-Activated Disinfection to treat those areas.

I treat larger lesions with three applications with 6 weeks between each, usually 2 minutes each time. Non-cavitated lesions with a DIAGNOdent reading less than 20 with one application of 40 seconds.