

MELISA[®] testing

Improving outcomes in dentistry through specialised testing



Do your patients suffer from:

- **Oral diseases:** Lichen planus, stomatitis, glossodynia, burning mouth, cheilitis
- **Successive implant failure** with no infection ie “cluster patients”
- **Skin rashes, chronic fatigue, fibromyalgia and worsening autoimmune disease**

If so, you may consider MELISA testing as part of your diagnostic protocol.

Metal allergy is an overlooked area in dentistry and may be responsible for diverse symptoms. MELISA testing is the best method for diagnosing metal-induced delayed hypersensitivity. A blood sample sent to our laboratory can be checked for allergy to all metals used in dentistry, as well as to methacrylates. Titanium allergy is uncommon, but with implant failure rate estimates varying between 7.6% and 26%, metal allergy may be investigated with MELISA. MELISA may also be used to pre-test for compatible materials for patients reporting prior dermal reactions to metals.

MELISA studies

- 76% of chronic fatigue patients experienced health improvement after removing dental restorations containing allergenic metals, identified by MELISA testing.
- 71% of patients with autoimmune diseases and mercury allergy improved after having their amalgam fillings removed.
- 50% of fibromyalgia patients showed that after restricting exposure to metals they were allergic to, they no longer fulfilled the criteria for fibromyalgia. 20% had reduced trigger points and all reported improvement in symptoms.
- 37% of symptomatic patients (muscle and joint pain, chronic fatigue, dermatitis and acne-like inflammation) were found to be allergic to their titanium dental work/implants through MELISA testing (all negative in patch testing). Following removal of the implants, all 54 patients showed remarkable clinical improvement.

Based on more than 20 years' research, MELISA has identified symptoms and indicators for those likely to be metal hypersensitive. Studies show that if metal allergy is found, both outcome and symptoms will improve if exposure to relevant metals is reduced. Both a comprehensive questionnaire and a brief online version are available. A complete evaluation with a list of metal exposure can be provided if the full questionnaire is completed.

MELISA Diagnostics Ltd

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Common sources of dental metal exposure*

Amalgam fillings: inorganic mercury, copper, silver, tin, nickel

Titanium implants: aluminium, nickel, titanium, vanadium

High noble and noble alloys: gold, silver, copper, palladium, platinum, indium, iridium, ruthenium

Orthodontic braces and retainers: chromium, manganese, molybdenum, nickel

Non-noble alloys: nickel, cobalt, chromium molybdenum, tungsten

Root-fillings: bismuth, tantalum, (titanium, cadmium and formaldehyde in older restorations)

Maryland bridge: cobalt, chromium, molybdenum, tungsten, nickel

*exact metal composition may vary

Indicators of metal allergy

Yes or No

Atopy – eczema, asthma, food allergies, hayfever (in immediate family also)

Autoimmune disease – rheumatoid arthritis, thyroiditis, psoriasis, Sjögren's, coeliac disease, multiple sclerosis (in immediate family also)

Dermal reactions to costume jewellery, metal piercings, metal clasps and buckles etc

Positive patch testing, dermal allergies to creams, cosmetics

Chronic fatigue syndrome, fibromyalgia, multiple chemical sensitivity and/or multiple non-specific symptoms of unknown origin such as fatigue, pain, “brain fog”, depression

Dental status

Health change after dental visit

Burning mouth syndrome, metallic taste, ulcers, bleeding gums

Oral lichen planus, stomatitis, glossodynia, burning mouth or cheilitis

Unexplained change in health post-treatment; flu-like symptoms, fatigue, joint/muscle pain, headaches, low grade fever, “brain fog”, depression

Facial rash after implants, generalised/localised dermal rashes

Slow healing after implants

Tooth-loosening, oral infections and unexplained pain

*A fully referenced version of this leaflet is available at: www.melisa.org/dental
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