

MELISA® testing

Improving outcomes in biological dentistry through science-based testing

Do your patients suffer from?

- **Systemic disease:** autoimmune disease, atopic conditions, chronic fatigue, fibromyalgia?
- **Oral diseases** such as lichen planus, stomatitis, glossodynia, burning mouth, cheilitis
- **Successive implant failure** with no infection, ie “cluster patients”

If so, consider MELISA testing as part of your diagnostic protocol!

In some patients, metals can provoke an immune response, which may lead to diverse symptoms. Both local and systemic hypersensitivity reactions are seen according to the FDA.

MELISA is a clinically validated, standardized and widely published blood test, which measures metal-induced type IV delayed hypersensitivity. Based on the results, you can be sure that that you are using the most immuno-compatible solution for each unique patient.

MELISA lets you screen susceptible patients before starting the dental work and establish if dental metal hypersensitivity is contributing to chronic conditions

Published studies confirming a connection between chronic disease and metal hypersensitivity:

- 76% of chronic fatigue patients reported improved health after replacing dental metals they reacted to in MELISA testing.
- 71% of patients with autoimmune diseases and mercury allergy improved after having their amalgam fillings replaced with a non-metallic material.
- 100% of fibromyalgia patients who reduced exposure to metals they were reacting to in MELISA reported improvement in their symptoms. 50% no longer fulfilled the criteria for fibromyalgia.
- 37% of symptomatic patients (with 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 of research, MELISA has identified symptoms and indicators for those likely to have metal hypersensitivity. Studies show that if patients' lymphocytes are reacting to metals, both outcome and symptoms will improve if exposure to specific metals is reduced. A questionnaire is available to assess metal exposure and an evaluation with a personalized testing panel can be provided.

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Common sources of dental metal exposure*

Amalgam fillings: Inorganic mercury, copper, silver, tin, nickel	Titanium implants: Aluminum, 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	* <i>Exact metal composition may vary</i> ** <i>Trace levels</i>

Indicators of metal hypersensitivity

Yes or No

Familial atopy – eczema, asthma, food allergies, hayfever	
Familial autoimmune disease – rheumatoid arthritis, thyroiditis, psoriasis, Sjögren's, celiac disease, multiple sclerosis	
Dermal reactions to costume jewelry, metal piercings, jeans buttons, 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, generalized/localized dermal rashes	
Slow healing after implants	
Tooth-loosening, oral infections and unexplained pain	