

Dr. Joseph Sarkissian

Biological Dentistry



**Annual Bulletin
2019**

**first do no harm
primum non nocere**



Dr. Joseph Sarkissian's Dental Newsletters
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Biological Dentistry

Annual Bulletin

Same-Day Dentistry with CEREC

We all know the procedure when it is time to get a crown or an onlay:

After a tooth is prepared, an impression is taken with a huge tray which is shoved into your mouth. Obviously not the most comfortable of sensations, particularly when you have a gag reflex, or when it has to be retaken.

Then a temporary crown is made to cover and protect the tooth, which feels rough, breaks apart, falls out exposing a sensitive tooth, or occasionally is swallowed while chewing.

The impression is sent to the dental lab. Two weeks later the final crown is back, and we make a second appointment to seat it. Time off work or family, a two-hour commute in traffic, a new shot to numb the area, painstakingly removing the temporary cover and disinfecting the tooth once again.

Wouldn't it be great if we could come in and all this would be done the SAME DAY without the discomfort and inconvenience of impressions and temporaries? No gagging on the impression, no mess, no second shot, no temporaries dislodging?

No more wishing required - all this is now reality with the CEREC system by Sirona. It is German technology at its finest.

This combination of 3D scanning and milling basically allows us to create bio-compatible onlays and crowns – all in one single appointment, right in the office.

The Omnicam scanner is used to digitally scan your



teeth in 3D. The data collected is directly sent to a sophisticated software program that builds a digital three-dimensional model of your jaws and teeth. This is then used to model - in virtual space - the crown, onlay, inlay or veneer with unmatched precision.



Once the exact digital model of the restoration is designed, one click of a button sends it to a CAD-CAM milling machine a few rooms away.



This device mills your restoration out of a block of a ceramic material right in front of your eyes. After some



polishing and glazing, we are now ready to bond it onto your tooth.



If you are missing a tooth or need an extraction, this same scanner is also used, along with the Galileos 3D scan of your bone, to plan the implant and the crown



over it in a precise fashion which shaves off multiple appointments and takes the guesswork out of implant surgeries.

3-D IMAGING

The GALILEOS cone-beam CT is our latest acquisition, and so far our most exciting one. It is an X-ray unit, straight out of a science fiction movie it seems, that takes 3-dimensional images of the skull. It has become



an essential tool for many dentists and specialists alike. This bone scanner is unique in the sense that with radiation exposure comparable to around 12 single dental X-rays, it provides us with significant 3-dimensional information of not only the jaws but the sinuses, cranial base, Jaw-joint, airway and upper cervical verte-

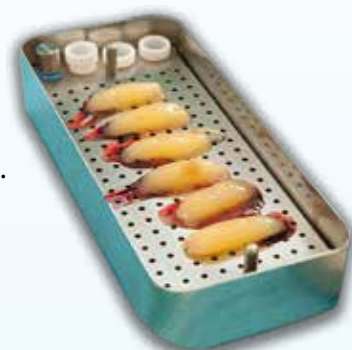
brae. Many lesions and details in the jaws may not even be visible in 2-dimensional traditional X-rays, therefore they may go undiagnosed. In the 3-D rendered image, one can easily go and navigate through any dimension of the skull, and look at it from every angle or magnification. Amazing technology.



For patients who are looking at implants, it is now the required standard of care. The scan is used to evaluate the bone depth, thickness and quality, to locate essential structures such as sinuses and nerve trunks, to choose the appropriate implant type and size, and to fabricate a surgical guide for fully guided surgery. This takes away the guesswork and creates predictability in many surgical situations.

Platelet Rich Fibrin (PRF)

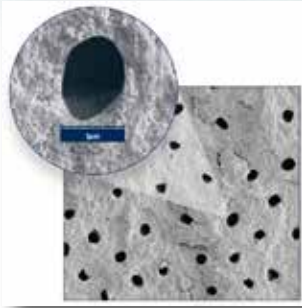
PRF is the latest innovative approach in surgery. It is absolutely safe and does away with concerns about biocompatibility or transfer of disease. We obtain PRF from the patient's own blood and centrifuge it without anticoagulants. At the end of the spin, a fibrin clot containing growth factors, cytokines, platelets and white blood cells is obtained. This, when inserted into the jawbone, with or without other graft materials, will release these growth factors into the site and create conditions for faster and favorable bone growth in extractions sites planned for future Zirconia implants, sinus lifts, or simply into voids of bone next to ceramic implants. (J. Choukroun et al. 2001)



Many surgeons from different specialties are adopting this method and today we use PRF as a standard with every surgery.

Preventing Root Canals

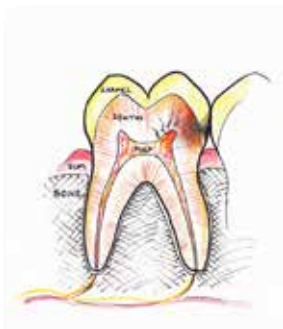
Everyone dreads a root canal. The worst dental experiences are reports of the excruciating pain associated



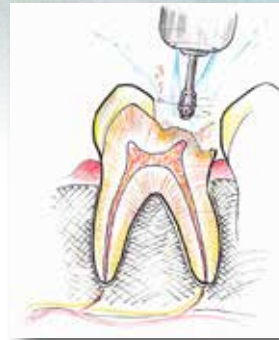
with a root canal. Today, thanks to improved anesthetic techniques, the procedure may be painless, but it is still a costly and time-consuming ordeal. It doesn't end there. Most root canaled teeth have to be restored with a post and a crown, driving up the cost even more. A growing number of people are debating the very safety of root canals. Some even take it a step further. They just don't want to have one. They would rather extract the tooth. The fundamental principle behind it is the fact that a dead tooth, despite the best root canal, is still a dead entity in our bodies. The bacteria that remain and thrive in the tiny tubules making up the main body of the root act as a source of toxicity.

Laser Direct CAP

The key to addressing the root canal issue is to AVOID one, which means being proactive and treating the tooth BEFORE it dies. Most drilling procedures are too traumatic on an already inflamed nerve. A drill spinning at 400,000 RPM will definitely push the nerve over the edge. On the other hand, when a dental laser, such as the Waterlase, is used to remove deep decay in close proximity to the pulp (nerve), there is NO vibration, NO contact, NO heat, and NO cross-contamination. The chances of the tooth remaining alive are significantly better.



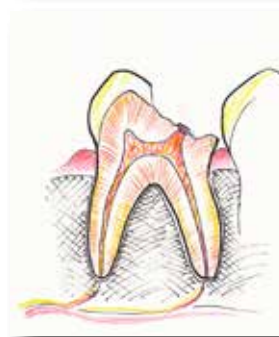
As the cavity penetrates the softer dentine, it spreads like a wave and infects the microscopic tubes of this live tissue.



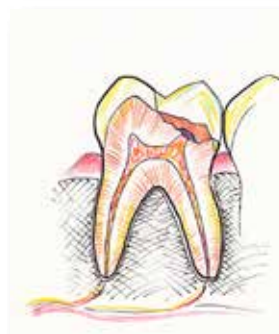
Treatment is initiated by removing the outer layers of decay with a slow drill.



The deep layers of decay are removed with the Waterlase® at lower settings, to avoid trauma to the nerve. There is no mechanical insult to the nerve, such as vibration, smearing or heat, which is the case when using drills.



The exposure is gently covered with MTA, a cement well known for its biocompatibility and ability to preserve vitality of tissues with which it comes into contact.



The remaining cavity is then lined with a bonding agent. After drying, the whole dentine surface is built up with a core of a flowable composite or compomer, followed by restoration of the tooth with an inlay or similar method.

If, however, the tooth is dead and this is confirmed with an X-ray and clinical tests, the option to avoid a root canal and not do anything is not valid. The gangrenous tissue in the tooth will be absolutely harmful to the body, therefore the only two options left would be either a root canal, or extraction.

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Gum Disease

Gum disease is a multifactorial systemic disease with correlations to the general immune system, poor oral hygiene, poor diet, and other factors. If all these issues are not addressed, any intervention may eventually fail. A lot of times I hear patients saying that in other offices they were subjected to yearly deep cleanings. Deep cleanings or "scaling and root planings" should not need to be repeated if a therapy is successfully implemented. Only maintenance is required, which involves addressing residual areas that do not respond as well as other areas of the gums. We like to customize the treatment during periodontal maintenance appointments, such as targeted laser therapy and/or ozone.

People suffering from gum disease should be on coenzyme Q10, Vitamin A, D, K, Vitamin C and other supplements to support the immune system. They also have to spend more time with different gadgets to make sure oral hygiene is strictly followed.

Laser Cleanings And Gum Therapy

With two new lasers in our office, the Epic and the latest Waterlase, we are now in the position to implement these lasers more frequently into our hygiene program and offer routine laser cleanings for a small additional fee.

Laser energy is known to gently remove bacteria, dead and contaminated cells within the pockets, and as a biostimulation for healthy healing.



OZONE AND GUM DISEASE Ozone gas or ozonated water bubbled into the pockets will immediately kill bacteria before and after deep cleaning.

PERIO PROTECT is a wonderful customized home care system which involves fabrication of soft trays which fit



precisely on your teeth. Once or twice a day the tray is filled with a stabilized peroxide gel, and is worn for 10 minutes. The tray is designed to push the medicated gel into the deep pockets of your gums, thus eliminating aggressive bacteria.

PERIODONTAL DISEASE FACTS

- According to the WHO, periodontal disease is a stronger predictor to heart disease than cholesterol.
- 85% of people above 35 have periodontal disease.
- Something as simple as chewing in someone suffering from serious gum disease can drive thousands of bacteria into the bloodstream.
- Many studies have shown that certain bacteria or bacterial fragments lodged in atherosclerotic plaque (the sclerotic lining inside arteries that contribute to heart disease) are traced back to those in gum disease.
- Gum Disease is contagious and can pass along between family members by kissing or sharing utensils.
- There are more than 200 species of bacteria that may inhabit our oral cavity. Seen under a microscope, bacterial colonies in deep periodontal pockets contain disgusting creatures such as wiggly corkscrew-shaped and highly aggressive spirochetes, protozoa that look like creatures out of a science fiction movie, and rods that have a halo of highly toxic "mucus" around them.
- Women with periodontal disease are 7 times more likely to deliver a low birth weight baby.

Attack of the Germs



Realistic Depiction of streptococcus mutant bacteria attacking a tooth

- Pregnant women with periodontal disease show a 4 X higher rate of preterm deliveries.
- Recent research shows that there is a strong link between gum disease, heart disease, and diabetes. Periodontitis is a multi-factorial infectious disease of the soft tissues and bone that support the teeth. It leads to the development of a high systemic disease burden. It is reported that periodontitis is associated with rheumatoid arthritis, cardiovascular disease, and even oral cancer. After TREATMENT of periodontal disease, levels of HbA1 which are found in diabetic persons, are decreased in the body. (www.ncbi.nlm.nih.gov/pmc/articles/PMC4177914)
- Persons with periodontitis who also are infected with human papillomavirus (HPV) are at increased risk of developing tongue cancer, new research conducted at the University at Buffalo School of Dental Medicine has shown.
- A study by a New York University dental research team has discovered evidence that pregnant women with periodontal (gum) disease are more likely to develop gestational diabetes mellitus than pregnant women with healthy gums.

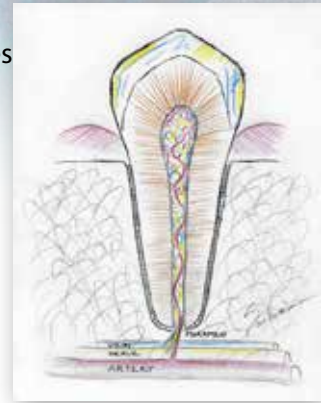
Tooth Gangrene, Root Canals, and Dental Granulomas

A tooth is a wonder of nature. Its birth is so unique and complex that no one can really understand it in its entirety. It is the only organ in the body made up of three embryonic layers. The endoderm, which develops into the brain, the mesoderm, which develops into blood, bone, and muscles, and ectoderm, which develops into the skin, nails, and hair.

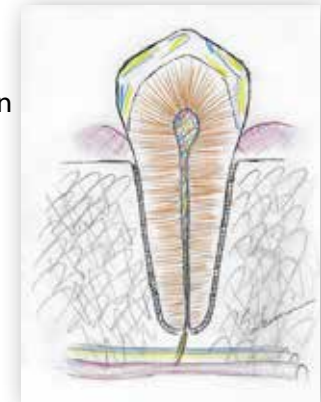
Every tooth has a canal going through its center containing live tissue that brings nerve fibers, cells and nutrients through tiny blood capillaries into its core. This tissue is collectively called the pulp. In teeth that just erupt, the canal space which accommodates the pulp is huge and has a rich blood supply.



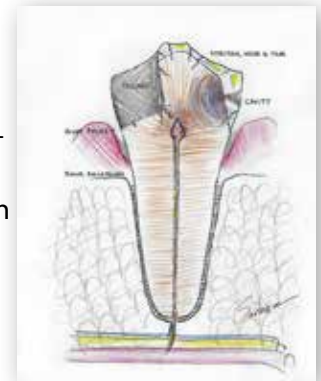
The root tip at this stage is still not formed and continues to calcify over the next few years.



In a young adult, the canal space has shrunk but is still capable of providing nutrition to the whole tooth.



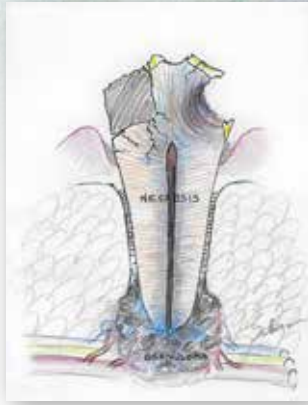
The canal gets narrower and narrower due to aging, continuous use, cavities, dental treatment, bruxism, and trauma. This occurs as cells lining the canal walls deposit dentin substance along the inside walls, thus constricting the space available for the pulp. Due to its confined space, inflammation or infection within the pulp does not heal as would, say, a similar bruise or infection in your skin or muscle tissue.



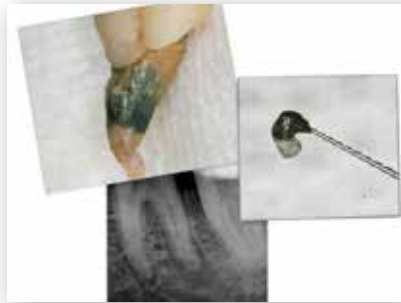
The damaged cells and their toxins simply cannot be evacuated fast enough, and the limited blood supply through the tiny opening under the root tip would not be sufficient to heal damage. The tooth subsequently goes through a phase of pain (not necessarily) and the pulp degenerates.



This is essentially a micro-gangrene within the tooth. The dead tissue decomposes and becomes infected by bacteria which grow unchecked, enter the millions of tiny tubules along the canal walls, until they and their toxins spill out into the bone surrounding the root. This is called a granuloma and is now visible in an Xray as a dark shadow surrounding the root.



This process may occur with or without pain. If it has not prompted a person to seek dental treatment, it may only be a chance discovery in an Xray.



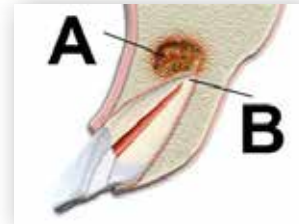
In the absence of pain, the patient will be surprised when he/she is told that he/she will need a root canal. A granuloma is a focus of infection for the body. Toxins emanating from it will travel to the heart lining, the kidneys, and the joints, and contribute to disease. The immune system will be working overtime to counteract the damages it is causing.

Sometimes pain can be helpful by sounding the alarm. If the alarm is absent, the chronic infection will cause more damage and will grow unchecked, eating away at the bone and creating a huge void, or a "hole" which one day WILL turn into an abscess. At that point, it will be too late to save the tooth.



An extracted root canalled tooth was ground down to show its cross section through the canal, revealing the amount of dead and decomposing tissue around the root canal filler.

The second reason to address these granulomas immediately is that the larger the bone void is, the harder it is to heal and rebuild new bone. Therefore if the tooth were extracted, there will be a large defect along with insufficient bone in case an implant were to be placed.



A-Abscess not healed; B-Untreated, failed root canal

Granulomas also remain in teeth with an old root canal. These only need to be observed if they are very small, but generally, they are not desired for the same reasons. It may indicate failure of the root canal, remnants of toxic tissue inside canals, a crack in the root, or simply that the body cannot handle the dead tooth. In such cases, extraction may be a better option. Once the tooth is extracted, the bone is cleaned out, and a graft is placed to preserve bone for a future implant.

Our first choice for a restoration is a metal-free zirconia implant, which has excellent biocompatibility. Go to

www.ImplantsMetalFree.com/procedure/

to see the extraction option and subsequent restoration with a zirconia implant.

If a tooth is opted to be saved, a root canal procedure has to be performed.

Doing nothing is not an option for dead teeth. In any other field of medicine, a dead or gangrenous tissue or organ would immediately be removed. Many people nowadays are opposed to root canals, for various reasons, and avoid the procedure.

However, keeping a dead tooth in the body and avoiding a root canal is also a misconception that may have grave consequences. If a tooth is dead or gangrenous, the ONLY other option left, if a root canal is not desired, is extraction.

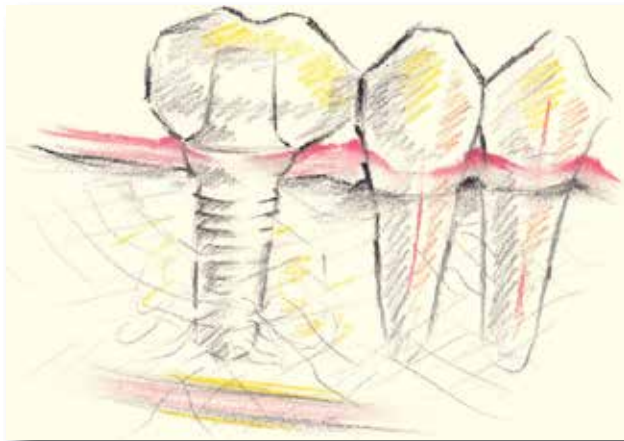


Zirconia Implants

Tooth replacement concerns have existed since ancient times. Teeth symbolize health, beauty, status and vigor. Many animal species die of starvation if anything happened to their teeth or jaws. A cheetah for example will abort a chase if there were any danger of suffering an injury from a kick to the teeth or the jaw. That would mean a death sentence. In humans, technology has allowed us to survive tooth loss, whether it involves processing our foods so chewing is not required, or by the fabrication of "prosthetics", or tooth replacements.



Despite our advanced technology of today, however, everyone knows that it is never the same when you lose your teeth. The perfect solution to a replacement tooth would be if it felt and looked as close as possible to a natural tooth, if all other teeth were undisturbed in the process, and if it were firmly seated in your jaw – and that is the ZIRCONIA implant.



Yes, we are in a position today to provide bio-compatible tooth replacements without the use of metals, dentures or invasive bridges.

In considering implants as an option, Dr. Sarkissian, being a biological dentist, will follow an integrative approach and take into account your jaws, your bite, your gums and your general health.

Over the years, popular demand for metal-free dentistry has grown. The consumer today is better informed and is in the position of making choices in regards to

their health. One of them is that they prefer to avoid metals implanted into their bodies.



The latest Zirconia materials are so strong that the issue of fracture has been eliminated, as long as there are no gross violations of their placement principles.

Benefits of Zirconia implants:

1. Their color is white and therefore they do not show a grey shadow through the gums;
2. They are biocompatible. There is no foreign body or immune reaction as is common with many metals;
3. They are an oxide, therefore NON-metallic, therefore they do not conduct heat and electricity, are electromagnetically neutral, and exhibit no galvanic currents (battery effect);
4. Less incidence of peri-implantitis which is very common with titanium implants;
5. Excellent integration with bone thanks to the SLM (laser modified) surface;
6. Very friendly to the gums;
7. The zirconia surface repels plaque.



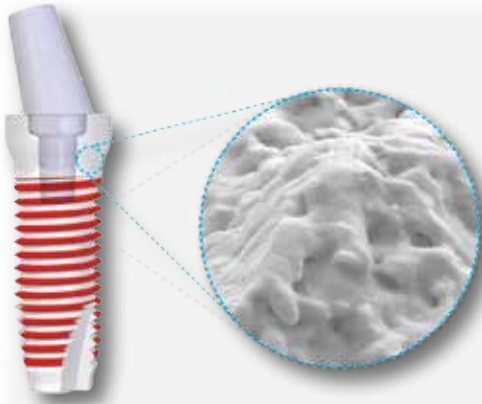
But Don't Ceramic Implants Break?

That statement is so outdated that it has become an urban legend still used by dentists who are not abreast of new developments. The very first ceramic implants 30 years ago were prone to breaking. Since then, a new system of zirconia manufacturing process, called hot isostatic processing (HIP), produces implants that simply do not break, if proper protocols are followed.

Zirconia FAQ

Do Zirconia implants integrate with bone as well as titanium implants?

Studies so far show that Zirconia binds with bone at least as good as titanium, if not better. The BIC ratio (Bone-to-Implant-Contact) of Zirconia in



some studies proves to be even superior than that of titanium. This is particularly true in the coronal (top) part of the implant, or the so-called crest of the bone.

Are Zirconia implants suitable for everyone?

Certainly not. Smokers, diabetics and those with bleeding disorders are definitely not candidates.



Other factors that increase the risk for implant failure are insufficient bone density or depth, a collapsed bite with insufficient clearance, and uncontrolled gum disease.

Interesting Zirconia Facts

- Some minerals containing zirconium are called *jargon* and *hyacinth*.
- The name "Zircon" is derived from the Persian "Zargun", which means "gold-like".
- Lunar rock has high concentrations of zirconia.
- Klaproth, a German scientist, discovered it as an element in the late 1700's.
- It is so resistant to corrosion, that zirconia is used as a lining in nuclear reactors.

Are there other options besides implants?

There are numerous options but they all have their pros and cons. The main advantage of not choosing an implant is the time factor. With a bridge or a partial one can have a missing tooth space restored within 3 weeks and be done with it. Ceramic implants have come a long way and they now boast a relatively longer track record. Implants are considered as the standard of care for missing teeth, therefore the bridge and denture options are now reserved for "last resort" cases.

Setting a Zirconia Implant

A missing tooth being replaced by a zirconia implant, and restored with a porcelain crown.



Follow-Up

A three-year follow-up of the crown exhibiting excellent tissue stability and esthetics.



Early Childhood Caries (Ecc) Latest Facts

There is a phenomenon that is plaguing many young parents. We have noticed that despite dietary awareness and health-consciousness among many parents, more and more 3-year-olds are still being diagnosed with multiple cavities.



Some FACTORS occurring in combination, and contributing to ECC are:

- According to a recent Japanese population study, a combination of breastfeeding more than 12 months and nighttime breastfeeding will increase the risk for ECC.
- Frequent snacking habits
- Children keeping their food too long in their mouth.
- Incorrect brushing and flossing (valid even for three year olds)
- A combination of aggressive decay-promoting bacteria.

Note: breastfeeding is essential for the development of a baby, however excessive nighttime feeding should be avoided. Using xylitol to rub on the teeth with a gauze helps to reduce plaque and cleans baby teeth in addition to brushing.

To address ECC, it is a very time consuming and traumatic experience for the 3-6-year-old. We do not place stainless steel crowns or amalgams, but rather build up the teeth using a meticulous bonding technique after careful decay removal, which may involve the laser and



ozone. Therefore we use sleep dentistry (general anesthesia) using a visiting child anesthesiologist. The whole procedure is completed in a few hours, omitting multiple visits, shots, restraints, and psychological trauma.

Water

We are made up of water. 90% as children, 70% as adults. Water circulates on earth and permeates all living things, connecting nature with life. The atmosphere, glaciers, polar caps, oceans, lakes, all contain water molecules that may have been trapped for millennia, or may have recently circulated through living beings. What if water retained memory?

Samuel Hahneman, the famous German founder of homeopathy, established that the memory of a given substance can be imprinted in water as a vibrational imprint. This unique frequency is what causes a response or effect in the body when a homeopathic remedy is taken.

Masaru Emoto, in his book "The Hidden Messages in Water", explains how, through his experiments with photographing water crystals, he found out that water will form different crystals that will reflect what vibrations and feelings it has been exposed to: Distorted and ugly crystals are formed as a result of negative energy, feelings of abuse, hatred, greed, envy; beautiful crystals are formed as a result of positive energy such as music, feelings of love, gratitude, etc. Thus water is in harmony with and can be influenced by the resonance of its surrounding energy.

What if the memory of past events we retain in our bodies is not only imprinted in our central nervous system, but also within the water in every cell?

The Effect of Diet

The data compiled by WESTON PRICE in the early part of the 20th century on indigenous cultures and tribes not yet subjected to the modern consumer diet, and nutrition solely based on their



indigenous primitive diet, shows that they had large and strong jaws, healthy postures, robust lungs, and stronger immune systems. Prolonged thumbsucking was not known during those times. He documented skeletons from those tribes that reveal large jaws, a full set of teeth with no crowding, and hardly any caries.

One-sided Crossbite in Children

The one-sided (unilateral) crossbite in children, is a condition that should be immediately addressed as early as possible. As a rule, the upper teeth should overlap the lower. When, however, the upper jaw does not develop properly, the upper arch holding the teeth will be smaller than normal. The lower teeth will not fit under the upper in the usual manner. In order to do so, the jaw, in an attempt to cause the maximum number



of teeth to come together, will shift the jaw slightly to one side, causing a one-sided crossbite, in which only on one side the lower teeth are brought to overlap the upper teeth. This condition should be addressed immediately, as the consequences are as follows:

- Results in asymmetrical growth of the lower jaw, and thus the face.
- Restricts the growth of the upper jaw.
- Increases the risk for jaw-joint (TMJ) problems in the future
- Causes insufficient space for the tongue, resulting in an increased risk for childhood sleep apnea and lisping.
- Esthetically compromised appearance.

Parents, pediatricians, ENT specialists, and general



physicians should be able to spot this condition and refer to a dentist or orthodontist who has experience in functional jaw orthopedics or appliance therapy. Treatment can be initiated as early as age 5, and involves a simple removable appliance that encourages growth of the upper jawbone (maxilla).

Bite Opening Procedure

A bite key is constructed to fit behind the top incisor teeth. This is adjusted to create the desired vertical space between the back lower baby molars (two on each side). Their fissures are cleaned out (to prevent future cavities), they are then primed and bonded with composite. Before the composite is cured, the child is instructed to bite into the upper key to mold the still soft composite into the correct shape and vertical dimension. After all composites are placed, they are adjusted and polished. These children adapt surprisingly fast to their new bite and by the time these baby teeth are lost, the jawbone and the permanent molars coming in behind them will have grown to consolidate that position.



Arch Development

Small jaws are the main culprit for future tooth crowding, TMJ problems, flat facial profiles, snoring and sleep apnea. In traditional orthodontics, sound teeth are commonly extracted to allow all the teeth to fit. This creates even smaller jaws and paves the way for future jaw problems and/or severe sleep apnea. Early intervention in arch development with removable appliances is a European approach that utilizes the maximum growth potential between the ages 6 and 12. We believe it is common sense to use this approach which creates much better facial profiles and shortens the time, if not completely eliminating the need, for braces.



Non-Extraction Orthodontics

In non-extraction orthodontics we avoid extracting healthy bicuspid teeth to make space. This can be easily accomplished by early intervention therapy and jaw orthopedics. Special consideration is given to achieve and promote an enlarged airway, a healthy jaw joint, a fully developed, wide smile, and a pleasing facial profile with proper lip support.



The guiding principle "First do no harm!" implies that extracting perfectly healthy teeth in order to 'create space' in a jaw that is not big enough to accommodate all teeth, is a biological mistake. If jaw orthopedics is initiated precisely in the period during which the jaws are still developing (ages 5-11), this notion would become obsolete. The trick is to MAKE space early, not to amputate later.



Some of our objectives in orthodontic treatment are:

- Non-extraction - Four healthy bicuspid (the teeth between canine and molars) are never extracted for space.
- Mid-face development – Movement of teeth is usually directed forward to support the mid-face. Backward-directed forces (such as headgear) are never used.
- The upper incisors are flared forward for proper lip support and to prevent trapping the lower jaw in a backward position.
- The vertical dimension is opened even more dur-

ing braces (if the skeletal dimensions call for it). This leads to more tongue space, a larger airway, a healthier jaw and a more favorable bite. The teeth are also allowed to settle in while being aligned.

- Teeth and arches are developed into a wide arch to create a wide smile.



Only strictly professional behavior in our office!



Our little patients make fashion statements with their choice of color and design of their appliances. But it is you, the parent, who knows what great present you give to your child for all of his/her life - a beautiful smile and a beautiful profile. There is reason that a well developed jaw conveys will-power and strength and a fleeing chin indicates meekness.

AMALGAM

An amalgam filling is basically a primitive “prosthetic” method of cutting (or drilling) out infected dentine and filling the space with a substance which hardens and “restores” the missing part of the tooth. Amalgam is an unstable metallic alloy which is not bonded to tooth structure. Instead, it is packed into the cavity using undercuts so it stays put.



Over the years, as amalgam corrodes, its surface is rusted and its marginal integrity is damaged, allowing moisture and bacteria to leak into the space between it and the tooth. The constant expansion and contraction from temperature fluctuations also cause cracks inside the tooth, weakening its structural integrity. What is known as “recurrent” decay sets in, which spreads towards the pulp, and along the enamel and dentin interface, weakening the tooth even more.

Many times the walls of the tooth crumble and fall off, not to mention a total split of the tooth which necessitates extraction.



Safe Amalgam Removal is carried out using strict precautions to avoid mercury vapor release and ingestion. One such precautionary protocol is called the “chunk

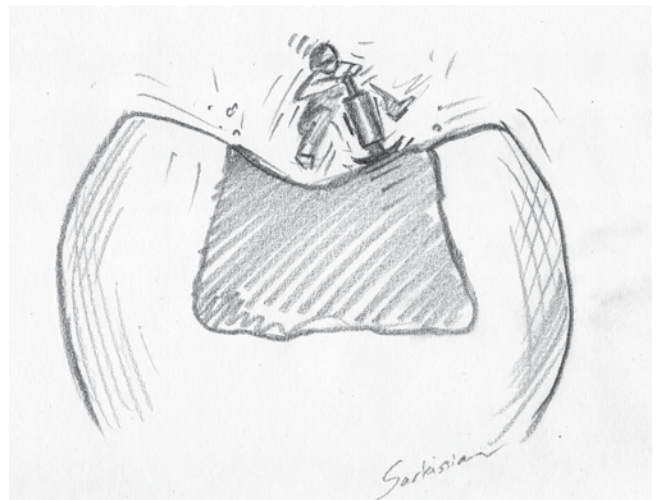
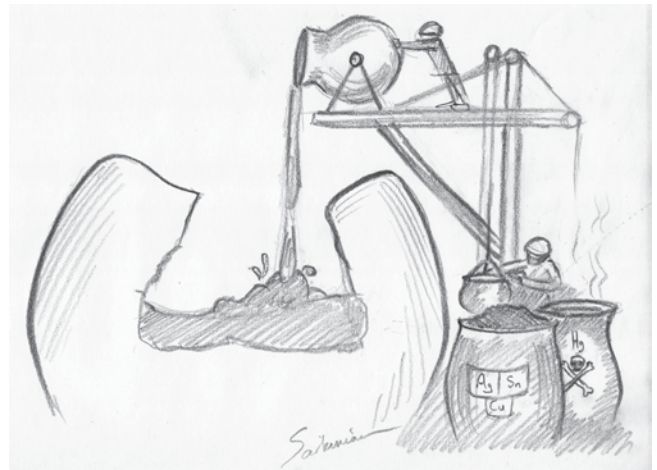
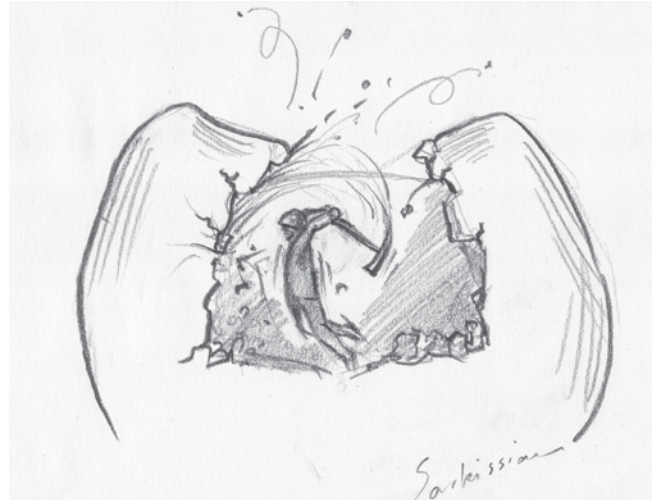


removal” method, which involves drilling trenches along key points in the amalgam, and removing the

“chunks” mechanically. This is to avoid drilling out the whole mass of the amalgam, which would release high quantities of mercury vapor and amalgam dust.

Amalgam is usually replaced with conservative bio-compatible porcelain onlays to preserve tooth structure.

The old way of repairing a tooth



Excavate - Fill - Compact



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Dr. Joseph Sarkissian studied microbiology at the University of Alabama. He then attended the dental school of the University of Goettingen in the former West Germany, where he graduated in 1989.

Over the next eight years he practiced dentistry on the Mediterranean island of Cyprus. During that time he trained in homeopathy, completely abandoned the use of amalgam (mercury) fillings, and expanded his knowledge in the biological aspects of therapy.

In 1998, he moved to Los Angeles and received his license to practice in California. He currently owns a state-of-the-art biological dental practice in Glendale, California.

