In order to be persuasive we therefore need evidence massively more compelling than the studies cited, because we'd have to discard everything we have learned about physics and physical chemistry since Avogadro. As it turns out, systematic reviews of the research show that the more positive results are from methodogically weaker studies, while stronger methodology tends inexorably toward the conclusion of placebo plus experimenter bias.[2-5]

As the House of Commons Science and Technology Committee concluded, there is no robust evidence that homeopathy is effective beyond placebo.[6] To pretend otherwise is unethical as it violates the principle of informed consent. In a world where it is seriously being promoted for the treatment of cancer and radiation poisoning, and the prevention of malaria and typhoid, with provably devastating results, I am afraid your publication of this article is cause for serious concern.

**G. Chapman, Reading**


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## QUACKERY RISK

Sir, I am sure I am not the only reader to be exasperated by the editor's acceptance of the opinion piece *Homeopathy and its ethical use in dentistry* (*BDJ* 2011; **210:** 299-301). I assume an opinion piece slips past the peer review process. This is no reason uncritically to accept arguments lacking in analytic rigour.

There are numerous unsubstantiated and selective claims in the piece. Unfortunately, its inclusion will permit future references by homeopaths to the *BDJ* as if the journal, and by connection the BDA, dental academics and clinicians, viewed homeopathy as having some clinical validity.

I remember being told, as a dental student, that to engage with such quackery simply allows it to benefit from the illusion of scientific debate. This is what we risk here.

On the positive side, however, I am always happy to be reminded of the tale of the homeopath who forgot to take his medicine and died of an overdose.

**R. Levy, London**

**DOI: 10.1038/sj.bdj.2011.487**

## IMPECCABLE ARTICLE

Sir, my thanks to the *BDJ* for allowing Britain's homeopaths a forum to argue their case in a recent, impeccable article (*BDJ* 2011; **210:** 299-301).

I found it encouraging to read that dental professionals now have a further avenue for research through which they can add to the evidence base on which we practise. The potent placebo effect of homeopathic medication is one we can now look to embrace and should indeed 'maximise it for the benefit of our patients'.

The heartening fact that the remedies are so biologically inert that through adopting them in our everyday practice we can seek to 'minimise the amount of potentially dangerous medication used', removes one of the few quandaries I had whilst witnessing their prescription during previous employment in a busy British dental hospital.

Indeed, the article's links to the British Homeopathic Association provided me with the knowledge I was lacking regarding the theory of water's 'memory', which underpins homeopathic practice. Thankfully I discovered that they use distilled water (which I'm assuming has had its memory wiped) to formulate their medications. My concerns lay in that if common tap water was used in these potions then they may still possess a latent memory of the infinitesimally small amounts of faeces and urine which would have previously passed through it. Of course, doing that would be silly.

**N. Stanford, Newcastle-upon-Tyne**

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## ETHICALLY UNACCEPTABLE

Sir, I write regarding *Homeopathy and its ethical use in dentistry* (*BDJ* 2011; **210:** 291-292). In addition to the article there are two quite long letters in support of its use.

Lest your readers begin to think that there may be possible benefits of homeopathy I would draw their attention to the excellent article by Dr Kevin Smith.[1] In this he looks at all the aspects of homeopathy but the critical part of his summary is 'A utilitarian analysis of the utilities and disutilities leads to the conclusion that homeopathy is ethically unacceptable and ought to be actively rejected by healthcare professionals'.

**K. G. Isaacson**

**By email**


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**DOI: 10.1038/sj.bdj.2011.489**

## RESTORATION FRAGMENTS

Sir, we present a unique case of a foreign body reaction in a 52-year-old male patient presenting with pain in the lower right quadrant and a large destructive area of bone loss in the body of the mandible. This was subsequently attributed to an intra-osseous foreign body reaction as a result of amalgam displaced into the socket during an extraction several months ago.

Physical examination revealed slight facial swelling present at the right body of the mandible with no cervical lymphadenopathy or trismus. The patient had no neurological deficits including intact lip sensation.

Intraoral examination revealed a firm palpable swelling in the buccal sulcus around the lower right second premolar region, with no mobility or tenderness to percussion of the adjacent teeth.

Panoramic radiograph (Fig. 1) showed a diffused irregular radiolucent area in the right side of the body of the mandible with residual amalgam residue present within the affected bone leading to significant root resorption of the lower right canine, first premolar and first molar teeth. The pathological area was explored, debridement and curettage of the area was performed under local anaesthesia with extraction of the L44 and L46.

The patient was followed up for six months and remains asymptomatic with radiological evidence for good bony infill (Fig. 2). This case clearly demonstrates iatrogenic cause for a large bony lesion of the mandible requiring surgical referral and treatment, which was potentially avoidable. The bony destruction resulted in the loss of two additional teeth and if allowed to progress could have resulted in further damage to bone and additional tooth loss.

We recommend dentists to be mindful of restorations of teeth to be extracted and adjacent soft tissues. Should there be any doubt of dislodged fragments of restoration, attempts should be made to recover them from the tissues and if unsuccessful then an appropriate referral to an oral maxillofacial unit is to be advised.

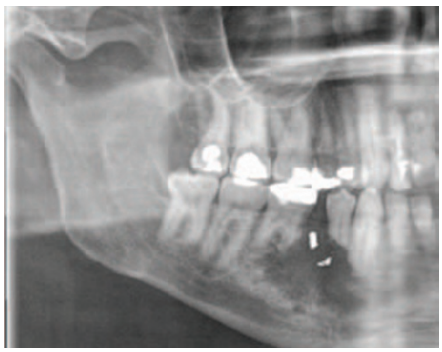

**Fig. 1 Residual amalgam within socket**

**Fig. 2 Six-month follow-up showing good bony infill**

M. Ghafoor, M. Halsnad, N. Grew
Wolverhampton
DOI: 10.1038/sj.bdj.2011.490

## MIRROR MAGIC

Sir, we would like to highlight a new role for the mouth mirror in children with autism.

Examining a child with autism on the dental chair can pose a challenge to a dental practitioner. Autism is a pervasive developmental disability characterised by severe, complex and permanent behavioural and cognitive disabilities.[1] The behavioural characteristics of autism can be categorised into five sub-clusters of disturbances:[2] a) disturbances in relating to persons and things; b) disturbances in communication; c) disturbances in motility; d) disturbances of developmental rate; and e) disturbances of sensory processing and perception. The role of occupational therapy in children with autism or children with Sensory Processing Disorder (SPD) is well established.[3,4] The therapist uses a sensory evaluation form to assess the sensory profile as a part of the sensory integration therapy programme. A section of the evaluation form included parameters to assess oral sensory processing. Scores are given based on the following: the child gags with certain food; has strong preference to certain food, taste and smell; mouths objects and routinely smells or chews non-food objects. Each child in the special school (Sankalp Open School and Learning Centre, Chennai) had their own oral kit which included a toothbrush, nuk brush, finger brush, vibratory brush or oral stimulator tube and teether. With the help of the occupational therapist 20 children with autism were trained to use a mouth mirror as a part their oral kit. We assessed the acceptance of the mouth mirror by these children along with the other parameters of the evaluation form. We found a marked change in the acceptance of the instrument over a period of two months. Inclusion of a mouth mirror in the oral kit had a magical effect and the examination of the oral cavity was made much easier after the mouth mirror took a new role as part of the therapy.

S. Asokan, P. Ajit, Chennai

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DOI: 10.1038/sj.bdj.2011.491