

All About Fluoride

Fluoride, according to the Clinical Toxicology of Commercial Products, 5th Edition (1984) is more poisonous than lead and just lightly less poisonous than arsenic. It is used as a rat poison. The EPA has set 0.015 ppm as the maximum “safe” level for lead in drinking water—yet the maximum “safe” level for fluoride is currently set at 4.0ppm, over 250 times the permissible level for lead.

Studies have shown that fluoride causes motor dysfunction, IQ deficits and/or learning disabilities in humans. Fluoride accumulates in the pineal gland. Fluoride affects thyroid function. Fluoride damages bones (skeletal fluorosis).

Fluoride may cause bone cancer (osteosarcoma). A U.S. government-funded animal study found a dose-dependent increase in bone cancer (osteosarcoma) in fluoride-treated, male rats (NTP 1990). Following the results of this study, the National Cancer Institute (NCI) reviewed national cancer data in the U.S. and found a significantly higher rate of osteosarcoma (a bone cancer) in young men in fluoridated versus unfluoridated areas.

Fluoride exposure impairs memory and concentration, and causes lethargy, headache, depression and confusion in humans. Interestingly, suicide occurs more frequently than expected in populations of fluoride workers.

Fluoride is not an essential nutrient.

No disease, not even tooth decay, is caused by a “fluoride deficiency.”(NRC 1993; Institute of Medicine 1997, NRC 2006). Not a single biological process has been shown to require fluoride. On the contrary there is extensive evidence that fluoride can interfere with many important biological processes.

Moreover, there is not one single double-blind study to indicate that fluoridation is effective in reducing cavities.

The studies that launched fluoridation were methodologically flawed.

The early trials conducted between 1945 and 1955 in North America that helped to launch fluoridation, have been heavily criticised for their poor methodology and poor choice of control communities According to Dr. Hubert Arnold, a statistician from the University of California at Davis, the early fluoridation trials “are especially rich in fallacies, improper design, invalid use of statistical methods, omissions of contrary data, and just plain muddleheadedness and hebetude.” Serious questions have also been raised about Trendley Dean’s (the father of fluoridation) famous 21-city study from 1942 (Ziegelbecker 1981).

Dental fluorosis is a condition caused by an excessive intake of fluorides, characterised mainly by mottling of the enamel (which starts as “white spots”). Dental fluorosis can only occur during the stage of enamel formation and is therefore a sign that an overdose of fluoride has occurred in a child during that period.

In 1957 it was found that even waters containing a mere 0.1ppm (0.1 mg/l) could cause dental fluorosis, the first visible sign of fluoride overdose. What is now becoming apparent is that this “cosmetic” defect actually predisposes to tooth decay.

Children are being over-exposed to fluoride.

The fluoridation program has massively failed to achieve one of its key objectives, i.e., to lower dental decay rates while limiting the occurrence of dental fluorosis. In 2010, however, the Centers for Disease Control and Prevention (CDC) reported that 41% of American adolescents had dental

fluorosis. As the 41% prevalence figure is a national average and includes children living in fluoridated and unfluoridated areas, the fluorosis rate in fluoridated communities will obviously be higher. The British Government's York Review estimated that up to 48% of children in fluoridated areas worldwide have dental fluorosis in all forms, with 12.5% having fluorosis of aesthetic concern (McDonagh, 2000).

The world's largest study on dental caries, which looked at 400,000 students, revealed that decay increased 27 percent with a 1ppm fluoride increase in drinking water.

In Japan, fluoridation caused decay increases of 7 percent in 22,000 students, while in the US a decay increase of 43 percent occurred in 29,000 students when 1ppm fluoride was added to drinking water.

Before the push for fluoridation began, the dental profession recognised that fluorides were not beneficial but detrimental to dental health. In 1944, the Journal of the American Dental Association reported: "With 1.6 to 4 ppm fluoride in the water, 50 percent or more people past age 24 have false teeth because of fluoride damage to their own teeth."

The fluoride compound in "naturally" fluoridated waters is calcium fluoride. However, this is NOT the compound used to fluoridate water! Sodium fluoride and hydrofluorosilicic acid are used in over 90 percent of fluoridation programs. Hydrofluorosilicic acid is a direct by-product of pollution scrubbers used in the phosphate fertilizer and aluminium industries.

Animal studies have revealed that hydrofluorosilicic acid and sodium fluoride are much more toxic than calcium fluoride.

Water FLUORIDATION CHEMICALS

The fluoride chemicals used to fluoridate drinking water are: [fluorosilicic acid](#), sodium fluorosilicate, and sodium fluoride.

Sodium Fluoride – the active ingredient in rat poison.

SODIUM FLUOROSILICATE MSDS

Classified as Dangerous Goods by the criteria of the Australian Dangerous Goods Code (ADG Code) for Transport by Road and Rail; DANGEROUS GOODS.

This material is hazardous according to Safe Work Australia; HAZARDOUS CHEMICAL.

Poisons Schedule (SUSMP): S6 Poison.

Hazard Statement(s):

H301+H311+H331 Toxic if swallowed, in contact with skin or if inhaled.

HYDROFLUOSILICIC ACID MSDS

"By recovering by-product fluosilicic acid from fertilizer manufacturing, water and air pollution are minimized, and water authorities have a low-cost source of fluoride available to them." (Rebecca Hanmer, EPA, 1983)

Corrosive! May be fatal if inhaled or swallowed. Causes severe skin and eye burns. Vapours are extremely irritating to eyes and respiratory tract.

May cause pulmonary oedema, fluorosis, exostoses (bone spurs), hypocalcemia, shock, central nervous system (CNS) depression, coma and death. CNS depression is characterised by headache, dizziness, drowsiness, nausea, vomiting and incoordination. Severe overexposures may lead to coma and possible death due to respiratory failure. Pulmonary oedema is the build-up of fluid in the lungs that might be fatal. Symptoms of pulmonary oedema, such as shortness of breath, may not

appear until several hours after exposure and are aggravated by physical exertion. (4)

Fluoride is a bone seeker, and excessive amounts will produce weakening and degeneration of the bone structure. Chronic exposure may cause excess accumulation of fluorine (fluorosis) in the teeth and bones. Severe fluorosis in children weakens tooth enamel resulting in surface pitting. After prolonged high intake in adults bony changes occur characterized by hardening or abnormal density of bone (osteosclerosis), benign bony growths projecting outward from the surface of the bone (exostoses) and calcification of ligaments, tendons, and muscle attachments to bone. Ingestion and skin contact may cause an abnormal reduction of blood calcium (hypocalcemia) and kidney damage since fluorides precipitate calcium stored in the body. There may also be heart, asthma, nerve, intestinal and rheumatism problems. (1,3,4)

Fluoride in DENTAL PRODUCTS

"If you accidentally swallow more than used for brushing, seek professional help or contact a poison control center immediately."

Many dental products contain dangerously high levels of fluoride. For years, manufacturers and dentists failed to warn consumers about the risks from ingesting these products. Although the FDA now requires manufacturers to warn consumers that fluoride products are poisonous when swallowed, manufacturers and dentists are still using these products in ways that expose consumers and patients to potentially toxic levels of fluoride.

Fluoride Toothpastes

- Although research suggests adult-strength fluoride toothpaste (1,100-1,450 ppm F) can reduce tooth decay, this potential benefit comes with the risk of [disfigured teeth](#).
- Use of fluoride toothpaste during childhood is a [major risk factor](#) for dental fluorosis, particularly for children who brush before the age of three and who live in areas with fluoridated water.
- Children who swallow fluoride toothpaste can reach fluoride levels in their blood that exceed the levels that have been found to inhibit [insulin secretion](#) and increase [blood glucose](#) in animals and humans.
- All fluoride toothpastes sold in the U.S. must now include a [poison label](#) that warns users to "contact a poison control center immediately" if they swallow more than used for brushing.
- Just 1 gram of fluoride toothpaste (a full strip of paste on a regular-sized brush) is sufficient to cause [acute fluoride toxicity](#) in two-year old children (e.g., nausea, vomiting, headache, diarrhea).
- In 2009, U.S. poison control centers received [over 25,000 calls](#) related to excessive ingestion of fluoride toothpaste, with over 378 users requiring emergency room treatment.
- In adults, fluoride toothpaste can cause skin rashes around the mouth known as [perioral dermatitis](#) as well as [canker sores](#).

Fluoride facts

- The assertion that fluoride is good for teeth is a myth
- There is enough fluoride in a tube of toothpaste to kill a small child.
- 98% OF WESTERN EUROPE HAS REJECTED WATER FLUORIDATION
- 90% of UNITED KINGDOM DOES NOT FLUORIDATE WATER
- India has filters on their water treatment plants to remove fluoride!
- MANY CHILDREN NOW EXCEED RECOMMENDED DAILY FLUORIDE INTAKE

FROM TOOTHPASTE ALONE.

- 53 STUDIES HAVE LINKED FLUORIDE WITH REDUCED IQ IN CHILDREN.
- FLUORIDE IS NOT A NUTRIENT.

<http://fluoridealert.org/articles/50-reasons/>

<http://fluoridealert.org/issues/dental-products/toothpastes/>

Sources Excerpts from Fluoride—What's Wrong With This Picture? By Andreas Schuld - head of Parents of Fluoride Poisoned Children (PFPC).

Fluoride Action Network <https://fluoridealert.org>