

Fluoride Overdosing—Danger in the Drinking Water

"The 'optimal' level of fluoride intake has NEVER been determined scientifically." J. American Dental Association, Vol. 126, p.1625, Dec. 1995.

1. The FDA has classified fluoride as an unapproved new drug. After 52 years of fluoride's use in municipal water, the FDA does not have one study on file showing fluoride's safety or effectiveness.
2. Today, less than 2% of Europe is fluoridated where as over 50% of U.S. drinking water is fluoridated. Fluoride is in the food, water, beverages and dental products as well as fluoride-based pharmaceuticals, work place exposure and air emissions.
3. In 1993, the U.S. Dept. of Health and Human Services stated in its Toxicological Profile on fluoride, "Existing data indicates that subsets of the population may be unusually susceptible to the toxic effects of fluoride and its compounds. These populations include the elderly, people with deficiencies of calcium, magnesium and/or vitamin C and people with cardiovascular and kidney problems."
4. Below is a summary and analysis of a table from the U.S. Dept. of health and Human Services report, Review of Fluoride Benefits and Risks (1991) that demonstrates exposure levels to fluoride from food, beverages, and dental products, This table does not include all sources of fluoride exposure, such as fluoride-based medications, work place exposure, or air emissions. The more one uses products containing fluoride, the level of exposure to one's body increases. Please note the multiplier effect that use of fluoridated water has on fluoride intake:

Fluoride concentration in drinking water	Fluoride Intake	% over 1 mg optimal dose
Unfluoridated communities < 0.3 mg/L	0.88 - 2.2 mg/day	as much as 120%
Fluoridated communities 0.7-1.2 mg/L	1.58 - 6.60 mg/day	as much as 560%
Fluoridated communities > 2.0 mg/L	2.10 -> 7.05 mg/day	could be > 605%

1. The adverse health affects include: increase rates of cancer, increased hip fractures in the elderly, increase in osteoporosis, increased rates of infertility, chronic fatigue, headaches, bone and joint pain, behavioral problems, calcification of the brain, increase rates of stress fractures and Crohn's Disease (Irritable Bowel Syndrome).

The FDA's claim that fluorosis is only a cosmetic effect is unsubstantiated. It is symptomatic of chronic intoxicification (over-exposure) to fluoride. The FDA's claim that 2 ppm will "ensure public awareness" is unfou

Fluoride has never passed the controlled studies necessary for "FDA Approval" as either a supplement or an additive to municipal water.

"Fluorine is the most reactive and dangerous of all the halogen family of elements..." *Albert W. Laubengayer, Ph.D. Professor of Chemistry Cornell University.* \\ "Fluorides are general protoplasmic poisons, with the capacity to modify the metabolism of cells by inhibiting certain enzymes. Sources of fluorine intoxication include drinking water containing 1 ppm or more of fluorine." *AMA September 18, 1943.*

"Drinking water containing as little as 1.2 ppm fluoride will cause developmental disturbances. In light of our present knowledge of the subject, the potentialities for harm outweigh those for good." *Journal of*

the American Dental Association October 1, 1944.

Academy of General Dentistry's Press Release on the University of Iowa Study (December 1996): 62% of 532 ready-to-drink fruit juices (frozen-concentrate and juice flavored drinks) surveyed had fluoride levels greater than 0.6 ppm. This amount is already above the recommended dose of supplemental fluoride which is between 0.3 and 0.6 parts per million.

There are now at least eight studies that showed an increase of hip fracture incidence in fluoridated compared to unfluoridated communities. Estimated that 350,000 hip fractures occur annually (and increasing) and at a cost of \$9 billion dollars/yr. "*A Brief Account of the Fluoridation and Hip Fracture Problem*" by John R. Lee, M.D. June 30, 1995.

Fluoride causes poisoning of the central nervous system especially the hippocampus causing neuropathology and behavioural deficits. *Phyllis Mullenix, Ph.D. international authority on toxicology.*

"...the consumption of water containing fluorides has a delaying action on the onset of caries (decay) rather than a lasting preventive effect." *Albert W. Laubengayer, Ph.D., Professor of Chemistry at Cornell University (First National Symposium on Fluoridation).*

The largest United States study on fluoridation and tooth decay conducted by the U. S. Public Health Service reviewed dental records of over 39,000 school children. This study showed that the decay rate of permanent teeth was virtually the same for fluoridated and nonfluoridated areas. *Marcus, W. Chemical and Engineering News, 1990.*

1992 study in Tucson, Arizona of 26,000 elementary school children found that the more fluoride a child consumes, the more cavities appear in the teeth. *Study conducted by University of Arizona headed by professor emeritus Cornelius Steelink.*

The American Dental Association states in its own literature that the average individual consuming "optimally" fluoridated water (0.7-1.2 mg/L) will ingest 1.9 mg of fluoride daily. Also stated in their literature is the statement that levels of 2 mg per day will cause dental fluorosis. Dental fluorosis as defined by Taber's Cyclopedic Medical Dictionary results from chronic fluoride intoxication or pathological change. Dental fluorosis is more than just a "cosmetic" defect!