He Said She Said

Albuquerque New Mexico

April 9th 2014
If liquid concentrate or powdered infant formula is the primary source of nutrition, it should be mixed with water that is fluoride free or contains low levels of fluoride to reduce the risk of fluorosis.
First:

Does fluoride work to reduce tooth decay if swallowed?

No, it does not. 1

The only measurable dental effects are topical. 2

1 Featherstone, J Journal of the American Dental Association 7/2000
2 Morbidity and Mortality Weekly Report CDC on Fluoride August, 2001
Like sun block, it’s topical.

You shouldn’t drink it.
The prevalence of dental caries in a population is not inversely related to the concentration of fluoride in enamel (37), and a higher concentration of enamel fluoride is not necessarily more efficacious in preventing dental caries (38).

Fluoride’s predominant [anti-cavity] effect is posteruptive and topical . . . .
“Even when the outer level of enamel has higher fluoride levels, such as 1000 ppm, it does not measurably withstand acid-induced dissolution any better than enamel with lower levels of fluoride.”

Featherstone J., Journal of the American Dental Association 2000
“The fluoride incorporated developmentally—that is systemically in to the normal tooth mineral – is insufficient to have a measurable affect on acid solubility.”

Featherstone J., Journal of the American Dental Association 2000
Fluoride’s effects are topical.
The FDA’s Warning on fluoridated toothpaste

“KEEP OUT OF REACH OF CHILDREN UNDER 6 YEARS OF AGE. IN CASE OF ACCIDENTAL INGESTION, SEEK PROFESSIONAL ASSISTANCE OR CONTACT A POISON CONTROL CENTER IMMEDIATELY.”
They Say

It’s decay inhibition effects are topical on the germs that cause decay.
They Say

Because Fluoride inhibits the bacteria's ability to breathe and digest.
They Say

Just like Fluoride inhibits the cells in a child’s body making new teeth and bones.
Dental Fluorosis is due to systemic inhibition of matrix metalloproteinase-20 (MMP-20).

Function:

Proteins of the matrix metalloproteinase (MMP-20) are involved in the breakdown of extracellular matrix in normal physiological processes, such as embryonic development, reproduction, and tissue remodeling, as well as in disease processes, such as arthritis and metastasis. Most MMP's are secreted as inactive proproteins which are activated when cleaved by extracellular proteinases.

http://en.wikipedia.org/wiki/MMP20#Clinical_significance
They Say

Second:

Is fluoride safe for babies or the handicapped?

No, it is not. Just do the math.³

Fluoridation advocate Admits F tap-water can Poisons Babies
http://youtu.be/OUzEJoW1U2s
### Table 1. Dietary Fluoride Supplementation Schedule

<table>
<thead>
<tr>
<th>Age</th>
<th>&lt;0.3 ppm F</th>
<th>0.3 to 0.6 ppm F</th>
<th>&gt;0.6 ppm F</th>
</tr>
</thead>
<tbody>
<tr>
<td>Birth to 6 months</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>6 mo to 3 years</td>
<td>0.25 mg</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>3 to 6 years</td>
<td>0.50 mg</td>
<td>0.25 mg</td>
<td>0</td>
</tr>
<tr>
<td>6 to at least 16 years</td>
<td>1.00 mg</td>
<td>0.50 mg</td>
<td>0</td>
</tr>
</tbody>
</table>

American Academy of Pediatric Dentistry Guideline on fluoride Therapy 2013

They Say
Research has shown that mother’s milk has almost no fluoride and breastfeeding is the baby’s best food.
Fluoride in tap water is responsible for a substantial percentage of dental fluorosis. 1987 National Institute of Dental Research study found that 66% of the children in fluoridated areas of the U.S. had at least one tooth visibly damaged by dental fluorosis. 4

Fig. 1 Tooth decay in fluoridated (F), partially fluoridated (PF) & nonfluoridated (NF) areas: permanent teeth

DMFT
Decayed, Missing & Filled Permanent Teeth per Child

- Non-Fluoridated
- Partially Fluoridated
- Fluoridated

AGE
5 6 7 8 9 10 11 12 13 14 15 16 17
They Say

Is fluoride safe for everyone?

No it is not. 5

5. Agency for Toxic substances and Disease Registry (ATSDR) Toxicological Profile ATSDR TP-91/17
2.7 POPULATIONS THAT ARE UNUSUALLY SUSCEPTIBLE

Existing data indicate 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.

Because fluoride is excreted through the kidney, people with renal insufficiency would have impaired renal clearance of fluoride.

5. Agency for Toxic substances and Disease Registry (ATSDR) Toxicological Profile ATSDR TP-91/17
They Say

2.7 POPULATIONS THAT ARE UNUSUALLY SUSCEPTIBLE

Poor nutrition increases the incidence and severity of both dental fluorosis and skeletal fluorosis.

(Murray and Wilson 1948; Pandit et al. 1940, Pandit et al. 1940).

5. Agency for Toxic substances and Disease Registry (ATSDR) Toxicological Profile ATSDR TP-91/17
Third:

Is ingested fluoride approved by the Food and Drug administration for the purpose of reducing tooth decay?

No, it is not. 7

hydrofluosilicic acid
The FDA Says

The U. S. Food and Drug Administration has never approved any fluoride containing substance intended to be ingested to reduce tooth decay.

1975 the FDA had rejected a new drug application for fluoride vitamins and supplements and allowed 35 to be voluntarily withdrawn stating that: *There is no substantial evidence of drug effectiveness as prescribed, recommended, or suggested in its labeling.*

8. Drug Therapy NDA withdrawn for fluoride and vitamin combinations 1975
I Say

It is just as simple as 1, 2, 3.

1) Dental benefit, if any, is only **TOPICAL**.
2) The ADA agrees that tap water formula is **NOT** safe for small babies.
3) **NOT** FDA Approved as safe or effective because that is not how it works.
What dentists are told

Water Fluoridation Safety, Efficacy And Value In Oral Health

By News Staff | March 21st 2014 10:02 AM | 63 comments | Print | E-mail | Track Comments

During the 43rd Annual Meeting & Exhibition of the American Association for Dental Research, held in conjunction with the 38th Annual Meeting of the Canadian Association for Dental Research, Stephen H. Abrams of Cliffcrest Dental Office in Toronto chaired a symposium titled "Water Fluoridation: Safety, Efficacy and Value in Oral Health Care."

Community water fluoridation (CWF) and other fluoride modalities historically have been and remains the cornerstone for the prevention and control of dental caries. There is extensive evidence on the efficacy and cost-effectiveness of these interventions as well as assessments of the risks associated with fluoride ingestion.
What dentists are told

Is not simply true

Numerous dental articles claim:

In 2006, the National Research Council identified severe fluorosis as the only documented health effect of fluoride at 2 – 4 mg/L in drinking water.

Concentrations recommended for CWF and current dosage schedules for other modalities ensure safety.
NAS Says

2006 National Academy of Science
Review of the EPA’s
Safe for everyone for a lifetime standard
Maximum Contaminant Level Goal
MCLG
The toxicology and risk assessment experts voted unanimously to reject the EPA’s MCLG.

on the basis of "known" effects:

1. skeletal fluorosis
2. bone fractures
3. severe dental fluorosis
4. Therefore 4 mg/L is "not safe".

National Academy of Science NRC 2006 Review of EPA’s MCLG for Fluoride
The toxicology and risk assessment experts voted unanimously to reject the EPA’s MCLG.

They did not say that "fluoridation" is safe.

They did not evaluate the safety or efficacy of fluoridation.

They pointed out lots of areas that need research.

Personal communication with Dr. Kathleen Thiessen NRC panelist and risk assessment expert.
The toxicology and risk assessment experts voted unanimously to reject the EPA’s MCLG.

They pointed out that some effects (e.g., endocrine/thyroid) can occur at exposure levels (in terms of mg/kg/day) that are reached by people at fluoride concentrations in drinking water of 1-4 mg/L especially infants.

Putting even a small amount of "safety factor" between "unsafe" and "possibly safe" puts "possibly safe" below the CWF levels.

Personal communication with Dr. Kathleen Thiessen NRC panelist and risk assessment expert
And it’s not fluoride!

The product used in 91% of the water fluoridation schemes is raw untreated hazardous waste from the pollution scrubber systems of the phosphate fertilizer mining industries called Hydrofluosilicic Acid.
Disproportionate Harm
Disproportionate Harm

Masters, R., Coplan, M. Hone, B.
Water Treatment with Silicofluorides and Lead Toxicity,
International Journal of Environmental Studie
Summer 1999

NHANES III

blood lead level μg/dL

African-American
Hispanic
Caucasian

high SiF >90%
low SiF <10%
Disproportionate Harm

Figure 1. Sawan et al. Toxicology 2010

*p < 0.001
Fig. 4 - Median box and whiskers plot showing median, 25th, 75th, maximum and minimum values for fluorosis index for upper (A) and lower (B) incisors. *P<0.0001.
Everyone Agrees

WARNING
WWW.SW4SC.Org
888-728-3833
Fluoride is Not Safe for a Baby!