

15 Reasons NOT to use Flouride

*Taken from the article "50 Reasons to Oppose Flouridation" by Paul Connett, PhD
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<http://www.fluoridealert.org/50-reasons.htm>

- 1)** Fluoride is not an essential nutrient (NRC 1993 and IOM 1997). No disease has ever been linked to a fluoride deficiency. Humans can have perfectly good teeth without fluoride.
- 2)** Fluoridation is not necessary. Most Western European countries are not fluoridated and have experienced the same decline in dental decay as the US
- 3)** Where fluoridation has been discontinued in communities from Canada, the former East Germany, Cuba and Finland, dental decay has not increased but has actually decreased (Maupome 2001; Kunzel and Fischer, 1997, 2000; Kunzel 2000 and Seppa 2000).
- 4)** There have been numerous recent reports of dental crises in US cities (e.g. Boston, Cincinnati, New York City) which have been fluoridated for over 20 years. There appears to be a far greater (inverse) relationship between tooth decay and income level than with water fluoride levels.
- 5)** Fluoride is a cumulative poison. On average, only 50% of the fluoride we ingest each day is excreted through the kidneys. The remainder accumulates in our bones, pineal gland, and other tissues. If the kidney is damaged, fluoride accumulation will increase, and with it, the likelihood of harm.
- 6)** When complexed with aluminum, fluoride interferes with G-proteins (Bigay 1985, 1987). Such interactions give aluminum-fluoride complexes the potential to interfere with many hormonal and some neurochemical signals (Strunecka & Patocka 1999, Li 2003).
- 7)** Fluoride has been shown to be mutagenic, cause chromosome damage and interfere with the enzymes involved with DNA repair in a variety of cell and tissue studies (Tsutsui 1984; Caspary 1987; Kishi 1993 and Mihashi 1996). Recent studies have also found a correlation between fluoride exposure and chromosome damage in humans (Sheth 1994; Wu 1995; Meng 1997 and Joseph 2000).
- 8)** Fluoride forms complexes with a large number of metal ions, which include metals which are needed in the body (like calcium and magnesium) and metals (like lead and aluminum) which are toxic to the body. This can cause a variety of problems. For example, fluoride interferes with enzymes where magnesium is an important co-factor, and it can help facilitate the uptake of aluminum and lead into tissues where these metals wouldn't otherwise go (Mahaffey 1976; Allain 1996; Varner 1998).
- 9)** Five studies from China show a lowering of IQ in children associated with fluoride exposure (Lin Fa-Fu 1991; Li 1995; Zhao 1996; Lu 2000; and Xiang 2003a, b). One of these studies (Lin Fa-Fu 1991) indicates that even just moderate levels of fluoride exposure (e.g. 0.9 ppm in the water) can exacerbate the neurological defects of iodine deficiency.
- 10)** Studies by Jennifer Luke (2001) showed that fluoride accumulates in the human pineal gland to very high levels. In her Ph.D. thesis Luke has also shown in animal studies that fluoride reduces melatonin production and leads to an earlier onset of puberty (Luke 1997).
- 11)** In the first half of the 20th century, fluoride was prescribed by a number of European doctors to reduce the activity of the thyroid gland for those suffering from hyperthyroidism (over active thyroid) (Stecher 1960; Waldbott 1978). With water fluoridation, we are forcing people to drink a thyroid-depressing medication which could, in turn, serve to promote higher levels of hypothyroidism (underactive thyroid) in the population, and all the subsequent problems related to this disorder. Such problems include depression, fatigue, weight gain, muscle and joint pains, increased cholesterol levels, and heart disease. It bears noting that according to the Department of Health and Human Services (1991) fluoride exposure in fluoridated communities is estimated to range from 1.6 to 6.6 mg/day, which is a range that actually overlaps the dose (2.3 - 4.5 mg/day) shown to decrease the functioning of the human thyroid (Galletti & Joyet 1958). This is a remarkable fact, particularly considering the rampant and increasing problem of hypothyroidism in the United States (in 1999, the second most prescribed drug of the year was Synthroid, which is a hormone replacement drug used to treat an underactive thyroid). In Russia, Bachinskii (1985) found a lowering of thyroid function, among otherwise healthy people, at 2.3 ppm fluoride in water.
- 12)** In some studies, when high doses of fluoride (average 26 mg per day) were used in trials to treat patients with osteoporosis in an effort to harden their bones and reduce fracture rates, it actually led to a HIGHER number of fractures, particularly hip fractures

(Inkovaara 1975; Gerster 1983; Dambacher 1986; O'Duffy 1986; Hedlund 1989; Bayley 1990; Gutteridge 1990. 2002; Orcel 1990; Riggs 1990 and Schnitzler 1990). The cumulative doses used in these trials are exceeded by the lifetime cumulative doses being experienced by many people living in fluoridated communities.

13) The US Public Health Service first endorsed fluoridation in 1950, before one single trial had been completed (McClure 1970)!

14) The chemicals used to fluoridate water in the US are not pharmaceutical grade. Instead, they come from the wet scrubbing systems of the superphosphate fertilizer industry. These chemicals (90% of which are sodium fluorosilicate and fluorosilicic acid), are classified hazardous wastes contaminated with various impurities. Recent testing by the National Sanitation Foundation suggest that the levels of arsenic in these chemicals are relatively high (up to 1.6 ppb after dilution into public water) and of potential concern (NSF 2000 and Wang 2000).

15) Some of the earliest opponents of fluoridation were biochemists and at least 14 Nobel Prize winners are among numerous scientists who have expressed their reservations about the practice of fluoridation