

# THE AUSTRALIAN FLUORIDATION NEWS



ARTIFICIAL FLUORIDATION  
IS WATER POLLUTION

www.fluoridationnews.com  
Email: afavaust@gmail.com  
G.P.O. Box 935,  
Melbourne, Vic., 3001

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Vol. 26  
No. 6

Price \$2.00  
\$15 per annum posted Australia.

Nov.-Dec.  
1990

Registered by Australia Post —  
Publication No. NBG0721

## A REVIEW AND EVALUATION OF FLUORIDATED TOOTHPASTE

With the current advent of world scientific dental opinion admitting 40 years of fluoridation misinformation, bias and exaggerated claims, attention is being focussed on fluoridated toothpaste manufacturers.

To compound their concern, Dr. E. Reynolds of Melbourne University announced (9th August, 1989) the patenting and licensing of an anti-caries extract from milk. He is reported in the Melbourne Age 9th August, 1989 saying:

*"If fluoride is not working and dental education is not working, then the only way to target those individuals is to have something in the food that is recognised as anti-cariogenic that they could be consuming . . . and that really is a pretty tall order."*

Believing fluoridation an anti-caries drug, why are so many dental scientists around the world desperately looking for "something to stop tooth decay". It is suggested that the milk extract will be added to toothpaste and foods.

*... why are so many dental scientists around the world desperately looking for "something to stop tooth decay?"*

Strange that over ten years of dental research at the University of Melbourne to refine the milk extract, the same University Dental School was the nerve centre for promoting fluoridation, and promising the people of Victoria it was safe, effective and would stop tooth decay.

Professor E. Storey of the Dental School was the government's lynch pin whenever fluoridation needed protection, and whilst this endorsement was being used to protect the fluoride promoters in and out of Parliament, the University Dental School was looking for something to stop tooth decay! When making the first public statement on their milk extract in 1981, Professor Storey stated:

*"Clearly further anti-decay strategies are essential."*

*Fluorides are cumulative poisons, scientifically proven to inhibit and destroy enzymes, even in small doses . . .*

A thin line exists between strategy and propaganda, never better illustrated than that found in fluoride and fluoridation propaganda. Almost without exception, the published dental studies on fluoridated toothpaste acknowledge the help and encouragement from the actual toothpaste manufacturers.

Caries percentage study claims on fluoridated toothpaste are "for the file" and for use as references in later papers by other authors promoting fluoridated toothpaste. An example from a study of fluoridated toothpaste published in *Community Dental Oral Epidemiol* 1977, 5: 67-72, stated in part:

*"The apparently considerable benefit to the ante-*

*rior teeth in children in the low group, where there is a reduction of 61.7 percent, is in fact, an actual difference between groups of only 0.3 surfaces over the three-year period."*

Fluoridated toothpaste (FTP) has enjoyed a high profile protection from dental associations, dentists and governments to the extreme limits that allow 1000 ppm F in toothpaste without warnings or Poison 'S' labels. The Government even go so far as to exempt fluoridated toothpaste from the official Australian Poisons Schedule.

A number of countries have banned advertising of FTP and declared it dangerous.

FTP are manufactured and promoted by some of the world's largest and richest multi-national companies, who spend many millions of dollars in advertising which makes them amongst the best customers for TV, radio, press and glossy magazines throughout the world. Perhaps this explains their advantage over anyone attempting to draw media attention to such a product.

Dentist's rooms are covered with fluoridated toothpaste propaganda, all of which also helps to protect the dentists' reputations for fluoride fanaticism backed by such large organisations.

These manufacturers names also appear as financing many dental research papers, so it's kept in that tight family circle.

Unexplained and contradicting facts cause suspicion of scientific integrity, when one manufacturer changed from additions of sodium fluoride to sodium monofluorophosphate and then produced studies and technical articles which appeared throughout the world claiming a great advantage with the new fluoride phosphate chemical.

*"Children under 4 years should use toothpaste without fluoride."*

Strangely, we now find the manufacturers have reverted to sodium fluoride, but are using the claims they made for monofluorophosphate to sell their product, and to continue their claims based on sodium fluoride.

So now, after all the ballyhoo so-called scientific research and studies, they are using the original sodium fluoride formula.

FTP claims of safety and effectiveness are based on poorly designed studies that are unsubstantiated, unproven and scientifically illogical.

Fluorides are cumulative poisons, scientifically proven to inhibit and destroy enzymes, even in small doses, and those suggesting that such a drug is safe for children to swallow, are not responsible people or organisations, including health authorities who sponsor this potentially dangerous method of cleaning teeth.

LANCET — NOVEMBER 5, 1988, INDIA

"The Indian Council of Medical Research strongly advises against the use of fluoride toothpaste in children below the age of 6." In spite of the Indian Medi-

cal Research Council's recommendations, the government allows the FTP manufacturers to print on their cartons "Your family particularly your children will love its great taste."

Health authorities in Kenya have banned advertisements for fluoridated toothpastes under the Pharmacy and Poisons Act of Kenya. The Government of India has allocated \$62.5 million under the Prime Minister's Technology Mission on Drinking Water for the elimination of toxic chemicals including Fluoride from drinking water throughout India.

One proposal to the Indian Government Committee, looking into fluoridated toothpaste, suggested the following warning should be printed on all FTP cartons:

*"Excess fluoride in toothpaste can be injurious to health, and may result in mottling and brownish discolouration of teeth. Children below 6 not to use fluoride toothpaste."*

Some years ago in Australia, Ipana Fluoride Toothpaste cartons included this warning:

*"This contains sodium fluoride (0.22%) and the labelling POISON is required. The safety margin allows accidental swallowing of a 2.5 ounce (giant) tube contents without effect."*

The International Journal *Fluoride* January 1989 reported a study by Dr. Louis W. Ripa, et. al, State University of New York on toothpastes containing 1000 ppm F, 1250 ppm, and 500 ppm F. In their conclusions they stated "no statistically significant differences were found in caries increments between the groups, no added benefit occurred from increasing the fluoride concentration to 2500 ppm in mixed dentifrices."

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**"... children may swallow so much as 0.5 mg fluoride when they brush their teeth ..."**

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The *Sydney Morning Herald* 18th August 1988 reported a new toothpaste (Moon-paste) for astronauts. NASA scientists state:

*"Moon-paste will help people who are unable to expectorate and young children who swallow too much toothpaste, thus risking the ingestion of too much poisonous fluoride."*

A Swedish toothpaste carton warns according to Health Department recommendations:

*"Children under 4 years should use toothpaste without fluoride."*

An article in the *Melbourne Sun*, 19th August, 1986 on toothpaste states:

*"Most toothpastes are purchased according to taste, and particular tastes insure continuous use of a particular product. Some children's toothpastes are available in flavours of raspberry, banana, and vanilla."*

Such flavouring, and we are told children do not swallow FTP! In 1980 Ekstrand and Ehrnebo of Karolinska Institute and Karolinska Pharmacy, Karolinska Hospital Stockholm, published their research (*Caries Research* 1980) titled:

#### **"ABSORPTION OF FLUORIDE FROM FLUORIDE DENTIFRICES"**

*"It may however be concluded that plasma fluoride fluctuations do occur as a result of multiple doses of F, e.g., daily ingestion of F toothpaste."*

They quote the literature on children's ingestion of F toothpaste, and F gels.

*"Another important fact in connection with the use of F dentifrices is the dose of F swallowed by children. Barnhart et. al, 1974 studied in detail the amount of dentifrice applied to a brush and ingested in 118 children. In small children (aged 2-4 years) an average of 0.86 gram toothpaste was applied (range 0.19 - 2.41 g) of which 35% was ingested."*

*In another group (aged 5-7 years) 0.94 g was applied (range 0.14 - 2.08 g) of which 14% was ingested. Ericsson and Forsman (1969) studied the ingestion of toothpaste in children 4-7 years*

*during supervised brushing. They reported that about 25-33% of the toothpaste was ingested. Hargreaves et. al (1972) found similar results in 3-6 year old children (28%)."*

*They said that from these investigations it can be concluded that about 0.5 mg F may be ingested by children when an 0.1% F toothpaste is used twice daily, however this dose may vary considerably. Our findings, and the fact the children may swallow as much as 0.5 mg fluoride when they brush their teeth, indicates that F dentifrices are a significant source of F intake."*

Ekstrand and Koch, *Journal of Dental Research* 1980 published their research under the title "Systemic Fluoride Absorption following Fluoride Gel Application."

In their study they found adverse reactions following the application of the gel, owing to the patient swallowing the flavoured fluoride gel, which stimulated salivation.

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**... after 1960 the poison label was removed ...**

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Remember Mrs Marsh and her chalk dipped in ink? That advertisement was challenged through the Minister of Consumer Affairs as misleading. It suggested the fluoride in the toothpaste was absorbed into the tooth enamel in a similar manner to the ink into the chalk.

The Minister accepted Colgate's reply which stated that they do not challenge the apparent television rate of absorption. They say it is an "analogous position" used to convey a principle on television.

The Minister said that on the challenge to the degree of absorption, the advertisement with the chalk "was not misleading to the degree that fluoride was not absorbed by the tooth enamel, although as you point out, the rate of absorption is significantly different from por-trayed".

So from this reply it is obvious that fluoride toothpaste manufacturers have very little worry about the Government helping to stop their exaggerated and misleading advertisements.

The *International*, July 1984 reported that defluoridation was necessary and stated the researchers at the University of Nairobi had stated that:

*"Using fluoride toothpaste is like adding fuel to the fire."*

There is endemic fluorosis of bones in Kenya.

Before 1960, Colgate's fluoride toothpaste cartons stated:

**"POISON S5, KEEP OUT OF REACH OF CHILDREN"**

But after 1960 the poison label was removed which allowed supermarkets to sell what was previously a controlled S5 poison product and therefore obtainable only from chemists. Some very strange statements are made in magazines, supposedly promoting health protection. *Choice* magazine May 1982, published an article on toothpastes, and under the heading "Fluoride" they stated:

*"Last time we tested toothpaste (Choice March 1978) we tested fluoride levels. In every case we found adequate, but not excessive levels."*

Was this a serious study to record levels of fluoride, and if so, what do they mean by having found "adequate levels"? Does this report demonstrate bias, ignorance, or promotion and endorsement?

#### **WHAT ARE ADEQUATE LEVELS OF FLUORIDE IN TOOTHPASTE?**

Professor G. Koch et. al, presented a study published in the *Swedish Dental Journal* 1982, under the title "Effects of 250 and 1000 ppm fluoride dentifrices on caries".

The study consisted of 541, 12 and 13-year-old children, over a period of three years, using toothpastes of three different F concentrations, 1000, 500 and 250 ppm.

The conclusion of these Swedish dental scientists was:

"This indicates that a 250 ppm F dentifrice has the same caries preventive effect as a 1000 ppm F dentifrice."

They also claimed it was unethical to test a zero concentration of F! So why use four times the concentration of poison?

The *New Zealand Dental Journal* in an editorial 1979 said:

"More (fluoride) is not always better."

The *Journal of Dental Research* abstracts 1982-1983 quoted Drummond 1983:

"Infants are well known to swallow appreciable quantities of toothpaste. The investigations showed that 'swallowed fluoride toothpaste may therefore significantly increase F levels in infants, and may explain an increase in fluorosis'."

In 1982 Kanelles et al confirmed the belief that pre-school children cannot adequately control their swallowing reflex, he said:

"When rinsing for 30 seconds with 7 mls, 3 year-olds retained 32.5% of the rinse, 4 year-olds retained 23%, and 5 year-olds 16.6%."

## IS FLUORIDE (F) A DANGEROUS CHEMICAL?

The American Water Board Standards show the safety factor for arsenic in drinking water is 10; for cyanide 40-150; and for fluoride 0. A safety factor of 10, means that ten times the permitted amount would still be safe for healthy adults. For fluoride (F) there is no margin for error in the water system.

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*"... swallowed fluoride toothpaste ... may explain an increase in fluorosis."*

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Fluoridation propaganda reaches idiotic standards with promoters and their stooges desperately serving up their fluoride toothfairy stories. One Australian newspaper wrote (1982): "Fluoride and teeth so bright they glow in the dark". During 1943 the *American Medical Journal*, under the heading "Chronic Fluoride Intoxication" stated:

"The sources of fluorine intoxication are drinking water containing 1 part per million or more fluorine, fluorine compounds used as insecticides, sprays for fruit and vegetables, and the mining and conversion of phosphate rock of superphosphate which is used as fertiliser."

The following year, 1944, the *American Dental Association Journal* stated:

"We know that the use of drinking water containing as little as 1.2 - 3.0 parts per million of fluorine will cause such development disturbances in bones as osteosclerosis, spondylosis and osteopetrosis as well as goitre."

Since those days the dental and medical associations have changed from one of intelligent caution to outright endorsers of fluoride safety, all without supportive scientific evidence.

Reflect on the statement by Sir Stanton Hicks, *Australian Medical Association Journal* 1961:

"A physician is responsible under Law to control medication of individual patient in order to secure the most favourable and least undesirable effect. No two patients react alike. The use of fluoride is therefore empirical and not scientific."

A doctor was reported in *New Orleans Journal of the Louisiana State Medical Society*, 1957 saying:

"The catch was, and still is the unwarranted assumption that this powerful chemical, in such small doses, has no harmful effect upon other organs and tissues of the body; while at the same time it is capable of profoundly affecting the teeth, and in some unknown, but supposedly harmless way of significantly reducing the incidence and retarding the pathological process of caries."

Just why fluoride selects only the teeth to thus favourably affect, or how this beneficial action by it is brought about have remained confused and unrecognised."

Warnings about fluoride have been constant, especially in medical journals and scientific books.

The *Journal of the American Medical Association*, 1936 stated:

"It is virtually impossible to avoid a small fluorine intake, just as it is virtually impossible to avoid a small lead intake, but when the threshold value is exceeded as it is in drinking water containing 1 or more parts of fluorine per million, detectable signs of toxicity appear."

Were they old-fashioned medical duffers? Or were they honest and realistic scientists without the financial temptations of today? Once a poison, always a poison, but when these poisons (fluorides) become the waste product of the world's richest industries, these "old fashioned, honest, realistic, and dedicated medical scientists" change accordingly.

Doctors seem to lack interest in their own literature — the U.S. Pharmacopeial Convention 1981, "Update" devoted two full pages to the effects of fluoride chemicals on humans, they list all the side effects of fluoride chemicals on humans, they list all the side effects that are ignored by doctors when diagnosing health problems in their patients. It would be a rare occasion to hear a doctor report a human health problem caused by fluoride ingestion.

"As a profession we should undertake new studies to see what the need for fluoride is today in light of the changing picture of dental health. The link to fluoridated water causing an increase in fluorosis is less easy to determine; it could be caused just as easily by children 'eating toothpaste because it tastes good' resulting in a ten-fold increase in the amount of fluoride recommended, or else a compilation of fluoride from a variety of sources."

Dr Jack Hahn, Assistant Professor of Community Dentistry at UBC said he believes it is a good time for the dental profession to revalue fluoride and conduct new studies to determine the amount that is needed.

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## American Water Board Schedules show the safety factor for arsenic in drinking water is 10; for fluoride 0.

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A study published in *Community Dentistry and Oral Epidemiology* 1978 under the title "Effects of Socio-economic Factors on the Observed Caries Reduction after Fluoride Tablet and Fluoride Toothpaste Consumption" by Dr T. Tijnstra et. al, 1976 was carried out on 583 randomly selected school children in a non-fluoridated town in the north of the Netherlands. All children were born in 1961 and therefore 14-15 years old at the time of the study.

The authors state:

"In discussing the implications of their work, the authors point out that their results 'clearly show that a simple comparison between caries experience of F users and non-users cannot be used to provide conclusive evidence of caries reduction by fluoride.'"

"When users and non-users (F) are in the same socio-economic level, and have the same dietary and oral hygiene habits, their caries experience is practically identical."

After finding virtually no significant difference between the users of fluoridated toothpaste, fluoridated tablets and non-users, the authors stated:

"Why has there been so much reluctance by dental researchers to learn the real truth about fluoride?"

The *New Zealand Dental Journal* July 1973 in an editorial "More is not Always Better" states:

"Some children swallow considerable quantities of toothpaste, and the possibility therefore exists if children are taking fluoride tablets or drinking fluoridated water, that amounts of fluoride ingested may be above the recommended quantity. It is therefore with some concern that we note a trend in the advertising of toothpastes, to suggest that more is better, children are depicted loading

brushes from end to end with paste or gel in amounts that are too great for small mouths to handle without significant amounts being swallowed. About one-quarter of the amount of toothpaste shown being used on TV seems sufficient to provide an appropriate lather for cleaning all parts of the mouth."

A later New Zealand Dental Journal recommended children should use a pea-size (about one-quarter inch) amount of FTP. If more evidence is needed, the Journal of Dentistry for Children, July-August 1984 published data by two fluoride scientists from the National Institute of Dental Research.

Referring to warnings on FTP cartons, they state:

"A cautionary statement against unsupervised use by children under 6 years appears desirable. At the very least parents should make sure that only a pea-sized portion of fluoride paste is on the child's toothbrush, and remind the child frequently to rinse and spit out accordingly after brushing."

They conclude:

"Practitioners should keep abreast of information . . . and know the potential toxicity and margins of safety of these products."

(Nicely put — "know the margins of safety" not the margins of toxicity).

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### "Nausea and vomiting are not rare events in children who receive fluoride treatment."

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If we are permitted to temporarily digress, it is worth considering their remarks on topical treatments with fluoride gel, so common in Australia, both in dentist rooms and in School Dental Clinics.

"Studies with adults and children by Ekstrand and co-workers have shown that substantial amounts of fluoride (up to 97.5%) can be ingested from topical applications of concentrated fluoride agents. Systemic side effects following fluoride gel treatments, such as nausea, vomiting, gastrointestinal pain and dizziness have been reported. Nausea and vomiting are not rare events in children who receive fluoride treatments. Le Compte and Whitford have expressed concern that high plasma fluoride peaks following the application of concentrated topical fluoride agents may produce dental fluorosis in developing teeth."

And then the authors make this statement on FTP:

"When any type of professional fluoride regimen is used, operators must take precautions to avoid ingestion of excessive amounts by their patients. Fluoride preparations for the home and school should be dispensed in appropriate quantities. Labelled with suitable cautionary statements, administered with careful supervision, packaged with childproof closures, or in tear-proof materials, and stored in safe locations."

It is a sound scientific claim that the fluoride in toothpaste has no bearing on tooth decay, but a wonderful sales pitch to caring mothers. Everything else being equal, and no fluoride, children's teeth can be kept at an acceptable level of decay, especially with proper diet, good oral hygiene, School Dental Clinic services, and the increase which exists in dentists throughout Australia.

### TOOTHPASTE MANUFACTURERS BREAKING THE LAW

Toothpaste manufacturers keep expanding their propaganda but in 1988 the U.S. Food and Drug Administration told six toothpaste makers that they were breaking the law by saying their product can prevent plaque and gum disease and stop making such claims without evidence.

It seems these manufacturers rely upon an endorsement by the A.D.A. which has no authority to review product claims.

These people and their organisations must be wor-

ried by a published study printed in the *British Medical Journal* 24th June, 1989 under the title, "Tissue response of gastric mucosa after ingesting of fluoride" by Carl-Johan Spok et. al.

Their study was on healthy volunteers who were dosed with fluoride similar to toothpaste. In some volunteers the fluoride resulted in:

"A layer of clotted blood was found over a large part of the gastric mucosa."

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### ... 30 mg fluoride may be swallowed by children . . . risk of "subsequent gastric injury is high."

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The researchers warn that as 30 mg fluoride may be swallowed by children after topical fluoride by dentists the risk of "subsequent gastric injury is high".

These results are not unlike the findings of the U.S. Toxicology Study with animals, 1990.

How good is fluoridated toothpaste? Throughout the world scientists are looking for and developing materials for adding to toothpaste in an endeavour to help stop tooth decay!

To bring this up to date, the *American Dental Association "News"* 5 March 1990 published a photo of ADA President Mike Overbey accepting a cheque for \$100,000 from Procter & Gamble (manufacturer of Crest Tooth Paste)

"to commemorate the 30th Anniversary of ADA's recognition of CREST."

Would you bite the hand that feeds you?

To bring this article up to today's actions on fluoridated toothpastes, one must look at the latest Indian Government announcement, June 1990.

The Indian Federal Health Ministry ordered all manufacturers of fluoridated toothpastes to more than halve the amount of fluoride they use at present.

Also the Government ordered all manufacturers to print warning signs on every packet to discourage parents from buying it for children aged below 7 years.

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## NEW USE FOR TOOTHPASTE

At last I've found a use for a tube of fluoridated toothpaste left by a friend following a weekend stay.

She began using my herbal brand after we discussed the emerging dangers of fluoride.

Troubled by a stain left by a dripping tap in my bathroom hand basin — and not keeping (or using) powder cleansers or abrasive creams in the house for environmental interests — I applied a small amount of discarded toothpaste on to a cloth and was surprised to see the stain disappear with minimal rubbing.

Having literally abraded a hole in a Chux cloth previously attempting to remove the stain with soap I was amazed how easily the stain lifted.

So I used the same unusual cleanser for the loo — with equally gratifying results!

Toothpaste, of course, is heavily charged with fluoride (a strongly corrosive chemical) — that's why water authorities need to add liberal amounts of lime to public water supplies to neutralise the corrosive effects of fluoride.

Fluoride would otherwise corrode water supply and sewerage pipes.

The Independent, May 29, 1990 P17

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- Australia (excluding Victoria) and overseas  
Box C9, P.O. Clarence Street, Sydney 2000
- Victoria  
Anti-Fluoridation Association of Victoria,  
Box 935 G, G.P.O. Melbourne. 3001