

**From:** Mal Anderson [REDACTED]  
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**To:** medboardconsultation  
**Subject:** Consultation - Good Medical Practice

Hello,

## **Water Fluoridation**

There is overwhelming evidence that water treated with Fluorosilicic acid or Sodium Fluorosilicate damages human teeth and bodies.

Below is an article dealing with the massive rise of dental fluorosis since the introduction of fluoridated water. May I remind you that while dentists recommend **water fluoridation**, they refer to their treatment of teeth with Sodium Fluoride, which is not either of the 2 toxic pollutants above that are added to drinking water.

The link <http://www.fluoridation.com/flteeth.htm> contains many pages of research which proves that fluoridated water causes dental fluorosis in children.

Thank you,

Mal Anderson, [REDACTED]

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Fluoride intake and sky-rocketing fluorosis rates

<http://www.fluoridation.com/flteeth.htm>

### **Since artificial fluoridation was first implemented in 1945, fluorosis rates in children have become pandemic**

Many of the articles below are from staunch fluoride and/or fluoridation proponents; however, several **clear** messages emerge:

- There has been a significant rise in dental fluorosis rates and the severity of fluorosis since fluoridation was introduced and other fluoride products captured the marketplace;
- Children are ingesting too much fluoride from heretofore unknown sources (see [fluoride.htm](#) for graph);
- True dental fluorosis rates and its corresponding severity is probably under-estimated in the population;
- According to the proponents, fluoridation is responsible for about 40% of all fluorosis;
- There is no safe level of fluoride intake below which the effects of fluoride on enamel will not be manifest;
- Under-nourished children are at a much higher risk of developing dental fluorosis. (the very children whose parents probably won't be able to afford the sometimes expensive cosmetic repairs needed);

- Together with the fluoride ingested with fluoridated water or supplements, high protein diets, caffeine intake (eg., pop), tea intake, residence at high altitude, certain metabolic and respiratory disorders, and some drugs and medical conditions can significantly increase a child's risk of developing dental fluorosis;
- Recent studies show no clinically relevant differences in tooth decay rates between those children who take fluoride supplements and those who do not;
- Dental researchers now believe that fluoride's action is predominately topical (i.e., acts on the surface of teeth, not from inside the body);
- Fluoride proponents are now starting to question the **inadequate standards of previous dental research** which led to the uncritical and mostly indiscriminate use of fluoride supplements for young children. This begs an answer to the question: are scientific standards any better today when they continue to claim fluoridation imparts benefits?;
- Fluorosed enamel is subject to increased attrition and erosion and post-eruptive damage increases with time. Severely fluorosed enamel is structurally weak;
- Contrary to dental rhetoric, laypeople are fully capable of diagnosing the different degrees of dental fluorosis;
- The cosmetic ramifications of dental fluorosis may have profound effects on self-conscious teenagers; and,
- While dentistry is calling on toothpaste manufacturers to lower the fluoride content in children's toothpaste, it's unclear whether they are actually doing anything about it.
- The latest toothpaste advisory by fluoride proponents is at [paste.htm](#) (April, 1999)