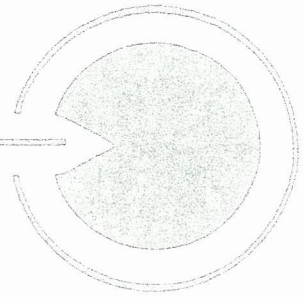


# BIO-PROBE

# NEWSLETTER



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## FLUORIDE PATENT ADMITS

### WORSENING OF PERIODONTAL DISEASE

A 15 September 1998 United States Patent (#5,807,541) by a company producing fluoride toothpaste states: *"A method for preventing dental caries by administering fluoride and, at the same time controlling periodontal bone loss precipitated by the fluoride, by providing a combination of fluoride and NSAID is disclosed. Topical medicament compositions including NSAIDS and fluoride are also disclosed."*

[<http://patft.uspto.gov/netacgi/nph>]

How is that for a revelation?

The patent cites research and discusses this research demonstrating how fluoride contributes to gingivitis and periodontal bone loss. In the Summary, the patent states: *"We have found that fluoride, in the concentration range in which it is employed for the prevention of dental caries, stimulates the production of prostaglandins and thereby exacerbates the inflammatory response in gingivitis and periodontitis. The present invention is a method for preventing dental caries by administering a fluoride salt into the oral cavity while at the same time controlling periodontal bone loss by administering, in addition to the fluoride salt, an amount of NSAID sufficient to inhibit the production of prostaglandins induced by the fluoride."*

IS THAT CLEAR ENOUGH? Fluoride causes a worsening of gingivitis and periodontitis! This is an admission by a manufacturer of the product, formally documented in a patent that includes

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supporting research studies demonstrating this pathology caused by fluoride.

Meanwhile, almost four years after this dramatic revelation, the American Dental Association (ADA) and the United States government

agencies continue to promote the massive use of fluoride as being both harmless and effective. WHAT? The ADA and government agencies do NOT consider gingivitis and periodontitis to be pathology! This is disgraceful!

Perhaps they are suggesting that every human exposed to fluoride (which they strongly recommend for every United States citizen) will be fine as long as they take daily doses of NSAIDs to counter the harmful effects of the poison they are recommending. This, of course, is equally disgraceful.

One must seriously question why this important information has not been revealed to the public and, especially, to the dental profession. It is indeed time for a nationwide awakening on the subject of fluoride and, most particularly, the fluoridation of water supplies.

For a rational evaluation of the mass administration of fluoride, two questions must be addressed on the basis of sound documentation: 1) Does fluoride really help to prevent dental decay and, if so, is it from a topical or from a systemic application? Further, and most importantly, if fluoride does have beneficial effects against tooth decay and does have the potential for adverse health effects (now fully acknowledged as described above), are the benefits worth the risks?

2) Does continuous exposure to fluoride have potential adverse health effects? If so, what are they and do they counter the possible benefit in the prevention of tooth decay?

\*\*\*\*\*

### **DOES FLUORIDE HELP PREVENT TOOTH DECAY?**

Herein lies a substantial controversy. There are published studies claiming a benefit and there are published studies claiming no benefit.

Many of the studies claiming that fluoride helped prevent tooth decay were published years ago. More recently, studies are showing that there is no statistically, or clinically, significant difference

in decay rates between communities with and without water fluoridation. [Hileman, B. "New Studies Cast Doubt on Fluoridation Benefits." Chemical and Engineering News, 8 May 1989.] In addition, many countries in Europe do not allow water fluoridation. Their rates of dental decay are no worse, and sometimes even lower, than those in the United States and other countries with water fluoridation.

Finally, there is considerable question as to the mechanism of action of fluoride on tooth tissue. The evidence seems to indicate a topical effect only, without a beneficial effect from systemic administration.

The following citations are critical: "*Laboratory and epidemiologic research suggests that fluoride prevents dental caries predominantly after eruption of the tooth into the mouth, and its actions primarily are topical for both adults and children.*" [Centers for Disease Control and Prevention. Achievements in Public Health, 1990-1999: Fluoridation of Drinking Water to Prevent Dental Caries. MMWR, 48(41):933-940, 1999]; "*Fluoride's predominant effect is post-eruptive and topical.*" [Centers for Disease Control and Prevention. Recommendations for Using Fluoride to Prevent and Control Dental Caries in the United States, MMWR, 50(RR14): 1-42, 17 Aug 2001].

It would seem, therefore, that the mass systemic administration of a poison through the fluoridation of water supplies might be considered to be a huge travesty. It not only is not beneficial and potentially very harmful, it constitutes an invasion of rights by mass medication of unwilling, and unknowing, citizens.

These topics are well described, including the supporting scientific documentation, on the following excellent web site. *Bio-Probe* urges all readers to visit this site:

[<http://www.fluoridealert.org>]

Even if fluoride administration, topical or