

FLUORIDE POISONING: IS FLUORIDE IN YOUR DRINKING WATER —AND FROM OTHER SOURCES—MAKING YOU SICK?

By Bruce Spittle^a

Reviewed by Peter Meiers^b

Bruce J Spittle, MB ChB with distinction, and DPM (Otago), who authored this remarkable little book appropriately titled *Fluoride Poisoning* (and subtitled: *Is fluoride in your drinking water—and from other sources—making you sick?*), is a long-time resident of Dunedin, New Zealand. He is a Fellow of the Royal Australian and New Zealand College of Psychiatrists, recipient of many prizes and awards, a former Senior Lecturer, Department of Psychological Medicine, University of Otago, Dunedin, NZ, and Consultant Psychiatrist for the Otago District Health Board, 1978–2004. Readers of *Fluoride* know Dr Spittle mainly as co-editor (1994–98), now managing editor (since 1999) of *Fluoride*. He has published several articles and editorials on the health effects of fluoride and was a



Bruce Spittle

peer reviewer for the University of York's recent systematic review of public water fluoridation.¹ The idea of writing a book on *Fluoride Poisoning* occurred to him at the 27th conference of the International Society for Fluoride Research at Beijing, China, 9–12 October 2007. For Dr Spittle to complete and publish this carefully documented book by December 2007 reveals how extraordinarily familiar he is with the literature on the health effects of fluoride.

Writing such a book also takes enormous courage, for earlier authors, such as the late Drs Leo Spira and George L Waldbott, were harassed relentlessly after they

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The prices are the same for the revised 2nd printings, January 2008, (*Fluoride Poisoning: is fluoride in your drinking water—and from other sources—making you sick?* Illustrated with 63 b/w figures, vi + 78 pages including index; *Fluoride Fatigue*, illustrated with 46 b/w figures, vi + 62 pages including index.

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reported their early observations on toxic effects of fluoride in drinking water. At that time, to their disadvantage, not much was known about plausible mechanisms of fluoride toxicity, especially in regard to the allergic-type reactions they encountered. In the late 1970s, a series of papers revealed that fluoride, in the presence and with the aid of calcium, releases inflammatory mediators (such as histamine) from leucocytes and mast cells.^{2,3}

Since the 1980s, receptors and signaling pathways, such as the phosphatidylinositol pathway, have become the focus of related biochemical research showing that protein phosphorylation and release of calcium from intracellular stores combined with extracellular uptake, are triggered by fluoride acting on regulatory G-proteins.^{4,5} These effects are involved in hormonal and immunologic responses, transmission of nerve impulses, cell division, and even neoplastic transformations.^{6,7} It is the action on G-proteins, along with formation of corrosive hydrogen fluoride in the stomach, as well as inhibition of enzymes, to which Dr Spittle relates observations of chronic poisoning by fluorides as used in water fluoridation and from other sources.

As illustrated in *Fluoride Poisoning*, individuals who are sensitive to fluoride may experience a wide variety of symptoms: chronic fatigue, not relieved by extra sleep or rest; headaches; nausea; visual disturbances; dryness of the throat and excessive water consumption; gastrointestinal disturbances; spasms, aches and stiffness in the muscles; arthritis-like pains; skin rash or itching; and others. Citing case reports, including double-blind tests, from the research of Drs George Waldbott, AK Susheela, Harvey T Petraborg, Hans Moolenburgh, GW Grimbergen, and others, plus some of his own observations in New Zealand, Dr Spittle shows that such symptoms of chronic fluoride intoxication exist worldwide. His book also contains illustrations of some of the abnormalities underlying these symptoms.

Although laboratory data do not always show a consistent correlation between fluoride in blood or urine and the outbreak of illness, the association becomes obvious as the symptoms diminish or disappear, usually within a week or so, if the victim avoids fluoride exposure as much as possible, and re-appear upon ingestion/use of fluoride-containing products. In this simple manner, anyone who is being made ill from fluoride or is hypersensitive to it can readily determine if the symptoms may be related to fluoride. As an aid, Dr Spittle lists many possible sources of the chemical that should be considered and avoided during such tests.

Considerable space is devoted in the full version of the book to addressing the contention of health professionals that the concept of a chronic fluoride toxicity syndrome has no sound basis, but that the illness reported is altogether of a psychosomatic origin. As Dr Spittle notes, one of the reasons why this discussion will be with us for many years to come is that “public health advocates of fluoridation tend to consider of little or no scientific value evidence contradicting their views” and thus are able “to maintain and safeguard their self-interests.” It seems, therefore, that the saying “science progresses funeral by funeral” is especially true in the case of the fluoride/fluoridation issue.

In the “closing comments,” claims of “beneficial” systemic or topical effects of fluoride on the teeth are reviewed, along with a brief look at the impetus for water fluoridation, for which measure the green light was given after only five years of trial experimentation, i.e., long before any permanent teeth of the exposed children had erupted.

Increasingly, former advocates of water fluoridation are thinking for themselves rather than blindly accepting the views of so-called “prestigious” authorities and organizations. This reviewer, along with Dr Spittle, sees a new light slowly dawning—a process that might be speeded up by feedback from readers, thereby enabling this important little book to be updated from time to time. Although short and concise, it is a book that deserves widespread international readership. May it help end needless suffering of fluoride-exposed individuals who are not aware of the possible cause of their troubles but are now encouraged to try a very simple and often highly effective remedy.

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FLUORIDE POISONING: IS FLUORIDE IN YOUR DRINKING WATER —AND FROM OTHER SOURCES—MAKING YOU SICK?

By Bruce Spittle^a

Reviewed by Christopher Neurath^b

Debate over the existence of fluoride hypersensitivity has simmered since the early 1950s. At that time Dr George L Waldbott began publishing clinical case reports of patients with skin rashes, gastrointestinal disturbances, headache, and fatigue after drinking artificially fluoridated water with just 1 mg/L of fluoride.

Dr Bruce Spittle's book *Fluoride Poisoning* focuses on this syndrome, compiling important data from decades past to the present. Health care providers, scientific researchers, advocates on both sides of the fluoride debate, and individuals who believe they may be sensitive to fluoride can benefit from this book.

Spittle's book brings together most of Waldbott's case reports plus reports by others initially published in a wide range of research papers, reviews, and books. It is a great convenience to have all of this information gathered in one short volume. The additional studies include case reports and syndrome descriptions from Drs Petraborg, Susheela, Moolenburgh, Grimbergen, and Spittle himself. An omission is discussion of Dr Leo Spira's work that began in the 1920s. Spira's own book published in 1953 is now readily available again so readers may want to refer to it as an interesting historical adjunct to *Fluoride Poisoning*.¹

Spittle considers criticisms against the evidence that some people are especially sensitive to fluoride. In particular, he responds to the main concern that symptoms are psychosomatic in origin. This charge is adequately addressed by the case reports that describe blinding of the subject and sometimes also the experimenter. Such double blinding is the "gold standard" ruling out bias and explanations such as psychosomaticism.

While fluoridation proponents often deny the validity of case report evidence, even when of high quality, they have almost never undertaken their own studies to find out whether some people have fluoride sensitivity. One important exception

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was Dr Reuben Feltman, a dental researcher who conducted a large study in the 1950s with over 1000 pregnant women and their children.² The main goal of his investigation was to find out whether systemic fluoride, ingested in the form of daily tablets, reduced tooth decay. However, his study included clinical observations that revealed about 1% of his subjects were sensitive to fluoride at a dose of 1 mg of fluoride ion/day. Feltman described symptoms identical to those reported by Waldbott and others:

“One percent of our cases reacted adversely to the fluoride. By the use of placebos, it was definitely established that the fluoride and not the binder was the causative agent. These reactions, occurring in gravid women and in children of all ages in the study group affected the dermatologic, gastro-intestinal and neurological systems. Eczema, atopic dermatitis, urticaria, epigastric distress, emesis, and headache have all occurred with the use of fluoride and disappeared upon the use of placebo tablets, only to recur when the fluoride tablet was, unknowingly to the patient, given again.”³

Feltman’s findings are important because they came out of a high quality study conducted by dental supporters of fluoride. Repeated blind challenges, just as in some of the cases described by Waldbott, Moolenburgh, and others, convinced Feltman that the syndrome was not psychosomatic and was caused by fluoride rather than other chemicals.

Spittle provides further evidence that fluoride sensitivity is real in an interesting section on animal case reports. These concern domestic and pet animals, not laboratory animals. The animals were, just like humans, exposed to artificially fluoridated drinking water. Species included chinchillas, alligators, caimans, rats, and horses. Spittle points out that it would be hard to dismiss the observed symptoms as psychosomatic, since presumably the animals had no awareness that their water had been altered with added fluoride.

Spittle also discusses other adverse health effects of fluoride besides hypersensitivity, but he does not have enough space to present more than a brief summary of these effects. The recent US National Research Council report, *Fluoride in Drinking Water: A Scientific Review of EPA’s Standards*, came to 507 pages, yet even that must be considered a preliminary summary of the thousands of scientific articles on toxic effects of fluoride that have been published in many journals including *Fluoride*.

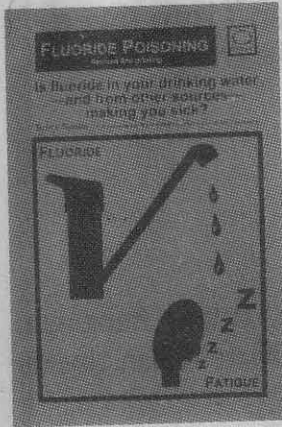
The evidence of fluoride sensitivity presented in Spittle’s book is persuasive, given the use of double blind challenges by several independent researchers working in different parts of the world. The onus is therefore on those who question this evidence to conduct large, controlled clinical studies, such as the investigation by Feltman and Kosel. The current weight of evidence is that fluoride sensitivity is real, affecting roughly 1% of all people exposed to a dose of 1 mg of fluoride ion/day or whose drinking water contains 1 mg/L of fluoride. *Fluoride Poisoning* should help turn up the heat on the debate.

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BOOK REVIEW FROM THE OTAGO DAILY TIMES,
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FLUORIDE POISONING (Paua 2nd printing, \$20) and *Fluoride Fatigue* (Paua, Revised 2nd printing, \$11) by Dunedin doctor Bruce Spittle are self-published books to make the author's case that fluoridation of drinking water supplies, at 1pp (parts per million of fluoride), poses a health risk to 1% to 5% of the population. A variable symptom complex, with chronic fatigue as a common feature, is offered as evidence of toxicity in the 32 clinical vignettes drawn from the United States, Netherlands, New Zealand and India. It is claimed that in all these cases there was improvement when fluorinated water was

avoided by the subjects. The books include extracts from a Commission of Enquiry (US 1957), New Zealand (1956) and a WHO resolution that supported drinking-water fluoridation as an acceptable public health measure. The author does a service by challenging what is now almost an orthodox view on the value of fluoridation of water supplies in general but the presentation of a small number of cases, drawn from several countries, of possible idiosyncratic reactions to fluoride, may be a call for vigilance and research, as he would probably agree.

— Ted Nye