Three Largely Unsung *Dental* Reasons Why Water Fluoridation Is A Bad Idea

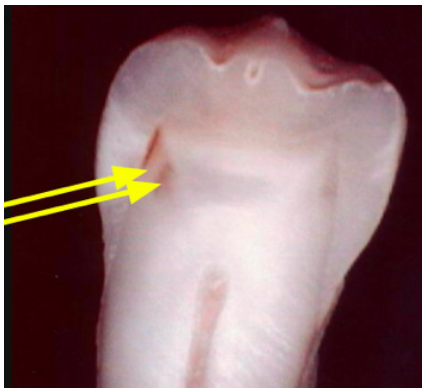
THINGS AREN'T ALWAYS WHAT THEY SEEM

I've written extensively elsewhere about fluoride's toxic effects on the whole body, but here I'll clearly lay out three reasons that adding industrial waste-derived fluoride is a blunderbuss idea whose time has past if looking more deeply at the wonderful subtleties of how the body actually heals itself!

Reason One: In the first stages of tooth decay as teeth dissolve due to food- and plaque-derived acids, their crystalline structure disorganizes and becomes amorphous. Acids can then seep through this *seemingly* intact surface enamel into the next layer below. Visually and tactilely, we recognize the decay when the subsurface layer (dentin) becomes so compromised, the surface enamel collapses. X-rays only pick up decay once it has progressed at least 2mm into the sub-enamel (dentin) layer. Illustrated to the right, this is one of three ways teeth decay from the inside out. Catching decay this late in the game does not meet the criteria of "Minimally Invasive Dentistry" – a goal towards which every preventive dentist should strive if they honor their charge to maintain their patients' teeth throughout life.

Neither topical nor systemic fluoride re-crystallizes teeth. It simply "hardens" the surface enamel. The enamel structure remains unstructured or amorphous. Acids can still percolate through the enamel into the subsurface layers. Unfortunately, what fluoride does is harden the enamel outer layer and delays diagnosis. Kavo recognized this years ago when their Diagnodent ads stated "fluoride has driven decay underground." As one study stated:

"Although accurate diagnosis of occlusal caries [decay starting within the pits and grooves of the chewing surfaces of back teeth]



has always been regarded as more difficult than the diagnosis of smooth-surface caries [illustrated], clinicians have recently suggested **fluoride has** slowed the progress of occlusal lesions and **strengthened occlusal enamel, such that a sound enamel surface may mask relatively large dentinal caries that is discovered only on bite-wing radiographs. The terms "occult," "hidden" and "covert" caries, as well as "fluoride syndrome," have been used to describe such presenting scenarios.**

[1] McComb D, Tam LE. "Diagnosis of Occlusal Caries: Part I. Conventional Methods." *J Can Dent Assoc 2001*; 67(8):454-7

PINEAL GLAND CALCIFICATION

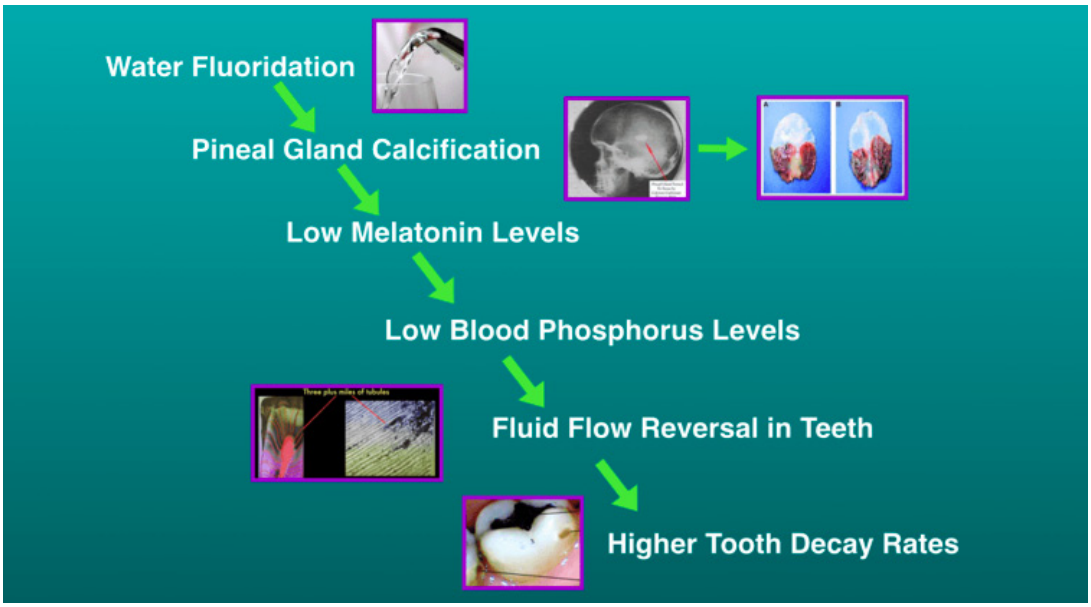
Reason Two: The pineal endocrine gland in the brain, by way of the hormones it pumps out helps regulate reproductive function, growth, body temperature, blood pressure, motor activity, sleep, tumor growth, mood, and the immune system. It also plays a role in longevity. For the purpose of talking about fluoride's role in decay, know that the pineal gland also produces melatonin. I'll circle back around to that in a moment.

The pineal gland is a magnet for calcium and phosphorus minerals, and since calcium is also a magnet for fluoride, by old age, the pineal gland may contain as much fluoride as is found in teeth.[2] Fluoride accumulation in the pineal gland forms phosphate crystals, creating a hard shell around it called *calcification*. Calcification is typical in young adults and even children as young as two years old show it. Fluoridated water (and thus all foods processed with it) is

likely the main reason the pineal gland calcifies. Obviously, the less well this gland functions, the less healthy its owner will be. They will produce less melatonin. Among other things, their circadian rhythms will be thrown off, leading to a cascade of health issues.

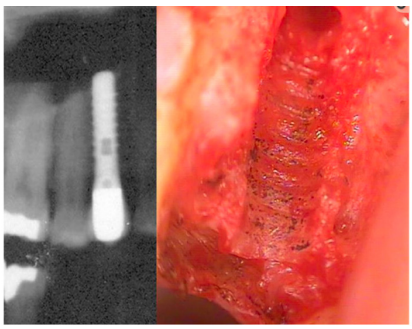
But there is a kicker as far as tooth decay is concerned: *Melatonin helps regulate calcium and phosphorus metabolism*. A more subtle way teeth decay is when the natural lymph flow in a tooth's miles of microtubules reverses. The fluid is designed to rise up through the pulp and outwards like sap rising in the spring, bringing with it hydration and nutrients required to keep a tooth alive *and properly mineralized*. When the flow reverses, as it does when blood phosphorus levels are insufficient, a tooth not only loses that protective mechanism, but now acids and microbes are sucked into the tooth.

[2] Luke J. "Fluoride deposition in the aged human pineal gland." *Caries Res.* 2001. Mar-Apr;35(2):125-8.



BONE INFLAMMATION FROM TITANIUM IMPLANTS

Reason Three: If a person opts for titanium implants, fluoride's presence accelerates titanium corrosion in the extreme (up to 500 microg/(cm^2 x d)). Oral acidity or a person with dry mouth conditions profoundly accelerates the titanium ion release. Corrosion of other metals present in the same mouth, such as "silver" or gold fillings or a porcelain fused to metal crown further accelerates ion release into surrounding tissues. All titanium implants exhibit low level inflammation in the jaw.[i] Fluoride-accelerated release just speeds and worsens the inflammation.



3 Lechner J, Noumbissi S, von Baehr V. "Titanium implants and silent inflammation in jawbone—a critical interplay of dissolved titanium particles and cytokines TNF-α and RANTES/CCL5 on overall health?" *EPMA J.* 2018 Sep; 9(3): 331–343. Published online 2018 Jun 8.

Carol Vander Stoep: PrimalDentistry.org
YourMouthMatters.net
carol@PrimalDentistry.org