

Submission
No 146

INQUIRY INTO DENTAL SERVICES IN NSW

Organisation: Carmoora Clinic
Name: Mr Phillip Robertson
Telephone: 03 52 232616
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This submission includes several appendices - these are listed at the end of the submission - should members wish to look at these documents, please contact the secretariat.

Summary

Evidence Questioning the Safety of Water Fluoridation Chemicals to the Community and Some Individuals When Exposed

A submission to the
Standing Committee on Social Issues
Legislative Council
Parliament House Sydney 2000
May 2005

From

Philip Robertson BHSc, ND

**Carmoorra Clinic
343 Moorabool Street
Geelong Vic 3220**

**Tel: 03 52 232616
Fax: 03 52 232176**

Email: carmoorra@bigpond.com

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Adverse Reactions to Fluoride – Clinical Observations.

1. Introduction,

Toxic reactions to fluoride have been described in the medical literature for over 40 years. This includes fluoride supplements, fluoride occurring naturally in water and fluoride added as a component of fluoridation programs.

The World Health Organization recently estimated that in China, 2.7 million people have crippling skeletal fluorosis, while in India fluorosis is also widespread with an estimated 66 million people at risk and 6 million people seriously afflicted. (1)

According to surveys, skeletal fluorosis in India and China occurs when the fluoride concentration in water exceeds 1 part per million (ppm), and has been found to occur in communities with only 0.7 ppm. (1)

Not only chronic effects on joints at similar concentrations to fluoridated water in Australia are noted in the literature, but so to are acute sensitivity reactions. Research has already linked what might be viewed as characteristic health problems with fluoride exposures. Eminent American clinical allergist Dr George Waldbott initially reported both acute and chronic reactions to fluoridated water back in the 1950s. (2,3)

I have had to treat fluoride sensitive patients on a number of occasions I trust your Committee will note not only the extra problems that arise from the difficulty in making a diagnosis of a patient's reaction to a medication once it is added to the water supply but the extra expense involved in then avoiding taking it.

Of course for years the opponents of fluoridation have been characterized as out of touch with the primary science supporting fluoridation while the proponents have claimed for themselves the mantle of being calm and professional about the matter. However, in my opinion it is now becoming clearer it is the opponents who are behaving calmly, rationally and professionally, while the proponents have become increasingly out of touch with the literature in defending this now failing policy of water fluoridation. The significance of this problem is clearly outlined by leading Canadian dental researcher Dr Hardy Limeback in Appendix I.

The cases and information I review here show severe reactions occur with some people exposed to fluoride from sources which also includes fluoridated water. Thus people exposed to fluoride through the water supplies will be put at some risk of similar health problems if sensitive to fluoride. Thus I suggest it would not be in the public interest for fluoride therapy for dental health to ever be instituted in this way, but rather through individual treatment by relevant health professionals.

Case 1 – a fluoride sensitive patient

I well remember this first case of fluoride sensitivity I had to deal with. At the time it was before I knew any such condition existed. Four years after Melbourne's water was fluoridated in 1977, I was treating a woman in her early 30s for joint and muscle pain and swollen lymph glands. She had been to a number of doctors who had diagnosed her as having various conditions ranging from early onset arthritis to ongoing viral infections.

As she had no success with any of the medical treatments given she consulted me for natural therapy treatment. She asked me if her symptoms could be coming from the recently added fluoride in Melbourne tap water as she now felt unwell after drinking it. At that time I knew about as much about fluoride sensitivity as any dentist or doctor might who had like myself at the time not read the primary literature. So I initially rejected her idea that she was getting reactions to fluoride. However when a patient is not getting any better a practitioner must retain an open mind to all possible causes of an illness.

My patient found she was able to drink mineral water with no symptoms. However she experienced a strong "burning in the throat" whenever she drank tap water followed by feeling increasingly unwell. She had at the time been informed by another individual who had reacted badly to fluoridated tap water that it might also be the cause of her symptoms.

I rang the then Victorian Health Department to find out if such reactions to fluoride could occur. Their advisor at the time, a Dr Jonathon Chapman assured me that such reactions were not possible. I made the mistake of accepting the accuracy of his advice and passing it on to my patient as correct which later turned out to be most embarrassing.

I looked more closely into her symptom pattern. She could drink tap water in chlorinated but not fluoridated towns with no ill-effect. However she would become ill on drinking tap water in any other fluoridated city she visited, and always upon her return to Melbourne.

That selective isolation of some water components and observation of symptom variation did raise the possibility that fluoride could be a possible cause of her symptoms. I referred her to a medical practitioner in Melbourne who specialized in assessing allergies who conducted all the medical tests which confirmed fluoride as the cause of her major symptoms.

After the medical diagnosis, my patient had to find a water filter capable of filtering the fluoride out of tap water. She accepted advice from the Australian Allergy Association

that the Ion Exchange or "resin" filter was (in the early 1980s) the one they recommended to their fluoride sensitive members as it was very effective.

Most water filters do not remove fluoride. Those that do tend to be very expensive. The reverse osmosis is one other filter now currently available which effectively removes fluoride. My patient was fortunate that she could afford the filter and fully recovered but has been forced to use her filter now for over 20 years to stay free of symptoms. Some of the filters now available that effectively remove fluoride without excessive inconvenience to users cost thousands of dollars to install.

This information on side-effects did come as a surprise to myself as it suggested the Victorian health authority advice was clearly wrong. I went to consult a former senior dental researcher at Melbourne University Dr Philip Sutton to work out who was correct about the side effects. He simply handed me a paper by Dr George Waldbott (Appendix A) documenting the side effects of fluoride in the medical literature. As Dr Sutton pointed out, unfortunately most health departments and professional bodies have tried to ignore such medical findings.

Fluoride and Skin Problems

Reports in the literature note skin reactions to fluoride are a commonly noted side-effect in humans (4,5,6). With such reactions, the differential diagnosis between toxicity, allergy and intolerance to fluoride is outlined by Zanfanga (7).

Such reactions to fluoride are not only noted in people but also in animal studies that also show skin reacting to fluoridated water (8). I have noted a range of skin symptoms in workers at the Geelong aluminium smelter when exposed to airborne fluoride. As well, patients and a number of Geelong residents have shown similar symptoms after exposure to fluoridated water or supplements.

Case 2

In clinical practice I have noted patients experiencing both atopic skin reactions (Case 2 : Mr B – see Figure 1)

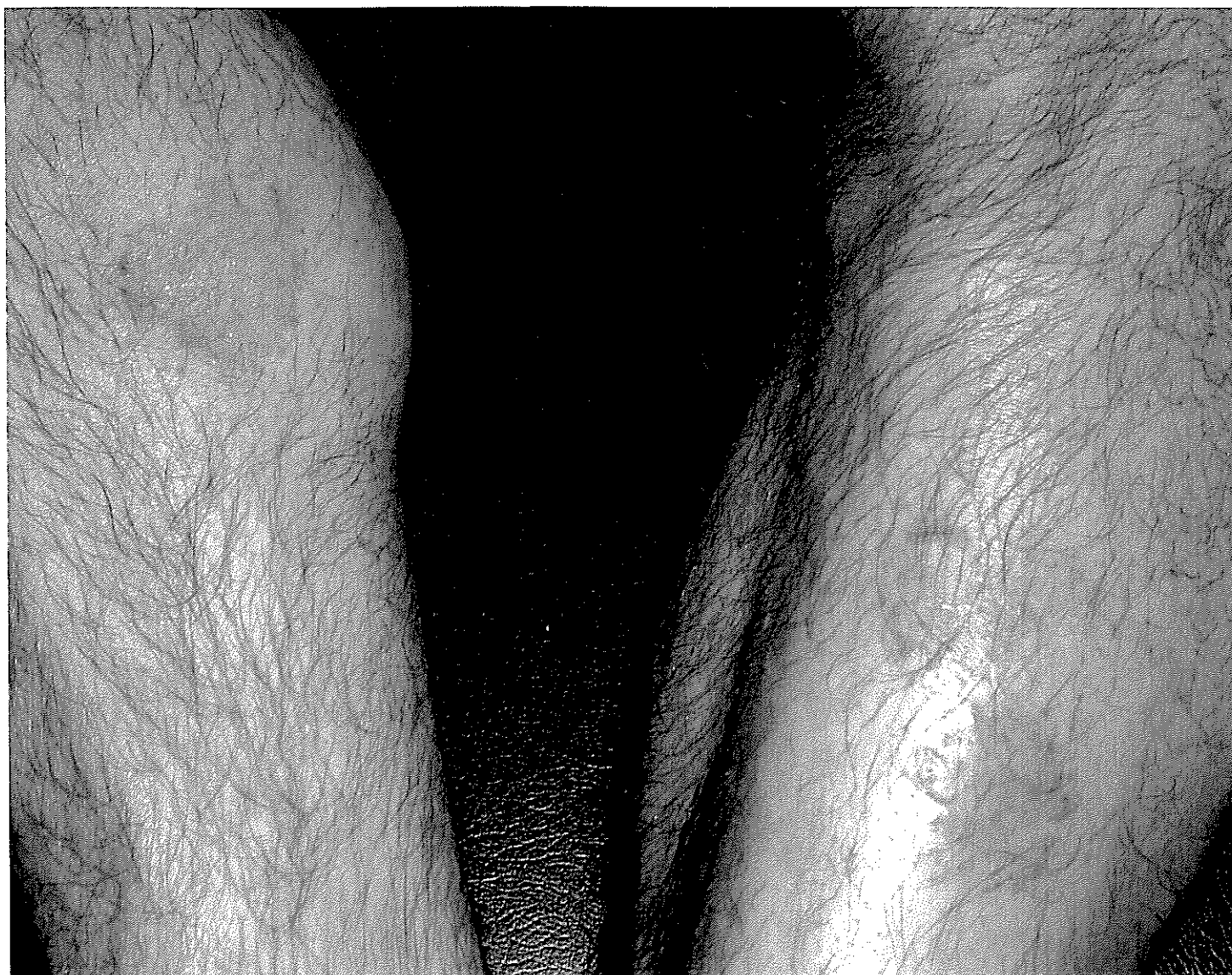


Figure 1: Case 2 - 54 year old smelter worker Mr B with respiratory problems with fluoride induced skin rash, Oct 2004

as well as respiratory problems from fluoride exposure. Mr B. had developed asthma after commencing work in the fluoride contaminated Pot Rooms of an aluminium smelter. Having suffered lung damage he had received compensation and now works in a less fluoride exposed area at his workplace. However he has to work with a fluoride filtering respiratory device to keep his excruciating itchy urticaria ("Nettle rash") from becoming unbearable. Figure 1 shows a recent photograph of the fluoride induced skin rash starting to worsen after Mr B. had not worn his Rachel fluoride filtering helmet for a short period.

As the company Alcoa has previously stated (while giving support to the Victorian Governments failed attempt to fluoridate Geelong in 1986) that workers at the smelter are all exposed to much less fluoride at work than what they would receive from a fluoridated water supply, it may be possible Mr B. would exhibit even worse symptoms if having to move out of unfluoridated Geelong to another city if it was fluoridated. I am sure if as a resident having to drink fluoridated water he began to suffer once again such unbearable itchy skin he would obviously like to take action against water authorities that did not remove the toxic fluoride from his water just as he did successfully against his multi-national employer due to his fluoride induced lung damage some years back.

However in Victoria the Health (Fluoridation) Act 1973 prevents anyone being compensated for personal damage as a result of fluoride exposure from water. A public perception that legislators may have read the primary literature on fluoride's side-effects far more astutely than the dental profession or their advisors such as the NHMRC could perhaps be forgiven under such circumstances.

Fluoride and Asthma

My clinical experience has shown a relationship between some patient's exposure to fluoride and asthma (see Appendix B). The medical literature shows a relationship with fluoride causing asthma in industry (9,10).

Case 3

A test conducted at Geelong Hospital also suggested fluoride may trigger asthma outside of a fluoride-emitting industry setting. In 1986 guidelines for testing fluoride and its relationship with asthma were obtained from the Medical Director of the Asthma Foundation of Victoria (11). Double blind testing was then conducted by Dr Handley at Geelong Hospital on one of my patients where provocation testing with different substances was conducted. Results appeared to show a strong asthmatic reaction to the only mixture with a confirmed fluoride concentration of 1ppm where the patient's Vitalograph readings showed lung function dropped to a quarter of her normal asthmatic

state (which was a serious change in an already asthmatic patient with reduced lung function) in response to drinking a glass of fluoridated water. (12)

Due to variable factors involved in this testing the results were not completely satisfactory. However, when I spoke with Dr Handley after the test she told me that if such a severe reaction was to occur in response to fluoridated water, she might not expect the patient to survive longer than three weeks if regularly drinking fluoridated water. As fluoridation was planned to commence soon in Geelong in 1986, through the local Member for Geelong it was organised for the Acting Minister for Health to arrange for further testing by Dr Streeton, the Consultant Physician to her department. (13)

Difficulty Getting Testing Conducted

The Health Department testing was not carried out as their Consultant became "...loath to unnecessarily stress Miss Valentine by instituting a formal provocation study". (14) However I believe the point raised by the Medical Director of the Asthma Foundation of Victoria that "if indeed fluoride was a particularly aggravating factor this would be important to document, not only for you but for the more general scientific value of this knowledge" (11) reflects a far more encompassing approach towards community health by encouraging testing to be done than the response of the Victorian Government's consultant.

An important associated symptom with Case 3 is the later atopic skin reactions which may follow one to three weeks after exposure to fluoride.

Figure 2, below photographed 20/10/2004, shows the fluoride induced itchy raised sore on the lower left leg that developed after drinking a bottle of reconstituted fruit juice from fluoridated Sydney.



FIGURE 2.

Governmental and Council Responsibility

It should be noted that there is potentially a significant number of people reported who show sensitivity to fluoride. During 14 years of research Feltman and Kosel (4) found 1 per cent of their patients showed the classical range of sensitivity reactions typically demonstrated by both my patients and the many cases described in the medical literature.

I will give a hypothetical situation to illustrate the possible significance of this. If our health authorities had 30 or so years ago been proposing the addition of peanut protein to drinking water for whatever reason, however their researchers had at the time become aware of some existing studies of adverse reaction to peanuts, wouldn't it be scientifically unacceptable to proceed any further with such a program until thorough testing had been conducted?

Not only do such reports of reactions to fluoride exist in the primary literature but even my own general inquiries show some community awareness where individuals have linked their health problems to fluoride where symptoms in some of their reports have not only been professionally assessed as caused by fluoride (see Appendix C), but have been severe enough to force one sufferer to sell his house in Melbourne and move to the unfluoridated Geelong region. The symptoms reported are also consistent with those described in the primary literature. (2,3,4,5,6)

In its 1991 Review of fluoridation the National Health and Medical Research Council Review on page 142 stated that health authorities are receiving numerous complaints from people who believe they are being made sick by fluoridated water.

The 1991 Review called for such cases to be carefully studied: "These claims are being made with sufficient frequency to justify well-designed studies which can properly control for subject and observer bias." Fourteen years later to my knowledge this controlled testing recommended by the NHMRC has still not been done in Australia. This is completely unacceptable for a health program that is now raising increasing scientific and community doubts.

With medical references increasingly coming off medical library shelves and becoming more available through electronic communication systems, it is more likely for community concern based upon this increasing knowledge to become more widespread. Leading Canadian dental researcher Dr Hardy Limeback (see Appendix I) clearly outlines the severe mistake made in dentistry when it adopted support for fluoridation. As the fluoride used in water fluoridation programs is sourced from industrial waste (see Appendix D) and this sodium silicofluoride was registered as a pesticide in Victoria in

1958 (see Appendix E) and included in snailbait (see Appendix F). will the community start finding some of the growing number of unofficial recent explanations for why fluoridation started (see Appendix G, Appendix H and Appendix J) which outline in detail the role industry played initiating water fluoridation more believable than some of the 'official' reasons still being given?

Summary and Recommendation

The NHMRC recommendation in 1991 to conduct testing for fluoride sensitivity has been totally ignored by all state health departments as well as the Australian Dental Association and the Australian Medical Association. Thus government would, just as I have found by my clinical experience, be very unwise to depend on these bodies for accurate advice. The NHMRC must coordinate a proper evaluation program to confirm whether or not fluoridation is safe for every individual in Australia drinking water containing the added fluoride chemical before councils, governments or water authorities can ever be allowed to endorse it as safe. If found unsafe for any individual, water fluoridation must be discontinued and fluoride therapy in a dental context be given on an individual basis according to a patient's need and tolerance of the medication.

Philip Robertson, BHSc ND,
30th May 2005

References

1. Fluoride Action Network. (2004). Fluorosis in India: Recent Reports. _
<http://www.fluoridealert.org/fluorosis-india.htm>
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<http://www.slweb.org/waldbott-1956.html>)
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(See paper at <http://www.fluoridealert.org/hypersensitivity.htm>)
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9. Romandstad P et al (2000), Nonmalignant mortality among workers in six Norwegian aluminum plants. *Scand J Work Environ Health* 2000 Dec;26(6):470-5
10. Respiratory problems among workers in, and communities surrounding the aluminium industry (<http://www.fluoridealert.org/aluminum-respiratory.htm>)
CONCLUSIONS: The study showed an association between exposure to potroom emissions measured by fluorides and mortality from asthma, emphysema, and chronic bronchitis combined.
11. Rubinfeld A.R., (1986) Personal communication 30th June 1986 from the Asthma Foundation of Victoria to E. Valentine

12. Handley J (1986) Communication from the Geelong Hospital 15th July 1986 regarding double blind testing to evaluate the relationship between fluoride and asthma. (attached)

13. Hogg C., (1987) Communication from Acting Minister for Health to H. Shell MP, in response to request for the Health Department to conduct fluoride testing

14. Streeton J. A., (1987) Communication to Dr Joan Handley, 17th February 1987 page 3

Appendix A: Waldbott G.L. (1964) Allergic reactions to fluoride, Journal of Asthma Research Vol 2 No 1, 51- 64

Appendix B: "Case 2: Professional Responsibility" presented by P. Robertson at Centenary Hall, Geelong, 11th November 2002

Appendix C: "Symptoms of Fluoride Toxicity" Response to questionnaire 1986

Appendix D: Response from Melbourne water confirming sodium silicofluoride as a waste product.

Appendix E: Report of Committee of Inquiry into Pesticides Victoria 1966 listing Sodium silicofluoride as a pesticide

Appendix F: "Snaleen" listing sodium silicofluoride in use as snail and slug bait

Appendix G: "Is Fluoride Really That Safe?" Book Review "The Fluoride Deception" Chemical & Engineering News, August 16 2004

Appendix H: Tape of interview with Author "The Fluoride Deception" Chris Bryson

Appendix I: Video recording of interview with Dr Hardy Limeback

Appendix J: "The Secret War", by Dr Geoffrey Smith

Reference 12

THE GEELONG HOSPITAL

TEL: (STD 052) 90211

TELEX No: 32134

DIRECT QUERIES TO:

QUOTE REF: U.R. No 037722

JMH:SAB



RYRIE STREET, GEELONG, 3220

POSTAL ADDRESS:

BOX 281, GEELONG, VICTORIA,
AUSTRALIA, 3220

15th July 1986

TO WHOM IT MAY CONCERN

RE: Elaine VALENTINE

Double blind trials were done on this patient using various substances. On arrival at Outpatients her FEV₁ was 1.4, FVC 2.4. Five minutes following drinking Geelong water - FEV₁ - 1.5, FVC - 2.35. Five minutes after aqua dest, FEV₁ - 1.3, FVC - 2.2. Five minutes after aqua dest and fluoride, FEV₁ - 0.25, FVC - 1.1. Five minutes after Melbourne water, FEV₁ - 1.2, FVC - 2.4. Five minutes after aqua dest and fluoride drop which is tasteless, FEV₁ - 1.2, FVC - 1.5.

Unfortunately the interval between all these tests was very small, hence the test is not completely satisfactory because it depends on transit times of fluid from the stomach. However, as there seems to be some falling off of lung function following fluoride, further testing is strongly recommended.

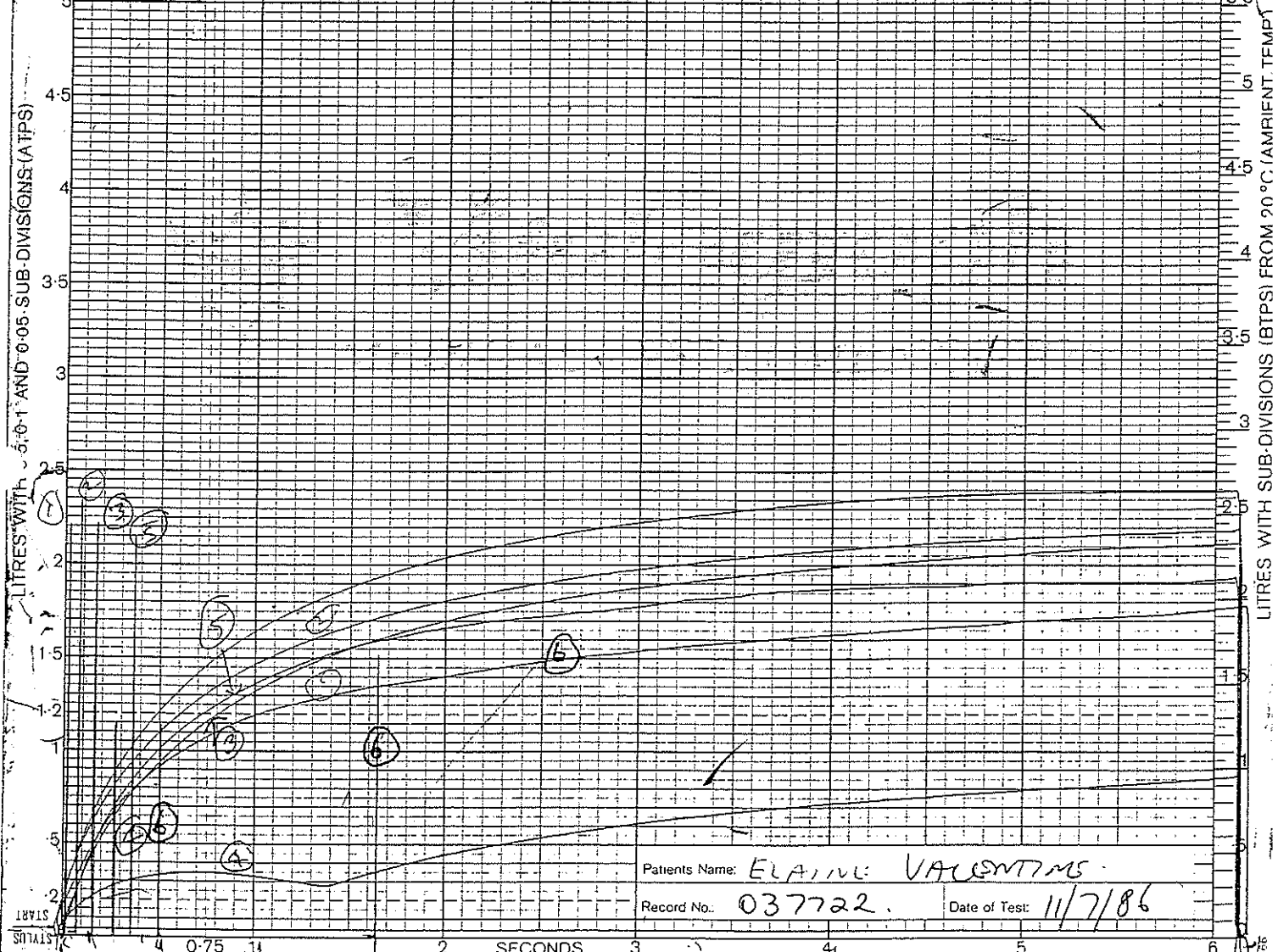
Yours sincerely,

JOAN M HANDLEY FRACP

SPHEROGRAPHS
 CALIBRATION
 AMBIENT TEMPERATURE
 °C

7.1
 6.5
 6
 5.5
 5

- ① On arrival
- ② Bedding
- ③ Ag. Dist
- ④ Ag. Dist + fluorescent
- ⑤ Ag. Dist
- ⑥ Ag. Dist + fluorescent deep



Patients Name: ELAINE VALENTINE
 Record No. 037722 Date of Test: 11/7/86