

## Study: Fluoridation Benefits Doubtful

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Category: [Politics, Law & Society](#)

Press release from: [New York State Coalition Opposed to Fluoridation, Inc](#)

Achieving cavity-free status has little to do with fluoride intake, reports a study in the Fall 2008 Journal of Public Health Dentistry.

The ongoing Iowa Fluoride Study (IFS) begun in 1992, follows a cohort of children from birth. Researchers measure fluoride use and ingestion, count cavities and document fluorosis – white spotted, yellow and/or brown stained teeth – the outward sign of fluoride over-ingestion.

IFS researchers report, "The benefits of fluoride are mostly topical...while fluorosis is clearly more dependent on fluoride intake."

They explain that when fluoridation began in the 1940's, "it was believed that fluoride needed to be ingested early in life to provide [cavity] prevention...Today, evidence suggests that...the benefits of fluoride are mostly topical."

Fluoride chemicals are added to 70% of public water supplies at so-called "optimal" levels (0.7 parts per million – 1.2 ppm), once believed to prevent cavities.

The IFS researchers find that "firmly recommending an 'optimal' fluoride intake is problematic." They agree with fluoride researchers Burt and Eklund that the term "optimal fluoride intake" be dropped from common usage.

Quantifying fluoride intake is more complex than it was several decades ago because of the widespread use of fluoridated dental products and increased fluoride content of foods, they report.

"Thus, it is doubtful that parents or clinicians could adequately track children's fluoride intake and compare it with the recommended level, rendering the concept of an "optimal" or target intake relatively moot," they write.

In 2003, IFS researchers wrote, "There is no specific nutritional requirement for fluoride." They described the fluoride content of some foods. For example:

- Processed chicken: 4.4 ppm and 10.0 ppm fluoride
- Cereals: 3.8 to 6.3 ppm
- Creamed spinach: 2 ppm
- Soft drinks: up to 1.55 ppm
- Decaffeinated tea: 3.19 ppm
- White grape juice: 4 ppm
- Ready-to-feed infant formula: from 0.15 to 0.30 ppm

"This well-done, long-term study by respected fluoride researchers, and published piecemeal in several scientific journals, tells us that fluoride ingestion, such as fluoridated water and supplements, is causing dental defects with little, if any, benefit," says attorney Paul Beeber, President, New York State Coalition Opposed to Fluoridation, Inc.

“Thus, fluoridation damages teeth, wastes money and must be stopped,” says Beeber.

Take action to end fluoridation here: [congress.FluorideAction.Net](http://congress.FluorideAction.Net)

References:

Journal of Public Health Dentistry, Fall 2008, “Considerations on Optimal Fluoride Intake Using Dental Fluorosis and Dental Caries Outcomes – A Longitudinal Study,” by Warren, et al.

Dental Clinics of North America 47(2003), "Current and future role of fluoride in nutrition," by Warren & Levy, 225-243

New York State Coalition Opposed to Fluoridation, Inc provides information about the health hazards of fluoride and fluoridation

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