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Letters to the Editor

April 2010 <u>Letters to the Editor</u>



Inaccuracies in Fluoridation Article?

I am a dentist, and when I went to my chiropractor the other day, I decided to read your magazine (I haven't read it before).

Some articles were interesting, however I was very disturbed when I read the article about water fluoridation. Many facts were twisted and distorted. It is so wrong that I am surprised the article was printed, as it was written to frighten and

scare the reader, and provoke an anti-government reaction. It is obvious that the writer has a vendetta against dentists and governments. Does Vitality check anything it prints?

I told this to my chiropractor, and after explaining why this information was so wrong, he decided to remove your magazine from his waiting room, and will no longer place future issues there. I hope this was a simple error, and not the normal way your magazine conducts business.

Sincerely,

Dr. Cathy Jones, DDS

More Errors in Fluoridation Article?

I read your latest issue of *Vitality* and have to say that I am very shocked by your article regarding fluoridated water. It appears the author wants to shock the reader into avoiding fluoridated water. The article misrepresents fluoride on so many levels, it is difficult to know where to begin. I am surprised that *Vitality* did not verify the inaccuracies presented.

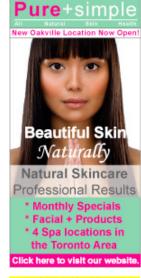
Fluoride is incorporated into the tooth as it forms in the jawbones of children, from birth until approximately eight years of age. The addition of fluoride strengthens the tooth enamel, rendering it more resistant to dental caries (such as cavities). As a dentist, I can say that fluoride is the main reason these children have so few dental caries, compared with cities that do not fluoridate the municipal water (for example, Montreal and most cities in Great Britain).

Fluoridated water is carefully regulated (Health Canada), whether this is in a small town or a major city. At these regulated concentrations, it is completely safe and non-toxic for children to ingest.

Anything taken in excess can cause problems, even water! No one would swallow a bottle of aspirin for a headache, or use excessive bottles of holistic medications.









Armstrong

GUIDES

- 2009 Getaway Guide
- 2009 Guide to Organics

LINKS

WHOLE LIFE EXPO

Dental fluorosis occurs when excessive amounts of fluoride are ingested by children when their permanent teeth are forming (0-8 years of age). Dental fluorosis does not occur after the teeth are formed, or from topical application of fluoride. Visible dental fluorosis is represented by whitish and / or brown pits and spots on teeth.

Since most water naturally contains some fluoride at varying concentrations, people drinking well water (i.e., not from a municipal supply) should have the water tested for the concentration of fluoride to be sure their children are not ingesting excessive amounts of fluoride, which could potentially cause dental fluorosis. Similarly, parents should restrict young children from swallowing fluoride-containing toothpaste, as well as fluoride-containing rinses, for the same reason.

Your article claims visible dental fluorosis affects almost half of schoolaged children in fluoridated areas. This is untrue. I challenge the author of this article, and all personnel at Vitality, to see for themselves if 1/2 of the population of Ontario have the white / brown spots of dental fluorosis

Claims that fluoride might result in increased lead leaching from pipes and fixtures have not been substantiated in recognized medical, dental, or health journals.

Fluoride is non-toxic when used properly. More than 50 years of research have been investigated with regards to the safety of fluoridated water, documented in various peer-reviewed medical, dental and health journals worldwide. For example, the U.S. Centers for Disease Control states that "water fluoridation is considered one of 10 great public health achievements of the 20th Century," and is a safe, efficient, and an inexpensive way to prevent dental decay.

Perhaps the author should review these reviewed scientific journals, instead of promoting her political views regarding the incorporation of fluoride into the municipal water supply in Ontario.

The author misinterpreted information from The Royal College of Dental Surgeons of Ontario (RCDS). The RCDS is a government body which represents the public, not dentists. While the RCDS has no policy restricting viewpoints of dentists, if a dentist was not practising preventive dentistry, and the patient ends up with many dental caries and / or gum problems because of this, they could investigate and determine that the dentist is not practising according to accepted public standards.

Dentists practise preventive dentistry and support fluoride because it is in the best interest of their patients, not themselves. Preventive dentistry and fluoride actually has a negative impact on dentists' income, as patients won't go to the dentist if they don't have cavities.

Your article leads the reader to conclude there is an ongoing conspiracy to mislead the public by dentists, recognized dental associations, and various health associations. This is simply untrue.

Lastly, the author implies that phosphate fertilizer waste enters Lake Ontario because of fluoride. It enters Lake Ontario because it is used to fertilize crops, and not because of fluoride.

Judging from this article, it appears the author is not a dentist. She intentionally avoided scientific sources such as the Canadian Dental Association, the American Dental Association, the U.S. EPA (Environmental Protection Association), Health Canada, and WHO (World Health Organization), and quoted mainly from alternative media.

I hope that Vitality will choose their articles more carefully. I also hope



SAVE YOUR BRAIN

that you will assume responsibility, and print a corrected and honest article regarding fluoridated water in your next issue.

-Robert Thompson, DDS, BSc

Response from Writer of Fluoride Article:

I am happy to respond to Dr. Thompson and the allegations of inaccuracy in the Vitality article. I consulted credible sources: scientific articles; government statistics; the National Research Council report of 2006 and scientists who wrote it; Health Canada; the Centers for Disease Control's National Health and Nutrition Examination Surveys; the Institute of Medicine; the World Health Organization; CAPE and international affiliates; and current regional dental survey reports on fluorosis and decay from Niagara, Thunder Bay, Halton, Peel and Oshawa. The non-profit Fluoride Action Network is a convenient portal to credible scientific literature including dental research. I do not understand what Dr. Thompson meant by "alternative media."

Dr. Thompson's letter is remarkably similar to others that appear whenever water fluoridation is critically examined in a public forum.

The formula is this: scold the publication and the author; make authoritative false statements without reference; cite endorsements as "science"; discredit or ignore author's scientific references; deny harm and toxicity; ascribe ulterior or political motives to author while claiming altruistic ones for dentists; state that fixed concentration guarantees safety; bait and switch; focus on irrelevant issues while evading major scientific points; state there are years of proof / thousands of studies but give no references; and bluster to finish.

Dr. Thompson's letter is error-filled. First, a fixed concentration of fluoride in water can't prevent overdose or toxicity from fluoridated water. This is a basic principle of pharmacology. Water fluoridated at 0.7 mg/L is not "completely safe and non-toxic to children"; it provides a toxic fluoride dosage greater than 0.01 mg / kg / day known to suppress thyroid, to high-intake vulnerable groups including infants, pregnant and lactating women, children, diabetics, soldiers, laborers, athletes and kidney patients according to the NRC report (Tables 2-4 and B-11).

Some people (like me) drink more than average or excrete less fluoride due to kidney impairment. Fluoridated water itself then becomes the toxic drug.

Second, fluoridation does not reduce tooth decay (WHO stats). No specific daily dose of fluoridated water (one cup or ten cups) or daily fluoride supplement (0.25 mg or 2.5 mg) has ever been shown to reduce childhood tooth decay without causing delayed tooth eruption or increased fluorosis.

Third, Health Canada does not regulate the concentration of fluoride in drinking water, nor does it certify or approve the chemicals used, nor monitor systemic health effects of chronic consumption. Health Canada has conducted no toxicological studies on chronic consumption of fluoridation chemicals, and therefore can give no assurance to the public that water fluoridation is safe, let alone effective as claimed.

Fourth, endorsement of fluoridation is not science. A lie from the CDC is still a lie. When challenged under its own ethics code to produce peer reviewed scientific evidence that water fluoridation has improved public health as claimed, the CDC admitted in writing to the Lillie Center of Georgia, U.S., that there is no scientific evidence to support the claim. UN reports show that most developed nations without forced fluoride programs have better health, better teeth and longer lifespan than we do

An excellent presentation from scientists, EPA officials, dentists and

fluoride toxicity experts, called "Professional Perspectives" provides substantiation for many of the points made in the Vitality article, and is available on YouTube through the portal on Fluoride Action Network at www.fluoridealert.org. This effectively balances Dr. Thompson's criticism.

He is correct that I am not a dentist. I am one of the guinea pig children exposed from conception by the inaugural Grand Rapids Michigan fluoridation experiment of 1945-1955, and I had plenty of cavities. I am fluoride poisoned as a result, with damage to bones, teeth, thyroid and kidneys.

My children have dental fluorosis. Recognizing fluoride-damaged teeth is not rocket science; anyone can do it.

I serve as volunteer research coordinator on the Fluoride Toxicity Research Collaborative, an international group of scientists including National Research Council panelists. I have co-authored a forthcoming book on evaluation and treatment of systemic fluoride poisoning for health professionals.

As a Certified Nutritional Practitioner with seven years of clinical experience, I help people recover from fluoride poisoning. I constantly meet people with visible dental fluorosis and goiter from thyroid suppression by fluoride.

Last year I filed Freedom of Information Access Requests with the City of Toronto, seeking records pertaining to the scientific evidence that Toronto Public Health relies upon to substantiate its claim that fluoridation is safe for all and effective in reducing dental decay without side effects. The responses were an admission that the Public Health Department has collected no data, performed no scientific studies, and has not monitored the safety or effectiveness of this program or its effect on heavy metals in the tap water and waste stream, despite allocating millions of tax dollars to fluoridation infrastructure and chemicals and fluoridating the water since 1962.

The issue is not whether I am qualified to write about fluoridation without a dental degree, but the growing divide between entrenched dental officials and ordinary people now aware of accessible high quality research showing that fluoridation harms us. Dentists and elected representatives who ignore this trust gap are in for a rough time. The jig is up. We, the public, are no longer buying the myth that industrial waste fluoride in tap water is safe to kittens and magic tooth medicine for babies. We don't buy that dental fluorosis is harmless or that any authorities have the right to cause it while evading responsibility. We don't buy that increased lead in tap water and our children's blood is acceptable. We don't buy that it's okay to dump trillions of liters of fluoridated municipal waste water and several extra kilograms of lead and arsenic per year into the aquatic environment – our future drinking water.

We would like dentists to actually read the science beyond their bias, start listening to patients like us who are overdosed and ill from fluoride, and stop pushing industrial waste fluoride acid in drinking water as a dental panacea while ignoring critical evidence on the roles of pediatric antibiotic overuse, lead, mercury and deficiencies of trace minerals, iodine and vitamin D in our children's dental health.

As my article says, it's time to stop. The public is best served when dentists stand up for the rights of their patients not to be fluoride poisoned from tap water rather than blindly promote it regardless of logic, ethics and science.

Aliss Terpstra CNP

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