

# The Fluoride Debate



## Time to turn off the tap?

We are urged by health and beauty writers to drink lots of water for health reasons but how many of us have considered that 'taking the waters' might contribute to our IBS if that water contains fluoride? **Leonard Harley** (*right*) believes he conquered his IBS by eliminating fluoride from his diet but **Prof Nick Read** points to the lack of evidence against fluoride. If you decide to conduct your own research trial, please let us know the results.

### IBS and fluoride toxicity: is it all in the water?

**A**bout twelve years ago my IBS was completely cured by a garden accident! I had injured my mouth, but a day or so later, I realised I was suddenly totally free of the IBS that had plagued me daily for about ten years with bloating, tummy cramps and anal mucus. The only change in my routine was that I had been unable to take hot drinks.

I suspected coffee, but, in every subsequent test I did, it was tea that would bring back the cramps within an hour or two.

I researched tea to discover why it might cause IBS. Most notable was that tea contained more fluoride than any other edible plant! I also found out that a symptom of fluoride-poisoning is gut pain, and remembered that Canadian researchers had blamed toothpaste for IBS. So I stopped using fluoride toothpaste as well as tea. I went from daily gut pain to total cure.

Two years later, I began a very disrupted part of my life, living in several French locations and about six places in England, all without IBS. But when we moved to Feering, in Essex, the symptoms returned.

At that time I could only blame tea for certain, so I enquired of the local water supplier if they fluoridated. 'No we don't,' they replied, 'but you have the highest natural fluoride in the country and dilution is used to get it down to the World Health Organisation maximum!' I changed to bottled water and the IBS totally disappeared again. This may not amount to a full-blown double-blind medical trial, but it gave me 'blind' corroboration that it was indeed fluoride (in tea and in water) that caused my IBS. I did not have and could not, have anticipated an IBS recurrence, since the water at Feering was not even 'officially' fluoridated.

Having an analytic mind, I originally thought that I might just have an idiosyncratic reaction to fluoride, but I have spoken to a doctor/lecturer in Analytical Chemistry at Surrey University, Guildford, who has found that Fluoride toothpaste caused his



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own IBS. (He is not much of a tea drinker). When his symptoms recurred he discovered his wife had bought fluoride toothpaste again! And there is also the case of my own 12-year-old daughter. She had chronic gut pain until we refused her tea and changed the children to fluoride-free toothpaste about six months ago. Straightaway this chronic disabling pain disappeared.

Then I learned, with dismay, that the link between IBS symptoms and fluoride was already established.

Professor A K Susheela, director of the Fluorosis Research and Rural Development Foundation in New Delhi, is a senior advisor to the Indian government. She has done 30 years research and published over 100 papers on the effects of fluoride.

'It is concluded that in an endemic zone, where the inhabitants are consuming water of high fluoride content, the occurrence of gastrointestinal complaints – viz, loss of appetite, nausea, abdominal pain, flatulence, constipation and intermittent diarrhoea – is one of the early warning signs of fluoride toxicity and fluorosis. When water with negligible amounts of fluoride (safe water) is provided, the complaints disappear within a fortnight'<sup>1</sup>

After 23 years of fluoridation, the Netherlands outlawed it in 1976. This followed the Moolenberg/Grimbergen double-blind trials, using water fluoridated to the usual level of 1ppm. These trials showed many adverse reactions, particularly affecting the gut. A definite relationship between the symptoms and fluoride in water was clearly established.<sup>2</sup> Dr Moolenberg told me personally, 'We won too easily'. He expected these trials to be repeated all over the world. But, Holland was safe, and the Anglo-Saxon world just ignored the work. There are now seven countries that have reversed fluoridation.

The American physician Dr George L Walbott also conducted clinical trials and wrote. 'During the past two decades I have had experience with more than 400 similar cases. At least twenty were hospitalized for detailed studies. In others, laboratory and double blind tests have been utilized in my clinic. The salient symptoms have been sharp pains in the stomach area associated with nausea, spasticity of the bowels (ileitis, colitis), polydipsia and polyuria, arthritic pains, especially in the lower spine, migraine-like headaches and painful paresthesia in

arms and legs with loss of muscular power.'<sup>3</sup> So am I one of a tiny group, or do we represent the tip of an iceberg?

Fluoride is a protoplasmic, mutagenic poison ... and 'an enzyme poison in the same class as cyanide, oxalate, or azide, which means that it is capable of a very wide variety of harmful effects, even at low doses.'<sup>4</sup> The American *Clinical Toxicology of Commercial Products* (5th Edition) rates fluoride only slightly less toxic than arsenic, and more toxic than lead! Harmful effects have been recorded at 1ppm in water, taking no account of other sources. There is little margin before serious effects occur and the human body does not require fluoride for any normal biochemical process. Adverse effects are documented on kidneys, the immune system, bone, brain, pineal gland, thyroid, reproductive system, and gastrointestinal tract

Given all this, my own experience should not astonish. One might wonder why the rising ingestion of fluoride has not already been examined as a possible explanation for the ever-growing epidemic of IBS? Research is needed to determine whether there is a relationship between high blood-fluoride (which rises with sustained ingestion) and IBS. This may be difficult. On 26 October 1998 Professor Susheela met Tessa Jowell, UK Minister for Public Health. She described how fluoride causes what Westerners call IBS. When Tessa Jowell asked Professor Susheela why we are not seeing these effects (of IBS) in our own fluoridated areas, Susheela replied: 'You do not have an NHS facility for testing fluoride levels in blood and urine. If you do not look for adverse effects, how can you hope to find them?'

Initially, it would be interesting to see if sufferers would like to try a period of fluoride exclusion for themselves. So if you want to see if fluoride is causing your IBS, try giving up tea, fluoride dental products, kelp, non-stick coated cookware, use bottled water and don't soak in the bath in fluoridated areas. Consult your doctor about fluoride-containing medicines such as Prozac. You might also buy a bottle of tamarind paste/concentrate from an Indian grocer. Tamarind helps eliminates fluoride from the body. Indeed the recent trend to replace tamarind with tomatoes in cooking has been blamed for the increase of fluorosis in India.

Leonard Harley

#### References

- 1 Susheela AK, et al. (1993). Prevalence of endemic fluorosis with gastro-intestinal manifestations in people living in some North-Indian villages. *Fluoride* 26(2): 97-104. <http://www.slweb.org/susheela-1993.html>
- 2 *Fluoride* (7:146-152, July, 1974) <http://www.holisticmed.com/fluoride/acute.htm>
- 3 *Fluoride* 31(1) 1998 pp13-20 <http://www.fluoride-journal.com/98-31-1/31113-20.htm>
- 4 Sondhi H, et al. (1995). Intestinal effects of sodium fluoride in Swiss Albino mice. *Fluoride* 28: 21-24. <http://www.slweb.org/bibliography.html#gastro>



*... which prompts Professor Nick Read to ask: 'But how can we know for sure?'*

## Belief, however fervently held, is not proof

Mr Harley's personal experience is compelling and I can understand his conviction that it is the fluoride in tea, drinking water and toothpaste that was responsible for his IBS. He could well be correct. But so could those people who believe that hypersensitivity to yeasts, mercury poisoning or a hidden infection of the gut is the cause of their IBS.

The problem is that the symptoms of Irritable Bowel Syndrome are quite non-specific. The abdominal pain, bloating and bowel disturbances are the kind of symptoms the bowel would produced when it is irritated, irrespective of whether the irritation is caused by inflammation, infection, toxins, radiation or nerves. And any irritation anywhere in the body is made worse if the patient is tense or upset. So the symptoms just mean that something is not right with the bowel.

If we are not to return to an era of superstition and quackery, modern medicine can only operate on the basis of irrefutable and substantial scientific evidence. So for Mr Harley to know for sure whether his IBS is due to fluoride toxicity, he could perhaps persuade a medical research laboratory to conduct a trial to investigate whether adding fluoride to his diet without his knowledge repeatedly and reproducibly causes a relapse of his IBS. I can well appreciate that he may not wish to expose his body to fluoride again, but without doing that he has a belief but no proof.

But, to be fair, Mr Harley does have evidence. Thirty years ago, a double blind experiment was conducted in Holland on a small number of people with a variety of gastrointestinal and other symptoms, who got better after omitting fluoride from their diet. This study showed that their symptoms relapsed when without prior knowledge, they drank water containing fluoride. This is strong evidence that fluoride in the low concentrations in our drink-

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ing water is harmful to health, but only if the subjects in this study could not taste the fluoride in the water. If they knew, then the knowledge and the anxiety that this would have caused is enough to bring on the symptoms. Other studies conducted in America and India supported the Dutch findings.

While Holland subsequently stopped fluoridation, a working group report on Water Fluoridation, published in 2002 by the Medical Research Council ([www.mrc.ac.uk](http://www.mrc.ac.uk)) concluded that although hydrogen fluoride can be intensely irritating to the stomach, gastrointestinal effects are not a problem for most people at optimal drinking water concentrations. They concluded that the issue was of low priority for further research.

Unless this is all part of a government conspiracy to suppress unwelcome news, we must assume that the working group did not consider the evidence sufficiently substantial to support a link between IBS and water fluoridation.

But that, of course doesn't mean that there is no link between fluoride and IBS; just that the evidence for a link isn't very strong, probably because few studies have been done to look at it. Fluoride is undoubtedly toxic and the boundary between levels that are toxic and those that are safe is not that far off what is found in our drinking water and will almost certainly vary from individual to individual. And Mr Harley correctly asserts that drinking water is just one source of fluoride; there are higher levels in tea and some toothpastes, though the MRC report asserts that most of the fluoride in the diet of a nation of tea drinkers comes from the water supply.

Government policy on fluoride will probably only be changed as a result of large scale population studies to find out whether symptoms of illness are higher in areas containing high fluoride in the drinking water, or to determine whether patients with IBS have been exposed to abnormally high levels of fluoride or drink more tea than those without IBS.

But for the Department of Health to take the risk of fluoride seriously enough to commission such studies, there would need to be a ground swell of anecdotal evidence from people who found, like Mr Harley, their symptoms disappeared after they cut out sources of fluoride. And this would need to be supplemented by controlled trials conducted in a cohort of these people who would be willing to expose themselves repeatedly without their knowledge to the addition of fluoridated water to the diet.

I would guess that a sensitivity to fluoride could well be a factor leading to IBS for some people, but there are likely to be other factors at work, especially emotional tension. At least fluoride can be almost eliminated from the diet by the fairly simple measures stated in Mr Harley's article.

It would be very useful to know whether any of the members of the IBS Network find that a minimal fluoride diet eliminates their IBS and whether that effect is sustained. Do write and tell us.



## Prof Read replies

Network chairman Professor Nick Read is a consultant gastroenterologist and analytical psychotherapist. He uses both of these disciplines in combination to investigate and treat patients with mind-body diseases, particularly those with functional gastrointestinal disorders. So that his expertise can reach a wider audience, Professor Read offers readers of GR a sample of the letters he regularly receives and answers on behalf of the Network.

### Shame is spoiling my marriage

I finally admitted to having IBS about a year ago (I am 42 now). Saying it out loud to my friends and family also meant I admitted it to myself.

My earliest memory of a problem is about the age of six. My family and I were staying at my auntie's and I had a tummy bug. I hated the feeling of the poo coming out, so I pretended I couldn't go. I remember sitting on the toilet, my mum in the doorway, petrified of that letting go feeling and probably the smell too.

My sister and I shared the double bed that night and in my sleep the inevitable happened. I felt shame, embarrassment (I am embarrassed easily, anyway) and was frightened to face my family in the morning.

My symptoms are, of course, diarrhoea. Especially when I am nervous about a situation, anything from the norm, really. I can take Colofac which helps.

My main problem is when I have sex. I am aware, during orgasm, of that bearing down feeling and have passed some faeces on two occasions. I hate it so much that my husband and I only have sex pre-planned so that I can take the Colofac. This gives me the confidence. I don't think he knows about this, we don't discuss it – if he does know, he hasn't said anything.

Please give me some advice. Our marriage may suffer because of it, because I know he feels rejected. We have teenage boys who come and go all the time, so if we have a chance we really need to take it.

*First of all, let me say, 'well done!' Yours is such a difficult problem to admit to, but I suspect that many more people suffer their sense of shame in silence. By writing the letter, I feel you have taken a big step forward. Your childhood experience has undoubtedly programmed you into believing that there is something deeply shameful around the idea of having a poo. This would probably have taken place years previously, perhaps at around the time of potty training, but it has become part of the way you are.*

*I hate putting labels on things, but this has now become a kind of phobia that tends to regulate your life, causing you avoid anything away from the norm and unable to be spontaneous when making love to your husband. It's an unfortunate fact of life that if there is something that you are particularly fearful of, then the fear itself tends to make that thing more likely – like making your bowels loose when something out of the ordinary happens.*

*So the fear of faecal incontinence (or parcopresis, as described in GR 51) is expanded to include a kind of agoraphobia and a fear of sexual intimacy. Again I suspect that incontinence during intercourse is not that rare, even in people who do not have IBS.*

*Vaginal stimulation can trigger in some people a spinal reflex that can cause the colon to contract. And orgasm is associated with spasms of the pelvic floor muscles that squeeze the rectum and may force small amounts of faeces out. But you perhaps didn't really want to know all of that. You just need to know how you can stop it happening.*

*The important thing here is to find some way of reducing the fear and restoring your confidence. There may not be just one solution; it may take a combination of medical and psychological measures.*

*Among medical measures, you have found Colofac helps to quieten your bowels down. Other possibilities to suppress an active bowel would include Imodium and a medication called Questran, which I find particularly helpful for people with IBS who have diarrhoea. Questran binds bile acids which irritate the colon (nature's laxative), and people with IBS diarrhoea tend to have a rapid transit through the bowel causing leakage of more bile acid into the colon than is usual. Questran mops that up. Often a small dose will suffice; one sachet taken twenty minutes before each substantial meal. Another thing to say is that if you are taking a high fibre diet or fibre substitutes such as Fybogel, it would be a good idea to cut those back as they tend to make the bowels loose.*

*But from what you write, it seems to be the fear that is driving all of this so it is very important you address that.*

*Relaxation methods, stress reduction and hypnotherapy may certainly help to calm things down, but I feel that you may need to address the specific fears and obtaining help to deal with those through cognitive behavioural therapy. It helps if you can feel safe enough to be open about this.*

*And while applauding your courage in being open to your friends and family and us here at the Network, I am concerned that you are too ashamed to talk about the specific problems during intimacy with your husband and your marriage could suffer because of it.*

*Are you afraid your husband won't want to know about this? Do you worry that he might turn off and reject you? If these are your worries, it is very important they are addressed.*

*What you have is not easy, but neither is it something you have to put up with for ever. You can get over this and you have started on that trail to recovery. But you will need some help.*