

GOOD TEETH BIRTH TO DEATH

**THE PRESCRIPTION
FOR PERFECT TEETH
(SEE PAGE 34)**

Revised Edition, 117 Pages

with added section on
Dementia from Dentistry
Examples, Prevention and Cure
41 Page, 2574 Word User Friendly Index
by Dr. Gerard F. Judd, Professor, Chemist and Researcher

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The prime purpose of this book is to assure the greatest possible education of children and adults in making sure their teeth are not eroded, decayed or lost, by following the simple regimen outlined therein.

**Gerard F. Judd
January 9, 1997**

REVISION OF "GOOD TEETH BIRTH TO DEATH"

Almost everything which anybody on earth does or writes needs to be revised. Knowledge increases; ignorance wanes. My book is no exception. I believe in simplicity and therefore try not to fix things which are not broken. When an error is discovered, I need to update my work.

Since the second edition of my book in 1997, I have learned many important things about teeth. But if I would just rewrite the book no one would know where new knowledge replaced the old. That's important.

Recently I wrote a 23-page document answering 300 questions that people have asked me about teeth. My answers are formulated in the best language of chemistry I *can* give. The document is new, and extremely important to tooth care.

But even this new document is not adequate to clarify my excellent treatise, "*Good Teeth Birth to Death.*" I need to explain what is incorrect in the old version so the reader will know some of the very valuable things I have learned to improve it.

Error No 1: First of all, I used the term "tooth decay," a common term for dentists, at least 200 times. That was before I learned there is no such thing as tooth (enamel) decay. There are at least two evidences for this: (1) skeletons after 5,000 or more years still have their original teeth even though exposed to bacteria and viruses in all kinds of conditions, and (2) there is no carbon in the calcium hydroxy phosphate (apatite) enamel and therefore viruses and bacteria, which both require carbon to exist, are defeated. All this in spite of the fact that dentists are publishing papers in technical journals about Streptococcic Mutans as though bacteria were eaters of enamel. This is false science.

So much for tooth decay. If I had to replace the two words "tooth decay" in my book, they would be replaced with "tooth cavities." Tooth cavities are holes in the enamel that are caused by two things: (1) acids, and (2) dentists. Acids, having the highly positive hydrogen ion (H⁺), pull the highly negative phosphate ion (PO₄³⁻) out of the tooth, and with it the calcium (Ca²⁺). As for (2), dentists use probes to dig poorly formed crystals (plaque) off the teeth and frequently dig holes right through the enamel. A dentist did that to me. I still have the tooth and it gives me no trouble, but it was cut almost in half by a dentist's probe.

Now we all know about acids, especially those having pH 1-3.5. Nothing else in the diet will dissolve or react with enamel. Eating is done quickly enough that bacteria do not have time to create acid from the food, so we need not worry at the dinner table about anything except acids. These are contacted with water or saliva (pH 6-7), which cause them to be chemically removed. Some examples of acid foods are lemons, grapefruit, rhubarb, coca cola, sprite, root beer and other drinks. The three prevalent acids in these foods or drinks are carbonic, phosphoric and oxalic.

Error No 2: In my book I recommended to keep sugars off the teeth. Sometime after writing my book, I did an experiment, adding a hot concentrated solution of sucrose to calcium phosphate to observe whether it would have any dissolving effect. I washed the calcium phosphate again and again with the hot solution. My final conclusion was that sucrose has no significant action on teeth. This differs from my earlier conclusion and with the literature quoted on pages 24 and 25 in my book. I also did the experiment with saturated glucose and saturated fructose solutions, with the same result. Sugars do not damage teeth! My eating of candy bars has not affected my teeth!

Conclusion: From a chemical standpoint, I can safely say that sugars, non-acidic foods and bacteria cannot harm tooth enamel.

Error No 3: The third error in my book has to do with the word "dentine." I used the word dentine to mean the center of the tooth. When I got curious and looked in Webster, I found the dentine is actually the enamel, the apatite, and the calcium hydroxy phosphate. Now that I know better, I call the middle of the teeth "pulp."

Error No 4: A fourth change may not be an error but just a thought. A mixture of monosodium phosphate and disodium phosphate, 1/20th teaspoon/da each, is probably better than lecithin, to provide phosphate for the body. Lecithin lowered triglycerides in my blood system from ~200 to ~50 and may have crinkled my arteries, thus accelerating my need for a quadruple bypass.

I need not discuss my outstanding book, "*Good Teeth Birth to Death*" further since it required only the above four changes.

I have gleaned sources of help for those of you who want reasonably priced chemicals:

Ascorbic Acid 1-800-777-1324
\$17.25 delivered 2.2 lbs.

NaH₂PO₄ \$7.50/lb, Na₂HPO₄
Mono and di-sodium phosphate
\$7.50/lb, \$20. min, \$8.95 ship.
National Formulary grade
Triess-es 1-818-848-7838

Hydrogen peroxide 35%
Food Grade
\$8 per 12 oz; \$8. shipping
1-386-658-3757 Barnor
also \$18.45 1 pint delivered
David Latona: 1-888-813-4228

Oral Chelation 180 tabs, \$36.90
41 items Natures Aide
1-800-730-4145 artery cleaner

Hyaluronic acid 90 cap. \$41.90
7 items Purity Products
1-800-546-4665
old age symptoms

Vision Essentials 1-800-722-8008
Dr. Julian Whitaker
120 capsules \$41.98

Cod Liver Oil for arteries \$8.90
Puritans Pride 1-800-6451030

Gold Std Protein Pdr 1-800-708-3803
\$119 4 cans/4 lbs.
900 scoops, 44 days

Spectra (38) Greens Pdr
1-800-325-1776 DaVinci
\$34 for 30 days

Ruby Red (39 fruits) 1-800-943-6465
30 cal per serving
\$65.85 for 90 days

Oil of Oregano 1-800-769-7873
\$36.90 13.5 ml delivered

Olive Oil Ozonide 1-250-368-6480
\$18/30 ml delivered

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The prime purpose of this book is to assure the greatest possible 25
education of children and adults in making sure their teeth are not eroded,
decayed or lost, by following the simple regimen outlined therein. 30

Gerard F. Judd
January 9, 1997

COVER PAGE: GOOD TEETH, BIRTH TO DEATH

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Why was this book written? To bring to every human the secret of how to have strong, non-decaying teeth throughout their life.

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How did I come upon the secret? I am a research chemist and I did not believe our Mayor should have contaminated our pure water with the nerve poison fluoride, which I felt sure could not possibly lower decay as he claimed. Through a study of fluoridation I was led to the study of the real cause of tooth loss, of which I am now certain.

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I now know that fluoride in drinking water doubles the decay rate of American teeth from 0.35 to 0.70 tooth per year by destroying the enzyme which allows flexible enamel to form. Thus fluoride is out forever as an adjunct to good teeth.

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I now know that the elements of tooth enamel must be replaced daily to prevent erosion away from the decayable dentine underneath.

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I now know what major factors accelerate enamel loss and how to rule out their action. I have a 110-word regimen which will insure one's having good teeth from birth to death, with no more decay. See page 34.

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Good reading! Good teeth!

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Gerard F. Judd, Ph.D., Chemistry
Professor of Chemistry 31 years at Phoenix Community College
Industrial Researcher 18 years
Researcher on Cancer Cure Chemicals
Received Award for Research on Manhattan Atomic Energy Project
Emeritus, American Chemical Society
Elected to Sigma Xi Research Fraternity
Member of Alpha Chi Sigma Professional Chemical Fraternity

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Good Teeth, Birth to Death by Dr. Gerard F. Judd Self 1-10-97

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Good Teeth, Birth to Death

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Why was this book written?

This book is written to reveal the secret that I have discovered about teeth. I have learned how to keep my natural teeth for my entire life, with no further erosion, fluorosis or decay^{1,2}. Since I am 74, and have 85% of my teeth, which are improving by the day, I feel qualified to give this instruction to you. If you find this instruction doesn't apply to you, please place this book in the hands of someone with tooth trouble.

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What are some of my experiences up until 5 years ago which have turned me onto tackling the tooth problem?

My own experiences with bad tooth pain and dentists whom I could not afford have for many years prompted me to wonder why I should have to endure such totally unnecessary trials. The great pain and mental anguish caused by my few toothaches have stimulated me to wonder at statements I have often heard: "Oh, decay is just a matter of genetics." "Some people have perfect teeth and no decay simply because of their inherited resistance." Why, I asked myself, does this have to be true? Or more importantly, perhaps it is not true.

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When I was at the University of Utah in 1942³ as a poverty-stricken student, with a cold-sensitive tooth giving me great pain, I walked around the dentists' offices trying to find out how much it would cost to have my tooth fixed. My wage of \$12 per month as janitor of the medical building was not sufficient to pay the \$30-\$50 it might cost to enter the dentist's chair.

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Although I asked at several offices, I never found a dentist I could talk to about money. After a lot more pain and waiting, I succumbed to one dentist whom I thought might be less greedy than the others. As I recall, he took a few minutes to fill my tooth with a silver-mercury filling, for

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\$20. I felt beat--more than a month's salary, for just 15 minutes of his time! With what would I buy my pencils, writing paper, books and school supplies? I felt the disparity in our salaries was beyond all reason, and I hated it. After all, I worked harder in my university studies than he worked in his office. It didn't make sense for him to earn \$1600-\$3200 per month and me only \$12.

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Other tragedies have also affected me as I have grown up and encountered this problem of what I consider to be over-bloated salaries of greedy and often incompetent dentists. You might say, their attitude is charge all, or in fact more, than the traffic can bear. My mom as a young woman of 35 had arthritis and the dentist of our little town of Delta, Utah told her that this malady may be caused by her teeth. There was nothing wrong with her teeth, but she was convinced by the dentist she should have them all pulled and be fitted with false teeth to end side infections. She went ahead with this, but her arthritis was not improved. She then had the additional defect and hurt of losing her natural teeth^{4,5}. No doubt the cost of repairing single teeth then was about \$30, an exorbitant fee for a poor farmer.

A dentist can always create a high lucrative income by the practice of x-raying the tooth, digging at the plaque, wiring cracked teeth together, grinding away and polishing the enamel, shaping down a tooth after root canals to mount a crown, building bridges or applying sealant which lasts only 6-8 years. Soon we must apply our own fillings, plastic seals and coverings. To worsen things nowadays, since most dentists are unable to do much but x-ray, fill and pull teeth, there will be 2 charges, one to the primary dentist and a second repetitive examination and larger charge for the orthodontist or specialist. This double charge is plundering America's pocketbook and taking advantage of insurance. All these alternatives to simple erosion repair keep a person poverty-stricken while adding to the inordinate salary of the dentists. Filling a

tooth nowadays can cost \$70-\$100. Building a crown (a half-hour job) can cost from \$800- 0
\$1200. To me, no dentist is worth more than car repair shops whose rates are \$30-50 per
hour^{6,7}. The difference between the mechanic shops and a dentist's office is that dentists have 5
lobbied with legislatures in the states and federal government (while we have been asleep) to
make sure no one can practice dentistry of even the simplest chores until they belong to a
"dental union." Those belonging to this ostentatious group do everything according to a 10
preconceived money extraction plan. Violators of the code will be busted with BATF-type
gendarme equipped to exact conformity, whether the procedure is intelligent or stupid. Their 15
code is not free enterprise.

As children of poverty stricken farmers, whenever my brother and I had a primary tooth
which was ready to come out, instead of going to the dentist my parents instructed us to pull it 20
out ourselves. This often involved the painful process of "fingering" the tooth out--or in
difficult cases attaching a string to the tooth and to the door knob and slamming the door. How
much nicer it would have been to have gone to a dentist who wanted to work at 1/10 the 25
prevailing rate and have him extract our teeth at a very small fee. It would have accorded him
more work and at the same time helped us solve some nasty problems.

The other day my son-in-law, who is in his 40's, told me he had no natural or false teeth. 30
"How come?" I asked. "Well, several years ago I had teeth that needed repair and I couldn't
afford it, so I had them all pulled." "How to you eat food now?" I asked. "I gum it. In other 35
words, I eat soft food which I can gum, swallow and digest." My son-in-law is indeed a poverty
stricken father with a large family, and at this age has an even lesser chance to afford false
teeth than when he was younger. There are dentists who are not busy that could help him in this 40
regard if they wished. He doesn't want free dentistry, just fair cost dentistry. Instead, dentists
are greedy. They pay the technician who prepares their artificial teeth about 1/10th of their 45

profit. But the dentists who are controlling prices would sooner go out of business than compete in the free market. I know people who go to Mexico for dental work because the quality there is good and the cost is more reasonable.

One other experience which I had intensified the urgency I have had to learn how to stop the unnecessary curse of tooth decay. It happened in the 1960's when I lived with my 8 children in Phoenix. I had not long prior had a debilitating, disorienting illness which put me on the floor at work, gasping for breath. I thought I would die, since I could not catch my breath. Along with this, I had the strange feeling of needles and pins in my arms, hands and face. It seemed as if my body was going dead. This malady I now attribute to allergy against fluoride in the Litchfield Park drinking water. I was drinking water heavily to hopefully offset allergic headaches I had, which I now believe were also caused by fluoride^{8,9,10,11}. Costs for us with several children had put our whole family in a serious poverty situation. To save money I had discontinued drinking milk, which I did not know or think about at the time was a counteractant against fluoride, thereby intensifying my headaches and causing the disorienting illness. At any rate, sometime after my recovery, and still in this poverty state, I had a molar-grinder which was giving me a severe pulsing pain. I went to a Phoenix dentist who told me it would cost \$80-100 to fill it. Rather than go into debt and pay this exorbitant bid for the dentist's \$400 per hour salary (my school teacher's salary was about 1/25th this much at the time), I found a dentist in Sun City who would pull the tooth for \$20. My tooth was so sturdy and well ensconced in the roots that the dentist had to chisel it into 4 pieces to get it out. In cleaning up, the nurse accidentally vacuumed against my epiglottis, then pulled the rubber off, leaving me with the hurting, bruised, gland swollen to the size of a pigeon egg for several weeks. The nurse and dentist never even apologized for the action, but tried to hide from me what had happened.

I have often thought how it would have been much nicer for that first dentist to offer to fill my sturdy tooth for \$20 and send me home. But there again, monopolistic dentistry ruined my chance to have that perfectly good tooth with me today.

My own children and wife have also poured thousands of dollars of our scarce money, and accumulated debts, into what I consider to be unfair high cost dentistry--money which could have been spent for a new roof (ours leaked), central air conditioning to get out of the atrocious Phoenix heat, and other necessities. In my opinion, all this work left my wife and children with medium to poor teeth and no idea of how to stop erosion and decay. This experience has greatly intensified my desire to solve the tooth erosion and decay problem.

How did 3 bad Mayors and Councils of Phoenix intensify my interest and accelerate my desire to solve the tooth erosion and decay problem, and finally lead me to a viable solution?

In 1990 I met John Waughtal of Arizonans Against Fluoridation. He was collecting names on an initiative petition for placing fluoridation of the Phoenix drinking water on the ballot, so citizens could vote it down. He told me a public hearing had been held earlier where Mayor Goddard and the city council had approved a fluoridation scheme orchestrated by a local dentist, a health professional, Washington's HHS and Atlanta's CDC. This petition failed because of lack of effort and prejudice in not having fair news media coverage. Later in 1990 the Mayor of Phoenix announced he was going to put fluoride into Phoenix water to "help the childrens' teeth." He was replaced by Mayor Johnson, who falsely instructed that Phoenix was the last of 10 largest cities to fluoridate. (Los Angeles and San Antonio were not fluoridated.)

Before meeting Waughtal, I never realized such a wicked practice existed in America. The idea of putting a nerve poison like fluoride into our drinking water was a dreadful shock to me.

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It absolutely collided with principles of safety and common sense gained during my 18 years of extensive research experience. I worked with fluoride on the Manhattan Project (atom bomb) and researched on fluoroorganics at Purdue University. My personal experience with it left no doubt in my mind. Fluoride is a severe nerve poison. I knew how it felt when it crept down the nerve under my fingernail, killing each nerve cell as it proceeded to release the fluoride to the next cell. Also, my chemical experience told me that the intensely small negative fluoride ion would coordinate with iron and destroy hemoglobin, the very important enzyme involved in breathing. At that time I had a clear perception or inspiration that fluoride could not possibly be of any help in decay prevention.

That Mayors Goddard, Johnson and Rimsza in succession could agree to contaminate our pure drinking water with a poison for no debacterialization or deinfestation purpose made me intensely angry and upset with them and their councils. As a result, John Waughtal and I met with Mayor Johnson. We provided him and the council with hundreds of documented studies proving that fluoride is of great harm to individual health and of no use in dentistry. At one point I asked, "Mayor Johnson, if we now know through studying 39,207 students that putting fluoride in the drinking water does not hinder decay, why would you want to put it into the water?" The Mayor just sat there staring, apparently not hearing a word I said. He deliberately ignored our pleas, because he already had an agenda. At that point I learned one more shocking reality. All the data we had provided was never even looked at, but was discarded. In the same manner, Goddard had completely ignored the advice of citizens given to him at the first hearing. I learned that these public officials listened only to the political voice of fluoridating authorities from Washington; they were not required to read anyone's facts or listen to any objections except those which emanated there. More specifically, Human Health Services in league with the Center for Disease Control personnel, were coordinating their money and efforts to make sure

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Phoenix was fluoridated without broadly informing the public, allowing fair public hearings or making available to the press any countering negative or missing relevant information.

Later, in Tucson, I attended one of these put up jobs in a hearing conducted by their Mayor Miller. The meeting was a joke. HHS from Phoenix had hundreds of balloons suspended in the air, with "fluoride" written on them. Fully 1/2 of the hall was occupied by Human Health personnel from Phoenix, dressed in their natty official uniforms. Why did the Mayor not ask opposing citizens to likewise decorate the hall and dress up in similar official-looking attire? The agent who flew down from Atlanta presented a slide featuring a youth with a mouth full of black, broken and decayed teeth, which he declared was a result of a lack of fluoride in the child's drinking water. This was ludicrous, inasmuch as the ppm F in his drinking water was not even reported! There was also no report on what his diet consisted of, or any details about his tooth care. This points out another feature of these guilt-ridden government people we have nowadays. They think the public is too stupid to know what's going on. They also know that citizens are too poor to bring any legal action to stop them from wasting more taxpayers' money¹²; they thus get away with engaging in Nuremburg-type¹³ criminality. Since they also have police power over the courts (19 national cases have been ruled against plaintiffs seeking relief from fluoride), nothing under heaven will stop their projects, right or wrong.

I arrived early at the Tucson meeting and signed up as one of the first ones to speak. But the Mayor passed me over, and never did call on me. He did not want to hear the truth in that meeting. He was afraid of what I might say because of letters he had received from me. He also had already received money from the Federal Government and had installed the fluoride-dispensing equipment prior to the hearing. By his strategy, of course the measure passed.

Later, when this fluoride delivery system was hooked up to the Tucson water system, the fluoridation caused millions of dollars' damage due to corrosion problems. Essentially, they ruined their formerly good pure water delivery system and caused severe financial problems for the city in solving new chemical problems and paying for new plumbing costs. Some 3 years later the system is still providing contaminated, colored, bad tasting water because fluoride has a descaling action. It removes fungus spot, rust, and every other contaminant that has been collecting for decades. Fluoride also doubles the rate of corrosion in iron pipes¹⁴. The officials know it, but have never apologized for their gross mismanagement or the tax burden laid on the people. Nowadays our corrupt alien government never admits wrong, which it usually is at every turn.

Has any evidence ever been given by dentists or others as to how teeth could be kept up without erosion, fluorosis and decay?

The answer to this question is an emphatic no. This booklet is a first with reasoning and proof!

I delved into the books, literature and discussions with a large host of friends who were of the same mind in the fluoridation battle in the US, Australia, New Zealand, Canada, Great Britain, Holland and Austria. Incrementally, I realized there was hope in trying to prevent tooth erosion and decay. Isabel Jansen¹⁵ sent me a book, "Nutrition and Physical Degeneration,"¹⁶ by Weston A. Price, DDS, and his wife Florence. The couple had studied communities in Switzerland, the Hebrides, and tribes of Indians in Alaska. They found that isolated people who had to eat natural food had about 1/15th the decay as those accessible to stores with refined carbohydrates (carbohydrates include fructose, glucose and sucrose). The Price work was done before 1939, when the 527-page book was first published. It seems apparent that American dentistry completely ignored these workers with their prodigious research and brilliant thinking. More

recently, Dean Bonlie, DDS from Canada, found the same phenomenon in Alaskan Indians and South Sea Islanders¹⁷. He discovered that teeth which should have been completely sound were badly decayed in people on high carbohydrate diets. On the other hand, he found tribesmen and islanders with an absence of carbohydrate products in their diet with perfect teeth. Fortunately, the process is also reversible; that is, tribesmen with bad teeth when put on a good diet and Bonlie's dentistry soon developed strong, non-decaying teeth.

I read reports of an orphanage in New Zealand where children had essentially no decay on controlled diets. I read reports of Mennonites who had almost no decay and I wondered if it might be because they had regular wholesome meals in their group kitchens, thus avoiding prolonged tooth contact with dissolving foods. I read of military studies which showed that World War II soldiers from certain areas in New Jersey had low decay. I read that the people in Hereford, Texas called it the "town without a toothache" in 1942¹⁸. This town had almost no decay, due to their high milk consumption and soil richer in phosphate than any town in the US. Today things have changed. Stores have imported high carbohydrate products to replace self production. The town is now besieged with the same tooth troubles found in other American cities.

What proof do we have of the ruination of American teeth by fluoridation since 1944?

The 1993 November issue of the Journal of Public Health Dentistry (JPHD)⁵, quoting the head of Human Resources Security Administration, cited a dental epidemic in the US. It reported that 17-year-olds have 11 decays, 44-year-olds have 30 decays and 43% of those over 65 have no teeth at all. Blacks have twice this many decays. Poor people have twice this amount of decay and the American Indians have 4 times this decay. This is a pretty poor record for American Indian dentistry, because these "second class" citizens have been forcibly fluoridated

and served by free dentistry on their reservations for 50 years. A big part of US Public Health (HHS) money is allocated for just this purpose. This is a poor record for the American Dental Association and their associates, since they have pushed fluoridation as the cure-all for dental decay. How in the world have Indians ended up with such poor teeth?

Not only does JPHD tell the story about bad teeth from fluoridation, but 4 studies within the last 23 years, involving 480,000 children of median age 12, tell an even stronger one. We find 22% average increase in decay per 16 years in 12-year median age children when fluoride was elevated from approximately 0 to 1.0 ppm in their drinking water. Japanese studies¹⁹ showed that there was a 7% increase in decay for 21,000 children when fluoride was increased from 0.3 to 1.0 ppm in their drinking water. 23,000 Tucson children²⁰ drinking water with 1.0 ppm fluoride had 43% more decay than those with no fluoride in their water. The country of India²¹ studied 400,000 children and found a 29% increase in decay in areas having 1.0 ppm fluoride as opposed to those with 0. A National Institute of Dental Research study²² on 39,207 children in U.S. cities showed an approximate 5% increase in average decay in fluoridated cities, assuming 0.4 ppm in non-F and 1.0 ppm in F areas. High decay towns showed a 10% increase in the F over the non-F ones.

Still further, there are entire nations that are completely non-fluoridated²³ that have a far better record of decay reduction over the 20-year period between 1965 and 1985 than the US²⁴. Finland had a 98% reduction, Sweden an 82% reduction and Holland a 72% reduction. The US, with all its fluoridated gels, swishes, toothpastes, brushing and flossing advice and billions of dollars in federal subsidy, had only a 50% decrease. This 50% decrease would be markedly lower if it included pockets of poverty stricken-blacks, illegal Mexicans and American Indians, which it does not.

It is clear, then, that fluoridation in the US has been very harmful to the teeth of American

citizens. I estimate that of the people who have died in the US since 1945 (50 years), 50 million have lost all their teeth due to fluoride and 1.5 million of those over 65 still living have lost all their teeth due to fluoride. Of people who have reached 44 years of age since 1945, I estimate 50 million have had 90% of their teeth decayed because of fluoride. It is estimated 25 million of those over 44 now living have lost 90% of their teeth due to fluoridation. 17 million of those under 17 years of age now living have had 33% of their teeth compromised by fluoride products. If we were to count the cost at \$80 per tooth, the cost of all decay since 1945 from fluoride, assuming an average of 50% decay, would be \$150 billion dollars. This is a total and complete waste amounting to a per person loss of \$1200²⁵. The cost is very probably many times this due to the root canals, crowns, gum pockets, gingivitis and cracked teeth caused by fluoridation. All the addition of fluoride waste to drinking water has accomplished is subsidized jobs for those on a wild goose chase, supposedly looking for a cure for caries.

What propels the false dentistry of fluoridation?

In 1951 President Harry Truman signed into effect a law²⁶ giving almost "carte blanc" money to dentists. Beginning with millions in subsidy in the 50's, the output for buildings, annual programs, school gels, swishes, and tablet treatments and research grants has now reached billions per year. President Reagen finished the carte blanc in his administration²⁷, giving virtually all our health care management over to this subsidized industry. This money has been totally wasted on chair warmers and non-thinkers.

For 50 years this huge concatenation of federal, state and municipal governments, private agencies, numerous chemical companies in league with dental and medical authorities, chemical and other textbook authors and researchers, along with the news media, have been pursuing a wrong course in trying to reduce tooth decay with fluoride. One might even say that once the

government got into tooth decay monopolies took over, and fluoride became a venerated symbol of worship. The cure of tooth decay was actually doomed from their efforts. What actually happened was, early in the 40's disinformation specialists from the chemical industry were planted in the government to invent a program to get rid of waste industrial fluoride. They pursued the erroneous premise that fluoridation of drinking water would prevent tooth decay. Soon the news media²⁸ crushed all opposition and cooperated in the big cover-up, until today there is no mainstream news media that will carry a negative article or program about fluoride. Today the F word is virtually unmentionable in the press or on TV.

How did false science get into the tooth care picture?

Early studies which led down the false path of fluoridation were done by individuals who were not scientists. Most of them were dentists seeking business and government subsidies or other individuals who had a motive in selling huge stockpiles of crude, wet fluoride, industrial waste which was stored in barrels that were corroding through. First the waste came from companies which produced the great amount of aluminum necessary to make aircraft wings for World War II. After that came phosphate fertilizer companies with their waste fluoride, their rock being converted by sulfuric acid into hydrofluoric acid. This acid is now run into aqueous sand to make fluorosilicic acid, which in turn is sold to cities to furnish fluoride, silica, lead, cadmium and other sand contaminants to their water systems. Further, fluoride ensues from steel production where it is used as a flux. Brick plants, petroleum plants and atomic energy plants furnish further waste fluoride. Today this sand composite with fluoride trash is dumped into 60% of our pure American water systems. The dental lobbyists and government are trying to make this figure 100% by 2005. Research institutions (Mellon and Kettering) in the past have contracted with vendors in order to sell chemical waste for a profit. Having the great

reputation enjoyed by chemical foundations has permitted these and other entities to get away with the false scheme of fluoridation of our drinking water.

In the 40's and 50's, the non-scientific dentists made superficial comparisons between teeth in fluoridated and non-fluoridated communities. They quickly concluded there was certain reduction in decay in the fluoridated communities, before finishing their sloppy 5-year comparisons. These values varied with their reports from as high as 80 to as low as 20. Being non-scientific, these authors failed to report the exact ppm F in all the drinking water of tested residents in each of the cities. These non-scientists who were carrying out the surveys were not sure fluoride was not higher with natural fluoride in some of the areas in the non-fluoridated cities than in the fluoridated cities. Was it 80% for 1 ppm difference or .1 ppm difference? These non-scientific authors also did not report the time period of the decay reduction. You can't leave out critical data in a scientific study! Percent must correlate with a secondary or triple factor. Was it 50% for 1 year, 5 years, 50 years, or what? If it was 80% in 5 years, the decay left in 50 years would be $100(.2)^{10}$ or .0001% undecayed teeth. Thus, everyone at age 55 would have 100% of their teeth unaffected by decay, which is grossly invalid. We know of course there is no such thing as every American having 32 teeth intact, with no decay.

What is the criminal nature of our government in this picture?

No care was taken in these early investigations to study the true problem: the components of the teeth, and their relationship to the elements in drinking water, food and other supplements consumed by persons involved in the studies.

Animals should have been used first in the studies so as not to harm anyone. Instead, agents of the federal government carried out an ill-spirited experiment on an unsuspecting public. This was done over the objection of a large number of creditable scientists, who knew it was

recklessly violating a very important principle of the Nuremburg court¹³ set to try Nazi war criminals. Nazi criminals were executed according to the Nuremburg rules for experimenting on single or multiple human subjects, without their permission. Hitler implemented these human experiments in Germany. Unfortunately, President Truman and Congress, along with our chemical industry, implemented human experimentation in the US. The difference was, the US experiment was unscientific and a complete failure, whereas the Germans gained some profitable knowledge from their experiments in about 1/10 the time and with enormously fewer victims. We know for certain from a study involving 18 million people that there are a minimum of 61,000 US citizens killed by cancer annually due to fluoridation of drinking water²⁹⁻³².

The whole scheme of government intervention is an exercise in criminality. This criminal nature of our government has been confirmed in the last few years as I have tried to inform and also get some action to correct the fluoridation problem. First of all, I have published 687 pages (4 volumes) of documented studies on the harm of fluoride to teeth and health. I also sent 4 copies of each volume to EPA as per their 2 requests (1990,1993) for updated information for the Federal Register³³. They failed to comment on any of my work. Presumably, the data was dumped. In a manner of speaking, they were stealing my time by making me work for them under false pretenses and for no good purpose. Secondly, I added these documents to the Library of Congress with 2 other books for Congressmen to read. Not one of the 550 Congressmen that I know of went across the street to read my books, although I informed every one of them. Thirdly, I wrote 5 separate letters to all 550 Congressmen, with 17 pages of information, which I asked them to comment on. Not one did. Fourthly, I called several offices of these senators and representatives, to get action. They were always inaccessible, so I left messages with their aides, which messages they chose to ignore. Fifthly, I wrote to every governor in the US 3 times with documented information and a request for comment. About 15 wrote me a noncommittal letter or a letter justifying fluoride as being widespread in the environment. Not one of them

commented on the data.

As we see it, these gentlemen do not represent their constituents, but are simply crowding
around each other protecting their salaries, which range from \$100,000 per annum or 14
times the minimum wage for most governors to \$145,000 or 20 times the minimum wage for
senators and representatives. This does not count their reprehensible dips into the national
treasury for retirement after a few years' service, or the double dip when retired military
people enter Congress. Neither does it include office expenses, secretaries, other perks and fun
junkets charged to the taxpayers. Furthermore, the executive and congressional expenditure
of additional billions of dollars' subsidy to the dental profession for fluoridation has prevented
the true knowledge and secret of tooth care to remain locked in laboratories of individuals
seeking more funds for more fluoridation. Truly, all these governing individuals are making
more and more average working Americans into a poverty-stricken people who now are
beginning to look like the serfs of kings in the middle ages.

In order to clean house, these public officials need to be removed from office and sent home
where they can do no harm. New ones need to be elected in the separate states to represent us at
the city, state and federal levels, with salaries paid by the home states. The primary emphasis
of the new crop should be to lower their salaries to minimum wage and take laws which bind
us down off the Federal Register and state statutes. Laws need to be taken off the books which
favor special interests. Laws need to be enacted to protect ordinary citizens as they work
to make a living. There are thousands of citizen-detrimental laws which have been passed by
Congress and the states to give advantages to large monopolistic combines and burden the small
entrepreneur with taxes, a big detriment to the ordinary citizen. These current public servants
should not be earning even the minimum wage of \$7100. In fact, for the harm they do, they
should be paying us to occupy their positions.

What great positive discovery have I made after 5 years of laboring against fluoridation?

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My conclusion after 5 years of intense study is that one's teeth can be kept for a lifetime by simple strategies that relate to what the teeth are, how they are constructed, and how they are changing with the mouth environment and body nutrition. I am drawing on a life of extensive research, publications, study and teaching of practical chemistry³⁴. I have also read dozens of books³⁵, and hundreds of articles sent to me about the subject. I have published 687 pages of documented studies which were sent to EPA and more than 60 others. I have discussed the subject widely with a large number of scientists and lay people, and given talks in many cities. I have in addition developed a rapid, accurate method of determining the amount of fluoride in water on small 2.5 ml samples³⁶.

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What is the composition of teeth, and how does this affect what happens to them on a daily basis?

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The Merriam-Webster dictionary of 1993³⁷ defines the basic substance of tooth enamel, apatite, as any of a group of calcium phosphate minerals occurring variously as hexagonal crystals, as granular masses, or in fine-grained masses as the chief constituent of phosphate rock and of bones and teeth. Enamel is a beautiful, flexible polymer of basically calcium phosphate.

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A good tooth is comprised of an outer 1.5 mm layer of enamel, an inner layer of dentine, and an inner-inner layer of pulp. In the center lies the nerve. Roots secure each tooth to the bone.

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The outer enamel of a person on pure water and an adequate diet of milk and vegetables is comprised primarily of hydroxy apatite ($\text{Ca}_5(\text{PO}_4)_3\text{OH}$). Sharks, which are exposed to the higher level of 1.3 ppm fluoride in the ocean, have teeth different from man and are primarily

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a composite of fluorapatite $\text{Ca}_5(\text{PO}_4)_3\text{F}$. Dentists and others espousing the false fluoride theory of dentistry say that fluorapatite has a lower solubility in acids. Therefore these unknowledgeable technicians try to change tooth composition by crowding fluoride into the tooth with gels containing 13,000 ppm fluoride. Keith Kantor, a child being treated in a dentist's chair, was killed in McMinneville, Oregon last year when he swallowed half a teaspoon of this nerve poison³⁸. His ill brother was saved by administering calcium gluconate, an antidote.

Dr. Albert Schatz³⁹, discoverer of streptomycin, the first antibiotic cure for tuberculosis, showed contrarily to dentists' assertions that sharks' teeth would dissolve just as well in citric acid as non-fluoridated human teeth. Teeth can also contain small amounts of undesirable chlorapatite ($\text{Ca}_5(\text{PO}_4)_3\text{Cl}$), depending on a person's synthetic enzyme system and diet. The 1990 Handbook of Chemistry and Physics⁴⁰, pp 4-171 shows these 3 compounds having a hexagonal crystal structure with cell measurements listed below:

	formula	a spacing	c spacing	cell vol	molar vol	x-ray density	cal/bar
hydroxy apatite	$\text{Ca}_5(\text{PO}_4)_3\text{OH}$	9.4180	6.883	528.7	154.2	3.155	3.805
fluor apatite	$\text{Ca}_5(\text{PO}_4)_3\text{F}$	9.3684	6.884	523.25	157.56	3.2007	3.776
chlor apatite	$\text{Ca}_5(\text{PO}_4)_3\text{Cl}$	9.6290	6.777	544.46	163.86	3.178	3.916

What can we learn about teeth from bones, which have essentially the same structure?

It is clear from medical studies that the bones undergo a transformation daily when there is not enough calcium and phosphate. The hairline crack formation throughout the bones due to that absence is called osteoporosis. Clearly, the calcium phosphate in the tooth is constantly migrating out of the tooth and going to the bones and heart, the DNA and RNA, and wherever it is needed to replace that which is lost from the body. A supply can also migrate back into the tooth.

How does the flexible structure of teeth become brittle?

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Fluoride creates brittle teeth, as does any other alien ion entering the tooth's structure.

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Fluorapatite (bogus enamel) is denser (harder) than the hydroxyapatite (true enamel) and has different axis measurements and molar volume. This means that the crystals, while partially

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accommodating to true enamel, are different enough so the combination will sever and become brittle. Therefore, modern dentists are busy wiring together cracked and broken teeth with gold

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wire as the fluoride enters the tooth by fluoridation from water, gel, swish, brushing, etc. In addition to the crystalline structure, enzymatic formation of enamel from calcium and

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phosphate is polymeric in nature⁴¹, giving it flexibility. This flexibility is destroyed when other ions such as magnesium, iron, chromium, zinc, fluoride, sulfides or sulfates, enter the

structure. With 15 grams of magnesium alone in the plasma, some is destined to enter the tooth in the absence of calcium. Magnesium in the tooth will make it brittle and an off-color white.

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The dentine just inside the enamel is comprised of a still more flexible modified apatite structure with more of an organic nature. It is this composite which is decay-prone. When the dentine decay reaches the nerve, pain is felt. An empty root canal attracts bacteria: fill it!

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How does tooth erosion, the harbinger of decay, occur?

Daily, the calcium and phosphate of the enamel is migrating out of the teeth to the bones,

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heart, brain and other places where it is needed. This is called by the dentists demineralization, which occurs as follows:



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This demineralization will leave a hole in the tooth if it is not accompanied by replacement calcium, phosphate and hydroxyl, which occurs as follows:

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In other words, to prevent enamel erosion, which exposes the dentine and nerve, a daily supply of calcium, phosphate and hydroxide (from water) must be supplied to the teeth.

What enzyme is needed for re-enamelization of the tooth?

Re-enamelization (remineralization) of the enamel requires the enzyme adenosine diphosphatase, as well as supplemental calcium and phosphate in the diet. Furthermore, remineralization of the dentine underneath the enamel requires calcium, phosphate and adenosine diphosphatase. Dentine has been shown to repair also, even after the onset of bacterial attack⁴². Be aware, though, that re-enamelization (remineralization) cannot occur without adenosine diphosphatase and perhaps other enzymes. Fluoride destroys 66 out of 83 known enzymes and is thus a blocker to re-enamelization⁴³.

Do young people and adults have the same re-enamelization rate?

No! Studies have shown that re-enamelization of the tooth occurs for both adults and young people. For young people age 6-12 years it is about 10 times that for adults⁴⁴. Furthermore, there is a difference in the rate of enamel regeneration between different individuals. This points to the great individuality of people where each person has a different quantity of vital enzymes due to the individual's specific genetic character. This genetic character expresses itself in every organic affliction of man, and each person's genetics must be supplemented with food and dietary supplements for proper maintenance of teeth and other aspects of health. This is especially true of teeth, where the enamel is always under subjection to the foods, fluoride and other items in which they are bathed.

What is necessary to re-enamelize the teeth?

Let me make it perfectly clear. Unless one furnishes extra calcium daily in the diet, that person will be sacrificing his/her teeth. The improvement in tooth enamel by that expedient alone will be dramatic, as was shown on a recent study of 20,000 children in India on 1 ppm natural fluoridated water. 10,000 of the 12-year-olds were controls. The other 10,000, who received 800 mg of calcium daily, had 1/10 the decay and 1/3 the fluorosis²¹ of those who had no supplement. That experiment was done with calcium, which is known to be necessary to man by tests and observations on thousands of animals as well as people. Those without it will one day certainly have osteoporosis or hairline cracks in their bones. These cracks may lead to broken hips, a virtual death sentence for an older person. This experiment with calcium proves for once and all time what early dentists and government agents didn't know and even current dentists and government people don't know: supplementary calcium is necessary in the diet for good teeth! Dietary calcium, about 1000 mg/day, is absolutely necessary for good teeth.

These tamperers with fluoride should have had this knowledge half a century ago. They should have been engaged for this 50 years in making sure those who visit the dental offices and sit in the classrooms are sent home with a packet of calcium pills. The calcium pills must have vitamin D built into them to make certain the calcium is utilized to the fullest extent when present in the mouth and blood stream, along with the enzyme which permits placement in the beautiful flexible polymer. All is not known about the enzyme system necessary for this replacement, but we can be sure the enzyme will not be in the mouth if there is enough fluoride to compromise it. Fluoride breaks the important hydrogen bonds which keep the enzyme structure in place, thereby destroying its function. Dental papers have been written showing that fluoridated people have less replacement of enamel than the non-fluoridated ones, confirming the enzymatic loss. 41% of Americans have dental fluorosis⁴⁵, which is off-color brittle teeth.

What is the cause of fluorosed and mottled teeth?

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Fluorosis and mottling are conventionally seen as being caused in regions having 1.5-10 ppm fluoride in the drinking water. They can occur extensively, however, in regions where there is almost no fluoride in the drinking water. The teeth look bad, with their mixed black, brown, yellow and eggshell white hues in a chipped, broken state. There are many people in Buckeye and Yuma, Arizona who having consumed their natural high fluoride water, exhibit the characteristic black, crumbling teeth. In the US we now have 41% of the population with various hues of this ailment due to many factors, one of which most certainly is fluoride. The condition has grown worse as fluoridation of drinking water by our alien agencies of the US government has expanded. One can expect these hues, spots and chips in all but a few mouths.

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As calcium and phosphate migrate enzymatically in and out of the teeth, both externally on the tooth and internally in the tooth, alien ions can get into the tooth structure. If they do, the teeth will have off-color spots and a brittle structure. These alien ions come from the heart, muscles, liver, kidneys, bladder, brain, liver, skin, bones and just about any other part of the body. They amount to about 7 pounds (4 liters) as measured from cadaver ashes. These elements are transported in and out of their organ, some rapidly, some slowly, and some extremely more slowly via the 144 pounds of water held in a 180 pound person. Some of these ions are very colorful and some are completely white. Some are fluorescent and give dazzling colors when viewed on colored TV. Examples are shown below⁴⁰:

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calcium sulfide	white	lead phosphate	white	nickel sulfide	black
calcium phosphate	white	lithium sulfide	white-yellow	nickel phosphate	green
chromium sulfide	brn-blk	lithium phosphate	cream	silver sulfide	black
chromium phosphate	violet	magnesium sulfide	pale red-brn	silver phosphate	yellow
cobalt sulfide	black	magnesium phosphate	gray	strontium sulfide	gray
cobalt phosphate	reddis cr	manganese sulfide	gray pink	strontium phosphate	white
copper sulfide	black	manganese phosphate	gray	zinc sulfide	white
copper phosphate	blue	mercury sulfide	red	zinc phosphate	white

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iron sulfide	yellow	mercury phosphate	red
iron phosphate	pink	molybdenum sulfide	gray
lead sulfide	blue	molybdenum phosphate	yellow

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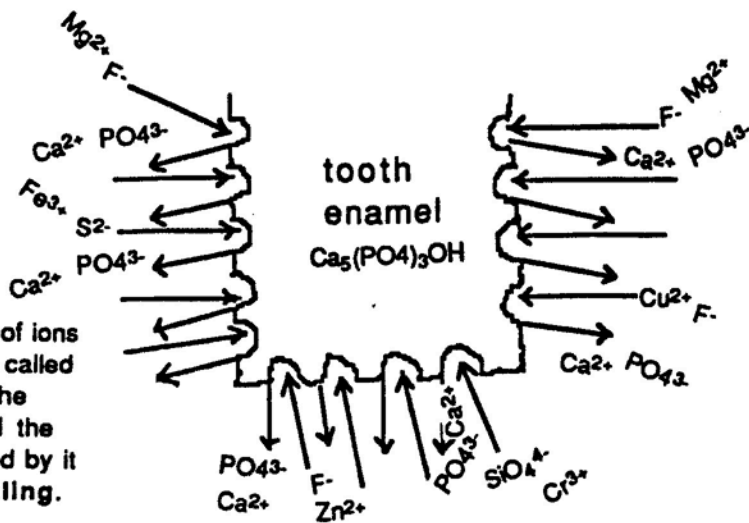
We know that fluorosis is not caused by fluoride alone, because at least 9 huge studies found that 5
 fluorosis victims had negligible amounts of fluoride in their drinking water, whereas victims in
 9 other large studies had an equal amount of fluorosis in fluoridated areas⁴⁵.

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How can we avoid fluorosis and mottling?

If we look at a section of a tooth where fluorosis occurs, we see the following happening on a 15
 daily basis:

The exchange of ions in the teeth is called fluorosis. The brittleness and the chipping caused by it is called mottling.



The tooth is greatly magnified. The holes are the size of the ions which leave (calcium and phosphate) and those 20
 which enter in the tooth to give it a color and make it brittle such as iron, chromium, copper, fluoride, sulfate, etc. 25

If calcium and phosphate were present, the alien ions would not enter.

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All one has to do is, make sure there is enough calcium and phosphate in their diet so that the
 migration in is faster than out, and migration in is also faster than that of the alien ions stand-
 ing by. Calcium and phosphate ions have an advantage over the other ions in that they are just 35
 the right size and shape to fit into the vacant spot caused by the out migration. Taking 1000 mg
 of calcium with D daily and one tablespoon of lecithin powder containing phosphate is a
 simple enough expedient to completely eliminate this problem. Thus, if you want to appear in 40
 movies or be a TV announcer with perfect white teeth, all you have to do is follow this advice
 and the advice later on which will prevent rapid out migration.

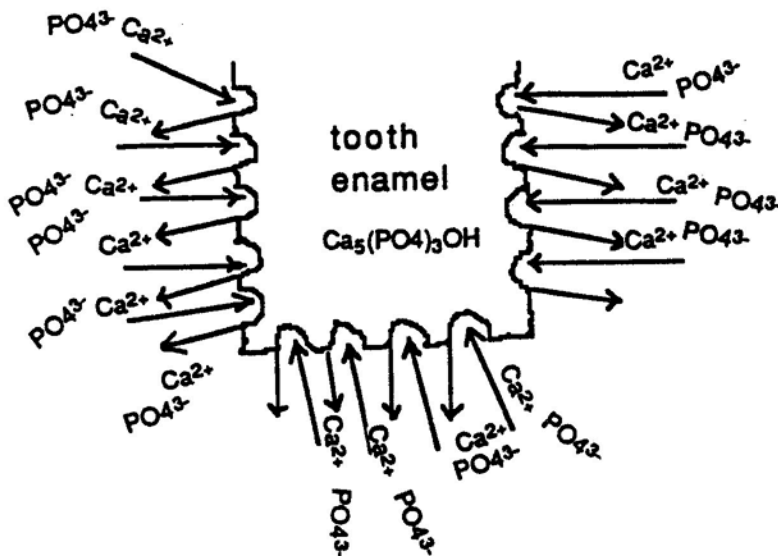
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How do we know that phosphate migration into the teeth is important?

Phosphate in the tooth is linked to calcium in the apatite ($\text{Ca}_5(\text{PO}_4)_3\text{OH}$). When the apatite leaves the teeth, a perfectly normal process, the following happens:



It is not possible because of balanced charge for calcium ion to come out of the tooth without phosphate ion unless an alien metal companion ion slips in first. Thus, when calcium leaves, phosphate also leaves. If dietary calcium and phosphate are sufficient, neither one will be at a loss and the teeth will be perfect.



Perfect enamel: the phosphate, calcium and hydroxide migrate in as fast from the diet (1000 mg Ca, 1300 mg PO_4^{3-} , OH^- (from H_2O) as they migrate out from the enamel.

Since a fluorosed (eggshell white) tooth is often due to the negative fluoride migrating back into the tooth, this in itself is proof that negative phosphate migrated out when there was a shortage of phosphate in the diet.

Hairline cracks in the bones (osteoporosis) of persons with calcium-deficient diets give further evidence that the companion phosphate to keep the charge balanced is also gone. This condition is healed in a year or two by providing 1.3 g calcium and 1.5 g phosphate daily to the diet.

If phosphate is present at the site, then the phosphate ion migrating out will be replaced by that

migrating in.

Dr. Dean A. Bonlie¹⁷ confided to me that he felt (in opposition to the theory of many others in dentistry) that the dentine and enamel were formed inside the tooth rather than outside through intervention of adenosine diphosphatase. I feel perfectly confident that both inside the tooth and outside on the surface new construction is occurring constantly, even if at a slow rate.

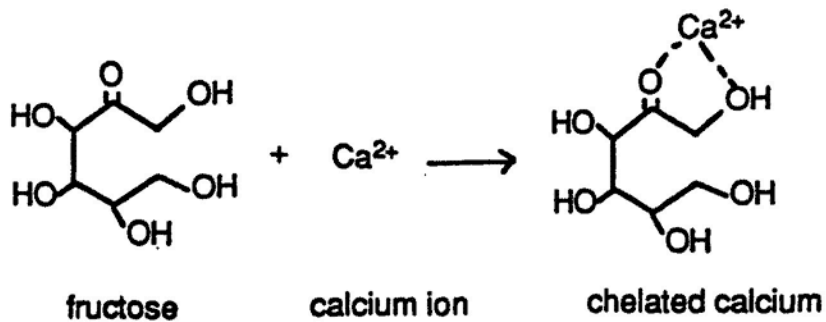
Just the name--phosphatase--lays emphasis on the fact that phosphate is involved and needed in tooth construction. Furthermore, the early 1949 history of Hereford, Texas and its high phosphate soil leading to almost no decay and reputation of a "town without a toothache" points to the very vital importance of dietary phosphate to the tooth. It also points out the danger of not having enough present in body fluids so it can crowd out alien ions such as fluoride, chloride, carbonate, sulfate and sulfide (F^- , Cl^- , CO_3^{2-} , SO_4^{2-} , S^{2-}). This would weaken the tooth structure and make it more likely to dissolve and/or fracture.

Again, the advice to counter most of the nasty effect of fluorosis and mottling in the teeth is to take 1000 mg of calcium with D and 1 tablespoon of powdered lecithin daily.

By what process do fructose, glucose and sucrose sugars dissolve the teeth?

The statement by various authors based on rat studies, that sugar does not cause caries, has challenged my absolutely firm knowledge that sugar can and does dissolve teeth. Sugar in high concentration kills bacteria, thus lowering decay, but contrariwise it will dissolve the teeth, open channels to the more organic dentine and eventually cause more decay. A 45-page paper published recently⁴⁶ proves that fructose, glucose and sucrose form stable chelates with calcium. This means the teeth will dissolve. Chelation means claw, and aldehydic sugars sucrose, fructose and glucose, have the 4-member structure which "claws" the calcium out of the teeth. Xylitose wood sugar, absent the chelating group, is harmless to teeth and as the Finlanders have

found is an excellent additive to gum, candy and toothpaste. Chelation of calcium by aldehyde: 0



Fructose, glucose and sucrose chelate calcium. 5

One must remember to rinse all sugary products off the teeth ASAP to avoid dissolving the teeth by chelation. 15

It makes good sense to realize that if the teeth have phosphate as part of their structure, when the teeth erode and calcium leaves, some phosphate is going along for the ride. Lecithin is a good source of the phosphate make-up as are a few other substances below. 20

Phosphorus, grams, in 100 g of food⁴⁷. Daily need is approximately 1 g. 25

Soybean powder	1.5	Egg yolk	.524
Cotton seed meal	.743	Dried beans	.470
Linseed meal	.741	Almonds	.465
Cheese	.680	Wheat	.423

How can acids dissolve phosphate out of the tooth? 30

We are all acquainted with acids and how they can dissolve rust, "eat" metals, destroy the skin and so on. The thing most people don't know is that they can also dissolve the teeth and bones. Furthermore, most people do not know why acids are so different from other compounds and why they do what they do. I will explain: 40

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What are some of the acids to watch out for when it comes to dissolving phosphate out of the teeth?

Perhaps the most damaging solid we eat is rhubarb, which contains quite strong oxalic acid. Another fairly strong acid is phosphoric, which is added to certain fruit juice drinks. Lemon juice, vitamin C and acetic acid (vinegar) are next in line. Carbonated drinks (carbonic acid), though weak, are strong enough to dissolve the enamel off the teeth. Studies with children prove that children who drink soda pop 3 times a day have more caries (decay) than those who drink 1 pop per day⁴⁸. Sipping these drinks slowly over a period of time can be disastrous to teeth.

Eating chewable vitamin C is unwise, inasmuch as both the sugar and the vitamin C (ascorbic acid) will dissolve the teeth. The rate of dissolution of teeth by acids is directly related to the strength of the acid, which in turn is determined by pH.

Strengths of several acids are shown below. The smaller the pH, the stronger the acid and more corrosive to the teeth. Hydrochloric is the most corrosive and carbonic the least.

Acids, pH of 0.1 M solutions

hydrochloric	1.0	stomach	2.0	uric (in urine)	2.44	carbonic	3.7
oxalic	1.1	lemon	2.3	ascorbic (vit. C)	2.6	(soda pop)	
phosphoric	1.6	hippuric (in urine)	2.33	acetic (vinegar)	2.9		

How can one avoid the severe erosion of tooth enamel by acids?

The answer as to protecting tooth enamel is simple: limit the time the acid can contact the teeth. Consume a drink rapidly and rinse out the mouth with water ASAP. People who have a high saliva flow in their mouth will have better teeth than those with a low flow, all other

things being equal, since the acid can be more quickly rinsed off the teeth. Those people who make a lot of oxalic acid, as in kidney and gout victims, may have a problem with their teeth, solvable by taking the anti-gout pill called allopurinol, and taking sodium ascorbate. Diabetic persons who have a lot of sugar may also have a special problem with teeth, but this is solvable by replacing sugars with rice, potatoes, beans, peas and other slow acting carbohydrates with lesser potential to chelate. Acids from all sources need to be rinsed off the teeth ASAP.

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Why does fluoride sever the gums from the teeth, causing gum pockets and gingivitis?

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Dental journals recently recorded that there was a great increase in 1-4 mm gum pockets, that is, places where the gums have severed from the teeth⁴⁹. The pockets become harbingers of 20 bacteria, viruses and other organisms leading to serious infection (gingivitis). Fluoride is known to ruin connective tissue in all parts of the body by breaking the hydrogen bonds⁵⁰. In other words, the protein structure of the gum is compromised by the fluoride from gels, tooth-paste, swishes, tablets and even fluoridated drinking water. It is strange that in all the chemical books proposing that fluoride retards decay, nothing is said about its side effects, which are very well known. Causing disconnection of gum tissue from the teeth is only one of 113 serious ailments⁵¹ which have long been established for fluoride in drinking water. One such was a double blind study by 12 physicians establishing 13 side effects in 50 patients⁵¹.

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How can vitamin C restore gum tissue destroyed by fluoride?

Scurvy, the serious form of connective tissue disease, is caused by the lack of vitamin C necessary to convert proline into hydroxyproline, an amino acid essential to the formation of connective tissue⁵². Therefore, by taking 4 grams of vitamin C (ascorbic acid); or even

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better, sodium or calcium ascorbate daily, this malady can be overcome.

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The National Research Council (NRC), formerly the group which very carefully set the standards for vitamin and mineral nutrition, unfortunately is now a captive of government, FDA, EPA and pharmaceutical company intervention. In recent years NRC has tried to lower the RDA of vitamin C from 60 mg to 20 mg, in spite of the huge volume of evidence by Dr. Linus Pauling, 2-time Nobel prize winner, and others, that 4,000 mg daily is necessary for best health. More recently NRC and EPA gave a clean bill of health to 4 ppm fluoride in drinking water. Since we know from double blind studies that even 1.0 ppm causes severe allergic symptoms, there is obviously corruption in both NRC and EPA. Connective tissue of the teeth, back, neck, veins, arteries and Achilles tendon is made stronger by vitamin C. Absence of vitamin C, on the other hand, leads to trouble in all these areas, including bleeding gums, back trouble and ruptured leg veins, when the shortage is severe. Vitamin C makes hydroxy proline for connective tissue. It also kills all viruses known to man when present in the right concentration⁵³. It will at 15 grams per day kill tuberculosis bacteria⁵⁴. The Prices found tuberculosis plagued children in all regions with high tooth decay, showing a metabolic link between the two. Sugars may feed the mycobacteria of tuberculosis. Vitamin C reacts with and removes fluoride from the body, acts as a chain stopper for undesirable chemical reactions and may be a free radical chain initiator for others. It builds the immune system overnight⁵⁵.

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Simply stated, fluoride detaches the gum tissue and vitamin C reattaches it. When infection is present, antibiotics should be used on site, and supplemented with vitamin C. The C enhances immunity, while fluoride slows down and destroys the immune cells⁵⁶.

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What do we know about "risk factors" of government and chemical industry?

The former head of EPA fluoride research, Dr. William Marcus, his former EPA Union head, Dr. Robert Carton, and the present EPA Union head, Dr. Hirzy, made it clear there is no safe

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level of fluoride in our drinking water. Clear down at 0.1 ppm there are adverse medical and dental effects. Marcus was fired from EPA for trying to expose the dangers of fluoridation. Marcus' attorney forced the EPA to admit they had destroyed employment records illegally in order to manufacture false evidence for his dismissal. Robert Reich, Secretary of Labor, finally interceded and told EPA to rehire him, pay him back wages and \$50,000 punitive damages and to leave him alone, which they did after a prolonged battle⁵⁷.

EPA executives, the Surgeon General and President recently allowed the standard for fluoride in drinking water to be elevated from 2.0 to 4.0 ppm. This is the amount which leads to crippling bone disease and ankylosing spondylitis in China⁵⁸. It seems obvious that neither industry nor the government is interested in setting a safe risk factor for this poisonous chemical. There have been articles in Chemical and Engineering News in 1995 proposing risk factors for chemicals. In my view, this can be nothing but a thinly veiled plot to raise the amount of all toxins allowed in American water, air, soil and food products to a level where the medical profession and public in their ignorance will not notice the side effects for 5 years. This is the time a cancer cure is given to be in evidence after chemo treatment. Since the AMA, EPA, NRC and all medicine and dentistry are unable to "detect" any side effects from fluoride at the present time, we will be subject to a grand chemical feast. This will lead to undercover medical harm, which medicine will falsely relegate to some other cause than the chemicals. A safer method of fluoride disposal is to dump it into volcano sites where it is found in great abundance. Storage is another.

It was my experience in contacting the chief editor of Chemical and Engineering News about fluoride that he had no interest in safety with regard to fluoride. He became rankled that I would try to provide him with any information on the subject which he might publish in their weekly magazine. His profanity on the phone was abusive.

In a word, the chemical industry, which runs Congress and the President is trying to make sure we fit the evolutionary theory of survival of the fittest by feeding us as much as

possible of the 30,000 chemicals now out there in the marketplace. Only people with superior genetics, diet and will power will make it through, and no one knows how mutants will appear or act. The most gifted, inspired and mentally competent persons among us may be destroyed from one ailment or another not detected by an incompetent and peer-led medical industry. Fordham reports access to medical services is increasing at the same time American health declines. Fluoridation may be the reason. Industry says: "We'll provide the poison, you take the risk."

How can we prevent the practice of government and the chemical industry from feeding us toxic chemicals, especially for the false cause of dentistry?

My idol is Paul Revere. He got on his horse and took off with the message, "The British are coming, the British are coming!" This type of warning is needed to get us busy passing the word from person to person, until every last American knows about fluoridation. We must talk to each other more. With regard to fluoride, I personally converse in the market place, on the street, to my neighbors, loved ones and others as follows:

Me: Have you heard of the racketeering going on in Washington with fluoride?

Them: No, I haven't. What is it?

Me: They're putting fluoride in our drinking water and telling us it will help our teeth. But it doubles decay. Studies on 480,000 children prove that!

Them: Really? It does? I didn't know that!

Me: Yes, and it kills 61,000 people with cancer annually. Studies on 18 million people prove it!

Them: How terrible! What can we do?

Me: Tell your friends and loved ones to stay off all fluoride products. 1 tells 2, 2-4, 4-8 and so on out to the 12th place. That's 8200 people. 80 people doing this daily will cover 240 million US citizens in one year. It is quite evident that all the technical studies squirreled away in libraries is not the answer. We must talk more to keep our freedom!

Why should we take the RDA of all 20 vitamins and 26 minerals daily?

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Vitamin and mineral requirements for the body have been determined through experimentation on 10's of thousands of mice, rats, guinea pigs, monkeys and other species by ceaseless, tireless and careful scientists. From this work, earlier and more reliable NRC personnel set reasonable RDA's based on research on critical health problems. Animals were deprived of the particular vitamin or mineral to see what side effect would occur, and at what level. This was then related to human need. We know, therefore, the RDA of these vitamins and minerals necessary for best health, or in some cases, survival. RDA pills are cheap, non-toxic and natural to the body and almost guarantee we have suitable enzyme construction. For example, they assure us we will have adenosine diphosphatase for tooth repair.

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It is foolish not to take a one-a-day vitamin pill. Some professional nutritionists

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try to convince people they can get adequate nutrients by eating right, which to them means gauging carbohydrates, fats, fruits, protein and bulk in their meals. This is a foolhardy approach. It would be an absolutely mind-boggling, unhappy experience to shop for groceries only for the totality of good nutrition⁵⁹. Taking a one-a-day and a few other supplements such as 4,000 mg C, 1000 mg E, 1000 mg Ca and 10 grams of lecithin powder cannot harm one and will definitely make shopping a happier experience. One can consume at least 10x the RDA of any vitamin or mineral without any side effects. No one has ever died from taking an overload of vitamins, whereas many have died because of shortages. The body knows how to process these natural items. Each person has a different enzyme load and taking a 6-cent vitamin pill may cover a higher requirement one needs in some area.

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Establishing a habit of taking an RDA, vitamin C and Ca is not easy, but all good habits

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require planning and action. Missing a day or two is not going to hurt, but a consistent daily pattern is going to reward one with better teeth and better health.

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Why do I use bar soap for brushing and find it to be superior to toothpaste?

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This may be the hardest advice of all to take because it is mixed up with a faddist tradition that young children can have bad words washed out of their mouth permanently with soap. Bar soap, contrary to this stupid tradition, is not bad tasting when used in a small amount to brush the teeth. The soap is very pure and natural, since it is made from fat and sodium hydroxide. It is an excellent detergent, mixing insoluble oils on the tongue, inner cheek and teeth with the water and rinsing it away. Many germs are killed by its wetting ability. It is one component of toothpaste. Soap is used on Phoenix College and Aquaculture (Tempe) vegetation to kill insects by the same mechanism, that is, wetting their surface. Teeth which are cleaned and rinsed by bar soap are far cleaner than those cleaned with toothpaste which includes sugar, acid, chalk, silicates (sand), soap, fluoride, methyl benzoate (for a cool mouth), dyes, stabilizers, mixing agents and other contaminating chemicals. These badly contaminate the teeth and prevent good enamelization. The soap-cleaned crystal will enamelize better and build more perfectly. It is a given in making crystals in the laboratory that the solution they are made from must be free of all undesirable impurities, to get the beautiful perfect facets.

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In a word, bar soap is excellent, free of impurities, cheap, and superior as a toothbrushing agent. In brushing or tooth-picking, one should take care to dig out food left trapped by the gum and to remove pieces which act as bacterial growth media. This will create gum infection.

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One should not use liquid soaps, inasmuch as these synthetics are said to create hermaphrodites (species with both reproductive organs) from alligators subjected thereto in the swamps.

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What 110 word prescription can I follow to facilitate acquiring perfect teeth?

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Here it is: You can keep your teeth and gums in good condition your entire life if you daily implement the following simple rules:

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All Vitamins and Minerals are for a 165 lb Person Daily. Adjust According to Weight

1. Take 1000 mg calcium with vitamin D. Supplement with milk, cheese, nuts, eggs. 0
2. Take 1/6 tsp of monosodium phosphate (800-344-2047) in 1" H2O. Supplement w root crops.
3. Rinse sugar and soda pop off teeth as soon as possible (tart acids destroy enamel rapidly). 5
4. Avoid all fluoride products. Avoid current toothpastes. They contain acid, sugar, fluoride, chalk, silica, methyl benzoate, red & blue dyes, soap, mixing agents, and glycerol.
5. Take 4,000 mg vitamin C. Add 1 tsp C and 1/2 tsp baking soda to 1 inch water, let fizz, dilute. 10
6. Take the RDA (required daily allowance) of all vitamins and minerals.
7. Brush teeth with bar soap only, digging out all trapped food with a sharpened toothpick.
8. Be careful crunching hard material such as corn kernels and ice. Teeth will break. 15
9. Take antibiotics (3 days), vitamin C and peroxide (1/5 tsp 35% in 1 cup water) for infection.
10. Think about the problem and consult on an individual basis. Your history and need is unique! 20
11. Study and avoid the unsolved contributors which may harm tooth enamel, such as fluoride.

Prologue: Are there any things we have overlooked?

We believe we have not overlooked anything which will impact the teeth and cause them to be seriously compromised. Nevertheless, there is no such thing as not being able to improve on dental upkeep, so we suggest the following questions, which need answers:

1. What about saliva or mouth fluids? Does saliva have material in it which hastens enamel erosion? We do not know. Dietary metabolites flood the kidneys and to a smaller extent the body. Perhaps there are some which chelate teeth or dissolve teeth more than sugars and acids we have enumerated. One of these was found to be oxalic acid produced in the urine. Two others are uric acid and hippuric acid in urine. Urea is another compound found in large amount in the urine. These by-products may be build up significantly in blood and body fluids.

2. What if you are an immune-deficient person? Are you doomed to a life of tooth infection at the roots, unless the teeth are removed? How can immunity be built up after taking the RDA of

all nutrients as well as supplemental doses of vitamins C, E and Ca? 0

3. If I am poor, should I forego bread for RDA pills and lecithin until I'm financially better off?

4. What about plastic coatings? Can I do better with these? What is the cost? How long do they last? Can I apply them myself? 5

5. How can the exorbitant fees of dentists come down so I can afford the dental work I need and not have to pull all my teeth? 10

6. What do I do if I get a tooth knocked out? Now it is safe to get a new tooth bolted to the bone.

7. Can I live without teeth, even false ones? 15

If I have the simple answers to obtaining good teeth, why must I think about it?

1. Since the time of Adam, no one has come up with a plan which has to do with the chemistry of good teeth and their perfect maintenance. You now have the pattern in your hand and the miracle will be if you can implement it properly. 20

2. Here are given reasons after lots of study. You can see that after 50 years of fluoridation, the biggest scientific failure in history has occurred due to the fraudulent system and the news media which supports it. It is a fact that college professors and scientists have written many chemistry books that support the fluoride myth. It is time for them to delete their errors. 25 30

3. Each and every person is a unique genetic entity with different amounts of enzymes⁶⁰, different types of illnesses, different host viruses, bacteria, parasitians and fungal marauders. 35

A good immune system specifies a good set of enzymes which in turn suggests a good intake of essential vitamins and minerals. Habit pattern establishment is not an easy matter, even in the most simple things. A spiritual power is necessary to manage one's own creature, and the more spiritual a person is, the better the management. But do not give up. A good set of teeth at age 20, 40, 60, 80 or even 100 is like a gift from heaven. 40

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Is there a list of chemicals and their relative toxicities so that I can tell what the relative poisoning ability of fluoride and other chemicals is to enamel, gum tissue, nerve tissue, muscle tissue, blood-vessel and immune cell-forming enzymes?

Our enzyme systems run all the various marvelous chemical reactions of our bodies, including those that result in teeth formation and re-enamelization. Although fluoride is specific in destroying enzymes by breaking secondary hydrogen bonding of the protein structures, there are undoubtedly other complicated mechanisms which result in enzyme destruction by other chemicals. Perhaps the lethality of chemicals will give clues as to the mechanism and especially the dangerousness of such chemicals. Therefore, a list was assembled from the literature of chemicals and their LD₅₀ (lethal dose mg/kg to kill 50% of a particular animal species).

This compilation on pages 57 and 58 of this report lists the lethality of 253 chemicals, including the most poisonous chemical, botulinum (.0000003 mg/kg), through the least toxic, glucose (35,000 mg/kg).

Does strontium, the cousin of calcium lower decay?

Dr. George Waldbott (ref 9, p 191-0) brought together data from several cities which points out the fact that strontium at 500 ppm, is an element which cuts decay in half and which we may profit by having in our food and water; it is isomorphous and may avoid brittleness.:

Sr in water, ppm	DMF	Sr in water, ppm	DMF*
20	8.1	500	3.2
30	7.1	1000	2.8
100	7.2	2000	2.4

The biphosphate crystal is less soluble than that of calcium (1 vs .02) and the fluoride is more soluble than that of calcium (.012 vs .0016), thus maintaining the enamel (Lange HB 1946).

Magnesium, molybdenum vanadium and zinc are said (Waldbott ref 379-7) to retard decay, but may be objectionable because of color staining and embrittlement

*Decayed, missing and filled teeth

Comments and References

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1. Gerard F. Judd, PhD. Southwest Solutions, vol 3, No 4, 1995, pp 5,6, Phoenix AZ. 1-602-412-3955.

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2. Gerard F. Judd, PhD. Environmental Agency solicited reports, v-1, Mar 31, 1990, 55 pp; v 2, Feb 19, 1994, 272 pp; v-3, Feb 28, 1994, 154 pp; v 4, July 29, 1994, 206 pp (total volumes = 687 pp). Volumes can be found in libraries of Congress, Marquette Univ (WI), Hillsdale College (MI), Phoenix City (AZ), EPA (WA), Fond du Lac (WI) Public Library and Gerard F. Judd, 1-602-412-3955.

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3. Dr. Judd graduated with honors and a BA from the Univ of Utah, an MS from Univ of Portland (OR) and PhD from Purdue. He did post doctoral research and published on fluoroorganic compounds at Purdue. He also studied fluoride on the Manhattan atomic energy project where he learned fluoride was a severe nerve poison. He has learned after 6 years of intense study (1990-1996) that .35 tooth loss per year due to decay is caused by fluoridation in the US and another 0.35 tooth loss per year is due to sugar and acid dissolution of the teeth while individuals are deprived of calcium and phosphate in the diet.

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4. My brother and I suffered no decay during our 17 years at home primarily as a result of a diet with plenty of milk, green vegetables (both have calcium and phosphate, the constituents of teeth), very little sugar and soda pop. My mother drew inspiration on how to care for our teeth out of her own hard experiences.

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5. Myron Allukian, DDS, MPH (Boston Health Dept), J of Pub Hlth Dent, Nov. 1993, p. 45 reports: 43% of all Americans over 65 have no natural teeth; 44-year-olds have an average of 30 decayed surfaces; 17-year-olds have an average of 11 decayed surfaces. Blacks and poverty populations have 2x and American Indians (who have been 100% fluoridated 50 years) have 4x this decay.

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6. Root canal-crown work (less than an hour) costs \$800-\$1200, 10 times what it is worth. My mechanic charges \$15 per hour, shop overhead is \$35 per hour and car parts which are far more complicated than tooth fillings average around \$50, for a total of \$100.

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7. A clear display of the price of every dental procedure should be in every office. South Carolina requires this of physicians. It is the American way. Dentistry and medicine are anti-free enterprise because of Union price fixing. People need to know prices up front.

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8. Dr. George L. Waldbott's book (see ref 9) lays out clearly these multiple allergies to fluoride. The physician I went to was ignorant of fluoride allergies and wanted to run an exploratory operation on my brain, which I refused.

9. George L. Waldbott, M.D. et al. "Fluoridation the Great Dilemma" © 1978, Coronado Press, Box 3232, Lawrence, Kansas 66044. Contact Dr. Albert W. Burgstahler, PhD. 1-913-843-8677.

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10. Headaches and disorientation, both symptoms of water fluoridation, are caused by fluoride breaking the hydrogen bonds in cytochrome oxidase and phosphorus bonds in cholinesterases, thus affecting oxygen supply and muscle relaxation. Fluoride is the smallest negative ion in the periodic table, giving it the highest negative surface charge, which explains how it breaks the hydrogen bonds. (See refs 9 and 11).

11. S.L. Edwards et al, J of Biol Chem, Nov. 10, 1964, pp 12964-66.

12. L.E. Block, DDS, MPH, Univ of Minnesota Health Services. J of Pub Hlth Dent, v 46, No 4, Fall 1986, pp 188-198 declares that out of 16 court cases against fluoride remanded to the supreme court, not one was accepted. 19 cases in the lower courts were lost based mostly on the doctrine of city omniscience, stating the city has the police power to put whatever it wishes in city drinking water no matter whether it is harmful or not. One case against fluoridation was clearly won in the Pittsburg court by plaintiffs asking relief from fluoridation on the basis of proof by Dean Burk of the National Cancer Institute that 25,000 or more cases of cancer annually were caused by fluoridation. Judge Flaherty commanded the city to remove fluoride from the water. Instead, the city remanded it to the District Court where plaintiffs were unable to afford further legal fees. At least 1 case (Madison Supreme Court) was thwarted by an administrative trick comprised of manufacturing a late application date after Memorial day. It is obvious that when it comes to fluoridation the courts are as crooked as a dog's hind leg.

13. W.R.Cox, "Hello Test Animals--Chinchillas or You and Your Grandchildren", ©1953 Lee Foundation, Olson Publ Co., Milwaukee, WI pp 150-151. Mr. Cox, who proved fluoride was creating small litters and small rabbits and gross death among his chinchillas presents the entire language of the Nuremberg rules on human experimentation applied against Hitler's main officers and personnel (see p 43). A copy of the book is in the possession of Dr. Gerard F. Judd, PhD. 1-602-412-3955.

14. Glen S.R. Walker, BS, ME, "Fluoridation, Poison on Tap", ©1982, Magenta Press, Victoria, pp 264-266. 03-592-5088.

15. Isabel Jansen, RN and inventor of the Jansen x-ray pen wrote "Fluoridation" © 1990, Tri State Press, Long Creek, S. Carolina, 29658. Jansen was the first to research 13,000 Antigo, WI death records and find fluoridation of their drinking water increased the average heart deaths 119% during a 9 year period (1970-1979) and 176% for those over age 65. 1-715-627-7079.

16. Weston A. Price, "Nutrition and Physical Degeneration", © 1939, Citizens Print Shop, 1020 Campus Ave, Redlands CA. Now printed by Price-Pottenger Nutr Fdn, San Diego CA. 1-619-574-7763.

17. Dean Bonlie, DDS, private communication. 1-403-730-0883.

18. Reader's Digest, Feb 1943. Dr. Heard, DDS, mistakenly linked low decay in Hereford, TX with "black teeth". He admitted before he died he wished he had not done so, and that he had never seen anyone with good teeth but what he or she had drunk lots of milk.

19. Y. Imai, Jap. J. of Dental health 22, 144-96 (1972). G. F. Judd EPA Report No 2, p 244. (See p 49 this report for curve of ppm F vs decay).

20. Cornelius Steelinck, PhD, Univ. of AZ Chem Dept, Illustration by Varner Steelinck. Chem. and Eng. News Jan 27, 1992, p. 2; Sci News March 5, 1994, p 159. Gerard F. Judd, EPA v. 2, Feb 1994, p 214. See p 45 this report for curve of ppm F vs decay. 0
21. S.P.S. Teotia and M. Teotia, J. Fluoride, April 1994, p 61 (30 year study with 400,000 children). See p 46 this report for curve of ppm F vs decay. 5
22. J.A. Yiamouyiannis, J. Fluoride, 23, #2, April 1990, pp 55-57; G. F. Judd, EPA v 2, pp 198-212. See pp 47 and 48 for data and p 49 for curve showing ppm fluoride versus increase in decay for average and high decay US. cities in the study of 39,207 school children. 10
23. H. Kalsbeek and G.H.W. Verrips, J of Dent Res, 679 (55), p 729 (1990). See pp 50 for data and p 51 for curves showing DMFT decline vs years in various countries in the world compared to the U.S.
24. J.A. Yiamouyiannis, "Fluoride the Aging Factor", © 1986, Health Action Press, 6439 Taggart Rd, Delaware OH, p. 108 (data showing a Boston reduction in decay over 20 years of 50%). 15
25. The value \$1200 was calculated using \$80 per tooth times 15 teeth, which is the average number of decays during 50 years due to fluoride. 20
26. Public Law 755, June 24, 1948 was signed into law by Harry S. Truman. Obtained through Renee Malhatter. 1-202-225-2635.
27. Public Law 12608, Sept 9, 1987, signed into law by Ronald Reagan. 25
28. Our long association with the mainstream news media including all national and local newspapers, radio and television show them to be 100% against discussing fluoride except to say "fluoride is going to be put in your water." The disinformation program and cover-up agencies include AMA, ADA, EPA, NRC, NIDR, NTS, HRSA, HHH, AmDiA, US President, Surgeon General, Consumers Union, all state dental societies, all state medical societies, Chem and Eng News, USA Today, all US Senators, all US representatives, and all governors. This is a little weird considering fluoride is a nerve poison which has killed several children in the dentists' chairs, kidney patients on unfiltered fluoridated water, and one on water overfed with fluoride. 30
29. Gerard F. Judd, PhD (chemist), The Grapevine v 2, No. 17, April 1995, pp 1,3,5,9. 1-602-264-9321; 1-602-412-3955. 35
30. Gerard F. Judd, PhD (chemist), Health Freedom News, May 1995, pp 10-13.
31. Gerard F. Judd, PhD (chemist), Extraordinary Science, Jul/Aug/Sep 1995, pp 31-34. 1-719-475-2247; 1-602-412-3955. 40
32. Dean Burk, PhD (chemist), testifying before Congress, Fluoridation News v 26, no 1, January-March 1980. In 1980 he said the adjusted cancer deaths were 40,000 per year, 1/10 of the total cancer mortality. He stated his data was fully corrected for age, sex and race. 45

33. Federal Register, v 58, No 248, Wed. Dec 29, 1993, p 68826, 401 M SW Wash DC 20460. Ken Bailey 1-202-260-7571. Large numbers of citizens funneled a huge amount of information to EPA. No comment was made by EPA on any of this counter-fluoridation data. Instead, they contracted with the NRC (National Research Council) through puppet University Professors to fake the problem to their desire, which was to continue fluoridation beyond 2000 AD. My calls to Ken Bailey at EPA confirms my declaration.

34. Gerard F. Judd, PhD (chemist), v 2, EPA, pp 11-26 (Feb 19,1994). My self-published text, "Chemistry for the Layman", now undergoing extensive revision, has been used for the course "Chemistry and Society" since 1970.

35. A 17-page vita of Gerard F. Judd is given in G.F. Judd, EPA v 2, p 2 , Feb 19,1994 and a list of 13 of important fluoride books Dr. Judd has studied are on pp 11-26.

36. This method of analysis has been developed so that in a few minutes fluoride samples can be analyzed having as little as .005 ppm fluoride and as much as 13,000 ppm. The accuracy varies from 1-5% and the time of analysis from 15 seconds (13,000) to 5 minutes (0.007). This method has been highly successful in the laboratory for second semester general chemistry students at Phoenix College (see p 52 this report for procedure)

37. E. Ward Gilman, director of defining, Merriam Webster Inc., Springfield MA, p. 53 (10th edition).

38. Ted Rowell, Ret. Military, 2523 NE Everett St, Portland OR 97232. 1-503-236-8376.

39. Dr. Albert Schatz was honored at Rutgers University in 1994 for his major part in winning the Nobel Prize for difficult research leading to the first cure for tuberculosis. Dr. Schatz also stopped fluoridation of Curico, Chile by the Kellogg Corporation by proving it was a failure in helping teeth, meanwhile causing a 104% increase in infant deaths and 244% increase in congenital malformations over the non-fluoridated San Fernando. Albert Schatz, PhD (chemistry), Special Issue on Fluoridation, J of Arts, Sci and Hum, v 2, No 1, Jan 1976. The American Dental Association rejected the papers of Dr. Schatz by mailing them back unopened 3 times without comment, proving the ADA is irresponsible and corrupt.

40. Handbook of Chem and Physics, 52nd edition, 1971-72, Chemical Rubber Co; 2000 Corporate Blvd, Boca Raton, FL 33431.

41. Gerard F. Judd, EPA v 2, p 137, CA 5-37; CA 1989, 37084a; 1-602-412-3955. Carbonate ion, magnesium ion and fluoride ion change the critical growth of the c-axis of octacalcium phosphate, causing flake-like rather than ribbon-like crystals.

42. John Poldyak, Pres. Adv. Devel Inc. (xylitose research and development), 702 Mary St., Box 1010, Mt. Pleasant MI, 48804-1010. 1-517-773-1250.

43. The enzymes are listed on page 53 along with references, reduction, increase or static state with fluoride and in several cases, the amount of fluoride necessary to have the effect. For

example, cholinesterase is compromised at .0095 ppm and calcium adenosine diphosphatase at .00037 ppm of fluoride. 0

44. S. Kortel Ainen and Markku Larmas, Scand J Dent Res 1994, 102:30-3. This article proves (1) fluoride lowers apposition of enamel and (2) young rats have 10x the enamel apposition (deposition of layers) as adult rats. 5

45. Christopher Clark, BS, DDS, MPH, ABDPH, Can Dent J 272-8 (1993). 21 studies are given here. Fluoridated areas (12) average 41% fluorosis. Non-fluoridated areas (1) average 25% fluorosis. 10

46. Stephen J Angyal, Adv in Carb Chem and Biochem 47, 1989, pp 1-43.

47. Benjamin Harrow, Textbook of Biochemistry, ©1943, W.B. Saunders Co., p 407.

48. A.I. Ismael et al, JADA 109, 1984, pp 241-244. 15

49. Francis Frech. Population Renewal, 36 W 59th St, KC, MO 64113, 2 pages. Christina Gorman, Time, Aug 9, 1993, p 54; Dr. Burt, DDS, HHH, JADA v 125, March 1994, pp 274-279, Ann Arbor Mich 48109-2029. 20

50. Fluoridation News, Jan 1987, p 1. J. Emsley, J Am Chem Soc 24-28, Jan 1981 where is given energy of HF--HF, NH--F and OH--F bonds. New Scientist p 211, 22, Jan 1981. Describe cytochrome oxidase secondary bond breaking by fluoride. S.L. Edwards et al, J.B.C. 259 (21), Nov 10, 1984, pp 12964-12968, x-ray proof of cytochrome oxidase secondary bond breaking by fluoride. Gerard F. Judd, Ph D, EPA vol 4, July 1994, pp 198-201. Discussion of H-bond energies and effect of the strong NH--F and OH--F bond on enzyme destruction. 1-602-412-3955. 25

51. List of 113 ailments from fluoride, taken from data in EPA vs 1-4 and other information cited therein. 1-602-412-3955. (See p 54). 30

52. Linus Pauling, Vitamin C, the Common Cold and the Flu, p 44. ©1970, 1976 by W.H. Freeman and Company. 1-602-412-3955. 35

53. Linus Pauling, Vitamin C and the Common Cold and the Flu, p xi, WH Freeman and Company © 1970-76 (Pauling says many viruses including influenza, hepatitis and other viruses are subject to C). Robert F. Cathcart, MD, reprint, protocol 325-325, Medical Hypotheses 14:423-433 (1984), Longman Group UK Ltd © 1984 by Churchill Livingstone. (Describes suppression of helper-c cell destruction and cure of Aids using 50-200 grams of C per 24 hours). 1-415-949-2822. (Basically these articles say vitamin C suppresses all viruses known to man). 40

54. Irwin Stone, The Healing Factor, Vitamin C Against Disease, pp 439, 83. ©1972. Grossett and Dunlap, NY in cooperation with Whitehall, Hadlyme and Smith Inc. (Describes electrifying experiment of curing 516 TB terminal patients with 15 g of vitamin C per day.) Kills all viruses known to man. 45

55. Irwin Stone, *ibid*, p 49; personal communication from Linus Pauling at Phoenix College address. (The immune system is built up overnight with vitamin C).

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56. Sheila L.M. Gibson, M.D., BSc, MF Hom, Research Physician, Glasgow Homeopathic Hospital, Glasgow, Scotland, G120NR. 0114441-339-0382. Also Gerard F. Judd, EPA vol 2, pp 194-196. (Demonstrates inhibition of leukocyte migration at fluoride concentrations of 0.5 ppm.) 1-602-412-3955.

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57. Gary Lee, Washington Post Feb 8, 1994. Tells about firing of Wm Marcus May, 1992 by EPA due to his revelations on fluoride toxicity to humans. It tells of his belated reinstatement with court costs, \$50,000 penalty recovery by the court and Robert C. Reich, Secretary of Labor demand he be reinstated, but only after a protracted 3 year battle and severe economic conditions on Marcus. The court case proved EPA destroyed Marcus' vital employment records in their attempt to hide fluoride harm from the public by firing him. This is another case of serious governmental corruption. 1-602-412-3955.

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58. Environmental Health Perspectives, pp 127-244, Feb 1994, NIH Publication 93-218, HHS, PO Box 122233, Research Triangle Park, NC 27709, USA 919-541-5377. (Picture of man with ankylosing spondylitis (severely bowed back) like most of the villagers in a China province who were drinking water at 4 ppm fluoride)(p 53).

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59. Gerard F. Judd, list of all vitamins and minerals now considered necessary in nutrition with amounts required and effects in the diet. 1-602-412-3955. (See p 56).

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The Nuremberg Rules (rules to sentence Hitler's collaborators to death)
Requirements for Human Experimentation

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1. The voluntary consent of the human subject is absolutely essential. This means that the person involved should have legal capacity to consent; should be so situated as to be able to exercise free power of choice, without the intervention of any element of force, fraud, deceit, duress, overreaching or other ulterior form of constraint or coercion; and should have sufficient knowledge and comprehension of the elements of the subject matter involved as to enable him to make an understanding and enlightened decision. This latter element requires that before the acceptance of an affirmative decision by the experimental subject there should be made known to him the nature, duration, and purpose of the experiment; the method and means by which it is to be conducted; all inconveniences and hazards reasonable to be expected; and the effects upon his health or person which may possibly come from his participation in the experiment.

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The duty and responsibility for ascertaining the quality of the consent rests upon each individual who initiates, directs, or engages in the experiment. It is a personal duty and responsibility which may not be delegated to another with impunity.

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2. The experiment should be such as to yield fruitful results for the good of society, unprocurable by other methods or means of study, and not random and unnecessary in nature.

3. The experiment should be so designed and based on the results of animal experimentation and a knowledge of the natural history of the disease or other problem under study that the anticipated results will justify the performance of the experiment.

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4. The experiment should be so conducted as to avoid all unnecessary physical and mental suffering and injury.

5. No experiment should be conducted where there is a prior reason to believe that death or disabling injury will occur; except, perhaps, in those experiments where the experimental physicians also serve as subjects.

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6. The degree of risk to be taken should never exceed that determined by the humanitarian importance of the problem to be solved by the experiment.

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7. Proper preparations should be made and adequate facilities provided to protect the experimental subject against even remote possibilities of injury, disability, or death.

8. The experiment should be conducted only by scientifically qualified persons. The highest degree of skill and care should be required through all stages of the experiment of those who conduct or engage in the experiment.

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9. During the course of the experiment the human subject should be at liberty to bring the experiment to an end if he has reached the physical or mental state where continuation of the experiment seems to him to be impossible.

10. During the course of the experiment the scientists in charge must be prepared to terminate the experiment at any stage, if he has probable cause to believe, in the exercise of good faith, superior skill, and careful judgment required of him that a continuation of the experiment is likely to result in injury, disability, or death to the experimental subject.

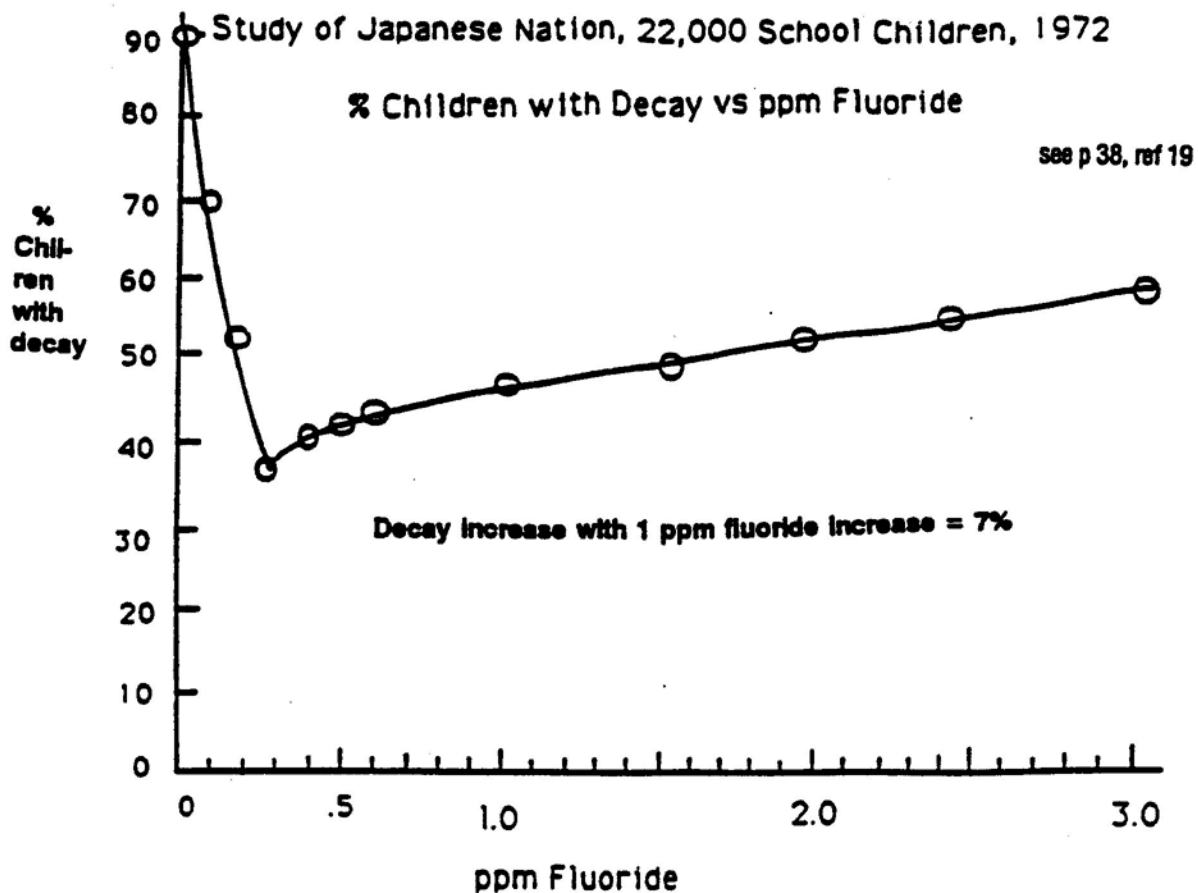
40

Book: Hello, Test Animals...Chinchillas or you and your Grandchildren by W.R. Cox, 1953, Printed by the Olsen Publishing Co., Milwaukee, Wis.
Copyright, 1953, Lee Foundation for Nutritional Research, Milwaukee, Wis. pages 150-151¹³

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Curve showing more fluoride, more decay

Increase in decay (average, 4 studies) = 22%, 1 ppm F increase
 Ages studied 5-17 (median age 13)(8 years to median)
 11%/8 yrs 22%/16 yrs 100%/73 yrs



Japanese study, 1972, p 244,
 Judd report, volume 2:

0.0 ppm	90
0.1 ppm	70
0.2 ppm	52
0.3 ppm	38
0.4 ppm	41
0.5 ppm	42
0.6 ppm	43
1.0 ppm	44
1.5 ppm	46
2.0 ppm	48
2.5 ppm	54
3.0 ppm	55

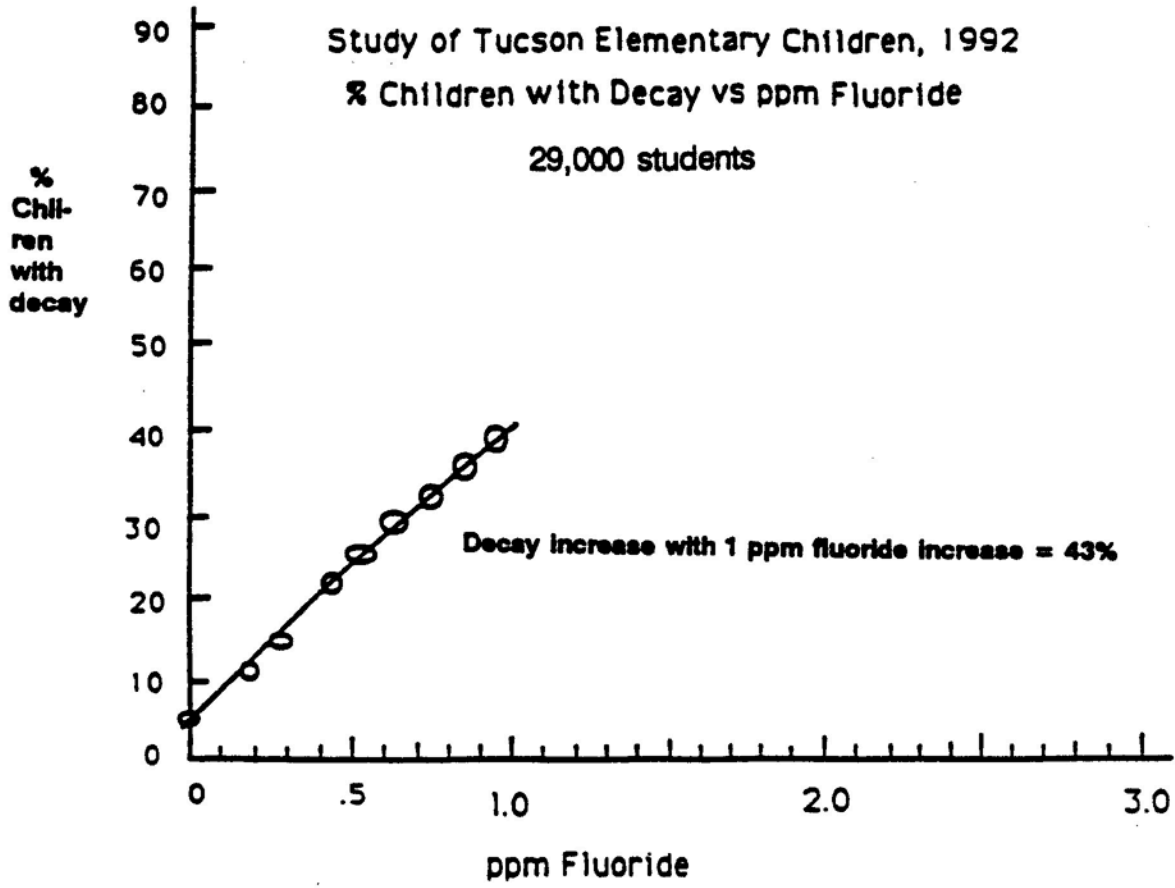
The increasing decay with lessening amounts of fluoride between 0.3 and 0.0 is felt due to diminishing calcium in the same water. The rather high rate of decay of the Japanese children compared to Tucson children could be for the same reason, ie lowered calcium in the diet.

Calcium and fluoride would both increase between 0.3 and 3.0, the calcium would tend to lower decay the fluoride increases it.

Curve showing more fluoride, more decay

Increase in decay (average, 4 studies) = 22%, 1 ppm F increase
 Ages studied 5-17 (median age 13)(8 years to median)
 11%/8 yrs 22%/16 yrs 100%/73 yrs

see p 39, ref 20

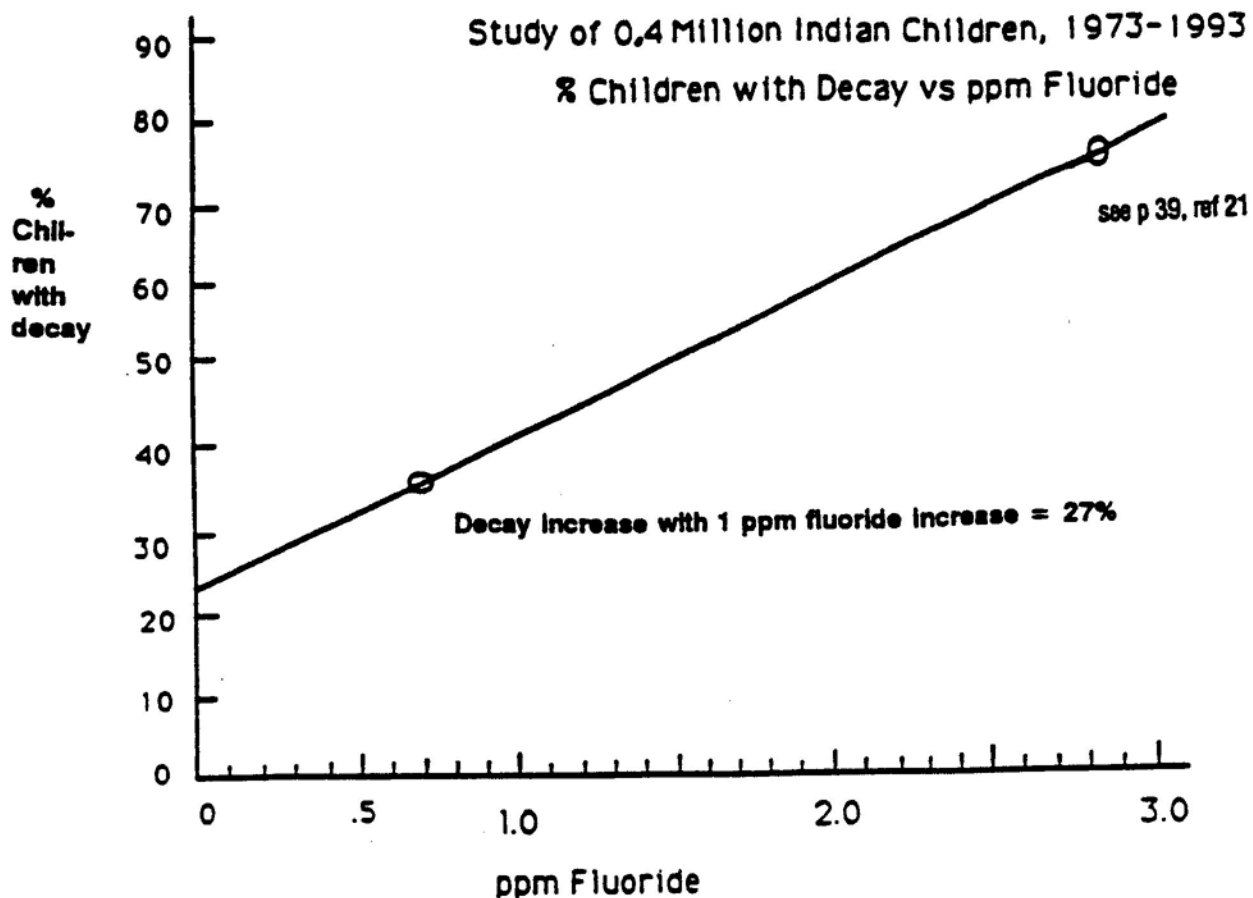


Steelinck study, 1992, p 214
Judd report, volume 2

0.0 ppm	6.0
0.2 ppm	11
0.3 ppm	15
0.4 ppm	23
0.5 ppm	26
0.6 ppm	30
0.7 ppm	33
0.8 ppm	37
0.9 ppm	40
1.0 ppm	43

Curve showing more fluoride, more decay

Increase in decay (average, 4 studies) = 22%, 1 ppm F increase
Ages studied 5-17 (median age 13) (8 years to median)
11%/8 yrs 22%/16 yrs 100%/73 yrs



SPS Teotia and M Teotia, Journal of Fluoride, April, 1994, p. 61 (30 year study with 0.4 million children).

0.7 ppm fluoride, 33.0% caries (15 year olds)

2.85 ppm fluoride, 72.6% caries (15 year olds)

FLUORIDATED VS NON-FLUORIDATED CITIES

% STUDENTS WITH DECAY see p 39. ref 22 (NIDR study)

(NIDR Study, 1988) Rearranged by State by Gerard F. Judd, Ph. D., April 12, 1995

1. F AL Lancett	68.1	32. F MD Prince George	52.0	62. NF PA Shamokin	67.8
2. F AL Tuscaloosa	68.0	33. NF MD Allegheny	61.7	63. F PA Philadelphia	74.0
3. NF CA Cutler/Orosi	80.8	34. F MI Dearborn	73.7	64. F PA Phillipsburg	66.8
4. NF CA Chowchilla	67.0	35. F MI Bullock Creek	63.3	65. F PA Pittsburg	65.9
5. NF CA LA	67.8	36. PF MI Lake Shore	67.4	66. PF SD Baltic(az)	72.2
6. F CA SF	63.8	37. F MI Greenville	74.7	67. PF TN Knoxville	68.7
7. NF CA Lodi	67.0	38. PF MI Hart/Pentwater	75.9	68. PF TN Memphis	66.9
8. NF CA Contejo	58.3	39. F MI Brown City	77.5	69. F TN Maryvale	77.1
9. F CO Cherry Creek	63.5	40. F MN Bemidji	70.7	70. F TX El Paso	56.5
10. NF CO Canon City	66.9	41. PF MO Holcomb	59.7	71. PF TX Houston	58.2
11. NF CT Brooklyn	52.4	42. F MO St Louis	60.9	72. F TX Andrews	64.2
12. PF CT Plainville(az%)	60.7	43. PF MS Madison Co	73.6	73. NF TX Cold Springs	66.2
13. NF FL Martin Co	59.0	44. PF NE Blue Hill(74)	70.4	74. F TX Fort Stocktn	66.6
14. NF FL Palm Beach	65.5	45. PF NE Grand Isk(50)	59.3	75. NF TX San Antonio	60.7
15. PF FL Marion Co	71.2	46. NF NE Lincoln(50)	68.5	76. PF TX Allen	61.3
16. NF HI (Hawai State)	76.6	47. NF NJ E Orange	62.0	77. PF TX Rising Star	71.3
17. F IL Beach Park	64.8	48. NF NJ Lakewood	62.0	78. NF UT Tooele	75.7
18. F IL Alton	62.4	49. NF NJ Newark	64.1	79. F VA Richmond	54.4
19. F IN Clarksville	59.6	50. F NY NY-2	65.1	80. PF VT Springfield(75)	87.9
20. NF KS Buhler	55.3	51. F NY NY-1	62.1	81. PF VT Sup Union #47	73.9
21. F KS Ft Scott	81.8	52. NF NY New Paltz	65.2	82. NF WA Kitsap	57.1
22. NF KS Wichita	66.5	53. NF NY Wyandank	65.3	83. PF WA Bethel	65.7
23. NF KS Newton	68.9	54. NF NY Millbrook	67.8	84. F WI Milwaukee	70.1
24. PF LA New Orleans	72.6	55. F OH Cleveland	60.1		
25. PF LA Concordia Co	87.6	56. F OH Alliance	55.4		
26. PF MA Lawrence(83)	82.4	57. F OK Tulsa	65.5	These results prove very similar decay occurs in children in F or NF cities. High decay cities (66.5 - 87.5%) have 9.34% more decay in the children who drink fluoridated water.	
27. PF MA Taunton (81.0)	69.0	58. NF OR Alpine	63.3		
28. NF MA Chicopee	63.5	59. NF OR Cloverdale	59.6		
29. PF MA Lincoln(71)	62.2				
Sudberry(60)		60. PF PA Cambridge	72.9		
30. PF MA Norwood	60.1	61. NF PA Crawford	71.5		
31. PF MA Marlboro	59.1				

Average % decay in fluoridated children: 3639/54 = 67.4%. Average % decay in non-fluoridated children 1954/30 = 65.1%. One can conclude in this study that a 5.68% increase in decay results from elevating fluoride to 1.0 ppm in drinking water. This is remarkable since high-F, high impoverished, high decay areas such as Washington, DC and the American Indians were omitted.

**CITIES WITH HIGH TOOTH DECAY AND CITIES WITH LOW TOOTH DECAY
EFFECT OF FLUORIDATION ON BOTH** see p 39, ref 22 (NIDR study)

(% Decay which occurs in permanent teeth of 6-17 year olds during 11 years)
(High decay cities: 9F:75.2; 9 Non-F: 71.0; Low decay cities: 9F:57.3; 9 Non-F: 58.6)

23 TOP DECAY CITIES % decay for ages 6-17	2 OF TOP DECAY F-CITIES % decay for ages 6-17	2 OF TOP DECAY NON-F CITIES % decay for ages 6-17
PF CA Concordia 87.8	PF CA Concordia 87.8	NF CA Cutler/Orosl 80.8
NF CA Cutler/Orosl 80.8	F TN Maryvale 77.1	NF HI 78.6
F TN Maryvale 77.1	F PA Philadelphia 74.0	NF UT Tooele 75.7
NF HI 78.6	PF Vt Sup. Union 73.9	NF PA Crawford 71.9
NF UT Tooele 75.7	F MI Dearborn 73.7	NF NY Millbrook 67.8
F PA Philadelphia 74.0	PF MS Madison Co 73.6	NF CA Lodi 67.0
PF VT Sup. Union 73.9	PF PA Cambria 72.9	NF CA Chowchilla 67.0
F MI Dearborn 73.7	PF LA New Orleans 72.6	NF TX Coldsprings 66.2
PF MS Madison Co 73.6	PF FL Marion Co 71.2	NF CO Canon City 66.9
PF PA Cambria 72.9		
PF LA New Orleans 72.6	F + PF Average 75.2	NF Average 71.0
NF PA Crawford 71.9		
PF FL Marion Co 71.2	From above one concludes 1.0 ppm fluoridation increases decay 9.34% in a high decay 6-17 age population. A Ca ²⁺ and PO ₄ ³⁻ deficiency in these diets explains the high decay.	
F MN Berridge 70.7		
F WI Milwaukee 70.1	2 OF LOW DECAY-F CITIES	2 OF LOW DECAY NON-F CITIES
F AL Tuscaloosa 68.0	% ages 6-17 with decay	% ages 6-17 with decay
PF VT Springfield 67.9	F MD Prince George 52.0	NF CT Brooklyn 52.4
NF NY Millbrook 67.8	F VA Richmond 54.0	NF KS Buhler 55.3
NF CA Lodi 67.0	F OH Alliance 55.4	NF WA Kitsap 57.1
NF CA Chowchilla 67.0	F TX El Paso 56.5	NF CA Conejo 58.3
NF TX Cold Springs 66.2	PF TX Houston 58.3	NF OR Cloverdale 59.6
NF CO Canon City 66.9	PF MA Marlboro 59.3	NF FL Martin Co 59.0
NF KS Wichita 66.5	F IN Clarksville 59.6	NF MD Allegheny 61.7
	PF MO Holcomb 59.7	NF NJ E Orange 62.0
24 LOW DECAY CITIES	F OH Cleveland 60.1	NF NJ Lakewood 62.0
% Decay for ages 6-17	F + PF Average 57.3	NF Average 58.6
F MD Prince George 52.0		
NF CT Brooklyn 52.4	From above, one might conclude that 1.0 ppm fluoride reduces decay 2.1% in low-decay children ages 6-17. However, this could be from a slightly higher calcium and phosphate in the diets of the fluoridated children. Fluoride is certain not to decrease decay.	
F VA Richmond 54.4		
F OH Alliance 55.4		
NF KS Buhler 55.3	These low decay children probably have more calcium and phosphate in their diet than the high decay ones at the top of the page.	
F TX El Paso 56.5		
NF WA Kitsa 57.1		
NF CA Conejo 58.3		
PF TX Houston 58.3		
NF OR Cloverdale 59.6		
NF FL Martin Co 59.0		
PF NE Grand Island 59.3	F CT Plainville 60.7	F KS Ft Scott 61.8
PF MA Marlboro 59.3	PF KS Ft Scott 61.8	F IL Alton 62.4
F IN Clarksville 59.6	F MO St Louis 60.9	NF NJ E Orange 62.0
PF MO Holcomb 59.7	NF MD Allegheny 61.7	NF NJ Lakewood 62.0
PF MA Norwood 60.1		

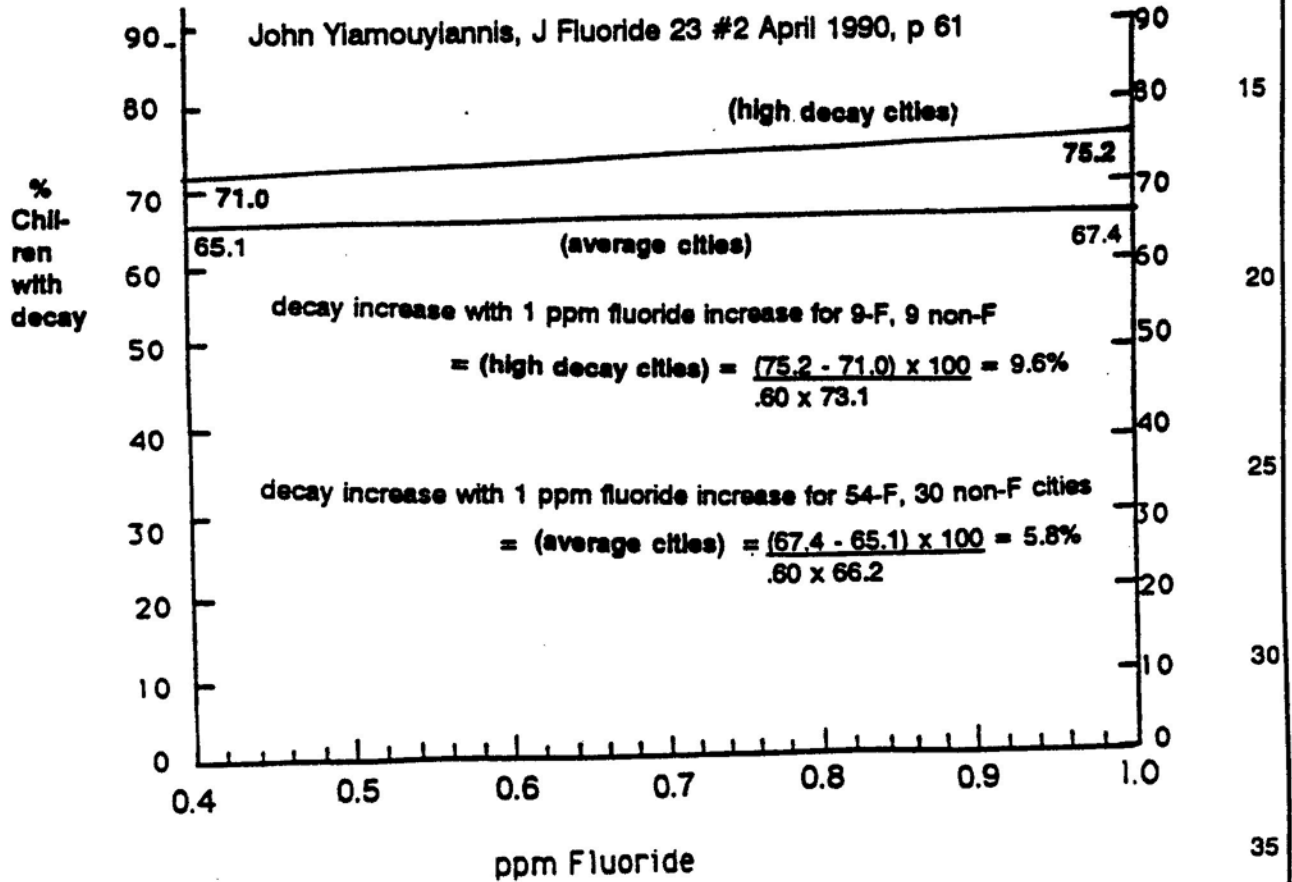
Curve showing more fluoride, more decay

Increase in decay (average, 4 studies) = 22%, 1 ppm F increase
 Ages studied 5-17 (median age 13)(8 years to median)
 11%/8 yrs 22%/16 yrs 100%/73 yrs

see p 39, ref 22 (NIDR study), Judd compilation

Study of 38,907 US children, by National Institute of Dental Research

% Children with Decay vs ppm Fluoride*



Non-fluoridated (0.4 ppm)

Fluoridated (1.0 ppm)

*Assumes average non-fluoridated community has 0.4 ppm fluoride.

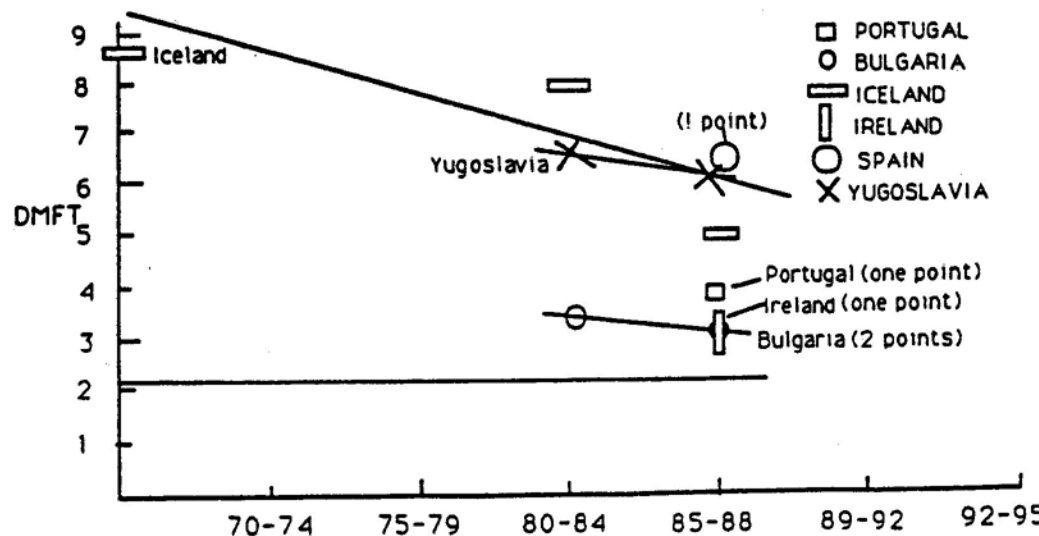
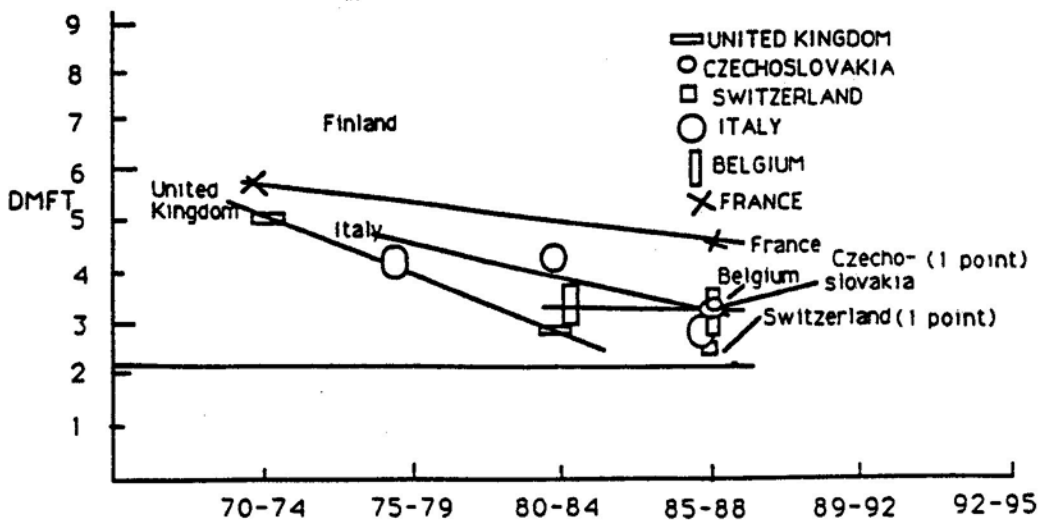
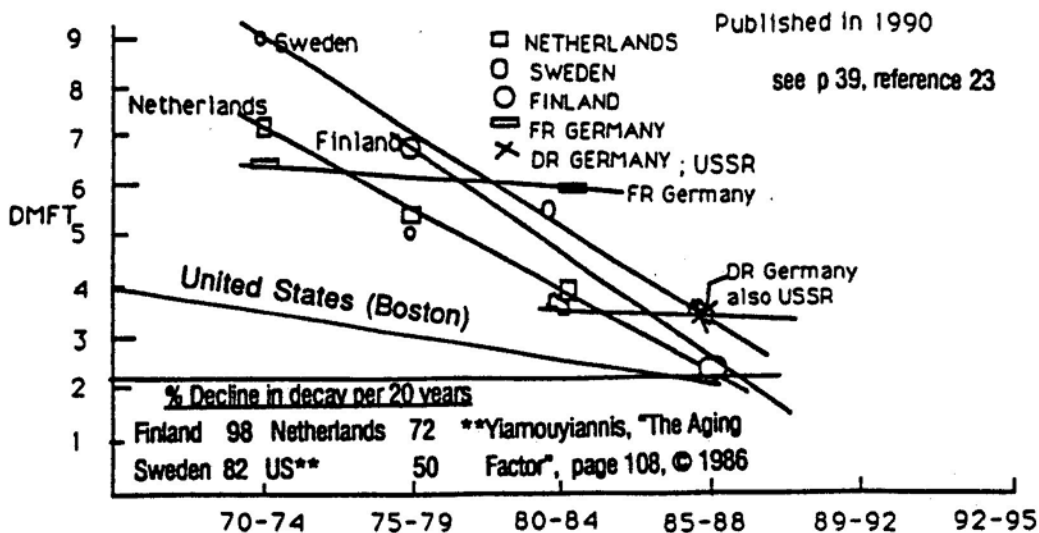
The US study (NIDR) did not report ppm F in the water of the 84 cities studied. Furthermore, highly fluoridated, poverty populations such as Washington, DC, where one would expect large decay rates, were not reported. Neither were the 100% fluoridated American Indians with their 4x higher decay rate. It is all the more remarkable, therefore, that a 5.4% increase in students with decay was observed when adding 1 ppm fluoride to the water supply. Nine fluoridated cities with high decay had 10% more decay than 9 equivalent non-fluoridated cities.

Adjusted DMFT Indices of 12 Year Old Children by 4 Year Periods*

Country	70-74	75-79	80-84	85-88	
Netherlands	7.1	5.4	3.8	2.2	see p 39, reference 23
Switzerland	--	--	--	2.4	
Sweden	9.0	5.0	5.5	2.7	
Finland	--	6.9	3.7	2.8	10
Norway	--	--	--	2.9	
<u>Italy</u>	--	4.2	4.3	<u>3.0</u>	
Denmark	--	--	--	3.0	
Ireland	--	--	3.0	--	
United Kingdom	4.8	--	3.0	--	15
Bulgaria	--	--	3.4	3.1	
Belgium	--	--	3.9	3.3	
<u>USSR</u>	--	--	--	<u>3.5</u>	
Portugal	--	--	--	3.8	20
German DR	--	--	--	3.8	
Spain	--	--	--	4.2	
France	5.4	--	--	4.2	
Poland	--	--	--	4.3	
<u>Czechoslovakia</u>	--	--	--	<u>5.0</u>	25
Greece	--	--	--	4.4	
Iceland	8.7	--	8.0	4.9	
Germany FR	6.3	--	6.0	--	
Hungary	--	--	--	5.0	30
Yugoslavia	--	--	6.9	6.1	
Albania	--	--	5.9	--	

*H. Kalsbeek and GHW Verrips, JDR 69 (SS), p 729 (1990)

Adjusted DMFT Indices of 12Year Old Children by 4 Year Periods*



*H. Kalsbeek and GHW Verrips, JDR 69(55), p 729 (1990)

Determination of Fluoride with Lanthanum Fluoride Electrode

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Procedure: The lanthanum fluoride electrode¹ and mercury cell electrodes are immersed in 2.5 mL of unknown mixed with 2.5 mL of aluminum complexing agent FAD² in a 20 mL beaker. A reading is taken when the drift of the voltmeter is less than .1 millivolt per 3 seconds.

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Stirring of the solution, wiping the electrode or washing with water between runs causes undesirable drift in the electrode. Simply wash the electrode with the solution to be determined. Brushing the electrode with toothpaste as is done in some analytical laboratories was found to be useless in regeneration or stabilization of the electrode. In fact it did more harm than good in the experimentation we carried out.

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The dry electrode must always be given a chance to equilibrate and become steady at the concentration range desired. There will always be some drift between runs, and even more when changing to a widely different concentration such as changing from .05 to 1 ppm.

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Two standard solutions within 0.1 ppm on either side of the concentration run are than measured in the same manner³. A simple linear plot is then made of the standard concentrations vs voltage and the unknown approximated from the curve. Accuracy will be $\pm 1-5\%$ depending on the concentration. Drift is greater at very low concentrations and reduces accuracy. Values have been run within 5% down to .007 ppm.

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For greater mathematical accuracy, since the plot of concentration vs voltage is not linear, greater precision will be had by calculating the unknown concentration from the two standards using the equation

$$dC/C = -k dE \quad \text{or} \quad \log C = -kE \quad \text{or} \quad \text{integrating, } \log C_2/C_1 = -(E_2 - E_1).$$

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The electrode should always be put away dry and protected with a plastic membrane over the epoxy-encased lanthanum fluoride. The electrode should not be left immersed in solution for any time except that necessary for the measurements. This will insure its stability and longevity.

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1. The electrode is produced by Corning and is a crystal of lanthanum fluoride encased in epoxy.
2. The FAD is a mixture of glacial acetic acid, sodium chloride and sodium hydroxide containing the aluminum chelating agent CDTA. The number is Corning 478172.
3. The standards are made up from pure, dried sodium fluoride and stored in rigid polyethylene or some other plastic bottles. Glass will not do, since fluoride attacks the silica.

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Gerard F. Judd 3-8-96

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66 ENZYMES DECREASED BY FLUORIDE

Enzymes in Animal Cells Decreased-d, Increased-I or Unaltered-ua by Fluoride. Decimal is Concentration at which Action Takes Place. JF = Journal Fluoride, CA = Chemical Abstract, References found in Judd EPA, vol 2, Feb 19, 1994. W = George Waldbott et al. "Fluoridation, the Great Dilemma" Wk = Glen Walker, "Poison on Tap", p 348.

- | | | | |
|---|---|---|---|
| 1. Acetate dehydrogenase
JF 48-1, d 20% .1. | 23. C-Kinase CA 12-5,d. | 44. 7 GST enzymes d 1.0. | 65. 8-Phosphogluconate
dehydrogenase. JF 52-1 I. |
| 2. Acetate producer en-
zyme, Wk d 1.9. | 24. Cytochrome C. Wk
d 19. | 45. Isocitrate dehydro-
genase. JF 12-4 d,
Wk d .019. | 66. Phospholipase-c.
CA 10-1. |
| 3. Acid glycerophosphate
Wk 348, d .114. | 25. Cytochrome perox-
idase. JNut Sci Feb
1986, p 20. | 46. Hepatic esterase
JF-4 d 13; Wk
d .011. | 67. Phosphomonoester-
ase. Wk d .19. |
| 4. Acid phenyl phosphatase,
JF 38-1, d .6. | 26. Deoxynucleic acid-
ase CA 13-2 I. | 47. Human salivary phos-
phatase. Wk d 3.8. | 68. Phosphoprotein-
phosphatase CA 35-5
d 4.7. |
| 5. Acid phosphatase, JF 48-
2, d-15-100; CA 42-1, d .01 | 27. Enolase. CA 8-2 dec
38; Wk d 19. | 48. Isocitric dehydrogen-
ase. W 151 I. | 69. Phosphotyrosyl phos-
phatase. CA 11-2, ua. |
| 6. Adenosine monophos-
phate JF 52-1 I
CA 20-4 nc 19. | 28. Erythrocyte inor-
ganic pyrophospha-
tase. W 150 d .38. | 49. Lactic acid dehydro-
genase. Wk d 19. | 70. Phosphotyrosylpro-
tein phosphatase CA 15
7-6, 11-2 no effect. |
| 7. Adenosine monophos-
phate amino hydrolase
JF 50-5 I 5, d 50. | 29. Ferroxidase. CA
22-2 d .038. | 50. Lactic dehydrogenase.
JF 48-2 dec; CA 41-6
I 380;4-1 d :30-3
d 30. | 71. Plasmalemma phos-
phoprotein phosphat-
ase. JF 52-1 I. |
| 8. Adenosine diphospha-
tase. No reference yet. | 30. Fructose-1,6-phos-
phatase JF 52-1 d . | 51. LDH lysoenzyme. JF
35-2;CA 41-6 380. | 72. KATP. CA 18-5 d . |
| 9. Adenosine triphosphatase
(Mg ²⁺ activ); JF 48-2
I 15-100; 38-2 d,
52-1 d.Wk d .19. | 31. Glucose-6-phos-
phatase JF 52-1 I ;
CA 41-5 d . | 52. Lipozyme. CA 41-6
d 380. | 73. Pyrophosphatase. 20
CA 6-4 d .4, and .1.
Wk d 1.9. |
| 10. Adenylate cyclase. JF 50-
2, 50-2,52-1,2 dec CA 12-
5 d, 29-6 d, 32-1 d. | 32. Gluc-6-phosp. dehy-
drogenase. JF 9-4 d,
12-4 I ; 52-1 d ; CA
4-1 I , 41-5 d . | 53. Lipase (liver esterase)
CA 40-6 d .001; W150
d .011. | 74. Pyruvate kinase.
CA 52-1 d . CA 4-1
d . |
| 11. Alanine aminotransferase.
CA 15-3 I. | 33. Glucosyltransferase.
CA 40-2 I . | 54. Lysine peptidase. JF 46-2. | 75. RNase (ribonucle-
ase). JF 52-1. 40-1.25 |
| 12. Aldolase. CA 30-3 d. | 34. Glucuronidase. JF
38-1 d .6. | 55. Magnesium Ion (effect
on Ca and phosphate). CA-
35-7. | 76. Salivary acid
phosphatase. W 150
d 3.8. |
| 13. Alkaline phosphatase.
JF 52-1 d. | 35. Glucuronyl trans-
ferase. JF 52-4 d . | 56. Mg ²⁺ , Zn ²⁺ enzymes d
JF 10-1. | 77. Sheep brain glu-
tamine synthetase.
Wk d .95. |
| 14. Amylase. JF 43-5 I.
CA 20-4 I. | 36. Glutamate dehydro-
genase. CA 15-3 I 20. | 57. Mg ATPase CA 41-5 d ;
CA 18-5 d . | 78. Sobrinus Mutans
CA 8-2 d 38. |
| 15. Aspartate aminotrans-
ferase. CA 15-3 I. | 37. Glutamic oxalacetic
transaminase JF 48-2 d. | 58. Mn ²⁺ , Mn ³⁺ complex.
CA 16-4 d . | 79. NaATP. CA18-5 d. |
| 16. Calcification enzyme.
Wk d .19. | 38. Glutamine synthetase
Wk dec 1.9; W 150 d . | 59. Osteoblastic acid phos-
phatase. CA 39-6 d 1.9. | 80. Succinic ATPase.
CA 42-1 d .01. |
| 17. Calcium ATPase.
CA 18-5 d. | 39. Glycogen phosphory-
lase. CA 38-5 I 20. | 60. (di)Peptidyl dipeptidase
II. CA 14-6 d .01. | 81. Succinic dehydro-
genase. JF 48-2 d 35
15; CA 41-6, d 380
CA 41-5. |
| 18. Carbonic anhydrase
Wk d .119. | 40. Glutamic pyruvic trans-
aminase. JF 48-2 d . | 61. Phenylphosphatase.
JF 38-1. | 82. Zn ²⁺ , Mg ²⁺ enzymes.
JF 10-1. |
| 19. Carboxylase Wk 190. | 41. Glutathione S-trans-
ferase. JF 52-3 d 1.0 | 62. Phosphatase. Wk 1.9 dec.
Wk d 19-190. | 83. Zoogloca urease.
CA 33-3 d .1. |
| 20. Cholinesterase, Human
plasma, Wa, W 150 d .0095. | 42. Glycerlaldehyde-3-
phosphorylase dehy-
drogenase. JF 52-1 d | 63. 1,6-Phosphatase-
phosphoglucomutase.
JF 52-1. | |
| 21. Citrate dehydrogen-
ase. Wk d .019. | 43. Glycerophosphatase
JF 52-4 d 12.0. | 64. Phosphofructokinase.
JF 52-1 I . | |
| 22. Citric acid enzyme.
Wk d .95. | | | |

F-ppm, and no. tests: .0095-.19 (18); .20-1.0 (8);
1.1-5.0 (8); 5.1-380 (4); amount unreported: 40;
decreased: 66; increased: 14; unaltered: 3.

Prepared by Gerard F. Judd, Ph. D. Chemistry. 1-602-412-3955 11-21-95

Ailments Caused by Fluoride

References: W, Y, Ja, J, R, S, F. Waldbott, G.L., et al, "Fluoridation, the Great Dilemma," ©1978, Coronado Press, 1-913-843-8677; Yiamouyiannis, J., "The Aging Factor," ©1986, Health Action Press, 1-614-548-5340; Jansen, Isabel, "Fluoridation," © 1990, Tri-State Press, 1-715-627-7079; Judd, G.F., "EPA No. 2," 1994, 1-602-412-3955; Judd, G.F., Research, 1995; Schatz, Albert, Chili Episode, J. Arts/Science, 1976, 1-215-843-2051; R. Foulkes, Health Action Network Society, 1-403-295-3336.

- | | | |
|---|---|--|
| <p>1. *Abdominal bloat W113,123-5</p> <p>2. Aids R</p> <p>3. Alzheimers R</p> <p>4. Arthritis W144; Y45</p> <p>5. Bedridden W111</p> <p>6. Birth defects S; J5</p> <p>7. Bladder injury W110</p> <p>8. Blindness W117</p> <p>9. Bloody kidneys W115</p> <p>10. Bloody uterus W144</p> <p>11. Bloody vagina W144</p> <p>12. Bones embrittled F; J5</p> <p>13. Bone fluorosis W115; Y34; F, J5, 123-5</p> <p>14. Brittle teeth R</p> <p>15. Brittle bones J5</p> <p>16. Bruises W115</p> <p>17. Cancer - bladder, Ja91; J6; R urinary 1.38x NF</p> <p>18. Cancer - breast Ja91; J6; R 1.21x NF</p> <p>19. Cancer - esophagus Ja91; J6; R 1.72x NF</p> <p>20. Cancer - intestinal, Ja91; J6; R large 1.40x NF</p> <p>21. Cancer - kidney Ja91; J6; R 1.17 NF</p> <p>22. Cancer - ovary, Ja91; J6; R fallop tube 1.19x NF</p> <p>23. Cancer - rectal J91; J6; R 1.8x NF</p> <p>24. Cancer - stomach J91; J6; R 1.46x NF</p> <p>25. Cancer - tongue Ja91; J6; R & mouth 1.44x NF</p> <p>26. Caries increase R</p> <p>27. Carpal tunnel (CTS)(RSI) J5 syndrome</p> <p>28. Cataracts J4</p> <p>29. Chizzola macula W144</p> <p>30. Chronic fatigue W110-119; J4 syndrome</p> <p>31. Chromosome aberrations Y61</p> <p>32. Concentration inability W44</p> <p>33. Collapsing W144</p> <p>34. Collagen synthesis decrees J6</p> <p>35. *Constipation 110, 123-5</p> <p>36. Cytotoxicity R</p> <p>37. Decay increase R</p> <p>38. Dental fluorosis J5; Y1-139</p> <p>39. *Depression W123-5</p> | <p>40. *Diarrhea W144, 123-5</p> <p>41. Dizziness W110,144</p> <p>42. *Dbl blind provn ailmnts (13) W123-5</p> <p>43. Dry mouth W111-119</p> <p>44. Down's syndrome W212; J6</p> <p>45. Ear, inner disorder W144</p> <p>46. Eczema Y8</p> <p>47. Fatigue Y19, 114</p> <p>48. Fertility loss S</p> <p>49. Fetus reduction R</p> <p>50. Genotoxicity R</p> <p>51. Genu Valgum J6 (knock knee disease)</p> <p>52. Gilberts disease J6 (hemorrhagic yellow jaundice)</p> <p>53. Gingivitis R</p> <p>54. Gum pockets R; Y14</p> <p>55. Gum sore R</p> <p>56. *HeadacheW110-144;Y8;W123-5</p> <p>57. Hearing loss (neural) R</p> <p>58. Heart hole Ja80</p> <p>59. Heart death increase Ja80; J6</p> <p>60. Hemorrhages, skin W115</p> <p>61. Immunosuppression J6</p> <p>62. Immuno-chemo-toxic decrees J6</p> <p>63. Incoherence W115</p> <p>64. Infant mortality S; J5; R increased 5x</p> <p>65. Intestinal cramps W110</p> <p>66. Intestinal distension W110</p> <p>67. Itching W113, Y8</p> <p>68. Ligament calcification Y41</p> <p>69. Mental confusion W44</p> <p>70. Migraine W110; Y8</p> <p>71. Mottled teeth R</p> <p>72. Mutagenesis Y61</p> <p>73. Mutation repair reduced R</p> <p>74. Nasal disease W144</p> <p>75. *Nausea W114,115;Y14,123-5</p> <p>76. Numbness W113-144</p> <p>77. Nystagmus (involuntary)W144 movement of eyes)</p> <p>78. *Pain, bone W111,123-5</p> <p>79. Pain, bowels W114</p> <p>80. Pain, head W115</p> <p>81. Pain, intestinal W110</p> <p>82. Pain, muscular W113,119</p> <p>83. Pain, spine W111</p> <p>84. *Pain, stomach W115,123-5</p> <p>85. Polyuria (large urine) W115</p> | <p>86. Premature delivery S, R</p> <p>87. Retinal degeneration J6</p> <p>88. Retinosa pigmentosa R</p> <p>89. Scotoma(spots in vision)W115</p> <p>90. Seizures W111,120</p> <p>91. SIDS J4</p> <p>92. Sister chromatid exchange R</p> <p>93. Spastic bowels W113-114</p> <p>94. Sperm alteration W</p> <p>95. Spermatogenesis W interruption</p> <p>96. Stomach cramps W119,121</p> <p>97. Stomach gas W119</p> <p>98. *Stomatitis W119,123-5</p> <p>99. Survivability lowered Y4</p> <p>100.Tendon calcification Y51</p> <p>101.Testes altered Y57</p> <p>102.Thyroid calcification Y51</p> <p>103.*Thirst exaggeration W123-5</p> <p>104.*Tinnitus W123-5</p> <p>105.Ulcers, mouth W119,123-5</p> <p>106.Ulcers,stomach W133,162,359</p> <p>107.Urinary tract defect W153-7</p> <p>108.Urinary tract problems W343-4</p> <p>109.Vas deferens defect R</p> <p>110.*Vertigo W123-5</p> <p>111.*Vision blurredW110,145,123-5</p> <p>112.Vomiting W114,121</p> <p>113.Weight loss W113,115</p> <p>
*Double blind effects (13) established by 60 patients, 12 physicians, 130 pharmacist, 1 attorney (under Moolenburgh). W123-5. 011-31-23-316-818</p> <p>
66 enzymes are decreased as fluoride detaches their hydrogen bonds.</p> <p>
Gerard F. Judd, Ph.D.
Researcher, 18 yr.
Professor of Chem., 30 yr.
Alpha Chi Sigma member
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Nov. 20, 1995</p> |
|---|---|--|



Chinese Acad. Prev. Med.

This is the result of drinking water with from 2 to 4 ppm fluoride in it

Observation of literature by Gerard F. Judd 3-8-96

The bad side of fluoride. Researchers say in some villages nearly all adults suffer skeletal fluorosis.

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Perspectives
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NIH Publication 93-218
U.S. Dept of Health and
Human Services
Public Health Services
National Institute of Health
P.O. Box 12233
Research Triangle Park
NC 27709 USA
919-541-5377

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RDA Values: Established Actions of Vitamins and Elements		RDA Values for 75 kg (165 lb person)		0
by Gerard F. Judd, Ph D Prepared 9-28-94				
Vitamin	RDA (grams)	Element	RDA(grams)	
1. A (5000 IU)	Infection, retina, circulation, warts	.015	1. O Respiration, arthritis, viruses, circulation	unlimited
2. B-1	Coenzyme, carbohydrates, beriberi, heart sciatica, lethargy, appetite, hyperglycemia,	.0015	2. H Acidity	pH 7.0 5
3. B-2	Respiration, sluggish, dizziness, dropsy eczema, cataracts, gritty eyelids	.0017	3. P Electrical, energy, memory	1.0
4. B-3a	Blood vessels, mental confusion, lesions, pellagra, vertigo, deafness, sleep, migraine, tinnitus	.020	4. Na Heart beat, vertigo, exhaustion	2.5 10
5. N-3b	3-D's (diarrhea, dementia, dermatitis)	.020	5. Fe Hemoglobin, oxidase activation,	.018
6. B-6	Arthritis, dead nerve, carpal tunnel syndrome, parkinsons, insomnia, epilepsy, charlie horses, energy	.002	6. C Organic compounds	unlimited
7. B-1	Growth, stunting, bone marrow, eye mem- branes, hair	.100	7. K Heart beat regulation	.030 15
8. B-ch	Circulation, blood pressure, headaches, myasthenia gravis, cholesterol, ear noises, constipation, atherosclerosis, heart palpitations	.250	8. Zn Growth, pituitary, testicles, eyes, >150 enzymes, colds,	.015
9. B-f	Ulcers, circulation, gums, glossitis, athero- sclerosis, short breath, reproduction, anemia, tendons	.0004	9. Ca Heart muscle relaxation, bones (with D), teeth	1.25
10. B-p	Longevity, allergies, reproduction, stress, colitis, white cells, endurance	.010	10. Cu Metalloenzymes, assists vitamin C, cancer	.002 20
11. B-paba	Growth, fertility, chromatricia	.030	11. Mg Enzymes, heart, bone,	.400
12. B-b	Dermatitis	.0003	12. Mn Epilepsy, lupus, enzymes	.007
13. B-12	Anemia, MS, numbness, bursitis, nerve sheath, brain, psychoes, fatigue	.006	13. S Cartilage, cytochrome C	3.0
14. B-15	Heart, rheumatism	.020	14. Sn Unknown	.020 25
15. B-17	Cancer	.005	15. Si Reproduction, bones	1.0
16. C	Immunity, all viruses, connective tissue, cancer, valley fever, TB, reproductive,	4.0	16. I Thyroid, oxygen, apathy	.00015
17. D-2	Bones, appetite, constipation, head- aches, dizziness, teeth, pain, warts	.001	17. N Enzymes, vitamins, DNA, RNA, proteins	2.8 30
18. E	MD, clots, fertility, oxygen, Buerger's disease, Parkinsons, palsy, edema, sterility, gangrene, nephritis	.200	18. Cr Insulin, cytochrome oxidase	.0002
19. K	Clotter, jaundice, liver disease	.00125	19. Cl -amylase activator	2.5
20. Co-Q-10	Heart, circulation, oxygen, bursitis	.020	20. Se Lamb muscle disease (with E), liver, exudative diathesis, joint inflammation	.00002 35
			21. B Plant growth and reproduction	.005
			22. Co Enzymes, p. anemia, emaciation, fatty liver, cholesterol	.001
			23. V Bones, teeth, lung lesions, TB	.0002 40
			24. Ba Growth	.050
			25. Ni Methylation	.001
Supplementary: Carnitine 1 g, other amino acids (22) 0.5 g or more, tryptophane, phenylalanine, histidine, lysine, serine, threonine, isoleucine, proline. These can all be obtained from meat or soybeans. Other proteins are less complete.				45

TABLE I

Lethal Dosage for Each Chemical,
mg/kg

Botulinum (neurotoxin) ..	.000003	Sodium fluoroacetate .....	.25	Ergotamine	3.5	0
Tetanus .....	.000001	Cholera .....	.25	Vitamin B12	3.7	
Diphtheria .....	.00003	Viscotoxin .....	.26	Mepfosfolan	4.0	
Taipoxin .....	.0002	Odorobiocide H acetate .....	.27	Parathion	4.0	
Ricin .....	.00025	Plutonium citrate .....	.30	Zinophos	4.0	
Stibine (10 ppm) .....	.00026	Alpha Hungarotoxin .....	.30	Sodium selenate	4.0	5
Arsine (50 ppm) .....	.0013	Phosphine (60 ppm, 5 min) .....	.39	Digitalis	4.0	
Batrachotoxin .....	.002	Diborane .....	.40	Morphine	5.0	
Pseudomonas aeruginoso ....	.005	Pseudexin .....	.45	Heroin	5.0	
Cobratoxin M .....	.005	Neogermatine .....	.51	Carbonyl sulfide	5.5	
Saxitoxin .....	.009	Gitoxin .....	.59	(1000 ppm 10 minutes)		10
Tetrodotoxin .....	.010	Tetraethylpyrophosphate .....	.65	Methylparathion	6.0	
Soman .....	.010	Penicillin .....	.65	D-Epinephrine	6.5	
Sarin .....	.010	Indium sulfate .....	.67	Nicotine hydrochloride	6.5	
9 -Alpha latrotoxin .....	.010	Hydrogen selenide (6 ppm) ....	.70	Selenium oxychloride	7.0	
Beta hungarotoxin .....	.014	Hydrogen cyanide (300 ppm) ..	.70	Carbophenothion	7.0	
Fluoroacetic acid .....	.050	Hydrazoic acid (est)	1.0	Isodrin	7.0	15
Strychnine .....	.030	Di-isopropylfluoro-	1.0	Arsenic (V) oxide	8.0	
Cobratoxin .....	.075	phosphate		EPN	8.0	
Desglucohellobrol .....	.092	VX (war nerve liquid)	1.0	Carbon monoxide (breathe ...	8.0	
Histamine .....	.10	2,4,6-tris(1-ethyleneimine)	1.0	1000 ppm for 4 minutes)		
3-Hydroxyphenyl(trimethyl ..	.10	triazine		Carbofuran	8.0	
ammoniummethyl sulfate		Dimethyldiethylpyro	1.1	Arsenic acid	8.0	20
benzylcarbamate		phosphate		Monocrotophos	8.0	
Alphafluoroburyrate .....	.10	Lamtoside	1.2	Fuosilicic acid	8.0	
methyl ester		Milloside	1.3	(hydrofluosilicic acid)		
Strophanthin G .....	.14	Potassium cyanide	1.6	Vanadium pentoxide	10.	
Corcoroside B .....	.14	Allyl chloride	1.9	4,6-Dinitro-o-cresol	10.	
Samovide .....	.15	Paraoxon	2.0	Sodium arsenate	10.	25
Mansonin .....	.15	Disulfoton	2.0	Chlorfenylphos	10.	
Sodium alpha fluoro- .....	.15	Diphocinone	2.0	Methiocarb	10	
crotonate		Phorate	2.0	Guthion	11.	
Neostigmine .....	.17	Dimeton S	2.0	DDT	13.	
Transvallin .....	.17	Cycloheximide	2.0	Baythroid	13.	
Chlorine (30 ppm, 10 min) ..	.17	Terbufos	2.0	Hydrogen sulfide	15.	30
Nitrogen trichloride (Cl2) ...	.17	Oleandrin	2.2	Thallium (II) sulfate	16.	
Curare .....	.19	Sodium cyanide	2.2	Coumaphos	16.	
Hydroxycyanic acid .....	.22	Sodium selenate	2.5	Phosphamidon	17.	
L-Epinephrine .....	.22	Trichloroethylamine	2.5	LSD (psyco at 1 mcg/kg)	17.	
Ethyl-5-fluorohexanate .....	.24	Quinidine	2.9	Mercurochrome	18.	
		Quinine - α -propyl chloride	2.9	Phenylmercuric hydroxide ...	18.	35
		Sodium azide	3.0	4-Aminopyridine	20.	
		Warfarin	3.0	Phenylmercuric acetate	22	
		Phenythiourea	3.0	Dioxathion	23.	
		Difonate	3.0	Coumatenyl (fumarin)	25.	
		Phosdrin	3.0	Thallium (IV) sulfate	25.	
		Mustard gas	3.5	Aldoxycarb	27.	40

Methamidophos	30.	Trichloromethanethiol	83.	Allethrins	680.	0
Banol	30.	Bis(tributyl tin) oxide	87.	Dimethylarsenic acid	700.	
2,4-Dinitrophenol	30.	Cadmium chloride	88.	Neomycin (50 x dosage)	715	
Nitroglycerine	30.	Lead arsenate	100.	Potassium cyanate	841.	
Ammonium chloride	30.	Benzene	100.	Sevin	850.	
Propylene glycol	30.	Ammonium fluosilicate	100.	Sulfur dioxide	1000.	5
Isoprene	31	Penicillins	100.	Polonium alpha emitter	1000.	
(33 ppm for 30 min)		Dibromoethane	108.	1-Naphthalene acetic acid ..	1000.	
Kerosene	35.	Diazinon	108.	Tannic acid	1000.	
Tin (II) chloride	35.	DDT	113.	Dinitrogen oxide	1000.	10
Iodine	36.	Ethanedialdioxime	119.	Tribrom oxide	1000.	
2-Sec butyl-4-6-dinitro- phenoltrithanotamine salt	37.	Rifamycin	122.	Isopropyl alcohol	1070.	
Nitrogen (4 breaths)	37.	Toluene	132.	Lithium chloride	1100.	
Vitamin D2	38.	Xylene	132.	Sodium cacodylate	1250.	
Aldrin	38.	Chloral hydrate	132.	Malthion	1375.	
Dinoseb	40.	Kepona	132.	Sodium thiosulfate	1430.	15
Ficam	40.	Phenol acetate	140.	Ethylene glycol m-acetate ..	1450.	
Metasystox 1	40.	Lead (II) acetate	150.	Aspirin	1750.	
Zinc phosphide	40.	Phosphoric acid	180.	Hydrogen peroxide	1800.	
Bendiocarb	40.	Bladex	182.	Naphthalene	1800.	
Ethylmercuric chloride	40.	Lead dioxide	200.	Propanol	1870.	
Endosulfan	43	Pyrethrins	200.	Sodium chloride	2500.	20
Sodium azide	45.	Picric acid	200.	Trichloroacetic acid	3200.	
Lindane	45.	Lithium fluoride	200.	Methylarsonic acid	3350.	
Dieldrin	46.	Potassium fluoride	250.	Antabuse	3500.	
Potassium chlorate	49.	p-Dichlorobenzene	250.	Vitamin C	>3600.	
Pentachlorophenol	50.	Trichloronitromethane	250.	DL Lactic acid	3700.	
Cetylpyridinium chloride	50.	Hydrazine sulfate	250.	Calcium chloride	4000.	25
N-methyl-N-1-naphthyl- acetamide	50	Telone	250.	Sodium benzoate	4100.	
Silver nitrate	50.	Borax	250.	Roundup	4300.	
Nicotine	50	Ammonia	250.	Butyl alcohol	4360.	
Endothal	51.	Methanol	300.	Sodium sulfate	4470.	
Dichlorovos (DDVP)	56.	2,4,5-T-amine	300.	Potassium bromide	4500.	
Sodium fluoride	57.	Carbon disulfide	300.	Calcium fluoride	5000.	30
severe symptoms 3.6 mg.		Pyrolines	300.	Piperonyl butoxide	6150.	
Hexachlorophene	60.	Carbon tetrachloride	310.	Zineb	5200.	
Phenylmercuric chloride	60.	(10,000 ppm 10 minutes)		Dimethyl phthalate	8200.	
Rotenone	60.	Nitrogen trifluoride	332.	Captan	9000.	
Tocaphene	69.	2500 ppm 4 hrs		Sodium bicarbonate	10,000.	
Carbon disulfide	70.	Chlordane	367.	Sodium chlorate	12,000.	35
Potassium chlorate	74.	2,4-D (Suicide)	371.	Ethyl alcohol	13,700.	
Chloroacetic acid	76.	Nitrogen dioxide	429.	Glucose	35,000.	
Methanethiol	78.	(200 ppm 5 minutes)				
p-Dimethylaminobenzene	80.	Rescorcinol	450.			
diazosulfonic acid (Na)		Phenol	530.			
		Silvex	650.			
		Phenobarbital	660.			
		2,4,5-T	666.			

Compiled by Professor Gerard
F Judd, Ph D Chemistry from
literature July 1992. 602-
247-2786; 285-7141. 40

DEMENTIA AND DENTISTRY

The definition of dementia as used in this report connotes a mental ailment that may or may not be irreversible. This differs from the dictionary definition pertaining to by-gone times where dementia meant any irreversible brain disease.

Five million persons in the US have some form of dementia^A, and half the population, at some time in their lives, have mental ailments. Inasmuch as the American Dental Association, with its long arm, takes a foremost role and responsibility in fluoridating 60% of US cities, it is primarily responsible for dementia from fluoride and aluminum, which act in concert with each other to cause Alzheimers, epilepsy, Parkinsons, MS and other dementias. Since the American Dental Association approves placement of dental amalgams, which contain 50% mercury and other heavy elements, they are a prime contributor to dementia from these sources.

Alzheimers is now the 4th leading cause of death in the U.S. Many mental ailments are described in the scientific literature. Examples of several dementias caused by fluoride, aluminum, aluminum fluoride and mercury amalgam, will be given here.

FLUORIDE

Convulsions and Headaches: Convulsions are violent contractions of the muscles of the head. Mr. NKT, age 45, had severe headaches with other symptoms and two episodes of convulsions while on Milwaukee fluoridated water (F=0.95 ppm). When he was switched by Dr. Waldbott to distilled water or well water (F=.15 ppm) all his symptoms left^B. Repetition of fluoride symptoms occurred as MKT recycled into Milwaukee several times. We believe his headaches and convulsions resulted from fluoride destruction of the enzymes cytochrome oxidase, cholinesterase and possibly others involved in respiration. Fluoride breaks the hydrogen bonds of these enzyme structures thus ruining their function. Avoiding fluoride in the diet seems to be the best part of wisdom to avoid convulsions and headaches.

Epilepsy, Psychomotor, with Headaches, Disorientation and Disequilibrium:

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Epilepsy is an electrical disturbance of the central nervous system, in most serious form leading to grand mal seizures. This author once experienced a series of severe headaches which terminated in an incapacitating breathing malfunction, with pins and needles nerve action and disorientation and an unstable equilibrium. This was caused by drinking copious amounts of fluoridated water in the Litchfield Park area and at the same time cutting out all milk (F antidote) from his diet. The medical diagnosis was psychomotor epilepsy. The inadequacy even to navigate and the feeling of complete helplessness during this period is one which will never be forgotten. Recovery was slow over a period of several months. The disorientation, inability to concentrate deeply for long periods and out of breath episodes slowly diminished after drinking Phoenix water with only 0.3 ppm fluoride and reintroduction of milk into the diet. It is believed the fluoride in the water destroyed cytochrome oxidase, cholinesterase and other oxygen-handling enzymes in the blood. Some folks are short, some long on the production of these and many other enzymes which keep us alive. These enzymes require 20 vitamins, 26 elements and 12 amino acids for their construction. I advise all to take these daily to avoid my experience.

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IQ Diminishment: This ailment may be allied to the short term memory loss of Alzheimers, since many questions on the IQ test require memory. The IQ values of a large number of 8-13 year old Chinese children were studied by Chinese scientists^C. It was found that those children who had moderate to severe fluorosis had a much lower IQ than those with minor fluorosis.

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Max IQ of low fluorosis students 140

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Max IQ of moderate to severe fluorosis students 110

Similarly, a study by Soviet physicians showed neurological symptoms in 79% of patients with occupational fluorosis^D. The reader should be warned, however, that fluorosis in these cases, while explained by an exclusively fluoride phenomenon^E, can more correctly be

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explained by bone, brain and tooth malnutrition where the patients have no milk. Normal depletion of the calcium and phosphate then permits other elements to migrate into the teeth, giving brittleness and various colors. A diet free of fluoride, with good protein and with all essential vitamins and minerals should eliminate fluorosis, lower epilepsy and enhance one's IQ.

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ALUMINUM

Alzheimers: Alzheimer patients lose short term memory. They forget such things as faces and names of loved ones, current dates, days in the week, month or year, the name of the U.S. President and other common items. They will be on an errand such as going to the mail box and forget what they are doing. They easily become lost. They do not, however, have the tremors of Parkinsons and MS.

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Rat Experiment: A single injection of 13.2 mg. of aluminum chloride into the hippocampic space of a cat's brain caused the cat to lose all short term memory and exhibit Alzheimers characteristics after 9 days^F. Other workers confirmed the result, which was repeated several times. The aluminum had destroyed cells in the hippocampus (memory site) and neo-cortex. It is known that ions of several heavy elements such as cadmium, iron, lead, manganese, mercury and zinc have produced Alzheimers as well as other dementias and we believe they would do likewise if injected into a rat brain, as was aluminum chloride. We believe removal of fluoride from tap water and reduction of sugar in the diet would essentially eliminate aluminum from the brain and overcome the battery of brain diseases we are plagued with.

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ALUMINUM FLUORIDE

Alzheimers Disease: Rat Study: In an excellent study by Dr. Robert Isaacson, State University of New York, aluminum fluoride was added to the rats' diet. This, contrary to normal expectations, passed through the brain barrier and gave the rats short term memory, smell

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sensory loss, unsteady gait, and loss of cell structures of the neo-cortex and hippocampus, all symptoms of Alzheimers^G. We believe that in addition to the toxic effect of fluoride, the aluminum ion (1) caused interneural tangling and (2) blocked oxygen flow due to precipitation of aluminum oxide in the blood vessels. Oxygen facilitates electrical conduction of neurons. Most Alzheimers cases are thought by some experimenters to involve aluminum fluoride.

Cerebral Epstein Barr Syndrome: CEBS is characterized by extreme exhaustion, inability to concentrate, difficulty in walking, immobility, short term memory decline and scarring of the brain. This dementia has risen in the population to a high level in recent years, especially in people on the run, having a poor diet and rest regimen. Hillary Johnson describes her own bout and others with the disease^H. The magnetic resonance imaging detection of scarring of the brain as in MS was observed also in this ailment. CEBS has many features in common with MS and we think the plaques and destruction of oxygen handling enzymes caused by the toxic fluoride, aluminum, mercury, and other ions, reduce oxygen flow. Under conditions of brain barrier opening, viruses can enter and finish destroying speech, memory, equilibrium and other motor functions of the brain in absence of oxygen which normally would destroy the viruses. Viruses may explain the steadily downward trend in health of MS and CEBS patients over the years. I use Vitamin C in amounts of 3-4 grams daily to mitigate my mononucleosis, the very ailment caused by Epstein-Barr.

Multiple Sclerosis: MS is characterized by demyelination of nerve sheaths in the brain and spine, numerous white spots under magnetic resonance imaging, muscular weakness, tremors and optical neuritis. Many symptoms such as slurred speech, unsteady gait, shuffling steps, and poor balance are similar to Parkinsons, which symptoms are identical to manganism. Many MS patients have 8x the mercury in their cerebrospinal fluid than normal persons^I.

MS Case: An unusual case of MS was discovered by the author^J. B.P. developed MS and eventually determined the cause was his excessive consumption of soda pop from

aluminum cans. After forsaking this habit, his MS stabilized and began to improve. Here, fluoride and sugar is postulated as transporting aluminum ion through the brain barrier. This would not be normal behavior for aluminum ion because of its highly charged, hydrated, expanded character. Except for presence of fluoride or sugar, aluminum would not normally enter the "inpenetrable" brain barrier.

What is a plausible explanation of these cases of mental illness caused by aluminum fluoride? Fluoridated water of soda pop with its 13% sugar, and low pH (<3.4) is thought to be an excellent media for migrating aluminum into the brain. Fluoride (boiling water, 10 minutes) dissolves 1000 times as much metal from aluminum containers as pure water (0.2 mg/L)^K and acid dissolves even more. One may become a dementia victim simply by cooking in aluminum ware or drinking pop from aluminum cans. As cited above, aluminum fluoride penetrates the brain barrier whereas aluminum ion with its high charge and hydrated character could not get through. Not only aluminum fluoride, but mannitol sugar has been used to pull drugs through the brain barrier by Dr. Edward Neuwelt^L. Other sugars such as glucose and fructose in soda pop are expected to do the same. **We look on soda pop as ideal for aluminum fluoride transfer through the brain barrier.** The great increase in soda pop consumption in America since 1945 and the decline in milk consumption, together with the increase of fluoride and aluminum in US water could explain why **Alzheimers has become the 4th major cause of death in the US**. Since reduced blood flow in the brain is characteristic of Alzheimers^M, the neuron tangling by aluminum ion and the aluminum oxide plaque theory makes sense.

MERCURY

The fillings placed in the populations' teeth for nearly a century are called amalgams. **Amalgams are 50% mercury, 15-30% silver, 3-30% copper, 10% tin and 1% zinc^N.** 90% of all people are mercury sensitive^O. Sweden, under the National Health Board advisement, began

desisting from amalgam placing in 1990^P and Sweden and Germany now ban mercury as a dental filling material^Q. Instead, various plastic composites are now used to which patients are not allergic. Dr. Hal Huggins has made a thorough study of a great number of these composites^R, and although some are allergens, they do not have the mental incapacitating effect of mercury.

Alzheimers, epilepsy, Parkinsons, manganism, multiple sclerosis and hallucinations may be simply manifestations of different degrees of electrical interruption in the same or different locations in the brain, and symptom crossovers seem to be pretty common. Mercury amalgam removal has had a striking effect in alleviating these ailments in many cases. One filling can give a serious brain ailment and seven is almost sure to^S.

Alzheimers #1: One minister's wife had not spoken a word for 14 years. Ten days after her amalgam removal she mumbled something. Shocked, the minister said, "What did you say?" "Nothing," she shouted back. From that time forward she was able to converse normally^T. Many Alzheimers brain samples have 8x the mercury in the cerebral cortex as normal^I. This mercury derives from the vapor emerging from amalgam-filled teeth. Amalgam half life is 4 years^U.

Alzheimers #2: Tom Warren had his Alzheimers cured by amalgam removal. His CAT scan showed that the lesions on his brain were gone^V.

Chronic Fatigue Syndrome: A 16 year old boy was so fatigued he could attend school only every other day. Removal of a small pit filling permitted him to keep up with his peers within 3 weeks.^W We believe amalgam caused the electrical short in his brain.

Epilepsy: Susan, 11 years old, had seizures every 15 minutes for 6 months. She was immobilized and had 3 months to live. It took 4 persons to hold Susan down during the amalgam removal because of violent convulsions in the dental chair. In six days she woke up, the numbness in her body was gone, her brain was clear, and she could walk. By spring she was videotaped running the 100 yard dash in 14.8 seconds. The American Dental Association

executive said, "We are not impressed," and later declared the tape to be a fake. The brother of the sister said, "My sister had seizures, I know they were not faked."X

Hallucinations: Hallucinations are unreal "motion pictures" occurring in the brain. PK, 57 years old, had 27 amalgams removed and received chelation therapy, a process where ethylenediamine tetraacetic acid is administered I.V. to remove toxic metals from the blood. His dementia, which included headaches, hallucinations and other peculiar behavior, promptly ended and now, 12 years later, he is a sane, active and productive member of his community in Lakeland, FloridaY. Strep mutans in the mouth make methylmercury from mercury, and this is 100x more toxic than mercury. We believe that methylmercury because of its high activity may change neurons into methylated neurons, thus leading to short circuits. This short circuiting in the brain occurs also from electric current generated from voltage of alloys in the teeth. Gold is particularly bad in direct or indirect contact with amalgam inasmuch as it has the lowest EMF of any metal (EMF of Au -1.36; Ag -.80; Hg +.04; Ni .231; Cu .34)ZAA and thus would generate the highest current flow in the presence of an amalgam.

Multiple Sclerosis #1: Attributed to Mercury: Chuck Rekoske, former chairman of the Kansas MS Society had MS. Upon amalgam removal, he got to the point where he could play 3 sets of tennis with his teenage son--and beat himBB. Many MS patients have 8x higher mercury in the cerebrospinal fluid compared with neurologically healthy controlsI.

MS #2: Not attributed to mercury: CJ's MS began with a dangling toe at age 16 and his symptoms such as tremors, slurred speech, shuffling step, weakness and 40 brain spots added on up to age 61. No fluoride, aluminum or mercury of significance was in his diet, so these cannot be blamed for his MS. The only reason I can see for his MS is his history where between birth and 20 he consumed large quantities of rich Jersey ice cream and breathed large quantities of ammonia while cleaning chicken pens. It is possible that the sugar and ammonia opened his brain barrier to viruses and bacteria which did the rest. Fat plaques were also laid down to slow oxygen supply to the brain and CJ has had a quadruple bypass because of a

heart attack. He has stabilized his MS by nutrients, .5 mg klonopin for muscle spasm control, 200 mg amantadine or 400 mg symmetrel for flu protection, and B-12 shots for pernicious anemia^{CC}.

Parkinsons Disease: Parkinsons, which is characterized by lack of dopamine in the center of the brain. It can be controlled for about 3 years by that chemical whence serious deterioration sets in. The first symptoms are fatigue, trance, irritability and erratic behavior called "manganese madness^{DD}." There is then damage to brain cells that causes tremors that occur at rest, "pin rolling" movements of the fingers and a mask-like face. Other indications are a shuffling gait, a slightly bent over posture, rigid muscles, and weakness. The victim may drool, have a heavy appetite, be unable to stand heat, have oily skin, be emotionally unstable to the point of dementia, and have judgment problems. The syndrome is made worse by tiredness, excitement, and frustration^{EE}. There are headaches, impaired equilibrium and slurred speech. There is poor coordination and control of movements because of abnormality of nerves and fibers by destruction of cells of the basic ganglia of the brain. Cells are destroyed as well as dopamine in the substantia nigra basic where there are catecholominergic nerves^{FF}. There are hallucinations and compulsive acts^{GG}.

Parkinsons, Case 1: Huggins asserts he cured some cases of Parkinsons by amalgam removal combined with lower root decavitation.^{HH}

Parkinsons Related Manganism: manganism, caused by an excess of manganese in the brain, has identical symptoms and is indistinguishable from Parkinson's disease^{II} as described above.

In a study of the Devel Vocations Institute of Stanislaus, California, felons of average age 29 had an average manganese level of 2.20 ppm in hair tests compared to town controls of 0.30 ppm^{GG}. Apparently excess manganism predisposes one to criminality.^{JJ}

Groot Eylaudt "Island," Australia, where manganese is mined, has the highest rate in crime, arrests and incarcerations in Australia. The scalp and pubic hair of these people is 20

times higher in manganese than the control group from Sydney, Australia.

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It is not known where the manganese for manganism comes from. However, the clue we seek may lie in the data on convicted felons of the Devel Vocational Institute, Stanislaus, California. Apparently a common source of manganese is occurring in the young men who average 29 years. Since the symptoms of manganism and Parkinsonianism both come on slowly over a lifetime, the manganese source could be in the fluoridated water in coffee, tea, chocolate or cola drinks, in fast meals such as hot dogs or hamburgers, or in what one might call "junk" food or high sugar diets. Since criminality in individuals is known to be reduced by providing good nutrition using vitamin and mineral supplements, improved metabolism may slowly excrete the excess manganese and close the brain barrier.

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I believe with Parkinsonianism and manganism that (1) Excessive manganese in the diet with its specific function in the Krebs Cycle robs the brain and muscles of oxygen, leading to stupification and viral destruction of the brain. (2) Fluoride from fluoridated water destroys molecules such as cytochrome oxidase, cholinesterase, dopamine and other enzymes which make oxygen useful in the electrical and energy system. Older people, with poorer diet and a slower metabolic function, become more vulnerable. (3) Lack of vitamin C prevents synthesis of hydroxyproline from proline in biological production of cartilage and protein necessary for nerves, nerve sheath and muscle fiber production. (4) Lack of vitamin C prevents synthesis of antibodies which protect against viral destruction of the brain. (5) Vitamin C enhancement in the diet is known to lead to a small steady increase in IQ in people, perhaps because of increased oxygen production. (6) The function of oxygen, the enzymes which handle it, and the relation to electrical conductivity required for speech, mobility, equilibrium maintenance, facial expression and other normal functions is not known, but is held to be vitally important. Many negative physiological conditions such as enzyme destruction, fat plaques slowing hemoglobin flow, impaired breathing, etc., could be an explanation for both Parkinson's disease and manganism.

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PREVENTION AND RECOVERY FROM DEMENTIAS

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I believe several measures can achieve avoidance and perhaps cure of the above-described dementias caused through dentistry.

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- (1) Avoid all fluoride products.
- (2) Avoid soda pop put up in aluminum cans. Do not cook in aluminum ware.
- (3) Drink non-fluoridated water. Avoid drinks and foods put up in fluoridated cities.
- (4) Take 1000 mg calcium as an antidote for fluoride.
- (5) Take vitamin C daily, 4 grams, as an antidote for fluoride, for its nutritional value, and for its antiviral, antibacterial effect.
- (6) Take the RDA of all vitamins and minerals. Rare earth elements seem to add healthy years.
- (7) Take an adequate source of meat, milk and other good sources of protein for synthesis of nerve and muscle fiber. Proteins as well as certain amino acids may act as an antidote to remove fluoride from vital enzymes.
- (8) Find out the excessive sources of manganese and limit them.
- (9) Remove triglycerides (TG) from blood vessels through lecithin (gives lowered mixed melting point with TG and thus dissolves them). This complements a diet for fat reduction which has proven successful in some MS cases.
- (10) Get exercise to enhance oxygen supply and body function. Swimming is helpful.
- (11) Undergo hyperbaric oxygen therapy. It has helped many MS patients.
- (12) Eat vegetables which have required enzymes from hydroponic water, which has all the essential elements. Small amounts of these enzymes may have great impact.
- (13) Consider chelation therapy. Much success has been achieved alleviating Alzheimers and other dementias with chelation therapy through I.V. infusion. The ends of the EDTA molecule hook onto the toxic metal ion and remove it from the brain as well as other parts of the body. Since it is an acid it also should remove some fluoride from vital enzymes and reactivate them. The ethylenediamine acetic acid (EDTA) chelate will remove metals in decreasing order^L:

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1. Chromium	2+	7. Cadmium	2+
2. Iron	3+	8. Cobalt	2+
3. Mercury	2+	9. Aluminum	3+
4. Copper	2+	10. Iron	2+
5. Lead	2+	11. Manganese	2+
6. Zinc	2+	12. Calcium	2+
		13. Magnesium	2+

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At least 13 variants on EDTA have been used in medicine^{MM}, page 226. This gives the physician great options for removing a particular metal as well as fluoride from the patient by chelation therapy.

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The American College of Advancement in Medicine estimates at least 500,000 patients have received 10 million chelation treatments in the US^{NN}. Over 426 fully qualified US

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physicians are listed by address and telephone who are competent to administer chelation therapy^{OO}. It is claimed that chelation therapy with EDTA has never produced a single side effect. The clearance time for EDTA is half a day and infusions are carried out twice weekly for as long as a year on an out-patient basis. The cost could be as high as \$4,000 for a year presently^{PP}.

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GOOD TEETH
BIRTH TO
DEATH
THE PRESCRIPTION
FOR PERFECT TEETH
(SEE PAGE 34)

Revised Edition, 117 Pages
with added section on
Dementia from Dentistry
Examples Prevention and Cure
41 Page 2574 Word User Friendly Index

by Dr. Gerard F Judd Professor Chemist and Researcher
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The prime purpose of this book is to assure the greatest possible
education of children and adults in making sure their teeth are not
eroded

decayed or lost by following the simple regimen outlined therein

Gerard F Judd
January 9 1997

Death" and to sell, distribute or donate copies with no limitation.

REVISION OF "GOOD TEETH BIRTH TO DEATH"

Almost everything which anybody on earth does or writes needs to be
revised.

Knowledge increases; ignorance wanes. My book is no exception. I believe
in simplicity and

therefore try not to fix things which are not broken. When an error is
discovered, I need to update

my work.

Since the second edition of my book in 1997, I have learned many
important things about

teeth. But if I would just rewrite the book no one would know where new
knowledge replaced

the old. That's important.

Recently I wrote a 23-page document answering 300 questions that people
have asked me

about teeth. My answers are formulated in the best language of chemistry
I can give. The

document is new, and extremely important to tooth care.

But even this new document is not adequate to clarify my excellent
treatise, "Good Teeth

Birth to Death." I need to explain what is incorrect in the old version
so the reader will know

some of the very valuable things I have learned to improve it.

Error No 1: First of all, I used the term "tooth decay," a common term for
dentists, at

least 200 times. That was before I learned there is no such thing as
tooth (enamel) decay. There

are at least two evidences for this: (1) skeletons alter 5,000 or more years still have their original teeth even though exposed to bacteria and viruses in all kinds of conditions, and (2) there is no carbon in the calcium hydroxy phosphate (apatite) enamel and therefore viruses and bacteria, which both require carbon to exist, are defeated. All this in spite of the fact that dentists are publishing papers in technical journals about Streptococcic Mutans as though bacteria were eaters of enamel. This is false science. So much for tooth decay. If I had to replace the two words "tooth decay" in my book, they would be replaced with "tooth cavities." Tooth cavities are holes in the enamel that are caused by two things: (1) acids, and (2) dentists. Acids, having the highly positive hydrogen ion (H⁺), pull the highly negative phosphate ion (PO₄³⁻) out of the tooth, and with it the calcium (Ca²⁺). As for (2), dentists use probes to dig poorly formed crystals (plaque) off the teeth and frequently dig holes right through the enamel. A dentist did that to me. I still have the tooth and it gives me no trouble, but it was cut almost in half by a dentist's probe. Now we all know about acids, especially those having pH 1-3.5. Nothing else in the diet will dissolve or react with enamel. Eating is done quickly enough that bacteria do not have time to create acid from the food, so we need not worry at the dinner table about anything except acids. These are contacted with water or saliva (pH 6-7), which cause them to be chemically removed. Some examples of acid foods are lemons, grapefruit, rhubarb, coca cola, sprite, root beer and other drinks. The three prevalent acids in these foods or drinks are carbonic, phosphoric and oxalic. Error No 2: In my book I recommended to keep sugars off the teeth. Sometime after writing my book, I did an experiment, adding a hot concentrated solution of sucrose to calcium phosphate to observe whether it would have any dissolving effect. I washed the calcium phosphate again and again with the hot solution. My final conclusion was that sucrose has no significant action on teeth. This differs from my earlier conclusion and with the literature quoted on pages 24 and 25 in my book. I also did the experiment with saturated glucose and saturated fructose solutions, with the same result. Sugars do not damage teeth! My eating of candy bars has not affected my teeth!

Conclusion: From a chemical standpoint, I can safely say that sugars, non-acidic foods and bacteria cannot harm tooth enamel.

Error No 3: The third error in my book has to do with the word "dentine" I used the

word dentine to mean the center of the tooth. When I got curious and looked in Webster, I found the dentine is actually the enamel, the apatite, and the calcium hydroxy phosphate. Now that I know better, I call the middle of the teeth "pulp"

Error No 4: A fourth change may not be an error but just a thought. A mixture of

monosodium phosphate and disodium phosphate, 1/20'th teaspoon/da each, is probably better than lecithin, to provide phosphate for the body. Lecithin lowered triglycerides in my blood system from N200 to N50 and may have crinkled my arteries, thus accelerating my need for a quadruple bypass.

I need not discuss my outstanding book, "Good Teeth Birth to Death" further since it

required only the above four changes.

I have gleaned sources of help for those of you who want reasonably priced chemicals:

Ascorbic Acid 1-800-777-1324

\$17.25 delivered 2.2 lbs.

NaH₂PO₄ \$7.50/lb, Na₂HPO₄

Mono and di-sodium phosphate

\$7.50/lb, \$20. min, \$8.95 ship,

National Food grade

Triess-es 1-818-848-7838

Hydrogen peroxide 35%

Food Grade

\$8 per 12 oz; \$8. shipping

1-386-658-3757 Barmor

also \$18.45 1 pint delivered

David Latona: 1-888-813-4228

Oral Chelation 180 tabs, \$36.90

41 items Natures Aide

1-800-730-4145 artery cleaner

Hyaluronic acid 90 cap. \$41.90

7 items Purity Products

1-800-546-4665

old age symptoms

Vision Essentials 1-800-722-8008

Dr. Julian Whitaker

120 capsules \$41.98

Cod Liver Oil for arteries \$8.90

Puritans Pride 1-800-6451030

Gold Std Protein Pdr 1-800-708-3803

\$119 4 cans/4 lbs.

900 scoops, 44 days

Spectra (38) Greens Pdr

1-800-325-1776 DaVinci

\$34 for 30 days
Ruby Red (39 Huits) 1-800-943-6465
30 cal per sewing
\$65.85 for 90 days
Oil of Oregano 1-800-769-7873
\$36.90 13.5 ml delivered
Olive Oil Ozonide 1-250-368-6480
\$18/30 ml delivered
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The prime purpose of this book is to assure the greatest possible

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education of children and adults in making sure their teeth are not eroded, decayed or lost, by following the simple regimen outlined therein.

Gerard F. Judd

January 9, 1997

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page i

COVER PAGE: GOOD TEETH, BIRTH TO DEATH

Why was this book written? To bring to every human the secret of how to have strong, non-decaying teeth throughout their life.

How did I come upon the secret? I am a research chemist and I did not believe our Mayor should have contaminated our pure water with the nerve poison fluoride, which I felt sure could not possibly lower decay as he claimed. Through a study of fluoridation I was led to the study of the real

cause of tooth loss, of which I am now certain.

I now know that fluoride in drinking water doubles the decay rate of American teeth from 0.35 to 0.70 tooth per year by destroying the enzyme which allows flexible enamel to form. Thus fluoride is out forever as an adjunct to good teeth. =

I now know that the elements of tooth enamel must be replaced daily to prevent erosion away from the decayable dentine underneath.

I now know what major factors accelerate enamel loss and how to rule out their action. I have a 110-word regimen which will insure one's having

good teeth from birth to death, with no more decay. See page 34.

Good reading! Good teeth!

Gerard F. Judd, Ph.D., Chemistry

Professor of Chemistry 31 years at Phoenix Community College

Industrial Researcher 18 years

Researcher on Cancer Cure Chemicals

Received Award for Research on Manhattan Atomic Energy Project

Emeritus, American Chemical Society

Elected to Sigma Xi Research Fraternity

Member of Alpha Chi Sigma Professional Chemical Fraternity

Good Teeth, Birth to Death by Dr. Gerard F. Judd Self 1-10-97

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Good Teeth, Birth to Death 0

Why was this book written?

This book is written to reveal the secret that I have discovered about teeth. I have learned how to keep my natural teeth for my entire life, with no further erosion, fluorosis or decay. Since I am 74, and have 85% of my teeth, which are improving by the day, I feel qualified to give this instruction to you. If you find this instruction doesn't apply to you, please place this book in the hands of someone with tooth trouble.

15

What are some of my experiences up until 5 years ago which have turned me onto tackling the tooth problem? V

20

My own experiences with bad tooth pain and dentists whom I could not afford have for many years prompted me to wonder why I should have to endure such totally unnecessary trials. The great pain and mental anguish caused by my few toothaches have stimulated me to wonder at statements I have often heard: "Oh, decay is just a matter of genetics." "Some people have perfect teeth and no decay simply because of their inherited resistance." Why, I asked myself, does this have to be true? Or more importantly, perhaps it is not true. -

30

When I was at the University of Utah in 19423 as a poverty-stricken student, with a cold-sensitive tooth giving me great pain, I walked around the dentists' offices trying to find out how

35

much it would cost to have my tooth fixed. My wage of \$12 per month as janitor of the medical building was not sufficient to pay the \$30-\$50 it might cost to enter the dentist's chair. Although I asked at several offices, I never found a dentist I could talk to about money. After a lot more pain and waiting, I succumbed to one dentist whom I thought might be less greedy than the others. As I recall, he took a few minutes to fill my tooth with a silver-mercury filling, for

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page *I
\$20. I felt beat--more than a month's salary, for just 15 minutes of his time. With what would I buy my pencils, writing paper, books and school supplies? I felt the disparity in our salaries was beyond all reason, and I hated it. After all, I worked harder in my university studies than he worked in his office. It didn't make sense for him to earn \$1600-\$3200 per month and me only \$12. Other tragedies have also affected me as I have grown up and encountered this problem of

what I consider to be over-bloated salaries of greedy and often incompetent dentists. You might say, their attitude is charge all, or in fact more, than the traffic can bear. My mom as a young woman of 35 had arthritis and the dentist of our little town of Delta, Utah told her that this malady may be caused by her teeth. There was nothing wrong with her teeth, but she' was convinced by the dentist she should have them all pulled and be fitted with false teeth to end side infections. She went ahead with this, but her arthritis was not improved. She then had the additional defect and hurt of losing her natural teeth⁴'5. No doubt the cost of repairing single teeth then was about \$30, an exorbitant fee for a poor farmer. A dentist can always create a high lucrative income by the practice of x-raying the tooth, digging at the plaque, wiring cracked teeth together, grinding away and polishing the enamel, shaping down a tooth after root canals to mount a crown, building bridges or applying sealant which lasts only 6-8 years. Soon we must apply our own fillings, plastic seals and coverings. To worsen things nowadays, since most dentists are unable to do much but x-ray, fill and pull teeth, there will be 2 charges. one to the primary dentist and a second-repetitive examination and larger charge for the orlhodontist or specialist. This double charge is plundering America's pocketbook and taking advantage of insurance. All these alternatives to simple erosion repair keep a person poverty-stricken while adding to the inordinate salary of the dentists. Filling a

page 2

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tooth nowadays can cost \$70-\$100. Building a crown (a half-hour job) can cost from \$800- o \$1200. To me, no dentist is worth more than car repair shops whose rates are \$30-50 per hour⁶r⁷. The difference between the mechanic shops and a dentist's office is that dentists have 5 lobbied with legislatures in the states and federal government (while we have been asleep) to make sure no one can practice dentistry of even the simplest chores until they belong to a

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'dental union." Those belonging to this ostentatious group do everything according to a preconceived money extraction plan. Violators of the code will be busted with BATF-type gendarme equipped to exact conformity, whether the procedure is intelligent or stupid. Their 15 code is not free enterprise.

As children of poverty stricken farmers, whenever my brother and I had a primary tooth which was ready to come out, instead of going to the dentist my parents instructed us to pull it out ourselves. This often involved the painful process of 'fingering' the tooth out--or in A difficult cases attaching a string to the tooth and to the door knob and slamming the door. How much nicer it would have been to have gone to a dentist who wanted to work at 1/10 the prevailing rate and have him extract our teeth at a very small fee. It would have accorded him more work and at the same time helped us solve some nasty problems.

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The other day my son-in-law, who is in his 40's, told me he had no natural or false teeth. 'How come?' I asked. "Well, several years ago I had teeth that needed repair and I couldn't afford it, so I had them all pulled." 'How do you eat food now?' I asked. 'I gum it. In other

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words, I eat soft food which I can gum, swallow and digest." My son-in-law is indeed a poverty stricken father with a large family, and at this age has an even lesser chance to afford false teeth than when he was younger. There are dentists who are not busy that could help him in this regard if they wished. He doesn't want free dentistry, just fair cost dentistry. Instead, dentists are greedy. They pay the technician who prepares their artificial teeth about 1/10th of their

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page 3

I against fluoride, thereby intensifying my headaches and causing the disorienting illness. At any profit. But the dentists who are controlling prices would sooner go out of business than compete in the free market. I know people who go to Mexico for dental work because the quality there is good and the cost is more reasonable. . One other experience which I had intensified the urgency I have had to learn how to stop the unnecessary curse of tooth decay. It happened in the 1960's when I lived with my 8 children in Phoenix. I had not long prior had a debilitating, disorienting illness which put me on the floor at work, gasping for breath. I thought I would die, since I could not catch my breath. Along with this, I had the strange feeling of needles and pins in my arms, hands and face. It seemed as if my body was going dead. This malady I now attribute to allergy against fluoride in the Littlefield Park drinking water. I was drinking water heavily to hopefully offset allergic

headaches I had, which I now believe were also caused by
fluoride. 9.10.11. Costs for us with 20
several children had put our whole family in a serious poverty situation.
To save money I had
discontinued drinking milk, which I did not know or think about at the
time was a counteractant
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rate, sometime after my recovery, and still in this poverty state, I had
a molar-grinder
which was giving me a severe pulsing pain. I went to a Phoenix dentist
who told me it would cost
\$80-100 to till it. Rather than go into debt and pay this exorbitant bid
for the dentist's \$400 30
per hour salary (my school teacher's salary was about 1/25th this much at
the time), I found a
dentist in Sun Clty who would pull the tooth for \$20. My tooth was so
sturdy and well ensconced
as
in the roots that the dentist had to chisel it into 4 pieces to get it
out. In cleaning up. the
nurse accidentally vacuumed against my epiglottis, then pulled the rubber
off, leaving me with
the hurting, bruised, gland swollen to the size of a pigeon egg for
several weeks. The nurse and 40
dentist never even apologized for the action, but tried to hide from me
what had happened.

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page 4

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I have often thought how it would have been much nicer for that first
dentist to 0
offer to fill my sturdy tooth for \$20 and send me home. But there again,
monopolistic
dentistry ruined my chance to have that perfectly good tooth with me
today. 5
My own children and wife have also poured thousands of dollars of our
scarce money, and
accumulated debts, into what I consider to be unfair high cost dentistry-
money which could

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have been spent for a new roof (ours leaked). central air conditioning to
get out of the atrocious
Phoenix heat, and other necessities. In my opinion, all this work left my
wife and children with
medium to poor teeth and no idea of how to stop erosion and decay. This
experience has greatly

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intensified my desire to solve the tooth erosion and decay problem.
How did 3 bad Mayors and Councils of Phoenix intensify my Interest and _
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accelerate my desire to solve the tooth erosion and decay problem, and
finally
lead me to a viable solution?

In 1990 I met John Waughtal of Arizonans Against Fluoridation. He was collecting 25 names on an initiative petition for placing fluoridation of the Phoenix drinking water on the ballot, so citizens could vote it down. He told me a public hearing had been held earlier where Mayor Goddard and the city council had approved a fluoridation scheme orchestrated by a local 30 dentist, a health professional, Washington's HHS and Atlanta's CDC. This petition failed because of lack of effort and prejudice in not having fair news media coverage. Later in 1990 the 3 Mayor of Phoenix announced he was going to put fluoride into Phoenix water to "help the 5 children's teeth." He was replaced by Mayor Johnson, who falsely instructed that Phoenix was the last of 10 largest cities to fluoridate. (Los Angeles and San Antonio were not fluoridated.) 40 Before meeting Waughtal, I never realized such a wicked practice existed in America. The idea of putting a nerve poison like fluoride into our drinking water was a dreadful shock to me.

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page 5

It absolutely collided with principles of safety and common sense gained during my 18 years of extensive research experience. I worked with fluoride on the Manhattan Project (atom bomb) and researched on fluoroorganics at Purdue University. My personal experience with it left no doubt in my mind. Fluoride is a severe nerve poison. I knew how it felt when it crept down the nerve under my fingernail, killing each nerve cell as it proceeded to release the fluoride to the next cell. Also, my chemical experience told me that the intensely small negative fluoride ion would coordinate with iron and destroy hemoglobin, the very important enzyme involved in breathing. At that time I had a clear perception or inspiration that fluoride could not possibly be of any help in decay prevention. That Mayors Goddard, Johnson and Rimsza in succession could agree to contaminate our pure drinking water with a poison for no debacterialization or deinfestation purpose made me intensely angry and upset with them and their councils. As a result, John Waughtal and I met with Mayor Johnson. We provided him and the council with hundreds of documented studies proving that fluoride is of great harm to individual health and of no use in dentistry. At one point I asked, 'Mayor Johnson, if we now know through studying 39,207 students that putting fluoride

in the drinking water does not hinder decay, why would you want to put it into the water?' The Mayor just sat there staring, apparently not hearing a word I said. He deliberately ignored our pleas, because he already had an agenda. At that point I learned one more shocking reality. All the data we had provided was never even looked at, but was discarded. In the same manner, Goddard had completely ignored the advice of citizens given to him at the first hearing. I learned that these public officials listened only to the political voice of fluoridating authorities from Washington; they were not required to read anyone's facts or listen to any objections except those which emanated there. More specifically, Human Health Services in league with the Center for Disease Control personnel, were coordinating their money and efforts to make sure

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Phoenix was fluoridated without broadly informing the public, allowing fair public hearings or making available to the press any countering negative or missing relevant information. Later, in Tucson, I attended one of these put up jobs in a hearing conducted by their Mayor Miller. The meeting was a joke. HHS from Phoenix had hundreds of balloons suspended in the air, with *fluoride* written on them. Fully 1/2 of the hall was occupied by Human Health personnel from Phoenix, dressed in their natty official uniforms. Why did the Mayor not ask opposing citizens to likewise decorate the hall and dress up in similar official-looking attire? The agent who flew down from Atlanta presented a slide featuring a youth with a mouth full of black, broken and decayed teeth, which he declared was a result of a lack of fluoride in the child's drinking water. This was ludicrous, inasmuch as the ppm F in his drinking water was not even reported! There was also no report on what his diet consisted of, or any details about his tooth care. This points out another feature of these guilt-ridden government people we have nowadays. They think the public is too stupid to know what's going on. They also know that citizens are too poor to bring any legal action to stop them from wasting more taxpayers' money¹²; they thus get away with engaging in Nuremburg-type¹³ criminality. Since they also have police power over the courts (19 national cases have been ruled against plaintiffs seeking relief from fluoride), nothing under heaven will stop their projects, right or wrong.

I arrived early at the Tucson meeting and signed up as one of the first ones to speak. But the Mayor passed me over, and never did call on me. 'He did not want to hear the truth in that meeting. He was afraid of what I might say because of letters he had received from me. He also had already received money from the Federal Government and had installed the fluoride-dispensing equipment prior to the hearing. By his strategy, of course the measure passed.

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Later, when this fluoride delivery system was hooked up to the Tucson water system, the fluoridation caused millions of dollars' damage due to corrosion problems. Essentially, they ruined their formerly good pure water delivery system and caused severe financial problems for the city in solving new chemical problems and paying for new plumbing costs. Some 3 years later the system is still providing contaminated, colored, bad tasting water because fluo-

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ride has a descaling action. It removes fungus spot, rust, and every other contaminant that has been collecting for decades. Fluoride also doubles the rate of corrosion in iron pipes". The officials know it, but have never apologized for their gross mismanagement or the tax burden

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laid on the people. Nowadays our corrupt alien government never admits wrong, which it usually is at every turn.

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Has any evidence ever been given by dentists or others as to how teeth could be

kept up without erosion, fluorosis and decay?

The answer to this question is an emphatic no. This booklet is a first with reasoning and

proof

I delved into the books, literature and discussions with a large host of friends who were of

the same mind in the fluoridation battle in the US, Australia, New Zealand, Canada, Great Bri-

tain, Holland and Austria. incrementally, I realized there was hope in trying to prevent tooth

erosion and decay. Isabel Jansen¹⁵ sent me a book, 'Nutrition and Physical Degeneration,"¹⁶

by Weston A. Price, DDS, and his wife Florence. The couple had studied communities in Switzer-

land, the Hebrides, and tribes of Indians in Alaska. They found that isolated people who had to eat

natural food had about 1/15th the decay as those accessible to stores with refined carbohydrates 40

(carbohydrates include fructose, glucose and sucrose). The Price work was done before 1939.

when the 527-page book was first published. It seems apparent that American dentistry

completely ignored these workers with their prodigious research and brilliant thinking. More 45

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recently, Dean Bonlle, DDS from Canada. found the same phenomenon in Alaskan Indians and 0

South Sea Islanders". He discovered that teeth which should have been completely sound were

badly decayed in people on high carbohydrate diets. On the other hand, he found tribesmen and 5

Islanders with an absence of carbohydrate products in their diet with perfect teeth. Fortunately-

ly. the process is also reversible; that is, tribesmen with bad teeth when put on a good diet and

Bonlie's dentistry soon developed strong, non-decaying teeth. 10

I read reports of an orphanage in New Zealand where children had essentially no decay on

controlled diets. I read reports of Mennonites who had almost no decay and I wondered if it might 15

be because they had regular wholesome meals in their group kitchens, thus avoiding prolon-

ged tooth contact with dissolving foods. I read of military studies which showed that World War

11 soldiers from certain areas in New Jersey had low decay. I read that the people in Hereford, 20

Texas called it the 'town without a toothache' in 1942. This town had almost no decay, due

to their high milk consumption and soil richer in phosphate than any town in the US. Today

things have changed. Stores have imported high carbohydrate products to replace self produc- 25

tion. The town is now besieged with the same tooth troubles found in other American cities.

What proof do we have of the ruin of American teeth by fluoridation since 30

1944?

The 1993 November issue of the Journal of Public Health Dentistry (JPHD) 5, quoting the

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head of Human Resources Security Administration, cited a dental epidemic in the US. It report-

ed that 17-year-olds have 11 decays, 44-year-olds have 30 decays and 43% of those over 65

have no teeth at all. Blacks have twice this many decays. Poor people have twice this amount of 40

decay and the American Indians have 4 times this decay. This is a pretty poor record for

American Indian dentistry, because these "second class" citizens have been forcibly fluoridated

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and served by free dentistry on their reservations for 50 years. A blg part of US Public Health 0

(HHS) money is allocated for just this purpose. This ls a poor record for the American Dental

Association and their associates, since they have pushed fluoridation as the cure-all for dental 5

decay. How ln the world have Indians ended up with such poor teeth?

Not only does JPHD tell the story about bad teeth from fluoridation, but 4 studies within

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the last 23 years, involving 480,000 children of median age 12, tell an even stronger one. We

find 22% average increase in decay per 16 years In 12-year median age children when fluoride

was elevated from approximately 0 to 1.0 ppm in their drinking water. Japanese studies" 15

'showed that there was a 7% increase in decay for-21,000 children when fluoride was increased

from 0.3 to 1.0 ppm in their drinking water. 23,000 Tucson children20 drinking water with

1.0 ppm fluoride had 43% more decay than those with no fluoride in their water. The country 4 20

of lndla21 studied 400,000 children and found a 29% increase in decay in areas having 1.0 ppm

fluoride as opposed to those with 0. A National Institute of Dental Research study22 on 39,207

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children ln U.S. cities showed an approximate 5% increase in average decay in fluoridated

cities, assuming 0.4 ppm in non-F and 1.0 ppm in F areas. High decay towns showed a 10%

increase in the F over the non-F ones.

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Still further, there are entire nations that are completely non-fluoridated23 that have a

far better record of decay reduction over the 20-year period between 1965 and 1985 than the

US24.- Finland had a 98% reduction, Sweden an 82% reduction and Holland a 72% reduction. 35

The US, with all its fluoridated gels, swishes, toothpastes, brushing and flossing advice and

billions of dollars in federal subsidy. had only a 50% decrease. This 50% decrease would be

markedly lower if it included pockets of poverty stricken-blacks, illegal Mexicans and 40

American Indians, which it does not.

It is clear, then, that fluoridation in the US has been very harmful to the teeth of American

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page 10

citizens. I estimate that ol the people who have died in the US since 1945 (50 years), 50 0

million have lost all their teeth due to fluoride and 1.5 million of those over 65 still living have lost all their teeth due to fluoride. Of people who have reached 44 years of age since 1945, 15 estimate 50 million have had 90% of their teeth decayed because of fluoride. It is estimated 25 million of those over 44 now living have lost 90% of their teeth due to fluoridation. 17 million 10 of those under 17 years of age now living have had 33% of their teeth compromised by fluoride products. If we were to count the cost at \$80 per tooth, the cost of all decay since 1945 from fluoride, assuming an average of 50% decay, would be \$150 billion dollars. This is a total and 15 complete waste amounting to a per person loss of \$120021 The cost is very probably many times this due to the root canals, crowns, gum pockets, gingivitis and cracked teeth caused by fluoridation. All the addition of fluoride waste to drinking water has accomplished is subsidized 20 jobs for those on a wild goose chase, supposedly looking for a cure for caries.

What propels the false dentistry of fluoridation? 25

In 1951 President Harry Truman signed into effect a law²⁵ giving almost 'carte blanc'

money to dentists. Beginning with millions in subsidy in the 50's, the output for buildings, 30 annual programs, school gels; swishes. and tablet treatments and research grants has now

reached billions per year. President Reagan finished the carte blanc in his administration²⁷,

giving virtually all our health care management over to this subsidized industry. This money 35

has been totally wasted on chair warmers and non-thinkers.

For 50 years this huge concatenation of federal, state and municipal governments, private

agencies, numerous chemical companies in league with dental and medical authorities. chemical 40

and other textbook authors and researchers, along with the news media, have been pursuing a

wrong course in trying to reduce tooth decay with fluoride. One might even say that once the

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government got into tooth decay monopolies took over, and fluoride became a venerated symbol 0

of worship. The cure of tooth decay was actually doomed from their efforts. What actually

happened was, early in the 40's disinformation specialists from the chemical industry were

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planted in the government to invent a program to get rid of waste industrial fluoride. They

pursued the erroneous premise that fluoridation of drinking water would prevent tooth decay.

Soon the news media" crushed all opposition and cooperated in the big cover-up, until today 10

there is no mainstream news media that will carry a negative article or program about fluoride.

Today the F word is virtually unmentionable in the press or on TV.

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How did false science get into the tooth care picture?

Early studies which led down the false path of fluoridation were done by individuals who 20

were not scientists. Most of them were dentists seeking business and government subsidies or

other individuals who had a motive in selling huge stockpiles of crude, wet fluoride, industrial

waste which was stored in barrels that were corroding through. First the waste came from 25

companies which produced the great amount of aluminum necessary to make aircraft wings for

World War II. After that came phosphate fertilizer companies with their waste fluoride, their

rock being converted by sulfuric acid into hydrofluoric acid. This acid is now run into aqueous 30

sand to make fluorosilicic acid, which in turn is sold to cities to furnish fluoride, silica, lead,

cadmium and other sand contaminants to their water systems. Further, fluoride ensues from

steel production where it is used as a flux. Brick plants, petroleum plants and atomic energy 35

plants furnish further waste fluoride. Today this sand composite with fluoride trash is dump-

ed into 60% of our pure American water systems. The dental lobbyists and government are 40

trying to make this figure 100% by 2005. Research institutions (Mellon and Kettering) in the

past have contracted with vendors in order to sell chemical waste for a profit. Having the great

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reputation enjoyed by chemical foundations has permitted these and other entities to get away 00

with the false scheme of fluoridation of our drinking water.

In the 40's and 50's, the non-scientific dentists made superficial comparisons between 5

teeth in fluoridated and non-fluoridated communities. They quickly concluded there was certain

reduction in decay in the fluoridated communities. before finishing their sloppy 5-year compar-

isons. These values varied with their reports from as high as 80 to as low as 20. Being non- 10

scientific, these authors failed to report the exact ppm F in all the drinking water of tested resi-

dents in each of the cities. These non-scientists who were carrying out the surveys were not 15

sure fluoride was not higher with natural fluoride in some of the areas in the non-fluoridated cities than in the fluoridated cities. Was it 80% for 1 ppm difference or .1 ppm difference?

These non-scientific authors also did not report the time period of the decay reduction. You can't leave out critical data in a scientific study. Percent must correlate with a secondary or triple factor. Was it 50% for 1 year, 5 years, 50 years, or what? If it was 80% in 5 years, the decay left in 50 years would be $100(.2)^{10}$ or .0001% undecayed teeth. Thus, everyone at age 25 55 would have 100% of their teeth unaffected by decay, which is grossly invalid. We know of course there is no such thing as every American having 32 teeth intact, with no decay.

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What is the criminal nature of our government in this picture? No care was taken in these early investigations to study the true problem: the components of the teeth, and their relationship to the elements in drinking water, food and other supplements consumed by persons involved in the studies. Animals should have been used first in the studies so as not to harm anyone. Instead, agents of the federal government carried out an ill-spirited experiment on an unsuspecting public. This was done over the objection of a large number of creditable scientists, who knew it was

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recklessly violating a very important principle of the Nuremberg court set to try Nazi war criminals. Nazi criminals were executed according to the Nuremberg rules for experimenting on single or multiple human subjects, without their permission. Hitler implemented these human experiments in Germany. Unfortunately, President Truman and Congress, along with our chemical industry, implemented human experimentation in the US. The difference was, the US experiment was unscientific and a complete failure, whereas the Germans gained some profitable knowledge from their experiments in about 1/10 the time and with enormously fewer victims. We know for certain from a study involving 18 million people that there are a minimum of 61,000 US citizens killed by cancer annually due to fluoridation of drinking water"-32. The whole scheme of government intervention is an exercise in criminality. This criminal nature of our government has been confirmed in the last few years as I have tried to inform and

also get some action to correct the fluoridation problem. First of all, I have published 687 pages (4 volumes) of documented studies on the harm of fluoride to teeth and health. I also sent 4 copies of each volume to EPA as per their 2 requests (1990,1993) for updated information for the Federal Register. They failed to comment on any of my work. Presumably, the data was dumped. In a manner of speaking, they were stealing my time by making me work for them under false pretenses and for no good purpose. Secondly, I added these documents to the Library of Congress with 2 other books for Congressmen to read. Not one of the 550 Congressmen that I know of went across the street to read my books, although I informed every one of them. Thirdly, I wrote 5 separate letters to all 550 Congressmen, with 17 pages of information, which I asked them to comment on. Not one did. Fourthly, I called several offices of these senators and representatives, to get action. They were always inaccessible, so I left messages with their aides, which messages they chose to ignore. Fifthly, I wrote to every governor in the US 3 times with documented information and a request for comment. About 15 wrote me a noncommittal letter or a letter justifying fluoride as being widespread in the environment. Not one of them

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commented on the data.

As we see it, these gentlemen do not represent their constituents, but are simply crowding out around each other protecting their salaries, which range from \$100,000 per annum or 14 times the minimum wage for most governors to \$145,000 or 20 times the minimum wage for 5 senators and representatives. This does not count their reprehensible dips into the national treasury for retirement after a few years' service, or the double dip when retired military people enter Congress. Neither does it include office expenses, secretaries, other perks and fun junkets charged to the taxpayers. Furthermore, the executive and congressional expenditure of additional billions of dollars' subsidy to the dental profession for fluoridation has prevented the true knowledge and secret of tooth care to remain locked in laboratories of individuals seeking more funds for more fluoridation. Truly, all these governing individuals are making more and more average working Americans into a poverty-stricken people who now are beginning to look like the serfs of kings in the middle ages.

In order to clean house, these public officials need to be removed from office and sent home where they can do no harm. New ones need to be elected in the separate states to represent us at the city, state and federal levels, with salaries paid by the home states. The primary emphasis of the new crop should be to lower their salaries to minimum wage and take laws which bind us down off the Federal Register and state statutes. Laws need to be taken off the books which favor special interests. Laws need to be enacted to protect ordinary citizens as they work to make a living. There are thousands of citizen-detrimental laws which have been passed by Congress and the states to give advantages to large monopolistic combines and burden the small entrepreneur with taxes, a big detriment to the ordinary citizen. These current public servants should not be earning even the minimum wage of \$7100. In fact, for the harm they do, they should be paying us to occupy their positions.

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What great positive discovery have I made after 5 years of laboring against

HuoHdaUon?

My conclusion after 5 years of intense study is that one's teeth can be kept for a lifetime by

simple strategies that relate to what the teeth are. how they are constructed, and how they are

changing with the mouth environment and body nutrition. I am drawing on a life of extensive

research. publications, study and teaching of practical chemistry". I

have also read dozens of

books, and hundreds of articles sent to me about the subject. I have

published 687 pages of

documented studies which were sent to EPA and more than 60 others. I have discussed the

subject widely with a large number of scientists and lay people, and given talks in many cities.

I have in addition developed a rapid, accurate method of determining the amount of fluoride in

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water on small 2.5 ml samples.

What is the composition of teeth, and how does this affect what happens to them

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on a daily basis? '

The Merriam-Webster dictionary of 199337 defines the basic substance of tooth enamel,

apatite, as any of a group of calcium phosphate minerals occurring variously as hexagonal crystals,

as granular masses, or in ine-grained masses as the chief constituent of phosphate rock

and of bones and teeth. Enamel is a beautiful, flexible polymer of basically calcium phosphate.

A good tooth is comprised of an outer 1.5 mm layer of enamel, an inner layer of dentine, and 35

an inner-inner layer of pulp. In the center lies the nerve. Roots secure each tooth to the bone.

The outer enamel of a person on pure water and an adequate diet of milk and vegetables is

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comprised primarily of hydroxy apatite ($\text{Ca}_5(\text{PO}_4)_3\text{OH}$). Sharks, which are exposed to the

higher level of 1.3 ppm fluoride in the ocean, have teeth different from man and are primarily

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a composite of fluorapatite $\text{Ca}_5(\text{PO}_4)_3 \text{F}$. Dentists and others espousing the false fluoride .0

theory of dentistry say that fluorapatite has a lower solubility in acids. Therefore these

unknowledgeable technicians try to change tooth composition by crowding fluoride into the tooth 5

with gels containing 13,000 ppm fluoride. Keith Kantor, a child being treated in a dentist's

chair, was killed in McMinnville, Oregon last year when he swallowed half a teaspoon of this

nerve poison". His little brother was saved by administering calcium gluconate, an antidote. 10

Dr. Alben Schatz", discoverer of streptomycin, the first antibiotic cure for tuberculosis,

showed contrarily to dentists' assertions that sharks' teeth would dissolve just as well in citric 15

acid as non-fluoridated human teeth. Teeth can also contain small amounts of undesirable

chlorapatite ($\text{Ca}_5(\text{PO}_4)_3 \text{Cl}$), depending on a person's synthetic enzyme system and diet. The

1990 Handbook of Chemistry and Physics", pp 4-171 shows these 3 compounds having a 20

hexagonal crystal structure with cell measurements listed below:

formula a spacing cspacing cell vol molar vol x-ray density cal/bar 25

hydroxy $\text{Ca}_5(\text{PO}_4)_3\text{OH}$ 9.4180 6.883 528.7 154.2 3.155 3.805

apatite

fluor $\text{Ca}_5(\text{PO}_4)_3\text{F}$ 9.3684 6.884 523.25 157.56 3.2007 3.776

apatite 30

chlor $\text{Ca}_5(\text{PO}_4)_3\text{Cl}$ 9.6290 6.777 544.46 163.86 3.178 3.916

apatite

What can we learn about teeth from bones, which have essentially the same structure? 35

It is clear from medical studies that the bones undergo a transformation daily when there

is not enough calcium and phosphate. The hairline crack formation throughout the bones due to 40

that absence is called osteoporosis. Clearly, the calcium phosphate in the tooth is constantly

migrating out of the tooth and going to the bones and heart, the DNA and RNA, and wherever it is needed to replace that which is lost from the body. A supply can also migrate back into the tooth. 45

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How does the flexible structure of teeth become brittle?

Fluoride creates brittle teeth, as does any other alien ion entering the tooth's structure.

Fluorapatite (bogus enamel) is denser (harder) than the hydroxyapatite (true enamel) and has

different axis measurements and molar volume. This means that the crystals, while partially accommodating to true enamel, are different enough so the combination will sever and become

brittle. Therefore, modern dentists are busy wiring together cracked and broken teeth with gold

wire as the fluoride enters the tooth by fluoridation from water, gel, swish, brushing, etc. In

addition to the crystalline structure, enzymatic formation of enamel from calcium and

phosphate is polymeric in nature", giving it flexibility. This flexibility is destroyed when

other ions such as magnesium, iron, chromium, zinc, fluoride, sulfides or sulfates, enter the

structure. With 15 grams of magnesium alone in the plasma, some is destined to enter the tooth

in the absence of calcium. Magnesium in the tooth will make it brittle and an off-color white.

The dentine just inside the enamel is comprised of a still more flexible modified apatite

structure with more of an organic nature. It is this composite which is decay-prone. When

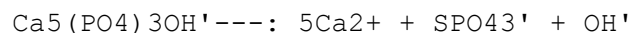
the dentine decay reaches the nerve, pain is felt. An empty root canal attracts bacteria: fill it

How does tooth erosion, the harbinger of decay, occur?

Daily, the calcium and phosphate of the enamel is migrating out of the teeth to the bones,

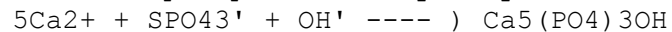
heart, brain and other places where it is needed. This is called by the dentists demineralization,

which occurs as follows:



This demineralization will leave a hole in the tooth if it is not accompanied by replacement

calcium, phosphate and hydroxyl, which occurs as follows:



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In other words, to prevent enamel erosion, which exposes the dentine and nerve, a daily supply of

calcium, phosphate and hydroxide (from water) must be supplied to the teeth.

What enzyme is needed for re-enamelization of the tooth? 5

Re-enamelization (remineralization) of the enamel requires the enzyme adenosine diphos-

phatase, as well as supplemental calcium and phosphate in the diet. Furthermore, remineralization of the dentine underneath the enamel requires calcium, phosphate and adenosine diphosphatase. Dentine has been shown to repair also, even after the onset of bacterial attack. Be aware, though, that re-enamealization (remineralization) cannot occur without adenosine diphosphatase and perhaps other enzymes. Fluoride destroys enzymes and is thus a blocker to re-enamealization. Do young people and adults have the same re-enamealization rate? Studies have shown that re-enamealization of the tooth occurs for both adults and young people. For young people age 6-12 years it is about 10 times that for adults. Furthermore, there is a difference in the rate of enamel regeneration between different individuals. This points to the great individuality of people where each person has a different quantity of vital enzymes due to the individual's specific genetic character. This genetic character expresses itself in every organic affliction of man, and each person's genetics must be supplemented with food and dietary supplements for proper maintenance of teeth and other aspects of health. This is especially true of teeth, where the enamel is always under subjection to the foods, fluoride and other items in which they are bathed.

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What is necessary to re-enamealize the teeth?

Let me make it perfectly clear. Unless one furnishes extra calcium daily in the diet, that person will be sacrificing his/her teeth. The improvement in tooth enamel by that expedient alone will be dramatic, as was shown on a recent study of 20,000 children in India on 1 ppm natural fluoridated water. 10,000 of the 12-year-olds were controls. The other 10,000, who received 800 mg of calcium daily, had 1/10 the decay and 1/3 the flucrosis of those who had no supplement. That experiment was done with calcium, which is known to be necessary to man by tests and observations on thousands of animals as well as people. Those without it will one day certainly have osteoporosis or hairline cracks in their bones. These cracks may lead to broken hips, a virtual death sentence for an older person. This experiment with calcium proves for once and all time what early dentists and government agents didn't know and even current dentists and government people don't know: supplementary calcium is necessary in the diet for

good teeth! Dietary calcium, about 1000 mg/day, is absolutely necessary for good teeth. These tamperers with fluoride should have had this knowledge half a century ago. They should have been engaged for this 50 years in making sure those who visit the dental offices and sit in the classrooms are sent home with a packet of calcium pills. The calcium pills must have vitamin D built into them to make certain the calcium is utilized to the fullest extent when present in the mouth and blood stream, along with the enzyme which permits placement in the beautiful flexible polymer. All is not known about the enzyme system necessary for this replacement, but we can be sure the enzyme will not be in the mouth if there is enough fluoride to compromise it. Fluoride breaks the important hydrogen bonds which keep the enzyme structure in place. thereby destroying its function. Dental papers have been written showing that fluoridated people have less replacement of enamel than the non-fluoridated ones, confirming the enzymatic loss. 41% of Americans have dental fluorosis⁴⁵, which is off-color brittle teeth.

page 20

What is U18 C8088 of f11.101'O\$6d lfld ITIOUIBU 188fh?

0

Fluorosis and mottling are conventionally seen as being caused in regions having 1.5-10 ppm fluoride in the drinking water. They can occur extensively, however, in regions where there is almost no fluoride in the drinking water. The teeth look bad, with their mixed black, brown, yellow and eggshell white hues in a chipped, broken state. There are many people in Buckeye and Yuma, Arizona who having consumed their natural high fluoride water, exhibit the characteristic black, crumbling teeth. In the US we now have 41% of the population with various hues of this ailment due to many factors, one of which most certainly is fluoride. The condition has grown worse as fluoridation of drinking water by our alien agencies of the US government has expanded. One can expect these hues, spots and chips in all but a few mouths. As calcium and phosphate migrate enzymatically in and out of the teeth, both externally on the tooth and internally in the tooth, alien ions can get into the tooth structure. If they do, the teeth will have off-color spots and a brittle structure. These alien ions come from the heart, muscles, liver, kidneys, bladder, brain, liver, skin, bones and just about any other part

of the body. They amount to about 7 pounds (4 liters) as measured from cadaver ashes. These elements are transported in and out of their organ, some rapidly, some slowly, and some extremely more slowly via the 144 pounds of water held in a 180 pound person. Some of these ions are very colorful and some are completely white. Some are fluorescent and give dazzling colors when viewed on colored TV. Examples are shown below

calcium sulfide	white
lead phosphate	white
calcium phosphate	white
lithium sulfide	white-yellow
chromium sulfide	bm-blk
lithium phosphate	cream
chromium phosphate	violet
magnesium sulfide	pale red-bm
cobalt sulfide	black
magnesium phosphate	gray
cobalt phosphate	reddish
manganese sulfide	gray
pink copper sulfide	black
manganese phosphate	gray
copper phosphate	blue
mercury sulfide	red
nickel sulfide	
nickel phosphate	
silver sulfide	
silver phosphate	
strontium sulfide	
strontium phosphate	
zinc sulfide	
zinc phosphate	

1 5

20

25

30

35

black

green

black

yellow

QFHY

white

white

white

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page 21

iron sulfide yellow mercury phosphate red 0

iron phosphate pink molybdenum sulfide gray

lead sulfide blue molybdenum phosphate yellow

We know that fluorosis is not caused by fluoride alone, because at least 9 huge studies found that 5

fluorosis victims had negligible amounts of fluoride in their drinking water, whereas victims in

9 other large studies had an equal amount of fluorosis in fluoridated areas

1-low can we avoid fluorosis and mottling?

If we look at a section of a tooth where fluorosis occurs, we see the following happening on a 15

d3"Y basis! The tooth is greatly

magnified. The holes

_ are the size of the ions

which leave (calcium

*bs

P 62"

Gaz. PO43' gd von? and Phosphate) and those20

*_ _____, _ fggfh E * which enter in the

9-7, _ enamel tooth to givelt a

S2'-----r color and make lt

,P PO43' C8s(P04)SOH brittle such as iron,

0* ls. _ 4-1-Cuz.; chromium, copper.

The exchange of ions _ ,f-P nmride' "nat" 'etc' 25

in the teeth is called Ca2+

quo,-o,' _ The _gl po" If calcium and phosphate

brimeness and me 5, \$3 W" Pfam* 'll' ="*"

chipping caused by it Po43_ Q03 of ions would not enter.

is called me i F' 5 fi'

ng. Ca2+ zn2* G 30

All one has to do is. make sure there is enough calcium and phosphate in their diet so that the 4

migration in is faster than out, and migration in is also faster than that of the alien ions stand-

ing by. Calcium and phosphate ions have an advantage over the other ions in that they are just 35

the right size and shape to fit into the vacant spot caused by the out migration. Taking 1000 mg

of calcium with D daily and one tablespoon of lecithin powder containing phosphate is a

simple enough expedient to completely eliminate this problem. Thus, if you want to appear in 40

movies or be a TV announcer with perfect white teeth, all you have to do is follow this advice

and the advice later on which will prevent rapid out migration. '

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A 1 I u ui 1 1 _

How do we know that phosphate migration Into the teeth ls Important? 0

Phosphate in the tooth ls linked to calcium ln the apatite (Ca5(PO4)3O1-1). When the apatite

5

leaves the teeth, a perfectly nonnal process, the following happens:

Ca5(PO4)3OH----: 5Ca2+ + SPO43- + OH-

lt is not possible because of balanced charge for calcium ion to come out of the tooth without -10

phosphate lon unless an alien metal companion lon slips in first. Thus, when calcium leaves,

phosphate also leaves. If dietary calcium and phosphate are sufficient. neither one will be at a

15

loss and the teeth will be perfect.

P045 Cas,

OA, N 032'\,0bP' Perlect enamel: the phosphate, 20

9 - Cast acaz* A calcium and hydroxide migrate

--P tooth (..____..PO4s- in as fast from the diet (1000

vo,-af Cas. a enamel Gaz, PO". mg Ca, 1300 mg PO4+=. OH.

'S' (from H2O) as they migrate

QOL Ca:____, , ca5(PO4)3oH (____cf:_Po43' out from the enamel. 25
on-s mil

Q

ca"- ' sl

vols' ,Fi to

Q * 35- OV.; 30

= ia.

Since a fluorosed legshell white) tooth is often due to the negative fluoride migrating back into 35 the tooth. this in itself ls proof that negative phosphate migrated out when there was a shortage of phosphate in the diet.

Hairline cracks in the bones (osteoporosis) of persons with calcium-deficient diets give 40 further evidence that the companion phosphate to keep the charge balanced is also gone. This condition is healed in a year or two by providing 1,3 g calcium and 1.5 g phosphate daily to the diet.

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If phosphate is present at the site, then the phosphate ion migrating out will be replaced by that

page 23

0

migrating in.

Dr. Dean A. Bonlie" confided to me that he felt (in opposltion tothe theory of many others in dentistry) that the dentlne and enamel were formed inside the tooth rather than outside 5

through intervention of adenosine dlphosphatase. I teel perfectly confident that both inside the tooth and outside on the surface new construction ls occurring constantly, even if at a slow rate. 10

Just the name--phosphatase--lays emphasis on the fact that phosphate ls involved and

needed in tooth construction. Furthermore, the early 1949 history of Hereford, Texas and its

high phosphate soil leading to almost no decay and reputation of a *town without a toothache' 15

points to the very vltal importance of dietary phosphate to the tooth. It also points out the

danger of not having enough present in body fluids so it can crowd out allen ions such as

fluoride. chloride, carbonate, sulfate and sulfide (F-- Cl-, CO32', SO42-, S2'). This would ' 20

weaken the tooth structure and make it more likely to dissolve and/or fracture.

Again, the advice to counter most of the nasty effect of fluorosis and mottling in the teeth is 25

to take 1000 mg of calcium with D and 1 tablespoon of powdered leclthln daily.

' By what process do fructose, glucose and sucrose sugars dissolve the teeth?

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The statement by various authors based on rat studies, that sugar does not cause caries, has challenged my absolutely firm knowledge that sugar can and does dissolve teeth. Sugar in high concentration kills bacteria, thus lowering decay. but contrariwise it will dissolve the teeth, 35 open channels to the more organic dentline and eventually cause more decay. A 45-page paper published recently* proves that fructose, glucose and sucrose form stable chelates with calcium. This means the teeth will dissolve. Chelation means claw, and aldehydic sugars sucrose, 40 fructose and glucose, have the 4-member structure which "claws" the calcium out of the teeth. Xylitose wood sugar, absent the chelating group, is harmless to teeth and as the Finlanders have 45

page 24

tound is an excellent additive to gum. candy and toothpaste. Chelation of calcium by aldehyde: 0

/ .Ca2+

o 5 \

OH

H 2 HO (DH 5

+ Ca * _..--)

H OH H OH

OH OH

fructose calcium ion chelated calcium 10

Fructose, glucose and sucrose chelate calcium. _

One must remember to rinse all sugary products olt the teeth ASAP to avoid dissolving the teeth 15

by chelation.

lt makes good sense to realize that lf the teeth have phosphate as part of their structure,

when the teeth erode and calcium leaves, some phosphate is going along for the ride. Lecithin is 20

a good source ofthe phosphate make-up as are a few other substances below.

Phosphorus, grams, In 100 g of food". Daily need Is approximately 1 g. 25

Soybean powder 1.5 Egg yolk .524

Cotton seed meal .743 Dried beans .470

' 30

Linseed meal .741 Almonds .465

Cheese .680 Wheat .423

How can acids dissolve phosphate out of the tooth? 35

We are all acquainted with acids and how they can dissolve rust, 'eat' metals, destroy the

skin and so on. The thing most people don't know is that they can also dissolve the teeth and 40

bones. Furthermore, most people do not know why acids are so different from other compounds

and why they do what they do. l will explain: A

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' ' r l I I r I n l Z I _

The proton of an acid is the hydrogen ion. In HCl, that is the H part. Therefore we have:

$\text{HCl} \rightarrow \text{H}^+ + \text{Cl}^-$ In water a change occurs: $\text{H}^+ + \text{H}_2\text{O} \rightarrow \text{H}_3\text{O}^+$

proton hydronium ion

hydrogen ion

Now if the proton was on a basketball. we would have a very small localized charge on any part

of the large surface:

basketball phosphate 4.6 \AA lithium 1.1 \AA proton 10^{-4} \AA

(9 inches)

ir * * *

surface 6.1×10^{-20} surface 1.5×10^{-2} surface $.14$ surface 3.5×10^5

charge charge charge charge

' on on on on

basketball phosphate lithium proton

The proton, a positive charge, is the smallest chemical ion in existence.

It is actually

$1/10,000$ the size of the hydrogen atom. If a charge is placed on this tiny proton. we have the

very intense surface density charge of 3.5×10^3 , compared to the normal charge density of

lithium ion of $.14$. This intense charge when placed on a tooth

immediately goes to the

triply negative phosphate and forms HPO_4^{2-} , which is then soluble in water.

insoluble in water -

/_ soluble in water

$\text{P}_2\text{O}_4 \text{ H}^+ \text{ HPO}_4^{2-}$

$\text{Ca}_5(\text{P}_2\text{O}_7)_3$

$\text{PO}_4^{3-} \text{ HPO}_4^{2-}$

The calcium ion follows right along, part of the tooth enamel is

dissolved. and the tooth enamel

becomes thinner. The nerve senses this, since heat will be lost sooner

through a thin wall than

a thick one. which accounts for cold-sensitive teeth.

*

moles charge/angstrom²

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What are some of the acids to watch out for when it comes to dissolving p

0

phosphate out of the teeth?

Perhaps the most damaging solid we eat is rhubarb, which contains quite strong oxalic acid. 5

Another fairly strong acid is phosphoric, which is added to certain fruit juice drinks. Lemon

juice, vitamin C and acetic acid (vinegar) are next in line. Carbonated drinks (carbonic acid), 10

though weak, are strong enough to dissolve the enamel off the teeth.

Studies with children prove

that children who drink soda pop 3 times a day have more caries (decay) than those who drink 1

pop per day". Sipping these drinks slowly over a period of time can be disastrous to teeth. 15

Eating chewable vitamin C is unwise. Inasmuch as both the sugar and the vitamin C (ascorbic acid) will dissolve the teeth. The rate of dissolution of teeth by acids is directly related to the strength of the acid, which in turn is determined by pH. Strengths of several acids are shown below. The smaller the pH, the stronger the acid and more corrosive to the teeth. Hydrochloric is the most corrosive and carbonic the least.

Acids, pH of 0.1 M solutions
hydrochloric 1.0 stomach 2.0 uric (in urine) 2.44 carbonic 3.7
oxalic 1.1 lemon 2.3 ascorbic (vit. C) 2.6 (soda pop) 3.0
phosphoric 1.6 hippuric 2.33 acetic (vinegar) 2.9
(in urine)

How can one avoid the severe erosion of tooth enamel by acids?
35

The answer as to protecting tooth enamel is simple: limit the time the acid can contact the teeth. Consume a drink rapidly and rinse out the mouth with water ASAP. People who have a high saliva flow in their mouth will have better teeth than those with a low flow, all other things being equal.

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since the acid can be more quickly rinsed off the teeth. Those people who make a lot of oxalic acid, as in kidney and gout victims, may have a problem with their teeth, solvable by taking the anti-gout pill called allopurinol, and taking sodium ascorbate. Diabetic persons who have a lot of sugar may also have a special problem with teeth, but this is solvable by replacing sugars with rice, potatoes, beans, peas and other slow acting carbohydrates with lesser potential to chelate. Acids from all sources need to be rinsed off the teeth ASAP.

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Why does fluoride sever the gums from the teeth, causing gum pockets and gingivitis? 15
Dental journals recently recorded that there was a great increase in 1-4 mm gum pockets, that is, places where the gums have severed from the teeth". The pockets become harbingers of 20 bacteria, viruses and other organisms leading to serious infection (gingivitis). Fluoride is known to ruin connective tissue in all parts of the body by breaking the hydrogen bonds. In other words, the protein structure of the gum is compromised by the fluoride from gels, tooth-paste, swishes, tablets and even fluoridated drinking water. It is strange that in all the chemical books proposing that fluoride retards decay, nothing is said about its side effects, which are very well known. Causing disconnection of gum tissue from the teeth is only one of 113 serious 30

ailments⁵¹ which have long been established for fluoride in drinking water. One such was a double blind study by 12 physicians establishing 13 side effects in 50 patients". 35

How can vitamin C restore gum tissue destroyed by fluoride?

Scurvy, the serious form of connective tissue disease, is caused by the lack of vitamin C 40

necessary to convert proline into hydroxyproline, an amino acid essential to the formation of connective tissue⁵². Therefore, by taking 4 grams of vitamin C (ascorbic acid); or even

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better, sodium or calcium ascorbate daily, this malady can be overcome. The National Research Council (NRC), formerly the group which very carefully set the

standards for vitamin and mineral nutrition, unfortunately is now a captive of government,

FDA, EPA and pharmaceutical company intervention. In recent years NRC has tried to lower the

RDA of vitamin C from 60 mg to 20 mg, in spite of the huge volume of evidence by Dr. Linus

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Pauling, 2-time Nobel prize winner, and others, that 4,000 mg daily is necessary for best

health. More recently NRC and EPA gave a clean bill of health to 4 ppm fluoride in drinking

water. Since we know from double blind studies that even 1.0 ppm causes severe allergic sym-

toms, there is obviously corruption in both NRC and EPA. Connective tissue of the teeth, back,

neck, veins, arteries and Achilles tendon is made stronger by vitamin C. Absence of vitamin C,

on the other hand, leads to trouble in all these areas, including bleeding gums, back trouble and 20

ruptured leg veins, when the shortage is severe. Vitamin C makes hydroxy proline for connec-

tive tissue. It also kills all viruses known to man when present in the right concentration". It

will at 15 grams per day kill tuberculosis bacteria⁵⁴. The Princes found tuberculosis plagued 25

children in all regions with high tooth decay, showing a metabolic link between the two. Su-

gars may feed the mycobacteria of tuberculosis. Vitamin C reacts with and removes fluoride

from the body, acts as a chain stopper for undesirable chemical reactions and may be a free 30

radical chain initiator for others. It builds the immune system overnight⁵⁵.

Simply stated, fluoride detaches the gum tissue and vitamin C reattaches it. When infection 35

is present, antibiotics should be used on site, and supplemented with vitamin C. The

C enhances immunity, while fluoride slows down and destroys the immune cells⁵⁵.

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What do we know about "risk factors" of government and chemical industry? The former head of EPA fluoride research, Dr. William Marcus, his former EPA Union head,

Dr. Robert Carton. and the present EPA Union head, Dr. Hirzy, made it clear there is no safe

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level of fluoride in our drinking water. Clear down at 0.1 ppm there are adverse medical and 0

dental effects. Marcus was fired from EPA for trying to expose the dangers of fluoridation. Mar-

cus' attorney forced the EPA to admit they had destroyed employment records illegally in order 5

to manufacture false evidence for his dismissal. Robert Reich, Secretary of Labor, finally inter-

ceded and told EPA to rehire him, pay him back wages and \$50,000 punitive damages and to

leave him alone. which they did after a prolonged battle⁵⁷. 10

EPA executives, the Surgeon General and President recently allowed the standard for fluo-

ride in drinking water to be elevated from 2.0 to 4.0 ppm. This is the amount which leads to - 15

crippling bone disease and ankylosing spondylitis in China⁵⁰. It seems obvious that neither in-

dustry nor the government is interested in setting a safe risk factor for this poisonous chemical. g

There have been articles in Chemical and Engineering News in 1995 proposing risk factors for 20

chemicals. In my view, this can be nothing but a thinly veiled plot to raise the amount of all

toxins allowed in American water, air, soil and food products to a level where the medical profes-

sion and public in their ignorance will not notice the side effects for 5 years. This is the time a 25

cancer cure is given to be in evidence after chemo treatment. Since the AMA, EPA, NRC and all

medicine and dentistry are unable to "detect" any side effects from fluoride at the present time,

we will be subject to a grand chemical feast. This will lead to undercover medical harm, which 30

medicine will falsely relegate to some other cause than the chemicals. A safer method of fluoride

disposal is to dump it into volcano sites where it is found in great abundance. Storage is another. 35

It was my experience in contacting the chief editor of Chemical and Engineering News about

fluoride that he had no interest in safety with regard to fluoride. He became rankled that I would try to provide him with any information on the subject which he might publish in their weekly 40 magazine. His profanity on the phone was abusive. In a word, the chemical industry, which runs Congress and the President is trying to make sure we fit the evolutionary theory of survival of the fittest by feeding us as much as 45 page 30

possible of the 30,000 chemicals now out there in the marketplace. Only people with superior genetics, diet and will power will make it through, and no one knows how mutants will appear or act. The most gifted, inspired and mentally competent persons among us may be destroyed

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from one ailment or another not detected by an incompetent and peer-led medical industry. Ford-ham reports access to medical services is increasing at the same time American health declines.

Fluoridation may be the reason. Industry says: "We'll provide the poison, you take the risk." 10

How can we prevent the practice of government and the chemical industry from

feeding us toxic chemicals, especially for the false cause of dentistry? 15

My idol is Paul Fievere. He got on his horse and took off with the message, 'The British are coming, the British are coming!' This type of warning is needed to get us busy passing the word 20

from person to person, until every last American knows about

fluoridation. We must talk to

each other more. With regard to fluoride, I personally converse in the market place. on the

street, to my neighbors, loved ones and others as follows: 25

Me: Have you heard of the racketeering going on in Washington with fluoride?

Them: No, I haven't. What is it?

Me: They're putting fluoride in our drinking water and telling us it will help our teeth. But it 30

doubles decay. Studies on 480,000 children prove that I

Them: Really? It does? I didn't know that I

Me: Yes, and it kills 61,000 people with cancer annually. Studies on 18 million people' prove it I 35

Them: How terrible! What can we do?

Me: Tell your friends and loved ones to stay off all fluoride products. I tells 2, 2-4. 4-8

and so on out to the 12th place. That's 8200 people. 80 people doing this daily will cover 40

240 million US citizens in one year. It is quite evident that all the technical studies

squirrelled away in libraries is not the answer. We must talk more to keep our freedom!

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page 3*

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Why should we take the RDA of all 20 vitamins and 26 minerals daily? Vitamin and mineral requirements for the body have been determined through experimentation on 10's of thousands of mice, rats, guinea pigs, monkeys and other species by ceaseless,

tireless and careful scientists. From this work, earlier and more reliable NRC personnel set reasonable RDA's based on research on critical health problems. Animals were deprived of

the particular vitamin or mineral to see what side effect would occur, and at what level. This

was then related to human need. We know, therefore, the RDA of these vitamins and minerals

necessary for best health, or in some cases, survival. RDA pills are cheap, non-toxic and natu-

ral to the body and almost guarantee we have suitable enzyme construction. For example, they

assure us we will have adenosine diphosphatase for tooth repair.

It is foolish not to take a one-a-day vitamin pill. Some professional nutritionists

try to convince people they can get adequate nutrients by eating right, which to them means

gauging carbohydrates, fats, fruits, protein and bulk in their meals. This is a foolhardy

approach. It would be an absolutely mind-boggling, unhappy experience to shop for groceries

only for the totality of good nutrition⁵⁹. Taking a one-a-day and a few other supplements such

as 4,000 mg C, 1000 mg E, 1000 mg Ca and 10 grams of lecithin powder cannot harm one and

will definitely make shopping a happier experience. One can consume at least 10x the RDA of

any vitamin or mineral without any side effects. No one has ever died from taking an overload of

vitamins, whereas many have died because of shortages. The body knows how to process these

natural items. Each person has a different enzyme load and taking a 6-cent vitamin pill may

cover a higher requirement one needs in some area.

Establishing a habit of taking an RDA, vitamin C and Ca is not easy, but all good habits

require planning and action. Missing a day or two is not going to hurt, but a consistent daily

pattern is going to reward one with better teeth and better health.

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Why do I use bar soap for brushing and find it to be superior to toothpaste? 0

This may be the hardest advice of all to take because it is mixed up with a faddist tradition that young children can have bad words washed out of their mouths permanently with soap. Bar soap, contrary to this stupid tradition, is not bad tasting when used in a small amount to brush the teeth. The soap is very pure and natural, since it is made from fat and sodium hydroxide. It is an excellent detergent, mixing insoluble oils on the tongue, inner cheek and teeth with the water and rinsing it away. Many germs are killed by its wetting ability. It is one component of toothpaste. Soap is used on Phoenix College and Aquaculture (Tempe) vegetation to kill insects by the same mechanism, that is, wetting their surface. Teeth which are cleaned and rinsed by bar soap are far cleaner than those cleaned with toothpaste which includes sugar, acid, chalk, silicates (sand), soap, fluoride, methyl benzoate (for a cool mouth), dyes, stabilizers, mixing agents and other contaminating chemicals. These badly contaminate the teeth and prevent good enamelization. The soap-cleaned crystal will enamelize better and build more perfectly. It is a given in making crystals in the laboratory that the solution they are made from must be free of all undesirable impurities, to get the beautiful perfect facets. In a word, bar soap is excellent, free of impurities, cheap, and superior as a toothbrushing agent. In brushing or tooth-picking, one should take care to dig out food left trapped by the gum and to remove pieces which act as bacterial growth media. This will create gum infection. One should not use liquid soaps, inasmuch as these synthetics are said to create hermaphrodites (species with both reproductive organs) from alligators subjected thereto in the swamps. What 110 word prescription can I follow to facilitate acquiring perfect teeth? 40p

Here it is: You can keep your teeth and gums in good condition your entire life if you daily implement the following simple rules: 45

page 33

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1. Take 1000 mg calcium with vitamin D. Supplement with milk, cheese, nuts, eggs. 0
2. Take 1/6 tsp of monosodium phosphate (800-344-2047) in 1" H2O. Supplement w root crops.
3. Rinse sugar and soda pop off teeth as soon as possible (tart acids destroy enamel rapidly). 5
4. Avoid all fluoride products. Avoid current toothpastes. They contain acid, sugar, fluoride,

chalk. silica. methyl benzoate, red & blue dyes, soap. mixing agents, and glycerol.

5. Take 4,000 mg vitamin C. Add 1 tsp C and 1/2 tsp baking soda to 1 inch water, let tizz, dilute. 10

6. Take the RDA (required daily allowance) of all vitamins and minerals.

7. Brush teeth with bar soap only, digging out all trapped food with a sharpened toothpick.

8. Be careful crunching hard material such as com kemels and ice. Teeth will break. 15

9. Take antibiotics (3 days). vitamin C and peroxide (1/5 tsp 35% in 1 cup water) for infection.

10. Think about the problem and consult on an individual basis. Your history and need is unique! 20

11. Study and avoid the unsolved contributors which may harm tooth enamel, such as fluoride.

Prologue: Are there any things we have overlooked?

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We 'believe we have not overlooked anything which will impact the teeth and cause them to

be seriously compromised. Nevertheless,.there is no such thing as not being able to improve on-

dental upkeep, so we suggest the following questions, which need answers: 30

1. What about saliva or mouth fluids? Does saliva have material in it which hastens enamel .

erosion? We do not know. Dietary metabolites flood the kidneys and to a smaller extent the

body. Perhaps there are some whichchelate teeth or dissolve teeth more than sugars and acids 35

we have enumerated. One of these was found to be oxalic acid produced in the urine. Two others

are uric acid and hippuric acid in urine. Urea is another compound found in large amount

t 4, 40

in the urine. These by-products may be build up significantly in blood and body fluids.

2. What if you are an immune-deficient person? Are you doomed to a life of tooth infection at

the roots, unless the teeth are removed? How can immunity be built up after taking the RDA of

45

page 34

all nutrients as well as supplemental doses of vitamins C, E and Ca? 0

3. If I am poor, shouldyl forego bread for RDA pills and lecithin until l'm financially better off?

4. What about plastic coatings? Can l do better with these? What is the cost? How long do they 5

last? Can I apply them myself?

5. How can the exorbitant fees of dentists come down so I can afford the dental work I need and

to

not have to pull all my teeth?

6. What do I do if I get a tooth knocked out? Now it is safe to get a new tooth bolted to the bone.

7. Can I live without teeth, even false ones? 15

If I have the simple answers to obtaining good teeth, why must I think about it?

1. Since the time of Adam, no one has come up with a plan which has to do with the chemistry of 20

good teeth and their perfect maintenance. You now have the pattern in your hand and the miracle

will be if you can implement it properly.

2. Here are given reasons after lots of study. You can see that after 50 years of fluoridation, 25

the biggest scientific failure in history has occurred due to the fraudulent system and the news

media which supports it. It is a fact that college professors and scientists have written many

chemistry books that support the fluoride myth. It is time for them to delete their errors. 30

3. Each and every person is a unique genetic entity with different amounts of enzymes⁶⁰,

different types of illnesses, different host viruses, bacteria, parasitism and fungal marauders. as

A good immune system specifies a good set of enzymes which in turn suggests a good intake of

essential vitamins and minerals. Habit pattern establishment is not an easy matter, even in

the most simple things. A spiritual power is necessary to manage one's own creature, and the 40

more spiritual a person is, the better the management. But do not give up. A good set of teeth at

age 20, 40, 60, 80 or even 100 is like a gift from heaven. 1

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page 35

1 1 . _ , , _g , _J _ vii [_ L;

Is there a list of chemicals and their relative toxicities so that I can tell what 0

the relative poisoning ability of fluoride and other chemicals is to enamel, gum

tissue, nerve tissue, muscle tissue, blood-vessel and immune cell-forming enzymes?

5

Our enzyme systems run all the various marvelous chemical reactions of our bodies, including

those that result in teeth formation and re-enzelization. Although fluoride is specific in

destroying enzymes by breaking secondary hydrogen bonding of the protein structures, there 10

are undoubtedly other complicated mechanisms which result in enzyme destruction by other

chemicals. Perhaps the lethality of chemicals will give clues as to the mechanism and especially¹⁵

the dangerousness of such chemicals. Therefore, a list was assembled from the literature of

chemicals and their LD5g (lethal dose mg/kg to kill 50% of a particular animal species).

This compilation on pages 57 and 58 of this report lists the lethality of 253 chemicals, 20

including the most poisonous chemical, botulinum (.0000003 mg/kg), through the least toxic, glucose (35,000 mg/kg).

Does strontium, the cousin of calcium lower decay? 25

Dr. George Waldbott (ref 9, p 191-0) brought together data from several cities which points

out the fact that strontium at 500 ppm, is an element which cuts decay in half and which we

30

may profit by having in our food and water; it is isomorphous and may avoid brittleness.:

Sr in water, ppm DMF Sr in water, ppm DMF'

2 0 8.1 5 00 3 .2

3 0 7.1 sooo 2.8 35

100 7.2 _ 2000 2.4

The biphosphate crystal is less soluble than that of calcium (i vs .02) and the fluoride is more

soluble than that of calcium (.012 vs .0016), thus maintaining the enamel (Lange HB 1946). 40

Magnesium, molybdenum vanadium and zinc are said (Waldbott ref 37947) to retard decay, but

may be objectionable because of color staining and embrittlement '

'Decayed, missing and filled teeth 45

page 36

Comments and References 0

1. Gerard F. Judd, Pho. southwest solutions, vol a, N6 4, 1995. pp s.a, Phoenix Az.

1-602-412-3955. A 1

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2. Gerard F. Judd, PhD. Environmental Agency solicited reports, v-1, _ Mar 31, 1990, 55 pp;

v 2, Feb 19. 1994, 272 pp: v-3, Feb za, 1994, 154 pp: v 4, July 29, 1994, 206 pp (total

volumes - 687 pp). Volumes can be found in libraries of Congress, Marquette Univ (WI),

Hillsdale College (MI), Phoenix City (AZ), EPA (WA), Fond du Lac (WI) Public Library and

Gerard F. Judd, 1-602-412-3955. 10

3. Dr. Judd graduated with honors and a BA from the Univ of Utah, an MS from Univ of Portland

(OR) and PhD from Purdue. He did post doctoral research and published on fluoroorganic

compounds at Purdue. He also studied fluoride on the Manhattan atomic energy project where he

learned fluoride was a severe nerve poison. He has learned after 6 years of intense study 15

(1990-1996) that .35 tooth loss per year due to decay is caused by fluoridation in the US and

another 0.35 tooth loss per year is due to sugar and acid dissolution of the teeth while

individuals are deprived of calcium and phosphate in the diet. '

4. My brother and I suffered no decay during our 17 years at home primarily as a result of a diet with plenty of milk, green vegetables (both have calcium and phosphate, the constituents of 20 teeth), very little sugar and soda pop. My mother drew inspiration on how to care for our teeth out of her own hard experiences.

5. Myron Alluklan, DDS, MPH (Boston Health Dept), J of Pub Hlth Dent, Nov. 1993, p. 45

reports: 43% of all Americans over 65 have no natural teeth; 44-year-olds have an average of 25

30 decayed surfaces; 17-year-olds have an average of 11 decayed surfaces.

Blacks and poverty

populations have 2x and American Indians (who have been 100% fluoridated 50 years) have 4x

this decay.

6. Root canal-crown work (less than an hour) costs \$800-\$1200, 10 times what it is worth.

My mechanic charges \$15 per hour, shop overhead is \$35 per hour and car parts which are far 30

more complicated than tooth fillings average around \$50. for a total of \$100.

7. A clear display of the price of every dental procedure should be in every office. South

Carolina requires this of physicians. It is the American way. Dentistry and medicine are anti-

free enterprise because of Union price fixing. People need to know prices up front.

8. Dr. George L. Waldbott's- book (see ref 9) lays out clearly these multiple allergies to fluoride.

The physician I went to was ignorant of fluoride allergies and wanted to run an exploratory

operation on my brain, which I refused.

35

9. George L. Waldbott, M.D. et al. "Fluoridation the Great Dilemma" @ 1978, Coronado Press, 40

Box 3232, Lawrence, Kansas 66044. Contact Dr. Albert W. Burgstahler, PhD. V

1-913-843-8677.

45

page 37

10. Headaches and disorientation, both symptoms of water fluoridation, are caused by fluoride 0

breaking the hydrogen bonds in cytochrome oxidase and phosphorus bonds in cholinesterases,

thus affecting oxygen supply and muscle relaxation. Fluoride is the smallest negative ion in the*

periodic table, giving it the highest negative surface charge, which explains how it breaks the

hydrogen bonds. (See refs 9 and 11). 5

11. S.L. Edwards et al, J of Biol Chem, Nov. 10, 1964, pp 12964-66.

12. L.E. Block, DDS, MPH, Univ of Minnesota Health Services. J of Pub Hlth Dent, v 46, No 4,

Fall 1986, pp 188-198 declares that out of 16 court cases against fluoride remanded to the 10 supreme court, not one was accepted. 19 cases in the lower courts were lost based mostly on the doctrine of city omniscience. stating the city has the police power to put whatever it wishes in city drinking water no matter whether it is harmful or not. One case against fluoridation was clearly won in the Pittsburg court by plaintiffs asking relief from fluoridation on the basis of proof by Dean Burk of the National Cancer Institute that 25,000 or more cases of cancer annually were caused by fluoridation. Judge Flaherty commanded the city to remove fluoride 15 from the water. Instead. the city remanded it to the District Court where plaintiffs were unable to afford further legal fees. At least 1 case (Madison Supreme Court) was thwarted by an administrative trick comprised of manufacturing a late application date after Memorial day. It is obvious that when it comes to fluoridation the courts are as crooked as a dog's hind leg.

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13. W.R.Cox, 'Hello Test Animals--Chinchillas or You and Your Grandchildren', @1953 Lee Foundation, Olson Publ Co.. Milwaukee, WI pp 150-151. Mr. Cox, who proved fluoride was creating small litters and small rabbits and gross death among his chinchillas presents the entire language of the Nuremberg rules on human experimentation applied against Hitler's main officers and personnel (see p 43). A copy of the book is in the possession of Dr. Gerard F. Judd, PhD. 1-602-412-3955. 25

14. Glen S.R. Walker, BS, ME, 'Fluoridation. Poison on Tap', @1982, Magenta Press, victoria. PP 264-266. os-592-soaa.

15. Isabel Jansen, RN and inventor of the Jansen x-ray pen wrote 'Fluoridation' @ 1990, Tri 30 State Press. Long Creek, S. Carolina, 29658. Jansen was the first to research 13,000 Antigo, WI death records and find fluoridation of their drinking water increased the average heart deaths 119% during a 9 year period (1970-1979) and 176% for those over age 65. 1-715-627-7079. 0

16. Weston A. Price, "Nutrition and Physical Degeneration", @ 1939, Citizens Print Shop, 35 1020 Campus Ave, Redlands CA. Now printed by Price-Pottenger Nutr Fdn, San Diego CA. 1-619-574-7763.

17. Dean Bonlie, DDS, private communication. 1-403-730-0883.

18. Reader's Digest, Feb 1943. Dr. Heard, DDS, mistakenly linked low decay in Hereford, TX 40

with 'black teeth". He admitted before he died he wished he had not done so, and that he had never seen anyone with good teeth but what he or she had drunk lots of milk.

19. Y. Imai, Jap. J. of Dental health 22, 144-96 (1972). G. F. Judd EPA Report No 2, P 244.

(See p_52 this report for curve of ppm F vs decay). ' . 45
page 38

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20. Cornelius Steellnck, PhD, Univ. of AZ Chem Dept, Illustration by Varner Steelinck. Chem. 0

and Eng. News Jan 27, 1992, p. 2; Sci News March 5. 1994, p 159. Gerard F. Judd, EPA v. 2,

Feb 1994, p 214. See L45 this report for curve of ppm F vs decay.

21. S.P.S. Teotla and M. Teotia, J. Fluoride, April 1994, p 61 (30 year study with 400,000 5

children). See_p__-1_6 this report for curve of ppm F vs decay.

22. J.A. Ylamouylannis, J. Fluoride, 23, #2, April 1990, pp 55-57; G. F. Judd. EPA v 2, pp

198-212. See Qp_41_andA_B, for data and p_5_9_ for curve showing ppm fluoride versus increase

in decay for average and high decay US. cities in the study of 39,207 school children. 10

23. H. Kalsbeek and G.H.W. Verrrips. J of Dent Res, 679 (55), p 729 (1990). See pp_5_Q for

data and p_5_1 for curves showing DMFT decline vs years in various countries in the world

compared to the U.S.

24. J.A. Ylamouyiannis, 'Fluoride the Aging Factor", @ 1986, Health Action Press, 6439 15

Taggart Rd, Delaware OH, p. 108 (data showing a Boston reduction in decay over 20 years of

50%).

25. The value \$1200 was calculated using \$80 per tooth times 15 teeth, which is the average

number of decays during 50 years due to fluoride. 20

26. Public Law 755, June 24, 1948 was signed into law by Harry S. Truman. Obtained

through Renee Malhatter. 1-202-225-2635.

27. Public Law 12608, Sept 9, 1987, signed into law by Ronald Reagan. 1 25

28. Our long association with the mainstream news media including all national and local

newspapers, radio and television show them to be 100% against discussing fluoride except to

say 'fluoride is going to be put ln your water." The disinformation program and cover-up

agencies include AMA, ADA, EPA, NRC, NIDR, NTS, HRSA, HHH, AmDiA, US President, Surgeon

General, Consumers Union, all state dental societies, all state medical societies, Chem and Eng 30

News, USA Today, all US Senators, all US representatives, and all governors. This is a little

weird considering fluoride is a nerve poison which has killed several children in the dentists' chairs, kidney patients on unfiltered fluoridated water, and one on water overfed with fluoride.

29. Gerard F. Judd, PhD (chemist), *The Grapevine* v 2, No. 17, April 1995, pp 1,3,5,9. 1-

602-264-9321; 1-eoz-412-3955. 35

30. Gerard F. Judd, PhD (chemist), *Health Freedom News*, May 1995, pp 10-13.

31. Gerard F. Judd, PhD (chemist), *Extraordinary Science*, JuVAug/Sep 1995, pp 31-34. 1-

719-475-2247; 1-602-412-3955. 40

32. Dean Burk, PhD (chemist), testifying before Congress, *Fluoridation News* v 26, no 1,

January-March 1980. In 1980 he said the adjusted cancer deaths were 40,000 per year,

1/10 of the total cancer mortality. 'He stated his data was fully corrected for age, sex and race.

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page 39

33. *Federal Register*, v 58, No 248, Wed. Dec 29. 1993, p 68826, 401 M SW Wash DC

20460. Ken Bailey 1-202-260-7571. Large numbers of citizens funneled a huge amount of

information to EPA. No comment was made by EPA on any of this counter-fluoridation data.

Instead, they contracted with the NRC (National Research Council) through puppet University

Professors to fake the problem to their desire, which was to continue fluoridation beyond 2000

AD. My calls to Ken Bailey at EPA connrms my declaration.

34. Gerard F. Judd, PhD (chemist), v 2, EPA. PP 11-26 (Feb 19,1994). My self-published

text, 'Chemistry for the Layman', now undergoing extensive revision, has been used for the

course 'Chemistry and Society' since 1970.

35. A 17-page vita of Gerard F. Judd is given in G.F. Judd, EPA v 2, p 2, Feb 19,1994 and a

list of 13 of important fluoride books Dr. Judd has studied are on pp 11-26.

36. This method of analysis has been developed so that in a few minutes fluoride samples can be

analyzed having as little as .005 ppm fluoride and as much as 13,000 ppm. The accuracy

varies from 1-5% and the time of analysis from 15 seconds (13,000) to 5 minutes (0.007).

This method has been highly successful in the laboratory for second semester general chemistry

students at Phoenix College (see p 52 this report for procedure)

37. E. Ward Gilman, director of delining, Merriam Webster Inc., Springfield MA, p. 53 (10th edition).

38. Ted Rowell, Flet. Military, 2523 NE Everett St, Portland OR 97232. 1-503-236-8376.

39. Dr. Alben Schatz was honored at Rutgers University in 1994 for his major part in winning the Nobel Prize for difficult research leading to the first cure for tuberculosis. Dr. Schatz also stopped fluoridation of Curico, Chile by the Kellogg Corporation by proving it was a failure in helping teeth. meanwhile causing a 104% increase in infant deaths and 244% increase in congenital malformations over the non-fluoridated San Fernando. Albert Schatz, PhD (chemistry), Special Issue on Fluoridation, J of Arts, Sci and Hum, v 2, No 1, Jan 1976.

The American Dental Association rejected the papers of Dr. Schatz by mailing them back unopened 3 times without comment, proving the ADA is irresponsible and corrupt.

40. Handbook of Chem and Physics, 52nd edition, 1971-72, Chemical Rubber Co; 2000 Corporate Blvd, Boca Raton, FL 33431.

41. Gerard F. Judd, EPA v 2, p 137, CA 5-37; CA 1989, 37084a; 1-602-412-3955.

Carbonate ion, magnesium ion and fluoride ion change the critical growth of the c-axis of octacalcium phosphate, causing flake-like rather than ribbon-like crystals.

42. John Poldyak, Pres. Adv. Devel Inc. (xylitose research and development), 702 Mary St., Box 1010, Mt. Pleasant MI, 48804-1010. 1-517-773-1250.

43. The enzymes are listed on g_agg_5_3 along with references, reduction, increase or static state with fluoride and in several cases, the amount of fluoride necessary to have the effect. For

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page 40

example, cholinesterase is compromised at .0095 ppm and calcium adenosine diphosphatase at 0 .00037 ppm of fluoride.

44. S. Kortel Ainen and Markku Larmas, Scand J Dent Res 1994, 102:30-3. This article

proves (1) fluoride lowers apposition of enamel and (2) young rats have 10x the enamel _ 5

apposition (deposition of layers) as adult rats.

45. Christopher Clark, BS, DDS, MPH, ABDPH, Can Dent J 272-8 (1993). 21 studies are

given here. Fluoridated areas (12) average 41% fluorosis. Non-fluoridated areas (1) average 25% fluorosis. 10

46. Stephen J Angyal, Adv in Carb Chem and Biochem 41, 1989, pp 1-43.

47. Benjamin Harrow, Textbook of Biochemistry, @1943, W.B. Saunders Co., p 407.

48. AJ. Ismael et al, JADA ma, 1984, pp 241-244. _ 15

. Francis Frech. Population Renewal, 36 W 59th St, KC, MO 64113, 2 pages. Christina

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Gorman, Time, Aug 9, 1993, p 54; Dr. Burt, DDS, HHH, JADA v 125, March 1994, pp 274-

279, Ann Arbor Mich 48109-2029.

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50. Fluoridatlon News, Jan 1987, p 1. J. Emsley, J Am Chem Soc 24-28, Jan 1981 where is

given energy of HF-HF, NH--F and OH--F bonds. New Scientist p 211, 22, Jan 1981.

Describe- cytochrome oxidase secondary bond breaking by fluoride. S.L. Edwards et al, J.B.C.

259 (21), Nov 10, 1984, pp 12964-12968, x-ray proof of cytochrome oxidase secondary

bond breaking by fluoride. Gerard F. Judd, Ph D, EPA vol 4, July 1994, pp 198-201.

Discussion of H-bond energies and effect of the strong NH--F and OH--F bond on enzyme

destruction. 1-602-412-3955.

51. List of 113 ailments from fluoride, taken from data in EPA vs 1-4 and other information

cited therein. 1-602-412-3955. (See p 54).

30

52. Linus Pauling, Vitamin C, the Common Cold and the Flu, p 44. @1970, 1976 by W.H.

Freeman and Company. 1-602-412-3955.

53. Linus Pauling, Vitamin C and the Common Cold and the Flu, p xi, WH Freeman and Company

@ 1970-76 (Pauling says many viruses including influenza, hepatitis and other viruses are

subject to C). Robert F. Cathcart, MD, reprint, protocol 325-325, Medical Hypotheses

14:423-433 (1984). Longman Group UK Ltd @ 1984 by Churchill Livingstone. (Describes

suppression of helper-c cell destruction and cure of Aids using 50-200 grams of C per 24

hours). 1-415-949-2822. (Basically these articles say vitamin C suppresses all viruses

known to man).

40

54. Irwin Stone, The Healing Factor, Vitamin C Against Disease, pp 439, 83. @1972. Grossett

and Dunlap, NY in cooperation with Whitehall, Hadlyme and Smith Inc.

(Describes electrifyng

experiment of curing 516 TB terminal patients with 15 g of vitamin C per day.) Kills all

viruses known to man.

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55. lrwln Stone, lbid, p 49; personal communication from Linus Pauling at Phoenix College

address. (The immune system is built up overnight with vitamin C).

56. Sheila L.M. Gibson, M.D., BSc. MF Hom, Flesearch Physician. Glasgow Homeopathic

Hospital, Glasgow. Scotland, G120NF1. 0114441-339-0382. Also Gerard F. Judd, EPA vol 2,

pp 194-196. (Demonstrates Inhibition of leukocyte migration at fluoride concentrations of

0.5 ppm.) 1-602-412-3955. .

57. Gary Lee, Washington Post Feb 8. 1994. Tells about firing of Wm Marcus May, 1992 by

EPA due to his revelations on fluoride toxicity to humans. It tells of his belated reinstatement

with court costs, \$50,000 penalty recovery by the court and Robert C. Reich, Secretary of

Labor demand he be reinstated, but only after a protracted 3 year battle and severe economic

conditions on Marcus. The court case proved EPA destroyed Marcus' vital employment records

in their attempt to hide fluoride harm from the public by firing him.

This is another case of

serious governmental corruption. 1-602-412-3955.

58. Environmental Health Perspectives. pp 127-244, Feb 1994, NIH

Publication 93-218,

HHS, PO Box 122233, Research Triangle Park, NC 27709, USA 919-541-5377.

(Picture of

man with ankylosing spondylitis (severely bowed back) like most of the villagers in a China

province who were drinking water at 4 ppm fluoride) (p_5_3_).

59. Gerard F. Judd, list of all vitamins and minerals now considered necessary in nutrition

with amounts required and effects in the diet. 1-602-412-3955.

(S_e_e_p__5_6,).

page 42

The Nuremburg Rules (rules to sentence Hitler's collaborators to death)

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Requirements for Human Experimentation

1. The voluntary consent of the human subject is absolutely essential.

This means that the person

involved should have legal capacity to consent; should be so situated as to be able to exercise free

power of choice, without the intervention of any element of force, fraud, deceit, duress, overreaching 5

or other ulterior form of constraint or coercion; and should have

sufficient knowledge and

comprehension of the elements of the subject matter involved as to enable him to make an

understanding and enlightened decision. This latter element requires that before the acceptance of an affirmative decision by the experimental subject there should be made known to him the nature, duration, and purpose of the experiment; the method and means by which it is to be conducted; all 10 inconveniences and hazards reasonable to be expected; and the effects upon his health or person which may possibly come from his participation in the experiment.

The duty and responsibility for ascertaining the quality of the consent rests upon each individual who initiates, directs, or engages in the experiment. It is a personal duty and responsibility which may not be delegated to another with impunity. 15

2. The experiment should be such as to yield fruitful results for the good of society, unprocurable by other methods or means of study, and not random and unnecessary in nature.

3. The experiment should be so designed and based on the results of animal experimentation and a knowledge of the natural history of the disease or other problem under study that the anticipated 20 results will justify the performance of the experiment.

4. The experiment should be so conducted as to avoid all unnecessary physical and mental suffering and injury.

5. No experiment should be conducted where there is a prior reason to believe that death or disabling 25 injury will occur; except, perhaps, in those experiments where the experimental physicians also serve as subjects.

6. The degree of risk to be taken should never exceed that determined by the humanitarian importance of the problem to be solved by the experiment. -

' 30

7. Proper preparations should be made and adequate facilities provided to protect the experimental subject against even remote possibilities of injury, disability, or death.

8. The experiment should be conducted only by scientifically qualified persons. The highest degree of skill and care should be required through all stages of the experiment of those who conduct or engage in the experiment. 35

9. During the course of the experiment the human subject should be at liberty to bring the experiment to an end if he has reached the physical or mental state where continuation of the experiment seems to him to be impossible.

10. During the course of the experiment the scientists in charge must be prepared to terminate the 40 experiment at any stage, if he has probable cause to believe, in the exercise of good faith, superior

skill, and careful judgment required of him that a continuation of the experiment is likely to result in injury, disability, or death to the experimental subject.

Book: Hello, Test Animals...Chinchillas or you and your Grandchildren by W.R. Cox, 1953, Printed by the Olsen Publishing Co.. Milwaukee, Wis. . 45
Copyright, 1953, Lee Foundation for Nutritional Research, Milwaukee, VWS.pages 150-15113

page 43

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Chil-

ren 60

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decay so

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Curve showing more fluoride, more decay

Increase in decay (average, 4 studies) = 22%, 1 ppm F increase

Agnes studied 5-17 (median age-13) (8 years to median)

11%/8 yrs 22%/16 yrs 100%/73 yrs

Study of Japanese Nation, 22,000 school Children, 1972

2 Children with Decay VS IDDTU Fluoride

S89p38.1Bf19

1.

- Deoeylnereeeewlthlppmf\worldelnoene=7%

0 -5 1_0 2.0 3.0

DDITI F\U01'ldE

Jepeneee etudy, 1972, p 244,

Judd report, volume 2:

0.0 ppm 90

0.1 ppm 70

0.2 ppm 52

0.3 ppm 38

0.4 ppm 41

0.5 ppm 42

0.6 ppm 43

1.0 ppm 44

1.5 ppm 46

2.0 ppm 48

2.5 ppm 54

3.0 ppm 55

The increasing decay with lessening amounts of fluoride between 0.3 Bhd 0.0 is felt due to diminishing calcium in the same water. The rather nlgn rate of decay of the Japanese children compared to Tucson children could be for the same reason, ie lowered calcium in

the diet.

Calcium and fluoride would both increase between 0.3 and 3.0. the calcium would tend to lower decay the f\U0!'lGe lf1C1"E358S it.

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page 44

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Chl!-

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decay

90L

Curve showing more fluoride, more decay 0

Increase in decay (average, 4 studies) I- 22%. 1 ppm F lnoreese

Ages studied 5-17 (median age 13) (8 years to medhn)

11%/BYU 2211/1syrs 100%/rays swpagnzo 5

Study or Tucson Elemehlafy Chlldfeh, 1992

- 2 Children wltn Decay vs Dom Fluoride 10

L 29,000 students

15

20

D'"Yl'\9N110Wl!h1 ppmfluodde lnoreeee =43%

- 25

0 -5 1.0 2.0 3.0

_ DDITI F\U01"ide 30

Steellnok study, 1992, p 214

Judd report. volume 2

35

0.0 ppm 6.0

0.2 ppm 1 1

0.3 ppm 1 5

0.4 ppm 2 3

0.5 ppm 2 6

0.6 ppm 3 0 40

0.7 ppm 33

0.8 ppm 3 7

0.9 ppm 4 0

1.0 Dpm 4 3

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page 45

Curve showing more fluoride, more decay o

'"C"'l" in UCUIY (lvomge. 4 SIUUHS) _ 22%, f

Ages studied 5-17 (median ago 13) (8 yoor: Zapzozignrsruse

11%/8 vw 22%/16 yn 100%/73 yr; 5
 Q0 1- Study of 0.4 million children in Mazatlan, 1973-1993, O
 so _ X Children with Decay vs ppm Fluoride
 sr.
 chu- 70 seep39.rBf21
 nn as
 pm; 60 -'
 dooay
 .50 -'
 40 " 2"
 30 .. Decay in areas with 1 ppm fluoride in 1973 = 27%
 20 as
 10 -A
 o
 0 -5 1.0 2.0 3.0 30
 ppm Fluoride
 as
 SPS Teotla and M Teotl. Journal of Fluoride, April, 1994, p. 61 (30 year
 study with 0.4 million children).
 40
 0.7 ppm fluoride, 33.0% caries (15 year olds)
 2. as ppm fluoride. 12.6% caries (15 year olds)
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 page 46
 FLUORIDATED VS NON-FLUORIDATED CITIES
 % STUDENTS WITH DECAY S* '39-M22 1''''''**Y*
 (NIDR Study, 1988) Determined by State by Gerard F. Judd, Ph. D., April
 12, 1995)
 1. FALL. IN: e11 68.1 32. F MD Prince Georges 52.0 62. NFPASHemlock 67.8
 2. F AL Tuscaloosa 68.0 83. NF MD Allegheny 61.7 63.* F PA Philadelphia
 74.0
 64. F PA Philadelphia 66.8
 3. NF GA Cullman 80.8 34. F MI Dearborn 73.7 65. F PA Pittsburg 65.9
 4. NFCA Chowchilla 67.0 35. F MI Bullock Creek 63.3 10
 5. NFCA LA 67.8 36. PF MI Lakeshore 67.4 66. PF SD Bismarck 72.2
 6. FCASF 63.8 37. FMIGreenville 74.7
 7. NFCA Lodi 67.0 36. PF M Lincoln Park 75.9 67.. PFTN Knoxville 66.7
 6. NFCA Contoocook 58.3 39. F MI Brown County 77.5 68. PFTN Memphis 66.9
 9. FOOCherryCreek 63.5 40. F IL Berridge 70.7 69. F TN Meryale 77.11
 10. NF00 Canon Olly 66.9
 41. PF MO Holcomb 59.7 70. F TX BPAO 56.5
 11. NFCT Brooklyn 52.4 42. F MO St Louis 60.9 71. PFTX Houston 58.2
 12. PFCT Plainville 60.7 72. F TX Andrews 64.2
 43. PFMSMedford 73.6 73. NFTX Cold Springs 66.2
 13. NFFL Martineau 59.0 74. F TX Fort Stockton 66.6 20
 14. NF FL Palm Beech 65.5 44. PF NE Blue Hill 74) _ 70.4 75. NFTX Sen
 Antone 60.7
 15. PFFL Merlonco 71.2 45. PFNE Gendle (srn 59.3 76. PFTX Allen 61.3
 rc. NF NE unolnrs) ea.s 77. Pr='rx nrngsur 71.3
 16. NF I-11 (I-lewlls) 76.6
 47. NF NJ E0ren 62.0 78. NF UTTOoeI8 75.7
 17. F 11. Beer: hPark 64.8 46. NF NJ Lakewood 62.0 25
 18. F IL Alton 62.4 49. NF NJ Newark 64.1 79. F VA Richmond 54.4
 19. F IN Clarksville 59.6 50. F NY NY-2 65.1 80. PF VT Springheld 75) 87.9

51. F NY NY-1 62.1 81. PFV'l'Sup Unlon #47 73.9
20. NFKS Buhler 55.3 52. NFNY NewPallz 65.2
21. F KS Ft Scott 61.8 53. NF NYWyendenk 65.3 82. NF WAKltsap 57.1
22. NF K8 Wlchlte 66.5 54. NF NY Mlbrock 67.8 83. PF WA Bethel 65.7
23. NF KS Newton 68.9
. 55. F Ol-1 Cleveland 60.1. 84. F Wl Milwaukee 70.1
24. PFLANewOrlee.ne 72.6 56. F Ol-1Alllence 55.4
25. PF LA Concordia Co 87.6
57. F OKTulee 65.5 These reeulte prove very
26. PF MA Lewrenoe(63) 82.4 elmller decay occurs ln
27. PF MA Taunton (em) 69.0 56. NF ORAbline 63.3 Ghllldflh In F Or NF
ctilee.

za. Nr=rw\cmoopoo es.s ss. nroncaovofooro sae Hleh dmv Gill" (66-5 -
29_ PF MA unooln/(71) 62.2 87.5%) hlV0 9.34% I'l\01\
Sudberry(60) 60. PF PA Cerrbrldge 12] decay In the chlldren who
ao. PF MA Norwood eo.1 er. NF PA crmom 71.5 dflnlnt flvvfldlifd water-
31. PF MA Marlboro 59.1
Average 96 decay ln fluoridated chlldren: 3639/54 e 67.4%. Average %
decay ln non-lluorldated
chlldren 1954/30 - 65.1%. One can conclude ln this studythat 5.68%
lncreeee ln decey reeulte
from elevetlng tluorlde to 1.0 ppm ln drlnklng weter. This ls remarkable
slnce hlgh-F. hlgh
empoverlshed, hlgh decay areas such cs Washington, DC and the American
lndlans were omitted.

Page

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CITIES WITH HIGH TOOTH DECAY AND CIT! WITH LOW TOOTH DECAY
EFFECT OF FLUORIDATION ON BOTH s"p39 M22 (MDR study)
(%Deceywhlehoocunlnpennanemteethol8-17yearoldedurlngllyeare)
(Hlgh decay cltlee: 8F:75.2: 8 Non-F: 71.0; Low decay cltlee: 8F:57.3; 8
Non-F: 58.8)

21 TOP DECAY CITIES 1 OF TCP DECAY F-CITIES I, OF TOP DECAY NON-F CITIES
%deeyloregee8-17 %deoytorqoe8-17 %deeyloragee8-17
PFCAConoordla 87.8 PFCAConoordle 87.8 NFCACutler/Orool 80.8
NFCAGtlII8fl0l'00l10.8 Fmnyvm 77.1 NFHI me 'U
F 1'N Ihryvole 77.1 F PAPHllodeblle74.0 NF UT Tooele 75.7
NF HI 78.8 PF Vt 8q:Unlon 73.8 NF PA Crawford 71.8
NFUTTooele 75.7 F Mlbearborn 73.7 NFNyMllbrook 87.8
F PA Phlledobhle 74.0 PF MSMedhonCo 73.8 NF CA Lodl 87.0
' PFVT 8tp.Unlon 73.8 PF PAConbrh 72.8 NF CA Chowohlle 87.0
FMlDeerbom 73.7 PFLANnrOrleone72.8 NFTXColdeprlнге 88.2
PFMSMedleonCo 73.8 PF H. AhrlonC0_.Z1.2 NFCOCenonClty 88.8
PFPACorri:rlle 72.8
PFLA NewOrleane 72.8 F+PF Avenger 75.2 NFAvera9o. 71.0
NFPA Crawford 71.8
PFFL MarltonCo 71.2 Fromlbovooneeondudeel.0ppmlIuorlrdotlonlnorleaeedooy
F Ml Berrldgo 70.7 8.34%lnlnahghdecly8-Wegopopuletton. ACF* end
F Wl Mllwultee 70.1 PO43- doflolenoy In thee dlete explelne the hlgh
decay.
F AL Tueeeloeeo 88.0
PF VTSprlrqlleld 87.8 [OF LOW DECAY-FCITIES [OF LOW DECAY NON-F CITIES
NF NYMllbrook 87.8 %egee8-17\vithdooy %qee8-17wlthdeoey
NF CALodl 87.0

NFCAChowchlllla 87.0 F M)PrlnoeGeorge 52.0 NFCTBrooklyn 52.4
 I NF 1'XCold Springs 88.2 F VA Richmond 54.0 NF KS Buhler 55.3
 NF COCanon Clty 88.8 F OH Allanoo 55.4 NF WA Kitsap 57.1
 NF KS Wichita 88.5 F TX ElPaeo 56.5 NF CA Conojo 58.3
 I PF TX Houston 58.3 NF OR Cloverdale 58.8
 21 LOW DECAY C111 PF MA Marlboro 58.3 NF FL Martln Co 58.0
 %Doeaylorages8-17 F IN Clarksville 58.8 NF IDAlloghony 81.7
 PF MOI-loloorrb 58.7 NF NJ EOrln9o 82.0
 FMDPrlnooGeor9o52.0 F OHClovelend _Egg NFNJLakewood_2,Q
 NF CT Brooklyn 52.4
 F VA Rlchmond 54.4 F+ PF Average 57.3 NF Average 58.8
 F OH Allllanoe 55.4
 NFKS Buhler 55.3
 Fromlbove,onomlghtoonoludethet1.0ppml'luorldoroduoodecey
 F TX ElPuo 58.5 2.1% ln low-decoy children ages 8-17. 1-lowovor, thle
 could be
 NF WA Kltse 57.1 from :slightly higher calcium and phosphate ln the dlote
 oldte huor-
 NF CA Conejo 58.3 ldated ohildron. Fluorlde le eertoln not to decrveeo
 doooy.
 PF TX Houston 58.3
 NFOFlCllovordale 58.8
 11\osolowdocoychlldronprobablyhavomoroCaIclumandphosphate4o
 NFFLMartlnCo 58.0 lntholrdiotthanthohlghdocayonosatthotopofthopage.
 PF NE Grndlsland 58.3
 PF MA Marboro 58.3 F CT Plalnvlllo 80.7 F KS FtSoott 81.8
 F IN Clarksville 58.8 PF KS Ft Scott 81.8 F lL Alton 82.4
 PF MO Holoorrb 58.7 F MO St Loula 80.8 NFNJ E_0mngo 82.0
 PF MA Norwood 60.1 NF MD Allegheny 81.7 NFNJ Lakewood 82.0
 page 48
 as
 Chil-
 YIII
 with
 decay
 Curve showlng more fluoride, more decay 0
 lncreeee in deny (average. 4 studies) s 22%. 1 ppm F increase
 Ages studied 5-17 (fnedhn age 13) (8 years to median)
 4 11%/Gyn 22%/16yrs 100%/73Yl'\ 5
 sas p 39. ral 22 (NIDR study). Judd compilation
 Study of 38,907 US children, by National Institute ol Dental Research 10
 % Children with Decay vs ppm Fluoride*
 90-L John Ylamouylannls, J Fluorlde 23 #2 April 1990, p 61 '90
 A lhllltdeoy cltles) 'so 15
 '* 75.2
 Y- 71.0 gg *70
 35.1 1 . (avege eltlea) 67-160 20
 "ay i"""" with 1 PPM lluorlde increase for 9-F. 9 non-F so
 = (Wh dmv =w-1 - lZ5.2.:L..9lLJQ - 9-6% .')
 .60 x 73.1
 .A0
 "NY M3330 with 1 ppm lluonde increase tor 54-F, 30 non-F cltiv _Bo 25
 = (avege cltles) 3 467,41 - Q.1);100 - sms
 .60 X 66.2 _ao

-\ 0 30

0

04 0.5 o.e 0.1 0_8 0-9 1-0

ppm Fluoride 35

Non-fluoridated (0.4 ppm)

Fluoridated (1.0 ppm)

40

'Assumes average non-Uuoridated community has 0.4 ppm lluoride.

The US study (NIDR) did not report ppm F in the water ot the 84 cities studied. Furthermore, highly tluoridated. poverty populations such as Washington, DC. where one would expect large deny rates, were not reported. Neither were the 100% tluoridated Amerinn Indians with their 45 4x higher deny rate. lt is all the more remarkable, therefore, that a 5.4%

increase in students with deny me observed when adding '1 ppm fluoride to the water supply. Nine fluoridated cities with high deny had 10% more deny than 9 equivalent non-fluoridated cities.

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Adjusted DMFI' Indices of 12 Year Old Children by 4

I

Country 70-74 75-79 80-84 85-8

Netherlands 7.1 5.4 3.8 2.2

Switzerland - - - - - 2.4

Sweden 9.0 5.0' 5.5 2.7

Fin and - - 6.9 3.7 2.8

'Norway - - _ _ _ 2.9

l_1_a_1 4.2 4.3 3_.D.

Denmark - - - - - 3.0

lre and - - - - 3.0 ' - -

United Kingdom 4.8 3.0 - -

Bu garia - - 3.4 3.1

Belgium ' - - 3.9 3.3

7 uses - - 3_5

Portugal 3.8

German DR - - 3.8

I Spain - - 4.2

France 5.4 4.2

Poland - - 4.3

Greece - - - - 4.4

_ Iceland 8.7 8.0 4.9

Germany FR 6.3 6.0 - -

I Hungary - - - - 5.0

Yugoslavia 6.9 6.1

Albania - - - - 5.9 - -

"H. Kalsbeek and GHW Verrrips, JDFI 69 (SS), p 729 (1990)

Year Periods'

8

see p 39, reference 23

page 50

Adjusted DMFT Indices of I2Year Old Children by 4 Year PerIods* 0

, P d I

9 '- weden S N511-IsnLANos uwshe " N90

_ SWEDEN see 3g'm

8 Netner\ a s O FINLAND D mms 23

7 - ' Finlan = FR GERMANY 5
 -= 77 DR GERMANY ; U55p
 DMFT5 "' *I -FR Germany .
 S - o
 ___ U R Germany
 4 'med SIEIBS (Bgsgon) also USSR 10
 3 ._
 2 1.
 1 . _ Fmiand 98 NBIIIBIIBIIUS 72 **YIamOuyianni\$. 'TIIB A0500
 Sweden 82 'US"* P0 FacInf', ' pael08.Q1?86 ' ' 15
 70-74 75-79 80-84 85-88 89-92 92-95
 ' _ ,I
 9 =UNITED KINGDOM
 3 - OCZECI-IOSLOVAKIA
 D SWITZERLAND 20
 7 " FInI3'\d O ITALY
 5 - UBELGIUM
 DMFT5 _ 2?,1f;," 'Q yunmcs
 _ 'wg WE- France Czech? (I Damn
 4 ___ BEIGE- SIOVZKIB 25
 3 - /5witZerIa'Id(I point)
 2 = "'
 1 ._
 I I I I I I 30
 70-74 75-79 80-84 85-88 89-92 92-95
 9 U PORTUGAL
 'mam ' O BULGARIA
 8 '=' I'-12 ICELAND
 7 _ (I D Int) U IQELANQ 35
 6 ___ vugosIavIa CQ SPAIN
 DMFTS 1 YUGOSLAVIA
 4 ___ ' ,Portugal (one point)
 D
 /Ireland (one Domt) 40
 3 9 -' BuIgar\a(2 DOIDCSI
 2 '- I
 I -
 I
 I I I I I 45
 70-74 75-79 80-84 BS-88 89-92 92"95
 *H. KaIsbeekandGHw verrIps,JDR 69(SS). D 729 (1990)

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Determination of Fluoride with Lanthanum Fluoride Electrode

Procedure: The lanthanum fluoride electrode and mercury cell electrodes are immersed in 2.5

mL of unknown mixed with 2.5 mL of aluminum complexing agent FAD2 in a 20 mL beaker. A

reading is taken when the drift of the voltmeter is less than .1 millivolt per 3 seconds.

Stirring of the solution, wiping the electrode or washing with water between runs causes

undesirable drift in the electrode. Simply wash the electrode with the solution to be determined.

Brushing the electrode with toothpaste as is done in some analytical laboratories was found to be useless in regeneration or stabilization of the electrode. In fact it did more harm than good in the experimentation we carried out.

The dry electrode must always be given a chance to equilibrate and become steady at the concentration range desired. There will always be some drift between runs, and even more when changing to a widely different concentration such as changing from .05 to 1 ppm.

Two standard solutions within 0.1 ppm on either side of the concentration run are then measured in the same manner. A simple linear plot is then made of the standard concentrations

vs voltage and the unknown approximated from the curve. Accuracy will be #1-5% depending

on the concentration. Drift is greater at very low concentrations and reduces accuracy. Values

have been run within 5% down to .007 ppm.

For greater mathematical accuracy, since the plot of concentration vs voltage is not linear.

greater precision will be had by calculating the unknown concentration from the two standards

using the equation

$dC/C = -kE$ or $\log C = -kE$ or integrating, $\log C_2/C_1 = -(E_2 - E_1)$.

The electrode should always be put away dry and protected with a plastic membrane over the

epoxy-encased lanthanum fluoride. The electrode should not be left immersed in solution for

any time except that necessary for the measurements. This will insure its stability and

longevity. -

1. The electrode is produced by Coming and is a crystal of lanthanum fluoride encased in epoxy.

2 The FAD is a mixture of glacial acetic acid, sodium chloride and sodium hydroxide containing

the aluminum chelating agent CDTA. The number is Coming 478172.

3. The standards are made up from pure, dried sodium fluoride and stored in rigid polyethylene

or some other plastic bottles. Glass will not do, since fluoride attacks the silica.

Gerard F. Judd 3-8-96

page 52

ee ENZYMES DECREASED BY r=1_uonlDE 0

EnzymeehArimaICeI\adeaeaed-d,haeaaed4orUnaIlered-uabyFluorIde.

Decirrtalleconoemralivniihhidt

AcIIonTakeePIace. JF-JoumdHuerIde,CA-

CherriraIAberracl.ReIerenoeaIour\dInJuddEPA.voI_2.Feb19,

1994. WIGOUQwl\

O\ll.'F\lUHl11C\.fl@ll!m@I1111'wKnG\lHw3lkOf.'P0'80I'\G\T1D,P343-

1. Acetate dehydrogenase '

.F 48-1. d 23% .1.

2. Acetate producer en-

zyme, Wk. d 1.9.
3. Add gtyearophosphate
Wk34\d .114.
4. Add drenyl phosphatase,
.F 38-1, d .5.
5. Add pheepharaae, JF 48-
2, d-15-100; CA 42-1. d .01
5. Adeneelnemonophoa-
pl!! JF 52-1 I
CA N-4 nc 19.
7. Adenoatnemonophoa-
phaie amino hydrolaae
.IF 50-5 I 5. d 50.
8. Adenoelnedlphoapha-
taae. No reference yer.
9. Adenosine trtphoaphatnee
Ile* ldv): JF 4a-2
I 15-100: 38-2 d,
52-1 d.Wkd .19.
10. Adenylah cydaee. JF 50-
2. 50-2.52-1.2 dee CA 12-
5 d. 296 d. 32-1 d.
11. Alanine aminotransferase.
.O-I0naaeCA12-5.d.
.cilD11'1C.wk
d 19.
.cyiodrrome peren-
Idaae..N\lSdFeh
198420.
28.Deoxynudeleadd-
aeeCA13-2I.
27. Enolleo. CA 8-2 doo
38:Wkd 19.
28. Erythrocyte Inor-
91'*9lYYf0Ph0l#\l'
raae. W 150 d .39.
29. Ferrooxidaee. CA
Z-2 d ml.
. Fructoe-1,6-phov
phalii JF 52-1d .
31 . Glucose-8-phem
phataee JF 52-1 I ;
CA 41-5 d .
Glue-6-phoap. dehy-
dogenaee. JF 9-4 d ,
12-41:52-1d;CA
4-1 I , 41-5 d .
Gluooeylrranaferaae.
CA 40-2 I _
7GSTenzymeed 1.0.
Iaodtrame dehydfv-
geneee. .F 124 d ,
Wkd .019.
I-Iepade eereraee

JF-4d 13:wIr
d .011.
Human aalrvary phoe-
phataae. Wk d 3.8.
Iaodtnc dehydrogen-
eae. W 151 I .
I.ae1Ie add dehydro-
geneee. Wkd 19.
Laedc dehydrogenase.
JF 48-2 deb: CA 41-5
I 380;4-1 d 203
d 30.
LDH Iyaoenzyme. .IF
35-2:CA 41-6 380.
sa. upozyme. CA 41-6
d380.
Llpaae (liver esteraee)
OA 40-5 d .0011 W150
d .011.
Lyalne pepaam. JF 46-2.
Magnesium Ion (eftect
55. 5-Phosphogluconaie
dehydrogenase. JF 5
52-1 I .
Phoephollpaae-c.
'CA 10-1.
67. ter-
aee. M1 d .19. 10
Phoephoproteln-
phosphatase CA 35-5
d 4.7.
69. PHOOPHMYIDIYI phoe-
70.
phetaae. CA 11-2. ua.
Phoaphotyroyalpre-
amprmpr\mucA15
71.
72.
73.
74.
75.
7-5, 11-2 no eIIeeL
Plaemelemrna phoe-
PhvPf0\=If\ WNW-
tase. JF 52-1 I .
KATP. CA 18-5 d _
Pyrophosphatase. 20
CA 5-4 d .4, and .1.
Wk d 1.9.
Pyruvame Idnaee.
CA 52-1 d . CA 4-1
d .
RNase (ribonucle-

CA 15-3 I. GluouronIdaae. .F on Caand phosphate). .CA- ue). JF 52-1. 40-1.25
12. Alanine. ca so-a 4. ae-1 4 .e as-1. 75_ Sglivgry .eu
13- Alfllfl Pfbivhlfiil- Gluarronyt trans- 14g2'.Zn2* enzymes d Wagga", w15o
JF 52-1 d. Ieraee. JF 52-4 d . JF 10-1, 4 3_g_
14. Amylaae. JF 43-5 I. 35. Glutamate dehydro- Mg ATM" CA 41-5 4 ; 77_ Shgp bnin glu-
0A20-41- efwe-04154121 cms-se. unumqnauu.
15. ASPINID amlnotrana- 37. Glutarric oxalaoetle Mn2+, Mm. complex. Wk 4_95_ 30
leraae.CA15-31. lraneamInaae.F48-2d. 051544, 75_5d_-,imgmurm
16. catdfiation enzyme. 38. Gmanlne synthetase ogugbrggue wid 91191. CA 3.2 4 33,
Wkd.19. Wkdec1.93W150d. phaIael.CA39-6d 1.9. 79. NaATP. CA18-5 d.
17. Cddum ATPase. 39. GIYWUUI PNOUPHOW' (di)POPU4YIdlPlPiidaae 50. Suacinic ATPase.
CA 18-5 d. Iaae. CA 38-5 I 20. II. CA 14-6 d .01. CA 42-1 d .01.
15. Cshoric anhydraee 40. Glutanic pyrwlw trans- Phenylphospharaee. 31, sueeink: dehydro-
Wkd.119. aninaae..F48-2d. 'JF 3-1. genaSe._JF_48-2d 35
19. Clboxyiaae Wk 190. 41. Gluhthlone S-lrane- Phoaphataae. Wk1.9 dec. 15; CA 41-5, d 350
20. cholneetlaee, Hunan Ieraee. JF 523 d 1.0 Wk d 19-190. CA 41-5. will, \Na.,W 150 d .0095. GIyoeraldehyde-3- 1.5-Phosphataev 32_ 2n2+,Mg2+ enzymes.
21. Ghrate dehydrogen- phoephorylaae dehy- phosphoquoomutaae. JF 10-1. aaa. Wk d .019. rtogenaee. JF 52-1 d JF 52-1. 83. Zoogloa ureaee.
22. Clric add enzyme. 43. ee Phoapholruetokinaae. CA 334 d .1. wud .ea JF52-4d mo. #52-11. 40
F-ppm, and no. tests. .0095-.19 (18), .20-1.0 (8), 1_1-5_0 (8); 5.1-380 (4); amount unreported: 40; decreased: 66; increased: 14; unaltered: 3. .5
Prepared by Gerard F. Judd, Ph. D. Chemistry. 1-602-412-3955 11-21-95
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Allments Caused by Fluoride

0

References: W, Y. Ja, J, R, S. F. Waldbott, G.L.. et al. 'Fluorlrdation. the Great Dllemaf C1978. Coronado Press, 1-913-843-8677; Yramouylannis. J., 'The Aging Factor," CI1986. Health Action Press, 1-614-548-5340; Jansen, Isabel. 'Fluoridatlonf O 1990. Tri-State Press, 1-715-627-7079; Judd, G.F., 'EPA No. 2, '1994, 1-602-412-3955; Judd, G.F., Research. 1995; Schatz, Albert, Chili Episode, J. Arts/Science, 1976, 1-215-843-2051; R. Foulkes, Health Action Network Society, 1-403-295-3336. 5

*Abdominal bloat W113,123-5

Aids R

Alzheimers R

Arthritis W144; Y45

Bedridden W111

Birth defects S; J5

Bladder injury W110

Blindness W117
Bloody kidneys W115
Bloody uterus W144
Bloody vagina W144
Bones embrittled F; J5
Bone fluorosis W115; Y34; F,
J5. 123-5
Brittle teeth R
Brittle bones J5
Bruises W115
Cancer - bladder, Ja91; J6; R
urinary 1.38x NF
Cancer - breast Ja91; J6; R
1.21x NF
Cancer- esophagus .la91; J6;
R 1.72x NF
Cancer - intestinal, .la91; J6;
R large 1.40x NF
Cancer - kidney Ja91; J6; R
1.17 NF
Cancer - ovary, JBS1; J6; R
fallop tube 1.19x NF
Cancer- rectal J91; J6; R
1.8x NF
Cancer - stomach J91; J6; R
1 .46x NF
Cancer -tongue Ja91; J6; R
& mouth 1.44x NF
Canes increase R
Carpal tunnel (CTS) (RS1) J5
syndrome
Cataracts J4
Chizzola macula W144
Chronic fatigue W110-119; J4
syndrome
Chromosome aberrations Y61
Concentration inability W-14
Collapsing W144
Collagen synthesis decres J6
*Constipation 110, 123-5
Cytotoxicity R
Decay increase R
Dental fluorosis JS; Y1-139
*Depression W123-5
*Diarrhea W144, 123-5
Dulness W110,144
*Dbl blind provn ailmnts (13)
W123-5
Dry mouth W111-119
Down's syndrome W212; J6
Ear, inner disorder W144
Eczema Y8
Fatigue Y19, 114
Fertility loss S

Fetus reduction R
Genotoxicity R
Genu Valgum J6
(knock knee disease)
Gilberts disease J6
(hemorrhagic yellow jaundice)
Gingivitis R
Gum pockets R; Y14
Gum sore R
*Headache W110-144; Y8; W123-5
Hearing loss (neural) R
Heart hole Ja80
Heart death increase Ja80; J6
Hemorrhages, skin W115
Immunosuppression J6
Immuno-chemo-toxic decres J6
Incoherence W115
Infant mortality S; J5; R
increased 5x
Intestinal cramps W110
Intestinal distension W110
itching W113. YB
Ligament calcification Y41
Mental confusion W44
Migraine W110; Y8
Mottled teeth R
Mutagenesis Y61
Mutation repair reduced R
Nasal disease W144
*Nausea W114,115; Y14,123-5
Numbness W113-144
Nystagmus (involuntary) W144
movement of eyes)
*Pain, bone W111,123-5
Pain, bowels W114
Pain, head W115
Pain, intestinal W110
Pain, muscular W113,119
Pain, spine W111
*Pain, stomach W115,123-5
Polyuria (large urine) W115
86. Premature delivery S, R
87. Retinal degeneration J6
88. Retinosa pigmentosa R
89. Scotoma (spots in vision) W115
90. Seizures W111,120 10
91. SIDS J4
92. Sister chromatid exchange R
93. Spastic bowels W113-114
94. Sperm alteration W
95. Spermatogenesis W
interruption
96. Stomach cramps W119,121 15
97. Stomach gas W119

- 98. *Stomatltis W119,123-5
- 99. Survivability lowered Y4
- 100.Tendon calclhcation Y51
- 101.Testes altered Y57
- 102.Thyroid oelcification Y51 20
- 103.*Thirst exaggeration W123-5
- 104.*Tlnnlus W123-5
- 105.Ulcers, mouth W119,123-5
- 106.Ulcers, stomach W133.162,359
- 107.Urinary tract defect W153-7
- 108.Urinary tract problems W343-4
- 109.Vas deterens defect R 25
- 110.*Vertlgo W123-5
- 111.*Wision blurredW110,145,123-5
- 112.Vomiting W11-1,121
- 113.WeightIoss W113.115
- *Double blind effects (13) establish ed by 60 patients. 12 physicians, 130 pharmacist, 1 attomey (under Moolenburgh).
- W123-5. 011-31-23-316-818
- 66 enzymes are decreased as fluor-ide detaches their hydrogen bondsg
- 5

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 1-602-412-3955
 Nov. 20, 1995

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This is the result of drinking water
with from 2 to 4 ppm fluoride in it

30

Observation of literature by

Gerard F. Judd 3-8-96

35

Environmental Health

Perspeetlvea

pp 127-244, Feb 1994

Nu-i Publlicatlon same 40

U.S. Dept of Health and

Human Services

Public Health Services

A National Institute of Health

P.o. sax rzzaa

. _ R it 'r

The had side of fluoride. Researchers uesggoe urs?" Pm 45

say in some villages nearly all adults suf- 919-541-5311

fer skeletal fluorosis.

page 55

RDA Values: Established Aalone of Vltarnlns and Element RDA Vallee lor 75

kg (155 la person)

by Gerud F. Judd, Ph D Prepared 9-28-94

Vlamh ' RDA (grins) Berner! ROA(gruns)

1. A (SOCD IU) lrledlon, retina, clrwlllllon, vlan!

2. B-1 Coenzyme, carbohydrates. berberl. heart

edalla. lethargy. appetite. hyperglyoamla.

3. B-2 Reqalrallon. sluggish, dlzzlneas, dropsy

eczema, cataracts, grkty eyelids

4. B-0aBloodveseels.mentalconlualon,leelone,

pellagra, vertigo, deatneas. sleep,

migraine, llnnltus

5. N-3b 3-D'e (diarrhea, drmentla, darmltlltn

6. B-6 Arthrlls. dead nerve, carpal tunnel

syndrome, parldneons. lnaomnla, epilepsy,

daarlle horses, energy

7. B-1 Gromh, sturllng, hone marrow, eye mem-

hrmes, hai

8. B-dt Clrcdatlon, blood pressure. headaches,

myasthenla gravla, cholesterol, ear noises.

oonstbatlon. , heart

pabitalona

9. B-1 Ulcers, eirculatlon, gums, glossltia, athero- .0004

sdrleroaia, ahorl breath, reprodudlon,

anemia. tendons

10. B-p Longevity, alerglee. reprodudlon,

stress. colltle, while cells. endurance

11. B-pdaa Growth, lenlllty, chromotrlcla

12. B-b Derrnllllia

13. B-12 Anemia, MS, numbness, bursitia, nerve

sheath, brain, psychoees, latigue

14. B-15 Heamrheumatism

15. B-17 Cancer
 16. C Immunity, all viruses, connective tissue, cancer, valley fever, TB, reproductive,
 17. D-2 Bones. Osteoporosis, head-aches, dizziness, teeth, pain, wana
 18. E MD. disorders. immunity, oxygen, Buerger's disease, Parkinson's, palsy, edema, allergies, gangrene. nephritis
 19. K Clotting. leukemia. liver disease
 20 Co-O-10 Heart, circulation. oxygen. bursitis
 .015 1. O Respiratory. arthritis. viruses, drug-induced
 .0015 2. H Acidly pH7.0
 .0017 3. P Electrolyte, energy. memory 1.0
 .004 4. Na Heart bed, venous, esophageal ' 2.5
 5. Fe Hemoglobin, oxidative activity, .018
 .020 8. C Osmolality #1X11'i unimodal
 .002 7. K Heart bed regulation .000
 8. Zn Growth, plenary, testicles, eyes. .015
 ,150 enzymes. colds,
 .100
 9. Ca Heart muscle relaxation, bones (with D). 1.25
 teeth
 .250
 10. Cu , aaaa vlamh C. uter .N2
 11. Mg Erythrocytes, heart, bone, Aw
 12. Mn Epilepsy. Impaired, enzymes .007
 13. s Carotid. rmochrome c o_o
 .010 14. Sn Urinary .020
 15. Sl Fertilization. bones 1.0
 .030
 15. I Thyroid, oxygen, Qdhy 11215
 .0013
 17. N Enzymes, vitamins, DNA, RNA, proteins 2.8
 .006
 18. Cr Insulin. cytochrome oxidase .0002
 .020 19. Cl -amide activator 2.5
 .005 20. Se Lsrrb muede dleaae (with E), liver, .00002
 exodallve dlatresh, loin lntlnation
 4.0
 21. B Plant growth and reproduction .005
 .001 22. Co Enzymes, p. anemia, emadation, fatty .001
 liver, cholesterol
 .200 23. V Bones, lesth. lung lesions. TB .0w2
 24. Ba Growth .050
 .00125 25. Nl Methylation .001
 .020
 Supplementary Camline 1 g, other amino acids (&) 0.5 g or more,
 tryptophan, phenylalanine, histidine. lysine, serine,
 threonine, isoleucine, proline. These can all be obtained from meal or
 eomeana. Other proteins are less complete.

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TABLE I

Lethal Dosage for Each Chemical.

mg/kg

2

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samn01 0
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Beiahungarotmdi 014
Fruoreaceucacsa 050
srryrmme _ 030
conramxin _ 015
oesqrueeneuonmr092
Hislamine10
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311'1'1'101'1111'I1'I'Blhy1 SU11311
bel\ZylC3r0arl'1311
Alphahuoroburyrate10
rIH11y1&Bf
suepnarnnine .14
CorcorosideB .14
Sarnovide 15
Mansonin15
Sodium aloha huoro-15
crutonde
Neosriqnine17
Transvallln17
Chlorine (30 P001 10 min) .. .17
Nitrogen trichloride (012) .17
Curare19
Hydruxycyanic acid22
L-Epineohrine22
Ethyl-5-lluorohexanate 24
Sodium lluoroaceiate
Cholera
Viscotoxin _
Odorobiocide H acetate
Plutonium citrate
Alpha Hunoaroloxin
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Pswdelin
Neogerrmlllne
Glldxin

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Milluside
Potassium cyaride
AIM Clildrlde
Paraoxon
Disuifoton
Diphocinone
Phd! me
Dl1111mS
Cycioheximide
Teruulos
Oleandrin
Sodium cyanide
Sodilm Sebnale
Tl'iScl'1101'De0iy13i111\le
Quinrdine
Quininrri-propyl chloride
Sodium azide
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 Nicotine hydrochloride ._
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 lsodrin
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 1000 Dpm10f4 rrinulns)
 Carholuran
 Arsenic acid
 Monocrntophos
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 (hydroiiuosiiicic acid)
 Vanadium pentmride
 4,6-Diniiro-o-cresol
 Sodium arsenate
 Chlorfenyiphos _
 Methiocam
 Guthion _ _
 DUT _
 Bayihroid ."
 Hydrogen sulfide
 Thalium (11) sulfate
 Coumaphos
 Phospharnidon
 LSD (psyco at1 rncq/ku)
 Mercurochrome
 Phenyimerrzurichhydroxide

4-Aminopyridine
Phenyimercuric aceiate _ _
Dioxathion
Coumalenyl (lurnarin) _ _ .
Thalium (IV) sulfate
Aldmrycarb
page 57
N111'11\1111\CNU@ .
Pyl'1'01i\G\$
vmmuopnm
am
2.4-Dlnhnphenol
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Pmynmgoycu
lsopnnn
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Compiled by Professor Gerard

F Judd. Ph D Chemistry from

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DEMENTIA AND DENTISTRY

The definition of dementia as used in this report connotes a mental ailment that may or

may not be irreversible. This differs from the dictionary definition pertaining to by-gone times

where dementia meant any irreversible brain disease.

Five million persons in the US have some form of dementlaA, and half the population,

at some time in their lives, have mental ailments. Inasmuch as the American Dental Association,

with its long arm, takes a foremost role and responsibility in iuoridating 60% of US cities, it is

primarily responsible for dementia from fluoride and aluminum, which act in concert with each

other to cause Alzheimers, epilepsy, Parkinsons, MS and other dementias.

Since the American

Dental Association approves placement of dental arnalgams, which contain 50% mercury and

other heavy elements, they are a prime contributor to dementia from these sources.

Alzheimers is now the 4th leading cause of death ln the U.S. Many mental ailments

are described In the scientific literature. Examples of several dementias caused by fluoride,

aluminum, aluminum fluoride and mercury amalgam, will be given here. A

FLUORIDE

Convulslons and Headaches: Convulsions are violent contractions of the muscles of

the head. Mr. NK'l', age 45, had severe headaches with other symptoms and two episodes of

convulsions while on Milwaukee fluoridated water (F=0.95 ppm). When he was switched by Dr.

Waldbott to distilled water or well water (F=.15 ppm) all his symptoms leltB. Repetition of

fluoride symptoms occurred as MKT recycled into Milwaukee several times. We believe his

headaches and convulsions resultedfrom fluoride destruction of the enzymes cytochrome

oxidase, cholinesterase and possibly others involved in respiration.

Fluoride breaks the

hydrogen bonds of these enzyme structures thus ruining their function.

Avoiding fluoride in the

diet seems to be the best part of wisdom to avoid convulsions and headaches. A

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Epilepsy, Psychomotor, with Headaches, Dlsorientatlon and Dlsequlllbrlum:

Epilepsy is an electrical disturbance of the central nervous system, in most serious form leading to grand mal seizures. This author once experienced a series of severe headaches which terminated in an incapacitating breathing malfunction, with pins and needles nerve action and disorientation and an unstable equilibrium. This was caused by drinking copious amounts of fluoridated water in the Litchfield Park area and at the same time cutting out all milk (F antidote) from his diet. The medical diagnosis was psychomotor epilepsy. The inadequacy even to navigate and the feeling of complete helplessness during this period is one which will never be forgotten. Recovery was slow over a period of several months. The disorientation, inability to concentrate deeply for long periods and out of breath episodes slowly diminished after drinking Phoenix water with only 0.3 ppm fluoride and reintroduction of milk into the diet. It is believed the fluoride in the water destroyed cytochrome oxidase, cholinesterase and other oxygen-handling enzymes in the blood. Some folks are short, some long on the production of these and many other enzymes which keep us alive. These enzymes require 20 vitamins, 26 elements and 12 amino acids for their construction. I advise all to take these daily to avoid my experience.

IQ Diminishment: This ailment may be allied to the short term memory loss of Alzheimers, since many questions on the IQ test require memory. The IQ values of a large number of 8-13 year old Chinese children were studied by Chinese scientists. It was found that those children who had moderate to severe fluorosis had a much lower IQ than those with minor fluorosis.

Max IQ of low fluorosis students 140
Max IQ of moderate to severe fluorosis students 110

Similarly, a study by Soviet physicians showed neurological symptoms in 79% of patients with occupational fluorosis. The reader should be warned, however, that fluorosis in these cases, while explained by an exclusively fluoride phenomenon, can more correctly be explained by bone, brain and tooth malnutrition where the patients have no milk. Normal depletion of the calcium and phosphate then permits other elements to migrate into the teeth, giving brittleness and various colors. A diet free of fluoride, with good protein and with all

essential vitamins and minerals should eliminate fluorosis, lower epilepsy and enhance one's IQ.

ALUMINUM

Alzheimers: Alzheimer patients lose short term memory. They forget such things as faces and names of loved ones, current dates, days in the week, month or year, the name of the U.S. President and other common items. They will be on an errand such as going to the mail box and forget what they are doing. They easily become lost. They do not, however, have the tremors of Parkinsons and MS.

Rat Experiment: A single injection of 13.2 mg. of aluminum chloride into the hippocarpic space of a cat's brain caused the cat to lose all short term memory and exhibit Alzheimers characteristics after 9 days. Other workers confirmed the result, which was repeated several times. The aluminum had destroyed cells in the hippocampus (memory site) and neo-cortex. It is known that ions of several heavy elements such as cadmium, iron, lead, manganese, mercury and zinc have produced Alzheimers as well as other dementias and we believe they would do likewise if injected into a rat brain, as was aluminum chloride. We believe removal of fluoride from tap water and reduction of sugar in the diet would essentially eliminate aluminum from the brain and overcome the battery of brain diseases we are plagued with.

ALUMINUM FLUORIDE

Alzheimers Disease: Rat Study: In an excellent study by Dr. Robert Isaacson, State University of New York, aluminum fluoride was added to the rats' diet. This, contrary to normal expectations, passed through the brain barrier and gave the rats short term memory, smell

A if A if page 61 sensory loss, unsteady gait, and loss of cell structures of the neo-cortex and hippocampus, all symptoms of Alzheimers. We believe that in addition to the toxic effect of fluoride, the aluminum ion (1) caused interneural tangling and (2) blocked oxygen flow due to precipitation of aluminum oxide in the blood vessels. Oxygen facilitates electrical conduction of neurons.

Most Alzheimers cases are thought by some experimenters to involve aluminum fluoride.

Cerebral Epstein Barr Syndrome: CEBS is characterized by extreme exhaustion, inability to concentrate, difficulty in walking, immobility, short term memory decline and

scarring of the brain. This dementia has risen in the population to a high level in recent years, especially in people on the run, having a poor diet and rest regimen. Hillary Johnson describes her own bout and others with the disease^H. The magnetic resonance imaging detection of scarring of the brain as in MS was observed also in this ailment. CEBS has many features in common with MS and we think the plaques and destruction of oxygen handling enzymes caused by the toxic fluoride, aluminum, mercury, and other ions, reduce oxygen flow. Under conditions of brain barrier opening, viruses can enter and finish destroying speech, memory, equilibrium and other motor functions of the brain in absence of oxygen which normally would destroy the viruses. Viruses may explain the steadily downward trend in health of MS and CEBS patients over the years. I use Vitamin C in amounts of 3.4 grams daily to mitigate my mononucleosis, the very ailment caused by Epstein-Barr.

Multiple Sclerosis: MS is characterized by demyelination of nerve sheaths in the brain and spine, numerous white spots under magnetic resonance imaging, muscular weakness, tremors and optical neuritis. Many symptoms such as slurred speech, unsteady gait, shuffling steps, and poor balance are similar to Parkinsons, which symptoms are identical to manganism. Many MS patients have 8x the mercury in their cerebrospinal fluid than normal personal.

MS Case: An unusual case of MS was discovered by the author-1. B.P. developed MS and eventually determined the cause was his excessive consumption of soda pop from page 62 aluminum cans. After torsaking this habit, his MS stabilized and began to improve. Here, fluoride and sugar is postulated as transporting aluminum ion through the brain barrier. This would not be normal behavior for aluminum ion because of its highly charged, hydrated, expanded character. Except for presence of fluoride or sugar, aluminum would not normally gg the 'inpenetral' brain barrier.

What is a plausible explanation of these cases of mental illness caused by aluminum fluoride? Fluoridated water of soda pop with its 13% sugar, and low pH (4.3-4.4) is thought to be an excellent media for migrating aluminum into the brain. Fluoride (boiling water, 10 minutes) dissolves 1000 times as much metal from aluminum containers as pure water

(0.2 mg/L)K and acid dissolves even more. One may become a dementia victim simply by cooking in aluminum ware or drinking pop from aluminum cans. As cited above, aluminum fluoride penetrates the brain barrier whereas aluminum ion with its high charge and hydrated character could not get through. Not only aluminum fluoride, but mannitol sugar has been used to pull dngs through the brain barrier by Dr. Edward NeuweltL. Other sugars such as glucose and fructose in soda pop are expected to do the same. We look on soda pop as ideal for aluminum fluoride transfer through the brain barrier. The great increase in soda pop consumption in America since 1945 and the decline in milk consumption, together with the increase of fluoride and aluminum in US water could explain why Alzheimers has become the 4th major cause of death in the US. Since reduced blood flow in the brain is characteristic of Alzheimers*/1, the neuron tangling by aluminum ion and the aluminum oxide plaque theory makes sense.

MERCURY

The fillings placed in the populations' teeth for nearly a century are called amalgams.

Amalgams are 50% mercury, 15-30% silver, 3-30% copper, 10% tin and 1% _zinc. 90% of all people are mercury sensitivefl. Sweden, under the National Health Board advisement, began

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page 63

d9SiSfi"9 "Cm amalgam Pla'--=11'19 in 1990P and Sweden and Germany now ban mercury as a

dental Hlling material0. lnstead, various plastic composites are now used to which patients are

not allergic. Dr. Hal Huggins has made a thorough study of a great number of these

compositeslil, and although some are allergens, they do not have the mental incapacitating effect of mercury.

Alzheimers, epilepsy, Parkinsons, manganism, multiple sclerosis and hallucinations may

be simply manifestations of different degrees of electrical interruption in the same or different

locations in the brain, and symptom crossovers seem to be pretty common. Mercury amalgam

removal has had a striking effect in alleviating these ailments in many cases. One filling can

give a serious brain ailment and seven is almost sure toS. M V _ _ Alzheimers #1: One minister's wife had not spoken a word for 14 years.

Ten days after

her amalgam removal she mumbled something. Shocked, the minister said, 'What did you

say?' 'Nothing,' she shouted back. From that time forward she was able to converse normally. Many Alzheimers brain samples have 8x the mercury in the cerebral cortex as normal. This mercury derives from the vapor emerging from amalgam-filled teeth. Amalgam half life is 4 years.

Alzheimers #2: Tom Warren had his Alzheimers cured by amalgam removal. His CAT scan showed that the lesions on his brain were gone.

Chronic Fatigue Syndrome: A 16 year old boy was so fatigued he could attend school only every other day. Removal of a small pit filling permitted him to keep up with his peers within 3 weeks. We believe amalgam caused the electrical short in his brain.

Epilepsy: Susan, 11 years old, had seizures every 15 minutes for 6 months. She was immobilized and had 3 months to live. It took 4 persons to hold Susan down during the amalgam removal because of violent convulsions in the dental chair. In six days she woke up, the numbness in her body was gone, her brain was clear, and she could walk. By spring she was videotaped running the 100 yard dash in 14.8 seconds. The American Dental Association

page 64 executive said, 'We are not impressed,' and later declared the tape to be a fake. The brother of the sister said, 'My sister had seizures, I know they were not faked.'

Hallucinations: Hallucinations are unreal 'motion pictures' occurring in the brain.

PK, 57 years old, had 27 amalgams removed and received chelation therapy, a process where ethylenediamine tetraacetic acid is administered I.V. to remove toxic metals from the blood. His dementia, which included headaches, hallucinations and other peculiar behavior, promptly ended and now, 12 years later, he is a sane, active and productive member of his community

in Lakeland, Florida. Strep mutans in the mouth make methylmercury from mercury, and this is 100x more toxic than mercury. We believe that methylmercury because of its high activity

may change neurons into methylated neurons, thus leading to short circuits. This short circuiting in the brain occurs also from electric current generated from voltage of alloys in the

teeth. Gold is particularly bad in direct or indirect contact with amalgam inasmuch as it has the lowest EMF of any metal (EMF of Au -1.36; Ag -.80; Hg +.04; Ni .231; Cu .34) and thus

would generate the highest current flow in the presence of an amalgam.

Multiple Sclerosis #1: Attributed to Mercury: Chuck Flekoske, former chairman of the Kansas MS Society had MS. Upon amalgam removal, he got to the point where he could play 3 sets of tennis with his teenage son-and beat him. Many MS patients have 8x higher mercury in the cerebrospinal fluid compared with neurologically healthy controls.

MS #2: Not attributed to mercury: CJ's MS began with a dangling toe at age 16 and his symptoms such as tremors, slurred speech, shuffling step, weakness and 40 brain spots added on up to age 61. No fluoride, aluminum or mercury of significance was in his diet, so these cannot be blamed for his MS. The only reason I can see for his MS is his history where between birth and 20 he consumed large quantities of rich Jersey ice cream and breathed large quantities of ammonia while cleaning chicken pens. It is possible that the sugar and ammonia opened his brain barrier to viruses and bacteria which did the rest. Fat plaques were also laid down to slow oxygen supply to the brain and CJ has had a quadruple bypass because of a

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1 li ri I I 1 l nu 1 l 1

heart attack. He has stabilized his MS by nutrients, .5 mg klonopin for muscle spasm control, 200 mg amantadine or 400 mg symmetrel for flu protection, and B-12 shots for pernicious anemia.

Parkinsons Disease: Parkinsons, which is characterized by lack of dopamine in the center of the brain. It can be controlled for about 3 years by that chemical whence serious deterioration sets in. The first symptoms are fatigue, trance, irritability and erratic behavior called 'manganese madness.' There is then damage to brain cells that causes tremors that occur at rest, 'pin rolling' movements of the fingers and a mask-like face. Other indications are a shuffling gait, a slightly bent over posture, rigid muscles, and weakness. The victim may drool, have a heavy appetite, be unable to stand heat, have oily skin, be emotionally unstable to the point of dementia, and have judgment problems. The syndrome is made worse by tiredness, excitement, and frustration. There are headaches, impaired equilibrium and slurred speech. There is poor coordination and control of movements because of abnormality of nerves and fibers by destruction of cells of the basal ganglia of the brain. Cells are destroyed as well

as dopamine in the substantia nigra basic where there are catecholominergic nervesFF. There are hallucinations and compulsive actsGG. Parkinsons, Case 1: Huggins asserts he cured some cases of Parkinsons by amalgam removal combined with lower root decavitation.HH Parkinsons Frelated Manganismzmanganism, caused by an excess of manganese in the brain, has identical symptoms and is indistinguishable from Parklnson's disease" as described above. , In a study ofthe Devel Vocations Institute of Stanislaw, California, felons of average age 29 had an average manganese level of 2.20 ppm in hair tests compared to town controls of 0.30 ppmGG. Apparently excess manganism predisposes one to criminality.-U Groot Eylaudt 'lsland,' Australia, where manganese is mined, has the highest rate in crime, arrests and incarcerations in Australia The scalp and pubic hair of these people is 20 page 66 i times higher ln manganese than the control group from Sydney, Australiakkk ,

It is not known where the manganese for manganism comes from. However, the clue we seek may lie in the data on convicted felons ofthe Devel Vocational Institute, Stanislaus, Callfomia. Apparently a common source of manganese is occurring in the young men who average 29 years. Since the symptoms of manganism and Parkinsonianism both come on slowly over a lifetime, the manganese source could be in the fluoridated water in coffee, tea, chocolate or cola drinks, in fast meals such as hot dogs or hamburgers, or in what one might call 'junk' food or high sugar diets. Since criminality in individuals is known to be reduced by providing good nutrition using vitamin and mineral supplements, improved metabolism may slowly excrete the excess manganese and close the brain barrier. I believe with Parkinsonianism and manganism that (1) Excessive manganese in the diet with its specific function in the Krebs Cycle robs the brain and muscles of oxygen, leading to stupification and viral destruction of the brain. (2) Fluoride from fluoridated water destroys molecules such as cytochrome oxidase, cholinesterase, dopamine and other enzymes which make oxygen useful in the electrical and energy system. Older people, with poorer diet and a slower metabolic function, become more vulnerable. (3) Lack of vitamin C prevents synthesis of hydroxyproline from proline in biological production of cartilage and protein necessary for

nerves, nerve sheath and muscle fiber production. (4) Lack of vitamin C prevents synthesis of antibodies which protect against viral destruction of the brain. (5) Vitamin C enhancement in the diet is known to lead to a small steady increase in IQ in people, perhaps because of increased oxygen production. (6) The function of oxygen, the enzymes which handle it, and the relation to electrical conductivity required for speech, mobility, equilibrium maintenance, facial expression and other normal functions is not known, but is held to be vitally important. Many negative physiological conditions such as enzyme destruction, fat plaques slowing hemoglobin flow, impaired breathing, etc., could be an explanation for both Parkinson's disease and manganism.

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PREVENTION AND RECOVERY FROM DEMENTIAS

I believe several measures can achieve avoidance and perhaps cure of the above-

described dementias caused through dentistry.

- (1) Avoid all fluoride products.
- (2) Avoid soda pop put up in aluminum cans. Do not cook in aluminum ware.
- (3) Drink non-fluoridated water. Avoid drinks and foods put up in fluoridated cities.
- (4) Take 1000 mg calcium as an antidote for fluoride.
- (5) Take vitamin C daily, 4 grams, as an antidote for fluoride, for its nutritional value, and for its antiviral, antibacterial effect.
- (6) Take the RDA of all vitamins and minerals. Rare earth elements seem to add healthy years.
- (7) Take an adequate source of meat, milk and other good sources of protein for synthesis of nerve and muscle fiber. Proteins as well as certain amino acids may act as an antidote to remove fluoride from vital enzymes.
- (8) Find out the excessive sources of manganese and limit them.
- (9) Remove triglycerides (TG) from blood vessels through lecithin (gives lowered mixed melting point with TG and thus dissolves them). This complements a diet for fat reduction which has proven successful in some MS cases.
- (10) Get exercise to enhance oxygen supply and body function. Swimming is helpful.
- (11) Undergo hyperbaric oxygen therapy. It has helped many MS patients.
- (12) Eat vegetables which have required enzymes from hydroponic water, which has all the essential elements. Small amounts of these enzymes may have great impact.
- (13) Consider chelation therapy. Much success has been achieved alleviating Alzheimers and other dementias with chelation therapy through I.V. infusion. The ends of the EDTA

molecule hook onto the toxic metal ion and remove it from the brain as well as other

parts of the body. Since it is an acid it also should remove some fluoride from vital

enzymes and reactivate them. The ethylenediamine acetic acid (EDTA) chelate will

remove metals in decreasing order:

1. Chromium 2+ 7. Cadmium 2+
2. Iron 3+ 8. Cobalt 2+
3. Mercury , 2+ 9. Aluminum 3+
4. Copper 2+ 10. Iron 2+
5. Lead 2+ 11. Manganese 2+
6. Zinc 2+ 12. Calcium 2+
13. Magnesium 2+

At least 13 variants on EDTA have been used in medicineMM. page 226. This gives the

physician great options for removing a particular metal as well as fluoride from the patient by chelation therapy.

The American College of Advancement in Medicine estimates at least 500,000 patients

have received 10 million chelation treatments in the USNN. Over 426 fully qualified US

page 68 C if if

1 v 1

physicians are listed by address and telephone who are competent to administer chelation

therapy00. It is claimed that chelation therapy with EDTA has never produced a single side

effect. The clearance time for EDTA is half a day and infusions are carried out twice weekly for

as long as a year on an out-patient basis. The cost could be as high as \$4,000 for a year

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