

Fluoride and Hypersensitivity

It commonly understood that many drugs and foods can cause hyper-sensitive or allergic reactions in some individuals, e.g. Penicillin and Peanuts.

Toronto resident, Aliss Terpstra, born 1952 in Grand Rapids, Michigan, is hypersensitive to fluoride. She was born in the first city in the U.S. to add fluoride to the water (1945), and has lived in cities with fluoridated water her entire life. Her youngest child is also hypersensitive to fluoride and has moderate dental fluorosis.



Aliss' symptoms after ingesting fluoride include extreme thirst, urgent, frequent and dilute urine similar to diabetes insipidus, heart palpitations, fatigue, abdominal pain, bloating, diarrhea, lowered body temperature, head-aches, muscle weakness, and joint pain.

According to research, 1-4% of human population is hyper-sensitive to fluoride^{30,31}. Some animals are also known to be hypersensitive to fluoride¹¹⁷⁻¹¹⁹.

"In hypersensitive individuals, fluorides occasionally cause skin eruptions such as atopic dermatitis, eczema or urticaria. Gastric distress, headache and weakness have also been reported. These hypersensitivity reactions usually disappear promptly after discontinuation of the fluoride." PHYSICIANS' DESK REFERENCE, 1994, 48th Edition, p. 2335-6.

Case Study: "This patient remained completely well upon drinking and cooking with distilled water. In August 1955 she was obliged to use city water again. Within one day, her muscle pains and intestinal symptoms returned."

Case Study: Mrs. W.E.A., age 61. This patient had had a tendency to allergic nasal disease, to gastro-intestinal and bladder disturbances due to food and other allergy. On five occasions when visiting fluoridated cities she developed the following symptoms: nasal congestion, rhinorrhea, conjunctival edema, general pruritus, severe spastic pains throughout the abdomen, diarrhea, flatulence, polyuria and dysuria. This was accompanied by extreme general malaise. After repeated episodes she began to suspect the drinking water in these towns, namely, Richmond, Va., Washington, D.C., and Charleston, W. Va. By refraining from drinking fluoridated water and avoiding food cooked with city water she was able to prevent recurrences.

Case Study Mrs. B.M., 50-year-old white female, consulted me because of generalized urticaria present since December, 1952, usually worse on arising. In addition, she complained of severe headaches, paresthesias in arms and hands, pains in legs and edema of both ankles, ulcers in the mouth, pain in the lower spine. Typical urticarial lesions were present on trunk and extremities; there was limitation in motion in the lower spine.

Laboratory and biochemical studies were entirely normal, except for a sedimentation rate of 67 mm per hour. There was X-ray evidence of sclerotic changes of the lower spine. An allergic survey including extensive intradermal tests failed to detect anything significant. On 6/10/57 the patient while being kept on a low (137 mg.) calcium diet was given a placebo test of 300 cc. of distilled water. It caused no ill effect. On June 12th 2 mg. NaF (.9 mg. F) in 300 cc. of distilled water was administered. The patient was not aware that the water contained fluoride. She had previously had similar tests (glucose tolerance and urea clearance). Within 20 minutes she developed a generalized urticaria associated with cough and pain in the gastric region followed by marked flatulence in the abdomen.

This test was repeated on June 18th, after placing the patient on a high calcium (2 gms.) diet to which 1.3 gms. of calcium lactate had been added. The patient experienced the same symptoms as had occurred subsequent to the above-described test. Urticaria dominated the picture. Since eliminating fluoridated water for drinking and cooking foods all symptoms have subsided.

Case no. 6. Mrs. N.S., 29 years-old, consulted me on 10/7/57 because of a dermatitis in the suprapubic area and at the adjoining parts of both thighs. This had been present for 3 1/2 months during the past two weeks. She also complained of paresthesias in arms and legs, of severe frontal headaches associated with blurring of the eyes, dizziness and fainting spells, pain and stiffness in the lower spine, mild arthritic symptoms migratory in character, affecting practically every joint.



The skin eruption was characteristic of a dermatitis with papulo-pustular lesions, showing many scratch marks. There was tenderness and limitation in motion in the lower spine, hyper-reflexia in both extremities; otherwise the examination was negative.

X-rays showed minor hypertrophic changes in the lower spine. Blood and urine studies were normal except for an increase in cholesterol esters (130.5 mg.%). Intradermal skin tests were inconclusive. During the stay at Women's Hospital the lesions improved spontaneously without treatment.

On 10/10/57, the patient was given a placebo test dose of 300 cc. of distilled water. It had no ill effect. The following day she received 6.8 mg. of fluoride as NaF in the same amount of water. Within one hour the skin lesions which had practically subsided returned with marked vesiculation, oozing and severe pruritus. In addition she developed frontal headache, lethargy and minor episodes of syncope. The headaches began to subside after 5 to 6 hours; the skin started to improve during the following days. This patient has been well without treatment following elimination of fluoride water.