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## **Fluoride Poisoning It's All Over**

By Mary Sparrowdancer

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German and Austrian scientists knew in the early 1930s that an overactive thyroid (hyperthyroidism) could be successfully treated by bathing patients in water containing minute amounts of fluoride. They had discovered nearly a century ago that fluoride blocked thyroid function. For the US government, long partnered with the pharmaceutical industry, to then force this same treatment on a nation of people with healthy thyroids under the lie that fluoride "prevents cavities in children," is unconscionable. The Nuremberg Code of ethics pertaining to human experimentation labels it an act of crime, stating, "The voluntary consent of the human subject is absolutely essential." Today, 70% of the US is being forced to receive this thyroid-blocking chemical via their water without consent or medical monitoring for overdose, allergic reaction or blocked thyroid function. The benefits are being reaped by the largest of US industries: The pharmaceutical industry. Fluoride has created a nation of suffering people seeking more drugs to treat blocked thyroids and fluoride toxicity. We might drink bottled water, but most of us cannot avoid the bathwater.

Deliberately damaging the thyroid will produce a plethora of symptoms affecting the entire human body from head to toe. Symptoms of thyroid damage and fluoride poisoning include weight gain, edema, kidney disease, kidney failure, hair loss, depression, aggression, aches, pains, skin problems, bone deformities (likely including "arthritis" and spontaneous fractures), sexual/erectile dysfunction, memory loss, weakness, fatigue, heart disease, irritability, cancer, digestive disorders including severe GERD as a result of swallowing fluoride, nausea, vomiting, visual problems, gum disease, "high cholesterol," connective tissue damage, brittle teeth, wrinkles, premature aging, dehydration, and long, long after the whole body has been damaged,

"cosmetic fluorosis" might finally show up in a tooth or two. "Cosmetic fluorosis" is usually the only sign of fluoride poisoning mentioned by fluoride promoters, while downplaying the rest of the signs as though their livelihoods depended upon it.

Lethal fluoride doses cause death to occur by "natural causes" such as cardiac arrest, or acute renal failure or (for those who believe that cancer is a "natural cause" of death), by cancer. Fluoride binds to and possibly mimics calcium, but fluoride is a liar. The heart cells utilize a perfect balance of calcium and magnesium and other natural substances in the body's matrix to cause the heart to beat and then rest. Fluoride, bound to the calcium, confuses the normal functioning and cellular communication within the body, and causes arrhythmias.

The fluoride that is purchased by municipal waterworks and added into public drinking water is not even a "pharmaceutical grade" fluoride. It is primarily discarded waste, a slurry of toxins not wanted by the phosphate fertilizer mining corporations that sell it to waterworks. From there, it is then disposed of (sometimes by unskilled workers) into our drinking water. For those who have swallowed the propaganda that fluoride is "completely safe," and is some kind of a "nutrient" that is good for us, there is news footage available of a recent fluoride spill that took place in Illinois. A Hazmat team in protective gear was called in to clean up the mess, but not before the fluoride began eating through the concrete driveway it had spilled upon.

This should leave little question as to why a 2005 study by the American Gastroenterological Association showed that there was a sharp increase in Barrett's esophagus and GERD, and other reports show that adenocarcinoma of the esophagus, once rare, has now become one of the most frequently occurring cancers. Fluoride can eat its way through a titanium container. Fluoride is converted in the stomach into hydrofluoric acid, an acid so strong that it cannot be stored in a glass container because it will eat the glass. Fluoride, proven to block thyroid function, is not a substance we should be forced to drink, breathe, eat, and bathe in without our consent.

Fluoride promoters have utilized all seven propaganda techniques identified by the "Institute for Propaganda Analysis," (est. 1937 and brought to an early end in the 1940s), including "Name-Calling, Glittering Generality, Transfer, Testimonial, Plain Folks, Card Stacking, and Band Wagon" in order to keep the fluoride flowing here and creating medical problems. Mention an aversion to fluoride, and the promoters will more than likely make comments about "tin foil hats," or make a reference to the strange movie, "Dr. Strangelove." They also refer to people opposed to being dosed with fluoride against their wills as "anties" as though attempting to paint a picture of opponents as confused old ladies. The one thing that fluoride promoters are incapable of doing, however, is engaging in a logical debate about fluoride. They cannot debate fluoride because they have no real facts

or clinical evidence showing that fluoride "prevents cavities." They merely repeat, as they have been repeating for over 60 years, the following mantra: "It is well-known that fluoride prevents cavities."

If fluoride "prevented cavities" as the CDC and other government pharmaceutical branches imply, they would be shining a light on the Commonwealth of Kentucky. According to the NIH "Community Water Fluoridation Status by State" 2002 report (reportedly updated in March of 2010), the state of Kentucky ranks #1 in having the highest percentage of fluoridated water of all states in the US. According to Kentucky Oral/Dental Health, the state has received awards for achieving this feat. "The American Dental Association, the Centers for Disease Control and the Association of State and Territorial Dental Directors have recognized Kentucky's efforts." If we were going to see water fluoridation in action and working as promised by the fluoride salesmen, we would have seen its miracles clearly happening on any given day in the gleaming smiles of our Kentucky neighbors. Instead we see something unexpected.

When the ADA's and CDC's exaggerated hoopla dies down, a check of the facts reveals that Kentucky is also ranked #1 in other areas not mentioned during the praising ceremonies. Kentucky ranks #1 in incidence of cancer in the USA, and it ranks at the top for having one of the worst dental health scores in the US. Despite all of its award-winning fluoridation, it has one of the worst rates of cavities in children, as well as complete toothlessness in adults. One must also wonder if the spontaneous fractures and tendon problems in the racehorses might be due to the fluoride in their drinking water. Horses drink many times more water than humans do.

Even more disturbing than the lie about the "benefits" of having "optimally fluoridated water," is that the majority of physicians do not know how to treat fluoride poisoning, nor do they even know how to look for it or diagnose it. Due to the media, many people simply conclude that Americans are just fat and lethargic, everyone has heartburn so what else is new, arthritis is just bone aches and crippling deformities, fibromyalgia is a sign of malingering, and degenerative disk disease raises no eyebrows or questions as spines spontaneously collapse and disks bulge from sea to shining, oil-slicked sea. We are not adequately studying cause and effect at this time. Instead of treating symptoms with even more pharmaceuticals, we need to start looking for the cause of the symptoms.

Many physicians are unaware that in addition to the daily doses of fluoride their patients are receiving via water, air, dental products, and our fluoride-contaminated food, a growing number of prescription drugs are now fluorinated as well. Lipitor, for instance, is fluorinated and has been known to cause aches and pains, and according to the Lipitor website, can cause serious muscle problems resulting in kidney failure, as well as liver problems, edema, tendon problems, jaundice, nausea and GI problems. A number of patients are reporting memory loss, as well; however, this complaint has not yet become an "accepted" side effect. All of these

complaints are, however, "accepted" symptoms of fluoride poisoning. High concentrations of fluoride can also be found in other unexpected items, such as tea, grapes and raisins, and some American wines contain too much fluoride to be sold in European markets.

The amount of fluoride constituting a "lethal dose" is not even known at this time due to disinformation and lack of appropriate study, nor is it known how long a lethal dose will take to finally kill the victim via organ failure or cancer. Most of the deliberate fluoride dosing is sub-lethal, thus allowing people to live out their lives without frank evidence that they are being chronically poisoned by a daily dose of fluoride. They will, however, live out their lives while suffering from the resulting, unexplained but now "commonly found" symptoms that their grandparents never had. They will desire lifelong medications for relief of these symptoms, and no one knows how many years the fluoride will shave off the life of each person being forced to take it.

In following a recent case of massive fluoride poisoning in a previously healthy, 42-year-old male living in New York City, the true extent of the national fluoride and crime cover-up surfaced. The victim, an inventor named Sean Dix, stated that his dentist poisoned him with a sublingual dose of liquid chemicals. By the following morning, he was in acute renal failure, as subsequently documented by lab tests. His head-to-toe symptoms matched many of those already mentioned, except he did not have nausea, vomiting or other GI distress, for the simple reason that the chemicals had been administered under his tongue. He had not swallowed it, so it bypassed the liver and intestines that would have otherwise filtered some of the poison out. He had saved his scant morning-after urine sample, and after I learned of his symptoms I urged him to have it tested for fluoride. I suggested this because of the data I had obtained years earlier through the government's FOIA regarding fluoride effects and symptoms.

The first indication of a massive fluoride cover-up occurred when Sean Dix then tried to have his urine tested, only to discover that there are no hospitals or labs in NYC that routinely test for fluoride levels. He tried elsewhere, including in other states, and could not find any hospitals that routinely tested for fluoride, as though the level of fluoride in one's body is now a great, state-kept secret.

The victim was told to take a train to Connecticut, drop his urine off at a lab there, and they would then forward his specimen to another lab that would test it for fluoride. The fact that there are no hospitals or labs found that do simple, accurate, routine urine fluoride tests means that no one really knows what the fluoride levels are in Americans. We do, however, know that the US ranks #1 worldwide in its consumption of pharmaceuticals used to treat the massive symptoms now plaguing Americans. Too sick to travel to Connecticut, it was necessary for the NYC victim to hire two separate US forensic labs, as well as ship his urine to India in order to have it tested for fluoride.

He then discovered that there are at least two types of equipment used to test for fluoride, resulting in at least two completely different test results. A cheaper, less sophisticated test, Ion Selective Electrode, or ISE, (sometimes referred to as Ion Specific Electrode) can apparently give a false low reading. Another test, by Ion Chromatography (IC), is expensive but stated to be far more accurate.

It is currently guessed that any level of fluoride over perhaps 1 or 2 ppm showing up in the urine might indicate poisoning. In Hooper Bay, Alaska, a water fluoridation disaster reportedly caused by an unskilled fluoride handler, resulted in a community being poisoned by fluoride. This resulted in the death of one man. Testing of the deceased man's urine indicated he had a reported level of "55 mg per liter" of fluoride, according to an article in the New England Journal of Medicine. It has been reported that the unfortunate 41-year-old man had symptoms of nausea and vomiting, and in an innocent attempt to remain hydrated, he drank more and more of the fluoride-poisoned water until he had a heart attack and died. He was found dead in his home. On the surface, this suggests that 55 mg/L must be the upper limits of fluoride poisoning before death claims the victim. Fluoride, however, deserves much more than a mere surface study.

According to ISE forensic testing, the morning-after urine of the still-living NYC poisoning victim contained only slightly over 1 mg/L of fluoride. This was momentarily reassuring, and I apologized to Mr. Dix for having been so certain he had been poisoned with fluoride. Several hours later, the forensic lab using the more sophisticated IC testing revealed their results. Repeated IC testing showed that his urine contained over 160 mg/L of fluoride, with the lowest adjusted level being 132 mg/L. Three weeks after being poisoned, his urinary fluoride level spiked to an incredible 188 mg/L, by IC.

The next unfortunate discovery was that no one had ever heard of fluoride levels this high in a living person, no one knew what to do about it, no one knew how to treat it or remove it, and no one knew if the man was going to live or die. In addition, no one knew what caused the three-week spike, or if the dentist had poured an "extended release" fluoride product under his tongue, meaning she was dosing him repeatedly. She was refusing to cooperate with those asking questions.

The next bizarre discovery was found after contacting a group of toxicologists who stated that they would not even look at lab tests to determine a diagnosis of fluoride poisoning. They determined fluoride poisoning only according to their list of "nationally accepted" symptoms. Unless the victim's symptoms matched their "accepted" list of symptoms, they would not consider him to have been poisoned with fluoride. As stated, the NYC victim did not have nausea and vomiting, nor did he have the excessive salivation as noted on the "accepted" list, and therefore he did not qualify for the "poisoned by fluoride" diagnosis. He had a dry mouth and dehydration. He also had additional symptoms that were not on the "accepted" list, symptoms that were possibly previously unknown and were

being documented for the first time. These included sudden loss of near-vision acuity and eye pupils constricting to "pinpoints."

The next discovery of a massive cover-up of fluoride and crime occurred when the victim reported his poisoning to the police. The NY police refused to investigate or even question the dentist. After finally obtaining a toxicology narrative based upon forensic evidence stating he had been poisoned by fluoride, the victim again attempted to file criminal charges against the dentist but he was blocked at every step of the way. He took the matter to the District Attorney, the NY State Troopers, and to the Governor, but at this time, nearly one year later, no one has been willing to charge or even question the dentist who appears to have pulled off the worst and most surreal case of fluoride poisoning ever reported.

The next discovery that was stumbled upon regarding the massive fluoride and crime cover-up was that the US government does not have a national database documenting incidence and prevalence of American thyroid disease. While the US government follows prevalence and incidence of diabetes, cancers, cardiac problems, bone problems and every other disease imaginable, it does not nationally follow thyroid disease. This is despite the fact that the government is forcing 70% of the US population to take daily doses of thyroid-blocking fluoride in their water.

At this time, one year later, the NYC victim continues to struggle with kidney problems along with joint and bone pain, and his well-cared for teeth are now pitted and showing signs of "cosmetic fluorosis" near the area where the dentist poured liquid fluoride under his tongue. This is despite the fact that some "experts" claim that the development of cosmetic fluorosis in an adult is not possible. The Park Avenue dentist remains free to go about her daily routine without any consequences after having poisoned Sean Dix.

Because ISE testing is less expensive and therefore more commonly used than IC, it is possible that much of our information regarding fluoride levels is based upon false low readings. It is possible that the fluoride levels in our bodies might be much higher than we have previously assumed, possibly putting us all in great danger for cardiac arrhythmias, kidney disease, premature aging and cancers, in addition to all of the other symptoms of just not feeling well. We have been led down a propaganda path for over 60 years regarding the nonexistent "benefits" of fluoride, while no safety measures to guard us against fluoride poisoning or even routinely check us for fluoride or blocked thyroids have ever been made. The only "benefits" of fluoride are being pocketed by the pharmaceutical industry selling drugs to treat the resulting national array of symptoms.

The result of this governmental cover-up means that it is apparently easy now to get away with murder in the United States if one has "professional" access to a supply of liquid fluoride and if one knows how to administer it at the right dose so that it will not cause immediate death. The victim will walk away a ticking time bomb not knowing that he was just poisoned; he

will most likely not know to save his urine 12 hours later and even if he does, hospitals do not routinely and accurately test for fluoride in the US; physicians know very little about fluoride in the US; the most commonly used fluoride testing equipment has flaws; the "accepted symptoms" list for fluoride poisoning is flawed; and, a few days, weeks or months after the poisoning (when the death might occur) the victim will be nowhere in the vicinity of the person who poisoned him. In addition, by that time there might be very little trace of the fluoride left in the blood or urine, but it will have done its damage on its way out of the system. It will have left behind a wake of chaos.

One must now wonder how many innocent people have been "removed" by fluoride poisoning with no one ever suspecting a thing. Very few know enough about fluoride to watch for symptoms and no one routinely tests for fluoride overload with IC. One must at this time wonder how many assassins have gotten away with murder because of the disgraceful cover-up of fluoride in the US. Because of this cover-up, fluoride has become an ideal tool for assassins. Leading assassination expert, Professor Emeritus James Fetzer, is now studying the case of the attempted murder by fluoride of Sean Dix.

It is my hope that the above information will serve to alert this entire nation of the problems and dangers we now face with fluoride. It is my hope that law enforcement personnel, coroners, hospitals, clinics, municipal water personnel and healthcare professionals throughout the United States will responsibly study all they can about fluoride, responsibly ban it immediately from use on humans, and then responsibly establish new policies regarding accurate, affordable, routine testing for human fluoride levels in hospitals and clinics.

Until that happens and we finally have some measure of protection against fluoride poisoning, I would suggest that we all safeguard ourselves by saving urine specimens 12 hours after dental visits, or after any event that leads to unexpected illness, such as dining out . . . or perhaps even after dining in. Saving urine samples will provide us with potential documentation, and documentation removes some of the invisibility and motivation from any would-be murderer or assassin who presumes he or she knows exactly how to get away with murder in the United States.

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Mary is a medical, health, science and political writer who is currently being fluorosed against her will in Tallahassee, Florida. She is a columnist for Jeff Rense, [www.rense.com](http://www.rense.com). She has a lengthy background in the studies of laboratory science, veterinary science, ornithology, and she provided free humane care to over 20,000 wild birds and wild animals, including endangered species, before turning her focus on providing help for humans.

She is an internationally published author of four books. (All English books in the US are sold out at this time. Books remain available in Germany and Japan.) Mary has a daughter who is a Deputy Sheriff in

Tallahassee, and she has a son in Tallahassee who recently ran for a seat in the Florida Senate.

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