

## Oral hygiene and dental caries--a review.

[Andlaw RJ.](#)

### Abstract

Numerous studies have related dental caries experience of children with the frequency of their tooth brushing or with their oral cleanliness at the time of examination. Conflicting results were obtained and, therefore, no conclusions may be drawn from these studies. In other studies, the incidence of new carious lesions over a number of years was related to oral cleanliness during the same period of time. These studies showed that children with good oral hygiene had a lower caries incidence than those with poor oral hygiene, but the differences were small. Tooth brushing with a fluoridated toothpaste, which is now the usual practice, is effective in reducing caries incidence. Flossing can remove plaque from approximal tooth surfaces, and there is some evidence that it can reduce caries incidence. Dental caries can be largely prevented by highly efficient removal of plaque by tooth brushing and flossing. However, the available evidence suggests that regular prophylaxis by dental personnel is essential to maintain the necessary high level of efficiency. It is not known to what extent individuals are capable of removing their own plaque to the same high level of efficiency. It is probable that only highly-motivated individuals can maintain such a high standard of plaque control.

PMID: 346493  
[Int Dent J.](#) 1978 Mar;28(1):1-6.

## **On dental caries and caries-related factors in children and teenagers.**

### **Source**

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### **Abstract**

Dental caries is still a common disease among children and adolescents. The aims of the present thesis were therefore: 1) to investigate the approximal caries prevalence in posterior teeth in 15-year-olds, 2) to study past caries experience in the primary dentition in relation to future caries development and need for treatment, 3) to investigate factors during early childhood which are associated with caries development later in life, and 4) to study the association between age-specific body mass index (isoBMI) and approximal caries status in 15-year-olds. Paper I has a retrospective design and the analyses were based on record data from a randomly selected sample. Papers II, III and IV are based on radiographic analyses of posterior teeth in 15-year-olds followed longitudinally from 1 to 15 years of age. The data for these studies were selected from examinations, interviews and questionnaires from early childhood and school health care records at 15 years (isoBMI values). The result showed that the approximal caries prevalence in 15-year-olds is underestimated in official caries data, since initial caries lesions are not included in these statistics. Two thirds of all 15-year-olds had approximal caries and initial caries constituted 86% of the total number of caries lesions. There was a strong relationship between caries in early childhood and approximal caries prevalence in the posterior teeth at 15 years of age. Children with caries experience at 6 years received significantly more treatment in the primary dentition during the period from 7 to 12 years compared with children who were caries free at the same age. Further, it was pointed out that parents' attitudes to dental health and psychosocial factors during early childhood have an effect on approximal caries in 15-year-olds. Additionally, plaque on primary incisors at 1 year of age and infrequent

toothbrushing at 3 years of age were associated with a high caries experience at 15 years. It was also demonstrated that adolescents with overweight and obesity had a significantly higher approximal caries prevalence than those of normal weight. Furthermore, it was shown that children's unfavourable snacking habits at 1 and 3 years of age were associated with approximal caries at 15 years. The main conclusions from this thesis are that: 1) epidemiological caries data should include initial caries lesions on approximal tooth surfaces, in order to show the actual caries prevalence, 2) there is a strong relationship between caries in early childhood and approximal caries prevalence in the posterior teeth at 15 years of age, 3) the psychosocial environment in which children live during their childhood has an impact on dental health later in life, 4) good oral hygiene habits including the use of fluoride toothpaste, established in early childhood, provide a foundation for good dental health in adolescence, and 5) future preventive programmes should include, at a multidisciplinary level, strategies to prevent and reduce both dental caries and obesity at an early age.

[Swed Dent J Suppl.](#) 2008;(195):7-63, 1p preceding table of contents.

July 12, 2004

## **Fluoride Linked to Obesity Epidemic, Thyroid Trouble**

*Could it be that the obesity epidemic that is plaguing the US, the UK and other countries is linked to fluoride in drinking water?*

Dr Barry Durrant-Peatfield certainly seems to support that possibility when he says that "there is no doubt that fluoride is enzyme disruptive and one thing it affects is thyroid hormones", adding that "people can finish up with partial under-activity of the thyroid gland."

But in addition to the possible direct connection between fluoride's effect on thyroid function and a tendency towards obesity there is another, in my view even more important connection.

Fluoride in the water supply provides a perfect excuse for health authorities not to blast the food industry for its insistence on selling sugar in all kinds of forms. We find the stuff in great quantities in soft drinks, chocolates, sweets and bakery goods. We get addicted from the time we're babies, yet it is sugar that robs the body of nutrients - minerals needed for healthy teeth - and it is bad tooth hygiene which makes the problem take on catastrophic proportions.

So why not start at the root of the problem - industry intent on feeding our "sweet tooth" and our own gullible acceptance that what's sold and promoted must also be healthy. **Let's cut down on the poison - sugar - and prevent both tooth decay and obesity!**

Here is the article in Birmingham's *Sunday Mercury* forwarded by Jane Jones of the [National Pure Water Association](#):

### **Tap water can make you FAT, say experts**

Jul 11 2004

By Caroline Wheeler, Sunday Mercury

Medical experts claim that West Midlands tap water can make people FAT and could be fuelling rising obesity levels.

For the past 40 years, fluoride has been pumped into the region's tap water to help keep teeth healthy.

But now a top doctor claims that the toxin can cause worrying health side-effects including hypothyroidism, a medical dis-order affecting the thyroid gland which controls weight gain.

And he believes that children may be particularly susceptible to obesity if their mums drank fluoridated water while pregnant.

Last year, the West Midlands topped the UK 'fat list' with a shocking 22.5 per cent of its population classed clinically obese.

Dr Barry Durrant-Peatfield said: "There is no doubt that fluoride is enzyme disruptive and one thing it affects is thyroid hormones.

"As a result of this disruption, people can finish up with partial under-activity of the thyroid gland.

"Thyroid problems are becoming more common, particularly in Birmingham, and one of the reasons is because of fluoride in the water."

Dr Durrant-Peatfield explained that thyroid hormones rely on iodine, which is in the same group of four elements as fluorine. He said fluorine can displace iodine in the body, which can lead to problems with the thyroid gland.

"Children can be particularly affected if their mother was short of iodine during pregnancy," he said.

Dr Durrant-Peatfield's sensational claims have been backed by other medical experts, including Dr Diane Phillips, who only began suffering with thyroid problems after moving to the West Midlands.

So far only the West Midlands and areas in Tyne and Wear have fluoridated water, but a new government bill could see it rolled out to other areas of the country.

Sue King, of the Fluoride Exposure Network, said: "No checks on general health have been carried out in the fluoridated areas of the West Midlands, yet fluoride must have an effect on soft tissues.

"That is why it's so important to make sure that fluoride is removed from the water supplies because we are already getting it from so many sources, including toothpaste, fertilisers and air pollution."

Paul Castle, of Birmingham's Health Services, said: "There is no evidence of any link between water fluoridation and thyroid problems.

"Four years ago, independent research at the University of York concluded that further research on fluoride and thyroid should be regarded as low priority."

### **Related:**

#### [Fluoridation for all of England and Wales](#)

*The "mass medication" of UK's drinking water with a listed poison will cost London's health authorities alone more than £21 million. Sam Burcher reports*

[The Effects Of Fluoride On The Thyroid Gland](#) By Dr Barry Durrant-Peatfield MBBS LRCP  
MRCS Medical Advisor to Thyroid UK

[Fluorides: Their Effect on the Thyroid, Alzheimers and CFS](#)

[Tooth Decay Is Back - Fluoride's No Help](#)

[Why the Government "just said no" to Less Sugar](#)

[Good Teeth From Birth To Death](#)

[Food Additives, Sugar and IQ](#)

[Think Fluoride is Healthy? Find Out the Shocking Truth in "The Fluoride Deception"](#) - Dr Mercola

[National Pure Water Association website](#)

[Parents of Fluoride Poisoned Children](#)

[The link between monosodium glutamate \(MSG\) and obesity](#)

### **Related Articles**

#### [Fluoride and Old Lace](#)

The UK government is pushing to lace drinking water with fluoride The way is being

prepared by a law which will exempt water companies from legal responsibility for adding an industrial poison to communal water supplies. The International Fluoride Information Network, in its latest bulletin, says that "unfortunately, it is too late to influence the House of Lords who incredibly voted to modify the water bill to allow water... [\[read more\]](#)

**July 31, 2003** - Sepp Hasslberger

### [Spin Doctoring: Toxins - Fluoride](#)

Here is a book that further expands on the post 'Fluoridation Revisited' discussion of Spin doctoring: ..."The drive to encourage public acceptance of fluoride was handed over to Edward Bernays, known as the father of PR, or the original spin doctor, and the man who helped persuade women to take up smoking. "You can get practically any idea accepted," Bernays explained, "if doctors are in favour. The public is willing... [\[read more\]](#)

**June 09, 2004** - Chris Gupta

### [Food, Not Fluoride, Reduces Cavities](#)

This is a good follow up on the earlier post: "Spin Doctoring: Toxins - Fluoride" as it always boils down to food but they can't make any money with this most effective of all remedies... Chris Gupta ----- Food, Not Fluoride, Reduces Cavities (CONTACT LETTER TO YOUR OFFICIALS INCLUDED) From New York State Coalition Opposed to Fluoridation July 2004 Cavities occur in 66% of U.S. preschool children, and more often... [\[read more\]](#)

**July 15, 2004** - Chris Gupta

### [Fluoride in your bones - cancer ahead](#)

As the legislative battle rages in Great Britain over adding fluoride to the drinking water, with opposition from Greens and Mulsim, we hear from Ireland that last year, a study has established a definite link between the mineral in drinking water and bone cancer. Jennie Gorman from Australia has picked up and forwarded this important information and some discussion on the practice of fluoride in drinking water, which I would... [\[read more\]](#)

**September 10, 2003** - Sepp Hasslberger

### [Debunking The "So Called" Fluoride "Experts"](#)

Heard Dr. Neil Farrell's (Middlesex London Health Unit) interview with Erika Ritter on 2003/06/10, CBC's Ontario Morning program supporting the use of water fluoridation. It, yet again, boggles my mind to hear this "so called expert" espousing on the efficacy of ingesting fluoride. His reason to maintain toxic substance in London's water is: and I quote "I believe fluoride in Water prevents carries" We are to take it that this... [\[read more\]](#)

**June 12, 2003** - Chris Gupta

### [WHO to review Fluoride Guidelines](#) **THIS IS A MUST FOLLOW LINK**

Robert Pocock of VOICE, a campaigner for healthy drinking water, and specifically against the addition of toxic fluoride to the water supply, has said that the WHO is revising its Fluoride Guidelines, which were introduced in a rather clandestine manner. There may be just too much information coming to light about fluosilicates, a particularly nasty poison which is actually an industrial waste, and which in some countries is added to... [\[read more\]](#)

**January 24, 2004** - Sepp Hasslberger

### **The World Health Organisation**

*"Nevertheless, during the final hours of the session, when only 55 to 60 of the 1,000*

*delegates from 131 countries were still present, all bills that had not been accepted were collected into one and voted upon, including a statement on fluoridation."*

An extract from -

[Fluoridation: The Great Dilemma](#) by George L Waldbott, M.D., in collaboration with Albert W Burgstahler, Ph.D., and H Lewis McKinney, Ph.D.

Published by Coronado Press, Inc. Lawrence Kansas 1978 [423pp]

Chapter 16, page 283-284

Despite extraordinary success in obtaining endorsements in the U.S.A., fluoridation received only limited acceptance abroad, the [Fédération Dentaire Internationale](#) being one of the few exceptions, and advocates decided to push for endorsements at the international level. In 1958, the year following the AMA Report, the World Health Organisation (WHO) established an Expert Committee in Geneva to study fluoridation. At least five of the seven committee members had promoted fluoridation in their respective countries. Two well-known American proponents, Dr J. W. Knutson and Professor H. C. Hodge, presented the case to the committee. Some of Hodge's research had been financed by the [Ozark Mahoning Chemical Company](#) and some by now defunct Atomic Energy Commission, both of which were confronted with serious fluoride disposal problems. Another member of the Expert Committee, Professor Yngve Ericsson of the Dental School, Karolinska Institute, University of Stockholm, one of Europe's most prominent advocates of fluoridation, had been a recipient of USPHS research grants and subsequently received royalties from Sweden's toothpaste industry. My offer to furnish reports on poisoning from fluoridated water was rejected. To the credit of WHO, their 1958 document stated:

*"This report contains the collective views of an international group of experts and does not necessarily represent the decisions or the stated policy of the World Health Organisation".*

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The official endorsement followed 11 years later. On July 23, 1969, fluoridation was brought up again at the 22nd World Health Organisation Assembly in Boston. The resolution recommending the

measure appeared on the agenda daily but was strongly opposed and blocked by delegates from Italy, Senegal, the Congo, and elsewhere. G. Penso, head of the Italian delegation, expressed his concern regarding "this mania of our century to add additives to anything." He pointed out that there are unknown amounts of fluoride in the air we breathe and in the food we eat. He cautioned particularly about the damage to future generations.<sup>12</sup>

Nevertheless, **during the final hours of the session, when only 55 to 60 of the 1,000 delegates from 131 countries were still present, all bills that had not been accepted were collected into one and voted upon, including a statement on fluoridation.** The mildly-worded resolution urged that member states examine the possibility of introducing fluoridation in those communities where fluoride intake from water and other sources "is below the optimal levels." It also requested the Director General "to continue to encourage research into the etiology of dental caries, the fluoride content of diets, the mechanism of action of fluoride at optimal levels in drinking water, and into the effects of greatly excessive intake of fluoride from natural sources, and to report thereon to the World Health Assembly."<sup>13</sup>

References:

11. World Health Organization Report No. 146. Geneva 1958.



12. Italy's WHO Delegate Opposes Fluoridation: "Must be Cautious." Boston Sunday Herald Traveler, July 10, 1969, Sect. C-7

13. World Health Organization: Resolution of the World Health Assembly. Fluoridation and Dental Health. WHO Chronicle, 23:512, 1969.

<http://poisonfluoride.com/pfpc/>

<http://poisonfluoride.com/phpbb2/viewtopic.php?t=40&start=0&postdays=0&postorder=asc&highlight=>

<http://poisonfluoride.com/phpbb2/viewforum.php?f=4> **MUST READ**

[http://www.upi.com/Odd\\_News/2009/02/02/Ohio-city-warned-to-avoid-tainted-water/UPI-94901233610636/](http://www.upi.com/Odd_News/2009/02/02/Ohio-city-warned-to-avoid-tainted-water/UPI-94901233610636/)

The American Dental Association said fluoride is credited with reducing tooth decay by as much as 60 percent since World War II.

[http://www.upi.com/Science\\_News/2007/11/30/Fluoride-demand-creating-shortages/UPI-76421196402188/](http://www.upi.com/Science_News/2007/11/30/Fluoride-demand-creating-shortages/UPI-76421196402188/)

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