

We Get Letters & E-Mail

The Debate Over Fluoride

Dear Editor:

I am saddened that *DC* would print a poorly researched, scare-mongering article such as the one written by Dr. Claudia Anrig ("Is Fluoride Best For Children?" Published in the July 1, 2008 issue).

Dr. Anrig wrote, "We've all heard that the American Dental Association says fluoride is good for our teeth; the problem is this is a fallacy. ... In fact, it's quite the opposite." Is she implying there is an ADA conspiracy to poison our children?

Dr. Anrig's "facts" are bits of information from a huge amount of empirical data. As is always the case in science, there will be some contradictory data. Scientists draw conclusions based on the whole, not a few hand-picked pieces. The ADA's Web site addresses concerns with transparency and easily repudiates Dr. Anrig's claims.

Fluoride is scientifically proven to be the single most effective public health measure to prevent tooth decay and improve oral health over a lifetime in both children and adults. In fact, the CDC called fluoridation one of the 10 great public health achievements of the 20th century. Dr. Anrig's attack on fluoridation and the ADA reminded me of our own inflammatory adversary, Stephen Barrett.

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Professional Responsibility

Dear Editor:

As an avid reader of *DC* and a responsible professional, I am compelled to comment on two articles from the July 1, 2008 issue. First, I found Dr. Meridel Gatterman's article ["Is the Spinal Subluxation a Risk Factor?"] a fascinating exercise in academia with no pragmatic value whatsoever. Given there is no testable, quantifiable, agreed-upon definition of subluxation, her speculation is just that - speculation - with no meaningful clinical applicability. Dr. Keating continually challenged our profession to define the subluxation in a meaningful way, yet we can't seem to move beyond chasing unicorns.

Second, Dr. Claudia Anrig discusses fluoride toxicity, and while her article mentions some research studies, these studies are not noted in her references. Absent from her article or references was the 2001 CDC report developed from the collected efforts of the country's leading experts on dental care, including clinicians, researchers and academics. Their recommendations were based upon "critical

analysis of the scientific evidence regarding the efficacy and effectiveness of fluoride modalities in preventing and controlling dental caries, b) ordinal grading of the quality of the evidence, and c) assessment of the strength of each recommendation."

The conclusion of this esteemed panel was that small amounts of fluoride reduce dental caries in all age groups. They advocated fluoridation of water and using fluoride toothpaste in amounts and frequency that produce desired effects in an efficient manner and reduce the likelihood of fluorosis.

Selective reviews of the literature, like Dr Anrig's article, are a dangerous thing, and we chiropractors ought to be particularly sensitive to this, as critics of ours have often selectively cited references in attempts to demean our profession.

Professional responsibility involves critical evaluation of those issues germane to your profession and to public health. Neither Dr. Gatterman nor Dr. Anrig need be offended by my commentary. I am only being a responsible professional.

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