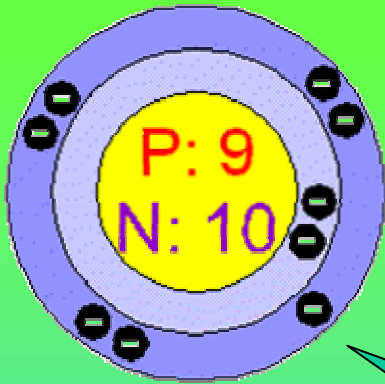


WHY DOES ALUMINUM AMPLIFY BIOLOGICAL and PHARMACOLOGICAL EFFECTS of FLUORIDE ?

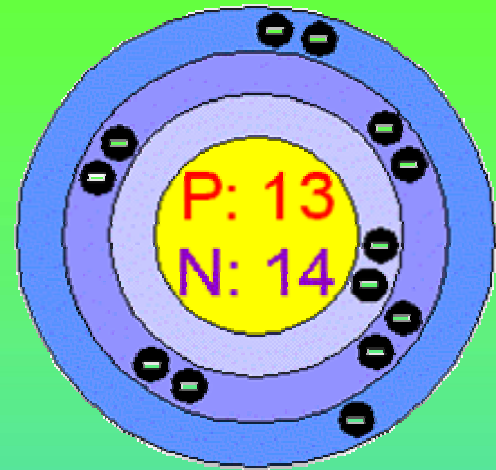
Anna Strunecká

***Charles University Prague, Faculty of Science,
Department of Physiology and Developmental
Physiology, Vinicna 7, 128 00 Prague 2, Czech Republic***

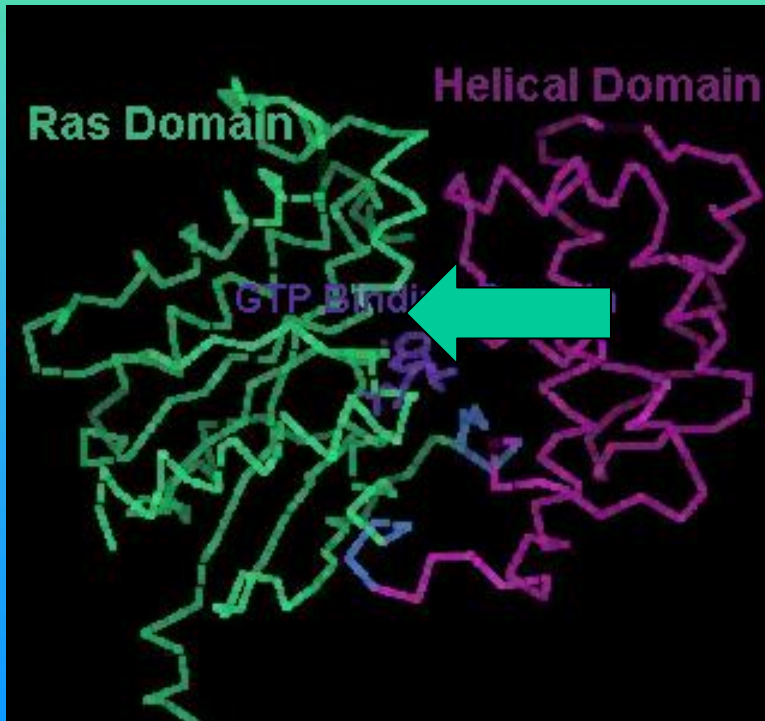
e-mail: strun@natur.cuni.cz



FLUORINE



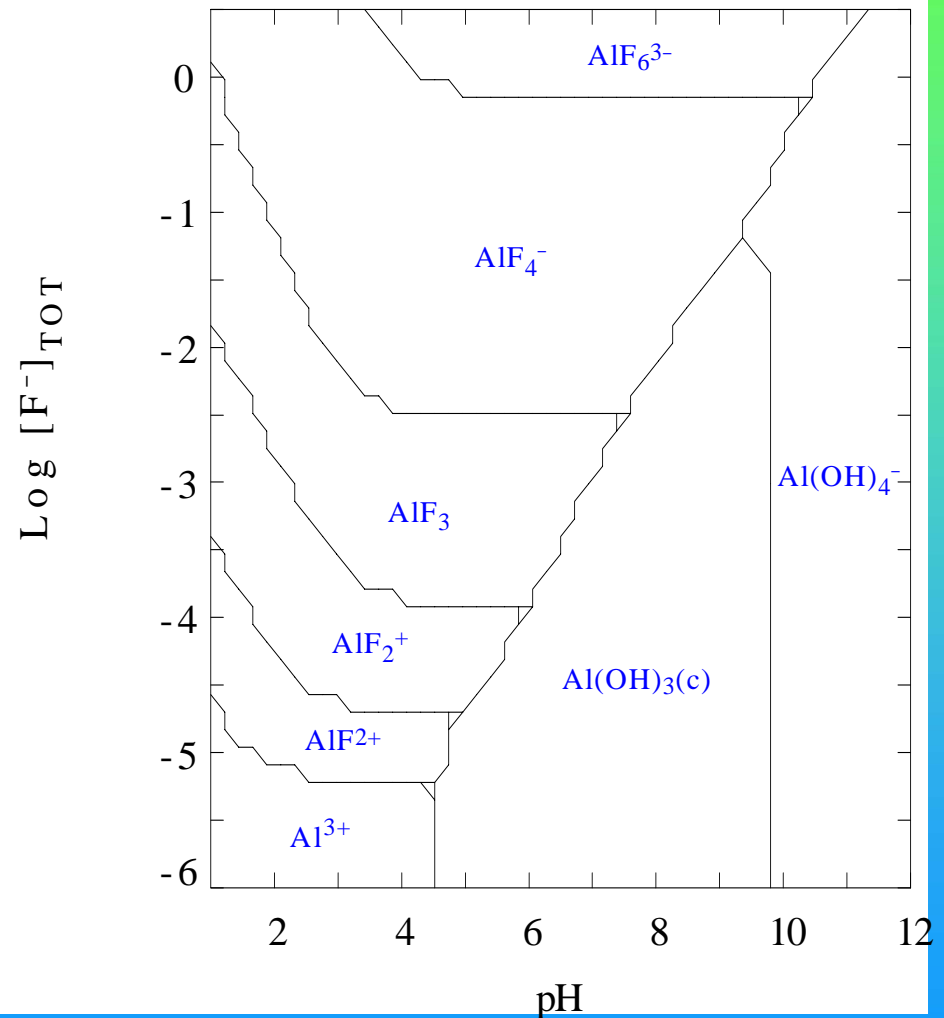
ALUMINUM



ALUMINUM – FLUORIDE PREDOMINANCE DIAGRAM

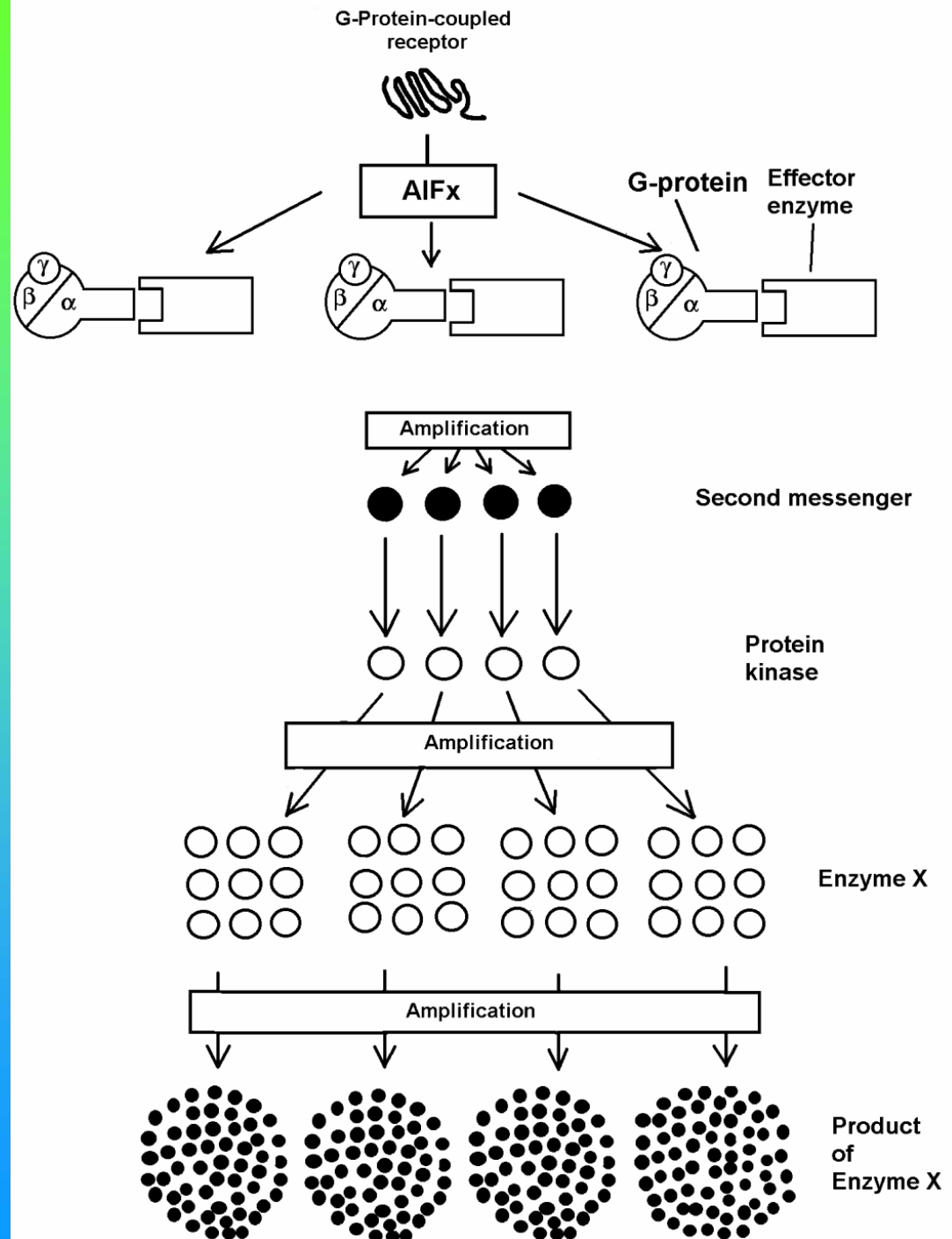
This diagram
demonstrates
HOW solubility of
Al hydroxide is
changing with pH
or fluoride
concentration.

$$[\text{Al}^{3+}]_{\text{TOT}} = 10.00 \mu\text{M}$$



AIF_x MESSENGER of FALSE INFORMATION

Its message
is greatly
amplified



Biogenic amines

Noradrenaline,
dopamine,
5-HT, histamine,
acetylcholine

Amino acids and ions

Glutamate, Ca^{2+} ,
GABA

Lipids

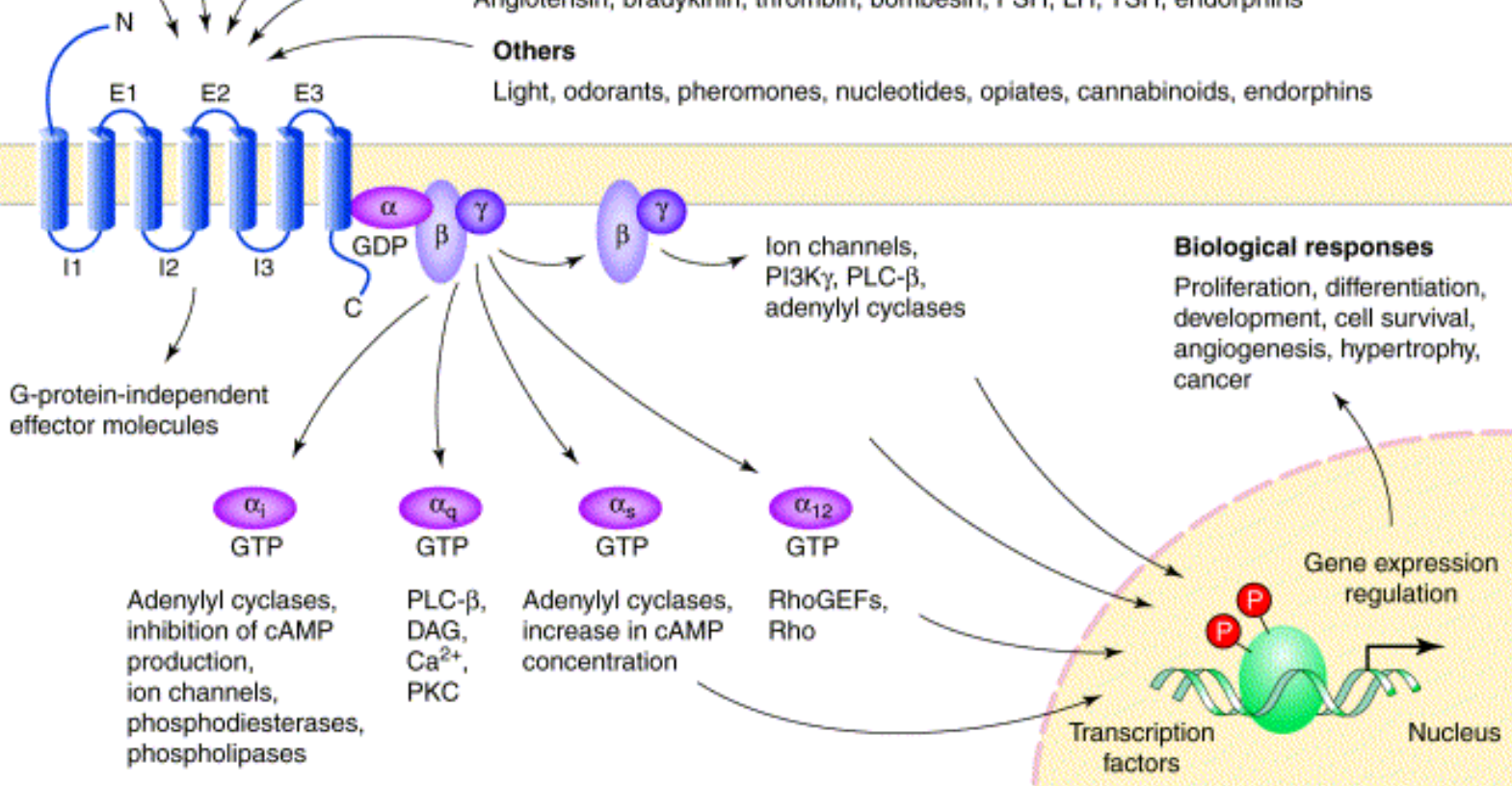
LPA, PAF, prostaglandins, leukotrienes, anandamine, S1P

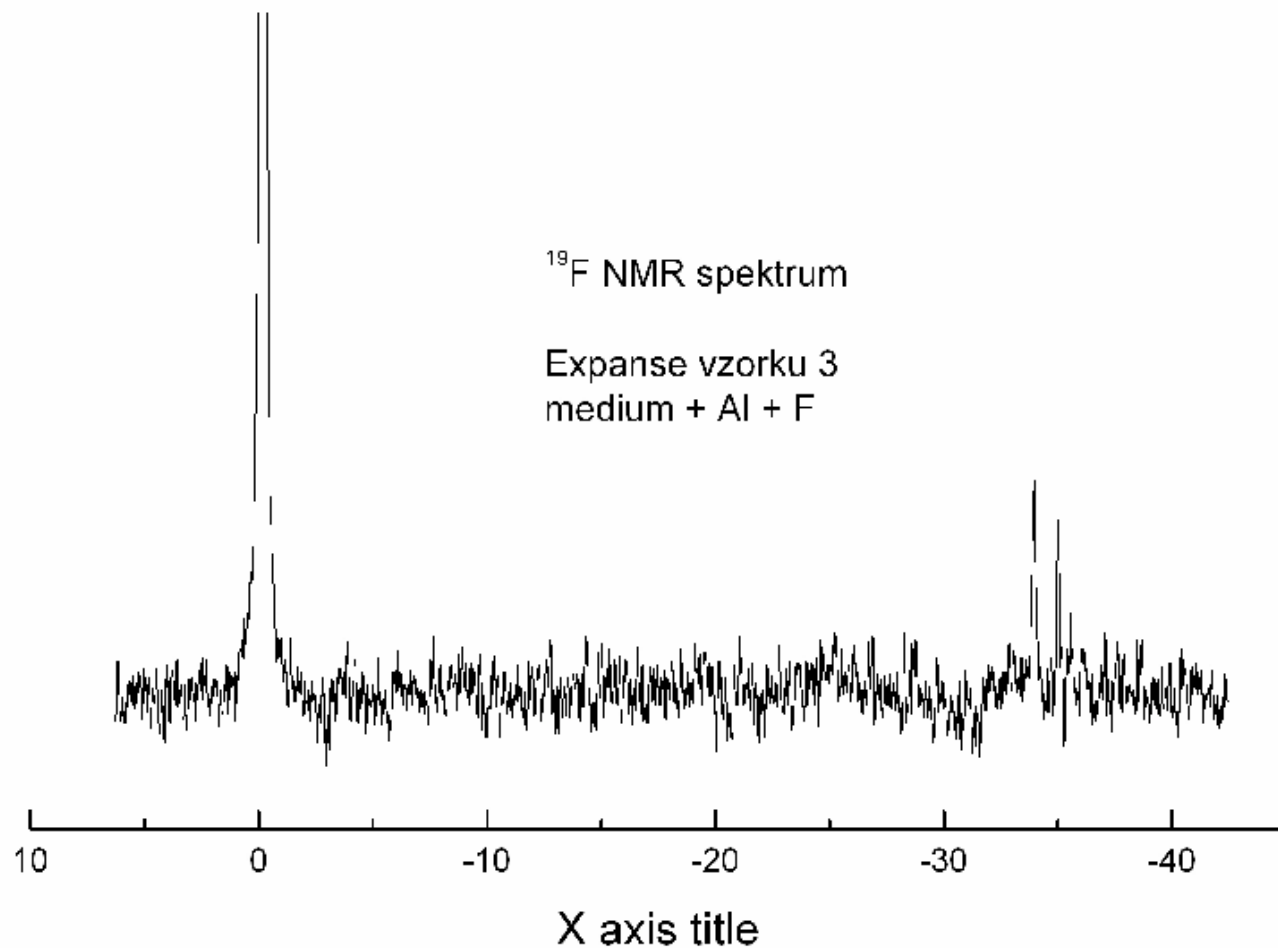
Peptides and proteins

Angiotensin, bradykinin, thrombin, bombesin, FSH, LH, TSH, endorphins

Others

Light, odorants, pheromones, nucleotides, opiates, cannabinoids, endorphins

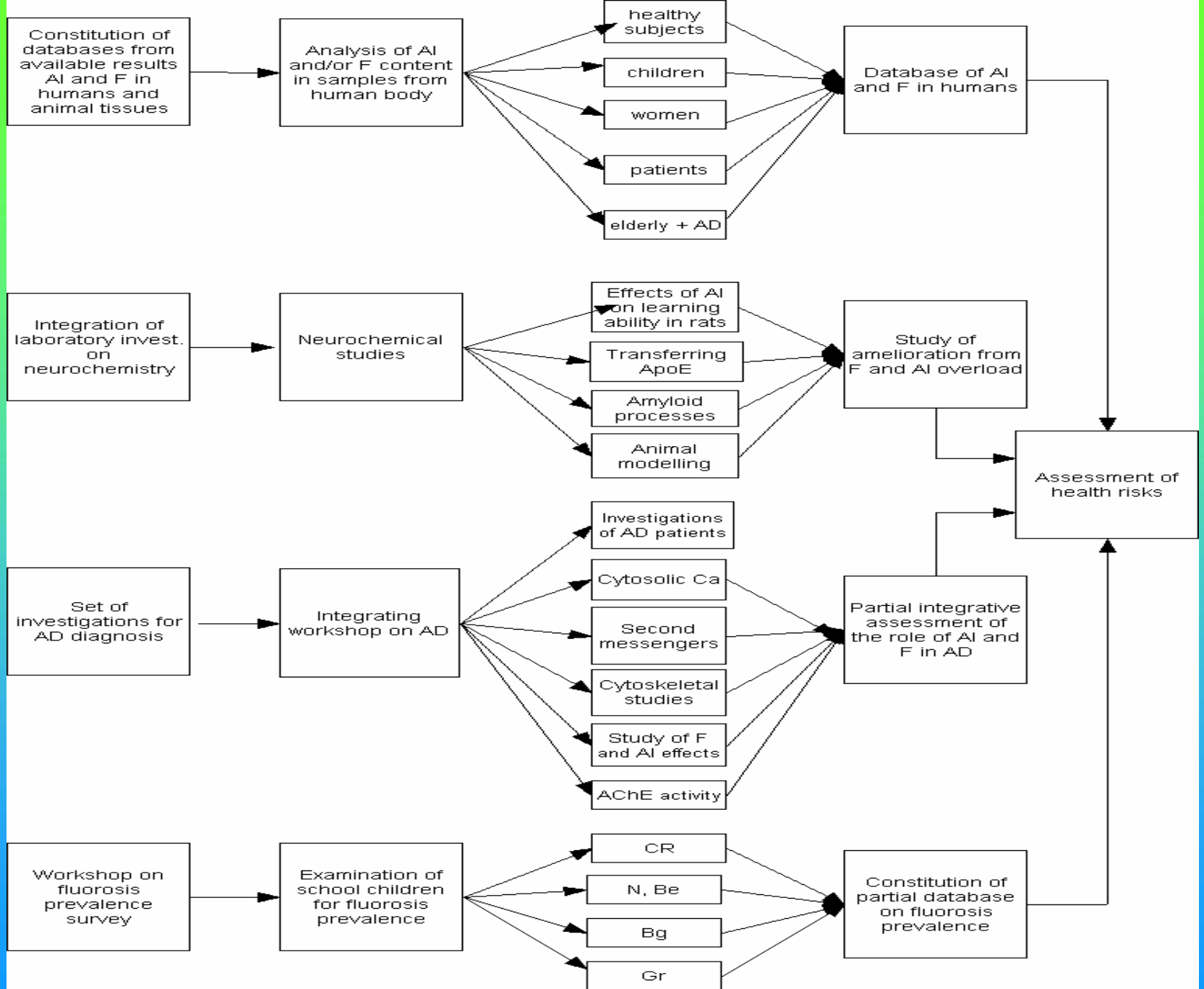




First peak represents free fluoride. Chemical shift of free fluoride was taken as zero and the peaks at -34 ppm were identified as an alumino-fluoride complexes.

Some effects of AlF_x observed in laboratory investigations

CELL TISSUE	BIOCHEMICAL RESPONSE	FUNCTIONAL RESPONSE
Liver - hepatocytes	$\text{Ca}^{2+}\uparrow$ $\text{IP3}\uparrow$ $\text{cAMP}\downarrow$	Activation of glycolysis, Fatty acid oxidation Activation of catabolic processes
Kidney	$\text{Ca}^{2+}\uparrow$ $\text{cAMP}\uparrow$ ion channels affected	Glomerular hypercellularity and distortions Renal mesangial proliferation
Platelets	$\text{Ca}^{2+}\uparrow\downarrow$ $\text{IP3}\uparrow\downarrow$	Aggregation
Red blood cells	$\text{IP3}\uparrow$	Shape changes Disorganization of cytoskeleton
Fibroblasts	$\text{Ca}^{2+}\uparrow$ $\text{IP3}\uparrow$ $\text{cAMP}\downarrow$	Growth, movement Production of extracel. matrix
Osteoblasts	PG synthesis \uparrow Tyrosine phosphorylation \uparrow Phosphate transport \uparrow	Mitogenic effect proliferation \uparrow Life span \uparrow Anabolic action \uparrow
Osteoclasts	cAMP $\text{Ca}^{2+}\uparrow$	Inhibition of bone resorption Cellular retraction
Neurons	$\text{IP3}\uparrow$ $\text{Ca}^{2+}\uparrow$	Spike amplitude
Brain	$\text{IP3}\uparrow$ $\text{Ca}^{2+}\uparrow$	Enhancement of synaptic transmission and spike amplitude
Pars tuberalis	$\text{Ca}^{2+}\uparrow$ Inositol phosphates \uparrow	Binding of iodomelatonin \downarrow



European Fluoride and Aluminum Network of Excellence



May 2002 – February 2003

37 participants – 17 countries
354 researchers

EU Member States, Bulgaria,
Turkey, India, China, Chile, Israel

F + AI = aberration of G proteins

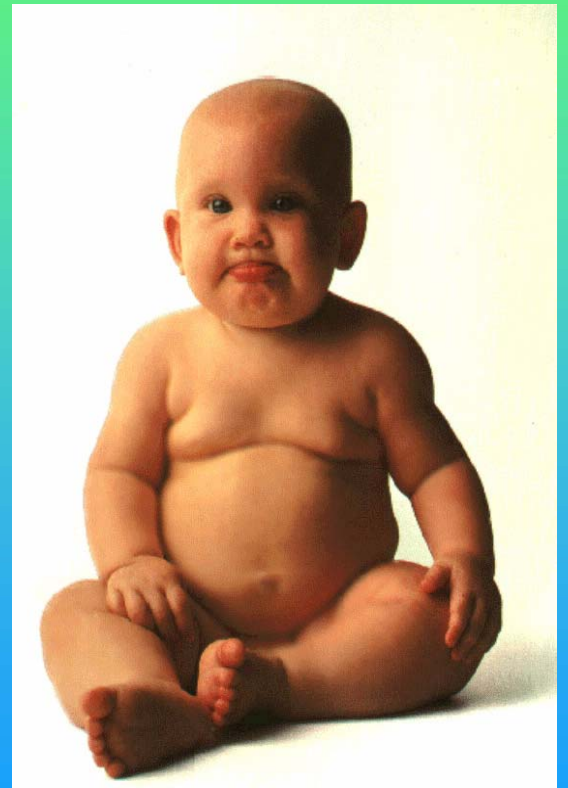
- How many children and our friends...???



CONCLUSIONS

AIFx is a molecule giving **false information**, which is amplified by processes of signal transmission. Biological signaling pathways interact with one another to form **complex networks**. Yet, it seems that we shall not probably find any physiological process, which is not potentially influenced by AIFx. The **synergistic action** of **fluoride and aluminum** in the environment, water, and food chains, can evoke **various and multiple pathological symptoms**. **AIFx** might induce the alterations of homeostasis, metabolism, growth, and differentiation of the living organism.

How long will science wait to admit evidence about the destructive actions of fluoride plus aluminum on the human race? How many children and our friends shall we need for a overwhelming study?



F concentrations used in laboratory

1 mM F⁻ \cong 19 ppm

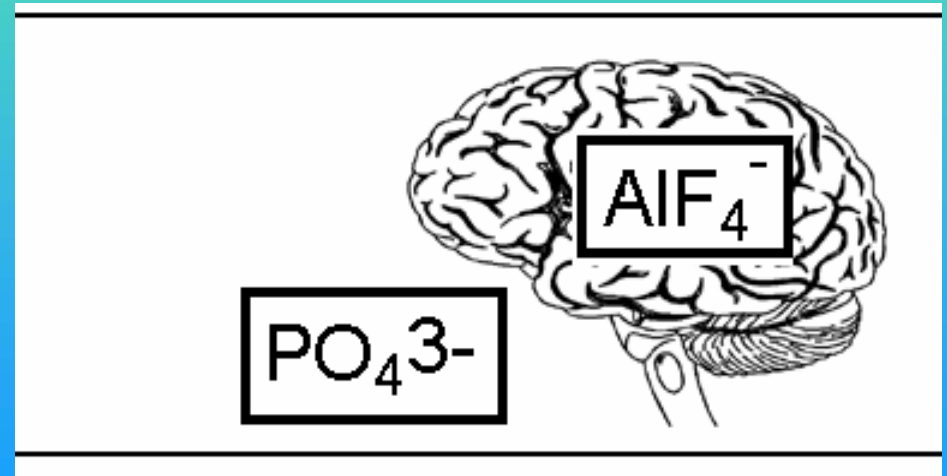
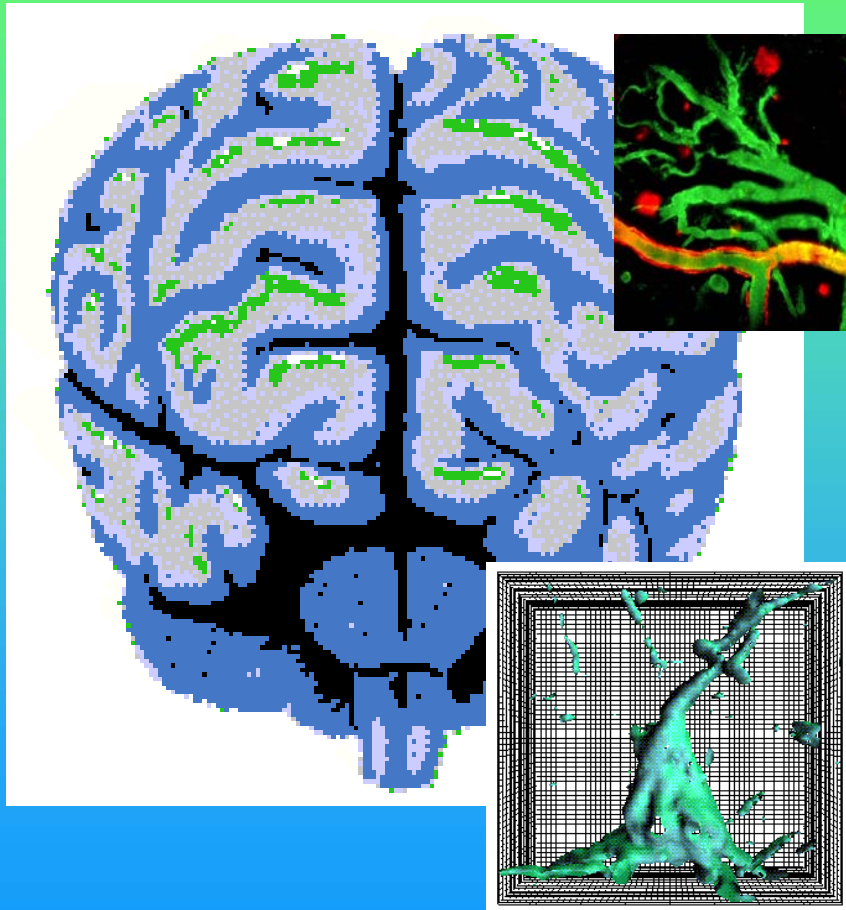
20 μ M – 50 mM

1 ppm \cong 53 μ M F⁻

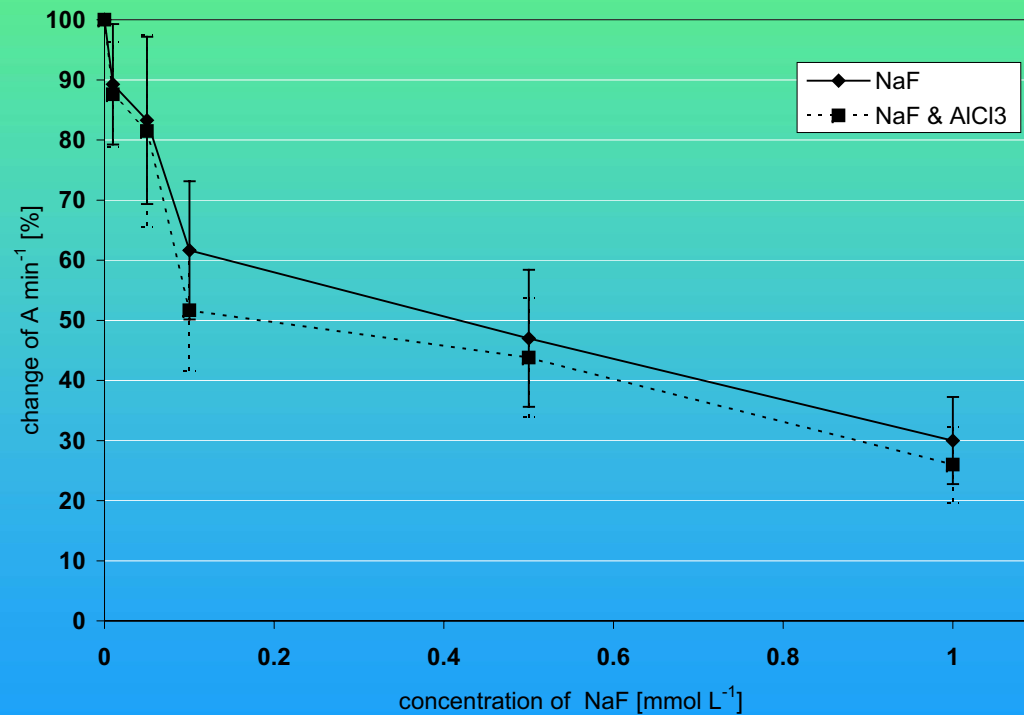
0.4 ppm – 950 ppm

area	Serum F (μ M)	Serum F (ppb)
<1 ppm	0. 63	12
1 ppm	1.00	19
4 ppm	4. 00	76
Peak (children)	76	1,450

Senile plaques and neurofibrillary tangles in brains of AD patients



Acetylcholinesterase activity of human RBC



Cytosolic calcium level (nM) in platelets

means \pm SEM

Young controls	AM controls	Schizophr. patients	AD patients
n=33	n=18	n=6	n=41
96.2\pm 4.1	120\pm 4.8*	190\pm10**	92 \pm 6.1*
84.5 \pm 3.8	103 \pm 6.1	109\pm 8**	91 \pm 5.8

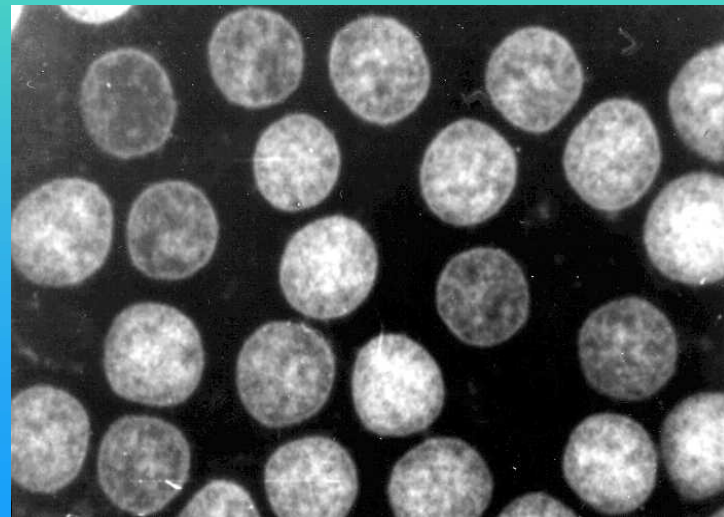
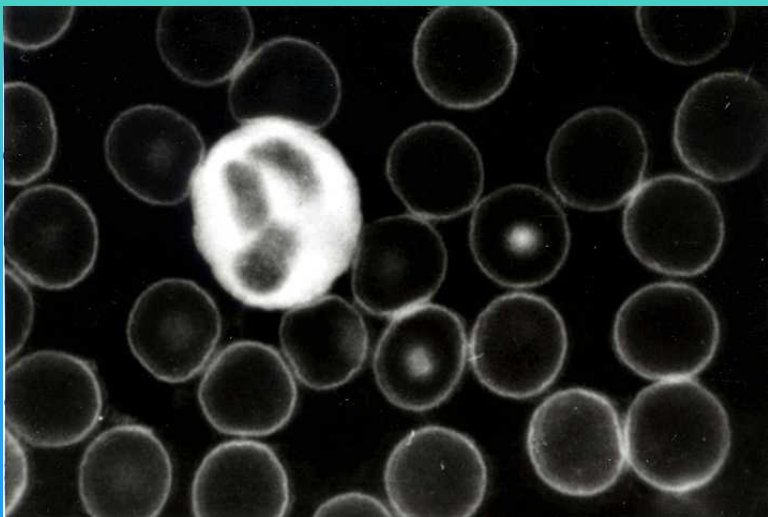
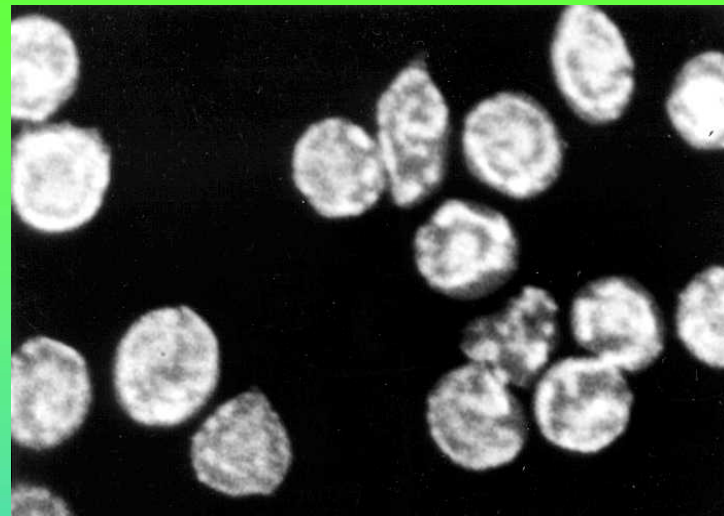
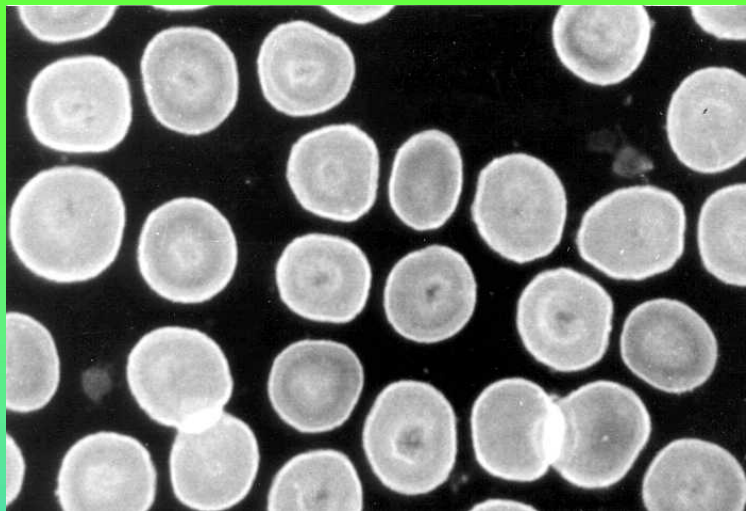
* P<0.01 YC versus AMC; AMC versus AD; AMC versus Sch; **P< 0.001 YC versus Sch; AD versus Sch. ; ANOVA for all groups P< 0.0001, df=3, 94, F=20.21

AlFx % 88

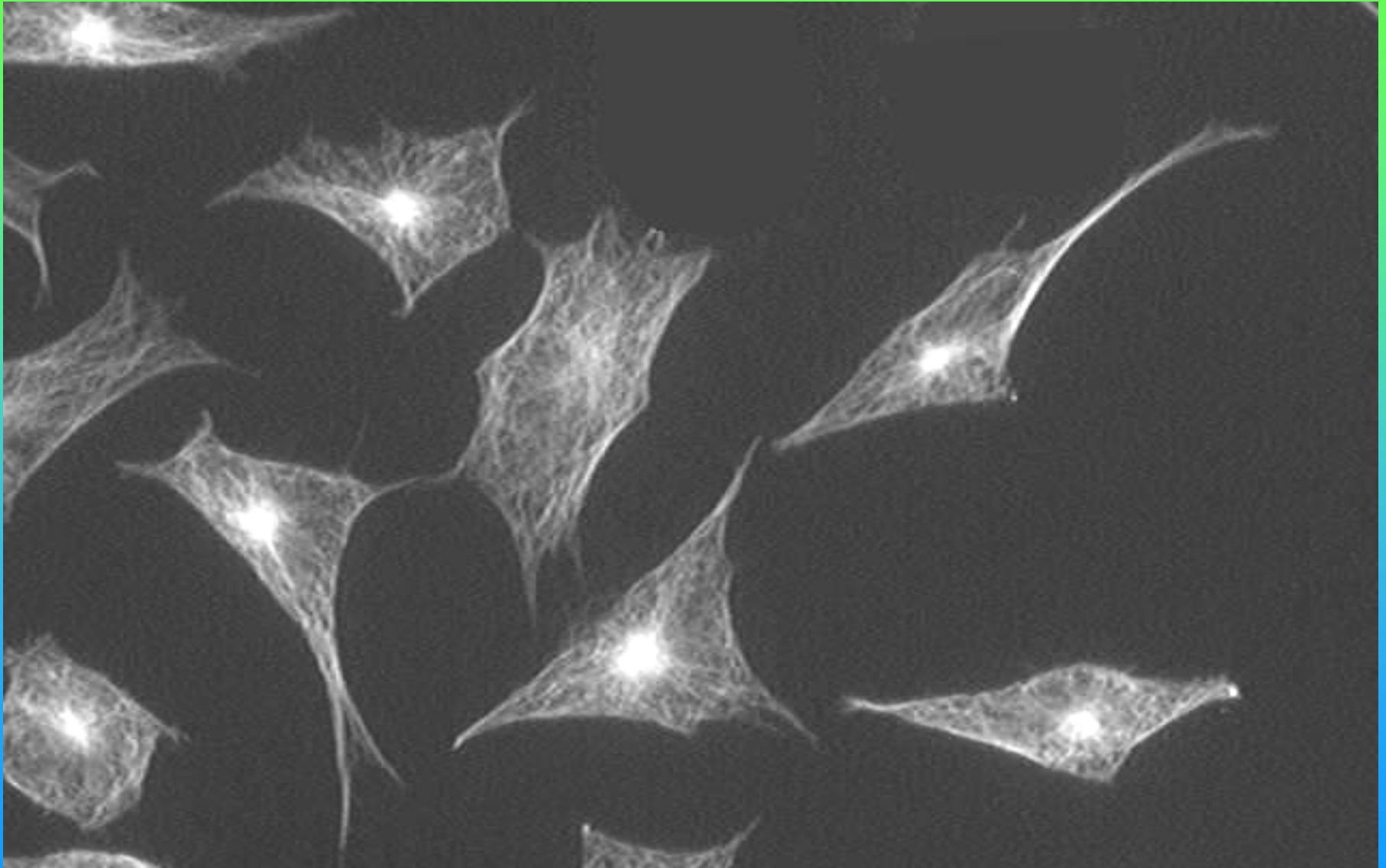
86

57.6

98.5



Tubulin in fibroblasts (control)



Incubation 60' AlF_x

