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Wise Traditions

IN FOOD, FARMING AND THE HEALING ARTS

A PUBLICATION OF THE WESTON A. PRICE FOUNDATION®

Education • Research • Activism

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Volume 19 Number 3 Fall 2018

FEATURES

DEPARTMENTS

WiseTraditions

IN FOOD, FARMING AND THE HEALING ARTS

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Fall 2018

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THE WESTON A. PRICE FOUNDATION®

Education • Research • Activism

The Weston A. Price Foundation is a nonprofit, tax-exempt charity founded in 1999 to disseminate the research of nutrition pioneer Weston A. Price, DDS, whose studies of isolated nonindustrialized peoples established the parameters of human health and determined the optimum characteristics of human diets. Dr. Price's research demonstrated that men and women achieve perfect physical form and perfect health, generation after generation, only when they consume nutrient-dense whole foods and the vital fat-soluble activators found exclusively in animal fats.

The Foundation is dedicated to restoring nutrient-dense foods to the American diet through education, research and activism and supports a number of movements that contribute to this objective, including accurate nutrition instruction, organic and biodynamic farming, pasture-feeding of livestock, community-supported farms, honest and informative labeling, prepared parenting and nurturing therapies. Specific goals include establishment of universal access to clean, certified raw milk and a ban on the use of soy-based infant formula.

The Foundation seeks to establish a laboratory to test nutrient content of foods, particularly butter produced under various conditions; to conduct research into the "X" Factor, discovered by Dr. Price; and to determine the effects of traditional preparation methods on nutrient content and availability in whole foods.

The board and membership of the Weston A. Price Foundation stand united in the belief that modern technology should be harnessed as a servant to the wise and nurturing traditions of our ancestors rather than used as a force destructive to the environment and human health; and that science and knowledge can validate those traditions.

The Weston A. Price Foundation is supported by membership dues and private donations and receives no funding from the meat or dairy industries.

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President's Message

This issue focuses on pharmaceutical drugs, their side effects and overuse, and offers nutritional solutions for many of the problems that so often get treated with the prescription pad.

One of the most commonly prescribed drugs is for a condition that is not even a disease—"high" cholesterol. Cholesterol-lowering drugs, called statins, are not necessary under any circumstances, and have debilitating side effects that often call for more drugs.

Blood pressure-lowering medication has its place for those with very high blood pressure, but these drugs are prescribed to those whose blood pressure is slightly over normal, or even at a normal level, creating many side effects, including dangerously low blood pressure.

Millions of people take antacids to lower stomach acid for "heartburn," when what they usually need is higher stomach acid for better digestion.

Most tragic are the side effects from antidepressants, which range from digestive disorders to anxiety to suicide.

Sometimes drugs are necessary—for life-threatening conditions, for surgery and for pain. But in most cases the conditions they aim at are better treated by improved nutrition. The Wise Traditions diet, which includes nutrient-dense organ meats, natural animal fats, raw dairy foods, genuine bone broth, properly prepared grains, lacto-fermented condiments and beverages and plenty of unrefined salt, should always be the first prescription for any chronic or infectious illness.

Dr. Price once said that we do not die of diseases, but that we get diseases because we are dying. And the body that is not properly nourished begins to die.

At the upcoming Wise Traditions conference we will be exploring holistic solutions to chronic illness, from tooth decay to macular degeneration to digestive disorders to cancer. Almost forty experts in the fields of nutrition and healing will share their wisdom and answer your questions. A key focus will be environmental toxins and how to protect ourselves from them. And as always, we will offer tracks on food preparation and farming and gardening.

Networking and camaraderie, as well as delicious nutrient-dense meals, are key features of our annual conference.

Please take a look at pages 12-15 for information on Wise Traditions 2018, this year in Baltimore, Maryland. We try to make our conference affordable for everyone. Thanks to a generous grant from the Forrest and Francis Lattner Foundation, we are able to offer forty scholarships. We also can arrange work scholarships, room share and ride share. Check our conference page, wisetraditions.org for details. We are looking forward to seeing many of you there!

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A BRIGHT SPOT IN CHILE

I recently visited Chile, which I found terribly sad and discouraging. I went to take a course on a "farm," a "permaculture farm," and they gave us all of the wrong stuff to eat. And this is one of the most known "permaculture farms" here in Latin America. To visit that farm and find the food completely wrong was something I didn't expect.

However, in the middle of that craziness I met a guy living there who understood me. Pipe knows about WAPF and follows a WAPF diet! Here he is holding up some rendered pork fat, which he has been making since he started raising pigs.

He really gets it and told me the owners of the farm won't change the diet since people around permaculture are so into vegetarianism and not really interested in real food.

Veronica Belli Obando
Lima, Peru

RAW MILK MIRACLE

I have been taking care of a relative whose lowfat, low-salt, soy- and almond-milk laden, vegan diet finally caught up with her. She was dying of multiple causes including severe hypothyroidism, severe anorexia, lung tuberculosis, sarcoidosis and squamous cell carcinoma. You could almost say she was dying of malnutrition, if not outright starvation. All this of course, peppered with the usual toxic cast of other chemicals like vaccines and Roundup. Could anyone survive this onslaught of debilitating conditions?

Her entire abdominal area, neck to groin, was filled with tumors. Kaiser doctors gave up on her, giving her three to six months to live, with an emphasis on the former. This was in June. Mercifully, she rejected chemo and radiation, when the doctor told her she was too fragile and too advanced for either to be of any benefit. Her weight had shrunk from one hundred thirty to one hundred seven pounds. Kaiser finally recommended hospice. She was admitted to home hospice, with me in charge.

She took to bed after this death sentence, stopped eating nearly completely, went down to ninety-seven pounds, and was on 60 mg of morphine for "cancer-related pain" that many hospice patients get. Her foods were Ensure and Boost, soy milk and almond milk, sweet yogurts and storebought granola.

I am proud to say I exhibited remarkable self-control and did not say a word about these noxious foods. When she asked for Boost, I gave her Boost. When she asked for Activia, I gave her Activia. We had a slew of visitors over those weeks to pay final respects, bringing flowers and cards and many tears. We were all grieving.

Well, we finally moved next door (we were in the process of moving) and started feeding her ourselves. Literally three days after I started her on raw milk, she went from horizontal to vertical. She just started sitting up in bed, pain gone, and all of a sudden, was interested in life. She is an ADA-trained dietician, who doesn't just disapprove, but is appalled by the foods I eat (raw butter, raw oysters and salt), and was even more shocked at the idea of raw milk. The only way I was able to get her to drink it was to say, "You are going to die anyway, why not give it a shot?" So, she had her first sip of milk around mid-July out of sheer politeness.

What happened after was remarkable. When she took her first sip, she said it tasted like the milk of her childhood, the kind they delivered on their doorstep in glass bottles, with cream on top. The Ensure, Boost, soy-milk and almond-milk went out the window. She now has raw milk with local organic ice cream three times a day. She was also quite opposed to the idea of eating ice cream, but quickly applied the same logic to the ice cream (cheered on by me). She was going to die anyway, and since she had deprived herself of ice cream for decades, and since that deprivation had not worked anyway, why not indulge herself now? Her weight went up from ninety-seven pounds and now hovers at one hundred nine. She is walking a small distance outdoors. She is hooked on the raw milk and ice cream. Her appetite has returned. She craves food, something she has not done in years. I am wondering whether she was missing

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zinc or some critical appetite hormone on the vegan, plant-drink-based diet, which caused the anorexia.

When she drinks milk, she holds it like her life depended upon it, in both hands, as the cup goes up, covers her face, and she gulps the whole thing down with satisfaction. It reminds me of the little girl with diphtheria in Willa Cather's novel, *Sapphira and the Slave Girl*, who floats down in her sick stupor, goes like a magnet toward the broth, sips it like it was communion, and survives, while her poor sister who did not drink the broth, dies. I think it's not until the body is in its death throes that our reptilian brain, our innate sense of self-preservation, takes over and makes these wise food decisions for us.

I am happy to say she will not die tomorrow or next month or by Thanksgiving either. She is on the hook for making homemade ice cream in three flavors for Thanksgiving. She has also committed to growing seedlings for our garden for winter and next spring. She will live for many more months, possibly years.

Sadly, she does not think it's the food that saved her life, so when she gets better I am not sure she will eat the same way. But for now, it's enough to have witnessed a miraculous transformation in a dying person, which has etched into my psyche the incredible healing power of real food.

Raw milk saved my life over a decade ago and now it has saved another of my family members. It has also gotten my daughter pregnant in a jiffy. I think of it as the food that gets you through life without problems. I owe a great debt of gratitude to the Foundation. I hope it continues to educate misguided people forever, without conflict or corruption.

Melissa Yeany
Pittsburgh, Pennsylvania

THE RAW MILK DIFFERENCE

I believe that raw milk has made a huge difference in how healthy my grandchildren are. My family line was going downhill, with my parents sicker than theirs, and me sicker than my parents, and my kids sicker than my husband and me in some ways, especially with all those vaccines that I didn't know damaged children. My grandkids are super healthy relative to most of the other kids we know, so I hope the raw milk and healthy WAPF diet, and vaccine avoidance have turned our family around. My daughter created her own
micro farm-ranch-dairy so her kids could have healthy raw milk and good food, and it seems to have really helped.

Some people are so sick they can't tolerate milk or fermented milk until they spend some time on the GAPS diet, but I haven't heard anything bad in person about people reacting to raw milk, and certainly nothing about anyone I know of getting sick from microbes in it. When I started drinking it, I got sick because I had a leaky gut. I fermented it and continued consuming raw dairy, and I think the raw dairy has been a major factor in how my health has improved in spite of a high body burden of heavy metals and pesticides.

I am a scientist and was exposed to the propaganda they spout in biology classes about how dangerous raw milk supposedly is—they didn't even teach a whisper about the gut flora—and I was scared when my daughter started drinking raw milk when she was pregnant. Hopefully the new knowledge will triumph.

Maria Minno
Gainesville, Florida

SIDE EFFECTS

The WAPF stance on drugs is that all drugs cause nutrient deficiencies in the body. I applaud your views and agree with you in full. The main drugs I have taken are Cyproheptadene for migraines and Gabapentin as a pain reliever after an operation. Both these drugs have "blurry vision" as a side effect and after taking these drugs for a while I indeed was getting blurry vision. A doctor's examination revealed that I had the beginnings of cataracts. I am certain that if I had not taken those drugs over a long period of time I would not have developed cataracts.

The drug companies do not tell you that you can develop blurry vision after taking drugs and that the so-called "blurry vision" can develop into cataracts. The blurry vision does not go away after stopping the drugs. I tried many alternative methods for getting rid of this condition but to no avail. After four years of deteriorating vision, I had cataract surgery in both eyes and am immensely grateful that it has restored my vision to almost perfect.

Just a warning to readers of *Wise Traditions* to read all the side effects of drugs and if "blurry vision" is listed as a side effect, please take heed.

Julia Hattori
Toronto, Canada

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Problems with the eyes that develop as a side effect to taking a drug are a sure sign that the drug is sequestering vitamin A from the eyes to another part of the body. How much better to just take cod liver oil!

A SOY TRAGEDY

My son has gynomastia and a micropenis. He was put on soy formula very early as he could not keep down breast milk or regular formula. Is there anything being looked at with this issue? I know there are studies now that show soy can have these effects on males. We are devastated as our son is sixteen and we have no way to even start to pay for gynomastia surgery, and the micropenis treatments aren't even worth it in some cases. My son is very depressed. I worry about him taking his life because of his body. Soy never should have been provided in formulas and they are still using it today. At minimum, the makers of soy products need to have people sign something saying they understand their son can have a micropenis and gynomastia from it!

My son also has attention deficit disorder, which is one of the issues surrounding soy, which you state in your article too. Are there any lawyers interested in individual lawsuits or even class action?

Name Withheld

This is so tragic for us to read. Hopefully an attorney reading your letter will take up the challenge. All soy formula should carry a warning label. As for your son, we can recommend our diet with cod liver oil, organ meats, raw milk and plenty of butter. This might ameliorate some of the symptoms, especially the depression and attention deficit disorder.

ULTRASOUND

My friends and I have been very enthusiastic about your last several issues and their focus on important health topics. I was particularly impressed with your article about the 5G, which I had heard about but did not know exactly what it entailed until I read your recent article.

There is another subject that people do not know much about, but it is as prevalent these days as cell phones and cell towers, and no one gives a thought about potential adverse side effects. That is ultrasound. There are a couple authors who are experts in this field who I'm sure would be very happy to write an article for your journal: Jim West and Jeanice Barcelo. The *Pathways* journal also has addressed this subject minimally. I would be very thrilled to see a *Wise Traditions* issue focused on this subject, as many young mothers look to you for health information, and they have all been told by their doctors that ultrasound is safe, when the medical industry has no documentation whatsoever to verify that assertion, and many researchers are finding that exactly the opposite is true.

Anne Wilder Chamberlain
Priest River, Idaho

We have reviewed the book by Jim West, but you are right, we should do a more in-depth article for Wise Traditions*—we have put it on the list. Meanwhile, pregnant moms should just say "no" to ultrasound. Today there are blood tests that can determine any serious birth defects, and it's fun to leave your baby's sex a surprise!*

SAND FRACKING IN WISCONSIN

I just talked with a friend from Wisconsin who had spent a month there with her family, and whose sister is quite an innovative farmer there; but she also came home reporting that something like fifty-seven family farms per week are disappearing in Wisconsin now because of the mining for fracking sand, which is totally raping the land and ruining the water, and having all kinds of negative consequences. She said that her sister is ready to throw in the towel and move to Utah.

Then I heard that the Asian fruit fly, which infests four hundred thirty(!) different fruit and nut species, has been discovered in Miami, and "they" are "trying to eradicate it." Just thought I'd pass on these little bits of news that seem so WAPF-oriented.

Susan Ledbetter
Waverly, Alabama

TEETH CLEANING?

I see an incredible dentist who is beyond holistic. He says *not* to have your teeth cleaned because it damages the teeth and gums and strips all nutrients out. In fact, he says *never* to floss your teeth with string floss because you are causing trauma to your gums. Instead, he has us use a Waterpik (Ultra) and water floss twice a day. I could not believe the difference it made in my gum line in just a couple of months.

He also says not to use toothpaste or any of our homemade tooth cleaners. Instead, after brushing (only with

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a SoFresh toothbrush) and water flossing, gently use your brush to spread on Nancy's Plain Whole Milk Yogurt so you are nourishing your gums and teeth and replenishing good bacteria to your mouth. Don't rinse it out! There's more to his protocol, but this part is key. He turned dentistry on its head for me, and brought me into a whole new paradigm of oral health. He is totally non-invasive, 100 percent holistic, and booked two years out. He has no website and only gains clients by word of mouth. He tried to teach his peers by showing them his successes but they said "if we can't drill and fill, we don't make money." He is somewhat underground because he doesn't want to lose his license or end up on the dead holistic doctors list.

Terry Fowler
Chapter Leader
Des Moines, Iowa

ALA WARNING

I'm writing to warn your readers about alpha lipoic acid (ALA), which is sold as capsules and also put into skin-care products. Years ago I used a skin-care product containing ALA for a few years until I eventually figured out I didn't feel so good when using it.

ALA is a potent antioxidant, which is why some practitioners love it so much. However, as Andy Cutler discovered in Russian studies, it is also a chelator of mercury (the only chelator that can cross the blood brain barrier) and is able to penetrate into cells themselves. However, not only can it pull mercury out of the brain and out of cells (and organ tissues), it can also deposit mercury into them.

ALA is so powerful as a chelator that Andy felt all ALA supplements should come with warnings on the labels because it chelates mercury. For anyone with amalgam fillings (as I had at the time I was using the ALA skin-care product), the ALA will take mercury from the fillings and deposit it elsewhere in the body, including the brain. It is one of the biggest dangers Dr. Cutler warned about: never take ALA if you have amalgam fillings. And, if you don't have amalgam fillings, but there's any chance you are mercury-toxic, never take ALA unless it's on a proper chelating schedule (every 3 hours).

Lisa Schnoor
Silver Spring, Maryland

MESSAGE TO VEGANS

I used to work in a corn processing plant. My job was to sort all the chaff from the ears of corn as it zoomed by on the conveyer belts off the trucks, so that only ears of corn would go into the next stage of processing.

You would vomit if you saw the number of dead birds, snakes and rodents I had to fling off the conveyer belt. Your vegetables are not grown in sterile isolated environments where animals aren't harmed by their production. I handled hundreds of dead pheasants, grouse, rats, mice, voles, thrushes, rabbits and even a dead raccoon who were all caught in the machinery when it mowed the corn field and they all died

VITAMIN B12 UPDATE

I just re-read your excellent article on vitamin B12 (*Wise Traditions* 2005) and would like to add a few details. The B12 enzyme system (methionine synthase) is believed to be a particular target for mercury toxicity.[1] An impaired enzyme system can be boosted by providing additional cofactors, such as B12.[2]

While the article notes that serum B12 levels are not a good indicator of functional B12 deficiency, and that methylmalonic acid (MMA) levels are a better indicator, research suggests that up to one fourth of "B12 responders" (people with a functional B12 deficiency) actually have normal serum levels of B12, methylmalonic acid, and homocysteine.[3,4] In other words, hematological markers may not reveal a functional B12 deficiency; therefore, therapeutic trials with pharmacologic doses are appropriate when symptoms consistent with B12 deficiency are present regardless of the results of diagnostic tests. Furthermore, a small subset of patients may be unable to alleviate their symptoms via oral supplementation but may have better success with shots.[4]

I'm prompted to write because I thought I was getting enough B12 via oral supplements and a nutrient-dense diet; I thought my nagging neurologic and psychiatric symptoms were due to residual mercury toxicity following several years of chelation, and maybe they were, but the B12 shots have alleviated them.

Kris Homme, MPH, Berkeley, California

1. Waly M and others. Molecular Psychiatry. 2004 Apr;9(4):358.
2. Ames BN and others. AJCN 2002 Apr 1;75(4):616-58.
3. Solomon LR. Blood reviews. 2007 May 1;21(3):113-30.
4. Solomon LR. Nutritional neuroscience. 2016 Apr 20;19(4):162-8.

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so that you could have a meal.

This doesn't only happen in corn fields. Across the road from my house is a commercial bean field. When the bean field was mowed, tens of thousands of displaced mice swarmed into my yard (it was super gross) where they collectively cannibalized each other out of their desperation before they finally starved to death. That's so you could have clean, "cruelty-free" bean protein.

Being part of the food chain means that your food consumption is going to have a negative impact on other organisms at some point. If you're more comfortable not consuming animal products, that's completely fine with me. But please stop acting like you have moral high ground because the production of your plant products causes plenty of death and suffering too. And that's without getting into the widespread use of pesticides, fertilizers and rodenticides which make their way into the rest of the ecosystem.

Lorraine Wright

ONE HUNDRED YEARS OLD

My mother is one hundred years old and looks amazing. She has a Spanish cook (who is now eighty years old) who has worked for her for forty years. She is pretty savvy about nutrition and health. The meals are homemade from scratch and delicious.

She has made sure that my mother ate five fruits and five vegetables every day for the last forty years. She feeds her fish of some sort about four nights a week. Rarely beef, but some organic chicken, calf's liver, lamb chops, crabmeat, shrimp, scallops, occasionally veal shank and a variety of meats.

Every day she serves my mother (and now me) a half an avocado at either lunch or dinner and blueberries for dessert at one of the three meals. She rarely ever serves potatoes, rice or other grains. Mother does not like bread or potatoes or anything white.

Mother does not like dairy products, so no creamed soups, no ice cream

and no yogurt (though she used to eat yogurt when she was younger). She does not eat cheese very often except in an occasional grilled cheese sandwich which she will eat now and then, with great enthusiasm.

Her eating habits are amazing. She will be offered a box of candy and take only one, or a plate of brownies fresh from the oven, but she only wants one! Amazing! Same with chocolate chip cookies. The cook is gaining weight but not my mother.

Bonnie Matheson
Washington, DC

TATTOO HAZARDS

Tattoo inks contain heavy metals, which can then be passed on to your baby. You might recall from the movie *Trace Amounts* that being pregnant is a great chelator for the pregnant woman. Unfortunately, however, the chelated metals go directly to the fetus, where they will cause neurologic and other harm. Heavy metals, be they from vaccines, amalgams (mercury-containing "silver" fillings), mercury-laden fish and sushi, pesticides or other sources, are both toxic and neurotoxic, and many, when paired together, like mercury and aluminum, are synergistically toxic and neurotoxic. Additionally, heavy metal toxicity is cumulative, meaning our heavy metal loads accrue and increase over time, especially in today's toxic world.

Heavy metals are not the only health hazard posed by tattooing; the spread of hepatitis B and hepatitis C is also a concern, in addition to the spread of other infectious diseases. Future parents would be wise to say no to vaccines and to tattoos.

Laura Hayes
Granite Bay, California

EFFECTIVE MERCURY DETOX

I am fascinated by the *Wise Traditions* journal issue about mercury poisoning! My husband, Steve, had chronic mercury poisoning before I met him, and he struggled for decades with extreme fatigue, brain fog, reclusive tendencies and various pains. He later developed recurrent corneal erosion, which also turned out to be related to mercury poisoning. Finally, I learned from *Wise Traditions* and other resources that his amalgam fill-

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ings were poisoning him, and he had them removed by several trips to an IAOMT mercury-safe dentist. What an improvement! He felt much better, but a month later, his body started detoxing the stored mercury, and we began a difficult detox journey that continued over the next several years. We made some of the mistakes that Andrew Cutler warned about, such as wrongly using cilantro and chlorella.

During Steve's detox, I learned Matrix Response Testing (MRT) from Dr. Louisa Williams, at the 2014 Wise Traditions Conference in Indianapolis. I started using MRT to evaluate supplements and homeopathy for Steve, and his mercury detox settled into a smooth, steady climb. I found raw milk to be particularly helpful for him, in the morning and at lunch. If he drank milk at dinner, the detox would continue into the night and keep him awake. I've read about glutathione in raw milk, and I guess that's what helps to remove mercury from the body. Also, a homeopathic remedy, *Aurum metallicum* 200C, taken every day or every other day, gave amazing results for Steve's mercury detox. And a third helpful remedy was a daily or twice daily dose of black poplar gemmotherapy extract, recommended in Dr. Williams' book, *Radical Medicine*. Today, Steve is completely free of mercury symptoms, and I am delighted and grateful for his good health.

Since I learned how to use MRT to evaluate health, I've had a steady stream of friends who also want to detox mercury and other poisons. I find the same three remedies to be helpful with other people who have mercury poisoning. I find that the people who still have amalgam fillings or some other current mercury exposure prefer only raw milk and a very infrequent dose of *Aurum metallicum* 200C, usually once every eight to thirteen days, without black poplar gemmotherapy. This seems to provide stabilization. Those who do not have current exposure, who are only detoxing stored mercury, can usually tolerate a more aggressive detox, especially if they are otherwise quite healthy. But I caution them to take it at a comfortable pace and be alert to their mercury poisoning symptoms. The symptoms seem to signify that the body needs a break.

Thank you for your great work to teach all of us about real health and nutrition. This is where I turn when I have questions!

Kimberly (Kimmy) Bears
Chapter Leader
Blacksburg, Virginia

TRASHING HUMAN RIGHTS

What is going on in Australia in relation to using financial coercion and bans in order to quash conscientious objection to vaccination trashes human rights conventions, the Nuremberg Codes, the October 2005 UNESCO Universal Declaration on Bioethics and Human Rights, the Australian Constitution on parental rights and even the government's own immunization guidelines! The corporate power behind this outrage is truly frightening. I am alerting interested people to a deeply troubling small item that appeared on page nine of the *Adelaide Advertiser* on 4 January 2018, titled "Social types ripe for a jab." Here is the text: "Facebook accounts and telephone records can be used to pinpoint the best individuals to vaccinate to stop a disease outbreak in its tracks, researchers said yesterday."

"Such people would be 'central' in their social networks, and thus likelier to spread disease-causing germs from one group to another. Assuming there is an outbreak, and not enough vaccines for every person in the world, immunising these well-connected individuals would remove social 'bridges' by which germs can spread, experts wrote in the *Journal of the Royal Society Interface*. The study concluded that people central in their digital networks are also central in real-life human networks."

The implied coercion behind this statement smacks of what happened to the Jews in Nazi Germany. To think that social networks could be used to target those who do not trust "Big Pharma" takes the concept of "Big Brother" to a very scary, unconscionable and unacceptable level.

Alex Hodges
Birdwood, South Australia

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will help ensure
the gift of good health
to future generations.

Caustic Commentary

Sally Fallon Morell takes on the Diet Dictocrats

PURE POISON?

The Internet is atwitter with a claim by Harvard professor Karin Michels that coconut oil is "pure poison." Dr. Michels made the announcement during a lecture in Germany, given in German, and reported in *Business Insider Deutschland*. The video of her lecture has gone viral, with over one million views. Coconut oil is a poison, says Michels, because it's highly saturated, so it raises LDL-cholesterol and blocks our arteries. Apparently, the professor from Harvard knows more than Mother Nature, who poisons little babies by putting saturated fats of these kind into mother's milk. Studies have shown that coconut oil does not raise LDL-cholesterol or contribute to heart disease, but Michels lives on the anti-saturated fat planet where real thinking is not allowed. For example, she might have asked how the inhabitants of the tropics have survived over the centuries eating so many coconut products filled with saturated fat. But Michels touts the party line, that we should consume only liquid oils and also avoid red meat and dairy products. The real question is, what kind of university would hire someone so obviously in the pockets of industry, still spouting the same old, tired, wrong, dangerous nutritional advice? Surely the world's most prestigious university can do better than this.

A Vietnamese elder enjoys coconut, full of saturated fat!

CHEESE FOR LONGEVITY

The anti-saturated fat pronouncements of Dr. Michels notwithstanding, evidence exonerating cheese continues to accumulate. The latest is a study out of Poland, which looked at data from the National Health and Nutrition Examination Survey. The researchers followed over twenty-four thousand participants for six years. The researchers found the consumption of any kind of dairy to be associated with a 2 percent lower risk of death from any cause, while consumption of cheese was associated with an 8 percent lower total mortality risk. Researchers involved in the study call for reformulating the dietary guidelines, but critics are throwing cold water over their conclusions. According to Dr. Holly Lofton, director of the weight management program at NYU Langone Health, "Cheese can be quite satisfying and filling for patients but it is also often eaten in mindless settings like dinner parties. This can lead to weight gain, which increases cardiovascular risk" (sciencedaily.com/releases/2018/08/180828085914.htm). Wrong again. For example, women who eat cheese show lower weight gain as they age (*American Journal of Clinical Nutrition*, 2007;84(6):1481-1488). So you can still enjoy cheese in "mindless settings like dinner parties" and outlive your cardiologist as well!

LOW-CARB DIETS, SHORTER LIFE?

The food industry is worried about the growing popularity of low-carb diets, which means of course diets that avoid white flour and industrial sweeteners. After all, the manufacturers get much more profit if people eat cheap carbs rather than real foods like meat and cheese. So naturally, a new study has come out—from guess where? Harvard of course—which found that "low-carbohydrate, high-animal-protein diets significantly increase the risk of early death" (*The Lancet Public Health* 2018). Another headline: A new study of more than 24,800 adults in the U.S. found that those who limited their carb intake had a 32 percent higher risk of death from any cause than people who ate high-carb diets. The researchers also did note a greater risk of death for those on a high-carb diet. The sweet spot of lowest risk magically landed on the government-sanctioned "moderate carb diet" of 55 percent. As Zoe Harcombe has pointed out in her excellent analysis, there are just so, so many things wrong with the study. For starters, the researchers did not look at people on a genuine low-carb diet, which means carb consumption in the range of 10-20 percent and animal fat consumption in the range of 60-80 percent of calories. And they used all the statistical tricks in the book, including reliance on food frequency

Caustic Commentary

questionnaires (sample question: During the past month, how often did you eat any kind of cheese? Include cheese as a snack ... cheese on burgers, sandwiches, and cheese in foods such as lasagna, quesadillas, or casseroles. {Please do not count cheese on pizza}), uneven intervals, inflation of insignificant findings using relative risk, small interval confounding, and failure to adjust for alcohol, an important confounder. The researchers strangely contended that no one in this study of American adults consumed more than 1660 calories per day. Really? For an amusing and maddening look at what passes for science coming out of Harvard University, visit Zoe's blog at zoeharcombe.com/2018/08/low-carb-diets-could-shorten-life-really/.

The world's oldest cheese, in a canvas bag.

NO CAUSE FOR ALARM?

We are not seeing a lot of studies on the effects of soy foods these days, but one seems to have slipped through the cracks. Researchers at the Nutrition Center at Children's Hospital of Philadelphia (CHOP) looked at reproductive cells and tissues in infants receiving either soy-based formula, milk-based formula or breastmilk. The researchers found the most pronounced changes in soy-fed girls, with estrogen-like responses in vaginal and urethral epithelial cells and in serum estradiol and follicle-stimulating hormone levels (*J Clin Endo & Meta*, 2018). According to study author Margaret A. Adgent, "Modern soy formula has been used safely for decades" and the changes were "subtle and not a cause for alarm." Of course, these changes would be subtle in infants, and we know that tiny amounts of hormones can make huge differences in long-term development. For now, the American Academy of Pediatrics is not changing its stance: soy formula is recommended for infants who cannot digest milk and "in situations in which a vegetarian diet is preferred."

PLUMMETING IQ SCORES

Test scores of our children are on a downward path, not only in the U.S. but worldwide. In the U.S., scores on SAT tests (a proxy indicator of cognitive ability) are at an all-time low while at least half of all children have a chronic health problem such as developmental delay, behavioral problems, obesity, allergies, asthma and mental health conditions. In Europe, test results in Norway, Denmark, the United Kingdom, Finland, Austria and Germany show the same trend. Commentators blame environmental factors such as pesticides, but there are many others: vaccinations, antibiotics, genetically engineered food, EMR, soy foods, plastics and above all the current lowfat, high-sugar diet consumed by most children, with the blessing of educators and physicians. Researchers are beginning to express concern about the mismatch between available cognitive abilities and "the expected larger demand for non-routine analytical-cognitive jobs," noting that "cognitive tasks at the workplace as well as in daily life and in organization, maintenance and especially innovation are rising" (healthimpactnews.com, June 19, 2018). Put another way, who is going to keep the lights on, fly our planes, fix our roads and bridges, build our cars and computers and produce our food when half the population has trouble with cognitive tasks?

BREAD AND CHEESE

Mankind did not consume grains or dairy foods until the Neolithic age, which began in the Fertile Crescent about twelve thousand years ago, or so say promoters of the paleo diet. But archeologists have uncovered evidence of bread-making dating back some fourteen thousand years, at a site in northeastern Jordan. The discovery shows that bread-making predates large-scale agriculture. And it was quite good bread, made with fine flour of wild barley, wheat and oats as well as from tubers of water plants (pnas.org/content/115/31/7925). Archeologists have also discovered a large bag containing a mysterious white substance in the tomb of Ptahmes, mayor of Egypt's capital city of Memphis during the thirteenth century BC. New analytical methods have revealed the mass to be solid cheese (*Anal. Chem.*, 2018, 90 (16), pp 9673–9676). The

cheese was made with milk from goat, sheep and, strangely, African buffalo—a species not typically associated with domestic animals. The researchers also found the brucellosis bacterium, leading to warnings about the need for pasteurization. But our paleolithic ancestors seem to have survived a diet containing both unpasteurized milk products and bread made from grains, including wheat.

DON'T MESS WITH MERCURY

The Centers for Disease Control's Agency for Toxic Substances and Disease Registry warns people about the toxicity of mercury and provides information on cleaning up toxic spills from fluorescent light bulbs, thermometers, thermostats, electrical switches and school science labs. Breathing mercury vapors can affect the nervous system, damage the kidneys and harm other parts of the body, the agency warns (atsdr.cdc.gov/dontmesswithmercury/index.html). As pointed out by WAPF advisory board member Laura Hayes, the website does not mention the fact that if a doctor or nurse drops a vial of a thimerosal-containing influenza vaccine, the building must be cleared and a HazMat team called in to clean up. Expired mercury-containing vaccines cannot be thrown away as regular trash, but must be collected by those specializing in the disposal of hazardous materials. But CDC thinks it's fine to inject mercury into the bloodstream, even into the bloodstream of babies and pregnant women, or to put it in people's mouths in the form of amalgam fillings that are constantly outgassing mercury vapor fumes. Mercury is a potent neurotoxin that can make people go crazy, and nothing is crazier than the double standard regarding mercury toxicity.

EMBALMING FLUID

Don't mess with embalming fluid either. Recently a woman in Russia died after doctors mistakenly injected embalming fluid (formalin, a 40 percent solution of formaldehyde in water) into her abdominal cavity. She succumbed three weeks later, of organ failure. According to Lewis Nelson, MD, of Rutgers New Jersey Medical School, formalin in the body is "very dangerous to all living tissues and would disrupt the function of nearly every living organ." Yet formaldehyde is added to four of the eleven licensed influenza vaccines in the U.S. (some of which are given to pregnant women) and to twenty-six other vaccines including DTap, Hib, Hep A, Hep B, polio, Tdap and typhoid. (thevaccinereaction.org/2018/04/embalming-fluid-in-vaccines/) The amounts may be small, but then the individuals they are injected into are often very small, sometimes only one day old, and the effects are cumulative.

SATISFYING PICKY TODDLERS?

"Eating guidelines that satisfy even picky toddlers and active teens" is the title of an article by Casey Seidenberg, published in *The Washington Post*, July 26, 2018. The diet that is going to satisfy your toddler, she claims, is two servings of fruit, three servings of vegetables, six servings of whole grains, two or three servings of dairy, and two servings of protein (eggs, beans, chicken, fish or meat) per day. For school-age children, the portions are increased (grains go to nine servings) and for teens they are increased again (grains go to eleven servings). Such a soul-crushing diet is of course a recipe for creating picky eaters and hungry children—there's no fat, no salt, no cream, no butter, no bacon, just a lot of dry vegetables, grains and meat, impossible to choke down. What if your child is drawn to junk food (which he will be)? "Don't be overly restrictive" is the advice—in other words, let them satisfy themselves with junk food. If your child seems to be managing unhappy emotions with food (yes, they will be unhappy), the advice is to "talk to them about their feelings." The truth is that the diet suggested by Ms. Seidenberg (who is just following the USDA guidelines, after all) is a form of child abuse, bound to create unhappy, unhealthy, unsatisfied human beings.

FOR SCIENTISTS AND LAY READERS

Please note that the mission of the Weston A. Price Foundation is to provide important information about diet and health to both scientists and the lay public. For this reason, some of the articles in *Wise Traditions* are necessarily technical. It is very important for us to describe the science that supports the legitimacy of our dietary principles. In articles aimed at scientists and practitioners, we provide a summary of the main points and also put the most technical information in sidebars. These articles are balanced by others that provide practical advice to our lay readers.

Education • Research • Activism

Wise Traditions 2018

NINETEENTH ANNUAL INTERNATIONAL CONFERENCE OF THE

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NURTURING THERAPIES FOR CHRONIC DISEASE

Friday, November 16 – Monday, November 19

Chapter Meeting and Fundraiser Reception on Thurs., Nov. 15, Hilton Baltimore Hotel

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Amy Berger, author of *The Alzheimer's Antidote*
James Bieneman, DDS, expert on tongue ties and sleep apnea
Bradley & Dana Bleasdale, raw milk activitists
Hilary Boynton, author of *Heal Your Gut Cookbook*
Natasha Campbell-McBride, MD, *Gut & Psychology Syndrome* (GAPS)
Paul & Ellen Connett, of the Fluoride Action Network
Monica Corrado, MA, CNC, traditional food chef
Tom Cowan, MD, author of *Human Heart, Cosmic Heart*
Sally Fallon Morell, MA, author of *Nourishing Traditions*
Linda Isaacs, MD, expert on individualized nutritional protocols
Anthony Jay, PhD, stem cell and epigenetics researcher
Season Johnson, of KICKcancERmovement.org
Dan Kittridge, founder of Bionutrient Food Association
Chris Knobbe, MD, expert on age-related macular degeneration
Ted Koren, DC, author of *Cancer is Natural, So is the Cure*
Kiran Krishnan, expert on intestinal flora
Brandon LaGreca, CAc, MAcOM, acupuncturist
Thomas Levy, MD, JD, author of *The Toxic Tooth*
Carlo Litano, DMD, holistic dentist
Mel Litman, MD, orthomolecular medicine, integrative cancer treatment
Forrest Maready, author of *Crooked: Man-Made Disease Explained*
Chris Masterjohn, PhD, chrismasterjohnphd.com nutrition blog
Leigh Merinoff, of Meadows Bee Farm
Tom Naughton, director of *Fat Head*
Ronda Nelson, PhD, expert on thyroid health
Sally Norton, expert on oxalates and pain relief
Elizabeth Plourde, PhD, author of *EMF Freedom & Sunscreens-Biohazard*
Matt Rales, grass-based livestock farmer
Bruce Rind, MD, expert on metabolic therapy & brain trauma treatment
Julia Ross, MA, author of *The Craving Cure*
Marianne Rothschild, MD, holistic and integrative medicine
Pam Schoenfeld, RD, co-director Healthy Nation Coalition
Kim Schuette, CN, nutritional & biotherapeutic drainage therapies
Stephanie Seneff, PhD, expert on glyphosate
James Strick, PhD, author of *Sparks of Light*
Kim Thompson, RYT, movement instructor
Louisa Williams, MS, DC, ND, author of *Radical Medicine*
Lindsea Willon, expert on insulin resistance
Will Winter, DVM, expert on pastured livestock
Nasha Winters, ND, LAc, co-author *The Metabolic Approach to Cancer*

LOCATION AND ACCOMMODATION

The conference hotel is the Hilton Baltimore at 401 West Pratt St., Baltimore, MD. A special conference room rate of $199 per night plus taxes for single or double occupancy is available until October 11, 2018 or until all rooms are sold. You may make reservations by phoning Hilton Reservations at (800) 445-8667 and mention the Wise Traditions Conference. You may also book online at book.passkey.com/go/WiseT2018

One-day, weekend, no-meal options! Free exhibit hall and film.

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PRE-CONFERENCE AND POST-CONFERENCE ACTIVITIES

THURSDAY, NOVEMBER 15
6:00 – 9:00 pm

RAW MILK CAMPAIGN FUNDRAISER RECEPTION

MONDAY, NOVEMBER 19

Will Winter, DVM: Guided Farm Visit to PA Bowen Farmstead

Ronda Nelson, PhD: Understanding How Your Thryoid Works

Chris Masterjohn, PhD: A Master Seminar on Nutrition

WISE TRADITIONS 2018 REGISTRATION FORM

First Name Last Name Name for Badge

Organization/Affiliation

Address

City State Zip Code Country

Phone Fax ❒ Check here if you are interested in donating food.

E-mail Website ❒ This is my first Wise Traditions conference.

❒ Check here to reserve gluten- & casein-free conference meals. OR ❒ Gluten-free only. OR ❒ Casein-free only. Register for GF and/or CF children's meals below.

MEMBERSHIP: become a member of the Foundation and receive a conference registration discount.
❒ $40 US Annual Membership ❒ $25 US Reduced (financial hardship) ❒ $50 Canadian/International

FULL REGISTRATION* includes conference materials, Friday sessions, lunch and dinner, Saturday sessions, lunch and Awards Banquet, Sunday sessions and brunch (except for no-meal option). Does **not** include Monday.

	By Sept 20	After Sept 20
❒ Full Registration Member	$475	$525
❒ Full Registration Non-Member	$515	$565
❒ Full Registration Student/Senior Member	$400	$450
❒ Full Registration Student/Senior (62+) Non-Member	$440	$490
❒ Full Registration Adult with Child in Kid's Program	$400	$450
❒ Full Registration No-Meal Option *(meals not included)*	$350	$400

***ADDITIONAL FEE: FRIDAY COOKING CLASS WITH SALLY FALLON MORELL**

❒ Cooking Class - must be registered for full or Friday	$30	$30

WEEKEND REGISTRATION includes sessions with lunch and banquet on Saturday and lunch on Sunday.

❒ Weekend Registration	$330	$360

DAILY REGISTRATION includes conference materials, sessions and lunch (no dinner).

❒ Daily Registration ❒ Friday* ❒ Saturday ❒ Sunday	$145	$165
❒ Saturday Traditional Diets Seminar, Sally Fallon Morell	$75 (limited to 200)	$95
❒ Monday Guided Farm Visit 7-6 (includes lunch)	$115	$115
❒ Monday: ❒ Julia Ross or ❒ Chris Masterjohn	$115	$115

EVENING EVENTS

❒ Thursday Fundraiser Reception	$75	$75
❒ Friday Dinner and Events	$60	$60
❒ Saturday Evening Awards Banquet	$85	$85

Please select the sessions you plan to attend. This helps us plan but you can change your mind.
Friday Seminar Choice – ❒ GAPS ❒ Thyroid Health ❒ Self Healing ❒ Farming ❒ Cooking Class (additional fee)
Saturday Choice – ❒ Cancer ❒ Nourishing Traditional Diets ❒ Cooking/Practical ❒ Wellness ❒ Farming
Sunday Seminar Choice – ❒ Gastrointestinal ❒ Aging Gracefully ❒ Toxic World ❒ Dental ❒ Cancer

CHILDREN'S PROGRAM (Child must be age 3-12 and potty trained.)
_____Child's Name(s)_____Age(s)_____
_____@ $250 per child for Friday - Sunday includes Friday lunch & dinner, Saturday lunch, Sunday brunch
❒GF/CF meals OR ❒GF only OR ❒CF only for ____ children OR ____@ $150 per child, includes no meals.

CEUs FOR RNs & LACs. A $5 certificate of attendance is available. It suffices for RDs & nutritionists.
❒RN ❒LAc – ❒All 3 days $65 ❒Friday $25 ❒Saturday $25 ❒Sunday $25// ❒RD or nutr. ❒Cert of Attend. $5.

PAYMENT PROCESSING
Total Due:_____❒MasterCard ❒Visa ❒Check Payment/Money Order (make payable to WAPF)
Full Name _____
Card Number_____
Exp. Date_____Security Code (3 digits on back of card)_____

CHAPTER LEADERS
❒ I am a chapter leader.
❒ I plan to attend the Chapter Leader Meeting Thursday, Nov 15, 10 am - 4 pm

How did you hear about the conference?
❒ WAPF journal ❒ WAPF email
❒ Friend/colleague ❒ WAPF postcard
❒ Blog ❒ Twitter or FB
❒ Web advertisement ❒ WAPF website
❒ Print advertisement ❒ Radio
❒ Another conference ❒ Chapter
❒ Other, please specify_____

What is your current occupation?
❒ Medical practitioner ❒ Farmer
❒ Nutritionist ❒ Homemaker
❒ Massage therapist ❒ Student
❒ Chiropractor ❒ Retired
❒ Nurse ❒ Teacher
❒ Agriculture professional ❒ Journalist
❒ Artisan worker ❒ Chef
❒ Other, please specify_____

THREE WAYS TO REGISTER:

1. **PHONE** (540) 722-7104
2. **FAX** (540) 301-3536
3. **MAIL**
   WAPF Wise Traditions Conference
   1900 Jones Road
   Winchester, VA 22602

PLEASE NOTE:
One adult registration per form, please. Forms submitted without payment will not be processed.

FOR FURTHER INFORMATION
wisetraditions.org
registrar@ptfassociates.com

NO REFUNDS will be issued after December 31, 2018.

By submitting this form, I authorize Wise Traditions to charge the applicable registration fees. I understand that all cancellations must be submitted in writing and must be received by October 20, 2018 to be eligible for a refund, less a $25.00 administrative fee. All refunds will be issued following the conference. Substitutions will be permitted at any time. Registration packets will not be mailed and must be picked up on-site at the conference registration desk at the Balitmore Hilton Hotel.

Wise Traditions 2018
Baltimore Schedule

THURSDAY, NOVEMBER 15

10:00-4:00 Chapter Leaders Meeting
6:00 pm-9:00 pm Raw Milk Fundraiser Reception *(not included with conference registration)*

FRIDAY, NOVEMBER 16

6:45-7:30 Kim Thompson: Gentle Movement
7:45-8:30 Kim Thompson: How to Sit Comfortably

Track I: Gut & Psychology Syndrome – Natasha Campbell-McBride, MD
9:00-3:00 Gut & Psychology Syndrome
3:45-5:00 Vegetarianism Explained

Track II: The Craving Cure - All-Day Seminar
9:00-5:00 Julia Ross: The Craving Cure

Track III: Self Healing – All-Day Seminar
9:00-5:00 Ted Koren: The Three Secrets of Healing Oneself and Others

Track IV: Cooking Class – All-Day Seminar (additional fee; limited seating)
9:00-5:00 Sally Fallon Morell: Comfort Foods Cooking Class

Track IV: Farming – All-Day Seminar
9:00-5:00 Dan Kittridge: Nutrient-Dense Farming

Friday Evening Activities
7:30-9:30 Ask the Practitioner Panel with Sally Fallon Morell, Kim Schuette, CN, Tom Cowan, MD, Ronda Nelson, PhD and Pam Schoenfeld, RD
7:30-9:30 Hilary Boynton: The Lunch Lady: Disrupting the Trend of Chronic Illness in the Next Generation
7:30-9:30 James Strick, PhD: The History of the Mechanism-Vitalism Controversy and the Biological Work of Wilhelm Reich
7:30-9:30 Film *Generation Zapped* followed by Q&A

SATURDAY, NOVEMBER 17

6:00-6:45 Kim Thompson: Gentle Movement
7:00-7:45 Kim Thompson: Release Low Back Tension
7:30-8:15 Sponsor Presentation

Track I: Plenary Session: Cancer
9:00-10:15 Nasha Winters: Metabolic Diet for Cancer
11:00-12:15 Ted Koren, DC: Cancer is Natural, So is the Cure
1:45-3:00 Anthony Jay, PhD: Starve Cancer and Heal Your Epigenetics
4:00-5:15 Linda Isaacs, MD: Cancer, Enzymes, and Diet

Track II: Nourishing Traditional Diets – Sally Fallon Morell, MA
9:00-12:15 Introduction to Weston A. Price and Characteristics of Healthy Diets
1:45-3:00 Know Your Fats
4:00-5:15 How to Change Your Diet for the Better

Track III: Cooking/Practical
9:00-10:15 Sandeep Agarwal: Cooking with Spices
11:00-12:15 Lindsea Willon: Making the Transition
1:45-3:00 Monica Corrado: Healing Chronic Disease: The Critical Role of Meat Stock & Bone Broth
4:00-5:15 Monica Corrado: Rebuilding Your Microbiome: Lacto-Fermentation for Everyone

Wise Traditions 2018
Baltimore Schedule

SATURDAY, NOVEMBER 18 (continued)

Track IV: Wellness
9:00-12:15 Stephanie Seneff, PhD: Glyphosate: How a Simple Molecule Can Cause So Much Destruction
1:45-5:15 Tom Cowan, MD: Vaccines, Autoimmunity and the Changing Nature of Childhood Disease

Track V: Farming
9:00-10:15 Forrest Pritchard:
11:00-12:15 Matt Rales: TBD
1:45-3:00 Julie Ristau: Poultry-Cenetered Regnerative Agriculture
4:00-5:15 Bradley & Dana Bleasdale: Life, Liberty and the Pursuit of Raw Milk

6:30-10:00 pm Awards Banquet with Keynote - Tom Naughton: Fat Head

SUNDAY, NOVEMBER 18
6:00-6:45 Kim Thompson: Gentle Movement
7:00-7:45 Relieve Neck and Shoulder Tension
7:30-8:15 Sponsor Presentation

Track I: Gastrointestinal
9:00-10:15 Brandon LaGreca: Small Bowel Obstruction
11:00-12:15 Kiran Krishnan: Microbiome
1:30-2:45 Sally Norton: Oxalates
3:30-4:45 Marianne Rothschild: The Rhythm of Digestion

Track II: Aging Gracefully
9:00-10:15 Amy Berger: Nourish Your Neurons: A Nutritional Strategy to Fight Alzheimer's Disease
11:00-12:15 Elizabeth Plourde: Hormone Health & Hysterectomy Options
1:30-2:45 Hilary Andrews, ND: Protection Against the Flu
3:30-4:45 Chris Knobbe, MD: Macular Degeneration

Track III: Surviving in a Toxic World
9:00-10:15 Paul & Ellen Connett: Fluoride Can Damage the Brain & Can Lower the Intelligence of Children
11:00-12:15 Anthony Jay, PhD: Insidious Artificial Estrogens: Our Top 10 Hidden Exposures
1:30-2:45 Forrest Maready: Aluminum/Mercury
3:30-4:45 Elizabeth Plourde: Surviving in a Toxic World: Sunscreen & EMR (Electromagnetic Radiation)—Unrecognized Hazards

Track IV: Dental
9:00-10:15 Thomas Levy: The Toxic Tooth (Root Canals)
11:00-12:15 James Bieneman, DDS: TBD
1:30-2:45 Louisa Williams, ND, DC: Safe Removal of Amalgams
3:30-4:45 Carlo Litano, DMD: Keeping the Wisdom Teeth

Track V: Cancer
9:00-10:15 Season Johnson: How to Thrive Through Cancer
11:00-12:15 Bruce Rind, MD: Thermography
1:30-2:45 Mel Litman:Integrative Cancer Treatment: What is the Evidence
3:30-4:45 TBD

Closing Ceremony (4:55-5:45): Leigh Merinoff: Inspiring the Next Generation—On-Farm Education in the Mountains of Vermont

MONDAY, NOVEMBER 19 (not included in full registration)
7:00-6:00 Will Winter, DVM: Guided Farm Visit to PA Bowen Farmstead
9:00-4:00 Ronda Nelson: A Holitistic Approach to Optimal Thryroid Health
9:00-4:00 Chris Masterjohn, PhD: Measuring and Managing Nutritonal Status

Our Seniors: Dumping Ground for Drugs

By Sally Fallon Morell

My father served in the military in World War II, and like so many men his age, had great respect for authority. He considered his doctor an expert in his field; it never occurred to him to question his suggestions. Dr. Anderson prescribed a statin drug for him in the mid-1990s, when Dad was in his mid-seventies. When I learned about this, I was horrified, of course. I copied the package insert and sent it to him, with all the side effects underlined, followed by *The Cholesterol Myths* by Uffe Ravnskov.

But I was no match for Dr. Anderson, who told my father that if he discontinued statin drugs, he would have a stroke. I didn't try to persuade him after that—suppose he discontinued the statins and then had a heart attack or stroke the next day? My family would never have forgiven me.

Dad was extremely organized and conscientious in his habits. He kept a pill sorter on his desk—with little boxes for each day of the week—and filled it religiously every Monday morning.

After he died I went through the collection of prescriptions in his medicine cabinet. There were the requisite blood pressure pills, a drug for Parkinson's, a painkiller for his back pain, and several others I did not recognize. . . plus *two* statins!

Mom was more rebellious. She took her pills if someone was watching, but she often threw them behind the fireplace screen or into a potted plant! We found stashes of them when we tidied up after her funeral.

I am sure my parents were typical of American seniors these days. Most elders take at least one medication and 36 percent take at least five prescription drugs per day. Moreover, one in six older adults is taking a combination that could cause a major interaction.[1]

STATIN DRUGS

Few seniors escape a prescription for statin drugs. Estimates of the number of Americans taking these cholesterol-lowering medicines range from twenty to thirty-two million. A big "problem" for the industry is what it calls "non-compliance." These drugs make people feel terrible, especially after several months, and many seniors just stop taking them. One study found that "compliance" was only 25.4 percent in the elderly without coronary disease after two years of treatment.[2]

Statin side effects mimic the effects of aging; they include fatigue and weakness, memory loss and reduced mental capacity, neuropathy and slowed reactions, muscle wasting leading to back pain and heart failure, intestinal disease, pancreatic problems, diabetes, reduced libido, depression, accidents, suicide and cancer.

Recently scientists have found that statins interfere with our stem cells, which work to repair damage to our bodies and protect us from muscle and joint pain as well as memory loss.

A study from Tulane University found that statins prevented stem cells from performing their main functions, namely reproducing and replicating other cells in the body to carry out repairs; in particular, statins prevented stem cells from generating new bone and cartilage.[3]

According to Professor Reza Izadpanah, a stem cell biologist and lead author of the research, "Our study shows statins may speed up the aging process. . . People who use statins as a preventative medicine for health should think again as our research shows they may have general unwanted effects on the body which could include muscle pain, nerve problems and joint problems."[4]

And to what purpose? The twenty-year Honolulu Heart Program study compared changes in cholesterol concentrations over twenty years with all-cause mortality. It found that those individuals who had low cholesterol levels were at increased risk of death.

"Our data accord with previous findings of increased mortality in elderly people with low serum cholesterol, and show that long-term persistence of low cholesterol concentration actually increases risk of death. Thus, the earlier that patients start to have lower cholesterol concentrations, the greater the risk of death. . . . Those individuals with a low serum cholesterol maintained over a twenty-year period will have

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MOST COMMONLY PRESCRIBED DRUGS

DRUG	PURPOSE
Hydrocodone	Painkiller
Generic Zocor (simvastatin)	Cholesterol-lowering
Lisinopril ACE inhibitor	Blood pressure
Generic Synthroid	Thyroid hormone
Generic Norvasc calcium channel blocker	Blood pressure/angina
Generic Prilosec proton pump inhibitor	Indigestion
Azithromycin	Antibiotic
Amoxicillin	Antibiotic
Generic Glucophage	Diabetes
Hydrochlorothiazide diuretic	Blood pressure

The truth is that high cholesterol levels are very protective in the elderly.

the worst outlook for all-cause mortality."[5]

Similar findings were published in the *Journal of the American Geriatrics Society*, which found that low cholesterol levels are a "robust predictor of mortality" in the elderly.[6]

How much longer will you live if you faithfully take the statin drug your doctor prescribes? Dr. Malcolm Kendrick looked at six studies for primary prevention (those who have not had a heart attack) and five for secondary prevention (those who have previously had a heart attack or stroke).

He calculated approximately one single day of increase in life expectancy for each year of taking a statin—slightly more in secondary prevention, slightly less in primary prevention. This means that if you were to take a statin for thirty years you could expect to live about two months longer—put another way, you could suffer from statin side effects two months longer.[6]

The truth is that high cholesterol levels are very protective in the elderly. They help the body heal, protect against infection, protect against cancer, support hormone production, help regulate blood pressure, support brain function and ward off depression. High cholesterol levels in the elderly are associated with a longer (and happier) life!

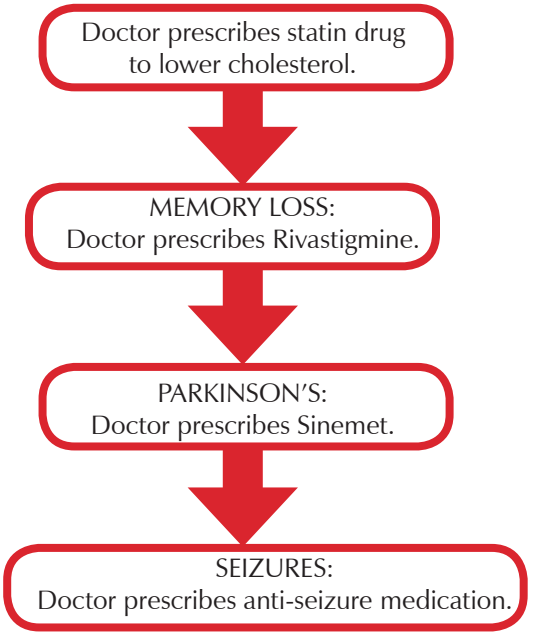
The challenge for seniors is to prevent doctors from prescribing statins, especially those in nursing homes or receiving hospice care. Statins will be routinely prescribed, whatever the patient's cholesterol levels. Instructions not to receive statin drugs should be included in your advanced health care directive or living will, and your trustees and loved ones should be instructed to write "No Statins" on all admittance papers. Even these measures are no guarantee that statins won't be included in the pill cup, so loved ones should frequently remind the staff about the patient's wishes regarding cholesterol-lowering drugs.

BLOOD PRESSURE MEDICATIONS

Almost half of men and 61 percent of women age seventy-five or older take blood pressure medications.[7] The rationale is that high blood pressure is bad for the brain and increases the risk of stroke and dementia. While higher blood pressure *is* related to higher rates of stroke, high blood pressure may actually protect against dementia.

In a new study from the University of California-Irvine, researchers found that high blood pressure is associated with healthy brain aging. Participants who reported they had high

TYPICAL STATIN SAGA



blood pressure in the years before the study began were 42 percent less likely to develop dementia during the period of the study.[8]

The researchers stated, "In this first-of-its-kind study, we find that hypertension is not a risk factor for dementia in people age 90 or over, but is actually associated with reduced dementia risk."

Apparently, the body increases blood pressure as we age to ensure adequate blood flow to the brain. In the elderly, the walls of the arteries become thicker and the heart gets weaker, resulting in less blood flow to the brain and other organs. Increased blood pressure is a way to overcome these limitations.[9]

Doctors prescribe several different types of drugs to lower blood pressure. ACE inhibitors contain a compound originally isolated from the venom of the Brazilian pit viper, which prevents an enzyme in your body from producing angiotensin II, a substance that narrows your blood vessels and releases hormones that can raise your blood pressure. They have many side effects including trouble breathing, dizziness or lightheadedness, irregular heartbeat, hives, fainting, dry cough, headache and swelling of the face, lips, tongue or throat (see illustrations below).

Calcium channel blockers prevent calcium from entering cells of the heart and blood vessel walls, relaxing and widening blood vessels, resulting in lower blood pressure. Side effects include lightheadedness, low blood pressure, slower heart rate, drowsiness, constipation, increased appetite, GERD, bleeding gums and sexual dysfunction. While ACE inhibitors can cause swelling in the tongue and face, calcium channel blockers can cause swelling of the feet, ankles and legs.

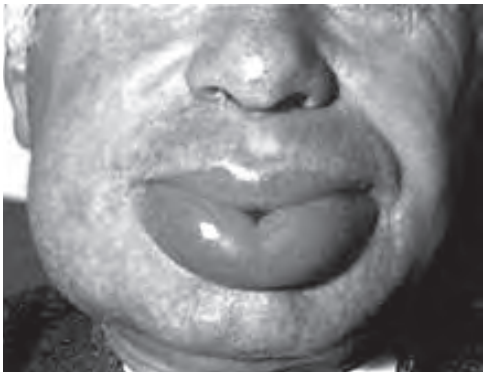
Beta blockers work by blocking the effects of the hormone epinephrine, also known as adrenaline. When you take beta blockers, your heart beats more slowly and with less force, thereby reducing blood pressure. The list of beta blocker side effects is long: congestive heart failure, fatigue, dizziness, depression, slower heartbeat, cold extremities, pins and needles, shortness of breath, drowsiness, lethargy, insomnia, headaches, poor memory, nausea, diarrhea, constipation, colitis, wheezing, bronchospasm, Raynaud's syndrome, cramps and muscle fatigue, lowered libido and impotence, poor posture and hypoglycemia.

Finally, diuretics act by increasing the excretion of sodium by the kidneys into the urine. When the kidneys excrete sodium, they excrete water from the blood along with it. That decreases the amount of fluid flowing through the blood vessels, which reduces pressure on the walls of the arteries. Diuretics also have side effects, including dry mouth, thirst, weakness, lethargy, drowsiness, restlessness, muscle pains, cramps, confusion, seizures, muscle weakness, low urine production, racing heart, digestive problems, gout, increased uric acid—and death due to sodium deficiency.

The point is that all types of blood pressure medication can cause serious side effects. Seniors should be wary of taking them, especially as blood pressure, like cholesterol levels, goes

All types of blood pressure medication can cause serious side effects.

ANGIOEDEMA FROM ACE INHIBITORS



Normal stomach acid is a requirement for protein digestion, the assimilation of vitamins and minerals and protection against infection.

up naturally and gradually with age.

What is normal blood pressure for seniors? For many years, the guideline number was 140/90. Then under new guidelines, researchers defined 120/70 as "borderline hypertension." One twenty over seventy is a healthy blood pressure for people who are young and fit, but not necessarily for seniors. In fact, the old formula, "age plus one hundred over ninety," probably serves seniors the best.

Anything in excess of this may warrant a blood pressure drug, but not before making changes in the diet. Elimination of processed food, including refined sweeteners and industrial seed oils, and incorporation of unrefined salt, cod liver oil and healthy animal fats will often bring blood pressure down. Epsom salts baths to provide magnesium and moderate outdoor exercise may also help.

And please note: if you want to go off blood pressure medication, don't do it suddenly. Discontinue slowly. Cold turkey withdrawal can lead to very high blood pressure, heart attack and even sudden death.

ANTACIDS

Antacids like Zantac, Pepcid, Prevacid and Nexium are among the most widely prescribed medications in the world. However, they also can have serious side effects, especially for the elderly. Studies have linked antacid use in older patients to an increased risk of pneumonia, gastrointestinal infections, antibiotic resistance and severe diarrhea. Because they can block calcium assimilation, prolonged use may cause weak bones and fractures; and because they lead to decreased absorption of many nutrients, they can cause nutritional deficiencies of many vitamins and minerals.

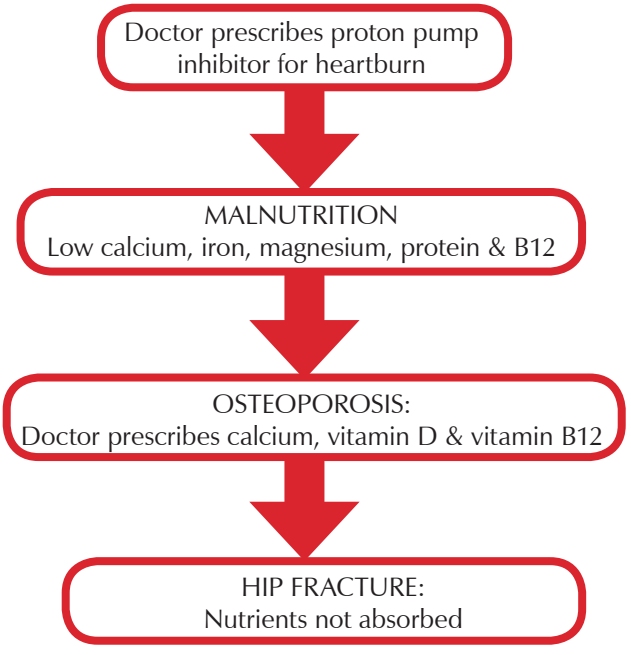
Antacids work by neutralizing stomach acid. Normal stomach acid is a requirement for protein digestion, the assimilation of vitamins and minerals and protection against infection. When stomach acid is neutralized by antacids, health can decline in many ways.

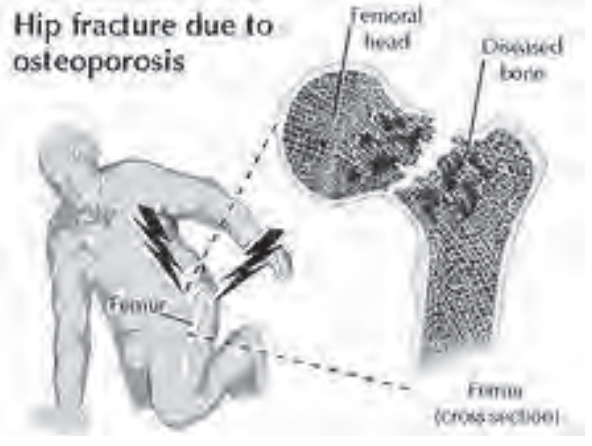
Instead of antacids, the best course for seniors is to avoid processed food and consume digestive aids like bone broth, sauerkraut, Swedish bitters and unrefined salt.

ANTIDEPRESSANTS

Depression is common in seniors—often the result of taking statins, blood pressure medication and antacids. Enter the SSRIs and other antidepressants. Antidepressants, such as SSRIs (selective serotonin reuptake inhibitors),

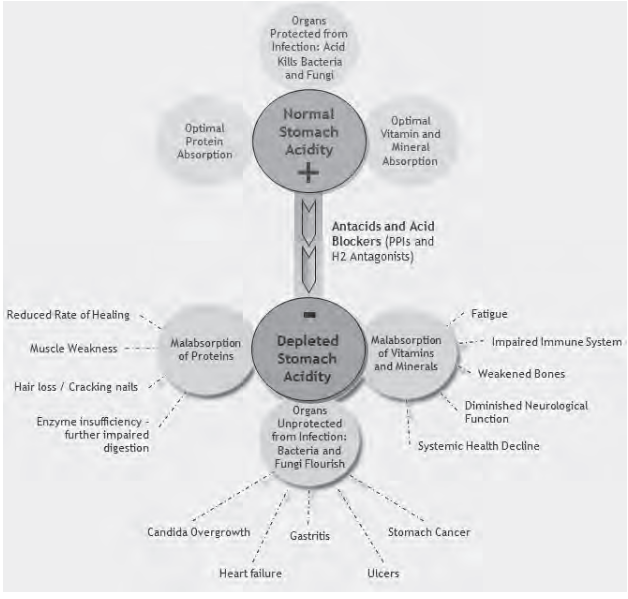
TYPICAL ANTACID SAGA





work by slowing or blocking the sending neuron from taking back released serotonin (the body's natural feel-good chemical). In that way, more of this chemical is available in the synapse. The more of this neurotransmitter that is available, so the theory goes, the more likely that depression is reduced.

One in ten Americans (including children) currently takes antidepressants. Doctors also prescribe them for such elder complaints as anxiety, bipolar, fibromyalgia and neuropathic pain. Most believe the pharmaceutical industry propaganda, which promotes SSRIs as having few side effects.



But the side effects are many, including nausea, weight gain, insomnia, fatigue and drowsiness, dry mouth, blurred vision, constipation and dizziness. While SSRIs are supposed to make you feel better, they can actually cause agitation, irritability, anxiety, suicidal thoughts and suicide.

Moreover, they are addictive and very hard to quit. In fact, like blood pressure medications, it is dangerous to quit antidepressants cold turkey; withdrawal must be gradual.

Weak bones and bleeding risk are not usually listed as side effects of SSRIs, but all these drugs have warnings about fractures and excessive bleeding (including intracranial hemorrhage). When taken with antacids, the risk of fractures increases, and when taken with NSAIDs, the risk of internal bleeding increases. Seniors taking both SSRIs with antacids or NSAIDs can be seriously injured even with a minor fall.

Opiates (heroin and morphine), cannabinoids and cocaine come from the plant world. Our bodies produce all these chemicals and have receptors for them. Endorphins (endogenous morphine) like serotonin and dopamine are produced by the central nervous system and pituitary gland. Good gut flora can produce a variety of endorphins, including seratonin.

Endocannabinoids are formed during neurotransmission and endogenous cocaine corresponds to a neuropeptide and neurotransmitter called CART.

One in ten Americans (including children) currently takes antidepressants. Doctors also prescribe them for such elder complaints as anxiety, bipolar, fibromyalgia and neuropathic pain.

ANIMAL FATS FOR SENIORS

Nothing serves our elders better than nutrient-dense animal fats, needed for:

Mineral absorption	Cell function	Organ function
Repair	Pain management	Feel-good chemicals

Protection against chronic disease and infectious illness

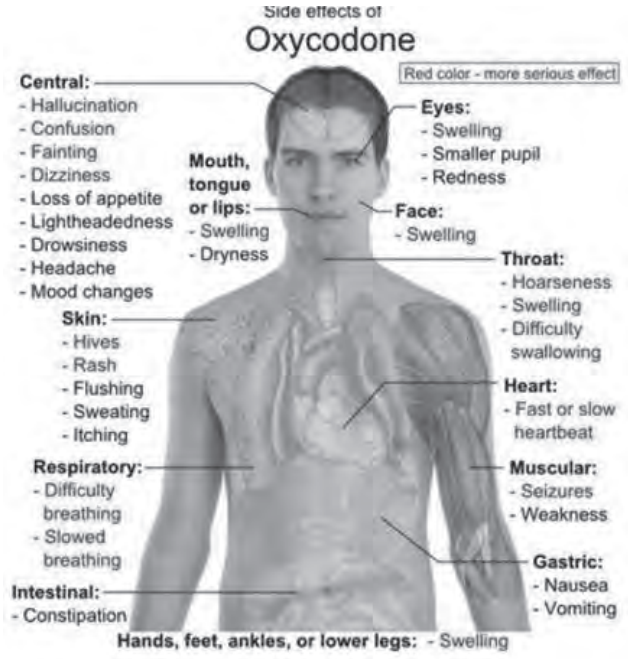
Animal fats uniquely provide:

- Arachidonic acid—healthy gut & skin, feel-good chemicals
- Vitamin D—all body systems, feel-good chemicals, anti-pain
- Vitamin A—anti-cancer, repair, brain function, hormones
- Vitamin K—anti-heart disease, brain function, much more
- Cholesterol—repair, brain function, cell function
- Saturated fat—supports cell function, hormones, immunity

ALL these protective factors are in butter; NONE are in industrial fats and oils.

In worst case scenarios, seniors turn to opioid drugs, like Duragesic, OxyContin, Percodan and Percocet, which are legal heroin.

The key to a sunny outlook is a good diet that allows the body to produce its own endorphins, cannabinoids and CART, and that means a diet containing lots of healthy animal fats and fat-soluble vitamins. Animal fats like butter, lard, egg yolks, cream and cod liver oil are needed for thinking, remembering, adjusting, planning, enjoying, learning, loving and completing tasks. Animal fats provide arachidonic acid (AA), a direct precursor to the endocannabinoids; vitamin D, which supports the conversion of AA to endocannabinoids; vitamin A, which supports dopamine receptors; vitamin K, which supports neurological function; cholesterol, needed for neuron function and all the receptors in the brain; and saturated fat, critical for hormone production and many other processes.



In addition, lacto-fermented foods are key to good mental health in seniors, as they support the production of endorphins in the gut.

Nourishing bone broth helps regulate dopamine levels so they are neither too high (making concentration difficult) or too low (resulting in depression). Chicken soup to the rescue!

Finally, if these foods don't completely dispatch depression, try St. John's wort, an herb proven to help.

In worst case scenarios, seniors turn to opioid drugs, like Duragesic, OxyContin, Percodan and Percocet, which are legal heroin. Almost five million Americans are addicted to these opioids, or about 2 percent of the population. The side effects are horrendous—not a good way to spend one's final years.

Again, the alternative is the Wise Traditions diet, rich in animal fats, fermented foods and bone broth. Avoiding MSG, which is in all processed foods, will also help.

FLU SHOTS

A final indignity foisted on our seniors is flu shots. Common toxic ingredients in flu shots include polymyxin, beta-propiolactone, formaldehyde, squalene, barium, hydrocortisone, thimerosal (mercury), polysorbate 80 and neomycin. Many of these ingredients are known carcinogens. And most flu shots don't even work—or worse, can give you a serious case of the flu!

Flu shots are routinely given to seniors when they enter a hospital or hospice. Seniors need to make sure their loved ones are instructed to write "No Vaccinations, No Flu Shots" on their paperwork when they are admitted to a hospital or extended care facility.

SORCERY

Unfortunately, decades of disastrous dietary advice have created a demand for drugs where none should exist and allowed the powerful pharmaceutical industry to take over the practice of medicine. This industry has no qualms about selling as many drugs as it can, without regard to the consequences to human life and suffering.

NATURAL FLU REMEDY

- Take a very hot bath.
- Immediately wrap up in warm clothes.
- Get into a warm bed.
- Take a hot drink of lemon juice and honey to develop a sweat.
- Allow a fever to take hold.
- You should feel recovered by morning.

As we read in the Biblical book of *Revelations*: "All this will happen because your merchants were the nobility of the earth, because all the nations were deceived by their sorcery. . . " (*Rev* 18:23). The word for "sorcery" in the Greek Bible is *pharmakeia*.

All drugs work by "robbing Peter to pay Paul," taking nutrients from one area of the body and using them in another—a kind of quick solution or sorcery that eventually depletes and leads to side effects. What our seniors need is good nutrition, especially generous amounts of animal fats, to support them physically and mentally as they grow older; their aging bodies should serve as receptacles for nutrient-dense food, not dumping grounds for drugs.

Sally Fallon Morell is the founding president of the Weston A. Price Foundation and author of the bestselling cookbook, Nourishing Traditions *(NewTrends Publishing). Her latest book is* Nourishing Diets *(Grand Central). This article is based on a presentation given at* Wise Traditions 2016, *the annual conference of the Weston A. Price Foundation.*

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All drugs work by "robbing Peter to pay Paul," taking nutrients from one area of the body and using them in another.

NUTRIENT-DENSE FOODS FOR SENIORS

RAW MILK: Highly digestible and delicious, raw milk provides a complete nutritional package for seniors. Raw milk supports the immune system and provides highly absorbable calcium for strong bones and teeth. Glutathione in raw milk provides protection against toxins and numerous components in raw milk help keep the gut wall healthy and strong. Oligosaccharides in raw milk encourage the growth of beneficial flora.

BONE BROTH: Homemade, gelatinous bone broth supports healthy collagen throughout the body, giving strength and flexibility to the bones and joints and integrity to the skin and gut wall. Moreover, glycine in broth helps the body regulate dopamine, for a sunny outlook.

BUTTER: Nature's perfect fat, not only for growing children but also for the elderly. Butter on everything will make food more digestible and taste good.

SAUERKRAUT: Sauerkraut and other lacto-fermented foods aid digestion and provide friendly bacteria to the intestinal tract. There are more friendly critters in one tablespoon of raw sauerkraut than in a whole bottle of probiotic pills.

EGGS: A complete nutritional package, eggs can be prepared in a variety of delicious ways, from scrambled eggs served with bacon to egg yolk custard served with fresh fruit.

HOMEMADE SOUP: Chewing meat often becomes difficult for seniors, but meat finely chopped and added to soups goes down easily. Soups are a great vehicle for finely chopped liver, tender vegetables, cream and a variety of herbs and spices.

NATURAL COD LIVER OIL: Provides vitamins A and D so necessary for overall good health, including pain management, while DHA in cod liver oil supports good mental health and protection against debilitating inflammation.

The Hidden Problem of Chronic Hyperinsulinemia

By Amy Berger, MS, CNS, NTP

Modern medicine is finally catching on to the fact that elevated blood sugar is a major driving force behind the tsunami of chronic, noncommunicable diseases plaguing much of the world. For example, high blood sugar is the *sine qua non* of type 2 diabetes (T2D). Long-term complications from poorly managed type 2 diabetes include blindness, limb amputation, kidney failure, nerve damage and cardiovascular disease, with the latter being the number one cause of death among those with T2D.

Research indicates that health can become compromised even when blood sugar is below the diabetes and pre-diabetes cutoffs but is still higher than normal. Something that's far less appreciated, however, is that it's possible to have perfectly normal blood sugar yet still be at risk for severe health problems. When it comes to blood glucose control, glucose alone doesn't tell the whole story. In fact, the single-minded focus on glucose has eclipsed what may be an even more important part of metabolic health: insulin.

If you're used to thinking of insulin solely as a "blood sugar hormone," hang on to your hat. Insulin has many other roles, almost to the point that lowering blood sugar is one of the least impressive things it does. If you follow what you think is a healthy diet yet still experience bothersome symptoms or serious issues your doctor has been unable to explain—joint pain, acne, infertility, hypertension, erectile dysfunction, migraines, skin tags—chronically high insulin might be the culprit.

HYPO- AND HYPERGLYCEMIA

A healthy, well-regulated body keeps blood glucose (BG) within a relatively narrow range. When BG is 99 milligrams per deciliter (mg/dL), the equivalent of 5.5 millimoles per liter (mmol/L), there's only about a teaspoon—*one teaspoon*—of glucose in your entire bloodstream. When BG drops too low, or drops very quickly from a previously high level, signs and symptoms of hypoglycemia may occur, such as feeling shaky, dizzy, light-headed or nauseated. Other symptoms include sweating or having a racing heart. In very severe cases, seizures or unconsciousness can result.

On the other hand, hyperglycemia—blood sugar that's very high—causes damage slowly and silently, over a long period of time, until the damage is so severe or widespread that a person begins to show signs and symptoms. Common complications from T2D show us the harmful effects of chronically high blood glucose. These mostly involve damage to both small and large blood vessels, leading to eye damage (retinopathy), nerve damage (neuropathy), kidney damage (nephropathy), stroke, cardiovascular disease, poor or slow wound healing and more.

With these things in mind, it's obvious why maintaining a healthy blood glucose level is important. But as strange as it might sound, there's a lot more to blood glucose than just blood glucose!

FLAWED DIAGNOSIS OF T2D

There's a major flaw with how T2D is traditionally diagnosed. When doctors suspect a patient has T2D, blood glucose typically is the *only* thing measured. This is illustrated in Table 1, which lists the American Diabetes Association's diagnostic criteria[1] and shows that the three tests used for diagnostic purposes—fasting BG, the hemoglobin A1c test (HbA1c) and the oral glucose tolerance test (OGTT)—are all measures solely of blood glucose. HbA1c is generally taken to represent a three- to four-

Insulin has many roles, almost to the point that lowering blood sugar is one of the least impressive things it does.

ARTICLE SUMMARY

- Chronically high insulin—hyperinsulinemia—is the culprit in many serious health problems, even when blood glucose is normal. There's almost no organ, gland or tissue system not adversely affected by chronically high insulin.
- Blood glucose measurements may appear "normal" because glucose is being kept in check by sky-high insulin. Normal glucose due to high insulin is much more common than is recognized.
- Although insulin resistance is often associated with being overweight or obesity, millions of people at a "normal" body weight may have chronically high insulin and be at risk for serious health problems.
- Insulin testing isn't part of routine bloodwork, reflecting a blind spot in doctors' ability to identify people at risk for major health complications long before these develop.
- When testing insulin levels, it's possible to have a fasting insulin level in the optimal range but have high insulin throughout most of the rest of the day. If the fasting level is normal, but the body is giving clear signs of high insulin, a Kraft test (a variation on the oral glucose tolerance test) should be considered.
- Not everyone needs to follow a very low-carb diet to stay metabolically healthy, but if someone already has one or both feet in the door of metabolic syndrome, it's a highly effective way to go.
- Sleep is important. Sleep deprivation is recognized as a risk factor for metabolic syndrome and type 2 diabetes, owing to reduced insulin sensitivity and changes to levels of hormones that regulate appetite and energy expenditure.
- Intermittent fasting allows insulin levels to normalize and can give the body more time in a lower insulin state.

Many people are fooled into a false sense of security by glucose measurements that fall within normal ranges, because insulin wasn't measured.

month average BG level, although there is some controversy regarding how accurate this is. An OGTT involves taking a measurement of BG, then drinking a liquid containing seventy-five to one hundred grams of glucose and measuring BG again at intervals afterward (typically at thirty, sixty and one hundred twenty minutes.)

There is a key reason why these tests are problematic. For many people, the tests will show normal blood glucose measurements, but they're only normal because glucose is being kept in check by sky-high insulin. And a large body of research shows that chronically high insulin is the culprit in many serious health problems, *even when glucose is normal*.

Dr. Joseph Kraft, MD, coined the term "diabetes *in situ*" or "occult diabetes" to describe this situation.[2] Occult means *hidden*: the diabetes (defined as high glucose) is hidden by the high insulin. For many people, fasting glucose and HbA1c are the last things to rise. They are late indicators of metabolic dysfunction, becoming elevated only after one of two things has happened:

1. The pancreas can no longer pump out the extraordinary amounts of insulin required to keep blood glucose within a safe range (sometimes called "beta cell burnout").
2. The pancreas still secretes large amounts of insulin, but some of the body's cells no longer respond to it properly, resulting in high blood glucose. (These cells become resistant to the presence of insulin.)

This explains why many people are surprised by a diagnosis of T2D or prediabetes. They—and their doctors—had been fooled into a false sense of security by glucose measurements that fell within normal ranges for years, perhaps decades, because insulin wasn't being measured. Kraft's research indicates that this situation—normal glucose due to high insulin—is much more common than is recognized. And as we'll soon see, the long-term effects of chronically elevated insulin are staggering. T2D is merely the tiny exposed tip of an enormous iceberg of devastating metabolic dysfunction that remains hidden to the conventional allopathic medical world.

CHRONICALLY HIGH INSULIN

Having come from a checkup where their fasting glucose and HbA1c were normal, many people get a clean bill of health with regard to risk for T2D. But what if they know something isn't right? They struggle to lose weight despite exercising and eating a healthy diet—or what they *think* is a healthy diet. They have skin tags. Some women experience infertility or amenorrhea due to polycystic ovarian syndrome (PCOS); men may be dealing with erectile dysfunction or an enlarged prostate gland. What about high blood pressure in those who think they are doing the right thing by dutifully avoiding sodium, or high triglycerides in those who embrace the dogma to follow a lowfat diet religiously? These are all signs and symptoms of chronically elevated insulin, independent of blood glucose levels. High insulin is called hyperinsulinemia.

Gerald Reaven, MD, was one of the first physicians to recognize that several seemingly unrelated issues clustered together in patients. He hypothesized that because they clustered together, they likely had the same underlying

TABLE 1: STANDARD DIAGNOSTIC CRITERIA FOR PREDIABETES AND TYPE 2 DIABETES

	Normal	Prediabetes	Type 2 Diabetes
Fasting blood glucose	≤ 99 mg/dL (5.5 mmol/L)	≥ 100–125 mg/dL (5.6–6.9 mmol/L)	≥ 126 mg/dL (7.0 mmol/L)
Hemoglobin A1c (HbA1c)	≤ 5.6	5.7–6.4	≥ 6.5
2-hour result on an oral glucose tolerance test (OGTT)	< 140 mg/dL (7.8 mmol/L)	140–199 mg/dL (7.8–11.0 mmol/L)	≥ 200 mg/dL (11.1 mmol/L)

Source: American Diabetes Association. http://www.diabetes.org/are-you-at-risk/prediabetes/.

cause. The issues often found together were abdominal obesity, high triglycerides, low HDL cholesterol, elevated blood pressure and elevated fasting blood glucose.

Not knowing what the underlying cause was, Dr. Reaven coined the term "syndrome X."[3] Over time, research revealed the unifying factor to be elevated insulin, and the name changed from syndrome X to metabolic syndrome. It could just as easily be called high insulin syndrome, and some doctors quite rightly call it "insulin resistance syndrome."[4] Unlike "metabolic syndrome," which is a nebulous and unclear term to most laypeople, calling it "insulin resistance syndrome" hammers home loud and clear that the main problem is insulin.

In order to trigger a diagnosis of metabolic syndrome, a person has to show at least three of the five criteria shown in Table 2.[5] The criteria pertain to waist circumference, triglycerides, HDL, blood pressure and fasting glucose. However, the astute observer will notice that something is missing—something important—the official diagnostic criteria for metabolic syndrome (aka *insulin resistance syndrome*) do not include elevated insulin! In other words, the underlying factor driving the condition is not even taken into consideration.

SIGNS AND SYMPTOMS OF CHRONIC HYPERINSULINEMIA

Keep in mind that with regard to metabolic syndrome, it's not necessary to have all five issues above to be diagnosed. Having three or more, or using medication to control them, is sufficient to prompt the diagnosis. However, even if you have just one or two, it's worth assessing whether you have chronically high insulin. Here are some of the many conditions associated with chronic hyperinsulinemia, even when glucose is normal—and remember, this is only a handful of them!

- Hypertension[6]
- Obesity[7]
- Cardiovascular disease[8]
- PCOS[9-12]
- Gout[13,14]
- Erectile dysfunction[15]
- Benign prostate hypertrophy/hyperplasia[16]
- Skin tags[17,18]
- Migraines[19,20]
- Vertigo, tinnitus, Ménière's disease[21,22]
- Alzheimer's disease[23-25]

Something else to keep in mind is that while insulin resistance is often associated with being overweight or obesity, millions of people at a "normal" body weight or with a healthy body mass index (whatever that even means!) may have chronically high insulin and be at risk for serious health problems. Researchers even have names for situations when there are clear signs and symptoms of metabolic dysfunction in people at a normal body weight: "normal weight obesity" or "metabolically obese, normal weight."[26,27] Thus, while a slim and trim physique might look nice on the outside, it's no guarantee of health on the inside. (You might even have heard this casually called "TOFI"—thin outside, fat inside.[28]) After all, not everyone with cardiovascular disease, gout, migraines, hypertension or an enlarged prostate is obese. What individuals with these conditions do likely have, however, is chronically high insulin.

Obesity is often considered a risk factor for

Unlike "metabolic syndrome," which is a nebulous and unclear term, calling it "insulin resistance syndrome" hammers home loud and clear that the main problem is insulin.

TABLE 2: STANDARD DIAGNOSTIC CRITERIA FOR METABOLIC SYNDROME (AT LEAST THREE OF FIVE)

Large waist circumference	Women: > 35 inches (89 cm) Men: > 40 inches (102 cm)
High triglycerides	All: > 150 mg/dL (1.7 mmol/L)
Low HDL cholesterol	Women: < 50 mg/dL (1.3 mmol/L) Men: < 40 mg/dL (1.04 mmol/L)
Hypertension	All: ≥ 130/85 mmHg
Elevated fasting glucose	All: ≥ 100 mg/dL (5.6 mmol/L)

Source: Mayo Clinic. https://www.mayoclinic.org/diseases-conditions/metabolic-syndrome/diagnosis-treatment/drc-20351921.

Insulin's role in the etiology of so many illnesses has led researchers to say that hyper-insulinemia is the cornerstone of "a unifying theory of chronic disease."

developing T2D or metabolic syndrome, but this orientation ignores the millions of type 2 diabetics and metabolic syndrome patients who are not obese, nor even overweight. All of the other conditions listed above occur in people of all body sizes, and more progressive medical professionals are beginning to see excess body weight as a symptom, rather than a cause, of metabolic dysfunction.

Here, too, insulin is a key player. Insulin is an anabolic hormone: it facilitates tissue growth, including growth of adipose tissue—fat cells. It's also directly anti-lipolytic—it inhibits the breakdown of stored body fat. This is why some people find it extremely hard to lose weight even on a low-calorie diet: if most of those calories come from carbohydrates, people who have inordinate insulin secretion in response to dietary carbohydrates might find themselves trapped in a futile cycle of eat carbs, burn carbs, eat carbs, burn carbs, with burning *fat* never entering the equation. Think of chronically high insulin like a security guard outside the fat cells, ensuring that no fat can escape.

WHY IS HYPERINSULINEMIA OVERLOOKED?

The simple answer to this question is that, unlike fasting blood glucose, fasting insulin is not a routine part of standard bloodwork. It's a more complex and expensive assay, but considering the frequency with which far more complex and costly tests and procedures are performed, it's unlikely that expense is the issue. The most likely explanation for why annual checkups and routine blood tests don't include insulin is that most doctors simply aren't aware of the wide-ranging and powerful effects of insulin.

The unfortunate fact is that, even today, insulin is considered little more than a blood sugar hormone, despite decades of research showing the undeniable influence of insulin on kidney function, the cardiovascular system, reproductive function, fuel metabolism and more. As is true for glucose, there's almost no organ, gland or tissue system *not* adversely affected by chronically high insulin.[29] Insulin's role in the etiology of so many illnesses has led researchers to say that hyperinsulinemia is the cornerstone of "a unifying theory of chronic disease."[30]

BLIND SPOT

It's not a meaningless oversight that insulin testing isn't part of routine bloodwork. Rather, it's a gaping hole of a blind spot in doctors' ability to identify people at risk for major health complications long before these develop. In the case of T2D, insulin might be elevated for decades before glucose budges into territory diagnostic for diabetes. The same may be true of Alzheimer's disease, now regularly referred to as "type 3 diabetes" or "brain insulin resistance." If health providers tested insulin more routinely, these conditions could be dealt with when there's only some smoke, rather than waiting until they're raging, out-of-control fires.

Several conditions often considered idiopathic—meaning, no one knows what causes them—can be directly tied to chronic hyperinsulinemia. One of these is essential hypertension. Insulin inhibits renal sodium excretion:[13,31] as the kidneys retain more sodium, more water is retained as well, increasing the blood volume and raising blood pressure. Hyperinsulinemia also impairs healthy blood vessel function, making the vessels less pliant and accommodating, which also contributes to higher blood pressure. As if that weren't enough, insulin also has effects on the sympathetic nervous system that may raise blood pressure.[32] For most people, salt consumption has little to no effect on blood pressure, and dietary sodium is not a contributor to hypertension.

Another condition that fits this description—misattribution to a wrongly demonized dietary factor—is gout. Animal protein in general, and red meat, in particular, typically

HOME TESTING? NOT YET

Regrettably, something insulin *doesn't* have in common with glucose is availability of convenient home testing. Unlike the handheld glucometers diabetics use to test their blood glucose, the complexity of the chemical assay needed to measure insulin means there are no home insulin meters. No doubt enterprising engineers are working on one, because it's a zillion-dollar idea.

take the blame for gout, with alcohol—beer, especially—a close second. Gout occurs when a compound called uric acid builds up in the body and precipitates into crystals that lodge in the joints. The big toe is most commonly affected, but gout attacks can affect other joints. Uric acid comes from the breakdown of purines, which are concentrated in animal proteins but are also found in plant foods. Uric acid isn't a problem in a healthy body that excretes it properly. It's only problematic when it accumulates and solidifies, and the primary driver of this is high insulin. Just as with sodium, hyperinsulinemia inhibits excretion of uric acid.[13,31] The answer isn't to reduce dietary purines (which would mean cutting back on some of the most nutrient-dense foods available); the answer is to reduce insulin levels.

Simply stated, health providers fail to identify chronic hyperinsulinemia as the primary driving factor in many chronic noncommunicable diseases because insulin testing isn't performed anywhere near as often as it should be. A great deal of morbidity and early mortality could be prevented if people were made aware that their seemingly inexplicable issues actually have a very clear explanation, and it's something fairly easy to correct.

MEASURING INSULIN

The easiest way to assess insulin status is with a fasting insulin test. You can request one from your doctor, but if you find your physician uncooperative, you can order a fasting insulin test from directlabs.com (in the U.S.). Reference ranges vary among different laboratories. According to the Mayo Clinic, the reference value for fasting insulin is 2.6-24.9 µIU/mL.[33] However, most physicians who are well-informed regarding metabolic syndrome and insulin resistance prefer to see fasting insulin below 10 µIU/mL, and some would say that below 5 µIU/mL is ideal. If your fasting insulin is in the double digits and you experience any of the issues mentioned earlier, it's too high.

Another helpful measurement of insulin sensitivity is HOMA-IR (homeostatic model assessment of insulin resistance). This is a helpful tool because it takes into account both glucose and insulin. It tells you how much insulin your body has to produce in order to keep your glucose at a certain level: that is, how hard your pancreas has to work to maintain homeostasis—a glucose level that's neither too high nor too low. Table 3 shows how HOMA-IR is calculated. As with fasting insulin, reference ranges and opinions on what is optimal vary. Physicians who use reduced carbohydrate diets to treat metabolic syndrome gauge insulin sensitivity with the following parameters for HOMA-IR:

- Excellent insulin sensitivity: ≤ 1
- Average insulin sensitivity: 1.75
- Insulin resistant: ≥ 2.75

There are many reasons why fasting glucose might be slightly higher than expected, and because it's not necessarily indicative of a problem, HOMA-IR is a much more informative indicator than fasting glucose alone. The two examples in Table 4 can serve to illustrate HOMA-IR in action. Patient A's fasting glucose is higher than Patient B's, but Patient A's insulin is much lower. By taking both glucose and insulin into account, the HOMA-IR scores show that even with a lower fasting glucose, Patient B is at greater risk for metabolic complications down the road. Patient B's body has to work harder and the person requires much more insulin to maintain a healthy glucose level. If Patient B's doctor persists in testing only glucose and not insulin, the patient will remain dangerously unaware of serious metabolic trouble brewing.

Insulin testing isn't performed anywhere near as often as it should be.

TABLE 3: CALCULATION OF HOMEOSTATIC MODEL ASSESSMENT OF INSULIN RESISTANCE (HOMA-IR)

Glucose in mass units (mg/dL)	Glucose in molar units (mmol/L)
HOMA-IR= (Glucose x Insulin)/405	HOMA-IR= (Glucose x Insulin)/22.5

If you're not happy with your health, it might be worth seeing your glucose and insulin in action together with a Kraft test.

THE KRAFT TEST

If your fasting insulin is in the high double digits, it's a sure sign something is awry. However, if your fasting insulin is normal, it doesn't automatically mean that all is well. As with blood glucose, in some people, the *fasting* level is normal, but it rises very high after meals and takes a long time to come back down to the baseline level. In some people, it might not even come down fully before the next meal. In such cases, it's possible to have a fasting insulin level in the optimal range but have high insulin throughout most of the rest of the day.

In most people living with signs and symptoms of hyperinsulinemia, fasting insulin will be elevated and no further assessment will be needed. However, if your fasting level is normal, yet your body is giving you clear signs that you have high insulin, you may want to consider the Kraft test. The test is a variation on the oral glucose tolerance test and is named for Dr. Joseph Kraft, the physician mentioned earlier who pioneered the research identifying the harms of chronic hyperinsulinemia in people with normal glucose.

Unlike with the conventional two-hour OGTT, which only measures glucose, the Kraft test also measures insulin and is extended to five hours. This is where the Kraft test shines—with these two small changes, the Kraft test provides valuable information that you won't get from a standard OGTT. It was through performing thousands of these modified OGTTs that Dr. Kraft uncovered the staggering scope of diabetes *in situ*—the result of dangerously high insulin in people with normal glucose levels.

The Kraft test is not recommended if you feel well and are satisfied with your health and body composition. However, if you're not happy with your health—if you feel like you're doing "all the right things," yet you still struggle with signs and symptoms of a condition known to be driven by high insulin—it might be worth seeing your glucose and insulin in action together, especially if your fasting levels for both are normal. If you decide to have this test performed, consider skipping drinking the glucose glug and do the test in response to a typical meal instead. Consume whatever you might normally eat and drink for breakfast or lunch, so that the test measures your insulin response to the foods and beverages you eat "in the real world."

WHAT TO DO ABOUT HYPERINSULINEMIA

If your insulin is high, there are many strategies to lower it. Reducing dietary carbohydrate intake is extremely effective for this purpose, to the point that researchers have said this should be the "default treatment" and "first approach" for metabolic syndrome and T2D.[34,35] However, as Weston A. Price Foundation (WAPF) members know, and as Sally Fallon Morell explores in her latest book, *Nourishing Diets*, healthy, robust and long-lived people all over the world thrive on highly varied diets, some of which include substantial amounts of starchy vegetables and grains. It would be myopic to insist that everyone, everywhere, cut back to extremely low, ketogenic levels of carbohydrate consumption to prevent chronic hyperinsulinemia and the resulting metabolic derangement.

However, once someone is already down the disease path and is dealing with a condition known to stem from high insulin, he or she would likely benefit from an intervention more drastic than the strategy a healthy person would follow to remain healthy. That is, what's required to reverse an illness isn't necessarily required to prevent it from happening in the

TABLE 4: HOMA-IR INSULIN RESISTANCE TEST: TWO EXAMPLES

Patient A	**Patient B**
Fasting glucose: 92 mg/dL Fasting insulin: 3 μIU/mL	Fasting glucose: 80 mg/dL Fasting insulin: 16 μIU/mL
HOMA-IR: (92 x 3) / 405 = 0.68	**HOMA-IR: (80 x 16) / 405 = 3.16**

first place. With the increased popularity of ketogenic diets, carbs are getting a bad reputation. Not everyone needs to follow a very low-carb diet to stay metabolically healthy, but if you already have one or both feet in the door of metabolic syndrome, it's a highly effective way to go. Using a reduced carbohydrate diet to lower insulin levels means cutting way back on even the carbohydrates we might otherwise consider nutritious, such as potatoes, properly prepared grains, beans and fruit. (The fructose portion of fruit doesn't affect insulin as powerfully as glucose does, but large amounts of fructose contribute to the buildup of fat in the liver, leading to adverse effects on metabolic health.)

If you've been following a low-carb or ketogenic diet for a while, but you still have signs and symptoms of hyperinsulinemia and you'd like to do a Kraft test out of curiosity, you will need to "carb up" for a few days beforehand. Your body has to become reacclimated to metabolizing a large amount of glucose. Without this adjustment period, you might get a false result: you'll look like you have out-of-control diabetes when you're actually perfectly healthy. Low-carb-savvy physicians recommend consuming one hundred to one hundred and fifty grams of carbohydrate per day for seven days before doing the test.

Some people find that they need a very low-carb diet for some period of time to restore healthy metabolic function, after which they can reintroduce small amounts of starches and grains. They might never get to a point where they can partake of bottomless breadsticks and gargantuan bowls of pasta at their favorite Italian restaurant, but they won't have to live on fatty meats, avocados and cheese forever—not that there'd be anything wrong with that! (If you reintroduce bread, do it WAPF-style: with enough butter that you can see your teethmarks in it! And if you have morning oatmeal, make it luxurious with cream.)

Carbohydrate intake has arguably the largest effect on insulin levels, but it's not the only factor. Exercise and physical activity in general improve insulin sensitivity, as does getting an adequate amount of good quality sleep. Sleep deprivation is now recognized as a risk factor for metabolic syndrome and T2D, owing to reduced insulin sensitivity and changes to levels of hormones that regulate appetite and energy expenditure.[36-38] Eating regular meals that are nourishing and satisfying—as opposed to grazing all day—can also help promote healthy insulin levels. The last thing someone with chronic hyperinsulinemia should do is snack all day. Even if the snacks are low in carbohydrates, insulin rises in response to all food (except for small amounts of pure fat), so it's best to space meals with a significant time in between.

Fasting or "time-restricted feeding" may also help reduce insulin levels, even in the context of a high carbohydrate intake. Simply going longer without eating gives the body more time for insulin to come back to normal. This doesn't mean fasting for multiple days at a time; beneficial effects can be experienced by simply skipping breakfast or dinner and having two meals a day instead of three, or eating within a compressed window of time. One popular method is fasting for sixteen hours and consuming food only during the other eight hours; for example, you would have breakfast at 10:00 AM, dinner at 6:00 PM and not eat again until breakfast the next morning. There are many different options for implementing intermittent fasting; the point is to extend the amount of time you go without eating to allow your insulin level to normalize and give your body more time in a lower insulin state.

SUMMARY

When it comes to metabolic health and proper gluco-regulation, blood glucose tells only part of the tale. Even when blood glucose is normal, chronically high insulin exerts a powerful influence over just about every organ

What's required to reverse an illness isn't necessarily required to prevent it from happening in the first place.

THE KRAFT TEST

If you'd like to see detailed images of the Kraft test insulin and glucose patterns, Meridian Valley Lab has a nice overview.[39] For those interested in learning more about Dr. Kraft's fascinating work in uncovering the massive scope and underappreciated consequences of chronic hyperinsulinemia, I highly recommend his book, *Diabetes Epidemic & You*.[2]

and tissue system in the body: the kidneys, the brain, the reproductive and cardiovascular systems and more. Don't let a normal glucose level trick you into thinking everything's fine if you know you don't feel your best. To stay on top of your long-term health, have your insulin level checked periodically.

Amy Berger is a U.S. Air Force veteran, certified nutrition specialist and nutritional therapy practitioner who specializes in using low-carbohydrate nutrition to help people reclaim their vitality by eating delicious foods. She loves showing people that getting and staying well doesn't require starvation, deprivation or living at the gym. Her motto is, "real people need real food!" She blogs at tuitnutrition.com*, where she writes about health and nutrition-related topics such as insulin, metabolism, weight loss, thyroid function and more. She is the author of* The Alzheimer's Antidote: Using a Low-Carb, High-Fat Diet to Fight Alzheimer's Disease, Memory Loss, and Cognitive Decline.

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DRUGS DON'T FIX DIETARY DISEASES

That chronic hyperinsulinemia is under-recognized as the primary driver of so many otherwise "idiopathic" (unexplained origin) health issues has consequences more far-reaching than just the psychological effects of having troublesome symptoms that interfere with quality of life. Probably the most powerful consequence is that health care providers use pharmaceutical drugs to treat conditions that are driven almost entirely by diet and lifestyle.

Hyperinsulinemic conditions—such as hypertension, gout, skin tags, erectile dysfunction and type 2 diabetes—are warning signs from the body that something has gone awry. Using drugs to treat individual symptoms without addressing the underlying cause opens up a can of worms that leads to increased dysfunction. When we ignore the fundamental cause of a health issue and mask the red flags with drugs, the underlying cause continues wreaking havoc, typically resulting in a need for higher doses of drugs or introduction of additional drugs when the ones initially used are no longer up to the task of holding back the snowballing tide of metabolic dysfunction.

Very few pharmaceutical drugs are without unpleasant and even harmful side effects:

- Drugs for hypertension, such as diuretics, may result in electrolyte imbalances, leading to headaches, muscle cramps, dizziness, arrhythmias and hypo- or hyperkalemia (too little or too much potassium in the blood). Beta-blockers may cause dizziness, fatigue, drowsiness, headache, dry mouth and constipation or diarrhea. Calcium channel blockers may cause drowsiness, slower heart rate, increased appetite, lightheadedness, fluid retention in the lower legs (swollen feet, ankles and legs) and constipation.
- Drugs for type 2 diabetes come with varying side effects depending on their mechanisms of action, but may include weight gain, upset stomach, hypoglycemia, increased hunger, water retention, chest pain, eyesight problems, urinary tract infections and conditions as severe as diabetic ketoacidosis and kidney failure.
- Drugs for gout may cause liver damage, life-threatening skin rash, drowsiness, vomiting, headache and muscle pain.

None of these drugs does anything to address the actual cause of the illness for which they're prescribed. Because they don't address the fundamental drivers of metabolic derangement, not only do the unfortunate individuals who take them have to deal with a laundry list of side effects, but they will eventually need even more medication, as the underlying problem continues to get worse. Using drugs to treat dietary diseases creates an endless downward spiral, inevitably leading to ever more severe derailment of health, not to mention an increasing financial burden. It's like putting a piece of electrical tape over your car's check engine light: You can't see the light anymore, but that doesn't mean you fixed the problem that was making it go on. You cannot medicate away dietary diseases.

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A Message to Grandparents

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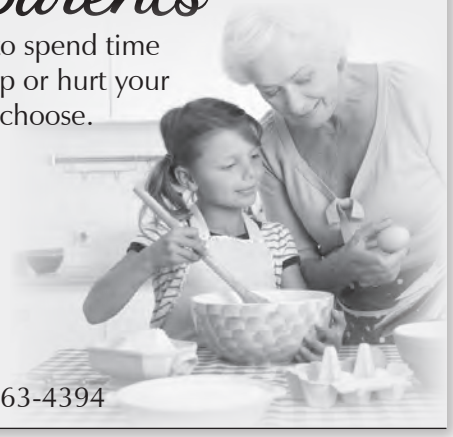

Questioning the Safety and Effectiveness of Daily Aspirin Use

By Thomas Cowan, MD

Not long ago, a patient who came to discuss possible alternative treatments for his heart said that he was completely against taking cardiology drugs, and that all he used was one aspirin a day. I have heard similar comments from other patients: "My cardiologist practically begged me to take aspirin," or, "No, I never take drugs of any sort, only the one aspirin per day." Generally, I used to let these comments slide because I believed that we had more important issues to decide than whether the patient should take aspirin.

I have heard aspirin described as one of the greatest medical interventions of the twentieth century, almost as important as the discovery of penicillin. On the other hand, I have read credible accounts that link the widespread and aggressive use of aspirin to the tragic outcomes in the 1918 flu pandemic.[1] Others suggest that if aspirin were a new drug, it would never pass Food and Drug Administration (FDA) scrutiny because of its significant toxicity. Ironically and tragically, I am sure my mother's fatal hemorrhagic (bleeding) stroke three years ago was caused by the combination of statins, fish oil and daily aspirin use.

Tens of millions of Americans take an aspirin a day, mainly for one of two indications. Generally, the most common indication for the widespread use of aspirin is to prevent the clotting (or thrombosis) of the blood, which is considered an integral step in the development of heart attacks and strokes. Second, as aspirin is a prostaglandin inhibitor (and, therefore, an anti-inflammatory), it is used in the primary prevention of diseases that are thought to be caused by chronic inflammation, including colon cancer.

I finally decided to look into the actual studies on aspirin use to see if I could find out whether everyone older than sixty should really take an aspirin a day, and, if not, whether downsides to its use exist.

INEFFECTIVE OR WORSE

So, what do the actual studies show? The first study, published in 2010, comes from the journal *Expert Opinion on Pharmacotherapy*.[2] The researchers studied the role of aspirin in the primary prevention of cardiovascular disease in patients with diabetes. Primary prevention means that these patients were diabetic but had no history or evidence of heart disease. However, the fact that they had diabetes put them at high risk for heart disease, and aspirin was studied as a low-risk, low-cost primary prevention therapy. The study concluded that "aspirin therapy did not reduce the risk of cardiovascular events," and that "the use of aspirin cannot be routinely recommended for primary prevention of cardiovascular events in diabetes." In other words, the researchers found that aspirin was ineffective in preventing cardiovascular disease in patients who had diabetes but no existing heart disease at the time.

The second study, also from 2010, comes from the prestigious *Journal of the American College of Cardiology*.[3] The study was designed to determine the outcome for patients who were taking aspirin prior to having a coronary event. By way of background, the researchers noted the existing "controversy" regarding whether prior aspirin use predicts worse outcomes in patients who go on to experience acute coronary events. This question is important because this is the predominant indication that doctors use in prescribing aspirin therapy. Here is the actual conclusion of the study: "Prior aspirin use was associated with more comorbidities and coronary disease and a higher risk of recurrent [myocardial infarction], but not mortality." Stated another way, people taking aspirin had worse outcomes and a higher risk of having a heart attack than those not taking aspirin—exactly the opposite of what the doctors told them.

The third study, appearing in 2005 in the gold-standard *New England Journal of Medicine*, examined whether aspirin use lowered the risk of cardiovascular disease for women in general.[4] The study concluded, "In this large, primary-prevention trial among women, aspirin lowered the risk of stroke without affecting the risk of myocardial infarction or death from cardiovascular causes, leading to a nonsignificant finding with respect to the primary end point." Specifically, the researchers found a lowered risk for one type of stroke (ischemic, or blood clot, strokes), but aspirin did not affect the overall death rate from cardiovascular events. However, this study found no clear evidence that aspirin helped prevent hemorrhagic (bleeding) strokes, while another study in the journal *Stroke* identified clear evidence that, in women, taking aspirin daily increased the risk of both types of strokes.[5] The conclusion stated: "Aspirin use was associated with increased risks of ischemic stroke in women and hemorrhagic stroke overall in this elderly cohort, after adjustment for other stroke predictors." In other words, at least in women older than age sixty-five, daily aspirin use was shown to increase the risk for strokes.

MORE EVIDENCE OF A DOWNSIDE

Some positive trials do exist with regard to secondary prevention in men who have already had a heart attack or stroke. However, even this strategy is not without a significant downside. Again, studies show that aspirin is far from a benign drug. For example, a 2010 study published in *The American Journal of Medicine* showed that chronic aspirin use is associated with significant hearing loss in men and especially in younger men.[6] As summarized by the authors, "Regular use of aspirin, NSAIDs [nonsteroidal anti-inflammatory drugs], or acetaminophen increases the risk of hearing loss in men, and

People taking aspirin had worse outcomes and a higher risk of having a heart attack than those not taking aspirin.

Many natural medicines inhibit platelet aggregation, thin the blood and reduce inflammation without any of the risks incurred from low-dose aspirin therapy.

the impact is larger on younger individuals."

A 2009 study from the journal *Current Medical Research and Opinion* found that even low-dose aspirin therapy is associated with significant gastrointestinal toxicity: "Data suggest that ASA [acetylsalicylic acid or aspirin] causes significant gastroduodenal damage even at the low doses used for cardiovascular protection. These effects (both systemic and possibly local) may be pharmacodynamically distinct from the gastroduodenal toxicity seen with NSAIDs."[7]

Finally, a 2011 study in *Alimentary Pharmacology and Therapeutics* linked daily aspirin use with the development of Crohn's disease (CD), an illness becoming increasingly prominent in our medical landscape. The authors reported "a strong positive association between regular aspirin use and CD" (but not ulcerative colitis).[8]

I could go on for pages, but the bottom line is clear: while low-dose daily aspirin therapy has been shown to have some usefulness in very specific situations, it is far from a safe or effective medicine for all those who use this therapy.

SAFER ALTERNATIVES

Are there alternatives to low-dose aspirin therapy? Many natural medicines inhibit platelet aggregation, thin the blood and reduce inflammation without any of the risks incurred from low-dose aspirin therapy. Some of my favorite choices include the use of the enzymes nattokinase or lumbrokinase, both of which have shown anti-clotting effects as well as heart-strengthening properties.

In addition, a 1999 study showed that pycnogenol, the French pine bark extract, not only inhibited platelet aggregation in smokers (a high-risk group) as effectively as aspirin, but also did it without adversely affecting bleeding time.[9] Published in the journal *Thrombosis Research*, the study reported the following: "Thus, smoking-induced enhanced platelet aggregation was inhibited by 500 mg aspirin as well as by a lower range of 100-125 mg Pycnogenol. Aspirin significantly ($p<0.001$) increased bleeding time from 167 to 236 seconds while Pycnogenol did not. These observations suggest an advantageous risk-benefit ratio for Pycnogenol." (Probably the best source of pycnogenol is from the French Glory website.[10])

In summary, the daily use of even low-dose aspirin is an important medical decision, one not without significant risk. It is important to discuss the risks and benefits with one's primary physician and cardiologist and make sure they are aware of the downsides of this therapy and safer alternatives.

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Incontinence: Suggestions for Self-Help

By Natalie Campbell, PT, MS, NTP

Incontinence, whether urinary or fecal, is an embarrassing and not uncommon problem among adults. I became aware of just how frequently it occurs when I attended pelvic physical therapy courses.

At the physical therapy courses, we were assigned the task of going around the room interviewing other course attendees about their bowel and bladder habits so that we could become comfortable discussing these matters. During these conversations, I heard about incontinence in the young (athletes and new mothers), the middle-aged (decreasing estrogen in menopause) and the aged (many reasons).

The two most common reasons for the nerve damage seen in retention incontinence are diabetes and vitamin B12 deficiency.

URINARY INCONTINENCE

Before contemplating abnormal bladder function, it is helpful to consider normal function. Ordinarily, when the bladder is over halfway full, it sends a message to the brain. The brain decides whether this is an appropriate time and place to empty. The bladder is a muscle under autonomic control. The only thing one has to "do" to empty it is to relax the urethral sphincter voluntarily. However, most adults have some degree of pelvic floor dysfunction and find themselves bearing down and tightening the abdominal muscles.

A common bad habit is described with the made-up verb, to "jic." Those letters stand for "just in case." For example, before embarking upon the commute to or from work, one visits the bathroom—just in case. In some circumstances, "jiccing" may be a good idea (for instance, at the intermission of the opera). However, "jiccing" day after day is not a good practice because the bladder may not actually be full, meaning that the urine must be forced out.

TYPES AND CAUSES OF BLADDER INCONTINENCE

There are three basic types of bladder incontinence.[1] *Stress* incontinence occurs with coughing, laughing and sneezing and may occur briefly after childbirth, or more permanently at menopause. With *urge* incontinence (a form of overactive bladder), a strong uncontrollable urge causes the episode. The third type of urinary incontinence, *retention* or *overflow* incontinence, occurs when the autonomic innervation to the bladder is damaged and the bladder does not empty completely; when more urine comes from the kidney, there is no room for it, so it "spills out" or overflows.

The two most common reasons for the nerve damage seen in retention incontinence are diabetes and vitamin B12 deficiency. Studies have also reported B12 deficiencies in association with stress incontinence.[2]

A B12 deficiency can be caused by a vegan diet and by drugs such as proton pump inhibitors (PPIs), which prevent the stomach from absorbing B12 and many other nutrients. Some antidepressants in the selective serotonin reuptake inhibitor (SSRI) class can lead to incontinence by an as-yet poorly understood mechanism.[3]

Many women suffer from bladder prolapse related to childbirth trauma. Symptoms may arise years after experiencing childbirth and are often exacerbated by the loss of estrogen in menopause. When men have incontinence issues, the problem most commonly follows prostate surgery, but it can also arise with old age, diabetes or vitamin B12 deficiency.

PELVIC FLOOR STRENGTHENING

Exercises to strengthen the muscles of the pelvic floor are a frequently indicated intervention that will help with all types of incontinence—although in retention incontinence, it is also important to identify the reason for the autonomic nerve dysfunction. Unfortunately, physical therapists are not taught pelvic treatments in their training. Those who have made it their specialty have done so by taking extra postgraduate courses.

There are two main approaches to pelvic floor strengthening. The first is the Kegel exercise, which is often accompanied by biofeedback. Most postgraduate courses taken by physical therapists (including the ones that I have taken) teach the Kegel-plus-biofeedback method only. The Kegel exercise may be explained by imagining one is about to pass gas or wet one's pants and then tightening the pelvic muscles to prevent that from happening. The biofeedback component uses either an internal electrode or surface electromyography (EMG) electrodes taped around the anus. The patient can watch the state of his or her contractions on a monitor.

The second approach—exercises developed by physical therapist Janet Hulme—is named "roll for control" (Figure 1). Janet Hulme describes her home programs in *Beyond Kegels*[4] (written for women) and *Men After 50: Now What?* for men.[5] It is fine for an individual to use both methods (Kegel and "roll for control" exercises) concurrently.

I learned about Hulme and her program at a Wise Traditions conference. After ascertaining from Hulme's website that she was close to sixty-five years old and planning to teach a course in Chicago, I decided I had better attend it in case she was going to retire. Since then, I have taught Hulme's approach to incontinence

to many people. I actually prefer it because it recognizes that the pelvic floor is strengthened by walking and that walking is a natural way of supporting the pelvic floor. Indeed, Janet Hulme says it is common for older people entering a facility to become incontinent in four months' time, the cause being too much sitting. Some individuals find their gait improved from the Hulme exercises and may no longer need their canes. (Hulme's books can be ordered at the Phoenix Core Solutions website; both books provide complete, detailed instructions on her home programs.[6] Because men are often uninformed about or uninterested in health matters, Hulme's book for men explains the whole issue in a down-to-earth and practical way.)

For women who suffer from prolapse related to childbirth trauma, performing the Hulme exercises with the hips elevated on an inflatable wedge is beneficial, as shown in Figure 2. (Hulme calls her wedge the "Wonder Wedge.")[6] Conversely, anything that increases downward pressure on the pelvic organs will make things worse. Exercises such as crunches and sit-ups should be avoided. Instead, abdominal strengthening is best performed lying on the floor with the feet elevated against a wall and the hips supported by the wedge.

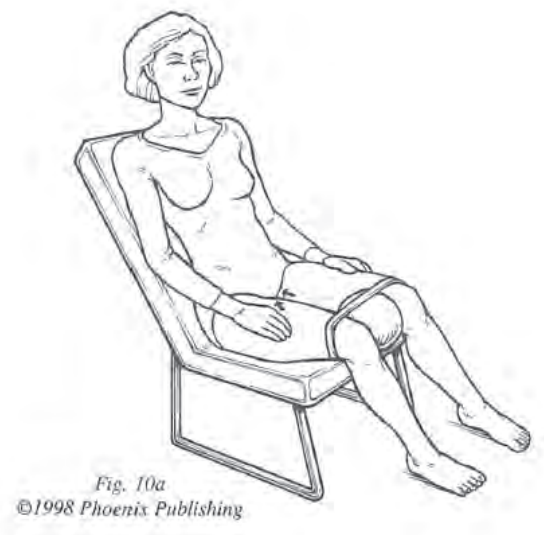
FECAL INCONTINENCE

Fecal incontinence is another inconvenient and embarrassing problem for many. For women, a common situation is to have suffered a third- or fourth-degree obstetrical tear in childbirth many years previously. At the time, women's recovery may have been aided by plenty of estrogen. However, when estrogen levels fall at menopause, the traumatized tissues sag, leaving one with fecal incontinence.[7] The same exercises used for urinary incontinence are helpful for fecal incontinence.

Diarrhea from any cause will complicate the problem of fecal incontinence. The GAPS (Gut and Psychology Syndrome) diet is well known as a dietary solution for addressing diarrhea.[8] However, many of these patients suffer from irritable bowel syndrome (IBS), which not only makes diarrhea unpredictable but can be aggravated by the FODMAPS (short-chain carbohydrates) present in the GAPS diet. We now know that IBS is often related to small intestinal bacterial overgrowth (SIBO), and for this reason

Diarrhea from any cause will complicate the problem of fecal incontinence.

FIGURE 1: JANET HULME'S "ROLL FOR CONTROL" EXERCISES



"Roll for control" exercises are taught sitting in a chair and rotating the hips externally and internally (see illustration). Sit in a chair with feet on the floor about eight inches apart. Roll the knees apart, letting the heels come together. Then roll them together, letting the heels move apart. Resistance is added by using a band around the distal thighs to resist external rotation and squeezing a ball between the knees to resist internal rotation. (An elastic band of the correct stiffness and a ball of the correct size are available at phoenixcore.com.)

It helps to be in good condition for childbirth, which will make severe tearing and future incontinence less likely.

a low-FODMAPS diet may be helpful. I have recommended the GAPS diet combined with low FODMAPS for such patients.

MAGNETIC THERAPIES

While researching this article, I became aware of several magnetic treatments for incontinence. I do not have personal experience using these modalities, but I mention them because they are noninvasive, unlike many urologic procedures.

Women's health specialist and author Dr. Susan Lark recommends the NeoControl magnetic therapy system. Sitting in a comfortable chair, patients experience "powerful pulsing magnetic fields to stimulate nerve activity in the pelvic floor, which in turn exercises the muscles that control bladder function."[9] Typically, the patient has two twenty-minute treatments per week for about eight weeks.

Another magnetic therapy option is Pulsed Electromagnetic Field Therapy (PEMF), approved in the U.S. by the Food and Drug Administration (FDA) for use in urinary incontinence since 1998. One study found improvement in 75 percent of incontinent patients after eighteen sessions of PEMF.[10] The Center for Holistic Medicine in West Bloomfield, Michigan uses pulsating magnetic field therapy (PMFT) for one hour twice a week for four weeks, and I am told this therapy has been effective for many people.

NUTRITIONAL CONSIDERATIONS

Dietary triggers may be an issue for urge incontinence and overactive bladder. These triggers are basically the same as those linked to painful conditions such as pelvic pain, painful bladder and interstitial cystitis (a type of chronic pain that affects the bladder). They could be acidic foods, spicy foods and foods containing high amines or glutamates. The approach to take with a suspected food is to eliminate it and then challenge it. If improvement occurs while the food is removed from the diet, then try to establish a threshold of how much can be tolerated without reacting. (Many of these reactive foods are very nutritious, and being able to consume a little of a reactive food can make the diet less restrictive.)

There is anecdotal evidence linking one particular food additive to incontinence, namely calcium propionate, which is added to bread to prevent mold. Calcium propionate may also contribute to bedwetting in children. It is worth eliminating, as there are no good reasons for consuming it.

PREVENTION IS THE BEST MEDICINE

There are several steps one can take to forestall problems down the road. For women who are planning to have children, it helps to be in good condition for childbirth, which will

FIGURE 2: USING A WEDGE TO SUPPORT THE HIPS

Figure 61a
©2002 Phoenix Publishing

make severe tearing and future incontinence less likely. Third- and fourth-degree obstetrical tears have ramifications later in the mother's life (just as c-sections have ramifications for the baby's microbiome). As we age, it also can be useful to have our vitamin B12 levels checked. Know, however, that the "normal" values given by most laboratories are far too low, making it likely that an uninformed doctor will miss this deficiency. Optimal values are at least five hundred picograms per milliliter (pg/mL). Third, it is important to manage blood sugar to avoid diabetes and/or diabetic complications. Finally, if you are dealing with incontinence, know that even if nobody talks about incontinence, you have plenty of company!

Natalie Campbell has a BS in physical therapy and an MS in human nutrition, both from the University of Michigan. She also has completed three postgraduate courses in pelvic physical therapy and recently qualified as a nutritional therapy practitioner through the Nutritional Therapy Association. The illustrations in this article are used with the permission of Phoenix Publishing.

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MEDICATIONS USED IN THE TREATMENT OF URINARY INCONTINENCE AND THEIR SIDE EFFECTS

Pharmacological treatments for urge and retention incontinence act upon the autonomic nervous system either to inhibit or promote bladder emptying. However, even though it would seem quite simple to distinguish between urge and retention incontinence, it is not. Both types of bladder incontinence involve the symptom of continually feeling the need to empty one's bladder.

With urge incontinence, the bladder nerves are too easily excited—whether the bladder is full or not—whereas with retention, the bladder feels full because it actually is full. Because of this confusion, it is not unheard of for a doctor to prescribe exactly the wrong drug, aggravating the problem. (A urologist can clarify this immediately by performing a bladder ultrasound.)

There are two drug approaches used to treat overactive bladder and urge incontinence. The first blocks the autonomic innervation of the bladder with an anticholinergic agent such as oxybutynin or Detrol. Unfortunately, this class of drugs has a drying effect throughout the body, resulting in symptoms such as dry mouth and constipation.

Conversely, one could stimulate the adrenergic nervous system with a beta-adrenergic agonist. The only drugs of this class for this purpose are Mirabegron or Myrbetriq. However, these come with side effects such as nasal congestion and a transient rise in blood pressure.

Men with prostate enlargement may have difficulty emptying the bladder completely because of obstruction rather than nerve damage. In this situation, a health care provider may prescribe Flomax, an alpha-adrenergic blocker. One side effect of Flomax is a decrease in blood pressure.

Overflow incontinence does not really have a drug treatment. Instead, one might address the patient's vitamin B12 deficiency, diabetic complications or an underlying neurological condition such as Parkinson's disease or multiple sclerosis—which could be accompanied by more than one type of incontinence.

In the Footsteps of Weston A. Price:
A Captivating Stay in Nepal

By Anna Bremer

It was almost ninety degrees, the sun was burning in the sky and our rickety van was climbing up the steep, narrow and unpaved mountain roads of Nepal at about ten miles an hour. We were twelve people in the car, three to five in each row of the van. Right next to me sat Narayan, a family man whom I had met by chance in the streets of Nepal's capital, Kathmandu.

It may sound unusual, but in the streets of Nepal it can happen very easily that a happily smiling Nepalese invites you to their home. When Narayan extended an invitation, I immediately felt drawn to accept. I have traveled and lived abroad many times, always being careful never to do anything frivolous, but sometimes you can really see the sincerity and warm-heartedness in someone's eyes and you simply know that you can trust them. Luckily, a dear friend of mine, a fifty-year-old Finnish woman who was traveling around Nepal as well, had met Narayan before and assured me that it was safe to accept his invitation. I quickly decided to leave Bhaktapur and the private school where I was teaching earlier than planned to go to Sulikot, the region in the mountains of Nepal where Narayan's family lives.

Narayan booked the van for us and told me it was the quickest and most comfortable way to reach his hometown. However, sitting in the tiny van with eleven Nepali, loud music blaring out of the radio and the car stopping every few miles because the road was blocked by huge rocks that needed to be rolled out of the way, I had a weird feeling in my gut, doubting whether I had made the right decision. I had informed several people in Nepal as well as others back home in Germany where I was going and when I would be back, but I was traveling with a man I had never met before, and I was on my way to a place in the middle of nowhere, almost ten thousand feet in altitude and hundreds of kilometers away from the next city. I had no clue that what was awaiting me there was going to be one of the most beautiful and life-changing experiences I had ever had.

Narayan

ARRIVAL IN SULIKOT

After six long hours of shaky roads, breathtaking views, quick stops for lunch and blaring Bollywood music, we eventually arrived. Surrounded by rice terraces, mountains, fields, scattered small villages and goats and chickens strolling around, we stopped at one of the tiny stone houses, which was built right at the steep hillside. It was simple but very beautiful and peaceful. This was Narayan's home, where he lives with his wife, parents and five children. None of the family members knows their exact age, but Narayan estimates that he is around forty years old, that his wife might be thirty-eight; the children are between six and sixteen years old. I guessed the grandparents' age to be around sixty, but it was difficult to know for sure because the high altitude and intense sun had tanned their skin quite strongly.

There are no jobs in the area, so Narayan works as a rickshaw driver in Kathmandu and only visits his family about once a month. He feeds all of them with his small salary, but this works out fine because the family has its own chickens and goats, as well as two buffaloes. They also have fields where they grow foods such as rice and maize. They even have a mango tree, which reportedly produces beautiful sweet mangos in the summer. The whole family stays busy maintaining the fields, caring for the animals, cooking and cleaning the house. The kids go to school from ten in the morning until five in the afternoon. The rest of the family's time is used for collective work, games, eating and gatherings. The time that I spent with this beautiful family—working, eating, learning, laughing together and experiencing their interdependence, deep bonds and relationships—was truly magical.

THE TRADITIONAL NEPALESE DIET

To explain the foods that Narayan's family regularly ate, I would like to outline what the typical Nepalese diet looks like and what I observed in other families and in Nepal's cities. In general, the Nepali eat rice, legumes, vegetables, meats, eggs and dairy products. The traditional dish is *dal bhat*, which is based on foods that people grow themselves; usually, *dal bhat* consists of steamed rice and a very thin lentil soup with spices. The Nepali love this basic dish and eat it almost every day and for every meal—for most people, it is absolutely normal not to have much food variety. Although available throughout Nepal, *dal bhat* and its elements can vary depending on the region, religion and family. Some eat flattened rice or buckwheat instead of normal rice, but the structure of the meal is always the same.

Tarkari, a spicy vegetable stew with seasonal vegetables, is often an additional component of the diet. This could be a cauliflower-and-potato curry, a tomato stew or *tarkari* with many different kinds of greens (which often were unfamiliar to me but always tasted great). Also very common is a small amount of very

The meat almost always consists of pieces with bones, organs and many varied parts of the animal.

I have never seen people with such perfect teeth and wide jaws, such strong hair, strong bodies, healthy weight and good skin.

spicy pickles or sauce; though rarely more than a teaspoonful, these condiments do their job. You also often get one or two pieces of raw vegetables with the meal, such as cucumber or carrot.

Because meat is quite expensive, the frequency of meat consumption mostly depends on a family's income. The meat might be buffalo, goat or chicken and almost always consists of pieces with bones, organs and many varied parts of the animal. The accompanying spices are always quite strong and so well combined that it is easy to eat all the parts, even for westerners who are not used to doing so. Fish is eaten only in villages that are located directly on rivers. If you drive by one of these places, you will see street stalls selling small dried or smoked fish everywhere. Apart from that, the Nepalese do not eat fish on a regular basis. For festivities and special occasions, the Nepali serve meat, fruit and rice pudding or fried baked goods made from rice flour and fried in ghee.

In the bigger cities, you tend to see lots of Western foods. Big jugs of sunflower oil are sold everywhere, soda is very prominent and packaged foods such as noodle soups and candy are common. Therefore, you also see the typical Western health issues and malformations that we all know about. Fortunately, the problems are not as noticeable as in Europe or the United States, but they seem to be becoming more prevalent.

RADIANT HEALTH AND BEAUTY

I am a huge fan of the research carried out by Dr. Weston A. Price with traditional societies and groups. Thus, arriving in Narayan's home in Sulikot, I was amazed by the radiant health and beauty evident in his family members. On other occasions when I visited the larger cities of Nepal, I did not see people with such perfect teeth and wide jaws, such strong hair, strong bodies, healthy weight and good skin that I was seeing in this family. It was obvious to me that there was a difference in their lifestyle compared to the families I had seen previously. I was beyond excited to see that the people in this area of Nepal still possessed excellent health along with precious wisdom about food and its role in human health and development. I also sensed that in addition to the family's nutrition and lifestyle, their strong family bonds and deep connection to nature—as well as their geographic isolation—were big contributors to the vibrant health I was observing.

On my first morning, I woke up around four to the sound of Narayan's wife's soft voice waking up her fifteen-year-old daughter to help her sweep the floor, clean the kitchen (which was basically a corner of the loam house with a small fireplace) and make tea. Looking out of the glassless window, I was able to see the breathtaking sunrise behind the foggy mountains. The grandparents, who slept with the buffalos and goats in the shed located twenty feet from the house, could be seen preparing food for the animals, accompanied by birds singing and chickens clucking. The scenery was stunning, and I was overwhelmed by the peacefulness of the place.

After feeding and letting out the animals and milking the buffalo, some of the fresh milk was given to the daughter who cooked tea for the family. The rest was simply dumped into a huge jug in the house where it fermented. The most common tea and morning beverage in Nepal is *masala*. This simple tea, which requires only water, fresh raw buffalo milk, freshly ground ginger, cinnamon and cardamom, was cooked for a few minutes and then served to the whole family. With our tea, we gathered in front of the house, either sitting on the floor or squatting, watching the sun rise and chatting (or trying to communicate) or simply remaining silent and watching the chickens and baby goats around us. The tea was delicious and flavorful, and the high fat and nutrient content nourished us for the first hours of the day.

With no electricity, no kitchen, no supermarket and not even knives (only a single sickle),

NO DENTISTS NEEDED

During my stay at Narayan's house in Sulikot, I didn't observe any dental hygiene either in the morning or in the evening. Narayan brushed his teeth once in a while because he learned about it in the capital city where he worked, but I did not see anyone else do so.

the women start cooking quite early in the day. Making a fire, preparing the vegetables and occasionally buying meat from other nearby families takes time. Because the family considered it an honor to have me as their guest, I did not get to help very much, other than sharing (with the grandma of the family) the wonderful task of peeling twenty to thirty cloves of garlic for the vegetable stew. For one meal, I observed the fifteen-year-old daughter of the family preparing the meat, squeezing something out of a little pipe. I guessed that it was the intestine or something similar. (During dinner that evening, I saw the daughter indulgently biting into a crunchy piece of meat that turned out to be the "pipe"—probably the intestine—that she had prepared earlier.)

Narayan and family

Lunch—one of the two daily meals—was between ten and eleven in the morning. The basis of lunch was, of course, *dal bhat*, consisting of massive amounts of rice and a bowl of lentil soup. I guessed that every single person, even the kids, ate at least two hundred and fifty to three hundred grams (nine to ten ounces) of rice per meal. Having grown up with a more varied diet in Europe, it was hard for me to imagine that these people ate more or less the same meal every single day, every single time. I finally wrapped my head around it when I taught a little English to some of the kids and asked them for their favorite color, favorite animal and favorite food. At first, they did not know what to reply to the last question; then, they simply said "rice and meat." Of course! Rice and meat are the foods they eat every day to nourish their bodies.

The typical way to eat *dal bhat* is to dump the lentil soup on top of the rice, mash it, form little clumps with your hand and slide them into your mouth. These people had never used silverware in their whole life and had incredible skills eating this way. I tried not to spill rice and embarrass myself.

The *dal bhat* was accompanied by a delicious tomato stew, cauliflower, potato, a small dollop of homemade buffalo butter and a big cup of fermented buffalo milk. The milk was rich, dense and delicious—and much stronger than any fermented milk drink that I had ever tasted. Because the family dumps their fresh milk in the jug every day, the concoction keeps fermenting on a continual basis and develops a strong taste and highly beneficial bacteria. I was lucky not to experience any stomach issues from that big mug of fermented milk, probably because I had already been experimenting with fermented foods for a long while!

As the honored guest, my meals always looked a little different from what the others ate. I received more of the precious ingredients such as vegetable stew, meats, condiments and even the very precious buffalo butter, which Narayan treated as a family treasure. The kids often just got a huge plate of rice, lentil soup and soured milk for lunch, before going off to school fueled for hours.

WORK AND PLAY

Family members spent their afternoons working in the fields, washing clothes, cleaning the house and caring for the animals—but also allowed time for resting, talking, joking and enjoying each other's company. Several times a day, neighbors (who were mostly distant relatives whose mountain houses were located fifteen to twenty minutes away by foot) came by to spend some time, drink tea, chat or help out.

I loved observing the social structures. It was mind-blowing for me to see that basic Western habits and customs that had always seemed

SACRED FOODS

The abundant health of everyone in the Sulikot area was impressive. I asked my host Narayan about the most important foods for pregnant women. It didn't surprise me that he mentioned ghee, cheese, goat's meat and green vegetables. Although I did not actually see any cheese during my stay, it seemed logical to me that the villagers would use some of their fermented buffalo milk to make cheese. The *Nepali Times* has described Nepal's "beautiful mountains, fantastic growing conditions, diverse countryside, [and] aptitude for animal husbandry" as offering the perfect setting for cheese production (archive.nepalitimes.com/news.php?id=15426).

One of the most beautiful things I saw was how the grandparents were integrated into the family.

so universal to me simply did not exist in that context. People did not hug, shake hands or say "hello," "how are you?" or "goodbye." I quickly realized these social rituals were simply unnecessary in this kind of environment. People see each other every day, have known each other from birth, are deeply dependent on one another and know about every life event and change, including their history, ancestors and family. They are never apart. Family members even sleep close together, warming each other on thin, tough straw mats. Despite the absence of hugs, they highly enjoy physical contact. It is common to see people, even teenage boys, hanging out or walking hand in hand or even arm in arm. The deep social connections make most of the Western world's social rituals redundant.

YOUNG AND OLD

One of the most beautiful things I saw in Sulikot was how the grandparents were integrated into the family. I guessed that Narayan's parents were around sixty years old (none of the older generation actually knows how old they are), and they sparkled with vitality. They were full members of the family, working as much as the others, sleeping as much as the others and not seeming to grow old at all. Seeing the beautiful smiling grandma with her perfectly aligned teeth and strong body resting in a squat position or carrying huge buckets of water was amazing to me but entirely normal there.

Smiling Grandma

When the kids came home from school, the activities initiated in the early morning continued. This included cooking food, carrying water from the spring, caring for the animals and doing field work, alternating with hanging around, laughing, playing ball games and chasing the ball down the steep hills and rice terraces every time it accidentally left the rocky road. In the midst of all the work, it was stunning to see what kind of peace this family had. When the work was done, we simply enjoyed each other's company for hours. We sat in front of the house or on the tiny balcony and enjoyed the vastness and beauty of the landscape—being present and enjoying the moment—without any need to talk, find other activities or go somewhere either physically or mentally.

THE EVENING MEAL

The time span from lunch to dinner was quite long, but we rarely snacked because the meals were big and nourishing. Sometimes we had another tea in the afternoon or received a mug of warm buffalo milk with a piece of raw onion. Every meal and every snack was nutritious and well-combined.

When darkness began to fall, family members chased all of the chickens and goats into the house, where they spent the night in the same room with the fireplace where Narayan, his wife and two of the five children slept. When I asked Narayan why the animals had to go into the house at night, he told me, "Because of the tigers." I thought this was a joke until I took a walk with two of the boys one day; after ten minutes of walking, they pointed to the forest saying, "There tiger home." Because their English skills were quite limited, I asked Narayan about it later that day, and he confirmed that a few tigers lived in the area and that this was the reason why there were no dogs in the village. "Tigers like dogs," he said, "but they don't like people, so don't worry." I was glad that he waited to tell me this until one of the last days of my visit, after I had slept every night next to a glassless window. Narayan was both surprised and amused that I feared tigers at all.

After all of the animals had been brought into the house, the whole family gathered

around the fireplace and sat crossed-legged in a semicircle, waiting for dinner. With only one light bulb and power that worked only at night and only sometimes, we mostly enjoyed the cozy and relaxing atmosphere created by the fire, the bright stars and the moon. The cook (the mother or the daughter) always sat in the middle of the semicircle next to the fireplace and served the food. Whereas lunch was usually vegetarian, for dinner it was more usual to eat meat. Narayan told me that the family ate meat about three times a week. However, "eating meat" did not refer to eating muscle meat. The family would buy a bag of chicken or goat meat that included every imaginable part of the animal, including organs and bones. It was incredible to experience how well-nourished this family was, despite their limited resources and options.

As the honored guest, I was always the first one to be served. Most of the time, I even received a plate of meat shortly before dinner, with the most exquisite pieces (such as the liver), "to try if it was good." For dinner itself, I received more meat and more vegetables than all other family members. During dinner, the person serving would continue to provide more rice and lentil soup until I insistently stated that I was full. At the same time, it was evident that everyone received the nourishment they needed.

IN DR. PRICE'S FOOTSTEPS

While in Nepal, I stayed with a total of four families in four different cities. In each case, I enjoyed my stay and learned a lot from it but never felt the need to stay. However, after three days in Sulikot with Narayan and his wonderful wife, kids and parents—living their traditional life and feeling their indescribable freedom, joy and connection—I immediately felt as though I were following in Dr. Price's footsteps when he travelled to Switzerland. It was impressive to see how this traditional Nepali community and its dietary wisdom displayed more skill and success in terms of nutrition than any modern-day professional nutritionists. I also observed how the appreciation for the foods one eats is enhanced when obtaining and preparing the foods oneself. I was captivated not only by family members' health and physical perfection but also by their traditions, relationships and rootedness. I surely will go back soon.

Anna Bremer is a WAPF member from Germany and a young entrepreneur in the field of online communications. Her passion for nutrition developed with her own and her family's health journey. After starting off with paleo and low-carb diets, the family's discovery of WAPF has helped them thrive, motivating them to focus more on fat-soluble vitamins, traditional preparation and regional foods. Anna is dedicated to sharing her meals and experiences on her blog and on Instagram (@primal.eating) *to spread traditional wisdom, health and happiness.*

Narayan's wife (with extra tooth between two upper front teeth)

Smiling Cousin

Reading Between the Lines

By Merinda Teller

Medicate Your Cares Away? Think Twice About Antidepressants

Every year, the *World Happiness Report* garners a brief moment of media attention with its happiness rankings for over one hundred fifty countries.[1] The "top ten" honors consistently go to the Nordic nations as well as countries like Switzerland, Iceland, Australia and New Zealand—but not to the United States, which instead has seen its rankings fall over the past decade to its current rank of eighteen. One report author attributes America's lackluster showing (compared to other wealthy nations) to its lower scores for social indicators such as social support.[2]

Studies report, in fact, that quite a few Americans are depressed. According to the National Institute of Mental Health (NIMH), major depression is one of the nation's most common mental disorders.[3] As of 2016, almost 7 percent of U.S. adults aged eighteen and older (over sixteen million) had reported at least one major depressive episode in the previous year, and the percentages were even higher for young people: 12.8 percent of adolescents aged twelve to seventeen and 10.9 percent of young adults between ages eighteen and twenty-five.[3] More often than not for adults (64 percent) as well as adolescents (70 percent), the level of impairment accompanying these depressive episodes was rated as severe.[3]

THE RISE OF MEDICATION

In tandem with the increasing diagnosis of depression, the prescribing and use of antidepressants are also increasingly common. Antidepressants are psychotropic medications that have "an altering effect on perception, emotion or behavior."[4] According to *Scientific American*, antidepressants were (as of 2014) the third most frequently taken medication in the U.S., with four times more adult use of antidepressants in the late 2000s than in the early 1990s.[5] By 2012, 13 percent of U.S. adults were reporting antidepressant use in the preceding month.[6] Analyses of pharmacy claims data also reveal that almost twice as many women (21 percent) as men (11 percent) use antidepressants.[7] Nor does pregnancy deter doctors from putting pen to prescription pad: antidepressant use by pregnant women tripled between 2002 and 2010, "despite controversy over possible negative effects."[8]

The surge in antidepressant use has occurred in the context of a broader trend toward increased use of all prescription drugs. Three-fifths (59 percent) of adults reported taking one or more prescription drugs in 2012, up from half (51 percent) in 1999.[6] During the same period, the proportion of adults relying on "polypharmacy"—concurrent use of five or more prescription drugs—had nearly doubled (15 percent versus 8.2 percent).[6] In another illustration of polypharmacy, a study of over five thousand American adults with chronic lower back pain found that many study participants had doubled up on antidepressants and pain medications, including opioids; almost one-fifth of back pain sufferers had used opioids and antidepressants in the preceding month.[9]

The U.S. Food and Drug Administration (FDA) has approved numerous medications for use as antidepressants. Describing just *some* of the antidepressants available, WebMD listed forty-five different medications as of February 2017.[10] The antidepressants called selective serotonin reuptake inhibitors (SSRIs)—which target the neurotransmitter serotonin—are the most well-known and the most commonly prescribed.[6] In addition to SSRIs, other newer-generation antidepressants tackle the reuptake of two neurotransmitters—those include SNRIs (serotonin-norepinephrine reuptake inhibitors) and NDRIs (norepinephrine-dopamine reuptake inhibitors). Other types of antidepressants include serotonin antagonist and reuptake inhibitors (SARIs) as well as the older-generation tricyclic and tetracyclic antidepressants, which have fallen somewhat out of favor since the advent of SSRIs.

Whereas some antidepressants on the market are approved exclusively for diagnosed depression, others—the SSRIs, in particular—are approved for a broader range of mental health diagnoses: obsessive-compulsive disorder (OCD), anxiety disorders, panic attacks, post-traumatic stress disorder (PTSD) and even bulimia and premenstrual dysphoric disorder ("a severe and disabling form of premenstrual syndrome") (see Table 1). Physicians also increasingly prescribe SSRIs and other antidepressants for off-label (non-approved) uses, even in children—these off-label uses may not even be "psychological" in nature.[5] One study found that only 9.2 percent of ambulatory care visits by children aged six to eighteen (2000–2006) "were associated with FDA-approved indications," in-

dicating a "very high prevalence of off-label antidepressant prescribing patterns among children and adolescents."[11] Another analysis of prescribing patterns, which found that seven in ten antidepressant users had never met the criteria for major depressive disorder, concluded that antidepressants "are commonly used in the absence of clear evidence-based indications."[12]

ANTIDEPRESSANT RISKS

Doctors' willingness to hand out brain-altering SSRIs freely for all kinds of health conditions is disquieting for many reasons, not least because of the well-documented risks of adverse outcomes. Although industry-funded websites and researchers continue to promote SSRIs as having a "favorable profile regarding adverse effects,"[6] a 2017 study that systematically reviewed one hundred thirty-one randomized placebo-controlled trials of SSRIs reached a different conclusion. Characterizing the antidepressants' clinical significance as "questionable," the authors reported that SSRIs "significantly increase the risk of both serious and non-serious adverse events" and that "the potential small beneficial effects seem to be outweighed by harmful effects."[13]

Adverse outcomes range from unpleasant to serious to life-threatening. For example, sexual dysfunction is a well-known side effect of SSRIs and SNRIs, and is a top reason for nonadherence to or discontinuation of treatment.[14] (In an illustration of an unfortunate drug treatment cascade, doctors sometimes prescribe additional antidepressants to treat SSRI- and SNRI-induced sexual dysfunction![14]) A by-no-means exhaustive list of other SSRI risks includes significant bleeding risks for individuals who undergo surgery while taking the drugs;[15] an increased odds (in men) of developing metabolic syndrome;[16] drug-induced movement disorders (called "extrapyramidal symptoms") such as parkinsonism;[17] and balance problems.[18]

A national survey involving about three thousand adults aged forty or older who were taking antidepressants or other psychotropic medications found that one third had balance impairment; moreover, there was a dose-response relationship for the number of psychotropic medications taken, with each additional medication associated with a 35 percent increased odds of balance problems.[18] With

One study found a "very high prevalence of off-label antidepressant prescribing patterns among children and adolescents."

TABLE 1: COMMON FDA-APPROVED ANTIDEPRESSANTS

Drugs	Common brands	Prescribed for:
SSRIs		
Citalopram	Celexa	Depression
Escitalopram	Lexapro	Depression, anxiety
Fluoxetine	Prozac	Depression, panic attacks, OCD, bulimia, PMDD
Fluvoxamine	Luvox, Luvox CR	OCD
Paroxetine	Paxil, Paxil CR	Depression, anxiety disorder, OCD, PTSD, PMDD
Sertraline	Zoloft	Depression, panic attacks, OCD, PTSD, social phobia, PMDD
SNRIs		
Desvenlafaxine	Khedezla, Pristiq	Depression
Duloxetine	Cymbalta	Depression, anxiety, nerve pain
Levomilnacipran	Fetzima	Depression
Venlafaxine	Effexor	Depression
Other		
Aripiprazole	Abilify	Depression, bipolar disorder, schizophrenia, Tourette's
Bupropion	Wellbutrin	Depression
Fluoxetine/olanzapine	Symbyax	Treatment-resistant depression
Vilazodone	Viibyrd	Depression
Vortioxetine	Trintellix	Depression

OCD: Obsessive-compulsive disorder; PMDD: Premenstrual dysphoric disorder; PTSD: Post-traumatic stress disorder

Numerous studies link SSRIs and SNRIs to suicidal thoughts and behaviors, particularly in children, adolescents and younger adults.

balance impairment, not surprisingly, comes a greater risk of falling. A British study that followed thousands of adults of all ages taking antidepressants (aged twenty to sixty-four) for five years found that eight of eleven commonly prescribed antidepressants were associated with significantly increased fall rates (compared with non-use of the drugs), and there was also a significantly increased fracture rate for SSRIs specifically.[19]

PREVENTING OR CAUSING SUICIDE?

Even more troubling than fractures are the numerous studies linking SSRIs and SNRIs to suicidal thoughts and behaviors, particularly in children, adolescents and younger adults.[20,21] This is not an insignificant concern: suicide is the second leading cause of death in young Americans aged ten to thirty-four, and the fourth leading cause of death for U.S. adults aged thirty-five to fifty-four.[22] In the early 2000s, a medical researcher, reviewing FDA reports on psychotropic drugs that the agency had approved between 1985 to 2000, ascertained that the suicide risk was six hundred fifty-five per one hundred thousand in trials of antidepressants versus eleven per one hundred thousand in the general population—an almost 6,000 percent increased risk—and especially noteworthy given that the trials excluded patients considered suicidal at baseline or suffering from other mental illnesses.[23]

In 2004, an FDA-convened committee concluded that there was "a causal link between pediatric antidepressant use and suicidality," and the FDA mandated that SSRIs and related antidepressant labels add black-box warnings about the risks. (Black-box warnings address serious or life-threatening risks and are "the sternest warning…that a medication can carry and still remain on the market in the United States."[24]) The added black-box language describes the suicide risks, stating that "patients of all ages who are started on antidepressant therapy should be monitored appropriately and observed closely for clinical worsening, suicidality, or unusual changes in behavior" and that "families and caregivers should be advised of the need for close observation and communication with the prescriber."[25]

MORE HARM THAN GOOD

In light of the data on adverse outcomes, it seems reasonable to ask not only whether antidepressants' perceived benefits are worth their considerable risks, but also whether the drugs actually represent an effective treatment for depression. Considerable evidence suggests that they do not. In fact, antidepressants (especially SSRIs and SNRIs) have exhibited a substantial placebo response.[26] The organization Mad in America (an international group of writers covering psychiatric research) has summarized several strands of neuroscientific and clinical trial research indicative of a placebo effect in the severely depressed, including imaging studies showing "the same changes in brain scans when [people] respond to a placebo as… when they take an actual antidepressant."[27-29] The most recent systematic review to examine placebo-controlled trials reiterated the finding that newer-generation antidepressants "did not clearly demonstrate benefit above placebo"[30]—a startling result given that most of the trials included in the review were industry-sponsored!

Psychiatrist Peter Breggin is the author of numerous books about the risks of psychiatric medications, including *Toxic Psychiatry*,[31] *Medication Madness*,[32] *Talking Back to Prozac*[33] and *The Antidepressant Fact Book*.[34] Breggin has repeatedly called attention to the dangerous partnership between psychiatry and the pharmaceutical industry (what he calls the "psychopharmaceutical complex"). He also argues that the partnership's aggressive and successful promotion of toxic drugs has done "infinitely more harm than good" by conveying the "demoralizing and physically destructive idea that there are medical experts who can tinker with our brains and 'make us better.'"[35] Dr. Candace Pert, the late researcher who several decades ago elucidated the brain biochemistry that made SSRIs and SNRIs possible, came to regret her discovery; as early as 1997, Pert spoke out against the drugs, stating that she had contributed to the creation of a "monster."[36]

Along the same lines, writer Jon Rappoport asserts, "We are looking at a program of opinion and propaganda, and this program has the effect of making people believe they are deficient in serious ways; they are limited; they have brain-

function flaws; and they must receive chemical treatment."[37] Rappoport often cites Dr. Breggin when reporting on the abuses of psychiatry and psychiatric drugs, as does journalist Kelly Patricia O'Meara, who writes about the same issues for the watchdog group Citizens Commission on Human Rights (CCHR).[38] Their reporting frequently raises questions about the medical validity of psychiatric diagnoses, pointing out that there are no definitive medical or laboratory tests "to prove mental disorders are *medical conditions* requiring the administration of mind-altering and potentially lethal psychiatric drugs" (emphasis in original).[39] Making the same point, an op-ed writer has stated, "Of course, the decades-long theory of the alleged chemical imbalance remains just that. . . a theory. There is no test to determine the chemical levels in the brain, making it impossible to know whether the chemicals are in or out of balance or, for that matter, what 'normal' levels may be."[40]

Rappoport and CCHR both also have quoted Dr. Allen Frances, the psychiatrist who headed up the revisions for the fourth edition of *The Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV). In an interview for *Wired* magazine, Dr. Frances stated: "There is no definition of a mental disorder. It's bullshit. I mean, you just can't define it."[41] In the same interview, Frances also admitted that the DSM-IV may have "fostered an increasing tendency to chalk up life's difficulties to mental illness and then treat them with psychiatric drugs."[41]

If one views psychiatric labeling through a skeptical lens, psychiatry's continual attempts to broaden its diagnostic reach are troubling. In the mid-1990s, for example, mental health specialists coined the term "subsyndromal depression" (SD), defined as the presence (for a minimum of two weeks) of at least two but less than five of the quality-of-life-impairing symptoms required for a diagnosis of major depression.[42] Mental health providers now embrace SD as an "early prognostic indicator" of subsequent major depression (and other disorders) and as a way to "identify individuals who may benefit from preventive interventions"—such as medication.[43] A longitudinal study published in 2013 suggested that more than one in ten U.S. adults (11.6 percent) met the diagnostic criteria for SD at baseline—and a baseline SD diagnosis was associated with an increased likelihood of receiving additional depression-related diagnoses three years later, including major depression, "dysthymia" (less severe but more chronic depression), "social phobia" or "generalized anxiety disorder."[43]

OTHER CONCERNS

The age of children taking antidepressants and other psychiatric drugs has been creeping steadily downward in recent years, with a 23 percent jump in the number of Prozac prescriptions written for children under age two from 2013 to 2014.[44] Table 2, which displays the number of U.S. children taking various psychiatric drugs as of 2017, shows that one-fourth of the psychiatric drugs taken that year by children and adolescents were antidepressants, second in line after the equally worrisome medications prescribed for attention-deficit/hyperactivity disorder (ADHD).

Belatedly, questions are arising about the wisdom of medicating so many of our youth. A meta-analysis of thirty-four clinical trials published in the top-tier journal *The Lancet* in 2016 weighed the risk-benefit profile of antidepressants in young people and concluded that "these drugs do not seem to offer a clear

The age of children taking antidepressants and other psychiatric drugs has been creeping steadily downward in recent years, with a 23 percent jump in the number of Prozac prescriptions written for children under age two from 2013 to 2014.

PRIVACY CONSIDERATIONS

In the era of electronic medical records and hackable digital data, it may make sense to consider carefully whether to seek a formal diagnosis of depression or anxiety. It also goes without saying that throwing personal mental health information around on social media may be a bad idea. In a flippant tone, one blogger describes what she perceives as a modern-day catch-22 for the person who self-identifies with depression or other mental illnesses: "The burden of keeping it all inside is cumbersome, but so is sharing [on social media] the true extent of your illness to extended family members, people you hooked up with one and a half times, your sister's husband's brother's daughter, even actual friends."[64] Individuals wanting to avoid being labeled for life in the digital universe or aggressively pushed toward pharmaceutical solutions may wish to be cautious about using the words "depressed" or "anxious" when interfacing with drug-oriented health care providers.

advantage for children and adolescents."[45] Only one drug showed any possible benefit—Prozac—but a researcher asked to comment on the findings characterized the case for Prozac as "quite weak."[46]

Antidepressant use in young people has been connected not just to increased suicidality but also to violent behavior and even mass shootings.[47,48] Dr. Breggin published a paper describing SSRI-induced violence against "others" as well as "self" almost fifteen years ago, providing details about the SSRI "stimulant continuum" that starts with "lesser degrees of insomnia, nervousness, anxiety, hyperactivity and irritability and then progresses toward more severe agitation, aggression, and varying degrees of mania."[49] Many of these symptoms are similar to the effects produced by cocaine and amphetamines. Weighing evidence from clinical trials, case reports, coroner's reports, epidemiological studies and more, Breggin confirmed that "SSRI antidepressants can cause violence, suicide, mania and other forms of psychotic and bizarre behavior," even in individuals with no prior history of any of these symptoms or behaviors.

Another neglected issue, important to note in the context of Americans' widespread reliance on prescription drugs in general, is the potential for medications not related to depression to *cause* depression (and lead to further prescribing). A 2018 study in *The Journal of the American Medical Association* (JAMA) looked at the proportion of U.S. adults not taking antidepressants but taking three or more medications that list depression as a potential adverse effect: three times as many of the individuals taking these medications subsequently had depression (15 percent) than those not using such medications (4.7 percent).[50]

A third problem worth mentioning is the link between antidepressants and drug errors (such as taking a medication twice or taking someone else's medication). A study that assessed reports to poison control centers from 2000 to 2012 found that Americans reported an average of almost sixteen thousand errors annually in association with antidepressants and antipsychotic medications, and SSRIs were the medications most frequently associated with the errors.[51] The rate of errors related to antidepressants increased almost continuously over the twelve-year period. Another study documented almost ninety thousand annual emergency department (ED) visits by American adults (about half of whom were in their twenties and thirties) attributable to adverse reactions to psychiatric medications from 2009 through 2011; antidepressants accounted for 28 percent of the emergency visits, second to sedatives and anti-anxiety medications.[52] One in five ED visits resulted in hospitalization.

Unfortunately, individuals who learn of SSRI and SNRI risks after the fact and decide to discontinue taking the drugs face more potential dangers. Overly abrupt withdrawal (or too rapid dose reduction or even missed doses) can result in severe withdrawal symptoms, including psychiatric symptoms such as hallucinations, agitation, delirium and "weird and bizarre dreams" as well as cardiovascular problems and "severe symptoms resembling a stroke."[53] Mad in America, the organization mentioned above, has compiled over thirty published articles about what has come to be known as "discontinuation syndrome," some of which describe effects that persist for years after discontinuation.[54]

MEDICATION IS NOT THE ANSWER

Depression—or at least its diagnosis—has become more than just a U.S. phenomenon. A global analysis of years lived with disability (YLDs) in one hundred and ninety-five countries and territories in 2016 reported that "major depressive disorder" ranked in the top ten causes of YLDs in all but four countries.[55] Antidepressant use is on the rise globally as well, even in the countries garnering the top honors in the *World Happiness Report*. A survey of twenty-five member countries of the Organisation

TABLE 2: U.S. CHILDREN'S USE OF ANTIDEPRESSANTS AND OTHER PSYCHIATRIC DRUGS, 2017

Age group	Antidepressants	Antipsychotics	Anti-anxiety	ADHD
0-3 years	17,644	30,914	251,854	2,247
4-5 years	21,299	53,750	143,692	77,396
6-12 years	574,090	467,500	484,612	2,119,343
13-17 years	1,503,185	646,215	577,259	1,524,381
TOTAL	2,116,218 (24.9%)	1,198,379 (14.1%)	1,457,417 (17.2%)	3,723,367 (43.8%)

Source: "Number of children & adolescents taking psychiatric drugs in the U.S." https://www.cchrint.org/psychiatric-drugs/children-on-psychiatric-drugs/.

for Economic Co-operation and Development (OECD) found that antidepressant use had increased "in every single country."[56]

Commenting on the across-the-board rise in antidepressant use in OECD countries, a 2016 *Business Insider* article suggested that "the popularity of antidepressants in a given country is the result of a complicated mix of depression rates, stigma, wealth, health coverage, and availability of treatment."[56] However, this list of factors omits what is perhaps the biggest driver of antidepressant use of all: pharmaceutical industry marketing and the push for profits. CCHR takes the position that psychiatric labels, by and large, are a clever strategy to protect the industry's hold on billions of dollars in psychiatric drug revenues.[57] If this is the case, then we should dissuade other countries from following in America's drug-addled footsteps.

CCHR acknowledges that people do get "depressed, sad, troubled, anxious, nervous and even sometimes act psychotic," but there are many possible responses that are less harmful than antidepressants. Helpful and effective non-drug supports include cognitive behavioral therapy,[58] dietary changes,[59] physical activity[60] and non-pharmaceutical modalities such as homeopathy[61] and Chinese medicine.[62] In addition, as *Wise Traditions* readers know, the gut-brain axis means that a healthy gut is essential, not just to health but happiness.[63] Peter Breggin also encourages each of us to draw on resources such as "self-understanding, wisdom, education, art, nature, spirituality and God"—and have faith in ourselves. With these and other health-promoting tools, it is fully possible to "triumph over our mental confusion and emotional turmoil" and live "principled and love-filled lives."[35]

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ANTIDEPRESSANTS IN THE WATER

An important but little-publicized side branch of public health estimates community drug usage based on drug residues in wastewater at water treatment plants and in community water sources. A study in the Midwest found high levels of two SNRI and SSRI antidepressants (venlafaxine and citalopram) in the wastewater.[65] The local rivers and creeks also showed worrisome levels of several SSRIs and SNRIs as well as a variety of other prescription and illicit drugs. A 2013 *Salon* report that described the "lacing" of tap water with antidepressants noted that an estimated 80 percent of ingested prescription medications get excreted rather than being broken down in our bodies—and there are no federal guidelines requiring sewage treatment plants to filter out these pharmaceuticals.[66] According to *Salon*, "In Britain, where psychoactive drugs are prescribed at a fraction of U.S. levels, a 2004 Environment Agency study cited 'low-level, almost continuous discharge' of Prozac through the tap water there. [A] Parliament member…stated ominously, 'This looks like a case of hidden mass medication upon the unsuspecting public.'"[66]

The Wise Traditions Pantry

WHY COOK?

By Nevra Ledwon

Cooking has become mostly a spectator sport in America. There are more than twenty-five well-known celebrity chefs cooking on television today, yet fewer people are actually cooking than ever before. According to a recent food marketing survey, only 27 percent of Americans cook on a daily basis.[1] It's not that they don't want to, though. In a separate survey, a full 98 percent of Americans said they preferred meals prepared at home.[2] If that is Americans' preference, then why aren't they doing it?

BARRIERS TO COOKING

The reasons not to cook are hard to ignore. Even though I am a daily cook, I certainly feel the pain. It takes time to shop, prep, cook and clean. Cooking also requires forethought, preparation, equipment, skill, experience and patience. Even given all that, the results are rarely the same as the food served in restaurants and bakeries. After attending a friend's birthday party, my six-year-old son asked me whether I could make his next birthday cake with "more colors and sparkles." Thankfully, he did concede that my birthday cakes taste better, probably because I top them with real cream versus frosting. My pho soup and Peruvian-style roast chicken also don't win the flavor competition, but likely because I don't add the monosodium glutamate (MSG)-like flavor enhancers used by restaurants that specialize in these dishes.

Another barrier to cooking is that it isn't always the optimal economic decision. If my goal is calories per dollar, I could certainly do better buying a burger, pizza, submarine sandwich or a bucket of fried chicken from the large chains that get wholesale pricing on already cheap ingredients and benefit from automation and low-cost labor. In fact, most food establishments these days, including the specialized Peruvian chicken and pho soup restaurants I just mentioned, benefit from the same economies of scale. On top of that, if I calculated what my time is worth based on my effective hourly wage, I would see that giving up working hours to cook is likely not the best economic decision. Now don't get me wrong—for many people who eat moderate- to higher-priced restaurant foods, cooking at home *will* save them money. Nonetheless, the efficiencies enjoyed by the large-scale food producers put them at a distinct economic advantage.

A third barrier to cooking that I don't want

There are more than twenty-five well-known celebrity chefs cooking on television today, yet fewer people are actually cooking than ever before.

DENTAL
BROTH
MAKING THE TRANSITION
FOOD CRAVINGS
CANCER
FARMING
MACULAR DEGENERATION
ENVIRONMENTAL TOXINS
THE WESTON A. PRICE FOUNDATION'S ANNUAL CONFERENCE
NURTURING THERAPIES FOR CHRONIC DISEASE
WISE TRADITIONS 2018 | NOVEMBER 16-19 | HILTON BALTIMORE
COMFORT FOODS
LACTO-FERMENTATION
THYROID
TRADITIONAL DIETS
DIGESTIVE DISORDERS
PASTURED BUTTER
ADRENAL
STROKE
ALZHEIMERS

The nutritional difference between supermarket- and restaurant-prepared foods versus home-cooked foods is far bigger than almost everyone realizes.

to dismiss applies specifically to women. It is the modern public perception that an empowered woman is free from the ball and chain that is the kitchen. We might subconsciously feel as though coming home a little early to get dinner on the table for the family could make us look less committed to our jobs.

Despite these disincentives to cook, I still do it nearly every day for every meal. When a friend recently asked me why I cook so much, I was caught off guard. I realized that the answer, though totally obvious to me, is not easy to articulate. Here is my attempt to explain why it's worth carving out time every day to cook.

COOKING IS HEALTHIER

The nutritional difference between supermarket- and restaurant-prepared foods versus home-cooked foods is far bigger than most people realize. Food labels are egregiously misleading and often downright fraudulent. Moreover, restaurants don't have to list ingredients in their food, and they take advantage of this fact. People think sushi is healthy, for instance, but check out some of the "hidden scary ingredients" in sushi discussed by Dr. Joseph Mercola: MSG, artificial sweeteners, high-fructose corn syrup, genetically modified ingredients, artificial colors, artificial flavors and more.[3]

One of my biggest restaurant complaints is added sugar in dishes that absolutely don't need it. I am highly sensitive to sugar and can taste it immediately, which is how I know this. It's there in most restaurant salad dressings, soups, sauces, pizza doughs, anything labeled "caramelized" and apparently in nearly all foods and breads labeled "gluten-free." MSG (or its many clones under other names) lurks everywhere as well, and not just in Asian foods. So does gluten, according to my stomach, at least.

The quality of ingredients in restaurant and packaged foods is also far inferior to those I use when I cook at home. The milk, cheese, eggs and meats are from factory-farmed animals eating unnatural grain-based diets. The fats are highly processed, usually derived from heavily pesticide-doused crops like rapeseed (canola). The vegetables, such as the lettuces in restaurant salads, are likely grown without soil or else in soil that has been totally depleted of nutrients, and have to be pumped full of chemical fertilizers to sustain their growth. Only by cooking can I know and control what I'm eating and avoid the post-restaurant belly bloat and eventual weight gain that I usually experience after extended trips where I have to eat out often.

FREEDOM, CHOICE AND SOCIETY-SHIFTING ACTION

I want pho, but without the MSG and with broth from pastured beef. I want snacks that use the fats and sweeteners that I like. I want French fries made the old-fashioned way—in beef tallow or duck fat. And I want real German-style sourdough rye bread. Good luck buying any of this anywhere in the U.S.! Only cooking gives me the freedom and control to make and eat exactly what I want.

If enough people boycott the fake, cheap impersonations of these foods, I believe it will send a message to the food producers (as the Europeans have done) that food quality trumps price and convenience. Maybe new producers will enter the market and start offering these higher quality dishes made the traditional way.

EXERCISE FOR THE MIND AND BODY

Cooking takes my mind off the stresses in my life. I never knew why until I came upon this article from the Cleveland Clinic, entitled "Cooking for cognition: making a meal is good for your brain."[4] The article points out that "brain processes involved in getting dinner on the table…test our ability to organize, prioritize, sustain focus, solve problems, retrieve memories and multitask."

I'm not sure if there are any studies on cooking and physical exercise, but if standing desks are so good for you, then standing at a kitchen counter while lifting full pots and pans and stirring, chopping, washing and grating must be at least as good for you.

A NATURAL ANTIDEPRESSANT

We are facing a depression epidemic in our country. I believe that a part of the reason is that we're not making or fixing or tending to things anymore, and we're missing out on the unexpected satisfaction that these jobs give.

Think about the people you know who

cook a lot. Do they seem happier than those who rarely cook? And have you ever known an avid cook to reduce their cooking frequency over time? Ask, or better yet, observe any home cook. You'll notice that a meal they've prepared themselves produces more smiles and enthusiasm than one they purchased or were given.

I'll never forget the time when my husband treated me to dinner at Charlie Trotter's legendary Chicago restaurant. I owned every one of Trotter's cookbooks and idolized the man. Yet somehow the one hundred and sixty-five dollar per person meal I had in his restaurant felt like a letdown, and I couldn't explain why. After all, isn't that what we all aspire to in life? Don't we want to earn enough money so that we can finally relax and enjoy amazing, magazine-worthy meals without all the work?

We humans are certainly wired to prefer the path of least resistance, yet as Michael Inzlicht and colleagues write, there is an "effort paradox" in which "effort is both costly and valued"[5] (sometimes also referred to as the IKEA paradox). The "effort paradox" authors state, "Not only can the same outcomes be more rewarding if we apply more (not less) effort, sometimes we select options precisely because they require effort." I think that pick-your-own farms are an example of this.

In addition, exertion and effort can be habit-forming, as shown in a 1992 paper on "learned industriousness."[6] That study's findings suggest that after cooking a few times, you will acquire the itch to cook more.

COOKING MAGIC

I am always amazed when overwhipped cream in my Kitchen-Aid stand mixer suddenly separates into clumps of butter that stick to the rotating beater, which is sloshing around in buttermilk that wasn't there a second before. Also thrilling is the formation of sauerkraut from the simple mixture of salt and shredded cabbage after just a few days.

Natural bread baking is also something everyone should experience. The simple mixture of flour and water plus time mysteriously produces a living, frothy and earthy-smelling sourdough starter. This natural "leaven" burps gas into your bread dough which, when baked, imparts a soft fluffiness to your loaf.

Eggs are pretty high on my magic list. Slimy, clear egg whites whip into a firm yet airy white cloud that also brings air into baked foods. Egg yolks whip up differently, going from dark yellow and runny to light yellow and thick as heavy cream. With a little heat, they thicken sauces like hollandaise or set custards. Even without heat, they emulsify oil into mayonnaise. Egg yolks also add a milk-free creaminess to brothy soups, like Mediterranean *avgolemono*, or the traditionally milk-free carbonara sauce for pasta.

Harold McGee attempts to explain all of this and much more food magic in his seminal book, *On Food and Cooking: The Science and Lore of the Kitchen*.[7] Read it if you want to understand the science, or (if you're like me), just follow recipes and experience the thrill of magic.

FOSTERING HUMAN CONNECTION

One of the least understood yet most powerful benefits of cooking is the way that it bonds people together. One way that it does so is through the imperfection of home-cooked meals. Have you ever been served a lopsided homemade birthday cake or a shrunken burger on an over-grilled bun? My son still teases me every week about the time when a warm balsamic vinaigrette I was cooking on the stove caught on fire with foot-high flames. Think about how you feel about the people who took the time to prepare those foods for you versus just taking you out to a restaurant. And think about the laughs you enjoyed with those people and how much more memorable those meals were.

In Brené Brown's TED talk on the "power of vulnerability," Brown states, "Belonging only happens when we present our authentic, imperfect selves to the world."[8] Home-cooked meals are imperfect and make you vulnerable. Go with it! Unless you're trying to acquire a Michelin star, your guests and family members will judge you more favorably as a result and might be more inclined to reciprocate by cooking for you, too.

Michael Pollan has a different take on how cooking fosters human connection. He states in his book, *Cooked: A Natural History of Transformation*:

One of the least understood yet most powerful benefits of cooking is the way that it bonds people together.

> "The rise of fast food and the decline in home cooking…undermined the institution of the shared meal, by encouraging us to eat different things and to eat them on the run and often alone…. The shared meal…is a foundation of family life, the place where our children learn the art of conversation and acquire the habits of civilization: sharing, listening, taking turns, navigating differences, arguing without offending."[9]

CONCLUSION

If you want to cook more but suffer from the challenges listed above, then I suggest an experiment. Carve out just thirty minutes and use the time to make a meal plan for one week.[10] Plan the entire week, including all needed groceries and scheduling of tasks, all at once. Then, just give it a go.

I have seen wondrous results by sitting down with friends and supporting them through making a single week's meal plan. Every person who has tried it has raved about the results.

The great thing about cooking is that, unlike other crafts or trades, you don't need a lot of expensive equipment or advanced training to get started. You should, however, plan to ruin some ingredients. You'll also get a few cuts and burns. You'll cry from onion fumes or maybe worse—rub your eyes after slicing hot peppers! However, these are the experiences that make the best stories and memories, and they're the best way to learn. So be brave, lower your expectations and embrace the mistakes and imperfections. Just do it!

Nevra Ledwon is a passionate cook whose thirst for culinary knowledge has exposed her to ingredients and cooking methods from around the world. When not working her day job as an IT professional, Nevra engages in food- and health-related philanthropic work. She runs one of the Washington, DC, area's largest direct-from-farm buying clubs and teaches people of all ages traditional cooking techniques. She also blogs at churnyourown.com. *She lives in McLean, Virginia, with her husband, son and cat.*

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The WAPF crew celebrates the summer with a lunch at Clyde's. Left to right: Kathy Kramer, Agnes Bunagan, Sally Fallon Morell, Hilda Labrada Gore and Tim Boyd.

Homeopathy Journal

HONK IF YOU HATE SINUS INFECTIONS

By Joette Calabrese, HMC, CCH, RSHom (NA)

"I hab a code in by doze." Because I've heard that statement so many times, it's easy for me to translate it into English: "I have a cold in my nose."

If left unattended, quite often those colds can turn into nasty, lingering sinus infections. It's always surprising when something as small as a sinus infection zaps your strength and ruins your enthusiasm for life. However, modern medicine will be only too happy to hand you a prescription for an antibiotic.

GOOD IDEA GONE WRONG

Let me digress for a moment. When penicillin was introduced in the 1940s, the medical community had high hopes for the new "miracle drug." They thought they had found the answer to human illness. In fact, this one discovery pretty much launched the pharmaceutical industry as we know it today.

With the development of even more drugs, the pharmaceutical approach deliberately altered the entire paradigm of Western medicine into the there's-the-symptom-here's-the-drug attitude that is now so prevalent. An entire medical system became dedicated to suppressing symptoms through the use of ever-more-powerful drugs. Like many of modern medicine's exploits, it's a sad—and maddening—story of a good idea gone wrong.

As a homeopathic consultant, educator and student for over thirty years, I have seen case after case of chronic illness traceable to conventional doctors who prescribed one drug after another to manage the symptoms of simple conditions. But…everybody loves magic! We all want magic in our lives—something beyond the real. This means that when offered a "miracle drug" that can supposedly get rid of symptoms in no time flat, everyone is eager to fill the prescription while anticipating the magic. However, we have to look past the current moment and remain diligent about what can happen down the road as a result of that reach for the magic pill. You may pull a rabbit out of your hat today, but years from now you may have a very sick bunny on your hands.

You see, the doctors—well-intentioned as they may be—are not in it for the long haul for you or your loved ones. They're in it for today; they want to solve *today's* problem. *You*, however, are in it for the long haul. Twenty years from now, *you* are the one who will be at the bedside of your child, your spouse or your elderly parent. You are the one who will be dealing with the fallout from a drug we all thought was a "miracle drug."

FROM MIRACLE TO CURSE

I recall meeting a Catholic priest who could no longer walk. He was a young man, only in his late thirties, and something was wrong with his feet. He had previously been athletically active all of his life. He was an incredible man, but no matter what he tried (various shoes and supports), he could no longer walk without excruciating pain. Could. Not. Walk.

Then he remembered that he had taken one of the "miracle" antibiotics, a fluoroquinolone, for a urinary tract condition. At the time, it seemed the sensible thing to do. But, when time passed after that particular antibiotic's initial release, the side effects began—one of which is ruptured a Achilles tendons.[1] The data started coming in *after* the damage had been done. What the priest thought would be a miracle turned out to be a terrible curse. It ruined him for years. He couldn't play soccer with the kids at the school he ran. He couldn't be alive. He lost his youth! All from an antibiotic that was supposed to cure him.

An entire medical system became dedicated to suppressing symptoms through the use of ever-more-powerful drugs.

HANDED OUT LIKE CANDY

There are a lot of data out there warning about the dangers of antibiotics, some of which can be found in other articles in this journal. Sometimes researchers arrive at the wrong answer because they start out with the wrong premise. Sometimes there are falsified reports about the efficacy or side effects encountered. I really hate to say this, but when there is money to be made, skewed judgment is just human nature.

Now, I'm not making a sweeping indictment of the pharmaceutical industry, because I think there are some drugs such as surgical anesthetics that are necessary. But when it comes to these ubiquitous antibiotics—handed out like candy for something as easy to cure as an ear infection—I'm afraid profits, rather than protection, are the stronger motivating factor.

Consider the story of a little boy, Sammy, who I described in a previous article in *Wise Traditions* in Fall 2011.[2] Sammy started out with otitis media (an ear infection) and ended up with…well, read the story and find out for yourself. When I learned of this unfortunate little boy, it struck me that in their doggedness to persevere in their beloved treatment, his doctors were not unlike their forerunners who insisted on bloodletting.

This scenario stands in particularly stark contrast to homeopathy, which has a history of uprooting the likes of ear infections, sore throats, acne, inevitable food intolerances and, yes, sinus infections. All of these can be easily and swiftly removed with homeopathic remedies—*without* side effects.

SINUS INFECTIONS

So, back to that nasty sinus infection that affects your breathing, energy level, mood and speech. I use *Sanguinaria* 200C mixed together in the mouth with *Belladonna* 6C every three to twelve hours depending on the severity of the symptoms. This is a Banerji Protocol.[3] (Note: In India, the Banerjis use *Belladonna* 3, but because it is harder for many to find the remedy in that potency in our neck of the woods, I use *Belladonna* 6C.)

As the condition improves, the combination is taken less frequently. When the condition is very much better, the remedy is discontinued.

Now, let's say you didn't find this article soon enough, and you've already taken a full course of antibiotics that either didn't work in the long term or left you with new maladies to contend with which are the antibiotic's side effects. For those interested in employing homeopathy, there is hope—not only for the infection but for the fallout that often follows antibiotic use. This fallout may be tendon damage, joint pain or food intolerances (new sensitivities to dairy, gluten or meat).

When the sinus infection returns after initially having been suppressed by antibiotic use—because it will return, even months or years later!—it is showing you that the antibiotics did not uproot the sinus infection but merely kicked the can down the road, so to speak. So, when it returns, we simply use the *correct* medicine. (Aren't I being bold?) In the case of a recurring sinus infection, the correct homeopathic medicine, again, is *Sanguinaria* 200C mixed together in the mouth with *Belladonna* 6C. We also use whatever homeopathic medicines are specific to the conditions present as a result of any antibiotic poisoning—uniquely chosen for the individual sufferer. This two-pronged homeopathic approach can address both the infection and the fallout. Seek assistance from a seasoned, credentialed homeopath, or better yet, learn how to uproot these conditions yourself!

For those who enjoy medical freedom via personal responsibility, the study of homeopathy is a perfect match for you. Gain your own homeopathy education through reading and courses and learn to take control of your family's health care. Learn everything you can! Don't forget you are in it for the long haul. Build a better future for your family by avoiding the potential landmines of antibiotics today, no matter how "magical" they sound. Instead of honking for a sinus infection, you'll be able to *trumpet* your successes in advancing homeopathy for yourself.

Should you be interested in owning the knowledge of how to uproot current infections as well as the remnants of old mistreated infections homeopathically, consider my course "The Antibiotic Alternative" (antibioticalternative.joettecalabrese.com/info/). *If you avoid antibiotics and instead assist the body in fighting off infections the natural way, you will have the best chance of avoiding chronic health problems and leading a genuinely drug-free life. Meanwhile, my blog with all of my professional tips and protocols is available for free at* JoetteCalabrese.com.

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Technology as Servant

THE DANGEROUS WORLD OF MODERN LAWN CARE AND LANDSCAPING

By John Moody

A two-story home and 2.4 kids. A two-car garage. A nice, well-manicured lawn. This is the American dream. For over two generations, the lawn has dominated the American home ethos. Indeed, in many places, the lawn has taken on a larger-than-life, nearly religious status—protected from any kind of modification or deviation by homeowners' associations and local governments. Lawns and similar spaces occupy over forty million acres of land in the U.S., an area larger than the state of North Dakota.

Maintaining these pristine, unnatural ecosystems comes at a high cost. Lawn mowers and similar equipment account for 5 percent of air pollution in our nation and a fair amount of the noise pollution as well. Lawns also require large amounts of water to maintain their appearance of perfection, accounting for one-third to two-thirds of all urban fresh water usage! Generally, the more that an area is water-insecure or stressed, the more that lawns and landscaping contribute to the problem by relying on the already limited water supply to not shrivel and die.

The real surprise for many, however, may be this fact: "Homeowners spend billions of dollars and typically use ten times the amount of pesticide and fertilizers per acre on their lawns as farmers do on crops; the majority of these chemicals are wasted due to inappropriate timing and application. These chemicals then runoff [sic] and become a major source of water pollution."[1] Although agricultural land takes up far more space than lawns and similar landscapes, pesticide usage in urban areas is far more concentrated. Canadian researchers coming to the same conclusion reported "that 3.65 times more pesticide was used per hectare in urban settings than in agriculture."[2] Thus, while we think of pesticides as a rural, agricultural problem, these chemicals are just as much or more an urban, green-space issue.

For those of us interested in a Wise Traditions lifestyle, issues related to farming and food tend to attract most of our energy and attention—we look at how food is raised or grown and which chemicals (if any) are applied to it, knowing that these things matter to our health and the health of our families and communities. What may be less evident to many of us is the fact that we also should not lose sight of what is happening right outside our front door.

FRONT YARD DANGERS

The Environmental Protection Agency (EPA) defines "pesticides" broadly to include: "any substance or mixture of substances intended for preventing, destroying, repelling, or mitigating any pest"; nitrogen stabilizers; and substances (or mixtures of substances) intended as plant regulators, defoliants or desiccants.[3] Some are naturally derived, while others are laboratory created. A few have significant benefits and are even used in organic agriculture. All have dangers and drawbacks, however, many of which are understated, not fully understood or not adequately studied.

Looking solely at the subcategory of herbicides (which does not include fertilizers, fungicides, insecticides or other lawn and landscape chemicals), the EPA estimates that Americans use almost one hundred million pounds of herbicides for home lawns annually. Even more troubling than the sheer quantities applied is the fact that some chemicals or formulations are allowed for residential, non-food-crop application on lawns even when they are banned or restricted for agricultural uses.

Almost every single pesticide on the market is linked to significant human or animal health concerns. According to a Beyond Pesticides fact sheet on thirty commonly used lawn pesticides, "13 are probable or possible carcinogens, 13 are

The EPA estimates that Americans use almost one hundred million pounds of herbicides for home lawns annually.

linked with birth defects, 21 with reproductive effects, 15 with neurotoxicity, 26 with liver or kidney damage, 27 are sensitizers and/or irritants, and 11 have the potential to disrupt the endocrine (hormonal) system."[4] Over half of the thirty lawn pesticides also are toxic to birds, while 80 percent are toxic to fish and aquatic organisms, and a third are deadly to bees.[4]

TOXIC TOLL ON POLLINATORS

In a study done in 2016, Purdue University researchers made some startling discoveries about honeybees. Our all-important pollinating pals have been the focus of national attention for many years because of the devastating impact of colony collapse. Purdue entomology professor Christian Krupke commented on the "astonishing" number and diversity of pesticides detected in the pollen samples gathered for the study, noting that "bees in our study were exposed to a far wider range of chemicals than we expected."[5]

The researchers assembled weekly pollen samples for four months from three sites: a meadow site, a treated cornfield and an untreated cornfield. They found that crop pollen was only a minor part of what the bees collected, with most of the pollen instead gathered from uncultivated plants, especially plants in the clover and alfalfa family. Even though clover is one of nature's ways of supplying nitrogen (for free!), clover is one of the plants that the chemical cartels take particular pains to try to eradicate. "Turf builder" lawn products boast about how their products are "guaranteed" to "clear out" dandelions and clover.[6]

Among the approximately thirty pesticides found in the pollen samples for all three sites, the most common chemical products were fungicides, herbicides and "typical crop disease and weed management products." Summarizing the study, another member of the research team stated, "These findings really illustrate how honeybees are chronically exposed to numerous pesticides throughout the season, making pesticides an important long-term stress factor for bees."[5] Emphasizing the point that agricultural chemicals are only "part of the problem," Krupke observed that "homeowners and urban landscapes are big contributors, even when hives are directly adjacent to crop fields."

HEALTH IMPLICATIONS

What is happening in our urban spaces can only be described as widespread biological and chemical warfare, and research confirms that people are right to worry about it. In 2012, a study showed that modern, chemical-based lawn care—the kind provided by the now ubiquitous lawn service companies across America—is causing tumors in dogs.[7] Dogs' malignancy risks were even higher when owners themselves applied insecticides in the home. Highlighting the broader relevance of the study, the authors noted that dogs and their owners have similar environmental exposures and that "dogs may serve as sentinels for [environmental] risks."

Research shows that residential pesticide exposures do not just increase cancer risks in dogs but also affect people, especially children. A 2015 meta-analysis (a study of studies)

COMMON URBAN LAWN AND LANDSCAPE CHEMICALS

Urban lawn and landscape chemicals include the following:

- 2,4-D: An herbicide developed by Dow Chemical in the 1940s, and one of the principal ingredients of the infamous Agent Orange.
- CLOPYRALID AND AMINOPYRALID: Herbicides responsible for the loss of thousands of gardens and similar growing spaces through their ability to contaminate compost easily and persist for years once introduced into the soil.
- GLYPHOSATE: The active ingredient in Roundup.
- TRICLOPYR: An herbicide that causes severe birth defects in rats, even at low levels of exposure.
- MALATHION: A carcinogenic organophosphate insecticide.
- DIQUAT: Used as an herbicide, plant growth regulator and dessicant, Diquat "may cause severe poisoning with nausea, vomiting, diarrhea, tremors, convulsions, and even death."[28]

Most pesticide formulations also contain large amounts of "inert" ingredients—sometimes 90 percent or more of the product. These may be as or more dangerous than the active ingredients in the pesticides.[29]

found a strong association between childhood exposure to indoor residential insecticides and childhood cancers.[8] Pointing out that "more and more pesticides are being used…in landscape maintenance and in the home," the study specifically noted the importance of looking at exposures to nonoccupational and nonagricultural chemicals. These lawn and other urban landscape chemicals inevitably find their way into homes and other indoor spaces—tracked in not just by pets but on clothing, shoes or toys or transported through windows or ventilation systems.[9]

It bears pointing out that many of the chemicals used in urban environments are the same or similar to the ones used by farmers. For example, a chemical called 2,4-D, a leftover from World War II that originally was used exclusively in agriculture, is now the herbicide of choice in most lawn treatment programs. (2,4-D famously was one of two active ingredients in Agent Orange.) Studies have shown that 2,4-D accumulates in the home long after a lawn has been sprayed and is detectable in household dust, on indoor surfaces and in indoor air; moreover, after lawn application of 2,4-D, the indoor exposure levels are about ten times higher than just prior to lawn treatment.[10] The toxicity of 2,4-D has been demonstrated in studies in the wheat-growing regions of the Midwest (where 2,4-D remains in widespread agricultural use), with "increased rates of certain birth defects, especially in male children, and lower sperm counts in adults."[11]

A well-publicized study of agricultural exposures published by University of California-Davis researchers in 2014 raises similar concerns about residential use of the same chemicals. The study found that mothers who lived in proximity to agricultural operations that applied pesticides had a substantially higher risk of having a child with autism spectrum disorder or developmental delay.[12] In addition, some pesticides that were banned decades ago still show up in the environment as well as in animals and humans. Prohibited chemicals that persist in the environment or food chain also have been associated with increased autism risks and lower IQ.[13]

CHILDREN AT RISK

As the use of pesticides in agriculture has continued to skyrocket (despite the promise that genetic modification and other new technologies would lead to reductions in the chemicals' use), data on the increased use have been tracked and reported. In contrast, the quantities of pesticides used in urban environments (including by government) are shrouded in secrecy and almost impossible to ascertain.

Unfortunately, pesticide use in urban environments involves far more than the neighbor's front lawn. In fact, municipalities use pesticides in and on almost every nook and cranny of the urban landscape, including parks, playgrounds, parking lots and medians, sidewalks, boardwalks and campgrounds.[14] Children generally spend more time outdoors on lawns, sports fields, playgrounds and other such places than adults, which means that urban pesticide usage has a disproportionate impact on them. As children fall, crawl, roll, tussle, tumble and explore—while adults generally sit idly by (all too often on their smartphones!)—children are touching, smelling and even tasting and eating their environment. Philip Landrigan, a professor of pediatrics at Mount Sinai School of Medicine in New York, notes, "Pound for pound, children receive much higher exposures to [pesticides] than adults do, just through normal daily activity. . . . Because children are growing quickly, 'they take into their bodies more of the pesticides that are in the food, water and air.' . . . They also roll around in the grass and put their fingers in their mouths, which greatly increases exposure."[9]

Some companies and applicators leave small flags after treating a lawn or other area, but many do not. Even worse, the warnings are woefully inadequate considering how long the treatments persist on the foliage and surface. For instance, the claim is often made that glyphosate (the active ingredient in Monsanto's Roundup) breaks down quickly—within a few days—once applied. However, research has shown that glyphosate persists in soil and water far longer than that, with a half-life that sometimes reaches a year.[15,16] A brief study in *The Journal of the American Medical Association* (JAMA) in 2017 reported that the average level of glyphosate

Municipalities use pesticides in and on almost every nook and cranny of the urban landscape.

After a home gardener sprayed malathion on his garden, it drifted into an adjoining school's ventilation system, where it sickened and sent three hundred children to the hospital.

detected in participants' urine increased by 1208 percent between 1993 and 2016.[17] Over the same period, there was also a significant increase—almost 500 percent—in the prevalence of glyphosate samples that exceeded the "limit of detection" (the lowest concentration detectable). A jury recently awarded a school groundskeeper two hundred and eighty-nine million dollars in compensatory and punitive damages from Monsanto, agreeing that Roundup had caused the man's terminal non-Hodgkin's lymphoma.

Gardening chemicals also should undergo careful scrutiny. The organophosphate insecticide malathion, which has been linked to cancer in various studies,[18] is used in home gardens, schools, greenhouses and other settings. As described in the *Journal of Pesticide Reform*,[19] malathion is persistent and pervasive. In one instance, even a week after applying malathion on a home garden, the substance continued to show up during hand rinsing. In another incident, after a home gardener sprayed malathion on his garden, it drifted into an adjoining school's ventilation system, where it sickened and sent three hundred children to the hospital.

WATERWAYS AND DRINKING WATER

It isn't just lawns and urban green spaces that we should worry about—our swimming holes, streams, creeks, ponds and similar recreational waters are also contaminated. Research shows that many of these spots serve as collection and concentration sites for pesticides, especially during times of the year when both rainfall and pesticide application are high.[20] Urban waterways exhibit signs of heavier pesticide contamination than those in rural areas. According to the U.S. Geological Survey, about half of urban streams tested in the 1990s were contaminated with pesticides, whereas nine in ten urban streams exhibited contamination a decade later.[21]

These same chemicals contaminate drinking water. Beyond Pesticides reports that more than 10 percent of public drinking water treatment systems in the U.S. do not meet the pesticide-related requirements set by the Safe Drinking Water Act of 1974—which the EPA is supposed to monitor.[22] The National Water Quality Assessment Program has criticized EPA "for not setting adequate water quality benchmarks for pesticides."[22] Research in Sri Lanka illustrates the health implications of pesticides in drinking water.[23] Investigating an epidemic of chronic kidney disease in that country, researchers found that farmers exposed to glyphosate via drinking water were five times more likely to develop kidney disease than farmers drinking

MANAGING LAWNS NATURALLY

If you have a lawn, here are some natural lawn care tips:

1. Learn to love a diverse lawn. Clovers, far from being unsightly, are crucial to both the health of the soil and our ecosystems, providing food for numerous pollinators.
2. If you feel compelled to suppress certain weed species, try corn or similar pre-emergent, natural herbicides, and pull the weeds that remain before they produce seed.
3. For soil-borne pests like grubs, try beneficial nematodes.
4. To improve the health of your soil, use organic methods such as manual aeration and natural fertilizers like worm castings, compost teas and other similar methods and approaches.

Studies show that these approaches are as effective and less costly over time! In fact, they are so effective that some major institutions such as Harvard have completely transitioned to them.[30] A report on Harvard's approach describes the many benefits of organic lawn care: "Harvard now composts 500 tons of grass clippings, pruned branches, leaves and other material which used to cost about $35,000 per year to dispose of off campus. They have also saved an additional $10,000 per year *not* buying synthetic fertilizers or compost made elsewhere. Additionally, Harvard has reduced water use in irrigation by 30 percent, amounting to almost 2 million gallons per year."[31]

Recently, I received a message from someone wanting to purchase worm castings from my son, who has a little side business on our farm producing this high-quality plant food. A few weeks later, I found myself meeting a stranger along the roadside so he could collect twenty-five gallons of worm poop. Curious, I asked what he hoped to use it to grow. "My lawn!" Over the summer, he has sent me occasional pictures of how marvelously his organically managed lawn is doing, despite the difficult weather we have had in this region this year.

herbicide-free water.[24] These findings prompted the Sri Lankan government to ban imports of glyphosate.[25]

STOPPING OUR CITIES FROM SPRAYING

The end result of all this exposure to chemicals on our lawns and in our urban landscapes is that we have turned the entire human populace into a gigantic science experiment. We are witnessing more and more tragic health outcomes and greater accumulation of pesticides in each of us with every passing year. So, what should we do?

First, we can't neglect the importance of working—where we live—to fix the broken approach to nature that dominates modern life. We need to change hearts and minds not just in the Midwest—the endless corn and soy belt—but on Sunnyside Drive and Little Corner Lane in countless cities and towns across the entire country.

Second, each of us should seek to manage our own land and lawn as organically as possible. In many cities, there are now natural and organic lawn care companies (if we can't or don't want to do it ourselves). Those with small spaces can consider using a non-motorized lawn mower. For all of us, it makes sense to convert as much space as possible from resource-consuming lawn to resource-producing edible and medicinal landscaping. Those who don't want to do it themselves can look for a trustworthy urban farmer who needs more space! Thanks to Curtis Stone and others, the urban farm movement is growing rapidly.[26] In this way, we may not only end up with less yard work but can have tasty, beyond-organic produce at the same time.

Third, it is important to realize that this issue goes far beyond just a few lawns and pieces of land. Various state and local laws, along with rules imposed by homeowners' associations (HOAs), have locked many in as perpetual slave customers of lawn chemical services and companies. Unfortunately, the originally positive intentions of HOAs (to keep a community well-maintained and respectful) have turned into an all-out war on the environment, with lawn care and landscaping rules and requirements that forbid or heavily restrict food production, require the use of large amounts of pesticides and generally turn neighborhoods into ecological wastelands.

Many of our schools, park systems and sports areas also are prime customers of the chemical cartels. Thus, we need to think about minimizing our kids' exposure to dangerous chemicals not just in the foods they enjoy during recess, but in the areas they play in during recess. Meeting with the people in charge of these places is an important step, and we can point out not just the dangers of these chemicals (especially to children) but also the immense environmental and economic benefits of managing greenspaces organically. We need to show up at city, county and other meetings and take a stand to get municipalities off the herbicide and insecticide bandwagons.

Finally, we should attempt to persuade neighbors, HOAs, churches, community groups and other entities to manage ecosystems as naturally as possible, or retain lawn and landscaping companies that share a pesticide-free orientation. The places where our children play— parks, recreational areas, athletic fields and playgrounds—should be of particular focus and concern. This may mean changing our expectations about weed control.[27]

Ultimately, we need to realize that tolerating a few weeds is a small price to pay to help improve and protect the health of our children and our ecosystems. Let's reclaim not just our food supply but our communities from Bayer/Monsanto and the other pesticide peddlers—one block and one acre at a time.

The end result of all this exposure to chemicals on our lawns and in our urban landscapes is that we have turned the entire human populace into a gigantic science experiment.

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CHEESE TASTING IN LIMA, PERU

Lima, Peru, chapter leader Verónica Belli Obando visits La Gastrónoma for a tasting of eight cheeses from Perú and Italy. Photos (clockwise): the eight cheeses displayed, one of which is a raw goat cheese made at fifteen thousand feet; guests Lee Salas and Gicela Igreda; Veronica with Rosario Olivas, co-owner of La Gastrónoma.

Wise Traditions Podcast Interviews

INTERVIEW WITH DR. KELLY BROGAN

Hilda Labrada Gore: Today's guest is Dr. Kelly Brogan. She is the author of the *New York Times* bestselling book, *A Mind of Your Own* and co-editor of the landmark book *Integrative Therapies for Depression*. More and more people are realizing there is something to the psychological issues that we're seeing and how we can approach them with nutrition and alternative methods. But I want to start with you, Kelly, tell us your story. How did you get into this field of treating depression in a different way?

Dr. Kelly Brogan: I come from a very conventional family—very much believers in the authority of the medical model, and I myself was a huge proponent of the pill-based cure. And, as is the case for so many physicians who ultimately turn their back on conventional medicine, the portal for me was my own diagnosis, my first health problem.

Before then, I never knew what it was like to walk in the shoes of a patient. And so up to that point, the pharmaceutical model seemed to make a lot of sense to me. It seemed like it was reasonably science-based and that there was a linear progression from diagnosis to treatment and to a better experience of life. But when I was confronted with that model, I chose to opt out. It was through my postpartum diagnosis of Hashimoto's thyroiditis that I discovered naturopathy and realized that lifestyle matters. I watched my own pretty horrifying lab results move very seamlessly into the normal range when all that I was doing was changing the way I was living—examining my habits—and I felt like a totally different person. So that was my big "ah-ha."

HLG: And when did you decide to explore possibilities with depression in particular?

KB: Since my point of entry was the immune system—an autoimmune condition that happens to have its primary impact on the endocrine system—I began to come upon a whole new body of literature called "psychoneuroimmunology." This is speaking to the fact that all of these different disciplines that we heretofore imagined were totally separate and distinct—requiring different specialists—are actually linked in a web-like manner, so that the gut, immune system, hormones and brain-based neurochemistry are all in dialogue. The idea of having given specialists addressing this brain problem began to seem more and more suspect to me. I started to research. I hit the books because of my own health experience. I went back to PubMed and I said, "Listen, no one ever told me that modifying my diet would result in remission of an autoimmune condition. So what else didn't they tell me?" I spent years nearly obsessively reading the primary literature. I was learning everything I could about different pharmaceutical products and undisclosed risks, learning about the science-based evidence for natural healing and learning about this sort of new frontier in thinking about biology that invokes these radical concepts like epigenetics and biochemical individuality and the role of our inner ecology or microbiomes.

And it turned out that there were decades of literature on this, and I had never heard of it! I thought that was so interesting until I discovered a convenient statistic, which is that it takes seventeen years on average for primary science to trickle into clinical translation, that is, to make it to your doctor's office. In other words, our standard of care is outdated by the time we even get to our doctor's appointment. I began trying to distill and curate this information for people to use on their own, and then I read a book that changed my life. A colleague gave it to me and she said, "Kelly, what do you think about this? You prescribe a lot of these meds." The book is called *Anatomy of an Epidemic* by

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Reams of non-industry-funded data support the very provocative suggestion that medication is actually *driving* epidemics of disabling mental illness.

investigative journalist Robert Whitaker. I had just had my healing experience when encountering this inspiring science, and it ignited in me a lot of curiosity about everything I hadn't been told. And here lands in my lap a book that drives a nail in the coffin of psychiatric prescribing because Whitaker simply poses a question: "How is it that a psychiatric illness like major depression is ever-escalating? It's the number one cause of disability worldwide, according to the WHO [World Health Organization]. How is that the case, if we also have ever-escalating access to treatment? We have more people taking psychotropics today than ever before in human history. Shouldn't that be resulting in *diminished* disability rates? Why are they escalating in tandem?" That seems like a relatively innocent question, but then Whitaker goes on to provide reams of non-industry-funded data to support the very provocative suggestion that medication is actually *driving* epidemics of disabling mental illness. When I finished that book, I remember crying on the subway in Manhattan. Literally, tears were coming down my face, because I had just watched my entire training go down the drain. I never started a patient on a prescription again. This was almost a decade ago.

HLG: Whitaker was saying that the very act of getting people on psychotropics is causing the epidemic to spread more. But aren't we seeing more and more depression and treating it?

KB: Both are true. In my experience, people have symptoms and they appear differently. So, her cancer, his diabetes, her bipolar disorder—these are a very meaningful response to imbalance on a physiologic level. We call that imbalance "inflammation." We have all of these diseases of modern civilization that are literally taking down our gross domestic product (GDP), dollar by dollar. And we are theorizing about them as being distinct disease entities, but really they are just slight variations on a theme. We are living out of sync with our inbuilt genetic expectations. In the research, it's called "evolutionary mismatch." I know that's probably a familiar concept to the Weston A. Price Foundation community, which is aware that we've wandered off the path in a serious way in the way that we wake up, eat, think, expose ourselves to sunlight, move, sleep and relate. As a result, there is a very real signal of distress. It is meaningful. I call it an "invitation." But what happens, at least in the realm of psychiatry, is that we assume that these are actual disease entities rather than largely non-specific expressions of distress, disturbed homeostasis, inflammation and imbalance. And of course, on a spiritual level they're highly specific, but on a biological level, it's just an expression of a lack of being "in sync."

The mistake is when we don't have the nuance, when we don't have the sophisticated clinical inquiry, when we don't know how to approach these complex problems, and instead we fit them into a convenient template of psychiatric labeling. Most of you likely know that psychiatry doesn't involve any testing at all—there's no blood testing, there's no EEG testing, there's no cerebrospinal fluid levels, there's no neurochemistry assessment. There's *nothing*. It's an impressionistic conversation that often leads to a person being assigned a label for life. That label has a tremendous impact on your sense of self, your personal identity and the lens

THE WISE TRADITIONS PODCAST CELEBRATES A MILESTONE (OR TWO)!

The Wise Traditions podcast hit the nice round number of *one million* downloads in January 2018, right around the two-year mark of the show's launch! We are thrilled that more and more listeners are checking out the podcast.

The second milestone we hit just recently is that the Wise Traditions podcast is ranked as number thirty among all podcasts in the "alternative health" category in Apple Podcasts. In fact, the Wise Traditions podcast is ranked ahead of the People's Pharmacy podcast. There are hundreds if not thousands of alternative health shows. Apple only lists the top two hundred and we are number thirty! Not one but two great reasons to start listening.

Join the thousands who are benefiting from the Wise Traditions podcast. You can listen to these episodes directly from our website, westonaprice.org. We hope you will use these episodes to impart information to friends and loved ones. Just send them the information by cutting and pasting the link to the show from the podcast page of our website.

Do you want to listen on the go? Every episode can be accessed pretty much wherever you get your podcasts: on YouTube, Spotify, Google Play, tunein, Overcast, Stitcher, Apple Podcasts and iHeart Radio.

through which you experience your own life and associated limitations. The problem arises when practitioners just trample over the whole clinical presentation and say, "this is what's going on," with some hand-waving around "neurochemical imbalances" and some sort of question of "genetic susceptibility," and then put people on prescriptions and pharmaceutical management in perpetuity. Instead, we should be saying, "Something is wrong on this planet. People are struggling in pretty serious ways. What is that about? Why?" We need to ask the question "why."

HLG: Is this why you say in your book that depression is not a disease? Because you're implying that the label is inappropriate.

KB: I do feel that way. I think of it like a fever because we look at a fever and we don't really know from the fever itself what's driving it or what to do about it. We have to investigate that. In that way, it's a symptom. It's a collection of symptoms, which is called a "syndrome," but by no means is any diagnosis in psychiatry—from schizophrenia to OCD [obsessive-compulsive disorder] to bipolar disorder to ADHD [attention-deficit/hyperactivity disorder]—actually a verified scientific biological entity. This is where psychiatry deviates from other branches of medicine. When we say, "What's diabetes?" we don't say, "It's when you're really thirsty and you have to pee a lot and take insulin." We say "It's a sort of an imbalance in insulin management of blood sugar levels, and this is the physiology, and this is what we best understand is the way to intervene." (Not that I think diabetes is not amenable to lifestyle interventions, but nonetheless there is a physiologic mechanism that we have elucidated that is the sort of biology that is verifiable from patient to patient.)

In psychiatry, we say, "what is depression?" and we say, "Oh, well, it looks like this. And here's what you do about it." There is absolutely no mechanistic understanding of what it is. And that is a big "ah-ha" for me because when I looked through about sixty years of research assuming that depression had something to do with the serotonin imbalance, I was shocked to learn that there's literally not a shred of valid

It takes seventeen years on average for primary science to trickle into clinical translation, that is, to make it to your doctor's office.

THE WISE TRADITIONS PODCAST: A TERRIFIC WAY TO SHARE OUR INFORMATION!

Do you have friends or family who need to learn about WAPF? Perhaps they have a certain health condition (migraines, anxiety, depression, etc.) that is troubling them? You talk to them, of course, offering them resources of naturopaths and others who might be able to help. You connect them with your farmer. You might lend them a journal or a book. You invite them to a chapter meeting or our conference. These are all fantastic ways to help!

And we have one more tool you should consider to get the word out about wellness! It's the Wise Traditions podcast! Here are the advantages of sharing an episode with a friend or family member:

- Each show is only thirty minutes long.
- You can listen while doing something else (biking, gardening, cleaning, etc.).
- Podcast episodes target specific topics and health concerns.
- It's as easy as sending a link via email or text.

Here's what listeners are saying:

GOOD FOR BOTH NEWBIES AND VETERANS OF THE HEALTH WORLD: "Whether you're new to what true nutrition means, or you've been around a while—this podcast is great for both types of people!" ~Starry11111111111 on Apple Podcasts

VERY GOOD AND INFORMATIVE: "I'm only on episode 9 and have enjoyed every episode. There is so much wonderful info with this podcast. It's a shame they end so soon." ~ibikergal on Apple Podcasts

I'M HOOKED!: "I have learned so much listening to this podcast. It's a 'must listen to.' I looooved your episode in 'español.' Le envié a mi madre para escuchar. Finalmente la convenció para unirse a WAPF. Por favor haz otro episodio en español. Con muchas gracias. I sent it to my mother to listen to it. She was convinced to join WAPF. Please do another one in Spanish. Thank you."] ~Suzy Northstar on Apple Podcasts

When I looked through about sixty years of research assuming that depression had something to do with the serotonin imbalance, I was pretty shocked to learn that there's literally not a shred of valid evidence to support that.

evidence to support that. To the extent that over the past twenty years, the whole notion of what's called the "monoamine hypothesis" has been completely abandoned, in lieu of what's called the "cytokine theory," which is what we were just talking about—this inflammatory model.

HLG: You just used a couple of terms that went over my head, but I get the gist of what you're saying. Tell me if this is right. There isn't scientific proof that demonstrates where depression is stemming from. But according to your investigations, there is a link that may become better known by the public at some point that the gut microbes and inflammation have a lot to do with our mental health.

KB: Yes, certainly not all the time. Let's take the example of your toe hurting. It could be that a hammer dropped on it. It could be that a string is tied around it too tight. It could be an infection in the toenail. Everyone's experience of these symptoms requires personalization. Depression can have many, many drivers ranging from nutrient deficiencies, like a B12 deficiency from a poor diet or taking an acid-blocking drug for a long time, all the way to an endocrine disruption, like hypothyroidism, or a psychospiritual emergence.

It's an amazing detail that in our current iteration of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-5) in psychiatry, which is this growing book of labels of what is not "normal," the bereavement clause was lifted, so that if you are exhibiting symptoms of depression for more than two weeks after the loss of a loved one, you could be a candidate for medication-based treatment. The implication being that something is wrong with you when you experience that kind of grief that is protracted beyond two weeks. The range of what we are labeling as a disease encompasses so many important factors of wise response on the part of the body, mind and soul that we need to begin to dive into your story personally.

HLG: What are some things we can do to mitigate these factors that are leading us to problems with our gut microbes and inflammation?

KB: I was able to translate my own healing experience of recovery and remission into something that I could pass on to those struggling with psychiatric symptoms or even with just feeling overwhelmed, so symptoms ranging from malaise all the way to what would be considered major mental illness. Even though that list of potential drivers is a big list, what's interesting is that on a bodily level, social or spiritual distress can show up the same way as gut-based disturbance in terms of inflammatory signaling, so the body doesn't discriminate—because we are holistic organisms and it all matters. The lowest-hanging fruit is probably not some dark-night-of-the-soul journey to examine all the skeletons in your spiritual closet. The lowest-hanging fruit is going to be to heal your body—and that explains my bias. Even though I have many friends who are shamans and energy healers and walk different paths in the way they support people, my bias is that if we start with physical healing often you don't need to dedicate more than an intensive month to that effort before you can get clear enough to know what your baseline symptoms are. Are you an irritable person who has insomnia and cloudy thinking? Maybe you're not. Maybe it is just blood sugar disturbance.

The dietary recommendations I make are in line with what is familiar to WAPF, which is basically to control for inflammatory processed foods, to increase nutrient density and to begin to relate to food in a new way. See food as something that connects you to the natural world—to a greater ecology and to a lineage. Begin to restore a sacred dynamic to your diet.

I had the privilege of working with and being mentored by Dr. Nicholas Gonzalez in the last year of his life. In my opinion, he was the most important figure in modern medicine. I believe that he was able to bring a faith in the potential for healing that was so radical that I'm not sure anyone could stand with him. He had hundreds of cases of complete, long-lasting remission from terminal cancer, hospice-bound patients who were left basically for dead who are alive thirty years later. He also saw neurodegenerative conditions resolve, or something like Hashimoto's or even symptomatic bipolar disorder. His approach was predicated on detox

and personalized nutrition. He used the idea that there isn't one diet for all; there are variations of diet ranging from fatty red meat twice a day to no red meat ever. Plus, he personalized mostly glandular supplementation.

The time when I met him in my clinical career felt divinely ordained because I was at the point where I was seeing these outcomes over and over again in my practice with a red-meat-inclusive diet. As a former ethical vegetarian, I could not explain how this could be possible. As a big Weston Price fan, I also knew that there can't be just one diet—how could there be one template? That didn't make logical sense to me, let alone clinical sense. In my work with Nick, I was able to understand that the patients who are diagnosed with multiple chemical sensitivity, autoimmunity, depression, hypothyroidism and ADHD are what we would call parasympathetic-dominant. Dr. Gonzalez came from a long lineage of great thinkers, including Pottenger and others, who saw that these conditions are parasympathetic-dominant and will only get better when they include red meat in their diet. I don't see the other side of the spectrum typically—those with diagnoses of heart disease or type 1 diabetes, or the neurosurgeon who gets by on a candy bar all day.

My patients struggle with what's called reactive hyperglycemia—their blood sugar goes all over the place, they're hungry and irritable all the time. They can't go two hours without eating a meal. These are very different templates that require different interventions. The good news is that if you clear the slate of addictive foods such as processed grains and processed sugar, if

On a bodily level, social or spiritual distress can show up the same way as gut-based disturbance in terms of inflammatory signaling.

YOU CAN LISTEN TO THESE OTHER RECENT EPISODES ON OUR WEBSITE

EPISODE #152 OPTIMIZE YOUR GUT HEALTH WITH DR. MICHAEL RUSCIO
There's much buzz about gut health these days. If you've been diagnosed with any digestive ailments, you understand why.

EPISODE #151 IS RAW MILK SAFE WITH MARK MCAFEE
Why is raw milk illegal in some states? What are the risks associated with drinking it?

EPISODE #150 THE POWER OF COMMUNITY & CONSCIOUSNESS WITH JESSICA PRENTICE
How do we relate to the people around us? What is our relationship to nature? How do our choices (food and otherwise) affect the ecosystem we live in

EPISODE #149 THE VACCINE TRADE-OFF WITH DR. TOM COWAN
Vaccines are a controversial topic. Some say that they are effective; others disagree vehemently.

EPISODE #147 & #148 GET COOKING AND WHY COOK? WITH NEVRA LEDWON
In this hectic age of modern convenience foods, where you can grab food on the go practically anytime, anywhere, why would anyone decide to spend time cooking?

EPISODE #146 KETO FOR CANCER WITH MIRIAM KALAMIAN
Most people turn to the ketogenic diet to lose weight or to enhance athletic performance, but some are using it for cancer.

EPISODE #145 WHY ARE GMOS BAD FOR US? WITH ZEN HONEYCUTT
We're told that GMOs can help feed the world and that they are perfectly safe to eat, but are they?

EPISODE #144 A CHICKEN REVOLUTION WITH REGINALDO HASLETT-MARROQUIN
Learn a new approach to raising chickens.

EPISODE #143 EMU OIL: THE BEST FAT YOU'VE NEVER HEARD OF WITH DR. WILL SCHLINSOG & DR. SYLVIA ONUSIC
It has helped bring relief from joint pain, asthma, vision issues, Lyme's disease, heart conditions, digestive problems, wrinkles, and more. What is it exactly?

EPISODE #142 HOW TO HAVE THE HEALTHIEST BABIES (PRINCIPLE #11) WITH SALLY FALLON MORELL
Is it important to detox before conception? Are prenatal vitamins helpful? What foods should we include in our diet, pre-conception, and when pregnant and nursing?

EPISODE #141 RECONNECTING WITH THE WILD WITH DONIGA MARKEGARD
Most of us have removed ourselves from the natural dance and cycles of nature. We see ourselves as separate from all of the other living creatures. How does this affect us?

EPISODE #140 ÓPTIMA SALUD CON SABIAS TRADICIONES (SPANISH BONUS EPISODE) WITH GUILLERMO RUIZ
Our first Spanish episode!

Perhaps the most common driver of psychiatric medication discontinuation is actually that people begin to feel like they want to know who they are.

you look at controlling for other inflammatory variables like vegetable oils and you include food in its whole form, you begin to want to eat the diet that will heal you. Nick always told me that, and it was my personal experience seeing it over and over again, that you know exactly what you're supposed to eat. But when you are yanked around by coffee and alcohol all day, native perceptual skills are totally clouded over by the addictive nature of some foods. When you get rid of those, you begin to get clear enough to understand what your baseline is. Then navigating it becomes intuitive in a way you probably never thought possible.

HLG: I'm glad that you said that our bodies can be more in tune with the foods that are going to heal us. I was thinking that for some people, it might seem simpler to take the medicine the psychiatrist prescribes, because pill-popping is simpler in some ways, especially to the person who's not in tune with their body.

KB: It may seem that way. I think though, that the reason I had a two-year wait list before I started my online program and put out a book with my exact approach and protocol in it, is actually because the standard medical model is not working. It's actually leaving people feeling like they may be stabilized somewhat on their prescription, but actually that if they look back, they've been continuously and episodically sick. I have many patients who've been medicated to the gills and have been suicidal almost the entire time. People struggle with side effects, ranging from sexual dysfunction to liver failure and even behavioral changes that are totally shocking and heinous.

But perhaps the most common driver of psychiatric medication discontinuation is that people begin to feel like they want to know who they are. They want to know who they are off these medications and when they try to stop them on their own it can be difficult. The withdrawal from these meds is very difficult. It's what I devote my entire practice to—an online platform to support people in coming off these medications. There's an idea within psychiatry that a person cannot discontinue medication—it's dangerous—so you have to take them for life. But the truth is that the long-term data contradict that assertion. It's a very paternalistic assertion on the part of many psychiatrists because the data don't support that idea. The data in Whitaker's book suggest, in no uncertain terms, that the longer you're on medication, the more risk of disability you have.

In general, we have only studied these medications for four to eight weeks, sometimes twelve. They have never been studied apart from a handful of naturalistic observational studies for long-term use, yet we make a lot of assumptions in medicine. One of the assumptions we make is that it's better to do something pharmaceutically than to do nothing, when actually the data suggest otherwise.

HLG: Kelly, this is a controversial question—would the behavioral changes you mentioned explain why so often those people who kill themselves or others are not stable even though they are on these meds?

KB: Yes, exactly. This became more and more clear to me since I was contacted by somebody named David Carmichael, who's just a regular old guy. He was prescribed Paxil for work-related stress. Shortly thereafter, he strangled and murdered his eleven-year-old son. He is on a mission to raise awareness about the very real possibility of a kind of intoxication that can happen even with one dose of different psychiatric medications. There's a fair amount of data on the antidepressant category that can induce what is called akathisia-related impulsivity. This is a clinical entity that we know about. We actually know, based on the scientific literature, that people who go on to commit alarming acts of public violence—which can range from a patient coming in and murdering their doctor to someone shooting up a movie theater—when studied, they actually have a liver enzyme variant that accounts for the fact that they become essentially intoxicated in a way that is not apparent to them. And what's even creepier is that they look very calm on the outside, but inside they are consumed with delusions and this sense of crawling out of their skin and an impulsive desire to commit acts of violence against themselves or others.

I have another activist whose husband was prescribed Zoloft for insomnia, which is weird to begin with. Five weeks later he hanged himself in their garage. He'd never been depressed a day in his life and certainly not suicidal. This is not a rare occurrence, and it is poorly screened for, if at all. This is one reason I believe all prescribing needs to halt until we have a better understanding, even on a public health level, of what are possible adverse outcomes of even a single prescription of psychotropic medication.

HLG: It seems all of this medication is a stab in the dark. Without testing where the levels are in the body that are affecting the person's state of mind, then it really is a crap shoot, and it doesn't sound like the odds are in our favor.

KB: That's exactly it. Everyone is entitled to do exactly what feels right to them. I believe in freedom of choice and informed consent. I'm not saying that I want to shut down conventional medicine tomorrow. I believe that people will be attracted to exactly the medicine that's going to work for them at their stage in life. But I also think it's important for people to know, whether it's my outcomes or my colleagues, that there is a safer, potentially more effective way that has innumerable side benefits. It is also cheaper.

My passion is to celebrate the very radical outcomes I see. I have four that are being published in peer-reviewed indexed medical journals. I have never even met three of them. So it's not some magical voodoo I do in my office. It's a kind of self-healing that is directed through a structure of lifestyle interventions. The outcomes that I have range from people who put their Hashimoto's or migraines into remission, to people who overcome being psychotically suicidal and self-injurious. I have a schizophrenia case and other severely disabled people who have gone on to reclaim their mental and physical health on levels that are not possible through the conventional model. We're talking about no side effects and all upside. I believe it deserves some attention.

HLG: Absolutely! As we wrap up today, I want to ask you the question I often ask my guests: If someone would only do one thing to improve their health, what would you recommend that they do?

KB: So it's funny because I love to write. I also love to research, and I will sometimes spend weeks and weeks on a blog article about a given topical issue. And the most viral contribution I have ever made to the Internet is what I eat for breakfast! It is a smoothie that I made up. It does not require any special protein powders or subscriptions to any kind of products. It's all kitchen-based stuff, and interestingly, there are actually no greens in it. It's not a green juice, it's not a green smoothie even. And that was another weird thing that I discussed with Nick Gonzalez—how can I be getting so much feedback on this smoothie? It's like a passionate choir of people singing from the audience about how much better they feel. I couldn't understand. There's not even kale in it.

The recipe is on my website. But it's very basic, it's cacao, ghee, coconut oil, butter, raw egg yolks, coconut water, whatever frozen fruit you happen to like (I like cherries) and collagen (such as you would get in bone broth). The reason I think changing your breakfast is sometimes the first step is because it's a really easy and early win. If you struggle with blood sugar disturbance, which I think is extremely common, particularly in those who've been labeled with depression, ADHD, anxiety, agitation or irritability—or just people who feel cloudy or have brain fog and may be chasing it with coffee all day—the early win can come from a lot of natural fat that serves to stabilize blood sugar. The feedback I get is that with this smoothie you feel full for hours longer than you might otherwise, and you have that slower, steadier burn. And so that would be my first intervention. (kellybroganmd.com/vitalmind/kb-smoothie-video/.)

To listen to the two-part podcast, go to westonaprice.org*, click on the Blogs & Podcasts tab and click on podcast episodes #122 and #123* .

Severely disabled people have gone on to reclaim their mental and physical health on levels that are not possible through the conventional model.

All Thumbs Book Reviews

Nourishing Diets: How Paleo, Ancestral and Traditional Peoples Really Ate
By Sally Fallon Morell
Grand Central Life & Style

There are a lot of funny ideas about how ancestral or paleo cultures lived and ate. Apparently, they ate lowfat foods and processed oils that were not to be reinvented or conceived of again for thousands of years. Clever people, those ancient paleos. In fact, I do think they were quite clever but perhaps in different ways. We have learned, however, that food and diets can be a very touchy subject. Say anything about paleo, vegan or whatever the current fad is and you will quickly learn Newton's law of the Internet: for every action there is an unequal and opposite overreaction.

The word "primitive" often comes with certain baggage. To most, it implies ignorance, backwardness and low intelligence. However, when Weston Price studied these "primitive" people, he found them to be far ahead of the Europeans and Americans in some very important ways. He came to see himself as a missionary from remote native people to the "advanced" Euro-American civilization. The message was that we can learn much about how to eat, how to care for the land and how to regain our rapidly failing health.

This book gives us a tour around the world, starting, conveniently enough, with the letter "A," as in Australia and Aborigines. When Western civilization first began to explore Australia, the explorers found it to be like a park, beautifully organized and sculpted by the Aborigines. Contrary to popular perception, the Aborigines did not have to work strenuously from sunrise to sunset to scrape out a meager subsistence. They had brilliant strategies for catching large amounts of fish and wild game quickly. They did not just hunt and gather. They cultivated. They grew crops. They irrigated. They ate a variety of vegetables and fruits. They ate grain and processed it into flour. There are amazing accounts of Aborigines working together with dolphins. Dolphins would drive fish toward the shore, making them easy to catch.

The first European explorers in America found a land similarly well managed. California, in particular, was like a paradise, teeming with life but not chaotic or disorganized. Today, California is still beautiful, but the scars of modern neglect and abuse are easy to spot. The Aborigines, Native Americans and South Sea Islanders understood the importance of fire in managing the land. Regular, controlled burns were essential to clean out the underbrush and increase soil fertility. I have learned from my Chinese wife that the Chinese also did that, and some probably still do. Here in the U.S., we have Smokey the Bear who is afraid of every little spark. He just doesn't get it.

As this book treats us to a tour of the world, it not only tells us about what people ate but provides a lot of interesting history. This history is far more accurate than what you learned in public school. Trust me. Many of these ancestral peoples were physically very impressive. The Eskimo would carry one hundred pounds in the left hand, one hundred pounds in his right hand and one hundred pounds hanging from a strap clamped between his teeth and walk easily. Did they get that strong by eating kale and tofu? I don't think so.

So what did all these people eat? There was tremendous variation in diets in different areas of the world. Some diets were high-carb, some were not. Some, like the Eskimo diet, were very high in fat, others not so much. Some ate bugs, some did not. Some had dairy, some were not so fortunate. Seafood was obviously more popular in coastal areas than inland. But there is one thing they all had in common. Some form of animal food was a key part of the diet. It may have dominated the diet or it may have been a small percentage of total food intake, but it was important. From the time of Weston Price up to today, no one has found a healthy culture that is totally vegan.

There is one thing they all had in common. Some form of animal food was a key part of the diet.

All Thumbs Book Reviews

The China Study is often a favorite topic for vegan proponents who are promoting their point of view. Ironically, when you actually look at the data, they are so scattered and broad that they show almost no correlation of any kind between diet and health. What the study does show is that the Chinese are not vegan. Again, I have confirmation from my Chinese wife who is very serious about following traditional Chinese dietary principles. She is not remotely vegan and has no desire to be. Overall, Chinese cancer rates are about the same as American cancer rates. The Chinese may have fewer heart attacks, but they have more strokes. The Chinese average lifespan is less than the American lifespan. Much of that may be due to severe poverty in some areas and pervasive environmental pollution in other areas. The true traditional Chinese diet is a healthy diet for those who have access to it, but arguments that the Chinese should be the ultimate role models are a little weak.

Then, of course, there is the Mediterranean Diet. Just what is that, anyway? If you're like me, you have the vague impression that it looks like something that is scraped off the bottom of a lawnmower. The name doesn't tell you much because there are so many different diets around the Mediterranean. All of those diets feature important animal foods. These principles have been around for thousands of years. They are not new. There are many dietary fads that rise and then fall. I think Newton made some law about that, too.

The "Blue Zones" have added another dimension to the argument about what a healthy diet looks like. *Nourishing Diets* takes all of the research into consideration and finds that the elders of the blue zones also included animal foods as important parts of their diets. Some of those Blue Zones are shifting to more politically correct diets. In Costa Rica, for example, the results speak for themselves. In the span of six years, the number of centenarians in one retirement home went from forty-five to two.

The most important information here is about who funded the Blue Zone project. It was largely funded by the National Institute on Aging, which is part of the National Institutes of Health (NIH). The NIH strongly endorses U.S. Department of Agriculture (USDA) dietary guidelines, which promote lowfat processed swill that has a poor track record of keeping Americans healthy. The processed food industry also contributed to the Blue Zone project. Sally aptly describes the Blue Zone project as damage control designed to stop people from realizing what the USDA guidelines are really about—a pack of lies put out by a government controlled by pharmaceutical lobbyists intent on keeping hospital beds full.

The end of the book provides recipes to help you put these "primitive" principles into practice. The thumb, of course, is UP for this book.

Review by Tim Boyd

BOOK REVIEWS IN **Wise Traditions**

The Weston A. Price Foundation receives two or three books *per week*, all of course seeking a Thumbs Up review. What are the criteria we use for choosing a book to review, and for giving a Thumbs Up?

- First and foremost, we are looking for books that add to the WAPF message. Dietary advice should incorporate the WAPF guidelines while adding new insights, new discoveries and/or new therapies.
- We are especially interested in books on the fat-soluble vitamins, traditional food preparation methods and healing protocols based on the WAPF dietary principles.
- We look for consistency. If you talk about toxins in vaccines in one part of your book but say you are not against vaccines in another part of your book, or praise fat in your text but include recipes featuring lean meat, we are unlikely to review it.
- We do not like to give Thumbs Down reviews. If we do not agree with the major tenets expounded in a book sent to us, we will just not review it. However, we feel that we have an obligation to point out the problems in influential or bestselling books that peddle misinformation, and for these we will give a negative review. We also will give a negative review to any book that misrepresents the findings of Weston A. Price.
- If you want us to review your book, please do not send it as an email attachment. Have the courtesy to send us a hard copy book or a printout of your ebook or manuscript in a coil binding.

All Thumbs Book Reviews

The Salt Fix: Why the Experts Got It All Wrong—and How Eating More Might Save Your Life
By Dr. James DiNicolantonio
Harmony

Isak Dinesen once said, "The cure for anything is salt water: sweat, tears or the sea." For much of human history, Isak Dinesen's quote wasn't just novelistic embellishment, it was part of accepted truth. Salt wasn't just good for us; it was good to us. We needed salt. At least, we thought we needed salt until the mid-1900s, when salt—along with saturated fat, cholesterol and a host of other health-promoting, traditional food components—came under assault from the nutritional establishment.

Bias, bad research and billions of dollars resulted in the demonization of traditional foods and diets. Meanwhile, many of the real contributors to modern diseases (especially refined carbohydrates and sugar) got a pass to continue their carnage on the populace. Without fat and salt, sugar use exploded, as no one really wanted to eat cardboard calories. Thus, the wrong white crystal was put in nutritional jail, while its lookalike walked free, committing uncountable additional crimes against humanity.

Over the past twenty years, the tides have turned regarding cholesterol and fat, to some extent, but if you peruse various medical and health sites, the advice to restrict salt intake is still rampant. Many still consider salt as dubious and something to minimize instead of embracing it as an important part of a healthy diet.

Our relationship with salt isn't adversarial but advantageous.

In *The Salt Fix*, Dr. DiNicolantonio wants us to realize that salt isn't just neutral but actually plays a critical role when dealing with many modern diseases and dietary scourges, from sugar cravings to heart disease. His book begins by showing us how we ended up on the wrong side of salt. Why did governments and researchers turn against salt? Here's his guess: "We essentially gambled that the small benefit to blood pressure that we see in some patients would extend to large benefits for the whole population. And while taking that gamble, we glossed over the most important point: why salt may increase blood pressure in some people but not in others."

This gamble came with significant dangers. Salt restriction is known to increase heart rate, and it can also lead to increased insulin levels and all the problems that elevated insulin creates. Elevated insulin levels play a part in carbohydrate and sugar cravings and overall mood and energy, helping to explain why those who seek to reduce salt intake often struggle so much with refined carbohydrates and weight. Salt makes food taste better and sweeter without needing to add any additional sugar. Salt restriction also can lead to reduced sex drive and reproductive potential, sleep problems and many other health issues.

How much salt do we need? Based on clinical and historical research, DiNicolantonio recommends three to four thousand milligrams per day. However, not all salts are created equal, and some people may need more salt than others. He reminds us that it isn't surprising that we need salt. The earth is "salty," and so are we. The mineral concentration of the seas roughly mirrors the mineral content of our blood. The earth is roughly 70 percent water, and we are almost that much water as well. Our relationship with salt isn't adversarial but advantageous. DiNicolantonio observes that our kidneys exist not to protect us from salt but to profit from it and its many benefits to our bodies. The rest of creation is similar—animals of all kinds, but especially those that hunt sea animals, take in large amounts of salt.

Historically, the biological drive for salt also benefited humanity in other ways. Many foods that provide salt, such as fish and other seafood, also supply valuable nutrients that are otherwise hard to come by. The diets of non-seafood-eating people also could be high in salt,

featuring foods such as tiger nuts (clocking in at an astounding three thousand-plus milligrams of sodium per one hundred grams or 3.4 ounces).

The historical evidence doesn't end there. People who couldn't find foods naturally high in salt sought out salt to add to their foods. Humans have mined salt for at least eight thousand years. Trade, food preservation and even commerce itself (the word "salary" comes from *sal* for salt) were all built on salt. The Romans and many other groups consumed as much as ten thousand milligrams of salt per day. Daily intakes of forty to seventy grams were not uncommon before the advent of refrigeration, since salted fish and cured meats were dietary staples for hundreds of years across many parts of the world. Until recently, these high-salt-intake groups had little to none of the ills now tenuously linked to salt, despite consuming five, ten and even twenty times the modern recommendations. Seems they must have missed the memo—and all the diseases that went with it!

How, then, did we end up with the idea that our ancestors didn't consume much salt? Bad science. DiNicolantonio comments on one paper: "The authors of the paper estimated… our intake of sodium was just 700 milligrams per day. But this figure was based on the sodium content of select land animals as well as land plants…and does not include the sodium that would have been obtained from tiger nuts, insects, or aquatic vegetation or prey, nor does it include the other large stores of sodium found in animals besides their meat, such as that found in the skin, interstitial fluid, blood, and bone marrow." Not only did our ancestors add salt to their food, they ate the parts of the animals already naturally highest in salt. Researchers ignored, didn't understand or just didn't care about these facts, and the war on salt has continued apace.

The middle chapters are what you would expect of a book unpacking the bad science and bogus claims based on the research of the 1900s. One of the more fascinating finds is how we went from viewing salt as a necessary nutrient to treating it as a mere condiment, thanks largely to the hypertension research of Lewis Dahl. Here, we see the role the media played (and still play) in taking tidbits of science and blowing them up into inaccurate proportion. The media's "salt leads to hypertension" headlines were a watered-down version of just one facet of Dahl's research, which concluded that a high-salt, low-potassium diet might lead to hypertension in the genetically susceptible. At the time (late 1970s), all it took was "expert" opinion rather than sound evidence to get new salt guidelines incorporated into George McGovern's 1977 "Dietary Goals for the United States"—which recommended restricting salt intake to just three grams per day (or 1.2 grams of sodium).

The war on salt had one notable victor: sugar. Whereas the 2010 dietary guidelines recommended only five grams of salt, the same guidelines permitted a whopping *one hundred and forty-three grams of added sugars* per day. The updated 2015 guidelines did nothing to undo the war on salt but moderated the sugar intake recommendations to fifty grams per day (about forty pounds per year). Americans are not getting the message, as annual average sugar intake is over three times that amount. It seems that without fat and salt, people continue to turn to sugar to turn modern industrial foods into something culinarily bearable to consume.

DiNicolantonio's recommendations are a fascinating read unto themselves and cover conditions and causes that may require you to increase your salt intake. From pregnancy and lactation to certain medications and genetic conditions, this section provides comprehensive information to help you achieve a salt intake level that promotes overall wellness. This section also significantly emphasizes using salt to help dial back and bring sugar consumption under control, something with which many Americans sorely need assistance. Here, we find no fear of saturated fats and traditional foods. Instead, DiNicolantonio writes, "Think of the olives, sardines, anchovies, salted and cured meats, aged cheeses, soups and so on! Go ahead and bring back those previously verboten high salt foods. Dig into the nuts, pickles, sauerkraut, seafood, shellfish, beets, Swiss chard, seaweed and artichokes—all are highly nutritious and a natural source of sodium."

The book takes the time to go over the major, real salts now easily available to most consumers. DiNicolantonio does not recommend table salt, partly because of its poor nutrient profile but especially because of its highly processed nature. For those interested in learning more, the book contains both an appendix and ample footnotes to primary and other resources. If you are into salt, then *The Salt Fix* will serve as a good springboard to further research. Overall, DiNicolantonio's book is easy to read, enjoyable to work through and makes a great companion to Mark Kurlansky's 2002 *Salt, A World History*. Two thumbs up.

Review by John Moody

All Thumbs Book Reviews

Nourishment: What Animals Can Teach Us About Rediscovering Our Nutritional Wisdom
By Fred Provenza
Chelsea Green Publishing

For every book I review, I read two, three and sometimes four other titles (or start to read them and quickly realize that they are not going to make the cut). So, when I praise the books that make it into *Wise Traditions*, it is for good reason. *Nourishment* came along as a surprise entry, a last-minute substitution for another book with a delayed release. I wondered whether I could navigate such a massive tome (almost four hundred pages) in just a week. Thankfully, Fred Provenza had me fascinated right from the start and until the very end—to the extent that I spent more time reading this dense but engaging text than I thought I had available.

Provenza states up front that while *dining* conjures up images of plants and animals nicely arranged on platters and served in fine restaurants…"*eating* is participating in endless transformation as plants and animals are grown, killed, cooked and consumed. As I eat, the energy and matter in plants and animals become this entity I call 'me'—which will in the flicker of a cosmic eye return to plants and animals. Every act of eating is an act of creating."

With this philosophical orientation laid out, Provenza's thesis is simple: Is there such a thing as animal and human nutritional wisdom, and if so, what has happened to it? Why do animals and people eat the way they do, and why do we no longer eat properly? As the data show, we have lost our nutritional way, and many of the available guides and guidebooks are not helping us recover it or our health. Provenza states, "Many scientists don't believe humans have nutritional wisdom. They cite as evidence the obesity crisis. The Centers for Disease Control and Prevention (CDC) projects that 70 percent of people in the United States today will die of diet-related diseases. Humans ostensibly can't do what wild or free- ranging domestic herbivores do without a bit of advice from dieticians. Perhaps that's why some people write—and other people read—an endless stream of articles and books that tell us what and how to eat to stay well." Provenza asks, "Have we become so maladapted culturally that we no longer know how to enable the nutritional wisdom that resides within our bodies or those of the animals we care for? Can herbivores help us rediscover nutritional wisdom?" *Nourishment* seeks to help us find our place once again in relation to plants, animals and planet.

Can we relearn how to manage our nutritional needs and understand what disrupts our ability to care for ourselves by studying how herbivores manage their nutritional needs?

This isn't your typical book but rather a well-organized series of essays—filled with stories, research, observations and anecdotes that touch on many similar themes. Each essay ties back to the book's main thrust: Can we relearn how to manage our nutritional needs and understand what disrupts our ability to care for ourselves by studying how herbivores manage (or don't manage) their nutritional needs?

Provenza repeatedly highlights the role that artificial foods and isolated supplements play in disrupting our ability to learn to feed and care for ourselves. Why do we give domesticated animals various supplements in varying quantities, when the animals' ancestors instinctively consumed an optimal diet with no supplements needed? Why do animals avoid consuming nutrient-rich, juvenile plants, instead often preferring older, less nutrient-dense forage? Why are our modern foods so much less flavorful, and therefore less favored when we open the fridge? Provenza observes that after "the food industry learned how to combine synthetic flavors with fats and refined carbohydrates," the resulting flavor differences became "distinct enough to give consumers a false sense of variety, which stimulates food intake, despite the genuine nutritional monotony."

Nourishment seeks to interact with these and dozens of other important questions again and again across its pages. Perhaps some of the

most interesting parts of the book deal with the relationship between behavior and nutritional deficiencies. Provenza points out, "Noted nutritionist E.V. McCollum showed that changes in diet invoke compensatory behavioral responses, a demonstration of Cannon's concept of 'the wisdom of the body.' This wisdom in animals in now well studied and established, albeit not always obeyed by those who raise them." In animals, this results in surprising behavior, especially among so-called herbivores. For example, "In the wild, sheep, caribou, and red deer rectify deficits by eating lemmings, rabbits, and birds—live or dead; sheep eat arctic terns and ptarmigan eggs, white tailed deer dine on fish; and deer gnaw antlers." Perhaps a better classification for many of these animals would be "opportunistic omnivores"? When it comes to food choices, nutritional need is king.

This isn't just an issue for animals. As Dr. Weston Price pointed out, nutrient deficiencies have an often deleterious impact on people's behavior as well. Conversely, Provenza includes a number of beautiful and informative examples of traditional wisdom at work. Just as animals take care in selecting foods to deal with antinutrients, when given the opportunity to develop nutritional wisdom, humans do the same. Provenza cites the example of cassava: "With cassava we come full circle ecologically, economically, and culturally. . . . Through the development of a cultural practice—the wetting method—women reduced cyanide to safe levels. Such social rituals around food gathering and cooking to decrease secondary compounds and increase digestibility of fiber, now rare in cultures, were once the norm." (See the article on proper preparation of cassava in the Winter 2017 issue of *Wise Traditions*.)

Provenza's book wanders far and wide in unpacking its main focus. Primary topics such as the relationship between how the primary and secondary compounds in animal forage affect animals' food choices give way to a discussion of how organ transplant recipients' food preferences shift post-surgery—the donor literally lives on in the recipient's altered dietary preferences! What does all this mean for us? Well, a helpful first step is to grasp the fact that the food industry understands us better than we do but uses that knowledge for ill. As Provenza states, "The food industry takes advantage of our propensity to generalize from past experience to train people to eat artificially flavored foods with equally toxic, though long-delayed aversive effects." He again makes the point that the food industry has cleverly masked the "nutritional sameness" of man-made foods through the use of "a multitude of synthetic flavors with feedback from energy rich fats and carbohydrates"—all of which "stimulates appetite intake."

These questions lead to additional questions about how we raise our food, what we offer our animals as food, what we eat ourselves and our relationship to the ecosystems that sustain all parties involved. Several thought-provoking questions stood out for me. For example, do most supplements cause people not only *not* seek the foods that contain needed nutrients in their proper forms (with all their cofactors and other supporting compounds) but at the same time cause double trouble by actually being harmful and often unnecessary? Second, by building our animal ag system around the constant relocation of animals from ecosystem to ecosystem and farm to farm, are we deleteriously shaping their ability to learn and pass on nutritional wisdom, thereby decreasing their health and increasing costs? Third, by medicating animals, do we alter their eating habits and reduce or remove their ability to learn to self-medicate via the diverse plants and forages that healthy landscapes provide? What if one reason "forest medicine" benefits people so much is because we take *in* the forest while we are there—the secondary compounds, microbes and a host of other things—and they become part of us, healing us from the inside? Finally, instead of fences and forced movements, could farmers and ranchers learn to use various animals' innate social instincts in organization to create "rotational grazing without fencing"? If you are a farmer, foodie or thinker, I don't think you will walk away from *Nourishment* disappointed, nor without having learned a great many useful things and having even more to think about. While you may not agree with everything in such a long work, you will be well rewarded by engaging with the depth of wisdom, knowledge and experience that Provenza shares in the book's pages. Two thumbs up.

Review by John Moody

All Thumbs Book Reviews

Vaccines, Autoimmunity, and the Changing Nature of Childhood Illness
By Dr. Thomas Cowan
Chelsea Green Publishing

Many years ago, as I sat down to enjoy breakfast at the Weston A. Price Foundation conference, two other people happened to be sitting at the same table: Harvey Ussery and Dr. Tom Cowan. For the next hour, I was treated to a delightful discussion meandering across many issues—modern and ancient—from two amazing contributors to those seeking to recover their health. Reading Dr. Cowan's new book reminded me of that morning and the many gifts, along with a depth of experience and wisdom, that he brings to his speaking, writing and other work.

Vaccines, Autoimmunity, and the Changing Nature of Childhood Illness takes us on a three-part journey into the origins of autoimmunity, the world of vaccines (and the fallacies that support their continued use) and Dr. Cowan's approach to helping people who are struggling with autoimmune issues. Beforehand, we get a great introduction from Sally Fallon Morell, whose brief comments remind us that one reason we are so at odds with the modern world is because of the way modern scientists see it—as dangerous. This world view says that raw milk is dangerous, diseases are dangerous and we must use science and technology to stomp out these dangers. As members of WAPF know, however, this approach doesn't work and actually results in even more danger, primarily through skyrocketing rates of degenerative disease. Dr. Cowan weaves these same themes together with other themes in his foreword, stating "There is evidence that our bodies need exposure to certain childhood illnesses in order to establish the foundation for lifelong health." Danger isn't antithetical to health, it is part of its foundation.

One reason we are so at odds with the modern world is because of the way modern scientists see it—as dangerous... Danger isn't antithetical to health, it is part of its foundation.

The first section of the book is full of Dr. Cowan's usual fascinating mix of science, explanation, story and clinical observation. His discussion of how the heart is not a pump and how many other modern theories and explanations of the human body fall short of actually explaining the evidence is an important reminder that modern science, which claims to have moved beyond myth and superstition, is often still deeply mired in a modernized version of it!

Cowan states that no matter which autoimmune disease is in play, the first line of treatment should focus on healing the gut: "Autoimmune disease begins in the gut and treatment depends on restoration of the gut microbiome and its diversity of species." Research shows that almost every single autoimmune disease is accompanied by some type of gut dysbiosis. The combination of immune-system-disrupting vaccines plus a modern world that sets people up for disturbed and disrupted microbiome development have created a lethal cocktail of autoimmune diseases waiting to happen.

The second section of the book was my favorite. Honestly, I hope Dr. Cowan or someone else will write a book that expands on this section. In it, he picks through three common childhood diseases—chickenpox, polio and measles—and explores the history of each along with the changes in attitude toward each disease over the past five or so decades. While I was familiar with a fair bit of the material, there were many new, worthwhile nuggets and gems scattered across these chapters. The inclusion of primary sources for particular claims was especially helpful, such as in the discussion of how the chickenpox vaccine has led to much higher rates of shingles. Did you ever realize that one reason it is good to care for young children with common childhood diseases is because it gives the parents an all-natural "booster"? Cowan shows us that vaccination has many unintended consequences and drawbacks, not just for the vaccinated, but for all of us. Many similar excellent observations litter the pages of these chapters.

In perhaps my favorite pages of the entire book, Dr. Cowan takes pro-vaccine logic to task, pointing out that the push to eradicate certain illnesses actually leaves small children more vulnerable to them! How so? Small children receive natural protection from many common childhood illnesses via their mother's milk, but this protection is predicated on something important: they will receive it only if their mother naturally experienced the illnesses. A vaccinated mother creates an at-risk newborn, one who comes into the world denied the natural protections that the mother's milk would normally provide. Thus, it is not those who are wary of vaccines that put people, especially infants, at risk, but those who push vaccines relentlessly on all people regardless of the vaccines' actual risks and benefits.

Studies show that while vaccines decrease mortality rates for the particular disease against which a child is vaccinated, they often lead to an overall increase in death rates among vaccinated populations. Vaccines are a band-aid, a cover-up that actually stops people from addressing root cultural, nutritional and other issues, similar to how antibiotics cover up the evils and ills of industrial farming. Dr. Cowan states, "Having a poor outcome from measles is a symptom of social displacement, cultural breakdown, and malnutrition. These are difficult issues to address—it is much easier to manufacture and administer a vaccine—but these issues must be addressed if we are to truly have a positive impact on the lives of the children affected by them."

The last part of the book gives suggestions for treating autoimmune disorders and conditions, both therapeutic and dietary in nature. For those familiar with WAPF and Dr. Cowan, there are few surprises here. Many of the things that he has written and spoken about before show up once again, such as low-dose naltrexone (LDN), organ meats and colostrum. Because the immune system and the gut are intimately interrelated, and one's gut is tied to one's diet, diet receives an entire chapter to itself, focusing on the Cowan autoimmune diet—a diet similar to the GAPS diet. Cowan states that "the Cowan autoimmune diet and LDN form the foundation of my treatment for all autoimmune disease."

This chapter surprised me, but in a good way. Cowan shares a wide array of useful advice and observations, discussing the superiority of foraged and wild-caught foods (if accessible), the importance of harvesting foods at the right time of day (fruit and leaf in the morning, root in the evening) and the use of flavor (meaning more than mere sweetness) as the most reliable tool for ascertaining nutrient density. I especially appreciated his suggestion to connect with a hunter as a source of wild game. Hunting plays a crucial and critical role in preserving habitats and keeping wild animal populations in check. Unfortunately in recent decades, the number of hunters has declined rapidly. Just as we should want to connect with and support local farmers, we should view and support local hunters similarly, especially since their labor provides not just nutrient-dense food but a host of other ecological benefits to their communities and regions.

I read dozens of books a year, some for work and some for pleasure; Cowan's new book is one of a few that qualifies for both categories. I do hope that someone, perhaps Dr. Cowan himself, will take the middle section that explores particular illnesses and expand on it, discussing the wide variety of diseases that we are now forced to vaccinate our families against or have to fight to avoid. Two thumbs up!

Review by John Moody

A vaccinated mother creates an at-risk newborn, one who comes into the world denied the natural protections that the mother's milk would normally provide.

All Thumbs Book Reviews

How to End the Autism Epidemic
By J.B. Handley
Chelsea Green Publishing

It is great to see a new wave of books exploring vaccines, autism and autoimmune issues and to see publishers willing to go against the grain and give authors a platform to write and speak out. J.B. Handley's book, *How to End the Autism Epidemic*, addresses these topics in three parts, focusing on lies about vaccines and autism, the truth about vaccines and autism and undoing the autism epidemic.

In the first four chapters, Handley rebuts the lies directed against those who assert that vaccines and autism are connected. Chapter One tackles the recent push to say that "there is no autism epidemic" and that we are witnessing changes and improvements in diagnosis rather than a true change in autism rates. Using a wide swath of statistics and research, Handley presents a factually informed argument showing that a real autism explosion has occurred over the past forty or so years.

Next, he deals with the falsehood that current vaccines are safe. Beginning with some astute financial observations, Handley notes that the market for vaccines has grown an astounding three-hundred-and-fifty-fold in under fifty years—from one hundred and seventy million to an estimated sixty billion dollars. Large margins and immense profits have colored every aspect of the U.S. medical system, pulling in family doctors, corner drugstores and even supermarkets, all of whom push and profit from vaccines.

The market for vaccines has grown an astounding three-hundred-and-fifty-fold in under fifty years.

The rest of Chapter Two covers information that may already be familiar—the myth of herd immunity; how innovation and improvements in sanitation and hygiene (not vaccines) saved humanity from infectious diseases in the twentieth century; how vaccine makers and pushers have legal immunity from liability for any ill effects caused by vaccines; and more. What sets Handley's work apart here is the inclusion of considerable primary research from the likes of Johns Hopkins School of Public Health, *The Journal of the American Medical Association* and similar pro-vaccine outfits. It seems that their own research at times conflicts heavily with their concerted effort to continue pushing mass vaccination on the population at every possible opportunity. "Push" is an understatement. In 1962, a child following the Centers for Disease Control and Prevention (CDC) guidelines would have received three vaccines by age five, but in 2017, it was thirty-eight vaccines.

The remaining chapters in the first section delve more deeply into the science and the financial and other incentives that cloud vaccine research and debate. Neither government nor insurance companies nor doctors are impartial, unbiased parties. In some sort of cosmic irony, two of the main doctors responsible for research often cited as proof that vaccines do not cause autism have very different stories to tell today. One is now on the U.S. Office of Inspector General's "most wanted" fugitive list because of embezzlement. The other has turned whistleblower because of the fraud he witnessed first-hand.

Why would people commit fraud for vaccines? Dr. Paul Offit (rhymes with profit), a well-known vaccine pusher, can give you six million reasons why (and maybe more). Not only did Offit make large sums of money when Merck purchased his rotavirus vaccine, he also served on the CDC-affiliated committee that makes recommendations regarding required vaccines, including rotavirus. This type of conflict of interest is rampant in the U.S. government, and especially between doctors, drug manufacturers and the regulatory agencies that are supposedly overseeing them.

How bad is the conflict of interest situation? In 2000, the government's own report on "Conflicts of interest in vaccine policy making" stated, "The Committee's investigation has determined that conflict of interest rules employed by the FDA [U.S. Food and Drug Administration] and CDC have been weak, enforcement

has been lax, and committee members with substantial ties to pharmaceutical companies have been given waivers to participate in committee proceedings." Things have only gotten worse since the 2000 report. Just as large food and agricultural players travel freely between the U.S. Department of Agriculture (USDA), the FDA and private employment, so, too, do players in the medical and drug industries enjoy a revolving door of employment and access at the highest levels of the FDA and CDC.

The second part of *How to End the Autism Epidemic* covers the truth about vaccines and autism. Handley points to three main lines of reasoning that explain the vaccine-autism relationship: the emerging science on how vaccines trigger autism, the legal basis that they are responsible and the overwhelming amount of first-hand, parental evidence that vaccines caused autism in their children. Chapter Six was especially interesting to me and alone is worth the price of the book. Although I have read a lot about vaccine issues over the years, I have never encountered a detailed discussion of the vaccine court, the doctors who influence its decisions or the story of Dr. Andrew Zimmerman, whose professional work resulted in the denial of benefits to thousands of families in the vaccine court system. Dr. Zimmerman now appears to have shifted his views and believes that vaccines at times *are* responsible for autism in some children. He has even gone on record in the landmark Hazlehurst case, and Handley includes parts of the depositions from Dr. Zimmerman and another doctor (Dr. Kelley).

The third section of the book discusses how to undo the autism epidemic, starting with a chapter that details the major players who influence vaccine policy at both the national and state levels. Here again, we see that the pro-vaccine movement, and especially the non-profit side, is really just a front for the pharmaceutical industry, which pours money into pseudo-grassroots organizations that are trying to stem the growing tide of parents and other people who have seen, first-hand, what vaccines do to children. Like the lead and tobacco industries, the vaccine industry has sought to shift attention and blame about autism to other causes or completely fabricate false claims to protect their business (and big bonuses) as long as possible. However, it is getting harder and harder for the industry to do so as evidence builds and more and more doctors like Paul Thomas speak out.

Chapter Nine is the heart of the book, covering how to address and reduce the incidence of vaccine-induced autism. Handley lays out twelve proposals. The first few revolve around a radical reduction in the number of vaccines given; pre-testing and other preventive measures to protect children who may be vulnerable to adverse reactions to the remaining and vastly pared-down vaccine list; elimination of multi-illness vaccines; and more. The second set addresses the need to resolve the conflicts of interest and financial incentives that cloud vaccine safety research and policy-making. The third set involves bringing greater public awareness and open discussion to the vaccine-autism debate. Part of this requires synthesizing disparate strands of research and advocacy and presenting the full body of compelling evidence showing how and why vaccines are linked to autism.

The final chapter on treatment and recovery is very short because Handley would rather see us avert the epidemic on the front end than try and cover it up via costly, time-consuming and sometimes ineffective treatments on the back end. One of the few recommendations Handley offers is the GAPS diet, along with a strong emphasis both here and elsewhere in the book on the need for healing the gut and improving the body's immune function.

Given the continued mockery and demonization of people like Dr. Andy Wakefield, it is no small thing to step forward and question one of the modern world's sacred cows—the belief that it is safe and effective to inject the smallest and most vulnerable among us with a concoction of only partially understood chemicals that, in fact, are clearly unsafe (at the very least for some people). Even with my many years of reading and research on this topic, I learned a great deal from Handley's work and research and enjoyed his writing immensely, even if at times I had to hold back tears of sadness or a heart full of anger at what has happened to our nation and its children. Two thumbs up.

Review by John Moody

All Thumbs Book Reviews

Dare to Question: One Parent to Another
By Ted Kuntz
CreateSpace Independent Publishing

There are many books on vaccines out there. Thankfully so. But it can be a daunting task for someone who is new to looking into the pros and cons of vaccinating to find just the right book that clearly lays out the facts—not too briefly yet without so much detail that it overwhelms. I think *Dare to Question: One Parent to Another* is exactly the right book. It hits that middle ground that parents seek. This book is full of referenced, reliable facts together with practical advice, and it offers a distinctive overview of the reality that parents face in this storm of vaccine madness.

Canada's Ted Kuntz has spent over thirty years reviewing vaccine literature, and he knows of what he speaks. His examination of vaccine industry claims began in 1984 after his son Joshua—at five months of age—was permanently injured neurologically by the diphtheria-pertussis-tetanus (DPT) shot. Josh passed away in February 2017 after a life of uncontrolled seizures and diminished capacity due to vaccine-induced neurological injury.

Kuntz has found an exceptionally effective way to give us a thorough compilation that covers all aspects of vaccines, not least of which is his revelation that the vaccine industry has been systematically and intentionally dishonest with consumers regarding the safety, effectiveness and necessity of vaccines. "18 Facts About Vaccines" is a particularly useful chapter, listing fully referenced, to-the-point and crucial information that every parent should be aware of.

I had the pleasure of helping out as an unofficial editor of sorts when Ted was writing this awesome book. I pointed out that most books on vaccines seem to lack what I feel is vital information. Parents can be left hanging after learning about the dangers of vaccines and can feel at a loss regarding how else to protect their child: if not vaccines, then what? I suggested that Ted consider asking our very own Sally Fallon Morell to contribute and, bless her heart, Sally added exceptional advice in the standout section titled "Building Natural Immunity with Food." I know that the inclusion of this information will help and reassure parents, giving them just the tools they need to raise healthy children, free of vaccine dangers.

Like so many of us who are advocates for children's health, Kuntz passionately defends our right to make our own medical choices and to demand honesty, integrity and accountability from the vaccine industry. Kuntz has stated that he believes the organized and intentional effort to deny citizens their right to make medical decisions for themselves and their children is the greatest threat to humanity today. He believes strongly and correctly that if we lose our self-autonomy and bodily integrity, we will no longer be free citizens. We must not surrender our capacity for choice over what is injected into ourselves and our children.

I plan to include *Dare to Question* with any gifts that celebrate family events— weddings, pregnancies or births. We must overcome the feelings of trepidation that some of us still feel in sharing a book about vaccines. Let us hold our heads high and offer honest information like what is found in this gem of a book to those outside of our routine circles of like-minded people. This information is far too important to refrain from sharing for fear of making waves around "pro" versus "anti-vax" stances. A book like this should be simply given out of love and compassion so that parents can make truly informed decisions that will affect their families and the generations to come.

Dare to Question is available as a free download at daretoquestionvaccination.com/ or through Amazon. All proceeds go to advocacy organizations that support vaccine choice, informed consent regarding vaccinations and children and families recovering from vaccine injury. Two thumbs up!

Review by Linda Morken

We must overcome the feelings of trepidation that some of us still feel in sharing a book about vaccines.

All Thumbs Book Reviews

Dinner Plans: Easy Vintage Meals
By Jennifer Calihan and Adele Hite
Eat the Butter

The first page of *Dinner Plans: Easy Vintage Meals* advises us to get over our fear of fat and eat like our grandmothers ate. Saturated fat, cholesterol and salt did not kill them and won't kill us. The authors of this book have noticed the obvious: "The low-fat dietary recommendations handed out by the 'experts' back in the late 70s have been a miserable failure." You will find life is much easier when you are not afraid of your food.

Shortly after that is a list of reasons to eat more "vintage" fat. That means saturated fat. Save money and skip the lean meat. Get fatty meat cuts. And lots of butter. Of course, you do want to skip the fake fats like margarine and any trans fats. Refined vegetable oils and shortening are only good for shortening your life.

The recipes feature things like chicken breast with butter and lemon, roasted carrots with olive oil and crème fraîche, pork chops with sour cream and apple, grilled steak with butter and herbs. . . a lot of things with butter or cream. A unique feature of this book is the recipe pages, which are horizontally cut into three sections with one recipe on each section. You can find a main dish recipe in the top section and then find a side dish recipe in the bottom two sections. The way the pages are cut allows you to see any combination of three recipes simultaneously.

I like the quote from Julia Child in the back: "If you're afraid of butter, use cream." Also near the end is another piece of advice—when in doubt, add butter and salt. Thumbs UP.

Review by Tim Boyd

EAT. . . THINK. . . HEAL by Margaret Bridgeford, Balboa Press

Dominating nature is an obsession for humans, says Bridgeford, and we are paying the price. In *Eat. . . Think. . . Heal*, Bridgeford tells the story of her journey from conventional farmer to energy healer. That journey began, she says, before she was born, with the 1947 decision to convert an Alabama wartime factory making nitrogen for weapons into a fertilizer factory. Bridgeford's family owned a large grain and livestock farm that employed the latest and most "scientific" strategies to achieve financial success. In the end, the family had to sell the farm, but not before years of regret about their growing disconnection from the land, disconnection that resulted in stroke, depression, chronic fatigue, autoimmune conditions and a string of emotional breakdowns.

There are signs that man's awareness may be evolving to a new level, says Bridgeford, and this book is a chronicle of that journey for her and her family. Bridgeford came to realize that the ground of all matter is energy, whether the energy in our food, the energy in electricity, the subtle energies that infuse all life on the planet, and even the energies generated by our conscious and unconscious thoughts.

Beneficial energies begin in the soil, but these have been thwarted by the artificial fertilizers produced in former weapons factories. Bridgeford argues, along with many others, that these instigated the long decline in human health. Along the way, animals were herded into feed lots and natural manure fertilizer no longer nourished agricultural land as it should.

Like so many others for whom an interest in healthy food has provided a stepping stone to an interest in alternative healing, Bridgeford soon began to explore the science of subtle energies. She explains how emotions have waveforms, and these are as much a part of our bodies as the shape of our nose. As we have learned from Dr. Cowan, the heart is the most powerful generator of electromagnetic energy in the human body; in fact, when people touch or are in proximity to each other, one person's heartbeat signal is registered in the other person's brain waves. Our emotions and thoughts can even influence our DNA.

Bridgeford eventually became a healer using the Dawson Program, which views the body as a naturally self-creating, self-correcting system when given the opportunity to be so. Visit her website at www.margaretbridgeford.com.au.

I highly recommend this book for those interested in widening their outlook on health and healing; it contains a lot of fascinating information presented in a clear and a gentle way. Thumbs Up!

Review by Sally Fallon Morell

All Thumbs Book Reviews

The Plant Paradox: The Hidden Dangers in "Healthy" Foods That Cause Disease and Weight Gain
By Steven R. Gundry, MD
HarperCollins Publishers

There are many theories about what is at the root of poor health in modern civilization, especially in the last century. What is it this time in *The Plant Paradox*? Fat? Meat? Raw milk? Too much sun? Genetics? Global warming? Kim Kardashian? No, this time it is lectins (not lecithin, leptin or leprechauns). Lectins are, for the most part, large proteins. Gluten is a well-known example. Grains and other foods containing lectin have been around for thousands of years, so our bodies should be able to handle them, right? Gundry says "yes," up to a point. However, modern food processing has amped up the lectins to the point that we are overloaded.

There are many things we are doing wrong. We now feed cattle grain and sometimes soy. We also feed grain and soy to chickens and other animals, so the meat and other products from those animals now have much more lectin. Bt corn is genetically modified to add the snowdrop lectin (*Galanthus nivalis*). Whole wheat bread is popularly believed to be the healthy choice, but the bran contains wheat germ agglutinin, which is even worse than gluten. Traditional breads made with yeast are much better because the yeast eats the lectins. Sourdough is one of the least dangerous breads. Cooking also reduces lectins. Fermentation helps.

Chapter 4 lists the seven deadly disruptors of a healthy gut. It is a pretty good list that includes antibiotics and other drugs, artificial sweeteners, endocrine disruptors and GMOs.

Meat and other products from animals now have much more lectin.

Although there is a lot of good information and attention to how our ancestors ate and what we are doing wrong, I think *Nourishing Diets* covers it better. The book has some references, but Gundry also presents a lot of information without citing any references, drawing on his observations in his medical practice. I'm inclined to take people at their word unless there is a good reason not to, so I'll go along with that.

It is not hard to believe that Gundry's diet protocol has helped many people, and after getting well into the book, my thumb was provisionally up. Then I looked at the list of acceptable foods, and my thumb began to droop. Don't get me wrong, there are a lot of good things on the list (even cod liver oil), and you can conform to Weston A. Price principles if you pick and choose the right things. But there are also things on the list that I would stay away from, including sweeteners like xylitol and erythritol, dark chocolate, energy bars and hemp tofu. Gundry includes good pastured meat and dairy but seems to have a somewhat negative view of saturated fat (but he does like coconut oil) and animal protein. He thinks less is better.

The discussion of vitamin D made my thumb droop a little more. It is certainly good that he considers vitamin D important. No doubt it is. Cod liver oil is on the list of acceptable supplements, but I saw no mention of it in the section where he goes into detail on vitamin D. Gundry mentions fish oil but does not say that most fish oil supplements are rancid and that you can easily overdose on omega-3. In his practice, if I understand correctly, he recommends vitamin D_3 from a capsule or pill. When starting his program, he recommends five thousand IU of vitamin D per day. Double that if you have an autoimmune disease. He has never seen a case of vitamin D toxicity and doubts that it exists. Again, I won't dispute his personal observations, but I have heard that others are pretty sure they have seen vitamin D toxicity. I would personally feel much safer getting a somewhat lower quantity of vitamin D in a good quality cod liver oil properly balanced with vitamins A and K_2.

This book gets a lot of details right that others get wrong. For the educated and discerning reader, this book could be very helpful, so I don't want to trash it, but my thumb has to follow the Weston A. Price principles. In the final balance, the thumb is DOWN. Review by Tim Boyd

All Thumbs Book Reviews

Jaws: The Story of a Hidden Epidemic
Sandra Kahn and Paul R. Ehrlich
Stanford University Press

Jaws is not about an epidemic of shark attacks but about the epidemic of narrow jaws and everything that goes with it: insufficient room for the wisdom teeth, crowded teeth, weak chins, unattractive appearance, mouth breathing and poor posture. All this will be familiar to members of the Weston A. Price Foundation.

Kahn is a dentist who specializes in "forwarddontics." Her graduate work focused on physical anthropology and human craniofacial growth and development. In her practice she uses palate widening and other modalities to correct dental deformities.

You may recognize the name of co-author Paul Ehrlich as the author of *The Population Bomb*, published in 1968, the book that convinced lots of smart and innovative college kids that they could save the planet by not having any children.

Kahn is right on in pointing out the epidemic and the unfortunate consequences of not having a wide enough jaw. And I am sure she is an innovative and effective orthodontist. She correctly notes that the epidemic of narrow jaws comes with the change from traditional food to the industrial diet. But she does the public a huge disservice in claiming that the reason this change was detrimental is because modern foods are soft while traditional foods are hard and gritty. The action of chewing on hard foods, she claims, is what gives us a wide jaw, prevents dental crowding and saves us from mouth breathing.

Regarding Dr. Price, Kahn asserts that, "He was wrong, however in the cause of those differences [in facial structure], which he assigned to the nutritional composition of the different diets. He noted that the shape of indigenous people's faces changed in as little as one generation with a shift to Western diets, but missed that the central dietary issue related to jaw structure is not which nutrients it contains, but how much chewing it required."

Nowhere in the book does Kahn give any proof of this preposterous statement, or even much practical advice on how to implement this diet of hard, gritty food for small children. It's better to give a child a slice of pear (this is what she calls a hard food!) than one of those squeezable fruit pouches which do not require any chewing, she says. Of course that is true, but neither of these foods will supply the nutrients a growing child needs to have strong bones and straight teeth.

The people Dr. Price studied had no cavities. Was this because they ate hard foods? They had perfect eyesight and hearing. They did not suffer from chronic or even infectious disease. The women had wide hips and gave birth to children with ease. Will all these gifts be ours if we just add sand to the polenta?

Facial structure is usually evident the moment a child is born, before he has eaten any food at all. Baby's first foods in all cultures are soft—starting with breast milk, then chewed liver, fermented porridges and eggs. At what age do hard foods suddenly guarantee a wide face and straight teeth?

We know that children suffering from malnutrition have stunted growth. Can we help malnourished children grow taller by giving them stretching exercises? Any college professor or physician proposing this solution would be a laughingstock. But Kahn and Ehrlich get away with such crazy thinking.

And there are consequences. *Jaws* has been a bestseller and thanks to Kahn and Ehrlich, thousands of parents will be denied an introduction to the key role of good nutrition, starting before pregnancy, to ensure that their offspring grow up healthy and well formed. Instead they'll be giving them "hard" foods like corn nuts and peppermint candy to exercise their jaw muscles in the vain hope that therein lies the magic bullet that will save them the costs of orthodontics as their children grow.

Review by Sally Fallon Morell

Can we help malnourished children grow taller by giving them stretching exercises?

Tim's DVD Reviews

Generation Zapped
Directed by Sabine El Gemayel
Zapped Productions

How did the human race survive without cell phones? For those too young to remember, there was a primitive, barbaric time (most of the twentieth century) when there was no such thing as a cell phone. I'm sure nearly all of you will shake your head in disbelief when you learn that I still don't have a cell phone. No, I'm not Amish. Actually, even a lot of Amish have cell phones now. I could tell you stories about those early cell phones. I could say they weighed about twenty pounds and they had rotary dials, which made texting really hard. Of course, none of that is exactly true.

There are over two hundred million cell phones in the U.S., which means almost everyone has one (except me). The wireless industry generates 3.8 million jobs and 146.2 billion dollars per year. It was in 1984 that cell phone technology began to transition from military to civilian use. At the time, no testing was done. So, what could go wrong? Nothing, according to the Federal Communications Commission (FCC). Everything is fine. When you look a little closer at the details, however, there is reason to believe something did go wrong and the FCC might be fibbing. Why would the FCC misinform us? Perhaps that big fat revolving door between the FCC and the telecom industry is the answer.

As is usually the case, the results of industry studies differ greatly from independent studies. If you think the industry is as pure as the driven snow, then you have nothing to worry about. If you think billions of dollars might motivate somebody to bend the truth a little, you might want to take a look at the independent studies. They suggest there are problems not just with cell phones specifically, but with wireless radiation in general. Cell phone producers know this and actually say in the directions or paperwork that come with the phone that you should not put the phone directly against your skin. They also know that nobody reads the directions, and everybody puts the phone against their skin. The industry will say that they have found no evidence of harm from wireless radiation. That may be true. It is also true that you won't find something if you are very careful not to look for it. Apparently, a lot of women like to keep their phones in their bras. The *Generation Zapped* video shows us Donna, who developed five tumors on her breast marking the exact location where she carried her cell phone. That is one of very many examples that some might find suspicious. I'm sure the FCC would have much to say about what an unfortunate coincidence that is. Other "coincidences" include deformed sperm, sleep disruption, bad memory, lack of mental focus and impaired brain development in children. I'm guessing many who were children fifteen years ago and had cell phones are now working for the FCC. But that's just speculation. My thumb is UP for this video (which will be shown at *Wise Traditions* 2018).

Stimulants cause brain shrinkage, increased suicide rates, cocaine abuse and criminal behavior. Sedatives like Ambien shorten life span. Zanax and Valium are very addictive. "Antipsychotic" drugs wreck the basal ganglia and also shorten life span.

Simple Truths About Psychiatry: Psychiatric Drugs Are More Dangerous Than You Ever Imagined
Dr. Peter Breggin, MD

Dr. Peter Breggin is another voice in the growing chorus of people warning us about what prescription drugs really do. He goes through the various categories of drugs. Stimulants cause brain shrinkage, increased suicide rates, cocaine abuse and criminal behavior. Sedatives like Ambien shorten life span. Zanax and Valium are very addictive. "Antipsychotic" drugs wreck the basal ganglia and also shorten life span. If you want to shorten your life span, you have many options.

Doctors continue to prescribe these drugs. How did this situation start, and why does it continue? As Dr. Breggin points out, doctors only know what the pharmaceutical industry tells them. He also warns that you need com-

petent professional supervision to stop taking these drugs or the side effects could be worse than your original condition. These drugs are also a common denominator in the epidemic of behavior problems and waves of violence in schools. If everyone knew about this, things could be much better, but don't wait for any big news flashes from pharmaceutical-controlled mainstream media. The thumb is UP.

The Pathological Optimist
Directed by Miranda Bailey
Cold Iron Pictures

In 1998, Dr. Andrew Wakefield and his colleagues published a study looking at the possible connection between the measles-mumps-rubella (MMR) vaccine and autism. The study concluded that there appeared to be a correlation between that vaccine and autism but clearly stated that the study did not prove that any vaccine caused autism and that more research was needed.

It is hard to imagine why anyone would even notice this study, let alone get all lathered up about it, but the medical-pharmaceutical industry freaked out. Wakefield and his colleagues were sued for defamation and medical licenses were revoked. At least some of his colleagues were granted funds to defend themselves. They took their cases to court and won decisively. Wakefield was not fortunate enough to receive such money and so he remains guilty by reason of insufficient funds.

This video takes a personal look at Wakefield's struggle to get the truth out. What I see in all this is a hypersensitive pharmaceutical industry overreacting to a minor preliminary study. This is the kind of behavior I would expect from a guilty party whose scam is in danger of exposure. Wakefield mentions a survey in Ohio which found that over 60 percent of parents believe there is a connection between vaccines and autism. He also observes that whether or not there is a link, the pharmaceutical industry is losing the PR battle, which may be the reason they have reacted so viciously. A lot of people seem to go along with the idea that any who dare to think differently than the majority of sheep and any who dare to think outside of the politically correct box must be demonized. Their character must be assassinated lest others be tempted to make the same heinous mistake. Brian Deer and other reporters have slithered out from obscurity to do just that.

Courts that have been persuaded to look at the case have found no evidence of fraud or wrongdoing. However, Wakefield has failed so far to convince Texas courts to consider the case, which hints at the influence that big pharma has on the court system. He is in this battle not so much for himself but for all the child victims who are being offered up on the altar of corporate greed. As the title of this film suggests, Wakefield is still optimistic that the truth will come out. I agree and the thumb is UP.

Genetically Modified Children
Directed by Stéphanie Lebrun
Cinema Libre Studio

In 1996, Argentina became a testing ground for genetically modified tobacco. Since then, birth defects, cancer and leukemia have increased greatly. This video follows an electrical worker who noticed a growing number of customers could no longer pay their electrical bills. When he looked into it more closely, he discovered a common recurring theme. The non-paying families all had sick children. They were not just sick with a minor cold or other common disease.

The first child we see was born without pores in his skin. He has to be very careful not to get too active or hot because he can't sweat and the result could be deadly. There is nothing doctors can do. Elsewhere, other children have very strange tumors and other defects, including microcephaly. Cancer in children has increased to five times the pre-1996 level. All of this is centering around the genetically modified tobacco fields.

Government, as usual, is part of the problem, not the solution. When the government does help, the assistance comes with unreasonable strings attached. When a village water supply is contaminated with agrichemicals, the government agrees to provide water only if the residents sign a legal agreement not to sue over the contaminated water. At one point, lawyers came in and talked to families of victims. They promised millions of dollars on the condition that the families don't talk about this to anyone. The sad situation continues today, but there are signs that things may begin to change. More people are becoming aware of what is really going on. That is the key to forcing change. This movie makes even more people aware and the thumb is UP for that. For more information or to purchase the DVD, see geneticallymodifiedchildren.com.

Vaccination Updates

THE TROUBLING TRUTH BEHIND HPV VACCINES: PREPARE TO BE OUTRAGED

By Kendall Nelson, Director, *The Greater Good*

Ten years ago, my producing partners and I flew to Kansas to film with Gaby Swank, a beautiful fifteen-year-old girl who had suffered severe adverse reactions to the human papillomavirus (HPV) vaccine, Gardasil. Our intention was to interview Gaby so she could tell her vaccine-injury story in our documentary, *The Greater Good*.

When we arrived at her house, her mother led us to a room where we found Gaby lying in bed with the lights off, chronically fatigued, muscles aching—wearing an "I Don't Want to Be One Less" tee-shirt. The writing on Gaby's shirt referred to an ad campaign created by the pharmaceutical company Merck. The ads targeted teenage girls, suggesting they could be "one less" victim of cervical cancer if they got the HPV vaccine.[1] The television commercial that prompted Gaby to get vaccinated opened with a girl at a skateboard park wearing her baseball cap backwards, saying to the camera, "I could be one less." It then went on to feature other enviable girls playing soccer, dancing and skipping rope to a "be one less" chant. The imagery was so alluring that neither Gaby nor her mother noticed the warnings embedded within the ad mentioning a long list of side effects, nor did they note the statement that Gardasil does not protect against all types of cervical cancer.

During the first year that Gardasil was on the market, Merck spent one hundred million dollars advertising their HPV vaccine to girls like Gaby. Unfortunately, what Gaby and her mother saw as a health benefit rapidly became a health nightmare after Gaby followed the Centers for Disease Control and Prevention (CDC) recommendation to get three doses of Gardasil. Once a varsity cheerleader and straight-A student, Gaby was no longer able to attend school, hang out with friends or walk long distances. She suffered two strokes, partial paralysis on the right side of her face and partial vision loss. She also experienced multiple daily seizures. Gaby would later be diagnosed with postural orthostatic tachycardia syndrome (POTS), a disease that causes dysfunction of the autonomic nervous system; central nervous system (CNS) lupus, a disease in which the immune system attacks the body's own cells and tissues; cerebral vasculitis, a disease that causes inflammation of blood vessels that can restrict blood flow, resulting in organ and tissue damage; and fibromyalgia disorder, characterized by widespread musculoskeletal pain accompanied by fatigue, sleep, memory and mood issues.

ADVERSE REACTIONS UNDERREPORTED

The first two HPV vaccines to go to market were Merck's Gardasil vaccine in 2006 and GlaxoSmithKline's (GSK's) Cervarix in 2009. (Both are still marketed in other countries but are no longer in use in the U.S., having been replaced by Merck's Gardasil-9 vaccine in 2017.) HPV vaccines were problematic since their introduction, despite the statement on the CDC's website that "HPV vaccination gives your child safe, effective, and long-lasting protection against HPV cancers."[2] Moreover, statistics show that Gaby is far from an anomaly: to date, over *fifty-eight thousand* adverse reactions—including *four hundred twenty-seven deaths*—have been reported after HPV vaccine injections in the U.S. alone.[3] What makes these numbers even more shocking is the U.S. Food and Drug Administration's (FDA's) estimate that less than 1 percent of all vaccine-related adverse reactions are ever reported.[4]

Part of the problem is that many doctors don't even know that there is a government system for reporting adverse events, called the Vaccine Adverse Event Reporting System (VAERS).[5] For those who do, the system is complicated and time-consuming to use.[6] Another barrier to reporting adverse reactions is what doctors are taught in medical school—that vaccines are so safe, they may never encounter a vaccine reaction during their entire career. Therefore, doctors often do not realize that medical conditions arising after vaccination could be vaccine-related injuries.

A 2016 study out of Canada highlighted the underreporting of vaccine injuries. The study looked at over one hundred ninety-five thousand girls who had received HPV vaccines. Within forty-two days of HPV vaccination, the girls experienced over twenty thousand emergency room visits (n=19,351) or hospitalizations (n=958). However, only one hundred and ninety-eight adverse events were reported.[7]

HIDING AND DENYING THE DAMAGE

With statistics like these, one would think that the pharmaceutical companies that manufacture HPV vaccines and the authorities responsible

for protecting public health by ensuring vaccine safety and efficacy would acknowledge that there is a problem, but instead of reevaluating HPV vaccines or pulling them off the market, these entities continually dismiss the onslaught of injuries as "coincidental" or "psychosomatic."[8] HPV-vaccine-associated injuries include (but are not limited to) muscle pain and weakness; encephalopathy (brain inflammation); rheumatoid arthritis; Guillain-Barré syndrome (GBS); multiple sclerosis; amyotrophic lateral sclerosis (ALS); lupus; POTS; chronic fatigue syndrome (CFS); primary ovarian failure (POV); strokes; seizures; facial paralysis; and sudden cardiac death.[9] Tragically, many adolescents have been accused of "faking" their illnesses right up until their deaths.

Some efforts to minimize the evidence of serious adverse reactions to HPV vaccines may go so far as to constitute criminal activity. In 2016, Dr. Sin Hang Lee, a scientist and doctor, wrote an open letter of complaint to Dr. Margaret Chan, at the time the director-general of the World Health Organization (WHO). Dr. Lee's letter alleged scientific misconduct and cover-up of HPV vaccine dangers by global health officials.[10] The source of information for Dr. Lee's letter was a trail of emails and other communications between global health officials obtained via an Official Information Act request in New Zealand. The communications provided evidence that the same officials who were busy reassuring the public that HPV vaccines were safe knew that Gardasil and Cervarix were more likely than other vaccines to cause a potentially dangerous inflammatory response.

Specifically, WHO officials knew that the vaccines trigger the release of cytokines or proteins called tumor necrosis factors (TNFs), which can cause cell death.[11] The release of TNFs can also result in a wide range of reactions such as tumor regression, septic shock (a serious whole-body inflammatory response that can result in dangerously low blood pressure and death) and cachexia (a wasting syndrome where the person loses weight, becomes fatigued and experiences muscle atrophy).[12]

THE RUSH TO MARKET

Perhaps the grossest example of FDA misconduct of all time is the fact that Gardasil was fast-tracked.[13] The time period from clinical trial to recommending the vaccine was only four years, even though most vaccines take an average of three years to develop and five to ten more for universal acceptance. Fast-tracking is a process meant to "facilitate the development of drugs which treat a serious or life-threatening condition."[14] It is a misuse of fast-tracking to apply it toward the licensure of a vaccine designed to eliminate a sexually transmitted virus with which the majority of sexually active men and women are infected at one point or another—a virus that 90 percent of infected individuals clear naturally from the body within two years.[15]

In addition to the potentially fraudulent fast-tracking of Gardasil, the vaccine was only studied in twelve hundred girls under the age of sixteen before its recommendation for universal use in *all* eleven- to twelve-year-old girls. No studies looked at Gardasil's use in children with preexisting health problems or its use in combination with the other vaccines routinely given to American adolescents.[16] Similarly, Cervarix, which was licensed in the U.S. in 2009, was studied for less than six years in fewer than twelve hundred healthy girls under the age of fifteen.

Typically, trials of new drugs compare one group that is given the drug against a "control" group that is given an inert (inactive) placebo, most often a saline solution. However, the clinical trials for Gardasil and Cervarix did not use a legitimate placebo in each of their control groups.[17] Instead of receiving a saline solution, participants in several of the Gardasil control groups received aluminum in the form of a neurotoxic adjuvant present in all HPV vaccines. In the case of Cervarix, control group participants were given hepatitis A vaccine or other childhood vaccines—capable of causing adverse reactions—in lieu of a true placebo. Did this result in fraudulent conclusions? One might ask, how is it possible to detect adverse reactions properly without a legitimate control group?[16]

CORPORATE TRACK RECORD

If you think Merck can be trusted with your daughter's or son's well-being, just look at its corporate history of engaging in criminal

The same officials who were busy reassuring the public that HPV vaccines were safe knew that Gardasil and Cervarix caused a potentially dangerous inflammatory response greater than other vaccines.

fraud with regard to other pharmaceutical products. For example, Merck made a "hit list" to "destroy," "neutralize" and "discredit" doctors who criticized the company's disastrous drug, Vioxx.[18] Ultimately, Merck entered a guilty plea and agreed to pay a fine of nine hundred fifty million dollars.[19] (This, of course, was not much of a fine considering that Gardasil accounted for more than two billion dollars in revenues in 2016 alone.[20]) Former Merck scientists have accused Merck in federal court of vaccine research fraud regarding the efficacy of its measles, mumps and rubella (MMR) vaccine.[21]

When we interviewed Dr. Diane Harper, one of the world's leading HPV experts and principal investigator for Merck's Gardasil and GSK's Cervarix clinical trials, she raised concerns about both vaccines and described Merck's advertising campaign as "egregious and aggressive." Dr. Russell Blaylock, a retired neurosurgeon and health freedom advocate, has gone so far as to say that Merck's widely aired *One Less* campaign was a "complete fraud." Blaylock proclaimed, "It has never been shown that (Gardasil) prevents cervical cancer."[22] According to Harper, "The concept that our daughters are cancer deaths waiting to happen is just not accurate," yet Merck has not been shy about insinuating just that.

Another fact important to understand, again explained by Harper, is that there are no data showing that HPV vaccines remain effective beyond five years, while a full fifteen years of immunity coverage are necessary to prevent cervical cancer. In Harper's view, the moment Merck gained FDA approval for Gardasil, the company stopped studying the vaccine, performing no long-term safety monitoring.

WHICH IS RISKIER?

What are the cervical cancer facts? According to the CDC and the National Institutes of Health (NIH), of the nearly 1.6 million diagnosed cancer cases (all cancers) and more than five hundred fifty thousand cancer deaths that occur in the U.S. annually, less than 3 percent involve chronic HPV-infection-associated cervical or other genital cancers in women and men.[23] For the period from 2003 through 2007, the incidence rate for cervical cancer was 8.1 cases per hundred thousand women per year in the U.S. (versus upwards of forty per hundred thousand in high-incidence countries) and the mortality rate was 2.4 deaths per hundred thousand women per year (compared to fifteen or more per hundred thousand in high-mortality countries).[24] While it may be true that some women who are chronically infected with HPV for many years and who do not promptly identify and treat precancerous cervical lesions may go on to develop cervical cancer and possibly die, it is also important to know that after Pap test screening became a routine part of health care for American women in the 1950s, cervical cancer cases in the U.S. dropped 74 percent—and the CDC recommends continued Pap tests whether women get the HPV vaccine or not.[25]

A study by researchers at the University of Texas looked at HPV vaccination data from 2007–2012. The results showed that young women twenty to twenty-six years of age who received the four-strain Gardasil vaccine were actually more likely than non-HPV-vaccinated women to be infected with high-risk nonvaccine strains of HPV ten years later.[26] The implications of these results are sobering, suggesting that while the vaccine may have reduced infection with the four targeted HPV strains, "other, possibly more pathogenic, HPV viruses moved in to fill the void"; in other words, the vaccine "exposed the girls who took it to greater risk for HPV infection than those that did not take the vaccine."[27]

MISLEADING MARKETING

Since 2017, Merck's Gardasil-9 has taken the place of both Gardasil and Cervarix in the U.S. The CDC currently recommends Gardasil-9 for both females and males ages nine through twenty-six, administered using a two-dose or three-dose schedule and costing an average of two hundred ten dollars per shot. Merck is marketing Gardasil-9 as an "improvement" over Gardasil, claiming it will prevent 80 percent of all vulvar, cervical and anal cancers[28] (up from the 65 percent for Gardasil). Unlike its predecessor, which targeted four strains of HPV, Gardasil-9 targets nine of the more than one hundred fifty known strains of HPV, most of which are harmless. Gardasil-9 also targets genital warts. However, the "new and improved" version of Gardasil is no prize. What Merck does not advertise is the fact that Gardasil-9 contains more than double the toxic aluminum content of the original vaccine and has no fewer reported side effects.

Merck followed its initial *One Less* campaign with its *I Chose* advertising campaign in 2008, which featured a variety of young women explaining why they decided to get vaccinated, ending with one woman explaining that her dreams don't include cervical cancer. Then, a decade after Gardasil's introduction, Merck shifted from *One Less* and *I Chose* to attempts to shame parents into getting their children vaccinated, playing on parents' basic instinct to protect their children. (One could easily label the 2016 campaign as the *Who Knew?* campaign, with both boys and girls asking their parents in the television commercials, "Did you know—Mom, Dad?")

Up until that point, the vaccine had not been heavily promoted to boys and young men, despite FDA approval for males in 2009. All that changed in 2016 when Merck began targeting all eleven- to twelve-year-olds, female or male. Oddly, not until 2018 did a Merck advertisement

even mention how one contracts HPV (through intimate sexual contact). The newest *Versed* ad campaign aims to educate youth by telling them to "get smart about HPV" and get "vocal."

Despite the huge amounts of money spent on HPV vaccine advertising, consumers in the U.S. apparently are not taking the bait. HPV vaccines have had a persistently low adoption rate. According to the CDC, as of 2016, fewer than half of seventeen-year-olds (49.5 percent of girls and 37.5 percent of boys) were up to date with the recommended HPV vaccine series,[29] falling far short of the health agency's 2020 goal for 80 percent of both girls and boys to be HPV-vaccinated.[30]

It's not just U.S. citizens who are getting wise to HPV vaccination dangers. Several countries—including Japan,[31] France[32] and India[33]—have stopped recommending HPV vaccines and/or have filed lawsuits on behalf of HPV-vaccine-injured families. In Japan, Gardasil has become such a scandal that the country's uptake rate is currently under 1 percent.[34] In many European Union (EU) countries, HPV vaccine coverage rates remain "lower than expected," and some EU countries make individuals who want the pricy vaccine pay for it themselves.[35] In Ireland, a group of parents with Gardasil-injured children is formally known as "Regret."[36]

FERTILITY AT RISK

In 2016, concurrent with the "*Who Knew*" campaign, Merck suffered a major blow as the American College of Pediatricians (ACPeds) sounded an alarm by releasing a statement expressing concerns about a potential connection between HPV vaccines and premature ovarian failure (POF) in adolescent girls.[37] Since the licensure of HPV vaccines, reports to VAERS include forty-eight cases of ovarian damage, two hundred fifty-six cases of spontaneous abortion, one hundred seventy-two cases of amenorrhea and one hundred seventy-two cases of irregular menstruation believed to be caused by HPV vaccination in the U.S.[38] That this is cause for concern is supported by a June 2018 study in the *Journal of Toxicology and Environmental Health* that looked at a database of more than eight million American women and found a 25 percent increase in childlessness associated with HPV vaccination.[39] According to data from the CDC, more than 12 percent of American women—one in eight—have trouble conceiving and bearing a child.[40]

Other research has implicated aluminum in fertility problems. Dr. Christopher Exley, an aluminum expert at Keele University in England, examined sixty-two semen samples and found "unequivocal evidence" of high concentrations of aluminum, especially in the semen of men with low sperm counts.[41] Another toxic ingredient found in Merck's Gardasil vaccines is polysorbate 80, which has been associated with a myriad of health problems and has proven to cause ovarian toxicity in rats.[42] Polysorbate 80 was used along with aluminum in some of Merck's bogus "placebo" control groups in prelicensure studies.[38]

EXTENDING THE VACCINE'S REACH

Despite all of the problems with HPV vaccines, U.S. politicians are increasingly trying to mandate HPV vaccines for school admission. In 2007, Governor Rick Perry of Texas signed an executive order that required HPV vaccination for all eleven- to twelve-year-old schoolgirls. Why? The CDC says it's important to vaccinate people before they become sexually active, but perhaps Perry's order had more to do with the fact that his former chief of staff was the leading lobbyist for Merck.[43] Fortunately, the Texas state legislature overturned Perry's order. Even so, Perry launched an unfortunate trend. Today, children in Rhode Island, Virginia and the District of Columbia must be vaccinated against HPV to go to school (unless they take a religious or philosophical exemption), and in California, minors do not need parental consent to get HPV vaccines. In its statement communicating concern about primary ovarian failure, ACPeds expressed opposition to HPV vaccine mandates, saying, "The College is opposed to any legislation which requires HPV vaccination for school attendance."[37]

In fact, mandating any vaccine is unethical—whether for students, parent volunteers, health care workers or any other person—especially because vaccine manufacturers are virtually exempt from liability in the U.S. The National Childhood Vaccine Injury Act (NCVIA) of 1986 made it almost impossible to sue pharmaceutical companies or those who administer vaccines if a person becomes vaccine-injured. Instead, that person must appeal to the government-run National Vaccine Injury Compensation Program (NVICP), which has a terrible reputation for financially compensating those injured or killed by vaccines. That said, the program has paid almost six million dollars to forty-nine Americans after the U.S. Court of Federal Claims found that Gardasil had injured the individuals.[44]

As of June 2018, we have something new to worry about: Merck has received an FDA "priority review" to expand Gardasil to women and men aged twenty-seven to forty-five years.[45] Merck is pushing for expansion to this age group despite the fact that most adults have already been exposed to HPV by those ages. Merck itself writes, "Gardasil-9 has not been demonstrated to provide protection against diseases from vaccine HPV types to which a person has previously been exposed through sexual activity."[46]

THE WORST VACCINE

I've been in the vaccine awareness community for some time now. I've made a movie about the vaccine controversy; I've worked hard to educate people on the risks involved with vaccines; and I've fought against several hundred bad pieces of vaccine legislation over the past three years. In my experience, the HPV vaccine is the worst vaccine on the market. The truth is that HPV vaccines have injured and killed far more children than ever would have gone on to develop HPV-associated cancers without the vaccine.

For many, HPV vaccines are reminiscent of the thalidomide scandal of the 1960s, when doctors prescribed the drug to pregnant women to alleviate morning sickness. Unfortunately, thalidomide caused phocomelia (malformation of the limbs), affecting thousands of children worldwide and often resulting in death.

Dr. Bernard Dalbergue (former physician at Merck) predicted in 2014 that the Gardasil vaccine would become "the greatest medical scandal of all time."[47] Dr. Russell Blaylock likewise has concluded that the harm from HPV vaccines far exceeds any claimed benefits. According to Blaylock, "The general public is woefully unaware of the fact that vitamin B12, folic acid, vitamin C, curcumin (turmeric), quercetin and many other natural nutrients and vitamins naturally prevent HPV and cervical cancer."[22] Attention to health and nutrition can address many of the factors that increase the risk of developing HPV-related cancers, which include smoking; long-term oral contraceptive use; a weakened immune system; co-infection with chlamydia or HIV; poor nutrition; deficiencies of vitamins C and B, carotenes and folate; heavy drinking; and chronic inflammation.

When women face only a 0.6 percent risk of cervical cancer and men face a 0.2 percent risk of rare anal and penile cancers, it seems irrational to continue using a vaccine with so many complications, let alone mandate the vaccine or expand the age groups covered by HPV vaccine recommendations. These vaccines have been plagued by controversy since their inception, causing more injury than any other vaccine in history. Despite an undeniable litany of adverse effects that includes death, the vaccines continue to be administered to millions of people without their fully informed consent. In addition, the HPV vaccines may well be worthless for their stated purpose—their heavy marketing as "cancer prevention" proceeds despite the fact that no long-term studies have ever been done to prove their efficacy. Blaylock says—and I agree—that "the entire vaccine program is based upon nonsense, fear and concocted fairy tales." No amount of Merck's clever advertising will convince me otherwise. Only unbiased, credible science could change my mind, and so far, that kind of science has not been done.

As a documentary filmmaker, Kendall Nelson is actively engaged in directing, producing and distributing media that matters. With over 20 years experience in television and film, Nelson has made a lifelong commitment to bringing about awareness through her work. In addition to making movies, she is an advocate for the causes she cares most about including health freedom, simple living and the real food movement. She is also a proud member and board member of the International Women's Forum (IWF) which works to build better leadership locally and globally.

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Farm and Ranch

IS APEEL APPEALING?

By Stacey Vila

The Apeel products raise many questions about health, nutrient density, farm costs, ease of application, workflow and more.

Instead of local organic produce, imagine your organic fruits and vegetables traveling the world by slow boat and then still looking fresh for an extended time on retail shelves. What could make it possible for fruits and vegetables to double their lifespan at retail or make them transportable for longer times over longer distances even without refrigeration?

Apeel Sciences, based out of California and partnered with the Bill & Melinda Gates Foundation, has developed an edible film coating barrier that stops produce from losing moisture, thereby slowing down visual spoilage. The tasteless, odorless and colorless edible coating, meant for both organic and conventional crops, is procured from already processed or leftover-after-harvest plant-derived materials such as peels, seeds, pulp and stems from fruits and vegetables. The company then extracts and processes lipids and glycerolipids to create the Apeel barriers.

PRODUCTS AND LAUNCH

Apeel Sciences currently offers two different products for application to crops at various points in the growing and harvesting cycle. The first product, Invisipeel, can be applied by growers to crops in the field. Second, growers can apply Edipeel after harvest. With Edipeel, the growers wait until crops are ripe before harvesting them and then place them on conveyor belts to spray or simply dip them into the Apeel solution, which solidifies around the fruit or vegetable, forming a barrier. Edipeel already has approval from the U.S. Food and Drug Administration (FDA) as "generally recognized as safe" (GRAS). The two products will be marketed as preserving agents (keeping the outward appearance of freshness of the fruit or vegetable), as pesticides (creating a physical barrier for pests) or even as fungicides (such as preventing the anthracnose fungus from shriveling up avocados).[1-3]

Apeel Sciences launched commercially in 2018 and is looking for market food growers to use its products. Having already conducted successful trials in Africa on cassava roots, which decay rapidly after harvest, the small company is looking to grow, beginning with shipped imports that will slowly transport Apeel-coated crops intended for sale at local conventional and organic markets. The Apeel label will soon appear on U.S. produce.

MANY QUESTIONS

Notwithstanding the procurement of FDA approval, there is a possibility that Apeel's products and ingredients will meet with controversy in some sectors. In fact, the products raise many questions about health, nutrient density, farm costs, ease of application and workflow.

For example, which chemicals does the company use to extract the lipids and glycerolipids from leftover plant-derived materials? From where does the company obtain the leftover, already-processed plant materials that it uses, and what is the quality of these plant materials? Which chemicals may have already been used on the plant materials themselves that would then be present in Apeel solutions intended for use on organic foods? What is the solidification process? Will the materials always come from the same sources (and from only organic materials), or will the source materials change over time?

Concerning the question of whether all the ingredients intended for organic crops are themselves organic, *The New York Times* reported in late 2016 that, "So far, the products are derived *primarily* from the remains of produce

that has been certified organic, like grape skins left over from wine production and stems left behind after broccoli is harvested" [emphasis added]—but "primarily" does not mean one hundred percent organic. Organic labeling standards allow a box or container of food to state that it is "made with organic ingredients" if it contains just 70 percent organically produced ingredients.[4]

An additional question is whether consumers in a traditional organic market will even want the Apeel film coating on their produce. In other words, does Apeel have a place in the organic marketplace? Informed consumers have long understood that the best way of getting high-nutrient-density fruits and vegetables is to consume in-season produce that is locally grown and organic or biodynamic. This allows them to inspect their produce visually and use appearance as a proxy indicator for gauging freshness and nutrient density. Because Apeel's barrier coating halts the visual decay of fruits and vegetables (an otherwise natural post-harvest occurrence), it will prevent consumers from knowing how long ago the produce was harvested and, therefore, will make it difficult to make inferences about nutrient density. It also may prove more difficult to ascertain where Apeel-coated produce comes from. The net result is that the customer may be faced with more foods of uncertain nutritional quality that have traveled long distances.

AND MORE QUESTIONS

Apeel Sciences' products present a range of economic, international and regulatory concerns. Consider the Codex Alimentarius international food standards and the other international regulations that control world food markets. Food already travels around the world via Codex. For example, chickens are shipped to China for bleaching and then come back to the U.S. marketplace for sale.[5] What will happen to apple growers in the U.S. when Apeel-coated apples start pouring in from China? Far-away economies may get a boost from Apeel, but local farmers risk going out of business while consumers are left with less nutritious and lower-quality foods.

Consumers may wish to ask themselves some hard questions about Apeel and similar technologies, including whether the products represent an attempt to move U.S. consumers away from local organic foods. Do Apeel products belong on organic and biodynamic foods? Do we want to take the risk of finding out? Do our foods need to be traveling on boats for months at a time before sitting on shelves even longer? And what about the nutritional value of our foods? Will it be affected by Apeel and does that matter to us? Is Apeel's "second skin" even appealing?

Ultimately, the arrival of Apeel in the marketplace can serve to remind us of the many reasons to eat local, traditional, organic, biodynamic and chemical-free foods. It is important to keep asking questions about the foods we eat, and to let Weston A. Price Foundation (WAPF) chapter leaders, food club coordinators, farmers, grocery stores, food markets, friends and family know that we do not want more chemical applications on food. Fortunately, the WAPF Shopping Guide lists companies and farms that prioritize the highest-quality and most nutrient-dense foods. As they say, let's vote with our dollars.

The net result is that the customer may be faced with more foods of uncertain nutritional quality that have traveled long distances.

It is the author's sincere desire that the information in this article help keep our food quality at the highest level it can be. The author is very grateful to WAPF for taking her concerns about Apeel seriously. Despite numerous attempts to contact Apeel Sciences, the company had not made any reply as of mid-June, 2018.

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Legislative Updates

A TALE OF TWO FOOD SYSTEMS

By Pete Kennedy, Esq.

The International Association of Food Protection (IAFP) held its annual meeting July 8-11, 2018, at the Salt Palace Convention Center in Salt Lake City, Utah. The event is the world's largest food safety conference. The IAFP meeting is where food safety professionals meet to discuss pathogens in food and ways to prevent and respond to the problems those pathogens cause.

The meeting is an incubator for the one-size-fits-all food safety laws that make it more difficult for small farmers and artisan food producers to make a living. Most of the crowd at the meeting does not distinguish between the industrial food system and the local food system. The regulations the conference sets in motion are geared for industrial food production and distribution and should apply to all food production and distribution in the eyes of the majority of attendees.

Food safety is a growth industry. Globalization and deteriorating quality in the industrial food system are drivers. Over 3,500 attended this year's meeting. The FDA and USDA both sent dozens of personnel to Salt Lake City. State regulatory agencies, academia (students and faculty) and big business were all well represented at this year's meeting. Cargill, Merck Animal Health, Smithfield, Kroger, the Grocery Manufacturers Association and Walmart were all sponsors of the event.

Food safety is about the prevention of or response to cases of acute illness; there was little mention at the meeting about nutritious or nutrient-dense food and its role in the prevention of chronic disease.

A topic those at the meeting frequently discussed was the complexity of long supply chains starting with the manufacturers of ingredients used by the food producer and continuing through various phases of distribution leading to the purchase of the food by the final consumer. The talk was about difficulties in traceability and ensuring safe food along the supply chain. An antidote to this problem would be to facilitate the local production and distribution of food with its short, direct supply chain, and high level of traceability but that was a solution that was seldom, if at all, brought up at the meeting.

Presentations at the meeting included talks on recent outbreaks, developments in testing for pathogens, and various food safety processes such as HACCP. At the same time the presentations are taking place, there is a trade show where vendors showcase, among other things, the latest products for testing and sanitation measures. Also present in the same location as the trade show are posters (written summaries) of studies related to food safety that are displayed for viewing by meeting attendees. Individuals who worked on the studies are present to answer questions.

Some takeaways from the meeting:

- The FDA's longtime plan to extend the aging requirement for raw cheese from 60 days to 90 days is alive and well. Part of the evidence for the latest push on this 90-day requirement is an FDA study on how raw gouda cheese inoculated with listeria still contained listeria after 90 days. The FDA scientists who spoke on the study at the meeting acknowledged that the raw milk used in the experiment was intended for pasteurization not direct consumption–a continuation of the agency's refusal to recognize that raw milk for the pasteurizer and raw milk for the consumer are two different products. Two food safety professionals contacted at the meeting

Two food safety professionals contacted at the meeting said privately that listeria was a bigger health threat in pasteurized cheese than it was in raw cheese.

said privately that listeria was a bigger health threat in pasteurized cheese than it was in raw cheese. Regardless, those at the meeting overwhelmingly favor the "kill step" of pasteurization for all dairy products and for other foods.

- A high-ranking USDA official disclosed that the Office of Investigation, Enforcement and Audit (OIEA), a division of the USDA's Food Safety Inspection Service (FSIS), has undertaken an initiative to increase inspections of small and very small plants (e.g., slaughterhouses and processing facilities); there is evidence that this initiative includes inspecting small food buyers clubs selling meat to their members. The question is why? As of 2016 there were only 150 OIEA inspectors in the whole country. Few, if any, food safety problems have been attributed to small and very small plants much less to small private food buyers clubs. Wouldn't it be a more productive use of resources to have the OIEA personnel increase oversight for imported meat and large USDA facilities slaughtering 300-400 cattle an hour—where there are many more food safety problems?

- A high-ranking FDA official spoke about the proposed merger of food regulation between the USDA and FDA with the former taking over all food regulation. The official said it could be a long process but did not dismiss the merger. The merger would likely be an improvement over the current situation; FDA policies on positive bacteria test results are stricter than either the USDA or European Union countries and lead to more cases of quality, safe food winding up in a landfill.

- One of the featured speakers at the meeting supported the universal adoption of the FDA Food Code, a burdensome regulatory scheme whose cost of compliance is difficult to afford for many small farmers and local artisans producing nutrient-dense food. The late Sue Wallis, the legislator who initially introduced the Wyoming Food Freedom Act, indicated that the main reason she introduced the legislation was to get local food producers selling direct-to-consumers as far away from the requirements of the Food Code as possible. Since 2015 four states—Wyoming, North Dakota, Utah and Maine—have passed food freedom legislation allowing for the unregulated sale of food direct to consumers. As far as is known not a single foodborne

Few, if any, food safety problems have been attributed to small and very small plants much less to small private food buyers clubs.

U.S. HEALTH FREEDOM CONGRESS

Pete Kennedy (back row, second from right) represents WAPF at the U.S. Health Freedom Congress in St. Paul, Minnesota. He stands next to WAPF general council, Jim Turner (back, first from right). Betsy Lehrfeld, who represents WAPF on business and tax matters, stands in front of Jim Turner. The congress afforded a good opportunity for Pete, Jim and Betsy to discuss plans on making raw butter legal in all states.

illness outbreak has been attributed to a producer operating under these laws in any of the four states.

- Bill Marler, regarded by many as the leading foodborne illness personal injury lawyer in the country, acknowledged that in his 25 years of experience he could not recall having a single client sickened by food purchased at a farmers market.

- There was lots of discussion at the meeting about the recent outbreak attributed to the consumption of romaine lettuce where 5 people died and over 200 became ill. It turns out that the plant which processed the lettuce was subject to the requirements of the Food Safety Modernization Act (FSMA). Excessive regulation from FSMA doesn't necessarily mean greater food safety but can mean a decline in food safety with small and midsize producers going out of business due to being unable to afford the cost of compliance.

- Out of 50 states, 46 have signed cooperative agreements with the FDA, receiving federal grant money in return for carrying out inspections to enforce FSMA's federal produce safety. An attendee at the conference from a state public health department related how her department ran out of the federal money in carrying out a cooperative agreement with the FDA and had to tap into a state general fund to get more money to finish carrying out the agreement. This is not uncommon. State agencies signing cooperative agreements with FDA should have a clause in the agreement that they do not have to carry out any further duties under it if the federal money runs out.

- Most of the presentations and posters at the meeting had to do with industrial food but there were at least a couple exceptions that were favorable to local food. A USDA scientist did a presentation on pastured poultry reporting among other things that poultry fed a soy-free diet had substantially less campylobacter in their systems. There was a poster on the quality of raw milk for retail sale in Maine reporting on the low incidence of illness attributed to raw milk consumption in that state.

- The atmosphere at the meeting was friendly, a good one for engaging attendees on why locally-produced food should not be regulated the same way as industrial food. Most of those attending are trained to think that there is only one food system. One individual who worked on a poster supporting more regulation of cottage food producers was asked if she was aware of any cases of foodborne illness attributed to the consumption of cottage foods. She said no but then added that it was because cottage foods weren't traceable. In general, there are hardly any foods that are more traceable than cottage foods.

Most cases of foodborne illness are caused by industrial food; this is true even when factoring in the market share industrial food has compared to local food. Unregulated local food producers have plenty of incentive to produce safe food: their families consume the same food they are selling, one recall or one case of foodborne illness can put them out of business. Food safety regulators like dealing with short supply chains and a high degree of traceability; local food producers—regulated or no—satisfy both of these parameters.

When you also factor in the amount of chronic illness the local food and industrial food systems are responsible for, there is no question the local food system is responsible for fewer cases of chronic illness even when the market share of the two systems is accounted for. Take a survey on the demand those who obtain a majority of their food from the local system make for services on the medical system versus those who obtain a majority of their food from the industrial system. Policymakers should take both acute and chronic illness into consideration when crafting food regulations and legislation. The more local food producers there are the less demand there will be on the medical system for services; food freedom laws lead to more local producers.

The IAFP meeting is a place where ideas for food safety legislation are first introduced. It can also be the place where the effort begins to convince regulators that there are two food systems and that one-size-fits-all food safety regulation doesn't work.

Food safety professionals have done a great job improving safety in areas of the industrial food system; often when dealing with multiple producers/distributors and multiple countries in an investigation—thankless work. Laws and policies contributing to an increase in local food production would make their jobs easier.

Pete Kennedy is a Florida attorney who has worked on issues governing raw milk production and distribution since 2004. He compiled a summary of raw milk laws in each of the fifty states and is currently a consultant for WAPF on, among other things, policies and laws regarding raw milk.

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RAW MILK UPDATES by Pete Kennedy, Esq.

SPAIN – RAW COW MILK SALES NOW LEGAL IN CATALONIA

On July 19 the government in the Catalonia region of Spain made the decision to allow the direct sale of raw cow milk from producers to consumers, ending a twenty-eight-year ban on such sales.[1] According to the online publication, *Food Safety News*, "sales can be on the producing farm, in a vending machine or at a retail establishment,"[2] not elaborating on whether the famer must have an ownership interest in the retail establishment that is selling the raw milk.

Until the announcement of the Catalonian government, Spain's health ministry had been working towards issuing a decree legalizing raw cow milk sales in the rest of the country but due to protests from critics of raw milk, the new Socialist government in Spain has decided to suspend any move on raw milk sales until it has conducted a "full analysis of the issue…."[1] Spain banned raw milk sales nationwide in 1990; Catalonia has autonomy in food safety matters so the region can legalize raw milk sales regardless of what the national government does. Spain's UPA, the Union of Small Farmers and Cattle Ranchers, has asked for nationwide legalization.[3]

The Catalonian regulations contain a labeling requirement that the raw milk be labeled with an expiration date of no more than seventy-two hours after milking. Those dairy farmers wanting to sell raw milk must notify the local government agency with jurisdiction over livestock operations before beginning sales. The dairies are required to have a written program for the prevention and control of mastitis as well as a HACCP (Hazard Analysis and Critical Control Points) plan.[2]

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MASSACHUSETTS – GOVERNOR AMENDS BILL PROVISIONS EXPANDING RAW MILK ACCESS

On August 9 Governor Charles Baker amended a provision in an appropriations bill that would have expanded raw milk access for consumers and better enabled raw milk producers to make a living. Currently only the licensed on-farm sale of raw milk is legal; House Bill 4835 (H.4835) would have allowed licensed raw milk farmers to:

- Deliver raw milk directly to a consumer, off-site from the farm if the raw milk farmer has a direct contractual relationship with the consumer;
- Contract with a third party for the delivery of raw milk off the farm to a consumer;
- Deliver raw milk through a CSA (community-supported agriculture) delivery system;
- make deliveries to the consumer's residence or to a pre-established receiving site so long as the site was not in a "retail setting." Raw milk producers, however, could make deliveries in a retail setting through a CSA delivery system provided that the raw milk met the stipulation that it "shall be kept separate from retail items for sale and shall not be accessible to the public."
- Sell raw milk from the farmer's farm stand even if the stand is "not contiguous" to the farmer's raw milk dairy. Current law requires the farm stand to be on the same property where the raw milk dairy is located.

H.4835 had a labeling requirement for raw milk being sold or delivered to consumers off-farm and the bill gave the state department of agricultural resources and the state Department of Public Health joint responsibility to issue regulations governing the handling, packaging, storage and testing and transportation of raw milk.[1]

The amendment Governor Baker sent back to the legislature for consideration as House Bill 4884 (H.4884) mentioned none of the benefits of H.4835 except for the sale of raw milk at a farm stand off-site from the dairy farm.

H.4884 states, in part, that "the commissioner of public health, shall, … adopt and promulgate rules and regulations to reduce the risk of milk-borne illness associated with the consumption of unpasteurized milk that is sold off-site of the farm at which such milk was produced. Such rules dna regulations may include, but shall not be limited to, the sanitary and operational standards for the transportation, reeiving, handling, storage, processing, packaging, labeling and sale of milk intended for human consumption prior to pasteurization. … Such regulations shall allow the sale of milk intended for human consumption prior to pasteurization at a farm stand owned or

operated by the producer of said milk that is not on the site of the farm at which the milk was produced."

Given the bias of the public health department against raw milk, it's unlikely that any of the other benefits provided in H.4835 would be included in a regulation. H.4884 also requires raw milk producers selling at an off-site farm stand to obtain an additional license from the Department of Public Health.[2]

Governor Baker based his authority to amend the raw milk section of H.4835 on a provision in the Massachusetts Constitution that states, in part, "the governor may disapprove or reduce items or parts of items in any bill appropriating money. . . . As to each item disapproved or reduced, he shall transmit to the house in which the bill originated his reason for such disapproval or reduction, and the procedure shall then be the same as in the case of a bill disapproved as a whole."[3]

There is nothing in the state constitution that says that the governor can amend a bill, but the way the executive branch of government has gotten out of control these days at both the federal and state levels in exceeding its powers with little resistance from either the legislative or judicial branch, there's little reason to believe Governor Baker won't get away with his violation of the Massachusetts Constitution.

Even if H.4884 is lawful, it's a poor decision from a policy standpoint. The state's licensed raw milk producers have an excellent track record of safety with few, if any, foodborne illness outbreaks attributed to the consumption of raw milk in Massachusetts. H.4835 was a way to help raw milk producers—at little or no risk to the public—which is especially important given the current crisis the dairy industry is in today. In 1997 there were three hundred fifty-three dairy farms in Massachusetts; at the end of 2017, there were one hundred thirty-five.[4]

Instead of helping Massachusetts dairy farmers the way he had a chance to, Governor Bake bought into the fear-mongering on the "dangers" of raw milk fed him by his Department of Public Health. The nanny administrative state marches on.

H.4884 has been referred to the House Ways and Means Committee.

1. Massachusetts House Bill H.4835, accessible at https://malegislature.gov/Bills/190/H4835
2. Massachusetts House Bill H.4884, accessible at https://malegislature.gov/Bills/190/H4884
3. Massachusetts Constitution, Article LXIII, Section 5.
4. Thomas Farragher, "The demise of a Massachusetts dairy farm", The Boston Globe, 23 January 2018. Last viewed 9/10/18 at https://www.bostonglobe.com/metro/2018/01/23/the-demise-massachusetts-dairy-farm/G0tyAng0VJ9Ovy8nVvjrZK/story.html

VIRGINIA – VDACS POLICY ON HERDSHARES

After two consecutive legislative sessions in which unsuccessful efforts were made that would have either banned or severely restricted herd share agreements, the Virginia Department of Agriculture and Consumer Services (VDACS) has clarified its policy on herd shares. In an email to the Farm-to-Consumer Legal Defense Fund (FTCLDF), an official stated, "The agency has currently taken a hands off approach to herd shares as long as there is a legitimate contractual relationship conveying ownership between the consuming individual and the animal/herd. Value added products such as yogurt, etc. (again in the context of a contractual relationship…) are still on the table and I'm not sure where we are going with that but the agency is not taking any action regarding those types of products at this time."

VDACS has long had a hands-off policy towards regulating herd share agreements but there have been reports of agency inspectors telling farmers that herd share agreements are illegal. Having a statement in writing from VDACS should help increase the sizable number of herd share programs in the state that already exist. The position of the Virginia Independent Consumers and Farmers Association (VICFA) and its members has always been that the state has no jurisdiction over property rights in dairy livestock acquired through private contract, but there are others who were more hesitant to enter into herd share agreements without something in writing from VDACS on herd shares; they now have it.

Herd share programs are at the heart of Virginia's local food system; the written statement of policy from VDACS should only strengthen that.

Healthy Baby Gallery

Violet Ava (pictured at four months old) experienced a water birth at a birth center in March, 2018. She is a very happy and vocal little girl and is always eager to explore her surroundings. When she was born, people commented on how alert she was for a newborn. The first time she met her pediatrician, he marveled at what nice bone structure she had in her face. Daddy and Mommy started following the Wise Traditions preconception diet, rich in pastured eggs and meats, cod liver oil, raw dairy and bone broth, for over a year before Violet's conception and continued this diet throughout the pregnancy. Violet wears cloth diapers and enjoys an exclusive breastmilk diet even though Mommy is now back to work full-time. Violet looks forward to adding egg yolks, raw liver and fruits and veggies to the list in a few more months!

Even at birth, Cyrus Everett exhibited very wide facial structure, before he had eaten anything, hard or soft (see book review, page 87)! His mom ate a lot of soft foods like eggs, bone broth, liver paté, cheese and smoked salmon, and took cod liver oil both before and during pregnancy. Cyrus was born by natural childbirth and is fully breastfed, weighing over fourteen pounds at two months!

The parents of healthy Wise Traditions babies Agatha (age four) and Noel (fourteen months) have been following the principles advocated by the Weston A. Price Foundation for years, but worked especially hard to follow the GAPS protocol for these two little ones. Their first foods were broth, egg yolks and raw milk. They have never been vaccinated and are well spaced. Agatha and Noel are the family's eighth and ninth children, and their mom was thirty-two and thirty-five, respectively, when they were born. Although both are c-section babies, they have always been healthy and breastfed.

Please send your healthy baby photos and text to journal@westonaprice.org.

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DC CHAPTER EVENT

The DC chapter hosted an event on August 18th called "The Nourished Life." Over one hundred folks came to hear Sally Fallon Morell's talk on the Wise Traditions diet and a panel of local farmers about how to best nourish ourselves. The day included a farm-fresh meal with donations from local businesses and farms, including Fields of Athenry! It was a tremendous success.

Farm panel (left to right): Sally Fallon Morell (PA Bowen Farmstead); Francois and Shanna Tiayon (Black Suburban Homestead); Nora Crist (Clark's Farm); Elaine Bowland (Fields of Athenry); with panel moderator, chapter leader and podcast host, Hilda Labrada Gore.

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SAN DIEGO/ENCINITAS CHAPTER

The Wise Traditions podcast hit the road this summer with several stops in California! At one live podcast, the conversation focused on the "Lunch Lady" movement that Hilary Boynton has initiated to interrupt the cycle of chronic disease for the next generation. Hilary will be a speaker at Wise Traditions 2018.

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MALIBU: At the beautiful Hersel Family Farm, in partnership with Slow Food Ventura County, Slow Food's Charles Barth introduces the live podcast with Hilary Boynton.

PASADENA: The Pasadena chapter celebrated its one hundredth meeting (eight years of monthly meetings) on August 31st. Fittingly, over one hundred people enjoyed music, food and a live podcast interview with Mark McAfee of Organic Pastures Dairy.

Photo credit: Sara Lauder

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LOCAL CHAPTER BASIC REQUIREMENTS

1. Create a food resource list of organic or biodynamic produce, milk products from pasture-fed livestock (preferably raw), pasture-fed eggs and livestock and properly produced whole foods in your area.
2. Provide a contact phone number to be listed on the website and in our quarterly magazine.
3. Provide Weston A. Price Foundation materials to inquirers, and make available as appropriate in local health food stores, libraries and service organizations and to health care practitioners.
4. Provide a yearly report of your local chapter activities.
5. Be a member in good standing of the Weston A. Price Foundation.
6. Sign a contract on the use of the Weston A. Price Foundation name and trademark.

OPTIONAL ACTIVITIES

1. Maintain a list of local health care practitioners who support the Foundation's teachings regarding diet and health.
2. Represent the Foundation at local conferences and fairs.
3. Organize social gatherings, such as support groups and pot luck dinners, to present the Weston A. Price Foundation philosophy and materials.
4. Present seminars, workshops and/or cooking classes featuring speakers from the Weston A. Price Foundation, or local speakers who support the Foundation's goals and philosophy.
5. Represent the Weston A. Price Foundation philosophy and goals to local media, governments and lawmakers.
6. Lobby for the elimination of laws that restrict access to locally produced and processed food (such as pasteurization laws) or that limit health freedoms in any way.
7. Publish a simple newsletter containing information and announcements for local chapter members.
8. Work with schools to provide curriculum materials and training for classes in physical education, human development and home economics.
9. Help the Foundation find outlets for the sale of its quarterly magazine.

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The Weston A. Price Foundation currently has 426 local chapters:
337 serve every state in the U.S. plus the District of Columbia, Puerto Rico
and 89 serve 27 other countries.

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CHAPTER RESOURCES

Resources for chapter leaders can be accessed at westonaprice.org/local-chapters/chapter-resources, including our trifold brochures in Word format, chapter handbook and PowerPoint presentations.

LOCAL CHAPTER LIST SERVE

Thank you to Maureen Diaz, a chapter leader in Virginia, for administering the local chapter chat group. New chapter leaders can sign up at http://groups.yahoo.com/group/wapfchapterleaders/.

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Edmonton: Lori Clapp & Eva Niven (780) 417-3952, nourishingtraditions@gmail.com
Peace Country: Mary Lundgard (780) 338-2934, plundgard@telus.net or Levke Eggers (780) 568-3805, levke@telusplanet.net
BC Burnaby-New West: Marianne Lightfoot (604) 420-6185, maryan24@telus.net
Chilliwack: Anna Bonde (604) 819-4101, anna_mvm@telus.net
Duncan: Andrea Larsen (778) 422-2286, nutrition_matters@hotmail.com
Powell River: Dirk & Ingrid De Villiers (604) 489-0046, dirkdevilliers@telus.net
Qualicum Beach: Hilary Detwiller (250) 937-9010, hilarydetwiller@icloud.com
Vancouver: Sonya McLeod (604) 677-7742, LMhomeopath@gmail.com, groups.yahoo.com/neo/groups/WAPFVancouver/info, chapters.westonaprice.org/vancouverbc/, facebook.com/westonapricefoundationvancouverbcchapter/
Victoria: Linda Morken (250) 642-3624, wapf.victoria.bc@shaw.ca, facebook.com/wapfvancouverislandchapter, facebook.com/groups/wapf.victoria.bc/, alternativeboomerlegacy.com/

CRANBOURNE CHAPTER, AUSTRALIA

The Cranbourne chapter in Melbourne hosted a get-together to watch a short play written by a member about the chapter's ongoing struggle to access raw milk in their state. Chapter members also discussed next steps, enjoyed a potluck nutrient-dense afternoon tea and chatted and made new friends.

International Chapters

MB Winnipeg: Kenny Keating & Sarah Popovitch (204) 990-7711, keating7711@gmail.com
NS Annapolis Valley: Shirley Scharfe (902) 847-1736, glscharfe@eastlink.ca
ON Grey-Bruce: Elisa Vander Hout (519) 369-3578, glencoltonfarm@gmail.com
Hamilton: Ken & Claire Dam (905) 580-1319, kenandclaire@gmail.com
Kingston: Sue Clinton (613) 888-1389, sue@clintondentistry.com, & Bob Clinton, DDS, (613) 376-6652, Robert@clintondentistry.com, wapfkingston.org
Kitchener, Waterloo, Cambridge: Ulymar Rocha (519) 579-1747, info@therockspa.com
Prince Edward County: Karen Selick & Herb Cooper (613) 393-5320, kas@karenselick.com
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IRAN
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NEW ZEALAND
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International Chapters

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Tauranga: Natashia Lucas 02 1047 1501, nlucas@mykolab.ch
Wellington: Ian Gregson 64 04 934 6366 wapf@frot.co.nz & Deb Gully (04) 934 6366, deb@frot.co.nz, wapfwellington.org.nz
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Porto: Hugo Dunkel Matos Couto e Neiva 00 351 914338761, hugo.dunkel.porto.wapf@gmail.com

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Wise Traditions London, Festival for Traditional Nutrition Phil Ridley, westonaprice.london@gmail.com, westonaprice.org/london, meetup.com/westonaprice-london
Nottingham, East Midlands: Jessica Taylor 0044 79 8046 2874, clairebackhouse78@gmail.com
Surrey and Hampshire: Diana Boskma 44 1252 510 935, dboskma@gmail.com, https://www.facebook.com/groups/336421596766813/

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CO
Meadow Maid Foods, 100% grass-fed, grass-finished beef. On pasture year-round at the family ranch in WY. Production practices detailed on our website. Custom beef, Farmers markets, and food co-op in Fort Collins. meadowmaidfoods.com, (307) 534-2289.

Rafter W Ranch, Simla, CO. A family-owned ranch, practicing regenerative agriculture, bringing you nutrient-dense food. Our animals are **100% certified American Grass-fed**. Our beef is 30-day dry-aged. We also offer pasture-raised lamb and broiler chickens. Bones, offal (liver, tongue, oxtail, kidney, cheek, heart) and other choice cuts available. Bulk and piece orders. Pick-up locations along the Front Range and **NOW** shipping in CO. 719-541-1002 www.rafterwranch.net

FL
Pineshine Farms – We raise grass-fed, grass-finished beef and pasture raised chicken and eggs! Our animals are free from vaccines, antibiotics and hormones. We offer **national shipping** and local pick-up. Please visit our website www.pine shinefarms.com or send a note to info@pineshinefarms.com.

IN
100% grass-fed raw butter, cheese, and other dairy products, **will ship.** Also available in Indiana only: 100% grass-fed beef, veal and whey/skim fed pork. Check out our online store for other local products available at https://thefarmconnection.grazecart.com. Alan & Mary Yegerlehner, Clay City, Indiana (812) 939-3027.

Spring River Dairy (Fry Farms Co-op) has raw milk and milk products including 5 raw milk cheeses from healthy Jersey cows grazed on organically managed pasture and hay. Available to herd-share members. Delivery to Fort Wayne and Columbia City. Fry Farms Co-op (260) 704-0132.

MA
Many Hands Organic Farm in Barre, MA. All products certified organic and free range. Lard, pork, chicken and beef stocks, pork, chicken, turkey and 26 weeks of CSA. No till, nutrient dense. www.mhof.net; (978) 355-2853; farm@mhof.net.

MD
100% soy-free chicken, eggs, pork and beef. Chicken livers, chicken feet and heads. Bacon and sausage. Raw pet milk. Raw milk blue and cheddar cheese by cheesemaker Sally Fallon Morell. **Will ship** whole cheese wheels. Southern Maryland, within 1 hour of downtown Annapolis and Washington, DC. Saturday farm tours. Store open Thursday to Saturday 10-6 or by appointment. P. A. Bowen Farmstead, 15701 Doctor Bowen Road, Brandywine, MD. (301) 579-2727, pabowenfarmstead.com.

Nick's Organic Farm. Grass-fed beef (no grain ever), free range eggs, pastured chicken and turkey. Liver, organ meats, and bones. Organic poultry feed. Pick up in Potomac or Buckeystown. Our livestock are rotated to fresh pastures on our fertile organic soils and receive organic feed, no hormones, antibiotics, or animal parts. We raise our cows 100% grass-fed. We raise our hay, raise and grind our own grain into poultry feed and process our poultry. Quality organic products since 1979. (301) 983-2167, nicksorganicfarm@comcast.net, nicksorganicfarm.com.

MI
Creswick Farms. Dedicated to raising healthy, happy animals—lovingly cared for just as Mother Nature intended—which provide high-energy, nutritious and delicious food sources for health-conscious individuals. No antibiotics, steroids or GMOs ever fed to our animals! (616) 837-9226, CreswickFarms.com.

Pastured Pork, Chicken, Beef and Lamb sold from farm or delivered monthly to your home from Grand Rapids to Cadillac; Muskegon to Mt Pleasant. No GMOs, no soy and no chemicals. Come visit the farm! Provision Family Farms, White Cloud. (231) 689-0457, provisionfamilyfarms@gmail.com, www.provisionfamilyfarms.com/shop-the-farm.html.

MN
Farm On Wheels offers animals raised green grass-fed & certified organic. Nutrient-dense beef, lamb, chicken, eggs, turkey, goose, duck, and pork, No corn or soy. Farmers Market year around in St. Paul, Prior Lake, Northfield. Linda (507) 789-6679, farmonwheels.net, farm_on_wheels@live.com.

MO
Fruitful Hills. Grass-fed raw milk, cheese, butter, etc. Raw goat's milk. Pastured pork, chicken, turkey and eggs. Grass-fed beef. Local raw honey. Fermented veggies. Our summer and winter CSA offers fresh organically raised vegetables. Dropsites in select areas. (660) 938-4291.

NY
Raw milk, cheese, butter, etc. from 100% grass-fed Jersey cows. 100% grass-fed beef and lamb. Pastured pork, chicken and turkey (soy-free options available). Fermented veggies and more! Have dropsites in select areas or **can ship**. Call for details. Pleasant Pastures (717) 768-3437.

Dutch Meadows brings you the finest in high quality grass-fed meats and organic dairy products, raised in harmony with the land. Order online and choose from hundreds of farm products, **WE SHIP.** Convenient pick-up locations in NYC. (717) 442-9208 info@dutchmeadowsfarm.com – www.DutchMeadowsFarm.com.

MYS-permitted raw milk on Long Island, from grass-fed pastured Jersey cows. Visitors welcome. 5793 Sound Ave, Riverhead, NY 11901. (631) 722-4241.

OH
Heritage Devon beef, 100% grass-fed, no antibiotics, no growth hormones. Selling full cow, 1/2 cow or individual cuts from my ranch in St. Leon, Indiana (5 miles off I-74) or at "Lettuce Eat Well Farmers Market" in Cheviot, Ohio (western suburb of Cincinnati, OH – www.lewfm.org) first Friday of every month. Also pastured pork, 100% antibiotic free, fed minimum amount of non-GMO grain, 100% outdoors on pasture and woods. Pigs use small huts for shelter and farrowing. All meats USDA inspected. To see how we raise our beef and pork plus important health links visit our website www.abundantgreen-pastures.com. For more information call Mike at (812) 637-3090.

Soaptown Poultry. Fresh eggs from chickens pastured on high omega-3 forage, supplemented with organic, non-GMO, soy-free feed (including kelp and probiotics). The richest yolks you have ever seen. Raised responsibly in Lordstown, Ohio (halfway between Cleveland and Pittsburgh). (330) 550-9745.

Sugartree Ridge Grassfed Herdshare/PMA, located 60 miles east of Cincinnati in Highland County. We deliver 100% grass-fed milk, optional A2-A2 milk and many other products to twelve delivery sites in Cincinnati. Farm and contact address is: 6851 Fair Ridge Road, Hillsboro, OH 45133-9548.

OR
Grass-based biodynamic raw milk dairy offering Jersey Hi-creamline milk, cream, golden butter, cottage cheese and aged cheeses. Soy-free veal and pork seasonally. On farm sales and membership club. **Can ship.** Sherry and Walt (541) 267-0699.

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PA

Dutch Meadows brings you the finest in high quality grass-fed meats and organic dairy products, raised in harmony with the land. Order online and choose from hundreds of farm products, **WE SHIP.** Visit our farm store. 694 Country Lane Paradise, PA. (717) 442-9208 info@dutchmeadows farm.com – www.DutchMeadowsFarm.com.

RAW CHEESES made from milk from our herd of 100% grass-fed cows on our organically managed farms. Prices start at $5.25/lb. **WE SHIP.** Oberholtzer at Hilltop Meadow Farm. (570) 345-3305.

Thousand Hills Grazing (in Central PA) is taking orders for nutrient dense pastured poultry (soy free and non-GMO) and grass-fed beef moved daily to fresh pasture. Contact Cassie Seppanen at (717) 636-0299 or visit bcseppanen.wixsite.com/thousandhills grazing for more information.

Raw milk cheese from our grass-fed Jerseys, made on our family farm with Celtic sea salt. No grain feed. Also grass-fed beef and pastured chickens, turkeys and eggs. All soy-free, no hormones or synthetics. On-farm sales, **will ship cheese**. Wil-Ar Farm, Newville, PA (717) 776-6552.

VA

Salatin family's Polyface Farm has salad bar beef, pigaerator pork, pastured chickens, turkeys and eggs, and forage-based rabbits. Near Staunton. Some delivery available. Call (540) 885-3590 or (540) 887-8194.

Raw milk, cheese, butter, etc. from 100% grass-fed Jersey cows. 100% grass-fed beef and lamb. Pastured pork, chicken and turkey (soy-free options available). Fermented veggies and more! Have dropsites in select areas or **can ship**. Call for details. Pleasant Pastures (717) 768-3437.

WY

Diamond S Ranch specializes in raw A2 milk from our 100% grassfed Jersey & Brown Swiss cows. Also offers grassfed beef, free range eggs, kombucha, sourdough bread, fermented veggies & more. For more information and check what's available at diamondsretreat.com. Wyoming delivery (307) 272-5334, text only.

Meadow Maid Foods, 100% grass-fed, grass-finished beef. On pasture year-round at the family ranch in Goshen County. Production practices detailed on our website. Custom beef, Cheyenne farmers markets and local delivery. (307) 534-2289, meadowmaidfoods.com!

HEALTHY PRODUCTS

FLUORIDE FREE AMERICA Mission: Enhancing communication between individuals and organizations to exchange information and create strategies to end water fluoridation. facebook.com/waterliberty * Twitter.com/FluorideFreeAmerica/waterliberty * 70% of Americans are fluoridated. JOIN IN THE EFFORT TO END FLUORIDATION - You have the right to safe drinking water.

TRADITIONAL HEALTH FIRST. Offering all Green Pasture's products including Blue Ice Fermented Cod Liver - Fermented Skate Liver Oil - X Factor Gold High Vitamin Butter Oil both in liquid and capsules, Infused (with FCLO) Coconut Oil and Pure Indian Foods Ghee. Prescript Assist Probiotics, **free shipping**. Email or call for information about shipping, referrals, auto resupply, and any general questions or information about these superfood products. Visit THF on Facebook. To order: email John@TraditionalHealthFirst.com or call John Delmolino, Amherst, MA. (413) 210-4445.

CRAFTS

Beautiful crafts by local artists. Keep your gift-giving dollars in the USA. Alpaca blankets, socks and yarn; hand painted decorations, paintings by award-winning artist David Zippi; handmade quilts. Exclusive source of Nourishing Traditions posters. Saturday farm tours. Store open Thurs-Sat 10-6 or by appointment. P. A. Bowen Farmstead, 15701 Doctor Bowen Road, Brandywine, MD. (301) 579-2727, pabowenfarmstead.com.

DONATIONS

Please help us bring a service dog home to our autistic daughter. A traditional diet reduced her gut inflammation—this dog will reduce her high anxiety so she can thrive. Donate directly or commission a drawing for our cause: https://www.theaccidentaloctopus.com/about-1/.

DVDS

DVD "Nourishing Our Children" recently launched a DVD that may be used for one's self-education or to present to an audience. You will learn how to nourish rather than merely feed your family. nourishingourchildren.org/DVD-Wise.html **Free shipping**!

EMPLOYMENT OPPORTUNITIES

DIAMOND S RANCH is seeking a ranch couple or individual to be the production manager at our micro dairy & ranch store. Duties include but are not limited to: morning milkings, product production, keeping our customers up-to-date & sale records management. Resumes to gkrob324@gmail.com.

PERMACULTURE FARM near Tampa FL seeking farming partners. We grow vegetables (in dirt), perennials, and manage a small herd of water buffalo for milk and meat. 54 acres with wetlands and pasture, small orchard, building, equipment, solar systems, housing, and our interests are community, sustainable living, promoting the Weston A. Price Foundation, regenerative farming, ecology, social activism, etc. We are a older couple that want to continue farming. Contact Jon at (813) 708-3179 or e-mail ecofarmfl@yahoo.com.

A wonderful WAPF-inspired fine dining restaurant is now recruiting talent. Farmageddon filmmaker, Kristin Canty is hiring for her new venture, Woods Hill Table, a traditional foods restaurant in her home town of Concord, MA. To our knowledge, this is the first-ever WAPF inspired fine dining restaurant. From frying in beef tallow, soaking grains, and raw fermented foods to serving kombucha flavor of the day on tap, Kristin is implementing the WAPF dietary guidelines and changing restaurant history. If you'd like to be a part of this exciting culinary project, her Concord Restaurant Group is looking for a service manager, servers, reservationists, chefs and line cooks. Contact Kristin@woodshilltable.com; 24 Commonwealth Ave, Concord, MA, 01742; woodshilltable.com, jobs@woodshilltable.com, (978) 369-6300.

FARM FAMILY OR INDIVIDUAL needed to help set up and live on pristine 164 acre former raw dairy farm and cheese making facility in SW Washington state. If interested, please send email to Lawren@wellaroo.com with subject line: "dairy farm".

We are seeking a middle aged couple to move into our log home and care for our small herd of dairy cattle. Knowledge of organic farming, animals and cheese making helpful. Does this look like something you could enjoy? Come give it a try! – Commit to 6 months or longer if both couples find a good fit. Couple mid 60's due to health reasons need a sabbatical from our new

and fast growing A2 raw milk micro-dairy in Wyoming. For more information send email w/ resume diamondsretreat@gmail.com; diamondsretreat.com.

Healing Arts

DIAGNOSIS+NUTRITION HEALTH COACH TRAINING for health care professionals and the general public; this "no pressures" integrative program is available online and in-person. Learn diagnosis techniques to create the best diet/lifestyle program for yourself and others. John Kozinski MEA, (413) 623-5925 www.macrobiotoic.com.

VIROQUA NUTRITION COUNSELING is a traditional foods-based practice in Southwest Wisconsin. Laura Poe, RD is a holistic dietitian, culinary instructor and WAPF member.In-person or distance consultations available. Email Laura at laurapoerd@gmail.com for more information or to schedule an appointment. Initial consults are $100, $75 for follow-ups.

Homes & Land Sale

4-BED FARMHOUSE HOMESTEAD W409 Foundry Rd, New Holstein, WI 53061 on 2.5 acres; more acreage available! 165K. Contact Emily Matthews 920-286-0570 RE/MAX Universal Realty, 614 Broadway, Sheboygan Falls, WI 53085. Office (920) 208-9500 http://www.sheboygantothemax.com.

BUSINESS AND FARM IN OREGON LOOKING FOR A BUYER AND OR INVESTORS. The farm is a turn key operation. It has a 30 cow 30+ heifer herd share dairy, with over 100 members. Includes cheese room, greenhouse, underground fodder container and green room, smaller greenhouse, and orchard that haven't been completely developed for revenue. 30 head of ewes and their lambs for milking on one side of the parlor. A large walk-in freezer and milk equipment for milking sheep and cows. Deliveries to Portland, Medford, Ashland, Dalles, Bend, Redmond, and on-farm sales. See pictures windyacresdairy.com. Call (541) 613-5239.

HISTORIC HOUSE and property for sale, walking distance to Sally Fallon's P A Bowen Farmstead and farmstore selling raw milk and pasture-raised products. 5 bdr, 5 bath, 78 acres, $775,000. 16002 Doctor Bowen Rd, Brandywine, MD. Phone: (443) 256-3773.

Services

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Travel/Lodging

SOUTHERN MARYLAND – Farm stay at P A Bowen Farmstead. Living room with kitchenette, 1 bedroom, plus cots, to sleep 4, even 6 total. Barbeque, pool, private entrance. Tree house for children. Walks, farm activities. 1 hour from downtown Washington, DC and Annapolis. Listed at AirBNB or contact Lindsay at farmstay@pabowenfarmstead.com. 15701 Doctor Bowen Rd, Brandywine, MD.

WAPF-ORIENTED RETREAT ON THE BEACH IN COSTA RICA – December 12-December 17. Register by October 30: $797/person + lodging includes meals, cooking classes, guided walks, soap making and bird watching. Hotel and Club Punta Leona, Jaco, Costa Rica. Organized by chapter leader Gina Baker. Information gmuschler@yahoo.com; 011-506-2289-8806

New Film

Autoimmune documentary in post production seeks funding or investors. This film tells the stories of those who kept searching for an answer to their challenge and are now lighting the path of healing for others. Contact: Gabe - 310-779-2816 www.goldenfilmproductions.com/in-production.

Diana Rodgers is a real food nutritionist living on a working farm making a documentary called Kale vs. Cow that will defend the nutritional, environmental and ethical case for better meat. Endorsed by WAPF, Savory Institute, Animal Welfare Approved. Contributions are tax-deductible. Sustainabledish.com/film.

WAPF Research

ONGOING PROJECTS SHARING THE BENEFITS OF A WAPF DIET FOR GROWING CHILDREN: Johanna Keefe, PhD, RN, GAPS/P, has completed her doctoral research through the California Institute of Integral Studies (CIIS) revealing, though in-depth interviews, the lived experience of mothers as they describe their lifestyle following a real food diet based on the principles of the WAPF. Please consider contributing to her post-doctoral project to collect a more robust sample of mothers who are finding positive outcomes over time for their children and teenagers on a traditional diet. You can begin by offering your story to the research blog www.growingsuccessstories.org, which may serve to seed other doctoral studies, and also contribute to her forthcoming project: a published photo-essay leading to an uplifting film to inform and inspire our next generation of parents. If you would like to find out how to contribute to these projects, please contact Johanna through email at jmkeefe@endicott.edu or by phone at (978) 290-0266.


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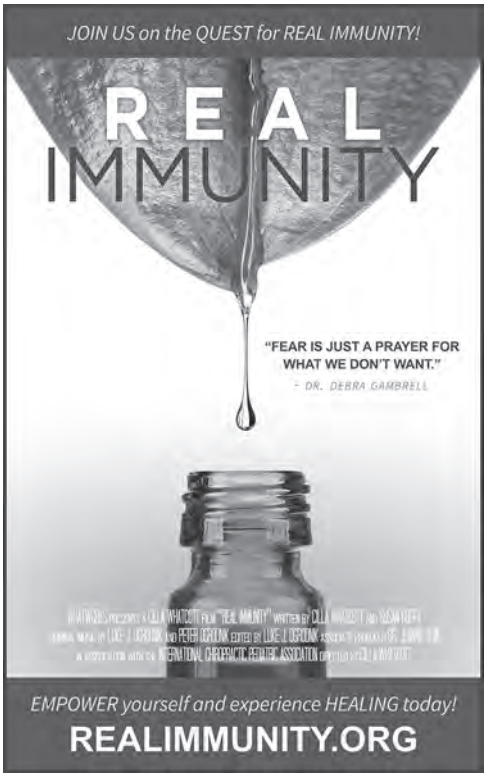

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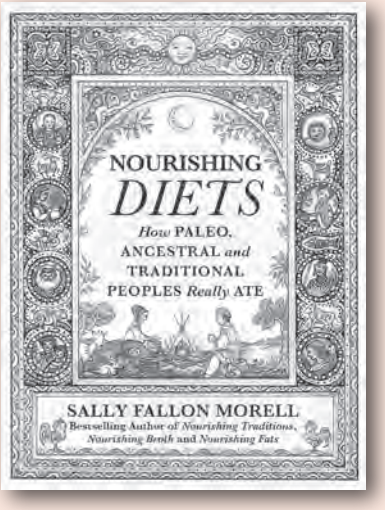

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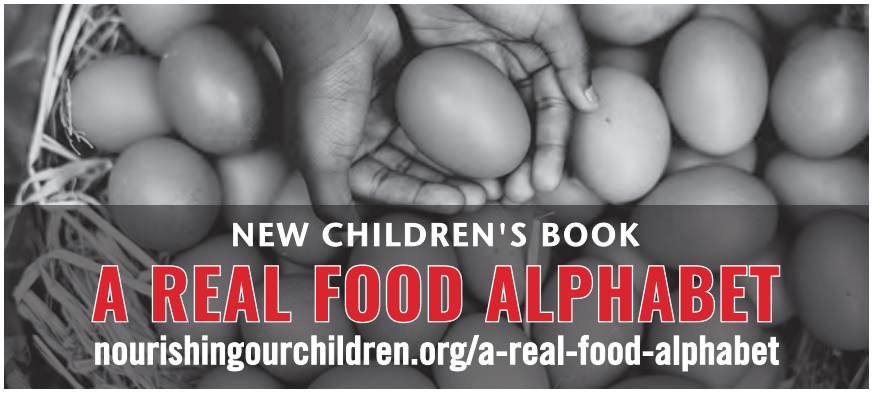

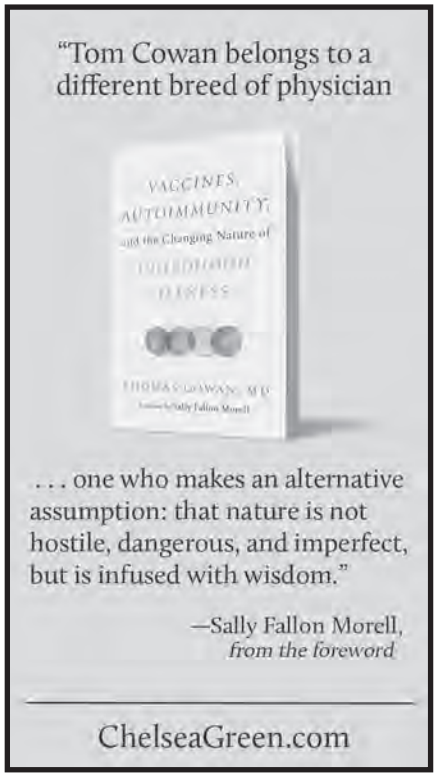

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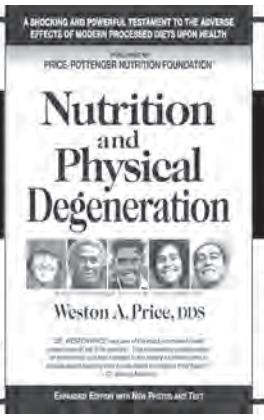

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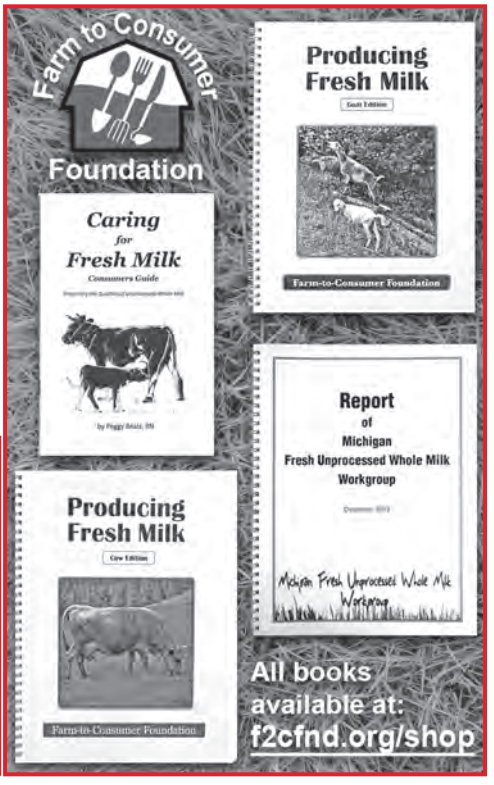

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DESIGN Please do not submit images smaller than 500k as they will not print well. Files should be grayscale tiff or press quality pdf/eps minimum 300 dpi. There is an additional fee of $50 for us to design your advertisement.

WIDE COLUMN
2″ tall by 4.5″ wide
$360 per year, 4 insertions.
($400 for non-members)

The Weston A. Price Foundation reserves the right to refuse advertising space to anyone. We do not accept ads for coffee, tea, chocolate, hemp (as a food) or protein powders, nor products offered by Multi-level Marketing Companies.

Membership

NEW OR RENEWAL

Yes! I would like to become a member or renew my membership in the Weston A. Price Foundation and benefit from the timely information in **WiseTraditions**, the Foundation's quarterly magazine!

_____U.S. membership $40
_____International membership $50
_____U.S. Reduced membership (financial hardship) $25

Yes! I would like to support the work of the Weston A. Price Foundation with an additional donation.

_____$10 _____$25 _____$50 _____$100 _____$250 _____$500
_____$1,000 _____$2,500 _____$5,000 _____$10,000 _____other $_____

Yes! **Count me in!** I would like to help spread the word!
Please send me_____copies of the Weston A. Price Foundation informational brochure at $1.00 each, so I can pass them along to my family, friends and colleagues, and be true to Dr. Price's dying words:
"You teach, you teach, you teach!"
(Health professionals are encouraged to provide this brochure to their patients.)

Yes! I would like to provide my family and friends with the gift of membership in the Weston. A Price Foundation.
(Please attach information on gift memberships.)
_____U.S. gift membership(s) $40 _____Canadian and overseas gift membership(s) $50

Yes! _____Please send me details about starting a Weston A. Price Foundation local chapter in my community.
Chapters are listed on our site: https://www.westonaprice.org/find-local-chapter/

I'm enclosing $_____for brochures and $_____for ____annual membership(s), a total of $_____

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Phone:_____Email_____

Please copy or remove this page and fax or mail to
The Weston A. Price Foundation
PMB #106-380 4200 Wisconsin Avenue, NW Washington, DC 20016
FAX: 703-820-3334
TELEPHONE: 202-363-4394

Upcoming Events

2018

Oct 12-14 **Nashville, NC:** Southeast Wise Women Herbal Conference featuring Rosemary Gladstar, Ubaka Hill, Amanda David, Jody Noe and Sobande Greer. **Contact:** sewisewomen.com.

Dec 4-7 **Louisville, KY:** Acres USA featuring Eliot Coleman, Joel Salatin and Daniela Ibarra-Howell. **Contact:** acresusa.com/events.

2019

Jan 18-20 **Saratoga Springs, NY:** NOFA-NY 37th Annual Organic Farming & Gardening Conference. https://www.nofany.org/events-news/events/2019-winter-conference.

REGISTER NOW!

WiseTraditions 2018

NURTURING THERAPIES FOR CHRONIC DISEASE

19th Annual Conference of the Weston A. Price Foundation
November 16-19, 2018
with evening event Nov. 15
Baltimore, Maryland
SEE PAGE 12 FOR DETAILS

Featuring Ronda Nelson, PhD; Julia Ross; Dan Kittridge; Anthony Jay, MD; Linda Isaacs, MD; Forrest Pritchard; James Strick, PhD; Season Johnson; Matt Rales; Monica Corrado; Elizabeth Plourde; Amy Berger; Chris Knobbe; Brandon La Greca; Sally Norton; Louisa Williams, ND; Sally Fallon Morell; Stephanie Seneff, PhD; Tom Cowan, MD
and many other fine speakers on diet and health.

Banquet presentation by Tom Naughton, producer of Fat Head.

Recordings of Wise Traditions 2017: westonaprice.org

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COMMUNITY SUPPORTED AGRICULTURE

LACTO-FERMENTATION
TRUTH IN LABELING
LIFE-GIVING WATER
NURTURING THERAPIES

You teach, you teach, you teach!

Last words of Dr. Weston A. Price, January 23, 1948

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