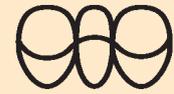


Wise Traditions

IN FOOD, FARMING AND THE HEALING ARTS



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President's Message

“All truth passes through three phases: first it is ignored; second it is violently opposed; third it is accepted as self-evident.” The words of philosopher Arthur Schopenhauer describe the traditional nutrition movement in general and the raw milk movement in particular. Today the best gauge of our progress in the raw milk campaign is the fact that we have moved from the first to the second stage. The recent raids on raw milk producers in Wisconsin and Minnesota, unfounded allegations distributed to the media, the Wisconsin governor’s rejection of raw milk legislation passed with overwhelming support—actions all aimed at sending conscientious farmers into bankruptcy and denying nature’s perfect food to those who need it—indeed, the phase of violent opposition has begun.

Over the last ten years, the Weston A. Price Foundation has provided the knowledge about food and nutrition that people need to ensure their most basic right: good health. Knowledge creates responsibility for those who have compassion and who understand the world in which we live. In addition, through our membership and chapter system, we have created a critical mass of citizens on whose shoulders rests the responsibility for bringing fundamental change to our world—change that moves from the “me” to the “we.”

For this change to happen, we need to enter a new era of activism. To understand the basics of food and nutrition, to become connected with the source of our food, to secure healthy food for ourselves and families—this was the first step. The next step is to protect these fledgling food systems, and to do this in ways that build communities rather than destroy them. If we care about our future and our planet, every one of us has a moral obligation to get involved in protecting our food and our farms. It has become clear that the most powerful weapon for controlling people is diet. Will we have food that dumbs us down and saps our will, or food that supports clear thinking and effective action? We must take the lead in defending our right for the right food—first and foremost by supporting those on the front lines, our farmers.

A plan of action: first we must never cease contacting our elected representatives, government employees and the media, always appealing to their better instincts, always in the spirit of education. We must create an atmosphere in which it is shameful to oppose access to life-giving food. And second, we must create farm- and food-centered communities, centers of food creation, independent of the mainstream. These islands of hope can become teaching models for the future—the goal is not to impose change on the majority, but to be there when individuals make the decision to come out from among them and take personal responsibility for their health and their lives. Let us heed Dr. Price’s dying words, “You teach, you teach, you teach,” as we look ahead to stage three. 



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EATING IN FEAR?

Regarding your issue focused on plant toxins (Spring, 2010), I wish people would stop dissecting their food so much and enjoy what our Creator has given us in terms of produce, meats, dairy, grains, beans and nuts—as long as they have been unadulterated and are grown and raised or fed according to what nature intended. To compare scientific research that is based on studies done with typical American cuisine with that of a truly natural traditional wholesome diet is insanity, but it is often done.

As for concerns about polyunsaturated fatty acids, I'll keep eating my nuts and seeds, and those delicious avocados; and for those demonized goitrogens like cabbage, cauliflower and broccoli, I will eat them as well and maintain my excellent health in doing so. Eat not in fear, especially for those with thyroid issues; your veggies are not your problem.

As for those who are also in fear of eating something because it contains certain harmful substances, let me remind you that Nature knows best and knows why things contain what they do; however, we are too naive to understand why, and so we rationalize our thinking that we know better. This foolishly makes us sound intelligent amongst our peers and friends, but in reality it's only filling the need of ego.

Have you ever sat and wondered why our bodies contain so many organs and glands? Do we really understand digestion, utilization, assimilation, elimination and all the other processes that go on in our bodies? Could it be that almost all things contain something, if

isolated, that could do us harm? Hasn't nature given us the ability to handle such substances?

I'm thankful that my Creator gave me common sense, eyes to see, a nose to smell, a mouth to consume, teeth to chew, a tongue to taste, and a stomach, pancreas, gallbladder, liver, kidneys and intestines to process a wide variety of food. We even have a complex system to detoxify and eliminate toxic waste. How clever!

I like to keep things simple as I believe nature intended them to be. If we are honest with ourselves, the more we think we know by digging deeper and deeper into things we know little about, the more we realize we know nothing at all. My trust is in nature not man. Stop dissecting your food and enjoy your bounty.

Dr. Bogozat, DC, ND
Monroe County, NJ Chapter Leader
Cedar Knolls, New Jersey

The goal at WAPF is to create superb health in the next generations so that everyone can enjoy a variety of foods without side effects—including grains, dairy foods, and problematic vegetables—as long as they are naturally grown or raised and prepared to maximize digestibility. However, many people today have severely compromised digestion and are forced to be careful about what they eat.

LYCOPENE

I very much appreciated your nightshade article (Spring, 2010). I want to make one correction to the statement that lycopene is highest in tomatoes.

This is not so. To my knowledge, lycopene is highest in the autumn olive berry (*Elaeagnus umbellata*), which normally contains up to eighteen times as much lycopene as tomatoes, and as far as I know does not cause allergic reactions. I would assume that other members of the elaeagnus family, like the goumi, trebizond date, silverberry and Russian or autumn olive, would also be very high in lycopene.

The autumn olive ripens anywhere from September to November in the Philadelphia area. It tastes like a tart version of a fruit roll-up. The seeds are edible, but not very good. It's considered an invasive plant, and is often found growing wild or planted in parks, often by the seashore.

George Russell
Philadelphia, Pennsylvania

PHYTIC PHOBIA?

The article "Living with Phytic Acid" (Spring, 2010) by Ramiel Nagel was very detailed and informative; however I do not believe that the conclusions and recommendations were warranted by the evidence presented. While I agree that phytic acid is an anti-nutrient, and that traditional people usually soaked or otherwise processed their grains resulting in a reduction of phytic acid, I believe that this ubiquitous chemical may be far less of a threat to human health than the author contends. Consider these points (quotations are from the article):

1. "In populations where cereal grains provide a major source of calories, rickets and osteoporosis are common." That may be true, but is phytic acid causing these mineral deficiency



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diseases, or is another dietary factor or factors responsible? Most of the world now eats refined grains and refined sugars, from which a large portion of the minerals, vitamins and oils have been removed—not very good for bone health. Also, in many places where grains supply the major source of calories, the diet may be lacking in other important nutrients that aid in the utilization of minerals.

2. Mellanby's experiments with dogs show that "High levels of phytic acid in the context of a diet low in calcium and vitamin D resulted in rickets and a severe lack of bone formation." Dogs are primarily carnivores, so it is not surprising that they may be poorly adapted to dealing with phytic acid. Still, as with humans, a diet with too much phytic acid and low in vitamin D can result in bone disease. The culprit may not be phytic acid, but rather an unbalanced diet, or in the case of the dog experiments, a diet that is not species-appropriate.

3. "In general, humans do not produce enough phytase to safely consume large quantities of high-phytate foods on a regular basis." Where is the reference for this claim? The following sentence references an article about malabsorption of minerals by vegetarians, but this is not relevant for those on the animal-inclusive WAPF diet.

4. "The traditional method for preparing brown rice is to pound it in a mortar and pestle in order to remove the bran. The pounding process results in milled rice, which contains a reduced amount of the bran and germ." This is inaccurate. The purpose of pounding

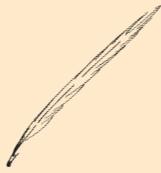
is to remove the outer, inedible hull of the rice, not the bran. I had my own mini-Weston Price adventure in 1980, when I traveled throughout nine Asian countries observing the growing and processing of rice. In most places, rice was grown and milled with machines to produce white rice. However, I went to several remote locations where rice was still hand-pounded and eaten as brown rice, such as villages in Sumatra and the mountainous areas of the Philippines. While the purpose of pounding is to remove the outer hull, in the process of pounding and winnowing a small amount of the bran and germ are lost leaving the rice about 90-95 percent whole. Since that time, I have always added about 5 percent white rice to my brown rice to replicate the way rice has been eaten by humans for thousands of years. I don't know whether this practice has any health consequences, but I find the rice somehow tastes better and is easier to chew.

5. "Other experiments have shown that while whole grains contain more minerals, in the end equal or lower amounts of minerals are absorbed compared to polished rice and white flour." Yet the article also says, "Several studies show that subjects given high levels of whole wheat at first excrete more calcium than they take in, but after several weeks on this diet, they reach a balance and do not excrete excess calcium." This suggests that we may not need to worry about phytic acid in whole grains at all, and we can safely enjoy the health benefits of the high vitamin and mineral content found therein.

6. "It is not necessary to completely

eliminate phytic acid from the diet, only to keep it to acceptable levels. . . . In practical terms, this means properly preparing phytate-rich foods to reduce at least a portion of the phytate content, and restricting their consumption to two or three servings per day." In my opinion, the article has not convincingly established just what are "acceptable levels." Several of the traditional cultures studied by Dr. Price consumed grain as a major component of the diet without suffering tooth problems. Consider the Peruvian Indians. In commenting on their worn-down teeth, Dr. Price states, "Much of the food is eaten cold and dry, as parched corn and beans." Did this apparently non-fermented, non-sprouted phytic acid feast of corn and beans cause tooth decay? In a group of 25 of these Indians he found, "not one tooth had been attacked by dental caries." And, this achievement of dental health occurred in a location "where dairy products have not been and are not at present a large part of the nutritional program," which "differs radically from the present and past groups of people who live in high valleys of Switzerland and Tibet where milk is plentiful."

7. "Through observation I have witnessed the powerful anti-nutritional effects of a diet high in phytate-rich grains on my family members, with many health problems as a result, including tooth decay, nutrient deficiencies, lack of appetite and digestive problems." Personal observations based on small numbers of people may have some value, but generally they are not good science. Let me give a counter example. Before adopting the WAPF diet that I



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now follow, I practiced macrobiotics for eighteen years. I ate grains almost three times a day, with nuts, beans, seeds and vegetables as a smaller component of my diet. I ate a small portion of fish once a week, but consumed no dairy, eggs, meat, fowl or refined foods. I soaked grains overnight in plain water before cooking them, but I never fermented or sprouted any grains or beans. On this low-calcium, low-vitamin D, lowfat, high-phytic-acid diet, one might expect my teeth to be filled with holes and my bones to be fragile. But in reality, I experienced only three small cavities during those eighteen years—and I never flossed. Also, I suffered two accidents that resulted in sharp blows to my leg bones, but I experienced no fracture. If phytic acid is so injurious to bones, shouldn't I have suffered severe damage to my teeth and bones on this phytic-acid-rich diet?

In summary, my opinion is that the concerns expressed in the article about the dangers of phytic acid are overblown. Yes, we should follow the dietary practices of traditional people, but the suggestions in the article go beyond that. Individuals with genetic propensities toward bone problems may benefit from some concentrated efforts to reduce phytic acid in their diets, but for most people many of the elaborate measures recommended in the article are probably unnecessary.

Why do some on the WAPF diet experience dental cavities? Phytic acid and genetic susceptibility could play a role, but there may be other important factors. One possible suspect is excess sweets—even if they are the WAPF

“approved” ones. Unlike the complex carbohydrates in grains, the simple sugars in sweets are a feast for tooth-decay causing bacteria. Traditional people had very limited exposure to sweets, except in the summer, and even then the fruits and berries they had were far less sweet than modern desserts jacked up with concentrated sweeteners like honey, sorghum, molasses, sugar, etc. In the cooler months, they may have had some dried berries preserved from the summer, or some honey on rare occasions, but that's it. Traditional people were pretty much constrained to a healthy diet by Nature, but modern people have cheap, unhealthy food available in abundance. So just as we have to overpower our desires and say “No!” to junk food, we also have to mentally override our natural urge for sweets if we want to achieve optimum health. Bummer!

Roger Windsor
Pleasantville, Tennessee

Roger Windsor is the former editor of Spectrum Magazine and a recovered macrobiotic living on a farm in Tennessee, where he raises grass-fed livestock and organic food for his family and neighbors.

Rami Nagel wrote his article on phytic acid in response to reports of widespread tooth decay in children whose parents were following WAPF principles while including a lot of grain in their diets. As stated in the article, individual responses to phytic acid in the diet vary considerably, most likely because of differences in gut flora. Some people produce enough phytase in the digestive

tract to allow them to eat large quantities of phytate-containing foods without adverse effects.

VEGETARIAN JOURNEY

In 1972 at the age of eighteen I became a (pasteurized) lacto-vegetarian for spiritual and moral reasons. That was also the year I became involved in the natural foods and products industry, both professionally and as a lifestyle choice. It was not an easy journey given both the social disapproval and lack of dietary choices I had to manage.

Seventeen long years later, in 1989, I vividly remember reading John Robbins' newly published book, *Diet for a New America*, where I learned that my diet was not only kinder to animals, but also healthier for me and (another big bonus) environmentally better for the planet. In my eyes my social status had suddenly risen overnight from pariah to world-saving super star, and I caught fire with conviction! Deep in my soul I had always known that the way humans treated the animal kingdom was intimately tied in with the fate of the planet, and here was a book to prove it!

Yet despite my stellar, organic, protein-balanced diet, moving into my forties turned out to be surprisingly tough. Dragging myself home from work, I would crawl into bed exhausted before I could even make a quick meal for my daughter. It was hard to have the energy to complete even ordinary chores.

As migraines appeared, later complicated by nightmares, anxiety, hot flashes and sweats, I was shocked to realize that at age forty-five I was ex-



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periencing early peri-menopause. I had eaten soy products daily for years. According to “experts,” I shouldn’t have these symptoms!

I finally agreed to food allergy testing and the results came back positive for almost all the foods I ate on a daily basis. When I eliminated the major offenders, thank god, the headaches disappeared. But without my usual protein sources—dairy and soy—I could barely function. Consistently, my ever-patient naturopathic doctor kept raising the suggestion of adding meat to my diet or, more accurately, tiptoed around the subject, since I would bite her head off (yes, a non-violent vegetarian) every time she brought up the idea.

Desperate to find food that would nurture rather than sicken me, one day a long-forgotten memory floated up from shortly after reading Robbins’ book twelve years earlier. I was fervently explaining to a stranger at a party why I thought a plant-based diet was, in fact, the next natural step in human evolution and he simply replied, “Good luck explaining that (vegetarianism) to all the indigenous peoples of the world!”

For some reason that recollection opened an internal floodgate previously held under lock and key. I lay my head down on the kitchen table and wept uncontrollably as doubts about my three decades of vegetarianism washed over me.

If this decision had affected only myself, I probably would be vegetarian to this day, albeit a dead or dying one. But I was the only parent my daughter had. And I knew she deserved a better mother than someone who snapped at

her irrationally and spent endless hours in bed.

Nevertheless, it took me weeks to work up the nerve to actually let dead animals pass into my mouth. I heard many horror stories over the years of vegetarians vomiting meat at first bite. I settled on seafood as my first carnivorous meal because, if need be, fishing was a killing act I could most easily imagine myself actually performing. Holding my breath, I put the first forkful in. . . and immediately noticed (not that I said it out loud) how *good* it tasted! In fact, I had to force myself not to make a spectacle of myself inhaling the entire fish in the restaurant.

Gradually my health ratcheted upward. Headaches, exhaustion, insomnia, digestive problems, blood sugar and mood swings, frequent coughs and colds, a lifetime of gradually increasing health problems all improved on a steady upswing. Nevertheless, it took close to *six months* before I stopped feeling like I was starving.

But what about the claims of environmentalists that you can’t be serious about the movement without decreasing or eliminating meat altogether? Michael Pollan shed new light on this question for me in *The Omnivore’s Dilemma*: “Much of the carbon footprint of beef comes from growing grain to feed animals, which requires fossil fuel-based fertilizers, pesticides and transportation.”

The information in Robbins’ books only represents the effects of large-scale feedlot operations, not livestock living naturally on grass. Animals living healthy lives on small, diversified farms

are not included in these figures.

Eliot Coleman, author of *The New Organic Grower*, hits the ball squarely at the petrochemical industry. “The culprit is not meat eating but rather the excesses of the corporate-industrial agriculture.” And he adds, “If I butcher a steer for my food, and that steer has been raised on grass on my farm, I am not responsible for any increased CO₂. . . A vegetarian eating tofu made in a factory from soybeans grown in Brazil is responsible for a lot more CO₂ than I am.”

Joel Salatin, sustainable farmer and author of six books, goes a step further. Since plants remove carbon from the air and fix it in the earth, he argues that animals living on pasture improve soil quality with their manure and therefore, actually reduce carbon emissions.

Thomas Harttung concurs. Harttung operates the world’s largest CSA through his Aarstiderne farm in Denmark where he grazes one hundred fifty head of cattle. “With proper management, pastoralists, ranchers and farmers could achieve a 2 percent increase in soil-carbon levels on existing agricultural, grazing and desert lands over the next two decades.” This is an astounding claim when some experts estimate that only a 1 percent increase in soil-carbon is necessary to capture the total equivalent of all the world’s greenhouse gas emissions. If Harttung’s figures are correct, then the proper management of livestock grazing is, in fact, a powerful tool for reducing emissions globally. Furthermore, it means the consumption of locally produced, pastured meat, dairy and eggs actually improves our environment by fixing more carbon into

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the soil than is emitted in the process of producing these foods. Wow. Talk about eating crow. . . so to speak.

Ironically, my essential belief remains fundamentally the same as it was almost four decades ago: all three evolutionary paths, those of human, animal and Gaia, are, in fact, a single road. But exactly how that road has unfolded in front of me has been a humbling and exacting process far different from what I expected! Thank you all again and again for keeping this information alive so that one day I could finally hear what both my body and the Weston A. Price Foundation have been saying for years!

Joanie Blaxter
Oak View, California

EARTHENWARE POTS

I am of Indian origin. After reading about traditional foods, I have been seeking whatever I can glean from elderly relatives as to how foods were cooked in their day. One thing that struck me was the use of clay pots and vessels for storing water and cooking. Bone broths, (to which acid in the form of tomatoes and tamarind were added), were traditionally cooked in these pots, very slowly, pretty much like a crock pot.

In the hot climate of India, water was stored in special earthenware vessels called *surai* and covered with a clean wet muslin cloth. Being of a porous nature, the pot kept the water inside it cool and also imparted a great taste to the water. Eventually the pots themselves wore out and were replaced frequently.

I am wondering whether the practice of storing water in clay pots increases the mineral content of the water and food? Those elderly people who remembered told me that you could not fall sick if you drank that water; they said it brought “strength and coolness” inside you.

I myself have tasted water from a *surai*—they are still available though plastic bottled water from the refrigerator has become common today. The water is delicious.

Suri Raj
Delhi, India

No doubt the clay pots served several purposes. They kept the water cool and probably added minerals to water and broth. They may have also served a disinfecting role, as the pores in the pots can harbor beneficial bacteria.



FAILURE OF FAT-FREE

My mother died last year at eighty-two years of age. The cause of death noted on her death certificate was “failure

to thrive.” Personally, I think she died of malnutrition. We had oleo in our home when I was growing up, even though my father had grown up on a farm. I think my parents believed the information that was becoming available in the 1950s about saturated fat and heart disease. I can remember my mother telling me not to eat the fat on the meat I was eating. I wanted to eat it! But I cut it off.

Later, when more manufactured food was available, my parents bought fat-free cheese, fat-free mayonnaise and skimmed milk. My mother used artificial sweeteners. I remember one time in the 1990s when I visited their home and looked in the refrigerator. I didn’t see anything in there that looked like food to me.

I found out about the Weston A. Price Foundation after my father died. I told my mother about it, but she was already experiencing enough mental confusion that she could not take in the new information or make any dietary changes. I finally had to come to terms with the fact that she had made the decisions about what she would eat many years before, had firmly believed she would need long term care, and therefore, the responsibility was hers. This realization was painful for me, because I thought proper food would help.

My mother had osteoporosis and had experienced numerous painful vertebral fractures. She lost eight inches of height and forty-five pounds. I suspect the drugs she took for the pain did not help her mental capacity, but she needed them. She was practically skin and bones.



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My mother had always been fanatical about doing her exercises. She performed them regularly as long as I can remember. She walked, too, but all of this exercise did not help her to keep her muscle tissue intact since she was not supporting herself with proper diet.

Fortunately for me, I took some yoga classes in the 1980s and learned about eating butter. I learned about homeopathy. My homeopath eventually warned me about soy, and in searching the internet for information, I found the Weston A. Price Foundation in 2002. I also discovered that real food was not enough to get to the bottom of my health issues. I had to address the underlying emotional issues that were blocking my healing. I did this with the help of a practitioner of Quantum Techniques, a powerful energy healing system.

WAPF was the first leg and Quantum Techniques the second leg of my personal program. Tom Cowan's information about super slow contraction training is the third. I googled "super slow contraction training" and found a local training studio where I am now recovering my muscle mass. This seems to be working well for me. I have a lot of energy, and I think I will recover more of this as time goes on.

Thank you WAPF for your efforts to get accurate information out to the public.

Carrie Martin
Toledo, Ohio

CALL ME ON MY HEART CELL

I appreciated Thomas Cowan's article "A Holistic Approach to Cancer" (Winter, 2009) and his discussion of

toxic aspects of our contemporary society, which contribute to cancers and other diseases. To reduce health risks, Dr. Cowan suggests several lifestyle changes including "throw away your cell phone; live as far away from a cell tower as you can."

I don't have a cell phone. I don't even know how to text. I get the feeling I'm almost the only one left with a landline telephone, not to mention dial-up internet. Despite the apparent conveniences, a cell phone is something I've chosen not to have—because of the health risks, the damaging effects of cell towers rising up in our neighborhoods and wild lands, and the harm done to people and the planet in the desperate race to mine crystals for computer technologies to keep up with consumer demands for something more and newer and faster.

Yet I have to admit there's one thing I love about cell phones: I can drive down the road alone in my car talking to myself. Nobody thinks I'm crazy. They just assume I'm plugged into some kind of mobile device.

Cell phones have become permanent fixtures attached to our bodies, gripped in our hands, stuffed in our pockets, always somewhere within reach. Friendships, love and commitment are now getting measured by how quickly and frequently text messages are sent. It's rare to find a place where loud ringers aren't ringing, where people aren't talking on the phone or incessantly checking messages instead of engaging eye to eye, face to face, with those physically present. We're visibly chained to our wireless gadgets.

People without cell phones are becoming extinct. And so is the stillness, that rich and vibrant space for the quiet inside us, between us, and all around. To an outsider looking in, it seems that cell phones and texting have become all-consuming habits. The never-enoughness of calls and messages; the thrill of the next text quick-fix; the belief it's our lifeline. It's got the flavor of addiction. And buried inside any addiction is something essential, beautiful, and true seeking freedom to be expressed.

Our ceaseless high-speed communications show how much we yearn to connect. We want to know we're not alone, that they're thinking about us and we're thinking about them, that we're loved, that we really belong. There's nothing inherently wrong with modern technology and what it can offer us. My concern is about what's been left behind in the addictive, distracting, quick-fix, disembodied rush.

It's simply and naturally an unshakable fact of life: we are innately connected, person to person, heart to heart, with all beings in the extraordinary web of life. We can feel our belonging any time, any place and connect with anyone anywhere with our thoughts, loving regard, and healing intent. All that's available 24/7. No batteries or cell towers required. Giving and receiving along these invisible energy lines instinctively woven between us, we can feel our belonging, nourish our relationships, expand loving connections beyond time and space and words. No one is ever out of range.

Most people are perplexed when they find out I don't have a cell phone.



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After a long puzzled pause, stumbling for words, they question how I could possibly survive. Just call me on my heart cell—that’s what I like to say. And if you listen inside the stillness, I promise you’ll feel me call you right back.

JoAnne Dodgson
Abiquiu, New Mexico

DESPERATE VEGETARIANS

I am moved this morning to write and thank everyone at WAPF for your work. I get emails continuously from desperate vegetarians who know that their health is failing and are terrified because they know what they’re going to have to do. I think my role right now is to hold their hands while they eat that first bite of meat.

I got an email yesterday from a woman who not only was a vegetarian, but she was “breastfeeding an infant” on an “elimination diet” because the baby has eczema. So she can’t eat eggs or dairy or (thankfully) soy. There’s basically no fat or protein in her diet. I literally cried reading her note. That poor woman and that poor, starving baby! I begged her to eat some meat, some eggs, and some raw, grassfed dairy.

But the reason I’m writing to you is because it was so wonderful to include the link to WAPF and all the articles about babies and children. If she even spends ten minutes reading, she will have her whole world blown open, and there is every chance that she and her baby can find their way back to health. Where could I possibly have sent her if WAPF didn’t exist? WAPF has made it so easy. And you’ve created this vibrant,

ever-growing movement that could change the world. I’m so grateful for your work.

Lierre Keith
Arcata, California

LOW-CARB PITFALL

Our family of four improved our health and well-being considerably on a nutrient-dense traditional diet. We then decided to try the Gut and Psychology Syndrome (GAPS) to tackle some lingering issues.

A week or so into our transition, some old complaints—heartburn, sluggish digestion—became more intense, and several new symptoms developed—stomachaches, irritated bladder, irregular and rapid heartbeat, muscle twitching and leg cramps.

The explanation we got from members of the GAPS support group was that we were experiencing “die-off.” Not satisfied with this answer, we turned to the low-carb camp for another perspective. (GAPS is essentially a low-carb diet.) From those authors (Drs. Eades, Atkins, Sisson, Taubes, Gedgudas), we were clued in to the possibility of mineral deficiencies, specifically potassium and magnesium.

We learned that when you switch to a low-carb diet, one initial effect is that you burn through your body’s glycogen stores, and the water that’s bound up with the glycogen is released. This flush of water takes potassium out with it. Both potassium and magnesium are crucial to proper muscle and nerve function.

The GAPS diet is not low in these minerals, but the bone broths and other

nutrient-dense foods were apparently not enough to make up for our increased mineral loss during the transition period. In addition, we were eating a fair amount of fermented (salty) vegetables, like kimchi and sauerkraut. Because sodium and potassium work in opposition in the body, these higher sodium foods may actually have made our symptoms worse.

Within days of supplementing with potassium and magnesium, the symptoms we’d been having for weeks went away. If you are starting the GAPS diet, I strongly suggest you consider supplementing these minerals. Attributing your symptoms to “die-off” and waiting for them to pass may only make matters worse.

Dr. Cowan (Spring, 2010) mentioned adding grains back into the diet as a possible fix. If you prefer to avoid grains, another option would be to supplement your minerals until you can resume eating those foods that are naturally higher in minerals, like potatoes, nuts and legumes.

Angie Carr
Portland, Oregon

EVERYTHING IMPROVED

For the last fifteen years, my husband suffered from a long list of complaints. Most of his symptoms were not so severe as to cause him to go to a doctor—headaches, stomachaches, occasional diarrhea—and some were serious enough to send him to the doctor—depression, fatigue, over-active bladder. The list goes on! And, of course, nothing helped. Then we stumbled across the work of Dr. Natasha McBride and her



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Gut and Psychology Syndrome (GAPS) diet from a book at the library and the internet.

My husband was less than thrilled on the strict diet but, he was getting tired of being tired and depressed, so we tried it. Everything improved in two weeks! He has now been 90 percent better (his assessment!) for going on two years now. It was the best thing that ever happened for my husband. He now consumes raw milk, natural sweeteners, potatoes and other starches; only grains remain off the menu for now.

Charlene Turner
Maumee, Ohio

CIPRO DANGERS

With regard to your article on the antibiotic Cipro (www.westonaprice.org/The-True-Story-of-Cipro.html), you couldn't be more accurate. I went to the emergency room in early January with what turned out to be a case of cellulitis in my right leg resulting from an infected crack in the bottom of my foot. After eliminating the possibility of clotting, the doctor prescribed me a course of Cipro.

The drug had no effect whatsoever on the infection—the leg kept getting bigger and the red marks kept going higher up the leg. I went back to the hospital and they gave me Bactrim, which finally knocked out the infection.

However, it was the after effects of Cipro that made this such an ordeal—my joints feel like someone is pounding on them with a hammer (tendonitis), my gout acted up in several areas at once, I had a minor rash over a good part of my body and I was so depressed I felt like

drowning myself.

I'm down to just the tendonitis pain now. When I can move again, a very large, angry rugby player is going to pay the doctor a visit! My confidence in the medical profession is spiraling downward as the doctors become more and more dominated by the drug companies. Thank you for the information.

John S. C. Martin CIP, CCIB
Wallaceburg, Canada

SMALL FARMER & CONSUMER BILL OF RIGHTS

Like many folks in other states, we here in Maine are battling an increasing number of draconian state laws, which are incrementally putting our small farmers out of business.

Recently the Maine legislature passed a law that would require small poultry producers to purchase thousands of dollars' worth of new equipment if they slaughter on the farm. As far as I know, we only have one or two government-approved poultry slaughtering facilities in the state, so most poultry producers must slaughter on the farm.

One farmer said the new regulations would require poultry producers to purchase at least ten thousand dollars' worth of new equipment. Here's a passage directly from the final draft of rules for the bill describing some of the new equipment that farmers would need: "Toilet rooms, if opening directly into any rooms used for processing or packaging, shall be equipped with self-closing doors."

Self-closing bathroom doors! Does anyone know a small farmer who's not already struggling under a dizzying ar-

ray of regulations and their concurrent costs, who can afford the additional cost of installing bathrooms with self-closing doors! Even a farmer who slaughters five birds a week would need all this fancy and completely unnecessary equipment. It's beyond ridiculous.

I'm tired of being in reactive mode all the time. I'm tired of fighting attack after attack on small farmers by both my state and by our federal government. Every time one new law or proposed law or regulation is fought over with much stress, time and effort, mainly by farmers fighting for their livelihood, another new oppressive law is proposed. We are constantly reacting.

It's time to do something proactive. Maybe we concerned citizens and small farmers here in Maine and in other states should propose a law that would protect small farmers and consumers from future laws attacking small farmers—something along the lines of a Small Farmer Bill of Rights. But it would need to include consumer rights as well, as it is both the rights of small farmers to sell to us as well as our right to freely choose what food we wish to purchase that is under attack.

So maybe a "Small Farmer and Consumer Bill of Rights" would be a more appropriate concept. This would be a proactive way to prevent future oppressive laws from hurting small farmers and the consumers who choose to purchase their products. I don't yet have a clear idea of what it would say—we'll need a great deal of input from farmers and consumers to draft something. If citizens in one state drafted their own, maybe farmers and concerned citizen



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activists in other states could use it as a template or as an idea to generate their own.

Since first proposing this idea to my fellow WAPF chapter leaders on our email group, I've learned that there is already a well-organized movement in Oregon to draft something similar in concept, called the "Agricultural Reclamation Act." See www.youtube.com/user/FamilyFarmFriends#p/a/u/1/Sqyk-NIr2zZY. Further, Florida has drafted the "Florida Food Freedom Act," which would lift burdensome overregulation off the backs of Florida's small farmers. See: www.ftcldf.org/aa/aa-26feb2010-4.htm. Lastly, I've been told that a group in Wyoming is working on similar legislation.

So, a few states are already moving in the direction of protecting small farmer and consumer food freedoms. We're just getting started here in Maine on our own version of this. Please consider getting something similar organized in your state!

Suze Fisher
Casco Bay Maine WAPF Chapter
Brunswick, Maine

BIG CORPORATE MACHINE

Sometimes it is disheartening to see that despite all our efforts, the big corporate machine keeps rolling on across the world, leaving destruction in its wake. It is rolling across Russia now; all the popular "gurus" on TV are teaching people to boil their meat for half an hour, throw away the stock (because "it is full of cholesterol!"), then add more water and boil the meat again. Soup has always been a Russian staple, always

made out of homemade meat stock. This propaganda just horrifies me.

Natasha Campbell-McBride, MD
Cambridge, U.K.

SOY REFLECTIONS

As a naturopath and medical intuitive, I'd like to share my observations of those who have eaten a lot of soy. First, men who continually drink their soy milk are unable to make their wives pregnant, as they have built up too much estrogen in their systems. And women who consume a lot of soy often lose their libido, especially if they are also on the pill. The cause is too much estrogen. Such women need to get off the soy and the pill and take some type of male herb to rebalance.

I have also found, through kinesiology, that those who have consumed a lot of soy often suffer from thyroid problems, and they are short of iodine. But most interestingly, those who have eaten soy routinely need manganese—not magnesium, calcium or zinc, but manganese. I do not know how to explain this as soy is actually high in manganese.

Geoffrey Morell, ND
Washington, DC

HAD TO INTERVENE

A few days ago I heard that a Latino friend in the restaurant kitchen where I work was now drinking soy milk. He is on a weight loss-diet and is doing some good things, such as no white sugar or flour, and no beer, and has lost thirty-three pounds so far.

When I heard about the soy, and also that he is drinking soy protein shakes, I knew I had to intervene. I

found two soy articles ("Myths and Truths" and "Soy Infant Formula") on the WAPF site translated into Spanish and printed them out for him.

When I gave them to him, he stopped his work at the stove immediately to start reading. He thanked me so very much! He has a sense of what is right to eat as he was very connected to agriculture in Mexico. When I first told him I thought the soy was not a good idea and he asked why, all I needed to say was that this white liquid came from a green-colored bean and was "very far away from the farm." He understood instinctively what I was getting at, but the words in Spanish were the real trick.

I just ordered the info booklet in Spanish for him and was hoping some of the trifoldts would also be available in Spanish—especially the cancer trifold, as his wife just had a breast cancer scare. Guess this is a long way of asking: how can I find out everything on the WAPF site that is in Spanish and what can we do to get more info translated? Here in Tucson, there's lots that could be done with more info in Spanish!

Lynn Wright
Tucson, Arizona
& Fort Jones, California

All the translations on the WAPF website are listed here: www.westonaprice.org/Translations/. These have all been done by volunteers, and we would welcome more!

UNFORTUNATE CONTROL GROUP

You cannot know the punishment inflicted upon a person's body by soy until you experience the violent reaction



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yourself. The prisoners are an unfortunate control group that could change the food industry in the U.S. In Canada and Europe, soy flour, “protein” and other soy derivatives are recognized as dangerous and the hype as a fraud. But in the U.S., the soy industry is subsidized by the government and as a result soy is the cheapest filler American companies can put in foods.

The soybean is on the FDA’s poisonous plant list for good reason. The stories of Chinese people eating it and benefiting from it as a source of protein are a lie. The only time people in China ate soybeans as a source of calories (rather than just as a flavoring) throughout the centuries was during times of starvation. And then, they fermented it before consuming it, knowing it was poisonous.

The inmate soyfood victims know that they will be painfully sick—heart attack sick—every single day. I went on the soy-based Nutrisystem for two weeks. I felt like my heart was attacking me, usually about 3 a.m. Vomiting was violent. It took six months to remove all of the soy from my diet and life. Doctors were unable to help because the dangers of soy are kept hidden in the United States. Nutrisystem counselors state they have never heard of these symptoms before, yet complaints similar to those of the prisoners are all over the internet.

In conducting my own research I learned that soy poisoning takes twenty-four hours to manifest its symptoms. The body produces an army of histamine compounds that will attack your next soy protein intake.

Reading labels is now a habit for

me. I hadn’t thought soy would be in vitamins, probiotics and fresh baked bread, but it is. There is no label for soy notification required and no soy-free area in stores. This has to change. The food industry is poisoning us and our children to improve their bottom line. Soy is a fraud and I hope you and your clients prevail. They will remain ill long after the soy is gone.

Name withheld

LIMITED-TIME, LIMITED-BUDGET FEEDING SYSTEM

Reading the article by Jen Allbritton on baby-led weaning (Winter, 2009), I cringed a little. In the early 1950s (before I discovered *Nutrition and Physical Degeneration*), we were a dirt poor but health-conscious couple with more children than we had planned. To watch babies play with food was not an option; neither was spreading out a buffet for them to pick from. We did not have the luxury of time.

In the interim, roughly between weaning and table food, here is the system I came up with: the babies got four bottles of freshly milked goat milk a day. One bottle had a cereal blended in it, one had a yellow vegetable blended in it, one had a green vegetable in it (all vegetables home grown), and one bottle had fruit. An egg yolk (from our hens) was added to one of the bottles as well as some cod liver oil. The opening in the baby bottle was widened as needed.

Yes, I know, cereals should preferably be chewed, but pretty soon our children held their own buttered toast, chicken leg, etc. There never was coaxing at the table.

I reject the notion that babies should practice coordination by playing with food. They get coordination all day by playing with pots and pans (lids make delightful sounds as do wooden spoons on salad bowls), egg beaters, toys and pets.

By the way, our very first visit to a physician came when one of our teenagers got strep throat. I had gone for a three-week visit to see my mother in Europe, during which time he had slipped into junk food. All four grew into athletic individuals—who love vegetables and WAPF!

Treska Lindsey

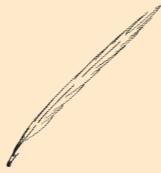
Flat Rock, North Carolina

IODINE OVERDOSE?

In response to your article on iodine (Summer, 2009) I wanted to let you know of my own iodine experience.

At the time I started iodine I was twenty-six years old, one hundred seventy-five pounds with no chronic illnesses that I know of, except for low adrenal function (now diagnosed through cortisol tests, etc.). I was taking a multivitamin from Purity Products, plus EPA+DHA fish oil (not cod liver oil) and flaxseed (2 tablespoons) plus magnesium citrate.

My basal temperature was low, around 96.4 over several days. After beginning four drops of Iosol (a solution of iodine and ammonium iodide in water) per day (1,830 mg iodine per drop), I soon noticed a swelling sensation in my neck, roughly in the area of my thyroid. I stopped the Iosol. The distress went away, but came back in about a week. I resumed Iosol at one drop a day, and



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it went away. I added Standard Process Drenamin (3 tablets) and Thytrophin (2 tablets) daily.

After about three months of this regimen, I began to have bowel difficulties—bloating, discomfort, low-level diarrhea, irregular bowel movements. No dietary or other changes would've caused that, I think. After a couple weeks, I thought there could be an iodine connection, and stopped taking the Iosol, but continued the glandulars. Within days the bowel problems went away and have stayed away. The makers of Iosol said they have never had a problem with it. (I had read about this protocol in Dr. David Williams's *Alternatives* newsletter.)

I have no idea what to make of all this and neither does my chiropractor, but it was very unnerving, and I thought you might wish to add the story to your files on iodine.

Paula Gifford
Boston, Massachusetts

IODINE ON THE SKIN

Last summer I went to the dermatologist because I had a small dry patch of skin on my cheek that would not go away. She froze it off, very gently as I had asked, so I would not get a scar. It came back again and the physician wanted me to try photo dynamic therapy, (PTD) which involves putting chemicals on the face and then going under a UV light, resulting in a very red, peeling face for a few days.

Before I went in, I read the article about iodine and the advice from Dr. Morell about using iodine on actinic keratosis and skin cancer. I went in for

the PTD, but chickened out before it was started. I told the doctor about the iodine, and she said to go home and try it "as an experiment."

After a couple of weeks, the dry patch was gone, (I actually peeled the dead skin off) and it has not returned.

I used Lugol's Iodine, 7%. The only mistake I made was ordering it on the internet, unknowingly from Costa Rica. It cost more for shipping than it did for the iodine, and then I was charged extra on my credit card for ordering outside of the U.S. But the most important thing is that it worked!

Thanks so much for the valuable information, once again.

Beth B.
Farmington, Connecticut

SPICES

You have taught me that food with "spices" on the label is suspect of containing MSG in some form. Yet, when I contacted a food company, they sent me the following reply: "According to FDA regulations, which we follow strictly, only actual spices can be listed under the general term of 'spices' on the ingredient label. Thus, when you are considering any of our products, you can be assured that the term 'spices' refers only to spices, and nothing else. Since spices are free of MSG, you can be assured you are avoiding this product. Please be aware that we do have some products that contain MSG. These products have monosodium glutamate listed on the ingredient panel (in exactly that terminology)."

Please tell me whether the FDA

really does have the rule stipulating that spices may mean only spices.

Jane Kraft
Alger, Ohio

Response from Jack Samuels: Spices, as defined by the FDA, should be safe for MSG-sensitive people. The website truth-in-labeling.org does not list spices on our list of MSG-containing ingredients. However, it has been found that some spice importers or sellers of spices have added MSG to some spices, without identification.

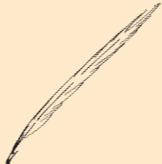
I do not think that the use of undisclosed MSG in spices is common because the resulting product would be mislabeled and would subject the involved companies to liability. Certainly, a major spice company would not want to take the risk of adding undisclosed MSG to their products. Having said the above, I once saw individual packets of red pepper flakes that included a disclosed source of MSG. Can you imagine red pepper flakes that need a flavor enhancer?

NO BROKEN BONES

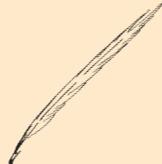
I grew up on a Virginia farm as part of a family of eight boys. None of us ever had a broken bone, and I attribute that to the fact that we all drank raw milk.

Tam Murray
Alexandria, Virginia

Gifts and bequests to the Weston A. Price Foundation will help ensure the gift of good health to future generations.



Letters



GOOD HEALTH FROM RAW MILK

My two brothers and I were raised on raw milk. We are now in our sixties. My youngest brother takes some medication, but my older brother and I take no medication. We do regularly take vitamins.

I raised my son and daughter on raw milk. Now in their thirties, neither takes any medication. They suffer only from some psoriasis. Other than that, they are very healthy. I attest that our good health had its good start in drinking raw milk. My mother was a strong advocate. She was a farm girl from South Dakota.

I am sorry for those that oppose the legalization of this wonderful product. It is their loss. If they could follow so many of us, like my family, rather than focus on those alleged to have fallen ill drinking raw milk, I believe they would discover there are more healthy than ill folk.

Carrie Gonzalo
La Crescenta, California

HISTORICALLY SUCCESSFUL METHOD

I am writing in appreciation for the Weston A. Price Foundation and the *Wise Traditions* journal.

Real milk is a big issue in alternative agriculture today. Those of us who provide raw milk are on the front line of regulation and sometimes disruption. What can we do to come further ahead in this battle? My advice is that we should avoid having a negative attitude towards the USDA and regulators, and instead embrace a method that historically has succeeded: civil disobedience with nonresistance. Read about Ghandi and the British salt tax. Read about Rosa Parks and Alabama public transportation. Read about the Amish and Mennonites and “mandatory” public school attendance.

These people were right, but they did not receive widespread public support until they refused to obey and then turned the other cheek when they were

punished. Let’s stop fighting for our rights. Let’s just do what we and most people know is right—graze our cows on grass and sell our milk raw. If they arrest us, suffer willingly and do not strike back—not with language, not with angry protests, not with lawsuits, not even with ill feelings. Then we will win.

I am a grass farmer who cares for Jersey and Guernsey cows and sells raw milk. I live in a state where it is illegal to sell raw milk. I cannot advertise my raw milk. Most of your readers are consumers. What can they do to lighten my load? Simple: buy my product. Believe in me if I am worth believing in. They must look for me. They must investigate and prioritize finding me.

Then organize car pools with your friends to come to my farm and purchase my milk. You, the consumer, must prioritize and find time to make it work.

Name withheld 

UPDATE ON PHYTIC ACID by Rami Nagel

The article on phytic acid (Spring, 2010) was written in response to reports of dental decay, especially in children, even though the family was following the principles of traditional diets. Phytates become a problem when grains make up a large portion of the diet and calcium, vitamin C and fat-soluble vitamins, specifically fat-soluble vitamin D, are low. In the diet advocated by WAPF, occasional higher phytate meals will not cause any noticeable health effects for people in good health. Significantly more care is needed with whole grains when the diet is low in fat-soluble vitamins and in diets where two or more meals per day rely significantly on grains as a food source. Vitamin C reduces the iron and perhaps other mineral losses from phytic acid. Vitamin D can mitigate the harmful effects of phytates. Calcium (think raw milk, raw cheese, yogurt, and kefir) balances out the negative effects of phytates. The best indicator of whether dietary phytic acid is causing problems can be seen in the dental health of the family. If dental decay is a recurrent problem, then more care with grain preparation and higher levels of animal foods will be needed.

ARTICLE CORRECTION, BROWN RICE PREPARATION

The article stated: “Soak brown rice in dechlorinated water for 24 hours at room temperature, without changing

the water. Reserve 10 percent of the soaking liquid (which should keep for a long time in the fridge). Cook the rice in the remaining soaking liquid and eat. This will break down about 50 percent of the phytic acid.” The soaking water is to be discarded and the rice should be cooked in fresh water. Readers have noted that after the fourth cycle using the brown rice starter the brown rice becomes significantly softer and more digestible.

PHYTIC ACID IN POTATOES, YAMS AND SWEET POTATOES

White potatoes have 0.111-0.269 percent of dry weight of phytic acid, a level approximately equivalent to the amount in white rice. Cooking does not significantly remove phytates in potatoes, but consumption of potatoes with plenty of butter or other animal fat in the context of a nutrient dense diet should be enough to mitigate the effects of phytate. Yams contain an amount of phytate equal to or less than that in white potatoes, and sweet potatoes contain no phytate at all. One idea for corn would be to soak/sour it with wheat such as in the process of making corn bread. Corn generally is prepared without the whole kernel, removing the kernel will reduce the phytate content a little bit. I don't have further details on corn preparation, an entire article could be written on corn and traditional preparation.

PREPARATION OF OATS AND CORN

When preparing these grains according to traditional methods, such as those provided in *Nourishing Traditions*, the best idea is to add one or more tablespoons of freshly ground rye flour. Rye flour contains high levels of phytase that will be activated during the soaking process. This method reflects new information obtained since the publication of *Nourishing Traditions*. Even without the rye flour, overnight soaking of oats and other low-phytase grains greatly improves digestibility but won't eliminate too much phytic acid. Another grain that benefits from added rye flour during soaking is sorghum, which is lower in phytic acid than wheat but lacking in phytase. (Buckwheat contains high levels of phytase and would not need added rye flour.) You can keep whole rye grains and grind a small amount in a mini grinder for adding to these grains during the soaking process.

PREPARATION OF BEANS

If beans are a staple of your diet, extra care is needed in their preparation, including soaking for twenty-four hours (changing the soaking water at least once) and very long cooking. In general, soaking beans and then cooking removes about 50 percent of phytic acid. One report with peas and lentils shows that close to 80 percent of phytic acid can be removed by soaking and boiling. Boiling beans that haven't been soaked may remove much less phytic acid. Germinating and soaking, or germinating and souring is the best way to deal with beans; *dosas* made from soaked and fermented lentils and rice is a good example from India. In Latin America, beans are often fermented after the cooking process to make a sour porridge, such as *chugo*.

PREPARATION OF NUTS

We still do not have adequate information on nut preparation to say with any certainty how much phytic acid is reduced by various preparation techniques. Soaking in salt water and then dehydrating to make “crispy nuts” makes the nuts more digestible and less likely to cause intestinal discomfort, but we don't know whether this process significantly reduces phytic acid, although it is likely to reduce at least a portion of the phytic acid.

Roasting probably removes a significant portion of phytic acid. Roasting removes 32-68 percent of phytic acid in chick peas and roasting grains removes about 40 percent of phytic acid. Germinated peanuts have 25 percent less phytic acid than ungerminated peanuts. Several indigenous groups cooked and or roasted their nuts or seeds. I notice that I like the taste and smell of roasted nuts.

The real problem with nuts comes when they are consumed in large amounts, such as almond flour as a replacement for grains in the GAPS diet. For example, an almond flour muffin contains almost seven hundred milligrams of phytic acid, so consumption should be limited to one per day. Eating peanut butter every day would also be problematic.

PREPARATION OF COCONUT FLOUR

We do not have enough information about the preparation of coconut flour to say whether soaking reduces phytic acid, but as with other phytic-acid containing foods, the likelihood is that it is at least partially reduced. 

Caustic Commentary

Sally Fallon Morell and Mary Enig take on the Diet Dictocrats

FOOD POLICE TARGET TWO-YEAR OLD

Two-year-old Jack Ormisher was left in tears as nursery school staff confiscated his “unhealthy” cheese sandwich. His mother sent a homemade lunch because she suspected that school food was causing him stomach problems. Although his lunchbox also contained vegetables and a piece of melon, school staff offered Jack fruit, nuts and seeds, while informing his mother that future cheese sandwiches must contain lettuce or tomato to pass muster. Instead, his mother moved him to a new school. One blogger posted the following comment on the incident: “If he was older, he might have had the wherewithal to shout back at them: ‘Do I look like a bloody chaffinch, you self-important, doctrinaire Stalinist harridans?’ But he didn’t, because he was only two years old, so he just cried his eyes out instead. What can we do about these people?” It’s a good question, because the food police are determined to eliminate every real, nutritious morsel of food that goes into our mouths—and especially into the mouths of children. Parents need to take a very firm stand against these Food Puritans, and insist on their right to give their children healthy traditional food, with or without lettuce and tomatoes.

FAT TAX

A proposal to tax butter has been floating around for awhile, but the idea is so ridiculous that few people have taken it seriously. However, a Danish correspondent reports that the Danish People’s Party has agreed to introduce a tax on butter and fatty meat because “saturated fat increases the risk of cardiovascular disease.” Ironically, proponents of the tax cite the work of researcher Arne Astrup, who has recently backtracked on his opposition to saturated fat and admits that high-fat cheese has many benefits and may even protect against heart disease (www.dr.dk/Nyheder/Indland/2010/03/12/05347.htm). The Food Standards Agency in Britain is also discussing a fat tax, ostensibly against “junk food and sugary drinks” but also against full-fat milk, butter and cheese “to encourage a switch to products with less saturated fat” (dailymail.co.uk, May 11, 2010).

GOOD GENES, OR COD LIVER OIL?

Researchers are crediting good genes for the health and longevity of a family of eight brothers and sisters, ages 79-96, who have no history of heart attack, stroke, dementia or other diseases associated with getting old. Not one of them needs a cane. “I don’t even remember having a medicine cabinet. No, we didn’t,” says Helen Hurlburt. “Just molasses on bread and cod liver oil. That’s about it,” says her sister Agnes. “We never had junk food. We always cooked, and we ate together in the evening,” says Helen (TheBostonChannel.com, April 29, 2010). Miriam Tyler, of Timperley, U.K., age one hundred, credits her longevity to “a spoonful of cod liver oil once a day, washed down with maluca honey” (www.messengernewspapers.co.uk, December 31, 2009). What would happen if the general population were to learn that the secret to a long and healthy life is so simple: real food and cod liver oil. The whole edifice of life extension through genetic testing and stem cell research would come tumbling to the ground.



PASTEURIZATION AND LISTERIA

While public health officials harp on the alleged dangers of raw milk, in Europe six people have died from listeria in pasteurized milk cheese. Four of the deaths occurred in Austria and two in Germany, all traced to cheese made by dairy giant Prolactal. Will health officials give the same treatment to Prolactal—which has an annual revenue of sixty-five million Euros—that they mete out to small raw milk producers in the U.S.? Not at all. Production will be renewed “once the causes have been fully clarified.” News of the incident did not appear in U.S. newspapers, while the European press simply noted that listeria can contaminate “a range of foodstuffs including . . . plants, meats and dairy products. . .” with no singling out of raw milk. Austrian health officials reported a total of forty-five cases of listeria-related illness in 2009, of which

Caustic Commentary

eleven resulted in death, none of which were caused by raw milk (dairyreporter.com, February 17, 2010). Meanwhile, the U.S. Food and Drug Administration (FDA) announced its intention to close down a New Jersey cheese maker in the wake of listeria contamination and an alleged failure to correct unsanitary conditions at the plant. The company manufactures and distributes soft, semi-soft and hard pasteurized Mexican cheese throughout the Mid Atlantic and New England. The announcement about the decision included figures from Centers for Disease Control and Prevention showing twenty-five hundred serious illnesses from listeriosis each year, of which five hundred die (dairyreporter.com, January 5, 2010).

MINCING WORDS

It's amazing how researchers so carefully choose their words to hide unwelcome findings. Several studies have shown that industrial seed oils strongly promote prostate cancer cell growth; a recent study found that lowering the fat content of a primarily saturated fat diet offers little survival benefit in mice with transplanted human prostate cancer cells, in contrast to lowering a diet high in omega-6 polyunsaturated fatty acids, which does offer survival benefit (*Journal of Urology* 2010 Apr;183(4):1619-24). Rather than state the obvious in unambiguous language—that saturated fats don't contribute to cancer—the researchers hid the important point in their conclusion: “. . . fat type may be as important as fat amount in the prostate cancer setting.” In another study, mice fed a standard rat chow diet plus 10 percent corn oil exhibited increased body weight, total body fat mass and abdominal fat mass along with reduced bone mineral density compared to controls on rat chow alone. The title of the study describes the corn oil diet as a “high-fat” rather than a “high-oil” diet (*Journal of Nutritional Biochemistry* 2010 Feb 9). When a diet high in corn oil but low in fiber, vitamin D and calcium triggered inflammation in the mouse colon, Peter Holt, one of the study authors, stated that the study lent support to the hypothesis that “red meat, processed meat and alcohol can increase the risk of colorectal cancer” (ScienceDaily.com, January 2, 2010). But the study did not look at red meat, processed meat and alcohol, it looked at corn oil! Monounsaturated fatty acids, found in olive oil and canola oil, are the current darling of the research establishment. Researchers at Lund University in Sweden really got tongue-tied when a

recent study showed that olive oil and a “new type of canola and flaxseed oil” raised cholesterol levels more than butter. According to a spokesperson for the University, the short- and medium-chain fatty acids in butter are stored preferentially in the intestinal cells. “However, butter leads to a slightly higher content of free fatty acids in the blood, which is a burden on the body. . . Olive oil is good, to be sure, but our findings indicate that different food fats can have different advantages” (*Science Daily*, February 20, 2010).

SPEECHLESS

What has left most commentators speechless is a mega-analysis published in the *American Journal of Clinical Nutrition* (March 2010 91(3):535-546). Researchers combined the relative risk rates from twenty-one studies representing almost three hundred fifty thousand people whose diets and health outcomes had been followed for five to twenty-three years. The conclusion: “There is no significant evidence for concluding that dietary saturated fat is associated with an increased risk of CHD (coronary heart disease) or CVD (cardiovascular disease).” Not one word about this study appeared in the mainstream press. An accompanying editorial voiced outrage at the findings and repeated the old discredited advice—avoid red meat, whole milk, egg yolks and cheese, and eat more egg whites, grains, fat-free dairy foods and seed oils. Only James H. Hodges of the American Meat Institute Foundation spoke out: “This study is critically important because of its size and statistical power. No doubt, it will be viewed with skepticism by some researchers who believe strongly in a link between heart disease and saturated fat. But when it comes to science, we must view new findings with an open mind and critical thought. Without an open mind, we risk enacting misguided public policies. While this study may not reflect prevailing nutrition advice, it is a very substantial body of work. It is important to note that the study's authors relied upon twenty-one peer-reviewed papers in the scientific literature that represent some of the leading thinkers in nutrition research. The magnitude of this study and its findings merit both respect and thoughtful consideration.” Amen.

MORE CONFIRMATION

On the heels of the mega-analysis exonerating saturated fat is a prospective study from Australia which looked at adults

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over a period of fifteen years. People who ate the most full-fat dairy products had a 69 percent lower risk of cardiovascular death than those who ate the least; or, to put it another way, people who mostly avoided dairy foods or consumed lowfat dairy had more than three times the risk of dying of coronary heart disease or stroke compared to people who ate the most full-fat dairy (*European Journal of Clinical Nutrition* 7 April 2010; doi: 10.1038/ejcn.2010.45).

IMPOSSIBLE STANDARDS?

Doris E. Travis, the last surviving Ziegfeld girl, has died at age one hundred six. For a quarter century, Florenz Ziegfeld auditioned thousands of young women vying to become chorus girls. What caught our attention in the news report about Travis was the fact that Ziegfeld wanted girls with the exact measurements of 36-26-38—in other words, girls with generous hips (*New York Times*, May 12, 2010). Today, young women feel compelled to fit a more slender and far less attainable measurement of 36-24-36.

VITAMIN A IN THE NEWS

In humans, the formation of the heart occurs within the fourth week of development. Researchers at the Keck School of Medicine of the University of Southern California have pinpointed the mechanism that guides embryonic heart tissue formation—it is retinoic acid, an isomer of vitamin A. “This exciting research shows how retinoic acid, a vitamin A derivative, acts to guide cells in the embryo to form parts of the heart and the major blood vessels that emerge from it,” said a spokesman for the research. “Defects in this developmental pathway can result in serious congenital malformations in the heart in the fetus and newborns, that may be fatal if not corrected surgically” (sciencedaily.com, March 10, 2010). Nepalese children whose mothers received vitamin A supplementation during pregnancy had better lung function compared to those who received a placebo. Children whose mothers received beta-carotene supplements did not experience any benefits. “The greater bioefficacy of preformed vitamin A as compared with beta-carotene may stem from differences in absorption and metabolism,” explained the researchers. While warning American mothers to avoid vitamin A, health officials admit that vitamin A deficiency is a public health problem in more than half of all countries in the world, especially in Africa and Southeast Asia where it results in 500,000 cases of blind-

ness each year (*New England Journal of Medicine* May 2010 362(10):1784). Vitamin A not only guides the development of the fetus, it also assists in the production of cellular energy throughout life. According to findings published in the *FASEB Journal*, vitamin A may play a role in the synthesis of ATP in the mitochondria—the power plant of our cells. When vitamin A is deficient, the production of energy is reduced by 30 percent (*FASEB Journal* 2010 24:627-636). In spite of these and numerous other findings showing the importance of adequate vitamin A in the diet, the public continues to hear warnings against the consumption of vitamin A-rich foods like liver and cod liver oil. Yet the levels were certainly very high in primitive diets. We recently stumbled on some information from 1972 showing very high levels of vitamin A in foods prized by primitive people—foods like fish liver oils, polar bear liver, seal liver, the livers of land animals and surprisingly high levels in oily fish (see below).

VITAMIN K AND CANCER

In a study involving over twenty-four thousand subjects, dietary intake of vitamin K₂ was found to protect against cancer. The subjects were free of cancer at enrollment. On follow-up over ten years later, over seventeen hundred cases of cancer occurred, of which four hundred fifty-eight were fatal. Those with the highest intake of vitamin K₂ had the lowest incidence

VITAMIN A CONTENT OF TRADITIONAL FOODS

Vitamin A (IU per 100 gm weight, fresh)

Cod liver oil	200,000
Halibut liver oil	4-6 million
Shark liver oil	3 million
Polar bear liver	1.8 million
Seal liver	1.3 million
Tuna	800,000 - 8 million
Sardines	4,500-54,000
Herring	9,000
Liver (sheep and ox)	4,000 – 45,000
Butter	2,400 – 4,000

Source: N Sapekia, *Food Pharmacology*, Charles C. Thomas, Springfield, Illinois, 1972.

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of cancer, and the lowest cancer mortality, especially in men. Said the authors, “These findings suggest that dietary intake of menaquinones, which is highly determined by the consumption of cheese, is associated with a reduced risk of incident and fatal cancer” (*American Journal of Clinical Nutrition*, March 24, 2010). Cheese is probably the best source of vitamin K₂ in the western diet, but the Diet Dictocrats seem determined to take it away from us, citing the risk of saturated fat.

PESTICIDES AND THE BRAIN

Repeated exposure to pesticides is associated with an increase in the risk for Alzheimer’s disease in late life, according to an observational study published in *Neurology* (May, 2010 Vol 74, pp 1524-1530). According to the study authors, commonly used organophosphate and organochlorine pesticides inhibit acetylcholinesterase—needed for learning, memory and concentration—at synapses in the somatic, autonomic and central nervous systems and therefore may have lasting effects on the nervous system. In the study, the most common route of exposure was farming. Here’s yet another reason to purchase organic foods. The more we eat organic, the fewer people will be forced to work in agricultural jobs that expose them to pesticides.

MORE STATIN RISKS

While the FDA recently approved use of cholesterol-lowering drugs for people with normal cholesterol levels, and whose doctors haven’t diagnosed them yet with heart disease, the agency has also warned that statins can cause muscle damage as well as severe and potentially lethal muscle damage, especially at high doses. A study just published in the *British Medical Journal* (May 20, 2010) found that people taking statins at a range of doses have a higher risk of liver dysfunction, kidney failure, muscle weakness and cataracts. Did the study authors call for a ban on this dangerous drug? No, they just equivocated: “Our study is likely to be useful for policy and planning purposes,” said the lead researchers “. . . [and] for informing guidelines on the type and dose of statins.” Another study found that statins could raise a person’s risk of developing type 2 diabetes by 9 percent (*The Lancet*, 2010 February 27 375(9716):735 - 742).

CHOLESTEROL SUPPLEMENT

Sometimes it’s hard to believe a government agency can be

so contradictory. The FDA recently approved a cholesterol supplement to improve the retardation, hyperactivity, irritability, poor attention span and tendency toward aggressive and self-injuring behavior seen in children with Smith-Lemli-Opitz Syndrome, a genetic disorder that prevents the body from manufacturing all the cholesterol it needs. And following research showing impaired cholesterol pathways in the brains of autistic children, researchers are now conducting a study to determine whether children with autism spectrum disorders and low cholesterol can benefit from increasing their dietary cholesterol intake. It seems like the entire government is suffering from autism spectrum disorder if it can’t make the connection between irritability, poor attention span and aggressive behavior in cholesterol-deprived children and irritability, poor attention span and aggressive behavior in adults on cholesterol-lowering drugs.

PRAISE THE LARD

Super chef Michael Symon, winner of numerous awards and owner of five restaurants in the Cleveland and Detroit areas, gets top billing for his juicy high-fat burgers—made from a 75/25 blend, rather than the usual dry 90/10 blend. He also likes to prepare variety meats like cheek, tongue and heart and, best of all, he cooks only in lard. “All our fryers are filled with lard and only lard. We use that at all of our restaurants. For one thing, it tastes better. Two, it’s natural, it’s not hydrogenated. People are just now figuring that out—all these over-processed fats are way worse for you than the animal fats, whether it be lard of beef tallow” (cattlenetwork.com, April 9, 2010). ☺☺

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.

Update on Vitamins A and D

Vitamin D Experts Defend Cod Liver Oil

By Chris Masterjohn

In November of 2008, Dr. John Cannell of the Vitamin D Council published a commentary in the journal *Annals of Otology, Rhinology & Laryngology* attacking cod liver oil because of its high vitamin A content, claiming that vitamin A intakes above the most minimal levels would increase mortality rates, increase vulnerability to infections, cause osteoporosis, and antagonize the beneficial effects of vitamin D. Sixteen scientists signed on to the paper as co-authors. In response, *Wise Traditions* published my article, “The Cod Liver Oil Debate,” in the Spring, 2009 issue, which defended cod liver oil as an important and balanced source of the fat-soluble vitamins and essential fatty acids. The following November, I expanded on this article in my lecture, “Cod Liver Oil: Our Number One Superfood,” at the Foundation’s annual conference.

We’re not the only ones who responded!

In January 2010, Michael F. Holick, MD PhD, a vitamin D researcher whose work I have cited in previous articles, Linda Linday, a medical doctor whose cod liver oil study formed the starting point for Cannell's 2008 commentary, and several other colleagues, even including one researcher from the National Institutes of Health, made a direct response to Dr. Cannell and his colleagues in the pages of the same journal. What's more, they even credited the Weston A. Price Foundation for raising concern about the balance between vitamins A and D!

"Cod liver oil," they wrote, "available without a prescription for hundreds of years, is a valuable source of vitamins A and D, as well as long-chain omega-3 fatty acids, all of which may be important in the prevention of respiratory tract illnesses in children. In many populations around the world, cod liver oil continues to be a valuable source of these important nutrients. The across-the-board dismissal of cod liver oil as a supplement advocated by [Cannell and colleagues] ignores this reality."

REDUCED RESPIRATORY INFECTIONS

The authors pointed out that in Dr. Linday's randomized, controlled trials, cod liver oil supplementation cut doctor's visits for upper respiratory infections between one-third and one-half. Cannell's paper called this "less than robust," but most of us would consider such a reduction meaningful, especially if by taking cod liver oil we got sick less often! The authors, moreover, argued that retinol from animal foods is a more

reliable source of vitamin A than carotenes from plant foods since there is such wide variation in people's ability to convert carotenes to vitamin A—an argument that has appeared in the pages of *Wise Traditions* many times in the past.

THE IDEAL RATIO

But now to the exciting part.

The authors devoted a section of their paper to the ideal ratio of vitamin A to D. "In the responses to [Cannell and colleagues] from the on-line supplement and nutrition newsletter communities," they wrote, "the issue of the proper ratio of vitamin A to vitamin D emerged as a major concern." They gave three references, including one to the Weston A. Price Foundation's "Cod Liver Oil Update" from December, 2008.

In fact, the importance of balance between vitamins A and D was raised in the pages of *Wise Traditions* even earlier than 2008. In the spring of 2006, I discussed the issue in my article "Vitamin A on Trial: Does Vitamin A Cause Osteoporosis?" when I argued that vitamin A only contributes to osteoporosis when vitamin D levels are deficient or when the ratio of vitamin A to D is massively out of balance. The following fall, I raised the issue again in my article "From Seafood to Sunshine: A New Understanding of Vitamin D Toxicity," wherein I presented research showing that vitamin A protects against vitamin D toxicity and introduced the possibility that vitamins A, D, and K₂ may be cooperative factors that should all be consumed in proper balance. I more fully developed this concept in

What's more, they even credited the Weston A. Price Foundation for raising concern about the balance between vitamins A and D!

THE FAT SOLUBLE ACTIVATORS

The key finding of Dr. Weston Price was very high levels of "fat-soluble activators" in traditional diets. No matter what the particulars of the diet—whether in the frozen north, the Alpine highlands or the tropical South Seas—traditional peoples consumed plentiful amounts of vitamins A, D and what Dr. Price referred to as Activator X—now determined to be vitamin K₂—from seafood, organ meats and the fat of grass-fed animals. It is difficult to obtain adequate amounts of these activators in Western diets, partly because government agencies have demonized the foods that contain these vitamins, and also because the industrialization of agriculture has taken most livestock off pasture.

Properly processed cod liver oil is an excellent source of vitamins A and D, and this is why we recommend it for westerners, especially in preparation for conception, during pregnancy and lactation, and for growing children. Unfortunately, while the need for vitamin D has received considerable recognition in recent years, many researchers have spoken out against vitamin A and especially cod liver oil. Chief among the detractors are Dr. John Cannell of the Vitamin D Council, and Dr. Joseph Mercola of mercola.com. This article, which is necessarily technical in parts, serves as part of the ongoing debate on this subject.

For background and more information, see www.westonaprice.org/cod-liver-oil/1622.html. This article combines two recent blog postings by Chris Masterjohn. Visit his blog at www.westonaprice.org/blogs.html.

It is refreshing to see a powerful defense of cod liver oil in the scientific literature, and especially refreshing to see the work of the Weston A. Price Foundation cited therein.

my spring 2007 article on vitamin K₂, “On the Trail of the Elusive X-Factor: A Sixty-Two-Year-Old Mystery Finally Solved.”

As a result of this research, in December of 2007, I published a hypothesis on the molecular mechanism of vitamin D toxicity in the journal *Medical Hypotheses* entitled “Vitamin D toxicity redefined: vitamin K and the molecular mechanism,” which emphasized interactions between vitamins A, D, and K₂. The following year, researchers from Tufts University published a paper in the *Journal of Nutrition* supporting this hypothesis, showing that vitamin A protects against vitamin D toxicity in part by helping to properly regulate the production of vitamin K-dependent proteins.

One question I have never been able to answer in any of these articles is the one everyone wants an answer to: what, precisely, is the proper ratio of vitamins A and D?

Dr. Linday and her colleagues offer a suggestion: poultry studies suggest optimal A-to-D ratios between four and eight. Similarly, in her own studies showing that cod liver oil protects against upper respiratory tract infections, Linday supplied her patients with A-to-D ratios between five and eight.

They also point out that rat studies showing that vitamin A is toxic and antagonizes the effects of vitamin D used much higher ratios, ranging from 5,000 to 55,000!

It is refreshing to see a powerful defense of cod liver oil in the scientific literature, and especially refreshing to see the work of the Weston A. Price Foundation cited therein.

We owe a big thank you to Dr. Linda Linday (MD) of St. Luke’s-Roosevelt Hospital Center in NY, NY, Dr. John C. Umhau (MD, MPH) of NIH in Bethesda, MD, Richard D. Shindlecker of New York Downtown Hospital in NY, NY, Dr. Jay N. Dolitsky (MD) of New York Eye and Ear Infirmary in NY, NY and Michael F. Holick (PhD, MD) of Boston University Medical Center in Boston, MA for helping to sort out these important questions about the fat-soluble vitamins.

OPTIMAL VITAMIN D LEVELS

Are some people pushing their vitamin D levels too high? Has science proven that the minimal acceptable blood level of vitamin D, in

the form of 25(OH)D, is above 50 ng/mL (125 nmol/L)?

The answer is “No.” If you’ve been trying to maintain your levels this high because you thought this was the case, I’m sorry to break the news. There is, on the contrary, good evidence that 25(OH)D levels should be at least 30-35 ng/mL (75-88 nmol/L). Much higher levels may be better, or they could start causing harm, especially in the absence of adequate vitamins A and K₂. Once we leave the land of 30-35 ng/mL, however, we enter the land of speculation.

The idea that science has proven we need to maintain 50 ng/mL as a minimum comes from Dr. John Cannell of the Vitamin D Council. In his article “Am I Vitamin D Deficient?” he writes the following: “Thanks to Bruce Hollis, Robert Heaney, Neil Binkley, and others, we now know the minimal acceptable level. It is 50 ng/ml (125 nmol/L). In a recent study, Heaney, et al expanded on Bruce Hollis’s seminal work by analyzing five studies in which both the parent compound (cholecalciferol) and 25(OH)D levels were measured. They found that the body does not reliably begin storing cholecalciferol in fat and muscle tissue until 25(OH)D levels get above 50 ng/ml (125 nmol/L). The average person starts to store cholecalciferol at 40 ng/ml (100 nmol/L), but at 50 ng/ml (125 nmol/L) virtually everyone begins to store it for future use. That is, at levels below 50 ng/ml (125 nmol/L), the body uses up vitamin D as fast as you can make it, or take it, indicating chronic substrate starvation—not a good thing. 25(OH)D levels should be between 50–80 ng/ml (125–200 nmol/L), year-round.”

DIFFERENT CONCLUSIONS

There are a few problems with this argument. To begin with, Drs. Hollis, Heaney, Binkley, and the other authors of this study rightly made very different conclusions from their own data. In the report they wrote for the American *Journal of Clinical Nutrition*, they wrote the following: “One could plausibly postulate that the point at which hepatic 25(OH)D production becomes zero-order [this is the point at which the enzymes converting vitamin D to 25(OH)D are saturated with vitamin D] constitutes the definition of the low end of normal status. This value, as suggested in an equation shown in the

article, is at a serum 25(OH)D concentration of 88 nmol/L (35.2 ng/mL). It is interesting that this estimate is very close to that produced by previous attempts to define the lower end of the normal range from the relations of serum 25(OH)D to calcium absorption and to serum parathyroid hormone concentration (ie, 75–85 nmol/L, or 30–34 ng/mL).”

According to the authors of this study, then, the point at which the vitamin D enzymes are saturated and vitamin D “accumulates within the body, both in serum and probably in body fat” is not 40 or 50 ng/mL (100 or 125 nmol/L) but rather 35 ng/mL (88 nmol/L).

The authors used a statistical approach that pooled together data from several studies. They presented most of their data in Figure 4, and the data from one other study in Figure 5 (see below). They did not determine the point at which vitamin D starts getting stored in body fat in particular individuals. On the contrary, they used a statistical approach to infer the point at which this occurs in their entire study population. Now, if you compare Figures 4 and 5, looking for the point at which the slope of the line dramatically changes, you will see that it changes at a higher level of 25(OH)D in Figure 5. Dr. Cannell seems to have used the data from Figure 5 to say when vitamin D gets stored in body fat in “virtually

everyone” as opposed to “the average person,” but in fact the authors stated that they did not use the data from Figure 5 to determine this point because a different and apparently inferior method of measuring vitamin D levels was used in that data set.

So, we are back to the authors’ original conclusions, that vitamin D saturates its activation enzymes and starts getting stored in body fat when 25(OH)D levels reach 35 ng/mL (88 nmol/L).

The second problem is that this study does not “prove” or “show” or “demonstrate” what the optimal or minimal blood level of vitamin D is. The authors state that one could plausibly postulate that the minimum acceptable blood level is the point at which the enzymes are saturated and vitamin D is stored in body fat, but they never state that “we now know the minimal acceptable level.”

The most definitive way to determine the ideal 25(OH)D level would be to conduct a randomized, controlled trial with different levels of vitamin D supplementation targeted at reaching specific blood levels of 25(OH)D and to test the effects of the different levels of supplementation on clinical outcomes, such as bone mineral density, fracture rate, insulin resistance, glucose tolerance, cancer or heart disease.

Vitamin D saturates its activation enzymes and starts getting stored in body fat when 25(OH)D levels reach 35 ng/mL.

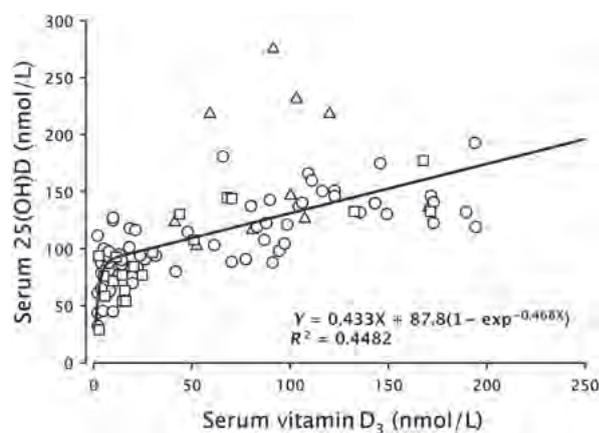


FIGURE 4. Plot of the relation between serum concentrations of vitamin D₃ and 25-hydroxyvitamin D after 18–20 weeks of treatment with various doses of vitamin D₃. Triangles represent subjects from study B; circles subjects from study C; squares subjects from study F. The regression line is a least-squares fit of the data to a combination exponential and linear function.

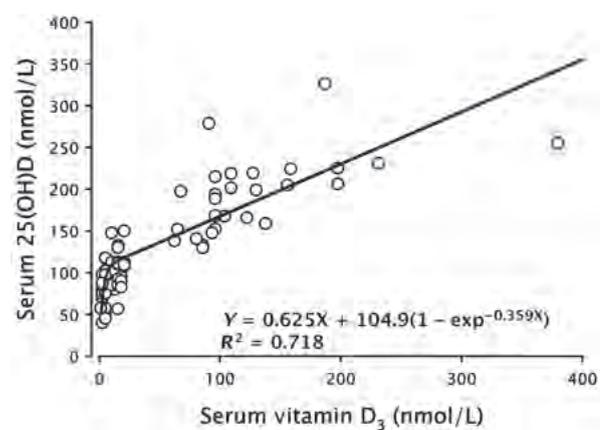


FIGURE 5. Plot of the relation between serum vitamin D₃ and 25-hydroxyvitamin D in study D only. As in Figure 4, the regression line is a least-squares fit of the data to a combination exponential and linear function.

From the *American Journal of Clinical Nutrition*, Vol. 87, No. 6, 1738-1742, June 2008. Used with permission.

We do not yet have this type of data. We do, however, have some strong support for raising 25(OH)D levels to at least 35 ng/mL (88 nmol/L). For example, as the authors of the study we have been looking at pointed out, similar attempts to use statistical approaches to define the 25(OH)D level that maximizes calcium absorption, maximally suppresses parathyroid hormone (which leaches calcium from bone), or maximizes bone mineral density have suggested similar results. A recent randomized, placebo-controlled trial showed that supplementing insulin-resistant women with 4,000 IU of vitamin D per day for six months reduced insulin resistance and had the most powerful effect in women whose 25(OH)D level was raised to over 32 ng/mL (80 nmol/L).

POSSIBLE HARM

What about higher levels? The evidence is conflicting, and some of it indicates possible harm. For example, a study in the *American Journal of Medicine* published in 2004 found that in Americans aged over fifty, the maximal bone mineral density (BMD) occurs around 32-40 ng/mL (80-100 nmol/L). Among Mexican Americans, BMD continues to rise a little after this point, but for whites it plateaus and begins dropping off around 45 ng/mL (110 nmol/L) and for blacks it begins dropping off even before 40 ng/mL (100 nmol/L).

If 50 ng/mL (125 nmol/L) is our minimal acceptable level, this study would seem to suggest that those of us who have “acceptable” levels of 25(OH)D would have lower bone mineral density than those of us who are moderately deficient. And that premise just doesn’t make sense.

Another study published in the *European Journal of Epidemiology* in 2001 found that South Indians with 25(OH)D levels higher than 89 ng/mL (223 nmol/L) were three times more likely to have suffered from ischemic heart disease than those with lower levels—and of course with such a dramatic elevation of heart disease risk, the risk may have begun increasing at levels substantially lower than 89 ng/mL.

Neither of these studies was designed to show that high levels of 25(OH)D cause decreases in bone mineral density or increases in heart disease risk, but it is possible. As I especially emphasized in my *Wise Traditions* and *Medical Hypotheses* articles on vitamin K₂, bone resorption and blood vessel calcification are prominent symptoms of vitamin D toxicity

in animal experiments. I also emphasized the role of vitamins A and K₂ in protecting against vitamin D toxicity. So, even if these levels are in fact harmful, they may only be harmful or may be primarily harmful in the absence of adequate vitamins A and K₂. The presence of the other fat-soluble vitamins could even turn these levels from harmful to beneficial.

STILL NEEDED

Nevertheless, what we need in order to show that levels higher than 50 ng/mL are helpful or harmful are vitamin D supplementation trials comparing the effect of different doses resulting in different blood levels on clinical health outcomes, and similar studies examining the interactions between vitamin D and the other fat-soluble vitamins.

Lifeguards in the tropics can reach blood levels in the 50s and 60s naturally from sun exposure, suggesting these levels are “natural,” although lifeguards in Israel have twenty times the rate of kidney stones as the general population.

Kidney stones may be the most sensitive indicator of vitamin D toxicity and are a symptom of vitamin A and K₂ deficiency. Thus, I suspect these levels are healthful in the context of a diet rich in vitamins A and K₂, and if my levels were to reach this high in the summer sun while I was eating such a diet, I certainly would not worry.

But if you are trying desperately to maintain year-round 25(OH)D status between 50-80 ng/mL using vitamin D supplements, you have entered the land of speculation. Enter at your own risk. ☹☹

WAPF ON THE INTERNET

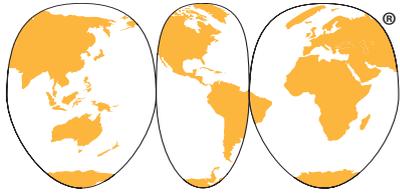
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Food Allergies

A Holistic Approach

By Natasha Campbell-McBride, MD

Food allergies have become very common, and the trend is up.¹ Most medical practitioners are facing this problem on a daily basis more and more. A recent public survey in the UK has shown that almost half the population report that they have an “allergy” to one or more foods.² However, the official figures for a “true allergy to food” are around 1 percent of the population in most developed countries.¹

The reason for this confusion is that the majority of food reactions, allergies, and intolerances do not produce a typical allergy test profile—raised IgE or IgG with positive prick test or positive RAST test. Physicians have made several attempts to classify this group: as “type B food allergy,” “metabolic food intolerance” or simply “food intolerance,” rather than a “true” allergy.³ People who do not test positive to standard allergy tests may nevertheless react to many different foods or combinations of foods. Quite often the person is not sure which food produces the reaction because the reaction may be immediate or delayed—a day, a few days or even a week later. As these delayed reactions overlap each other, patients can never be sure exactly what they are reacting to on any given day.^{1,3}

In addition, physicians often encounter a masking phenomenon, in which reactions to regularly consumed foods run into each other—the new reaction begins when the previous has not yet finished—so the connection with a food and the symptoms it triggers is not apparent.⁴

Food allergy or intolerance can produce every symptom under the sun, from migraines, fatigue, PMS, painful joints and itchy skin to depression, hyperactivity, hallucinations, obsessions and other psychiatric and neurological manifestations. However, the most immediate and common symptoms in the vast majority of patients are digestive problems: pain, diarrhea or constipation, urgency, bloating and indigestion.^{3,5,6}

Naturally, many people try to identify which foods they react to. As a result many forms of testing have appeared on the market, from blood tests to electronic skin tests. Many experienced practitioners get disillusioned with most of these tests, as they produce too many false positives and false negatives.⁶ Furthermore, these tests lead physicians to the simplistic conclusion that removing the “positive” foods from the diet will solve the problem. Indeed, in some cases, elimination of a trigger food can help. However, this help is rarely permanent; the patients usually find that as they eliminate some foods, they start reacting to others to which they did not seem to react before. The patient finishes up with virtually nothing left to eat, and every new test finds reactions to new foods. The majority of experienced practitioners come to the same conclusion: the simplistic idea of “just don’t eat foods you are allergic to!” does not address the root of the problem.^{3,6} We need to look deeper into the causes of these food intolerances.

A CASE HISTORY

In order to understand the root cause of food allergies, I would like to share a case history of one of my patients. Stephanie S., thirty-five years old, asked for my help in “sorting out her food allergies.” A very pale, malnourished looking lady, (weight 99 pounds with height five feet, three inches) with low energy levels, chronic cystitis, abdominal pains, bloating and chronic constipation. She was consistently diagnosed as anemic all her life.

As to her family background, she was born naturally from a mother with digestive problems and migraines. Her sister suffered from severe eczema and her brother from gastro-intestinal problems. She did not have information on her father’s health.

She was not breast fed as a baby and at the age of three months contracted her first urinary infection, treated with the first course of antibiotics. Since that time, the urinary infections became a regular part of her life, usually treated by antibiotics; when she saw me she was suffering from chronic interstitial cystitis.

Throughout her childhood she was very thin, always finding it difficult to put any weight on, but otherwise she considered her health to be “OK”—she completed school and played sports. At fourteen years of age her menstruation stopped, having started a year before. She was put on a contraceptive pill, which seemed to regulate her menstrual periods.

Around age sixteen she was put on a long course of antibiotics for acne, after which she developed lactose intolerance with severe constipation and bloating. She was advised to stop consuming dairy products at age eighteen, which helped with constipation for a while, but her other symptoms remained. She developed progressively lower levels of energy, abdominal cramps, dizzy spells, very low body weight and very dry skin.

Following numerous medical consultations and food allergy testing, she started removing different foods from her diet, but was never sure whether this made much difference. Some symptoms seemed to improve, others did not and new symptoms appeared. She became sensitive to loud sounds and local pollution, her shampoo and make-up and some domestic cleaning chemicals. Her cystitis became chronic and was pronounced psychosomatic by her doctor. Her diet at the time of the consultation was very limited: she seemed to tolerate (but was not entirely sure) breakfast cereals, sheep’s yogurt, soy milk, some varieties of cheese, a few vegetables and rarely fish. Following several food allergy tests she removed all meats, eggs, nuts, all fruit, whole grains and many vegetables from her diet.

This example is very common and demonstrates clearly that just removing “offending”

The patient finishes up with virtually nothing left to eat, and every new test finds reactions to new foods.

In the first few weeks of life, in addition to the gut lining, other mucous membranes and baby's skin get populated by their own flora, which play a crucial role in protecting those surfaces from pathogens and toxins.

foods from the diet does not solve the problem. We have to look deeper and find the cause of the patient's malady. In order to do that we have to examine Stephanie's health history.

INFANCY

Stephanie was born from a mother with digestive problems and Stephanie was not breast fed. What does that tell us? We know that unborn babies have a sterile gut.⁷ At the time of birth, the baby swallows mouthfuls of microbes, which live in the mother's birth canal.⁸ These microbes take about twenty days to establish themselves in the baby's virgin digestive system and become the baby's gut flora.^{7,8}

Where does the vaginal flora come from? Medical science shows that the flora in the vagina largely comes from the gut. What lives in the woman's bowel will live in her vagina.^{9,10} Stephanie's mother suffered from digestive problems, which indicates that she had abnormal gut flora as well, which she passed to her daughter at birth.

Baby Stephanie was not breast fed. Breast milk, particularly colostrum in the first days after birth, is vital for appropriate population of the baby's digestive system with healthy microbial flora.^{9,10,11} We know that bottle-fed babies develop completely different gut flora than breast fed babies.¹¹ That flora later on predisposes bottle-fed babies to asthma, eczema, other allergies and other health problems.¹² But the most important abnormalities develop in the digestive system, of course, as that is where these microbes make their home. Having acquired abnormal gut flora from her mother at birth, Stephanie's was compromised further by bottle feeding.

CHRONIC CYSTITIS

In the first few weeks of life, in addition to the gut lining, other mucous membranes and baby's skin get populated by their own flora, which play a crucial role in protecting those surfaces from pathogens and toxins.¹³ As baby Stephanie acquired abnormal flora in her gut, her groin and vagina got abnormal flora too, as this flora normally comes from the gut.¹⁰ At the same time, the urethra and the urinary bladder get populated with flora similar to that of the vagina. In a normal situation, the urethra and bladder should be predominated by lactobacteria,

largely *L. crispatus* and *L. jensenii*.¹⁴ This flora produces hydrogen peroxide, reducing the pH in the area. In these acidic conditions, pathogens cannot adhere.¹⁵ When the urethra and bladder are unprotected by good flora and a low pH, they fall prey to pathogenic microbes, causing urinary tract infections (UTI). The most common pathogens that cause UTIs, are *E.coli*, *Pseudomonas aeruginosa* and *Staphylococcus saprophyticus* coming from the bowel and the groin.¹⁵

Urine is one of the venues of toxin elimination from the body.¹⁶ In gut dysbiosis, large amounts of various toxins are produced by pathogens in the gut and then absorbed into the bloodstream through the damaged gut wall.^{16,17} Many of these toxins leave the body in urine; accumulating in the bladder, this toxic urine comes into contact with the bladder lining. The beneficial bacteria in the bladder and urethra maintain what is called a GAG layer—a protective mucous barrier, largely made from sulphated glucosaminoglycans, produced by the cells of the bladder lining.¹⁷ As the GAG layer gets damaged, toxic substances in urine get through to the bladder wall causing inflammation and leading to chronic cystitis.¹⁸

And that is what happened to Stephanie: at the age of three months she got her first urinary infection. As her gut flora, vaginal flora and the flora of urethra and the bladder were not corrected, she suffered from urinary infections all her life and eventually developed chronic cystitis.

FURTHER DAMAGE TO GUT FLORA

Because of regular urinary tract infections, Stephanie had regular courses of antibiotics through her entire life, starting from infancy. Every course of antibiotics damages the beneficial species of bacteria in the gut, leaving it open to invasion by pathogens that are increasingly resistant to antibiotics.^{10,19} Even when the course of antibiotic is short and the dose is low, it takes the various beneficial bacteria in the gut a long time to recover: physiological *E.coli* takes one to two weeks; bifidobacteria and veillonelli take two to three weeks; lactobacilli, bacteroids, peptostreptococci take one month.^{10,20} During this period, if the gut flora is subjected to another damaging factor, then gut dysbiosis may well start in earnest.²¹

After many short courses of antibiotics Stephanie took a long course for acne at the age of sixteen. That is when she got pronounced digestive problems: constipation, bloating, abdominal pain and lactose intolerance, indicating that her gut flora was seriously compromised.

From the age of fourteen Stephanie had been taking the contraceptive pill. Contraceptives have a serious damaging effect on the composition of gut flora, leading to allergies and other problems related to gut dysbiosis.^{22,23}

MALNUTRITION

Stephanie suffered from malnutrition all her life despite the fact that her family always cooked fresh wholesome meals and Stephanie ate well. She was always pale, very thin and small, and could never put any weight on. This is not surprising considering the state of her gut right from birth. The microbial layer on the absorptive surface of the GI tract not only protects it from invaders and toxins, but maintains its integrity.^{20,21} The epithelial cells, called enterocytes, which coat the villi, are the very cells that complete the digestive process and absorb the nutrients from food.²⁴ These cells only live a few days as the cell turnover in the gut wall is very active. These enterocytes are constantly born in the depth of the crypts. Then they slowly travel to the top of the villi, doing their job of digestion and absorption and getting more and more mature on the way. As they reach the top of the villi, they get shed off. This way the intestinal epithelium gets constantly renewed to insure its ability to do its work well.²⁴

Animal experiments involving sterilization of the gut found that when the beneficial bacteria living on the intestinal epithelium are removed, this process of cell renewal gets completely out of order.¹⁰ The time of cell travel from crypts to the top of the villi becomes a few times longer, which upsets the maturation process of these absorptive cells and often turns them cancerous. The mitotic activity in the crypts gets significantly suppressed, which means that far fewer cells will be born there and decreased numbers of them will be born healthy and able to do their job properly. The state of the cells themselves becomes abnormal.^{9,25} That is what happens in a laboratory animal with a sterilized gut.

In a human body, the absence of good bacteria always results in pathogenic bacteria getting out of control, which makes the whole situation much worse. While under attack from pathogenic flora, and without the care of beneficial bacteria, the gut epithelium degenerates and becomes unable to digest and absorb food properly, leading to malabsorption, nutritional deficiencies and food intolerances.^{19,21,25}

Apart from keeping the gut wall in good shape, the healthy gut flora populating this wall are programmed to take an active part in the very process of digestion and absorption,^{19,21} so much so that the normal digestion and absorption of food is probably impossible without well-balanced gut flora. It has an ability to disassemble proteins, ferment carbohydrates, break down lipids and digest fiber. By-products of bacterial activity in the gut are very important in transporting minerals, vitamins, water, gases and many other nutrients through the gut wall into the bloodstream.¹⁰

If the gut flora is damaged, the best foods and supplements in the world may not have a good chance of being broken down and absorbed. A good example is dietary fiber, which is one of the natural habitats for beneficial bacteria in the gut.²⁵ They feed on it, producing a whole host of good nutrition for the gut wall and the whole body; they engage it in absorbing toxins; they activate it to take part in water and electrolyte metabolism; and they help recycle bile acids and cholesterol, among many other functions. It is the bacterial action on dietary fiber that allows it to fulfil all those good functions in the body.^{20,21} And when these good bacteria are damaged and are not able to “work” the fiber, dietary fiber itself can become dangerous for the digestive system, providing a good habitat for bad pathogenic bacteria and aggravating inflammation in the gut wall. This is when gastroenterologists have to recommend a low-fiber diet.¹⁹ Consequently, dietary fiber alone without the beneficial bacteria present in the gut can end up not being all that good for us.

Stephanie also found that she became lactose intolerant after the long course of antibiotics prescribed for her acne. And indeed lactose is one of those substances which most of us would not be able to digest without well functioning gut

Stephanie also found that she became lactose intolerant after the long course of antibiotics prescribed for her acne. And indeed lactose is one of those substances which most of us would not be able to digest without well functioning gut flora.

Apart from digesting lactose, physiological strains of *E.coli* produce vitamin K and vitamins B₁, B₂, B₆, B₁₂; they produce antibiotic-like substances, called colicins; and they control other members of their own family which can cause disease.

flora.²⁵ The explanation science has offered us so far is that after early childhood, the majority of us lack an enzyme called lactase to digest lactose.²⁶ If we are not meant to digest lactose, then why do some people seem to manage it perfectly well? The answer is that these people have the right bacteria in their gut.

One of the major lactose-digesting bacteria in the human gut is *E.coli*.¹⁰ It comes as a surprise to many people that physiological strains of *E.coli* are essential inhabitants of a healthy digestive tract. They appear in the gut of a healthy baby in the first days after birth in huge numbers—107 - 109 Colony Forming Units per gram—and remain in these high numbers throughout life, providing that they do not get destroyed by antibiotics and other environmental influences.^{9,19}

Apart from digesting lactose, physiological strains of *E.coli* produce vitamin K and vitamins B₁, B₂, B₆, B₁₂; they produce antibiotic-like substances, called colicins; and they control other members of their own family which can cause disease. In fact, having your gut populated by the physiological strains of *E.coli* is the best way to protect yourself from pathogenic species of *E.coli*.²¹ Unfortunately, this group of beneficial bacteria is very vulnerable to broad spectrum antibiotics, particularly aminoglycosides (Gentamycin, Kanamycin) and macrolides (Erythromycin, etc.).^{9,10}

Apart from *E.coli*, other beneficial bacteria in the healthy gut flora—bifidobacteria, lactobacteria, beneficial yeasts and other organisms—will not only ensure appropriate absorption of nutrients from food but also actively synthesize various nutrients: vitamin K, pantothenic acid, folic acid, thiamin (vitamin B₁), riboflavin (vitamin B₂), niacin (vitamin B₃), pyridoxine (vitamin B₆), cyanocobalamin (vitamin B₁₂), various amino acids and other active substances.^{9,10,25} Nature has made sure that when the food supply is sparse, we humans don't die from vitamin and amino acid deficiencies. Nature has provided us with our own factory for making these substances—our healthy gut flora. And when this gut flora is damaged despite adequate nutrition, we develop vitamin deficiencies. Every tested child or adult with gut dysbiosis shows deficiencies in the very vitamins that their gut flora is

supposed to produce.²⁵ Restoring the beneficial bacteria in their gut is the best way to deal with those deficiencies, particularly vitamin B deficiencies.^{10,19,21}

Through testing over the years, Stephanie consistently showed deficiencies in most B vitamins, fat soluble vitamins, magnesium, zinc, selenium, manganese, sulphur, iron and some fatty acids.

ANEMIA

Another consequence of gut dysbiosis is anemia. Stephanie suffered from anemia all her life, unsuccessfully treated by courses of iron tablets. The majority of patients with gut dysbiosis look pale and pasty, and their blood tests often show changes typical for anemia.²¹ The anemia is not surprising as those with gut dysbiosis not only cannot absorb essential vitamins and minerals from food, but their own production of these vitamins is damaged. In addition, people with damaged gut flora often have a particular group of pathogenic bacteria growing in their gut, which are iron-loving bacteria—*Actinomyces spp.*, *Mycobacterium spp.*, pathogenic strains of *E.coli*, *Corynebacterium spp.* and many others.^{13,25} These organisms consume dietary iron, leaving the person deficient. Unfortunately, supplementing iron makes these bacteria proliferate, bringing unpleasant digestive problems, and does not remedy anemia. To have healthy blood, the body needs other minerals, a whole host of vitamins: B₁, B₂, B₃, B₆, B₁₂, C, A, D, folic acid, pantothenic acid and some amino acids.^{24,10} It has been shown in a large number of studies all over the world, that just supplementing iron does not do much for anemia.²⁷

PATHOGENS IN THE GUT

The most studied pathogens, those that overgrow after numerous courses of antibiotics, are clostridia and yeasts, which normally belong to the opportunistic group of gut microbes.²⁸ The opportunistic gut flora consists of a large group of various microbes, the number and combinations of which can be quite individual—so far around four hundred different species of them have been found in the human gut.²⁵ The most common are bacteroids, peptococci, staphylococci, streptococci, bacilli, clostridia, yeasts,

enterobacteria (proteus, klebsielli, citrobacteria, etc.), fuzobacteria, eubacteria, spirochaetaceae, spirillaceae, and catenobacteria, along with several viruses.¹³ Interestingly, in small numbers and well controlled by beneficial bacteria, many of these opportunistic bacteria actually fulfill some beneficial functions in the gut, like taking part in the digestion of food and breaking down lipids and bile acids. In a healthy gut, their numbers are limited and tightly controlled by the beneficial flora.²⁰ But when this beneficial flora is weakened and damaged, they get out of control.

Each of these microbes is capable of causing various health problems.²⁹ The best known is the fungus *Candida albicans*, which causes untold misery to millions of people.³¹ There is an abundance of literature published about candida infection. However, in my experience, much that is described as candida syndrome is in effect a result of gut dysbiosis, which includes lots of other opportunistic and pathogenic microbes.

Candida albicans is never alone in the human body. Its activity and ability to survive and cause disease depends on the state of trillions of its neighbours—different bacteria, viruses, protozoa, other yeasts and many other micro-creatures.^{9,19,31} In a healthy body, candida and many other disease-causing microbes are very well controlled by the beneficial flora.

Unfortunately, the era of antibiotics gave candida a special opportunity. The usual broad-spectrum antibiotics kill a lot of different microbes in the body—the bad and the good. But they have no effect on candida. So, after every course of antibiotics, candida is left without anything to control it, so it grows and thrives.^{30,31} Stephanie had many symptoms of candida overgrowth in her body: low energy levels, dry skin, recurrent vaginal thrush and cystitis, bloating, constipation, foggy brain and lethargy.

The clostridia family was given a special opportunity by the era of antibiotics as well, because clostridia are also resistant to them.³⁴ About one hundred members of this family have been discovered so far, and they all can cause serious disease. Many of them are found as opportunists in a healthy human gut flora.^{25,33} As long as they are controlled by the beneficial microbes in the gut, they normally do us no harm. Unfortunately, every course of broad-spectrum antibiotics re-

moves the good bacteria, which leaves clostridia uncontrolled and allows it to grow. Different species of clostridia cause severe inflammation of the digestive system and damage its integrity, leading to many digestive problems and food intolerances.^{32,33}

FOOD “ALLERGIES” AND INTOLERANCES

Normal gut flora maintains gut wall integrity by protecting it, feeding it and insuring normal cell turnover. When the beneficial bacteria in the gut are greatly reduced, the gut wall degenerates.^{9,10,21,25} At the same time, various opportunists, when not controlled by good bacteria, get access to the gut wall and damage its integrity, making it porous and “leaky.”^{76,28,29} For example, microbiologists have observed how common opportunistic gut bacteria from the spirochaetaceae and spirillaceae families have an ability to push apart intestinal cells with their spiral shape, breaking down the integrity of the intestinal wall and allowing substances to pass through which normally should not get through.^{13,25}

Candida albicans has this ability as well. Its cells attach themselves to the gut lining, literally putting “roots” through it and making it “leaky.”⁷³¹ Many worms and parasites have that ability as well.^{9,10,35} Partially digested food gets through the damaged “leaky” gut wall into the blood stream, where the immune system recognizes them as foreign and reacts to them.^{36,37,38} This is how food allergies or intolerances develop.

So there is nothing wrong with the food. What is happening is that foods do not get a chance to be digested properly before they are absorbed through the damaged gut wall. Thus, in order to eliminate food allergies, it is not the foods we need to concentrate on, but the gut wall. In my clinical experience, when the gut wall is healed, many food intolerances disappear.

HEALING THE GUT WALL: THE DIET

How do we heal the gut wall? We need to replace the pathogens in the gut with the beneficial bacteria, so effective probiotics are an essential part of the treatment. However, the most important intervention is the appropriate diet.

There is no need to re-invent the wheel when it comes to designing a diet for digestive disorders. A very effective diet was described over

In a healthy body, candida and many other disease-causing microbes are very well controlled by the beneficial flora.

sixty years ago, which has an excellent record of helping people with all sorts of digestive disorders, including such devastating ones as Crohn's disease and ulcerative colitis. This diet is called the Specific Carbohydrate Diet or SCD for short.

SCD was invented by a renowned American pediatrician, Dr. Sidney Valentine Haas, in the first half of the twentieth century.³⁹ Those were the good old days, when doctors treated their patients with diet and natural remedies. Carrying on the work of his colleagues, Drs. L. Emmett Holt, Cristian Herter and John Howland, Dr. Haas spent many years researching the effects of diet on celiac disease and other digestive disorders. He and his colleagues found that patients with digestive disorders could tolerate dietary proteins and fats fairly well. But complex carbohydrates from grains and starchy vegetables made the problem worse. Sucrose, lactose and other double sugars also had to be excluded from the diet. However, certain fruits and vegetables were not only well tolerated by his patients, but improved their physical status. Dr. Haas treated over six hundred patients with excellent results—after following his dietary regimen for at least a year there was “complete recovery with no relapses, no deaths, no crisis, no pulmonary involvement and no stunting of growth.”

The results of this research were published in a comprehensive medical textbook, *The Management of Celiac Disease*, written by Dr. Sidney V. Haas and Merrill P. Haas in 1951. The diet, described in the book, was accepted by the medical community all over the world as a cure for celiac disease, and Dr. Sidney V. Haas was honored for his pioneering work in the field of pediatrics.

In those days celiac disease was not very clearly defined. A great number of various conditions of the gut were included into the diagnosis of celiac disease and all those conditions were treatable by the SCD very effectively.

Unfortunately, a “happy ending” does not happen in human history too often. In the decades that followed, something terrible happened. Celiac disease was eventually defined as a gluten intolerance or gluten enteropathy, which excluded a great number of various other gut problems from this diagnosis. As the “gluten free diet” was pronounced to be effective for celiac disease, the SCD diet was forgotten as outdated information. And all those other gut diseases, which didn't fit into the category of true celiac disease, were forgotten as well. True celiac disease is rare, so the “forgotten” gut conditions constituted a very large group of patients, which used to be diagnosed as celiac and which do not respond to treatment with a gluten-free diet. Incidentally, a lot of “true” celiac patients do not get better on the gluten-free diet either. All these conditions respond very well to the SCD diet, developed by Dr. Haas.³⁹

Following the whole controversy about celiac disease, the Specific Carbohydrate Diet would have been completely forgotten were it not for—you guessed it—a parent! Elaine Gottschall, desperate to help her little daughter, who suffered from severe ulcerative colitis and neurological problems, went to see Dr. Haas in 1958. After two years on SCD her daughter was completely free of symptoms, an energetic and thriving little girl. Following the success of the SCD with her daughter, Elaine Gottschall helped thousands of people suffering from Crohn's disease, ul-

cerative colitis, celiac disease, diverticulitis and various types of chronic diarrhea over the years. She reported very dramatic and fast recoveries in young children, who in addition to digestive problems suffered from serious behavioral abnormalities such as autism, hyperactivity and night terrors. She devoted years of research into the biochemical and biological basis of the diet and published a book called *Breaking the Vicious Cycle. Intestinal Health Through Diet*.³⁹ This book—reprinted numerous times—has become a true savior for thousands of children and adults across the world. Many websites and web groups have been set up to share SCD recipes and experiences.

I have been using the SCD for many years in my clinic and can say with confidence that it is *the* diet for food allergies. As my practice mostly involves children with learning disabilities, such as autism, ADHD, dyslexia and dyspraxia, I refer to this cluster of symptoms as the Gut And Psychology Syndrome or GAPS.⁴⁰ I had to adapt some aspects of SCD for these patients, so we call the diet the GAPS diet. Over the years I have developed a GAPS Introduction Diet for the severe end of the spectrum (www.gapsdiet.com). I find that the GAPS Introduction Diet is particularly effective in food allergies, as it allows the gut wall to heal quickly.

Stephanie had to follow the GAPS Introduction Diet for seven months before she started putting weight on and feeling stronger. By the time she moved to the full GAPS Diet, she had normal stools, no bloating and no cystitis symptoms; and her energy levels were much improved, though she still looked slightly pale. In about a year from the start of the treatment we lost track of her for eighteen months, but then she emailed me with an update. She was doing well, her energy level was good, she had no symptoms of cystitis and her GI function was good. She had gained weight, although she was still quite slim, but within the normal range. In the last two months she started eating some foods not allowed on the diet and found that she can tolerate them on an occasional basis, including pasta, chocolate and some goods from the local bakery.

HEALING THE GUT WALL: PROBIOTICS

In addition to the appropriate diet, in or-

der to heal the gut wall we need to replace the pathogenic microbes in the gut with the beneficial ones. The fermented foods in the diet will provide some probiotic microbes in food form, which is the best. However, an effective probiotic supplement is essential. The benefits of probiotic supplementation for most digestive disorders as well as for many other health problems have been demonstrated.⁴¹⁻⁴⁷

The marketplace is full of probiotics in the form of drinks, foods, powders, capsules and tablets. The majority of them are prophylactic, which means that they are designed for fairly healthy people, not to make a real difference in a person with a digestive disorder and a leaky gut. These people need a therapeutic-strength probiotic with well-chosen powerful species of probiotic bacteria.

There is a growing number of good quality multi-strain probiotics on the market and every practitioner usually has his or her own favorite formula. A therapeutic multi-strain probiotic will produce a so-called “die-off” reaction—the probiotic bacteria kill the pathogens in the gut, and when these pathogens die, they release toxins. As these are the toxins that give the patient his or her unique symptoms, their release makes these symptoms temporarily worse. This reaction can

be quite serious and must be controlled. That is why I recommend starting the therapeutic probiotic with a very small dose, then build the dose very gradually up to the therapeutic level. Once on that level, the patient needs to stay on it for a few months—how long depends on the severity of the condition. Once the symptoms of the disease are largely gone, the patient can start gradually reducing the daily dose to the maintenance level or can stop altogether.

Stephanie took a multi-strain therapeutic probiotic. She took one capsule per day (two billion live cells) for a week, then increased to two capsules per day. On this dose her skin became itchy, she got loose stools and her cystitis symptoms got slightly worse. She understood it to be a die-off so stayed on this dose for as long as it took for these symptoms to subside—about two and one-half weeks. Then she increased her dose to three capsules a day. This increase produced another die-off reaction, so she had to stay on the three capsules per day for a month before she could move on. In this manner she gradually increased the dosage to eight capsules a day—her therapeutic dose.

I recommended that she stay on this dose for six months. In this period, all of her main symptoms subsided and some began to disappear. After six months, she decided to stay on the therapeutic dose for longer, as she felt well on it. After another four months on eight capsules per day, she felt strong enough to start reducing the dose. She gradually reduced it to four capsules a day—her maintenance dose. After about two years on this dose she found that she could discontinue the probiotic (as it is expensive) and only take it occasionally, when she was under unusual stress. At this stage just regular consumption of fermented foods provided her with all the probiotic bacteria she needed. ☺☺

THE GAPS INTRODUCTION DIET

The GAPS Introduction Diet is structured in stages. Unless there is a dangerous (anaphylactic type) allergy to a particular food, I recommend my patients ignore the results of their food intolerance testing and follow the stages one by one. The GAPS Introduction Diet in its first stages serves the gut lining in three ways:

1. It removes fiber. With a damaged gut wall fiber irritates the gut lining and provides food for the pathogenic microbes in the gut. This means no nuts, no beans, no fruit and no raw vegetables. Only well-cooked vegetables (soups and stews) are allowed with particularly fibrous parts of the vegetable removed. No starch is allowed on the GAPS diet, which means no grains and no starchy vegetables.
2. It provides nourishment for the gut lining: amino acids, minerals, gelatin, glucosamines, collagens, fat soluble vitamins, etc. These substances come from homemade meat and fish stocks, gelatinous parts of meats well-cooked in water, organ meats, egg yolks and plenty of natural animal fats on meats.
3. It provides probiotic bacteria in the form of fermented foods. The patients are taught to ferment their own yogurt, kefir, vegetables and other foods at home. These foods are introduced gradually in order to avoid a “die-off” reaction.

In the first two stages of the GAPS Introduction Diet, most severe digestive symptoms, such as diarrhea and abdominal pain disappear quite quickly. At that point the patient can move through the next stages, when other foods are gradually introduced. As the gut wall starts healing, the patients find that they can gradually introduce foods, which they could not tolerate before. When the GAPS Introduction Diet is completed, the patient moves to the Full GAPS Diet. I recommend adhering to the Full Diet for two years on average in order to restore normal gut flora and GI function. Depending on the severity of the condition, different people take varying amounts of time to recover. Children usually recover more quickly than adults. For further information on the GAPS Introduction Diet see www.gaps.me.

Dr. Natasha Campbell-McBride is a physician in private practice in Cambridge, UK and is the author of several books including Gut and Psychology Syndrome. She will be presenting a workshop on this subject at Wise Traditions 2010, November 12 in King of Prussia, Pennsylvania. This article first appeared in the Journal of Orthomolecular Medicine, First Quarter, 2009, Volume 24, Number 1, pages 31-41.

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Acid Reflux: A Red Flag

A Precursor to Chronic Illness

by Kathryne Pirtle

All disease begins in the gut. *Hippocrates*

The drug companies have accumulated enormous wealth from the sales of medications for acid reflux and related digestive complaints. Endless numbers of radio, television and magazine ads tell us how these preparations can magically “heal” these digestive discomforts. You may have even noticed advertisements for these medications at the top of your email page. When prescription drugs for acid reflux went over-the-counter, drug companies raked in four hundred million dollars in sales per year!

In the United States, sixty million people have acid reflux, or one in five people. Last year, hospitals recorded four hundred seventy thousand hospitalizations and almost two million emergency room visits from acid reflux. Acid reflux and related digestive disorders now constitute an epidemic, and no age group has been spared. In fact, 50 percent of infants suffer from acid reflux in the first months of life, and during the last few yeears, there has been a 56 percent increase in sales of medicine for acid reflux and digestive disorders in infants and children from birth to four years old! A statistic like this should sound the alarm to find the root cause of this health disaster.

Do not be fooled into thinking that because acid reflux is so common, it is a simple problem with an easy solution, or that when the symptoms are gone, a cure has been achieved. The medications for acid reflux have a poor track record. In 33 percent of the people taking them, they don't work at all. Sixty percent of those taking these medications continue to have problems three times a week, and 75 percent are doubling up on over-the-counter drugs.

What people do not realize is that acid reflux is a sign of poor digestion and impending malnourishment. Today, as most treatments—even natural remedies for acid reflux—focus on symptomatic relief, we fail to realize that this approach is like placing a “band aid over a boil,” and that poor digestion may be a precursor of severe degenerative conditions.

According to Hippocrates, “All disease begins in the gut.” An underlying principle in Chinese medicine is that good digestion is the key to good health. As a corollary, Dr. Weston A. Price noted that the principle cause of disease is malnourishment.

How would our society function if our overriding decisions were based on the American Indian spiritual principle—that we must choose our actions according to how they will affect the next seven generations? Then acid reflux and every other health issue we suffer would serve as a high alert for major change—like the canary test, used to check the safety of coal mines. If the canary didn't survive, people were not allowed to go into the mine. Accordingly, we would understand that massive epidemics in human health are warning signals telling us that we need to change our approach.

Unfortunately our standard medical and natural treatments for acid reflux do not address the root of the problem—a depleted food supply, wrong food choices and heavy metal toxicity, none of which supports good digestion and the nutritional requirements for optimal human health.

SYMPTOMS OF ACID REFLUX: MORE THAN YOU MAY REALIZE

Although sixty million Americans suffer from acid reflux, many

people are unaware that they even have it. In addition to the typical symptom of acid regurgitation, causing a burning in the esophagus and an unpleasant taste in the mouth, other symptoms include hoarseness, belching, chronic throat clearing and sore throat, persistent cough, difficulty swallowing, nausea, asthma and wheezing and persistent hiccups in adults. In infants and children, symptoms manifest as frequent ear infections, excessive crying, nausea with or without vomiting, excessive coughing, respiratory problems, refusing food, excessive belching and burping.

PROBLEMS WITH STANDARD TREATMENTS

Acid reflux is a condition in which hydrochloric acid from the stomach recurrently escapes up to the esophagus through the cardiac sphincter—a ring-shaped muscle that opens to allow food to pass from the esophagus to the stomach. It is often accompanied by the presence of a hiatal hernia, whereby the cardiac sphincter has been weakened and the top of the stomach protrudes up through the sphincter opening. Left untreated, the acid can erode the esophageal lining and cause a condition called Barrett's esophagus, in which the tissue lining the esophagus is replaced by tissue that is similar to the lining of the intestine. This condition is considered to be a precursor to esophageal cancer.

In the standard treatment of acid reflux, most doctors prescribe medicine to lower acid levels

ACID REFLUX AND ASTHMA

Interestingly, 41.1 percent of non-smokers who have a chronic cough and 60 percent of those who have asthma also have acid reflux.⁵ Asthma in children and adults is increasing at exponential rates. In 1995, almost fourteen million people were diagnosed with asthma while today that number has jumped to over thirty-four million!⁶

How does acid reflux lead to asthma? First, acid reflux may cause people to breathe tiny drops of hydrochloric acid into their lungs, which can irritate the delicate pulmonary lining and cause spasms in the airways, triggering an asthma attack. Second, frequent episodes of acid reflux may cause digestive acid to damage the esophageal lining and expose some of the nerves that are connected to the lungs. Irritation of the nerve endings may initiate a constriction of airways, thereby causing an asthma attack. Additionally, the acid can cause inflammation of the throat and larynx.

Surprisingly, asthma medications that dilate the bronchial tubes can trigger acid reflux symptoms, as they may cause the cardiac sphincter to relax, allowing acid to escape up through the esophagus. Regrettably, the conventional treatments for asthma merely address the symptom of narrowed breathing passages. While this is a necessary step, such treatment does not address the underlying causes.

Seven million people suffer from ear infections every year. Acid reflux may cause persistent ear infections as refluxed liquid enters the upper throat and inflames the adenoids causing them to swell. The swollen adenoids can block the passages from the sinuses and eustachian tubes, and fluid can build in the sinuses and middle ear.

in the stomach, suggest eating small carefully selected meals and recommend sleeping in a propped-up bed.

Acid reflux medications are designed for short-term use, but many people stay on them for years. For people suffering from gastritis, a condition where the stomach lining is inflamed, acid-lowering medications may be appropriate as a part of the initial healing regimen, but for all people, long-term use may cause serious health ramifications.

Stomach acid is extremely important to good digestion. Under normal circumstances, stomach acid not only helps break down protein into usable components, it also destroys food-borne viruses, pathogenic bacteria and parasites. But with low acid, one of the body's first lines of defense against harmful microorganisms becomes compromised.

By contrast, a good stomach acid is associated with high levels of beneficial flora in the intestinal tract. Good bacteria can thrive when parasites, yeasts and pathogens are kept out by hydrochloric acid.

In a healthy stomach environment, the stomach acid is very acidic—between a pH of .8 and 2.5. A 1982 study found that patients in intensive critical care units whose gastric pH rose above 4 experienced “rapid gastric colonization of organisms” and an increase in pathogenic bacteria and viruses in the oral cavity. So if the stomach is not sufficiently acid, your immune system will have to work much harder.

But there's more to this story, because from the stomach, this partially broken down food, full of yeast and other opportunistic organisms, now moves into the small intestine—the next stop on the digestive journey.

Without adequate stomach acid, when you eat foods that feed yeast and cause fermentation—sugar, starches, grains, processed foods, fruit juices and even too many fresh fruits—the yeast foams rapidly in the stomach, as when adding sugar to yeast in bread making.

Fermentation produces gases that force an upward pressure against the cardiac sphincter. *Candida* also will attach itself literally to the muscles of the cardiac sphincter and paralyze them. Under these conditions the cardiac sphincter will allow stomach acid into the esophagus.

Thus, as a result of years of the constant pressure of this gas-forming yeast fermentation in the stomach, a hiatal hernia can develop.

In addition, if this partially broken down fermented food, full of yeast and other opportunistic microorganisms, now moves into the small intestine, digestion is further compromised.

Therefore, treating acid reflux with acid-blocking, antacid medications only masks and exacerbates the problems that lead to these issues.

DIGESTION GONE WRONG

Now the cascade of events leads to something more serious. Under normal circumstances, the stomach acid would have broken proteins into peptides before allowing them to enter the small intestine. But when insufficiently digested protein enters the small intestines, due to inadequate stomach acid, the pancreas in turn does not get the signal to release adequate pancreatic juices. In addition, if the small intestine lacks a healthy flora, production of enzymes called peptidases is also reduced. Normally, these enzymes are manufactured by the enterocytes on the microvilli—the small nutrient-absorbing hair-like projections lining the small intestine. Their function is to further break down proteins and carbohydrates into usable nutrients.

As yeast and other unhealthy flora coming from the stomach take over the small intestine, dysbiosis will develop. This causes the mucosal lining of the intestinal tract to become damaged, leading to “leaky gut syndrome.” Gut permeability allows poorly digested proteins and carbohydrates to “leak” through the intestinal tract.

To further complicate matters, the undigested caseomorphine proteins from the casein in dairy foods and gluteomorphine proteins from gluten-containing foods—both of which resemble the chemical structure of opiates like heroin and morphine—will be absorbed into the bloodstream unchanged. Once in the bloodstream, they can interfere with brain and immune system function.

DRUNK ON CARBOHYDRATES

Undigested carbohydrates, poor digestion and *Candida* overgrowth also result in the production of the chemicals ethanol and acetaldehyde,

Under normal circumstances, the stomach acid would have broken proteins into peptides before allowing them to enter the small intestine. But when insufficiently digested protein enters the small intestines, due to inadequate stomach acid, the pancreas in turn does not get the signal to release adequate pancreatic juices.

Insoluble fiber is exceedingly difficult to digest without a healthy gut flora.

which have profound negative effects on brain chemistry. When candida produces ethanol in the small intestine, a person will seem drunk after a meal of carbohydrates, even though he has consumed no alcohol. In fact, eventually a person will actually crave the foods that produce alcohol in the small intestine. This is one reason why multitudes of children and adults have an insatiable appetite for high-carbohydrate junk food and why a multi-billion dollar processed-food industry continues to thrive.

We all know that alcohol is extremely toxic, especially to a developing fetus or a child. The following are some of the wide-ranging effects of a prolonged presence of alcohol from an overgrowth of candida in the body:

- Damage and inflammation to the gut lining and resulting malabsorption
- Nutrient deficiencies
- Stress to the immune system
- Liver damage
- Accumulation of toxins
- Unmetabolized neurotransmitters and hormones that can cause abnormal behavior
- Brain damage that can lead to lack of self control
- Impaired coordination, aggression
- Loss of memory and stupor; peripheral nerve damage
- Muscle tissue damage and weakness
- Metabolic alteration of proteins, carbohydrates and lipids
- Pancreatic degeneration

Thus, poor digestion can set up conditions in which it is difficult to think and enjoy life. As our diet causes mood problems and interferes with mental clarity, we become chemically dependent on the very foods that are making us sick.

ALLERGIES “OUT OF THE BLUE”?

Today allergies are commonplace—everybody has them, including children. For some people they are a minor annoyance, but for others, they can cause great suffering, even leading to anaphylactic shock and death. With a leaky gut, allergies can easily develop because a leaky gut allows undigested proteins into the blood stream. To your immune system, these proteins

represent foreign objects. So every time you eat an offending food—even a food that is considered nutritious—an immune system response will occur.

In an allergic reaction, your body produces antibodies that attack the foreign intruder. These antibodies are meant to protect you from harm, but if your body becomes overzealous and is required to attack a food protein that you eat all the time, you will suffer constant inflammation. You may develop chronic pain—and this pain may travel—as the inflammatory chemicals circulate throughout your body. On Monday, your elbow is sore. On Tuesday, your back may kill you. On Wednesday, you have a horrible headache. On Thursday, you have all of the above.

You can visit the massage therapist, the chiropractor, or take anti-inflammatory medicine to mask your pain until the “cows come home,” but until you find the real answer to your digestive problems, you will forever be in pain. Natural remedies may not have as many side effects as pharmaceuticals, but they also fail to treat the root causes of acid reflux, allergies and chronic pain that are the outgrowth of poor digestion.

THE HIGH-FIBER DICTATE: PART OF THE PROBLEM

The USDA and the FDA have insisted on the food pyramid model in their dietary guidelines, not for good health but for profit. This diet stresses high-fiber foods, and everywhere—on the news, in magazines, in books, on talk shows—we hear about the “benefits” of whole grains and high-fiber vegetables. So-called experts present the benefits of fiber as an article of faith, with no questions asked—whole grains, raw vegetables and fruits—you need them at every meal, and fiber supplements for good measure.

No questions asked? The reality is that people trying to follow the government dictates—with “healthy” raw salads every day, raw vegetables for snacks, all-bran cereals and whole grain breads with added fiber—often develop a wide array of digestive problems like flatulence, hernias, hemorrhoidal disease and irritable bowel syndrome.

Insoluble fiber is exceedingly difficult to digest without a healthy gut flora. Historically,

people consumed far less fiber in favor of more nutrient dense, easy-to-digest foods such as high quality dairy from grass-fed animals—raw milk, cream, cheese and butter—high quality meats and fish, bone broth soups and cooked vegetables with butter. Your grandmothers and great-grandmothers did not serve salads and fresh fruit every day—it simply wasn't available. Before refrigeration and motorized transportation, salads were a luxury, consumed only occasionally. Fresh fruit was only eaten in season—and often served stewed rather than raw.

In the stomach, your food cannot pass into the small intestine unless it is small enough to pass through the small valve called the pyloric valve. If you already have compromised digestion and low stomach acid, eating lots of hard-to-digest fiber, whether from whole grains or fresh fruits and vegetables, will churn around and around fermenting, waiting to become small enough to enter the small intestine. During this time, gases are produced that will press against your cardiac sphincter and over time, may lead to a hiatal hernia.

One other point: high-fiber foods tend to be low-nutrient foods. So eating a high-fiber diet is, in effect, eating a low-nutrient, hard-to-digest diet. When this dietary pattern is followed year after year, malnourishment is sure to follow. A raw salad, for instance, does not have the same nutrient density as raw milk—a glass of raw milk contains the nutrients of about fifty pounds of fresh grass. Since we are not cows with four stomachs especially made for breaking down cellulose, let's let cows do most of the high-fiber eating.

TOO MUCH WATER

If you are drinking lots of water throughout the day, your stomach acid will become diluted, leading to acid reflux and all the other problems herein described. In addition, too much water may cause mineral depletion and imbalances, which can further contribute to digestive disorders, as well as kidney disease, degenerative bone disease, muscular disorders and even cardiac arrest from electrical dysfunction.

Paradoxically, over-consumption of water may also cause constipation. When too much water is added to a high-fiber diet, the fibrous

foods swell and ferment in the intestinal tract, leading to gas, bloating and other uncomfortable digestive symptoms. This expanded mass may be too large to pass easily.

Traditional peoples did not drink large quantities of water. Instead, they stayed hydrated with raw milk, fermented beverages and bone broth soups, which have incredible nutrient qualities and do not upset the body's homeostasis. They also consumed plenty of traditional fats like butter, cream, lard and coconut oil. Fats render much more water during metabolism than proteins or carbohydrates. So as people succumb to drinking large quantities of water, not only will they lower the acid levels in the stomach, their digestion and nutrient absorption will be compromised. Over time this also contributes to malnourishment.

NOT ENOUGH SALT

In addition to a lowfat, high-fiber diet, government officials and health professionals tell us to avoid salt. Of course, salty junk foods should be avoided—but not because they contain a lot of salt. In spite of claims that salt raises blood pressure, there has never been clear evidence that reducing salt intake helps prevent hypertension. Decades of research have produced conflicting, ambiguous results. And salt is important for many functions in the body, including cell metabolism.

When it comes to good digestion, salt is critical to the production of hydrochloric acid—the chloride portion of sodium chloride serves as chloride for hydrochloric acid. We have very few other sources of chloride in our diets—celery and coconut are some of the best, but certainly not adequate to satisfy human needs. Without salt, we cannot produce enough hydrochloric acid for protein breakdown and good digestion overall.

THE PATH TO PERMANENT HEALING

Treatment of acid reflux must move well beyond the realm of symptom relief if true healing is to occur. Focusing on nutrient-dense, easy-to-digest foods over time will do the triple duty of relieving symptoms, improving digestion and correcting malnourishment. We must also remove possible blocks to healing such as mercury overload.

To heal, it is important to focus on nutrient-

If you are drinking lots of water throughout the day, your stomach acid will become diluted, leading to acid reflux and all the other problems herein described.

dense foods and eliminate all grains, starches, sugars and any foods that feed the candida cycle. Replacing these foods with a diet of nutrient-dense, easy-to-digest foods will satisfy your hunger as your body will finally obtain foods that fulfill nutrient requirements.

PROBIOTICS AND ENZYMES

Although hydrochloric acid (HCl) supplementation is often prescribed as a remedy for low levels of stomach acid, HCl taken as a supplement may irritate the stomach lining and cause gastritis, which is an inflammation of the stomach lining. Ultimately, proper HCl production is necessary for good digestion, but a safer approach to improving stomach acid production is to eliminate candida from the body, consume adequate salt, and eat cultured foods and beverages.

Cultured foods and beverages will support the development of a healthy intestinal flora, and help break the candida cycle; these lacto-fermented foods will also supply enzymes to support digestion. Often, however, those suffering from acid reflux and related digestive problems find that they need additional help, especially at first. There are many fine probiotic and enzyme supplements that you can take to get you started in your healing journey.

HIATAL HERNIA RECOMMENDATIONS

Many people who have acid reflux are also dealing with a hiatal hernia. Therefore, it is extremely important to determine whether you have this kind of hernia so that you may further understand your acid reflux. A knowledgeable chiropractic physician who does energetic testing can often test for this problem and help provide relief by doing an adjustment to the hernia. To do this, an experienced practitioner will push the hernia

down so that the top of the stomach is no longer protruding through the esophageal sphincter. This adjustment may be necessary on a regular basis until the esophageal sphincter strengthens and heals.

SPECIAL ADVICE FOR INFANTS SUFFERING FROM ACID REFLUX

Infants who suffer from acid reflux are in terrible discomfort. They often have colic and do not sleep well. The first step is to work with a holistic practitioner who is familiar with the Weston A. Price Foundation principles. If the mother is nursing, she will need to work on healing her gut with a diet rich in nutrient-dense, probiotic foods to pass their benefits on to the baby. Following the aforementioned program for healing will be a good first step. If the baby is still not thriving, it may be possible to look at the several options for homemade formula that the Weston A. Price Foundation offers, as these are rich in probiotics and may help to heal the acid reflux. Mom should address any problems with mercury toxicity before conception or after weaning—not during pregnancy and breastfeeding.

CONCLUSION

Healing from acid reflux requires an in-

PROGRAM FOR RECOVERY FROM ACID REFLUX

STEP ONE: The first step to recovery is eating foods that are easy to digest, end the candida cycle, heal the digestive tract, and offer superior nutrition. Start with bone broth soups exclusively for the first week. Make soups with homemade broth containing a variety of vegetables and a little chopped meat or liver.

STEP TWO: The second step to recovery is inoculating the gut with foods that will build a healthy intestinal flora. This is the time to add full-fat cow or goat milk kefir or yogurt—kefir has beneficial yeasts that literally “eat” candida, and contains other probiotic bacteria that will colonize in your intestinal tract. Ideally, you should make your own kefir or yogurt out of whole raw milk, but if you cannot find raw milk, you can purchase a high-quality, organic plain whole milk yogurt such as Traderspoint, Brown Cow, Seven Stars or Stoneyfield. If dairy is not tolerated, try other fermented foods and beverages such as homemade sauerkraut or pickles, coconut kefir, beet kvass, lacto-fermented sodas and kombucha.

STEP THREE: The third step to recovery is to consume a diet consisting solely of nutrient-dense, easy-to-digest foods that continue to heal the intestinal tract and support a healthy flora. Your diet should include:

- High quality fats—for nutrient absorption and healing the gut lining—including raw butter, coconut oil, palm oil, and lard, goose fat, duck fat and tallow from pastured animals. Take cod liver oil for vitamins A and D.
- High quality animal foods including liver and other organ meats, eggs (especially the yolks) from pastured hens, wild caught seafood including fish eggs and shellfish and dairy foods like raw whole milk and cheese.
- Bone broths in soups, stews and sauces.
- Cultured vegetables and beverages—sauerkraut, pickled beets, beet kvass, kombucha.
- Vegetables—limit vegetables, at first, to those you consume in bone broth soups or sauté or steam—always add butter or coconut oil.

MERCURY TOXICITY FROM AMALGAM FILLINGS—A PART OF THE CANDIDA OVERGROWTH PUZZLE

Mercury has a long history of use as a poison. Twenty-five hundred years ago, the Greeks used it as a murder weapon by pouring it into the victim's ear, thereby paralyzing the brain and causing almost instant death. Yet only recently has information about the catastrophic health problems caused by mercury in amalgam dental fillings entered the public consciousness. What most people do not realize is that the mercury in amalgams is mixed with other metals—copper, silver, tin and zinc—which actually increase the toxicity of mercury through galvanization—an electrical current produced from two or more dissimilar metals. Galvanization increases the rate of mercury corrosion ten to twenty fold!¹³

Mercury is extremely toxic, even in very small amounts, and has been linked to many neurological diseases such as Alzheimer's and multiple sclerosis. Heavy metals like mercury migrate to the fatty tissues of the brain and the myelin sheath that protects nerve cells. Mercury alters the cell membrane structure of developing brain neurons, leading to rapid degeneration. You can see this happening in the link to the following study: <http://www.youtube.com/watch?v=XU8nSn5Ezd8&feature=related>.

Mercury is a "cytotoxin." It is poisonous to all living cells because it binds with sulfhydryl molecules. These molecules are found in most proteins, the building blocks for all tissues. As a result, mercury can interfere with virtually any process or organ in the body.

Dental office staff receive instructions about the vigilant handling of amalgam material; it is classified by OSHA as "hazardous." In 1992, the World Health Organization declared that mercury is so poisonous, no amount of mercury absorption is safe! Yet, dentists have no qualms about putting mercury in people's mouths, where it produces constant mercury vapor for up to fifty years!

Alfred Zamm, MD, FACP provides an excellent description of mercury's poisonous mechanism: "Mercury poisoning is impaired oxidation. It's like having an invisible cord around your neck that's strangling you, but you can't feel the cord is there. [The strangulation] is biochemical, but the principle is the same: mercury reduces the amount of oxygen you get. The body keeps adjusting, but with every adjustment it gets sicker and sicker."¹⁴

Impaired oxidation leads to a host of health problems: autoimmunity, inability to deal with infections, bizarre illnesses that don't make sense otherwise. These environmental illnesses are due to a lack of energy packages required for the detoxification process. Therefore mercury toxicity deprives the body of oxygen, and any process in the body requiring oxygen will be less efficient in the presence of mercury.

Mercury toxicity deprives the body of oxygen, the body in turn initiates candida overgrowth as a protective mechanism. Therefore, even with a superb nutrient-dense, anti-candida dietary protocol, if a person has a mouth full of mercury amalgams, they may not recover from acid reflux!

According to Dr. Dietrich Klinghardt, "Mercury suffocates the intracellular respiratory mechanism and can cause cell death. So, the immune system makes a deal: it cultivates fungi [candida] and bacteria that can bind large amounts of toxic metals. The gain: the cells can breathe. The cost: the system has to provide nutrition for the microorganisms and has to deal with their metabolic products."¹⁵

According to *The Mercury in Your Mouth—The Truth about "Silver" Dental Fillings*, published by the Quick Silver Association, indigestion and weak stomach acid are associated with mercury toxicity.¹⁶ The gastrointestinal tract will absorb the highest levels of mercury because the fillings are constantly in contact with saliva. When the immune system is compromised by mercury, fungus multiplies rapidly.

Safe removal of dental amalgams is a very complicated process requiring an extremely specific protocol. It should be carried out by a biological dentist who should thoroughly assess the health of the patient before removal. It is also critical that detoxification remedies follow the removal. Some excellent remedies are Gemmotherapy Plant Stem Cells (www.plantstemcells.net), Organic Sulfur (organicsulfur@sisna.com) and Original Quinton Marine Plasma (www.originalquintonplasma.com). For even more information on proper removal of amalgams, see *Radical Medicine* by Dr. Louisa Williams (www.radicalmedicine.com).

To find a biological dentist who can safely remove amalgam fillings, consult with the following organizations:

- The International Academy of Biological Dentistry and Medicine (www.iabdm.org)
- The International Academy of Oral Medicine and Toxicology (www.iaomt.org)
- The Holistic Dental Association (www.holisticdental.org)
- Dental Amalgam Mercury Solutions (www.amalgam.org)

MY STORY—A COMMON SAGA

My story represents a textbook case of deteriorating digestive health, one that is shared by millions of people today. Ironically, for much of my life, I strictly followed the modern dictates of healthy eating—a lowfat, high-fiber diet, with lots of high quality whole grains, fresh fruits and vegetables, some lean meat, eggs and lowfat dairy, a little sugar and vegetable oils. Yet with this “perfect” diet, I developed chronic pain beginning in my early twenties, acid reflux in my early forties and shortly thereafter, a life-threatening digestive disorder that nearly ended my musical career.

I am the clarinetist and executive director of the Orion Ensemble, which has toured around the world and made several recordings. In 1999, at age forty-two, I began to experience acid reflux symptoms—a very distracting problem for a woodwind player. I felt a constant pressure in my throat with the sensation of wanting to burp. Of course, when I did burp, the horrible taste of acid would enter into my esophagus and throat. This was very frightening, and I quickly sought answers to this problem. My first solution was to stop eating wheat, which did help temporarily. I then discovered the blood-type diet and began religiously following the protocol for Type O. I ate more meat, salads, vegetables and fruit, and my only grains were two rye crackers a day and rice cookies. I did feel better, but my digestive disorder continued to develop.

In the fall of 2001, I became chronically ill for two years, suffering from a severe inflammatory condition in my spine, which caused debilitating pain in my arms, shoulders, hands and fingers, making it difficult to play my instrument and do normal activities like shopping, light lifting and housework. This condition was diagnosed as a symptom of celiac disease—an intolerance to gluten grains (wheat, oats, rye and barley). But surprisingly, the only gluten-containing food that I was eating at that time was two rye crackers a day! Still, with celiac disease, it only takes a microgram of gluten to cause an inflammatory reaction.

With that knowledge, I went the whole nine yards by following a strict grain-free, gluten-free and sugar-free diet of meat, fish, eggs, vegetables, fruit and olive oil. My pain remarkably disappeared, but I became absolutely terrified when five months later, I developed chronic diarrhea—a signal of malabsorption—and my embouchure (the facial muscles I use to produce my sound) began to shake uncontrollably. “Where is a bathroom?” and “I have to go now!” were my constant concerns as I literally dashed to a bathroom at least fifteen times a day. With malabsorption, I could be eating the most nutritious foods in the world and they would just go right through my body!

Not only did I think I would lose my ability to play my instrument, I began to think I would not survive. I felt my life leaving me, yet, how could I possibly eat a healthier diet—what was I supposed to eat? My healthy gluten-free, low-fat, high-fiber diet was literally killing me! Luckily, I discovered the work of Dr. Weston Price and the Weston A. Price Foundation. Through following the WAPF nutritional principles, I permanently reversed my digestive illness, including acid reflux, and after twenty-five years of chronic pain, I have been pain-free since 2003. I now have excellent stamina. Through adding ample traditional fats, vitamin A and D from fermented cod liver oil, butter oil, bone-broth soups, cultured traditional foods like raw milk kefir, beet kvass and sauerkraut, plus a wealth of nutrient-dense foods—liver, pastured meats and eggs, wild-caught salmon seafood, foods I had been missing my entire life—I have healed and built a high level of health.

Looking back, I realize that I was actually born with compromised digestion, for at birth I had severe colic. My mother told me that I hardly slept for the first six months of my life—that I would scream in agony from the gas pressure in my belly and intestinal tract. As my mother nursed me, she worked with the doctors to try to find out which items in her diet were bothering me. She began to eliminate various foods, taking them out one by one until she was only eating wheat—the doctors in the 1950s could not imagine wheat causing any problems, for how could someone have a reaction to bread of all things! With my mother’s all-wheat diet, my stools turned green, and I remained in agony. So my exhausted mother stopped nursing me and eventually, I “outgrew” the colic. Colic is a sign of poor gut flora.

By studying the work of Dr. Price, I recognized other symptoms of malnourishment. By age sixteen, I had a mouthful of cavities. I also remember often feeling my bones and muscles ache, which meant that there were not enough nutrients to support my growing body. My dear mother, who was concerned for the health of her children, heard the fiber story over and over, and actually put bran in our bran cereal—because “You gotta have that fiber to be healthy!” As an adolescent and young adult, I felt the effects of food addictions and mood swings. I had a clear affinity to eating anything that had wheat in it. Needless to say, throughout my youth, all this fiber contributed to ongoing flatulence. We all giggle at people who are “passing gas,” but when you experience this problem all the time, it means that something is very wrong with your digestion.

Thus, when I developed acid reflux at age forty-two, it was merely a sign of long-term poor digestion and serious malnourishment. The signs were there all along, but like most people, I believed in the modern health dictates and religiously followed them, even though I had inflammation and digestive problems. The thought that I was not eating a healthy diet had never occurred to me until I became extremely ill.

depth understanding of all the facets of digestive health. Permanent healing requires a long-term commitment to dietary change, along with alleviation of heavy-metal toxicity. But to be healthy—radiantly healthy—makes the whole journey worthwhile. The diet is rich and satisfying, and does not require privation; and safe removal of amalgams is more feasible than ever before. The benefits accrue not only to yourself but also to your family and to future offspring.

Modern man stands on a precipice. Continued physical degeneration is inevitable if we continue to eat industrial foods; but we have more knowledge and resources today than at any time in recent history to help us adopt a diet that ensures good health, generation after generation. 

Kathryne Pirtle is a world-class clarinetist whose career nearly ended because of performance difficulties caused by acid reflux, celiac disease, chronic inflammation and other health problems. Performance without Pain, written with John Turner, DC and Sally Fallon Morell, President of the Weston A. Price Foundation, tells the story of her trials and recovery. As a health educator, she has given more than forty workshops around the country with Dr. John Turner and appeared on numerous radio and television shows. Pirtle is executive director of the Orion Ensemble, which gives three yearly concert series in Metropolitan Chicago, presents a live internationally broadcast series on Chicago's WFMT-FM Fine Arts Radio Network and tours throughout North America. She is also principal clarinetist of the Lake Forest Symphony and frequently performs with the Chicago Lyric Opera Orchestra and the Chicago Symphony Orchestra.

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THE MERCURY IN MY MOUTH

As part of my journey, I had all of my mercury amalgams removed about twenty years ago by a leading biological dentist. Had I not had those amalgams replaced with composite fillings, I am certain that I would not have recovered from my life-threatening illness. Let me tell you why!

Although I had all my amalgams removed, up until early this year, I had one crown on the bottom right side of my mouth over my first molar. This crown was porcelain with metal at the bottom, and it enclosed a mercury amalgam-filled tooth. When you mix metals, you get what is called "dental galvanism," in which two or more dissimilar metals cause the flow of an electric current. Dental galvanism causes an amplification of heavy metal toxicity in the body. In fact, to protect the vital organs, the body will try to displace the toxic metals through neural pathways to less important parts of the body, like the breasts and the reproductive organs, thereby protecting the brain, liver, kidneys and heart.

This is what was happening to me with only one toxic piece of dental work in my mouth. Last summer I noticed a lump in my *right* breast, which I was able to massage away through the self-breast massage technique. I also was experiencing sinus drainage behind my *right* eye and eyebrow area this last summer and thought it was an allergy—only on the *right* side?—Not making sense is it! My *right* eyelid has had a recurring twitch for years. My *right* tonsil often was sore. My *right* ear was sometimes sore. I had shingles on the *right* side of my face years ago—excruciatingly painful. Was this my body's way of detoxifying this one piece of bad dentistry in the right side of my mouth? Since the removal of my last amalgam, my sinus problem, muscle twitching and ear pain are all completely gone. The breast lump has not returned either. So if you think that your mercury amalgams are not causing you harm, or your mixed metal crown with a mercury amalgam underneath is just fine, or your root canals are not causing any symptoms in your body that you know of—think again!

Root Canal Dangers

DNA Studies Confirm Dr. Weston Price's Century-Old Findings

by Hal A. Huggins, DDS, MS

Toxic dental materials have created much havoc in the dental profession, as well as in patient health, for nearly two centuries. Dental mercury fillings, nickel crowns (especially in children, called “chrome crowns”), root canals and cavitations have been the target of concern for a long time.

Dental mercury was first exposed as a health-compromising product in 1840. The dental profession finally overcame the perception that putting toxic mercury in the mouth might be detrimental to human health; organized dentistry still considers the current fillings containing 50 percent mercury as “state of the art.”

The toxicity of root canals was disclosed by Mayo's Clinic and Dr. Weston Price jointly back in about 1910. Close to a century ago. Price's textbook on root canals, published in 1922, upset the dental associations at that time, and still does today. The American Dental Association (ADA), denies his findings and claims that they have proven root canals to be safe; however, no published data from the ADA is available to confirm this statement. Statements, but no actual research.

My attention was drawn to the increase in autoimmune disease after the high-copper amalgams of 1975 were initiated as “state of the art” fillings, which ADA claimed released no mercury. On the contrary, studies from Europe¹ found that the high-copper amalgams released fifty times more mercury than previous amalgam!

In watching these changes regarding the onset of autoimmune disease, I noticed a blip in the statistics—an increase in amyotrophic lateral sclerosis (ALS or Lou Gehrig’s disease) in 1976 (See Figure 1).

Note in Figure 2 that the actual number of cases of multiple sclerosis increased tremendously, from an average of 8800 per year during the period 1970 to 1975, to an increase of up to 123,000 in one year. That year being 1976, the birth date of high-copper amalgams.

ROOT CANAL HAZARD

Is mercury the only dental hazard that can create conditions favorable to autoimmune diseases? No. There are bacteria in root canals that favor destruction of the nervous system and many other systems, resulting in the creation of autoimmune reactions.

What is the common denominator? The formation of a hapten (see page 46). A hapten is a small molecule that can elicit an immune response only when attached to a large carrier such as a protein; the carrier may be one that also does not elicit an immune response by itself. In general, only large molecules, infectious agents,

or insoluble foreign matter can elicit an immune response in the body.

Healthy cells have a code imprinted on them. It is called the Major Histo-compatibility Complex (MHC). This is your personal code called “self.” Your body considers other code or alteration of this code to be “non-self.” The immune system is trained to kill and eliminate any “non-self” invaders.

If an atom of mercury attaches to a normal healthy cell, a hapten is formed and the immune system immediately identifies that cell as “non-self.” The immune system then proceeds to kill the contaminated cell. If mercury attaches to a nerve cell, the result is a neurological disease, such as multiple sclerosis, Lou Gehrig’s disease, seizures or lupus. If mercury attaches to a binding site on a hormone, that endocrine function is altered. Mercury can attach to almost any cell in the body and create autoimmune diseases in those tissues.

Lately, it has become evident that toxins from anaerobic bacteria have the same ability to create non-self autoimmune diseases by interfering with the MHC. This is the project that Dr. Price began to study a century ago. Resistance from organized dentistry was the same then as it is today. Price wondered why dentistry was considered a “health” profession.

Price was concerned about the pathological bacteria found in nearly all root canal teeth of that time. He was able to transfer diseases harbored by humans from their extracted root canal teeth into rabbits by inserting a fragment of a root

Mercury can attach to almost any cell in the body and create autoimmune diseases in those tissues.

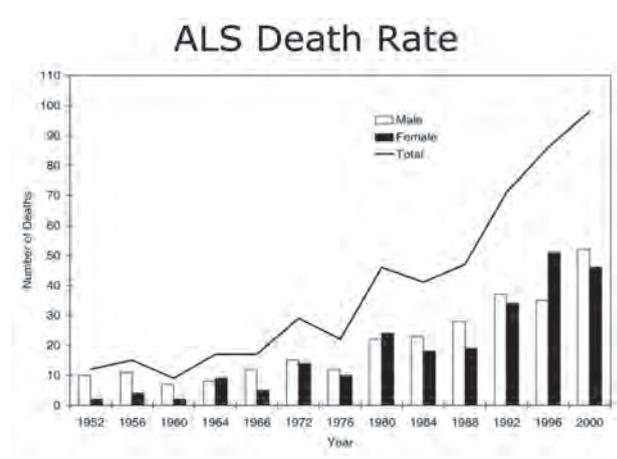


Figure 1

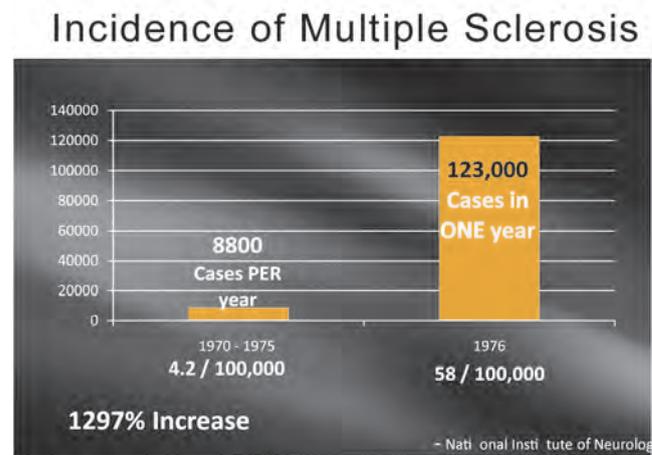


Figure 2

canal root under the skin in the belly area of a test rabbit. He found that root canal fragments from a person who had suffered a heart attack, when implanted into a rabbit, would cause a heart attack in the rabbit within a few weeks. Transference of heart disease could be accomplished 100 percent of the time. Some diseases transferred only 88 percent of the time, but the handwriting was on the wall.

Dr. Price discovered that root canals had within them bacteria capable of producing many diseases. They had no place in the body. Which is more important? The life of the tooth or the life of the patient? This is still the primary argument facing us today.

ROOT CANALS AND NEUROLOGICAL DISEASE

Considering the difficulty of culturing anaerobic bacteria, it was hard to identify them with 1920s technology. Most of the bacteria reported by organized dentistry at that time were aerobes of unknown significance. Today, with DNA analysis available, anaerobic bacteria (the dangerous kind) can be identified whether dead or alive by the presence of their tell tale DNA signatures.

Let's go back to the graphs of ALS up through the year 2000. Note an increase in 1976 and another increase in slope in 1991. In 1990, the dental association "suggested" that dentists perform thirty million root canals per year by the year 2000. Dentists accomplished that goal by 1999. As I understand it, the bar has now been

raised to sixty million per year.

The unexplained increase in MS (8800 to 123,000) coincided with the advent of high copper amalgams. The increase in ALS in the same year is suggestive of the same cause. ALS also increased in 1991 as more root canals were performed. Statistical coincidence?

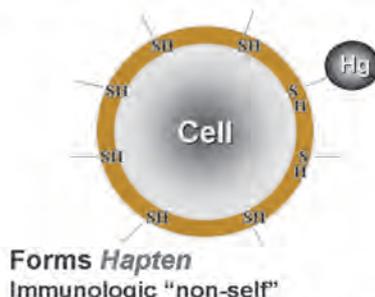
The goal of dentistry is to save teeth. Root canals allow dentists to maintain many teeth for years instead of extracting them. But is this goal appropriate considering the biological expense exposed with DNA research? What is more important? To save the life of the tooth or that of the patient?

HAVENS FOR BACTERIA

Dr. Price, while head of research for the now-defunct National Dental Association, took one thousand extracted teeth and reamed them out as dentists normally do, prior to filling the canals with wax. Price sterilized the canals with forty different chemicals far too toxic to be used in a live human situation; he wanted to see whether the canals could be permanently sterilized. After forty-eight hours, each tooth was broken apart, and cultured for the presence of bacteria. Nine hundred ninety out of one thousand cultured toxic bacteria just two days after treatment with chemicals designed to make the tooth sterile. Where did these bacteria come from?

An overview of the structure of a tooth (see Figure 4) shows the outer layer, known as enamel, the second layer, known as dentin, and the inner portion, known as the pulp chamber, where the

Mercury Alters... Cell Membrane Structure / Function



Kobayashi, A. Cell Membrane as Site of Action of Heavy Metals, Fed. Proc. 19: 1026-1035, 1959

HAPTENS

A hapten is a small molecule that can elicit an immune response only when attached to a large carrier such as a protein or toxic metal such as mercury; the carrier may be one that also does not elicit an immune response by itself. In general, only large molecules, infectious agents, or insoluble foreign matter can elicit an immune response in the body. Once the body has generated antibodies to a hapten-carrier adduct, the small-molecule hapten may also be able to bind to the antibody, but it will usually not initiate an immune response; usually only the hapten-carrier adduct can do this.

Figure 3

nerve lives. On the outside of the tooth is what is called the periodontal ligament. Teeth are not attached directly to bone. Fibers come out of the tooth and intertwine with fibers coming out of the bone, and they unite to form what is called the periodontal ligament.

The second layer of the tooth, the dentin, is not really solid but composed of tiny dentinal tubules. In a front tooth, if all these tubules were attached end to end, they would reach over three miles.³ Note that the tubules have adequate space to house many thousands of bacteria (see Figure 5). This is where the bacteria were hiding in the thousand teeth Price tested. From the dentin tubules, bacteria can migrate either into the pulp chamber, where space is left as the gutta percha—a natural form of rubber used to fill the

space inside the cleaned-out root—shrinks upon cooling, rebounding from the force applied to push the wax down the canal, and losing the liquid portion (see Figure 6), or into the periodontal ligament where a plentiful supply of food awaits them.

A tooth has one to four major canals. This fact is taught in dental school, but never mentioned are the additional “accessory canals.” Price identified as many as seventy-five separate accessory canals in a single central incisor (the front tooth). Figure 7 shows one of these canals filled with necrotic (dead) tissue.

There is no way that any dental procedure can reach into these accessory canals and clean out the dead tissue. This necrotic tissue creates a home for multiple bacterial infections outside the tooth in the periodontal ligament. With added food supply from this area, the anaerobic bacteria can multiply and their toxins can contribute to the onset of disease (see Figure 8).

Of course, the root apex (terminal end) is the primary area of concentration of infection. Even though this may be the last area to show

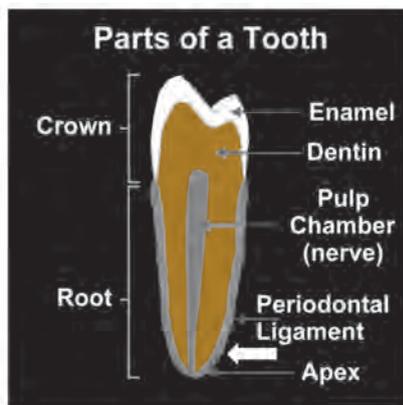


Figure 4

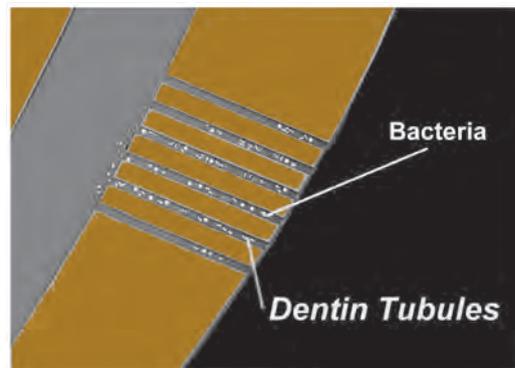


Figure 5

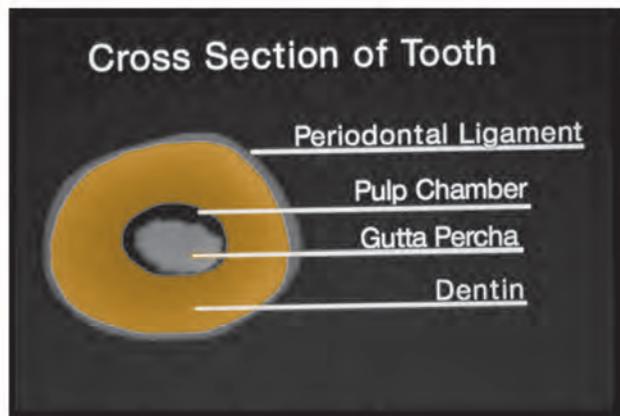


Figure 6

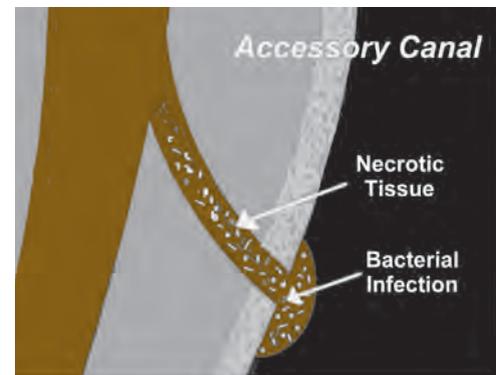


Figure 7

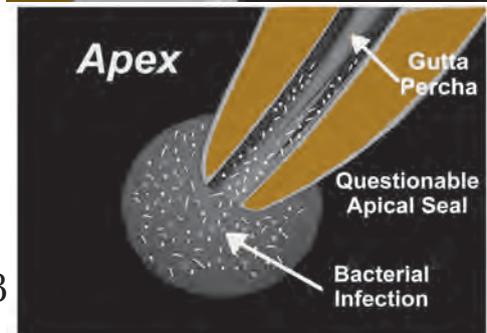


Figure 8

Upon cooling and shrinking of the gutta percha, space is left at the apex in which bacteria can thrive, where neither white blood cells of the immune system, nor antibiotics can reach them.

infection, dentistry generally considers a tooth sterile unless areas of bone resorption show up on X-ray. Upon cooling and shrinking of the gutta percha, space is left at the apex in which bacteria can thrive, where neither white blood cells of the immune system, nor antibiotics can reach them.

TOXIC MICROORGANISMS

Our first DNA studies examined bacteria retrieved from crushed root tips. We can identify eighty-three different anaerobic bacterial species with DNA testing. Root canals contain fifty-three different species out of these eighty-three samples. Some are more dangerous than others, and some occur frequently, some occasionally. Selecting those that occur more than 5 percent of the time, we found:

Capnocytophaga ochracea
Fusobacterium nucleatum
Gemella morbillorum
Leptotrichia buccalis
Porphyromonas gingivalis

Of what significance are these? Four affect the heart, three the nerves, two the kidneys, two the brain and one the sinus cavities. Shouldn't we question the wisdom of supplying a haven for these microbes so close to our brain and circula-

tory system? Does this information validate the claims of "sterile" root canals?

Dentists claim they can "sterilize" the tooth before forcing the gutta percha wax down into the canal. Perhaps they can sterilize a column of air in the center of the tooth, but is that really where the problem is? Bacteria wandering out of the dentinal tubules is what Price was finding, and what we were finding in the crushed tooth samples. But does the problem end there? Hardly.

Just out of curiosity, we tested blood samples adjacent to the removed teeth and analyzed them for the presence of anaerobic bacteria. Approximately 400 percent more bacteria were found in the blood surrounding the root canal tooth than were in the tooth itself. It seems that the tooth is the incubator. The periodontal ligament supplies more food, therefore higher concentration of bacteria.

But the winner in pathological growth was in the bone surrounding the dead tooth. Looking at bacterial needs, there is a smorgasbord of bacterial nutrients present in the bone. This explains the tremendous increase in bacterial concentration in the blood surrounding the root canal tooth. Try sterilizing that volume of bone.

Apparently, the immune system doesn't care for dead substances, and just the presence of dead tissue will cause the system to launch an

BACTERIA LURKING IN ROOT CANALS

Let's look at five major bacterial species lurking in root canals more closely, keeping in mind that these are only five of the fifty-three that are routinely found in root canal teeth.

Capnocytophaga ochracea: Found in brain abscesses associated with dental source of infection. Causes human disease in the central nervous system. Also related to septicemia and meningitis.⁴

Fusobacterium nucleatum: Produces toxins that inhibit fibroblast cell division and wound healing processes. Causes infection in the heart, joints, liver and spleen.^{5,6}

Gemella morbillorum: Linked to acute invasive endocarditis, septic arthritis and meningitis.⁷

Leptotrichia buccalis: Reduces the number of neutrophils (a critically important white blood cell), thus lowering immune competence.⁸

Porphyromonas gingivalis: Destroys red blood cells by drilling holes (porins) in them, causing the cell to "bleed to death." Low red cell counts that do not recover after dental revision are frequently responding to the porin activity of this microbe. *P. gingivalis* also alters the integrity of the endothelial lining of blood vessels, which leads to inflammation and bleeding in the inner lining of blood vessels. This is the key step in formation of atherosclerosis that leads to heart attacks. *P. gingivalis* can change friendly bacteria into pathogens.⁹

attack. Infection, plus the autoimmune rejection reaction, causes more bacteria to collect around the dead tissue. Every time a person with a root canal bites down, these bacteria are flushed into the blood stream, and they start looking for a new home. Chemotaxis, or the chemical attraction of a specific bacteria for a specific tissue, assists the anaerobes in finding new quarters in the heart, nervous system, kidney, brain, etc., where they will perform their primary damage.

Many of the bacteria in the surrounding bone are present in far more than 50 percent of the samples tested. *Streptococcus mutans* was found in 92 percent of the blood samples. It can cause pneumonia, sinusitis, otitis media, meningitis and tooth decay.

Streptococcus mitis was found 92 percent of the time. This microbe attacks the heart and red blood cells. It is a rather hearty bug, for it went to the moon (hiding in a camera) on an unmanned expedition, stayed there over two years in an environment without atmosphere, exposed to temperatures of 250 degrees Fahrenheit during the day, minus 250 in the shadow. Upon returning to Earth with the astronauts of Apollo 12, over two years later, this microbe was still alive.¹⁰ In humans, *S. mitis* binds to platelets and is involved in the pathogenesis of infective endocarditis. Want this guy living in your dead root canal tooth?

Of the top eight bacteria in the blood adjacent to root canal teeth, five affect the heart, five the nervous system, two the kidney, two the liver, and one attacks the brain sinus, where they kill red blood cells. Of these, *Prevotella intermedia* (present in 76 percent of the samples) attacks heart, kidney and sinus; *Strep intermedius* (present in 69 percent of the samples) attacks heart, nerves, lungs, liver and brain.

DNA examination of extracted root canals has shown bacterial contamination in 100 percent of the samples tested. This is quite the opposite of official claims that root canals are 97 percent successful. Do they need a new definition of success?

CAVITATIONS

Cavitations are the next big problem that result from dental procedures. Cavitations are areas of unhealed bone left over after a tooth extraction (see Figure 9).

Dentists are generally taught to remove a tooth and leave the periodontal ligament in the socket, a procedure which would be like delivering a baby and leaving the placenta in the uterus.

These socket areas with the ligament left in place rarely heal. After tooth removal, a cap of about 2 millimeters (one sixteenth of an inch) covers the extraction site, leaving a hole the size of the root of the tooth behind. In records of five thousand surgical debridements (cleaning) of cavitations, only two were found to be healed.¹⁴ When the periodontal ligament is left in the bone, the body senses that the tooth is still there, and the order for healing is canceled. These holes are lined with many of the same bacteria found in root canal sockets, but actually more different species. Whereas root canal teeth contain up to fifty-three different species of bacteria, cavitations yield up to eighty-two of the eighty-three we test for.

Of the five most frequently present bacteria found in cavitations, three affect the heart, two the nervous system and one the kidneys and lungs. They are as follows:

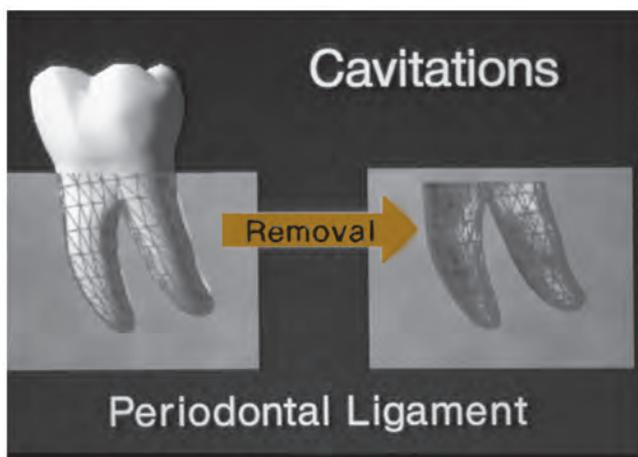


Figure 9

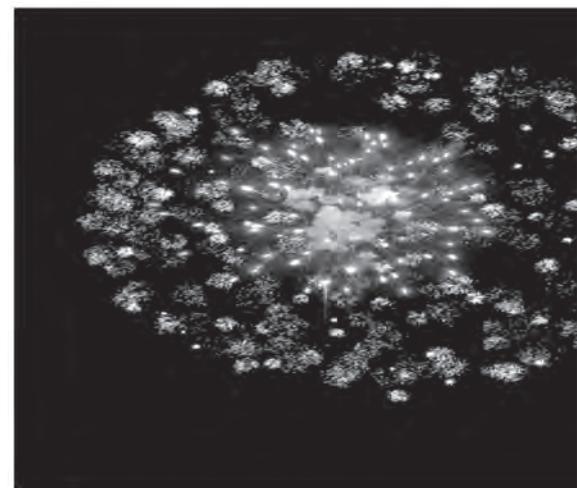


Figure 10

Streptococcus mutans (occurrence 63 percent of the samples), affects the nervous system, can cause pneumonia, sinusitis, otitis media and meningitis. It has also been blamed for causing dental decay in teeth, but this may be more the result of the fluid flow pulling bacteria into the tooth than actual active invasion by the bacteria.²

Porphyromonas gingivalis (occurring in 51 percent of the samples), damages the kidney, alters integrity of endothelial lining of blood vessels, and induces foam cells from macrophages, contributing to atherogenesis. It contains proteases that lyse red blood cells and extract nutrients (primarily iron) from the red blood cells. This action is called porin forming, which can destroy red blood cells rapidly. (By the way, *P. gingivalis* can both up and down regulate about five hundred different proteins critical to maintaining our normal biochemical actions.)

Candida albicans (present in 44 percent of the samples), in its yeast form is beneficial in the process of demethylation of methyl-mercury as well as its ability to destroy pathogenic bacteria in the intestinal tract. When converted into the fungal form by a shift in pH in the digestive system, candida can penetrate the intestinal wall, leaving microscopic holes that allow toxins, undigested food particles, bacteria and other yeasts to enter the blood stream. This condition is sometimes referred to as Leaky Gut Syndrome, which can lead to environmental intolerances.

Prevotella intermedia (occurrence rate of 44 percent) has as its primary concern coronary heart disease (CHD). *P. intermedia* invades human coronary artery endothelial cells and smooth muscle cells. It is generally located in atheromatous plaques. Cellular invasion of cardiac muscle is central to the infective process.¹¹

ANTIBIOTICS

So, if all these diseases of “unknown etiology,” that is, of unknown origin, are the result of bacterial invasion, why not just flood the body with antibiotics? They kill bacteria, don’t they? Ever hear of someone who was sick, was given antibiotics, and then got even worse? Most of us have heard the story. Perhaps the following information explains what happens in these cases, and why antibiotics cannot be used in infections of this nature.

Most antibiotics are “bactericidal”—think suicidal, or homicidal. Antibiotics kill. But this is not the same type of killing that John Wayne was noted for. When he fired at the bad guy, the bad guy fell over dead. Was then presumed to be buried. But when bactericidal antibiotics kill a bacterium, the bacterium explodes (see Figure 10).

The fragments are not eliminated immediately, for each piece is a lipopolysaccharide called endotoxin.¹² By way of contrast, exotoxins are the toxic chemicals that are released by pathogenic bacteria, and endotoxins are toxic entities (fragments of the original bacteria) that are the result of the bacterial explosion caused by the antibiotic. Endotoxins present a huge challenge to the immune system, for now, instead of facing one bacterium, it has to process and eliminate perhaps one hundred endotoxins. With dozens of bacteria to confront from each single root canal or cavitation, no one antibiotic can kill all of them, and if there were one, the resulting

dead bacterial corpses would overwhelm the body and produce either greater disease or death.

Broad spectrum antibiotics cannot be used for this reason. Sometimes even one capsule of antibiotic produces more problems than the immune system can tolerate. Plus, of course, it takes only two or three capsules to completely sterilize the gut of its four or more pounds of friendly bacteria.¹³ Antibiotics are far more powerful and potentially devastating than I ever thought they were. Antibiotics should be used with ultra caution, not routinely given for ten days or so after oral surgery, “just in case.”

There are other ways to get these microbes under control, and several are being tested at this time. It is advantageous to have intravenous vitamin C and occasionally a non-killing antibiotic is added to this solution. This combination does reduce the challenge to the immune system, but, overall, root canals represent the rock-and-hard-place situation.

Leave the root canal or cavitation in the body, and there is the potential of creating an unwanted autoimmune or degenerative disease that could be life threatening. Toxins and bacteria can both leak from these contamination sites wreaking havoc with a person’s cardiovascular, endocrine, nervous and immune systems. The public needs to be informed, so they can make educated choices in the trade-off between toxic convenience and health.

Removing the offending tooth presents problems that must be confronted, or other problems can be induced—problems not as dangerous as the continuous bacterial spill, but ones that need to be avoided if possible. In order to allow the immune system to focus on healing, all other offending dental materials should be removed (mercury, copper, implants, tattoos and nickel crowns) so that the immune system can deal with the bacterial challenge instead of the bacteria plus toxic metals. Nutrition should be calculated from the aspect of the blood chemistries commensurate with one’s ancestral diet and in line with the dietary principles formulated by Dr. Price. Recovery from a root canal is complicated, but your patient’s life is worth salvaging.

These studies in DNA analysis of bacteria in root canals and cavitations confirm the fact that Dr. Weston Price, despite being one century

ahead of his colleagues, was absolutely correct in determining that bacteria-laden root canals have no place in the body of people interested in their health. This toxic waste spill can be stopped, but not with the assistance of dental associations, which continue to insist that the procedure of root canals is perfectly safe. The recent increase in suggested quota up to sixty million root canals per year is not in the best interest of their patients, nor can that action do anything but increase health costs for the innocent patient.

Price was right. Root canals are not worth the price. ☺☺

Dr. Hal Huggins, DDS, MS, has fought the mercury in dental fillings battle for over forty years and the root canal battle for over twenty-five years. The past three years of DNA research have connected many diseases with their microbe

causes. He is fulfilling Dr. Price's requests. He can be reached in Colorado Springs, Colorado at (719) 522-0566, jamie@drhuggins.com.

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Homeopathy Journal

HOMEOPATHY FOR ALLERGIES

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

The Jamisons are country folk with an ample vegetable garden, a small flock of chickens and a few milking goats. Their life these days is their dream of freedom realized. But it wasn't always this way. Eric and Lucy used to live in Old Town, Chicago. When they first considered the idea of moving to the country, they were apprehensive since Lucy Jamison suffered terribly from pollen allergies as well as from sinus pain caused by weather changes.

Years ago Lucy had surrendered to allergy shots, but found that instead of improving her symptoms, they only worsened. It seemed the list of triggers continued to mount, too. "Every time we eliminate one allergen, another one pops up. I feel like a lab rat," she said. Yet, Lucy's sufferings nudged Eric and her in new directions. Had it not been for this factor, they wouldn't have pursued self-reliance, self-care and self-empowerment. It was meeting the dead end on the road of conventional medicine that led them to their new life of authentic health.

That's often the way it is. Those who aren't challenged by health issues, simply don't seek alternatives. They're satisfied with the status quo. I guess it takes personal suffering to learn that our well being is dependent on deepened knowledge.

And so the decision to move to the country became the connective tissue that wove into every corner of their lives. Eric and Lucy read and studied. Can you imagine the library they eventually accrued? It contained a mass of books on nutrition, including Weston A Price of course, but also others before and after him. Volumes on the subject of small farming, botanicals, and a bulging section on homeopathy lined the walls. Lucy had found some relief of her symptoms after eliminating wheat and pasteurized dairy, yet a significant fragment of her allergies lingered

nevertheless. So she often spent hours schooling herself on the medicine of the educated: homeopathy.

Lucy studied books and audio recordings, and she loved nothing more than to attend health fairs to check out the latest resources. One memorable fair offered information on nutrition, supplements and herbs, but she chose to focus on a lecture by a homeopath. This particular speaker blew her away. The homeopath said that particularly in allergies, homeopathy is the missing link between nutrition and inherited weakness. Further, illness is the result of a violation of nature and its laws. He sited allergy desensitization therapy (or allergy shots) as an example. Lucy certainly knew this first hand. The detailed information the homeopath shared on how to respond to this condition riveted Lucy's attention.

Most important, he presented the case of a woman who suffered from sinus pain that was ushered in by a barometric change. The pain began above the eyes and spread into the sinuses. "Wow! That sounds like the cluster of symptoms I suffer!" she mused. In fact, whenever the barometric pressure changed, or the cottonwoods released their fluff, her sinuses would become so painful she could barely function. The remedy the homeopath mentioned was *Kali bichromium*.

Eric and Lucy had long ago purchased a homeopathy kit that allowed them to treat themselves for many ills. In fact, other than the time Eric broke his arm, treating themselves had worked so well that they hadn't made a visit to a conventional doctor for over thirteen years!

But the last frontier for Lucy to overcome was the sinus and allergy driven pain. Knowing that homeopathy is person-specific, not pathology-specific, she returned home to bury herself in Dr. Douglas Gibson's book, *Studies of*

Homeopathy has a reputation for addressing self limiting illness and then putting to rest the tendency for its return.

Homeopathic Remedies. This led her to a further understanding of the remedy *Kali bichromium*, the remedy the homeopath had mentioned. It described the pain above the eyes and sinuses as intense, becoming worse from stopping down. “That’s for sure!” she said aloud. “This is the one for me.”

Lucy was excited because she now had a plan. She had the remedy in her trusted kit and anticipated the next episode of sinus pain.

So Lucy waited. Usually only a few weeks passed between each episode of sinus dripping, stringy mucus and the powerful sinus pain. And then one windy morning, a significant change in barometric pressure blew in and the tenderness in Lucy’s sinuses returned with persuasive gusto. The first twinges settled above her left eye and when they blossomed into full sinus pain, she took four little pills of *Kali bichromium*. She repeated the dose in two hours. Her books had mentioned it might take a round of three to four doses before improvement ensued.

Just after the third dose, Lucy fell asleep for two hours. This was unusual for her. But more noteworthy was that the head pain wasn’t minimized, it had vanished! And she was energized and pain-free of it even though the usual provocative conditions were at hand. Historically

the pain and weariness lasted for days. Oh blessed relief!

A month later when the rain pelted after a long stretch of drought, Lucy got another characteristic headache. However, its intensity was uncharacteristically mild. Nonetheless, she took *Kali bichromium* again and promptly feel asleep for 20 minutes. When she awoke, the soreness again was absent, replaced by a sense of well being that was like an old friend returning. Many months later while feeding the goats, she noted another developing weather change and since she had had no pain for the last several months, she smiled to herself in a knowing way. No headache, no dripping sinuses, no fatigue. That was three years ago. Lucy had cured herself of a near life-long, relentless ailment, using tenacity and homeopathy.

Homeopathy has a reputation for addressing self-limiting illness and then putting to rest the tendency for its return. It’s not unusual for it to resolve substantial and near chronic hay fever and sinus pain. To Lucy, this was a testament to the covenant of self-care that she and Eric had pledged. More important, it’s one thing to be without illness and quite another to radiate authentic health. Lucy now knew that.

Joette Calabrese, HMC, CCH, RSHom(Na) is a certified classical homeopathic consultant and educator. Her signature philosophy maintains that the blessing of authentic health is not bestowed randomly, but can be achieved through the detailed and systematic method of classical homeopathy in conjunction with the Weston A. Price philosophy. For a FREE 15-minute phone consultation to see if homeopathy is a fit for your health strategy, contact Joette @16.941.1045 or go to www.homeopathyworks.net. Joette is offering a FREE download of her audio Fizzy Lizzy from her website. Learn from other homeopathy stories that will inspire you to protest your family.

THE AUTHOR’S STORY

I know allergies. Much like Lucy, I know debilitating, segregating, lonely allergies. Twenty-seven or so years ago I suffered for a decade from the most trying years of my life. At the time I was an account executive with NBC, a director on the board of a world class orchestra. My life was in full gear when my health flew out of control. I could no longer work for the pain and fatigue, I had to sell my home and move back with my parents.

Having hailed from a large Italian American family, with a generous share of doctors, it was only natural to seek their care. However, it was as frustrating for them as it was for me, as my condition worsened. Each subsequent drug and procedure caused deepened pathology. Finally out of desperation, I too attended a lecture on the subject of homeopathy. The physician/speaker’s words were logical, orderly and buoyed my spirits. Not long after, I found a lay practitioner who took my case and over many months cured me of asthma, chronic fatigue and multiple sensitivities.

Until that time I was limited to about ten foods that I could safely eat, and I was at the mercy of numerous chemical triggers. After years of this frightening and debilitating struggle, I began to study homeopathy with the hope of gaining an understanding for my family’s care. So enamored by the powers of homeopathy while raising my family, I committed myself to a graduate program and earned my degrees as a classical homeopath.

The road hasn’t been easy, but worth the effort, for today, instead of being a slave to allergies, I pop out of bed in the morning, walk up a steep ski hill for my daily workout and, although I prepare only my WAPF-style meals, I can indeed eat in restaurants without suffering. Best of all, my experience as a victim-of-allergies-turned-healthy-homeopath has helped me help others transform their lives as well.

Not all illnesses can be handled without the aid of a homeopathic practitioner, but simple methods for at home use are within reach of all. Dr. Weston Price aptly urged, “Teach, teach, teach.” I say to my clients and students, “Learn, learn, learn.”

All Thumbs Book Reviews



Waste Not, Want Not: Food Preservation from Early Times to the Present Day

C. Anne Wilson, Editor
Edinburgh University Press, 1992

Humanity's relationship with nature has always been challenging. Harsh weather, pests, plagues and a plethora of other pitfalls have propelled humanity to develop all sorts of skills and systems to corral, cope with and otherwise contend with nature's extremes. This struggle has been especially evident in the ways people have creatively responded to the deficits and dividends of nature's yearly cast of the dice throughout the ages.

Waste Not, Want Not explores this complex topic via a series of six essays that trace western European approaches to coping with feast, famine and food preservation. The book is semi-chronological in nature, first presenting techniques widely used as far back as ancient Rome and even earlier. This collection presents a wide array of historical dishes and methods developed to help preserve various foodstuffs, as well an illuminating discourse on how these methods were altered or displaced by economic circumstances and other trends over time.

The methods of food preservation covered range from exquisite to entertaining: lacto-fermented hundred-year-old Irish bog butter; salted and soaked meats; potted grains and meats; sun-dried brick fish; cheeses; sousing. The first four essays feature a variety of creative and nutrient dense preservation techniques, with foods from the sea, pastured animals and wild game figuring prominently. Items such as fall hams—salted, smoked, and then hung in chimneys or bundled up in burlap sacks and placed in trees to age and cure—provided much needed meat and fat through the long, lean winter. A medieval dish, the cold pie, required a WAPF favorite ingredient: butter from pastured animals, clarified and used as a preservative. A heavy pie crust was

filled with “well-regarded fish, well seasoned and baked,” cooked, emptied of any liquid that baked out, then filled with melted, clarified butter to cover the contents. These pies would last many weeks and could be sent over long distances, especially in the winter. Traditional food preservation techniques show a wonderful mix of context and creativity, of culture and craftsmanship, while also often preserving or enhancing the nutrient value of the foods so prepared.

These sensible and safe methods of food preservation were displaced over time by more devious and deleterious approaches (essays four and five). The sugar trade created the need for this excessively abundant, cheap new food. Poor quality preserved foods, especially jams and jellies, were the answer. Next huge factories, using high pressure and heat, created canned foods that could then be moved the world over to feed the growing urban populations, primarily in Europe and America, and sadly, could be provided more cheaply than the locally grown foodstuffs, damaging small local economies and farms.

Chemicals and radiation came next. The artisanal and home-friendly tools that allowed generations to survive and even thrive were replaced by tools controlled by mega-corporations and dependent upon fossil-fuel-guzzling machines, multi-syllabic chemical cocktails, long distance cold chains and nuclear waste products. While these methods have certainly (for some, at least) nearly eliminated the “want” side of the food question as far as simple abundance is concerned, their deleterious effects on people and planet are only too well known and documented. These modern methods have created a global famine: the paradox of stuffed First World inhabitants who are actually starving for real food, alongside truly starving Third World inhabitants whose land is unjustly used to “feed” these hapless First Worlders.

Thus, the history of food preservation also shows the many harmful effects of industrializa-

Canned foods could be provided more cheaply than the locally grown foodstuffs, damaging small local economies and farms.

All Thumbs Book Reviews

tion, imperialism and taxation, especially on the working class. The high taxes levied on salt (with the revenue used to wage needless war or otherwise enrich the elite) meant that many farmers had to sell off their own hams to afford the salt to preserve them—how little has changed in a millennium for our farmers!

Global European expansion, with the rise of the sugar and slave trades, helped propel the creation of the “displacing foods of modern commerce” that Dr. Price warned of and that are recorded in the middle essays of the work—jams and jellies, pastries and more. “It was then the massive imports of sugar from the West Indies that necessitated a huge industry to use it up, and this was found in the making of cheap jam, which from 1870 was to replace *vitamin-rich butter* on the subsistence bread of factory workers.” (Emphasis mine.) Now here is a scholar with knowledge both of the dark side of food history and of good basic nutrition! Gone was the substantial and nourishing breakfast of centuries before, displaced by white bread, sugar-laden jams and jellies, juices, and other foods high in calories, but low in nutrition.

There is much to learn from works on the history of food such as this one. First, *Waste Not, Want Not* reminds us of the enduring value of traditional food preservation methods and their ubiquity and importance for our ancestors, while also equipping us to better understand, implement and experiment with these methods ourselves today. Food preservation is both art and science, and we should learn from our ancestors but also feel free to adapt and experiment with these tools and methodologies.

For broad utility and adaptability, for instance, the importance of lacto-fermentation and salt-based preservation methods cannot be overstated. Also, we see that our ancestors were neither fat phobic nor salt phobic, but instead used both foods freely. They in fact specially selected and bred livestock to provide high-quality

fat which was not only a much needed nutrient, but also a valuable natural preservative. There are other preservation methods presented in the text that, while perhaps unfamiliar to many WAPF aficionados, might nevertheless inspire a few to attempt some interesting home experiments.

Waste Not, Want Not indirectly reminds modern people that, while often used excessively and incorrectly, modern technology has made some contributions that do improve our overall safety and well-being. And contrary to overly idealized notions, the lives of those in the past were certainly not always easy or ever-supplied with nourishing foods.

Unfortunately, most of these modern useful technologies fail to appear in the book’s exploration of modern food preservation methods, such as cold frames and high tunnels for produce and animals; deep winter bedding for chickens to provide food and warmth and sustain year round production; natural heat-generating manure composts for greenhouses; vermiculture; root cellars. These and other low tech tools that allow individuals and communities to expand the growing season or otherwise keep food available longer are also a far more sensible approach to technological innovation, working with nature rather than against, and creating and enhancing food rather than denaturing and destroying it. Hence the important balance WAPF seeks to strike with the dictum, “Technology as servant, science as counselor, knowledge as guide.”

For people to enjoy radiant and vibrant health generation after generation, all three disciplines are necessary to meet the inevitable swings from feast to famine in nature’s eternal course. *Waste Not, Want Not* is another book that can help us wisely integrate all three. (Note that the book is very expensive to purchase but can be procured through interlibrary loan at your local public library.)

Review by John Moody

Our ancestors specially selected and bred livestock to provide high-quality fat which was not only a much needed nutrient, but also a valuable natural preservative.

All Thumbs Book Reviews



Why Do I Still Have Thyroid Symptoms When My Lab Tests Are Normal?
By Datis Kharrazian, DHSc, DC, MS
Morgan James Publishing, 2010

“In the U.S., autoimmune disease accounts for approximately 90 percent of adult hypothyroidism, mostly due to Hashimoto’s” (page 23).

“Although iodine deficiency is the most common cause of hypothyroidism for most of the world’s population, in the United States and other westernized countries, Hashimoto’s accounts for the majority of cases of hypothyroidism” (page 27).

Datis Kharrazian clearly establishes the fact that Hashimoto’s disease is not a thyroid issue *per se* but rather an autoimmune disease and therefore, like other autoimmune disorders, can only be treated by balancing the immune system. If there are 27 million Americans with malfunctioning thyroids, as some experts estimate, then there must also be a huge number of undiagnosed Hashimoto’s patients in the U.S. Most practitioners fail to test for Hashimoto’s in a hypothyroid patient because they do not change their treatment plan for Hashimoto’s. Instead of treating the immune system, conventional practitioners will treat the thyroid gland in a Hashimoto’s patient.

People suffering from hypothyroidism will greatly benefit from reading *Why Do I Still Have Thyroid Symptoms When My Lab Tests Are Normal?* In the first part of the book, Kharrazian explains the relationship between Hashimoto’s disease, the immune system, the thyroid gland, and gluten. Sadly, for people with Hashimoto’s, gluten must be avoided for life. The gliadin portion of the gluten causes the immune system to flare up and attack not only the gluten in the blood stream but also the thyroid gland, due to the similarity of gliadin and peptide fragments associated with the thyroid gland. A leaky gut is to blame for gluten getting in the bloodstream in the first place, but once the gluten-sensitive

genes are turned on, they cannot be turned off, and therefore gluten must be avoided for life. Amazingly, “the immune response to gluten can last up to six months each time it is ingested.” Each time a person with Hashimoto’s consumes gluten, he risks a possible six-month attack on his thyroid gland.

Using emulsified vitamin D, glutathione cream and S.O.D. (superoxide dismutase), Kharrazian has had much success in the first step of bringing balance to the immune system. Not only is vitamin D a powerful immune modulator, but “90 percent of people with an autoimmune thyroid disease have a genetic defect that affects their ability to process vitamin D.” Although their blood tests may show adequate levels of D, the vitamin D deficiency is at the cellular level. Therefore, in his practice Kharrazian likes to see autoimmune thyroid patients in the high normal end of vitamin D status.

Vitamin D also supports the T-regulatory cells, which begin to malfunction in an autoimmune attack. As their name suggests, when T-regulatory cells malfunction, the regulation of the immune attack goes awry. Tissue damage occurs when the incorrect amounts of T-helper and T-suppressor cells are called for by the weary T-regulatory cells. Using emulsified vitamin D, Kharrazian reestablishes proper function of the T-regulatory cells.

Taming the dominant side of the immune system is the second step in balancing the immune system. The two major parts of the immune system are the TH-1 pathway, which produces an immediate response and the TH-2 pathway, which produces a delayed response. Using a lab test, Kharrazian measures the percentages of each type of cytokine to determine which side of the immune system is dominant. He lists in his book nutritional compounds that will stimulate each side (TH-1 or TH-2) of the immune system.

Kharrazian tames the dominant side by giv-

Continued on page 58

Kharrazian explains the relationship between Hashimoto’s disease, the immune system, the thyroid gland, and gluten. Sadly, for people with Hashimoto’s, gluten must be avoided for life.

All Thumbs Book Reviews

***Saltwater Foodways:
New Englanders and Their
Food at Sea and Ashore
in the Nineteenth Century***
By Sandra Oliver
Mystic Museum Publishing, 1995

In 1971 Sandra Oliver took on the job of developing fireplace cooking demonstrations at Buckingham House, part of the Seaport Museum in Mystic, Connecticut. . . and she wasn't even a cook. It's much to her credit that she studied what other historic sites were doing and researched nineteenth century cookbooks, contemporary diaries, newspapers and seafarers' journals.

Oliver left the museum in 1985 and went on to other jobs. Since then, however, her thoughts and interests in historic foods have had plenty of time to develop.

While *Saltwater Foodways* moves along chronologically, each subject is a section of its own, with plenty of photos or drawings to make clear the methods and procedures people of the time commonly utilized.

Oliver explains how large walk-in fireplaces were actually open to the sky. There's a good description of "tin ovens" and the many tools used in cooking.

I loved the research on how food was stored "all over the house" so that the best temperature and humidity—whether cool, moist, dry or warm—could be provided for a given food such as cheeses or pies. I was floored to learn just how many pies one family made at one time—40 pies! These were stored in a pie safe and then heated just before serving; the nutrient level in the foods must have been very high to survive such long storage procedures. Or perhaps they only stored long term when the weather was cold. My own mother, a professional cook, would never sell a day-old pie.

Saltwater Foodways is loaded with recipes and photos of the food as it would have been

served. The recipes call for plenty of salt pork, butter and eggs. Oliver deliberately selects foods modern people would be comfortable eating yet were truly representative of nineteenth century American offerings.

Nevertheless, Oliver does emphasize the fact that the menu of commonly eaten foods was already changing by the nineteenth century. In addition, lives were becoming much less "physical" than in the past. Oliver notes in one account that after a dinner, men who were used to much more physical activity were outside playing ball without their shirts even though it was very cold.

For the "at sea" segment of the book, personal diaries and ships' logs gave many details about food. This includes the account of one sailor, near death from scurvy, who was back at the mast ten days after the ship acquired some fresh potatoes and onions. The ship's cook pounded potatoes for him. He sipped this juice and rolled it around in his mouth by the teaspoon full until he became strong enough to gnaw the vegetables.

Sailors had the same problem as those living on new land. How do you determine whether something is safe to eat? So having fish or dolphins available was only a small part of the issue.

Meals aboard ship and meals on shore are detailed, as are the Fourth of July, Thanksgiving, and Christmas holidays. There are also sections on clams, chowders and seafoods.

One of my favorite photos is of young women boxing dried salt cod. The cod was a then modern convenience food which you could rehydrate with hot water, add to potatoes for fish cakes or put in warm milk sauce for cod-fish gravy. The dresses worn by the women in the photo suggest it was taken at the end of the nineteenth century. I give this book a thumbs-up for accuracy. It is extremely well documented with many footnotes, a long bibliography and a usable index. And the best part. . . it's a delight to read.

Review by Sandy Snyder



I loved the research on how food was stored "all over the house" so that the best temperature and humidity—whether cool, moist, dry or warm—could be provided for a given food such as cheeses or pies.

All Thumbs Book Reviews



Honest Nutrition
By Ira Edwards
Trafford Publishing, 2006

The subtitle of this book sums up the situation well: “A descent into the Ocean of Nutritional Prattle, and Coming Up for Air.” This book will leave you with a good feeling for how much prattle is out there, if you didn’t already know. Ira Edwards surveys the prattle on just about every conceivable nutritional topic, including political and economic issues. The author’s stand on political and economic issues can be summarized by saying more government is not the answer. It always warms the cockles of my heart to read that.

Before we get too deep into the book, there are some great definitions. When speaking of drugs, “safe” means the FDA hasn’t taken it off the market—yet. It doesn’t mean the drug hasn’t killed thousands of people. When talking about herbs or supplements, “unsafe” means someone,

somewhere might have suffered some adverse reaction at some point in history. “Unproven” almost never applies to drugs and surgery but otherwise means no one has shelled out one hundred million dollars to get FDA approval.

These are followed by a top ten list of popular, mostly false claims. The first is, “If you are overweight, all you need to do is exercise more and eat less.” Edwards correctly states that this is not only false but insulting. He goes on to talk about common bad advice and the medical-pharmaceutical establishment. For example, by FDA rules, any product must be proven effective when used alone. This unfortunately rules out the many cases where a proper balance of several things can be very beneficial.

As we descend into the ocean, we pass through schools of supplements. There are several pools of information floating throughout the book on specific supplements for specific ailments or to prevent specific things. While

Continued on page 60

Thyroid, continued from page 56
ing supplements that will strengthen the weaker side. For instance, if a person is TH-1 dominant, as 90 percent of those with Hashimoto’s are, then they would consume herbs such as astragalus and echinacea, which stimulate the TH-2 pathway. Since not all autoimmune responses are due to an imbalance of the two sides, Kharrazian also gives direction on how to treat an immune response when caused by an antigen or hapten, such as those created by chronic infection, pesticides or heavy metals.

The second half of the book concisely covers the six patterns of hypothyroidism that are not caused by Hashimoto’s, how to discover them from a blood test, and why only one can be remedied with thyroid medication. Kharrazian devotes a chapter to each of the following cofactors of thyroid health: blood sugar, digestion, adrenal glands, use of hormone pills that destroy

thyroid health, and the brain. At the end of each chapter, the reader will find recommended supplements that can strengthen or stabilize each possible problem area.

Kharrazian has put together a very comprehensive guide to understanding the complicated and varied path toward reestablishing thyroid health including improving adrenal, blood sugar and hormonal health. I give this a hearty thumbs up as an excellent reference book with two small caveats. The first is that Kharrazian promotes using emulsified D and fish oil (for EPA and DHA) instead of cod liver oil, which he says, would not supply enough vitamin D without too much EPA and DHA. My opinion is that one could work with a practitioner and use cod liver oil in conjunction with emulsified D to obtain therapeutic levels of D. Kharrazian notes that vitamin A is a modulator to both sides of the immune system as well as “a critical nutrient for thyroid activity,” but fails to make the connection that cod liver oil is an excellent source of vitamin A. Finally he points out strong anecdotal evidence that people with Hashimoto’s do best on a casein free (dairy free) diet. The issue I find with advice to avoid all dairy is that rarely is any distinction made between raw, cultured, and pasteurized dairy; therefore, I feel that the dairy free recommendation may need to be explored on an individual basis. ☺

Review by Shannon Nash

All Thumbs Book Reviews

The Rosedale Diet:

Turn Off Your Hunger Switch!

**By Ron Rosedale, M.D. and Carol Colman
Harper Collins, 2004**

Ron Rosedale enjoys a popular reputation as a leading authority in metabolic and nutritional medicine, with a keen interest in longevity research. He has founded Rosedale Metabolic Medicine and co-founded the Colorado Center for Metabolic Medicine, both in Denver, Colorado.

Rosedale has treated thousands of patients for obesity, as well as diabetes, cardiovascular disease and other so-called “diseases of aging” primarily via his dietary and nutritional approach that seeks to control the hormones insulin and leptin. He was one of the first to herald the dangers of insulin—particularly insulin resistance—and its role in causing or exacerbating many degenerative diseases, along with its ability to prompt the body to store fat as well as resist burning it.

Leptin (from the Greek, *leptos*, meaning thin) is a newly discovered hormone that is produced by our fat cells and is now understood to be a powerful determinant of metabolism and hunger signaling. Leptin directly affects the hypothalamus, and controls such vital functions as reproduction, body temperature, blood circulation, and bone and tissue repair. Blood levels of leptin and insulin have much to say about the state of our general health as well as our prospects for long life.

Critical to those who wish to lose excess body fat, leptin is the hormone that signals the body when hunger has been satisfied, when enough fat has been stored for fuel, and when that fat is to be burned. For the body to properly “hear” these messages from leptin, communication must be clear between the hormones and the cells in our brains and other tissues. Unfortunately, the same modern dietary conditions

that have caused insulin resistance to become epidemic have also caused a concomitant “leptin resistance” or “deafness” in the body’s response to leptin’s messages. Rafts of starchy carbohydrates and a flood of damaged and dangerous oils and fats in the modern Western diet have altered human metabolism for the worse.

Humans are best suited for burning fat as fuel for all normal metabolic functions except in occasional short-lived emergencies when sugar metabolism allows for lightning-fast reactions—when we can run or lift enormous weight with almost superhuman powers. However, as a result of the sea of sugar and starchy carbohydrates in the standard modern diet, most of us have “learned” to become solely sugar burners. When sugar is burned almost exclusively as fuel, the body simply stores dietary fat. Excess weight on the body is a sign of the body’s insensitivity to leptin and its inability to burn fat as fuel. Other, more ominous health problems are engendered by excessive leptin (and insulin) levels as well.

High carbohydrate diets have become a major stressor in our lives, since sugar burning is associated with stressful situations in which we need to react quickly to avoid danger. Such diets constantly provoke the sympathetic nervous system, “revving” up metabolism, including blood pressure and the adrenal glands, and steadily wearing out the body. Further, being a constant sugar burner means that even when asleep the body will seek to burn sugar. When glycogen stores in the liver have been exhausted, the body will turn to protein from muscle and even bone to break down and burn as sugar for fuel—one reason that high leptin levels are associated with osteoporosis.

According to Rosedale, when our bodies are accustomed to burning sugar, even a meal composed of healthy protein and fat will largely be converted to stored fat (and not burned as fuel) if we also consume non-fibrous carbohydrates in the same meal. The body will preferentially start



Rosedale’s regime is a cold-turkey, full-abstinence diet from all sources of starchy carbohydrates.

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burning the sugar in the carbohydrates as fuel, storing a finite amount of it as glycogen in the liver, and the rest as fat on the body. Some of the protein in the meal will be used for repair and maintenance, but the excess will also be metabolized as sugar, and stored as fat. And since the body's cells are replete from the sugar metabolism of carbohydrate, the fat in the meal is also stored as fat on the body. Even with plenty of good fat available for combustion, Rosedale contends, a body in the habit of sugar burning will "ignore" the fat and look to burn sugar—either by making us hungry for more carbohydrates or by breaking down muscle once the liver's limited glycogen stores have been emptied. This is why someone who is a sugar burner and tries to lose weight—that is, lose fat—with an exercise program will either fail, or only lose muscle fiber while remaining flabby. A very sorry situation any way you look at it.

Enter the Rosedale diet. Rosedale promotes his meal plan as a "leptin sensitizing" regime that will train the body's metabolism to become proficient at burning fat. The aim is not only to lose weight, but to reverse the unhealthy and harmful cascade of metabolic disorders influenced by leptin resistance that cause not only obesity, but cardiovascular disease, arthritis, diabetes and other modern diseases of aging.

Rosedale's regime is a cold-turkey, full-abstinence diet from all sources of starchy carbohydrates. All grains in all forms—the obvious offenders—are excluded forever. For the introductory first three weeks, while

the body is in a sort of "boot camp," only modest amounts of protein from approved sources are allowed—largely fish and seafood, game such as buffalo, venison and ostrich, and skinless chicken and turkey. Rosedale requires his dieters to keep close tabs on protein consumption. "Adequate" protein levels must not be exceeded lest the sugar-burning body convert that excess protein into sugars and sabotage fat burning. For most people, protein is restricted to 50-75 grams per day, spread out over all meals and snacks. By comparison, an egg has about eight grams of protein; a piece of meat two by three inches has about fifteen. These amounts seem abstemious, to say the least, but Rosedale insists that too much protein is counterproductive both to his diet and to any ambitions we might have for longevity. You will be eating a lot of salads with this diet, and a fair amount of nuts, olives, and avocados. Rosedale also recommends a lot of water—eight to ten glasses a day. That will certainly fill you up!

Honest Nutrition, continued from page 58
this book doesn't suggest you need more medicine, you may need a bigger medicine cabinet to hold all the recommended supplements. If you take them all consistently, you may find you also need a bigger stomach if you want any room for real food.

We continue our descent into fats and heart disease. The coverage of heart disease is far better than the usual murky muddle. He even covers the concept that many if not most heart attacks are not caused by clogged coronary arteries but by overly acid conditions that can be reversed with strophanthin. When we plunge into the details on fats, however, it gets a little cloudy. He states that saturated fats get undeserved blame and that coconut oil is healthful, but recommends animal fats only in "moderate amounts." He notes that calcium is poorly absorbed without saturated fats. He wrongly asserts that arachidonic acid is inflammatory—that it is good for infants but not for adults. And he gives a favorable recommendation to canola oil. He could have gotten these details right with just one visit to our website. The advice on soy is good for the most part, but there is a list of supplements we are encouraged to choose from that includes soy isoflavones. I personally won't be choosing that one. As for supplements in general, I have tried a vast array including many that are favorably

mentioned in this book, and I have been generally underwhelmed by the results.

This book is different from other books about everything you want to know about nutrition. The author says more than once that while he has sorted the facts as best he can, he might be wrong. I do believe Ira Edwards is being honest as the title suggests, if not always consistent with WAPF principles. I do like the author's general attitude. The final decision on which way to go with this book isn't easy. It is easy to argue for the thumb to point either way. As I come up for air my thumb is pointing down, but I might be wrong.

Ira Edwards also wrote a companion book called *Pre-Pain*. Again, there are some very good sections, but there are enough points that are not consistent with Weston A Price Foundation principles to keep the thumb down for that one too.

Review by Tim Boyd

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Vegetables and fruits are restricted to a list even more severe than, say, the GAPS diet allows: along with predictably proscribed potatoes, parsnips and yams are also beets, carrots, pumpkin, tomato and most legumes such as green peas, lima beans and peanuts. Fruits such as bananas, oranges, apples, pineapple, grapes, and all melons are permanently verboten, as are virtually all dried fruit. In fact, the approved fruits for the three-week trial literally number only two: avocados and olives. After this trial period berries and lemons and limes are allowed. No sweeteners of any kind are allowed, but stevia powder is acceptable; the artificial sweetener sucralose (Splenda) is allowed “if you must.”

Raw or plain, home-roasted nuts appear often as snacks to assuage hunger and sugar urges—seven to ten are allowed at a time. “High omega-3” eggs are allowed, and only goat cheese and non-fat or lowfat soft and hard cheeses. The only fats allowed in the introductory period are actually oils: avocado, olive and almond. Cod liver oil is highly recommended as a daily supplement.

Low-carb “veggie” burgers are allowed, as are various whey protein products, and rare portions of “high fiber” breads, typically made with oat bran and soy flour.

Rosedale insists that followers of his diet will never be hungry, and boasts that the percentage of calories from fat on his regime ranges from fifty to even higher. While scoffing at other health “experts” who foolishly promote “fat phobia” among their patients, and coming down squarely against damaged vegetable oils and *trans* fats, Rosedale seems nevertheless ambivalent about the role of saturated fats in the diet and for human health—much of the time he mirrors the mainstream condemnation of “bad” saturated fat, but then will follow with qualifying comments, as though he is not quite sure what he really thinks. “Saturated fat is much harder to burn off than good fat (until

you become a good fat burner),” he writes, “so if you eat high amounts of saturated fat, you will interfere with your body’s ability to burn fat. A diet high in saturated fat promotes insulin resistance, and may increase the risk of heart disease . . . If you are trying to become a proficient fat burner, I recommend that you eliminate all beef, lamb, and pork from your diet, at least for the first three weeks you are on the meal plan (unless it is not grain-fed). . . It doesn’t make much sense to eat what you’re trying to get rid of.”

Later, however, in his discussion of recommended meats, Rosedale praises grass-fed livestock (and game) for their much healthier nutrient and fat profile compared to feedlot animals, and suggests readers work at finding such grass-fed meats. It seems that he does distinguish between fats from these differently raised livestock, (“Not all beef is the same”) but the good news must be teased out of his recommendations. I suspect the average reader might not even notice the import of his murmured parenthetical remarks and subordinate clauses.

Rosedale doesn’t help to clarify matters by constantly contrasting saturated fat (such as chicken skin) with “good” fat (such as avocado), especially since chicken skin contains more monounsaturated than saturated fat! Just once I would like to open a diet book and read, “Yes, on our diet you’ll be able to enjoy olives and avocados! They actually contain the same heart-healthy monounsaturated fat found in chicken skin and lard.”

The Rosedale Diet was first published in 2004, and since six years have passed it only seemed fair to discover whether he has updated anything about saturated fats on his website devoted to his meal plan. A visit to www.drrosedale.com pulled up this current take: “Yes, the major portion of your diet should be composed of healthy fats. The important distinction between good and bad fats lies not in whether they’re saturated or unsaturated, but whether they are

Just once I would like to open a diet book and read, “Yes, on our diet you’ll be able to enjoy olives and avocados! They actually contain the same heart-healthy mono-unsaturated fat found in chicken skin and lard.”

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omega-3 or omega-6. Omega 3 fatty acids, such as those found in fish and flax oils are tremendously healthy and will provide you a great deal of benefit. Omega-6's such as are found in peanut, soybean and sunflower oils (among others) are almost the opposite. You do need a small amount, but you will get them naturally. The more you willfully eliminate, the better you will be. Saturated fats are generally (but not always) slightly harder to burn (a big exception being coconut oil, which is very healthy for you) but as your body becomes better and better at it by practicing on easy unsaturated fats, you are welcome to consume more advanced fats with the confidence that your body will know what to do with it. People do not become fat because they eat fat. They become fat because they cannot burn it. Through this eating plan, you can."

Now it appears that saturated fat is sometimes only "slightly" harder to burn than unsaturated fats (and these days Rosedale embraces coconut oil) so the reader and/or diet adherent is still left to his own powers of discrimination regarding the reputation of saturated fat. It is amusing that Rosedale considers saturated fats more "advanced" than unsaturated fats, and that the latter are merely training wheels for wobbly novice fat burners. Saturated fat burning, on the other hand, is apparently like reaching the metabolic Olympics level. Why would the 18-carbon saturated fats be any harder to digest than the 18-carbon monounsaturated fats that he recommends? Seems like he is just making this up. And doesn't he know that it is the monounsaturated fatty acids that tend to build up in the fatty tissue of those who gain weight?

Rosedale includes ghee on his list of approved fats and oils. Sweet (uncultured) milk and almost all commercial yogurt and cottage cheeses contain a fair amount of sugar in the form of lactose and added ingredients (and even sweet butter is only about 80-84 percent butterfat)—and should obviously be avoided during the "training" phase of Rosedale's diet. Ghee (or clarified butter), on the other hand, is pure butterfat. Also, if you absolutely can't live without that single cup of morning coffee, only add heavy cream, not milk, he advises. (Can't argue with that.)

The short list of allowed dairy products contains only lowfat versions of cottage cheese, cream cheese and a few hard cheeses. Tiny portions of full-fat cheeses are allowed after the three-week training period, but clearly dairy products are given short shrift overall. Rosedale professes to be "no fan" of dairy, and argues that for us to drink the milk of other mammals is wholly unnatural—the great pastoralist cultures of the world, full of tall slender people, notwithstanding. It goes without saying that home-cultured raw dairy products from direct farm-to-consumer relationships is far outside the context of Rosedale's diet and his perception of his audience's ingenuity. Rosedale reminds us that cheese and other dairy products are loaded with saturated fat, and most readers will be

numbed by the incessant repetition—both from Rosedale and the medicalized media—to accept the blanket condemnation.

It came as a surprise to find that fistfuls of supplements are strongly recommended as part of the Rosedale diet. ("No matter how healthy you eat, there are important vitamins that you simply cannot get out of your diet.") Rosedale sells his own line of supplements.

Suggested recipes and menus are largely appetizing, mostly featuring honest cuts of seafood, eggs and meat. Olive oil and occasionally ghee and butter are the main additional fats used in simple cooking preparations. In a truly bizarre spasm of karmic fat comeuppance, however, the last recipe in the section, for French Silk Pie (*mille pardons* to the French!) calls for four cups butter (an error; one pound butter is the weight), one and one-third cups Splenda, two cups egg whites, chocolate, and one cup whipping cream!

The Rosedale Diet gives a valuable introduction to the role diet plays in our general health and especially to the diet's effects on the key metabolic hormones insulin and leptin. These hormones in turn powerfully influence our risk for numerous degenerative diseases that bring misery and shorten life. However, the actual diet can in fact be very dangerous—much like the South Beach diet, it is devoid of carbohydrates, and unless the reader can thread through the subtleties of his discussion on fats, it is likely to be low if not completely lacking in saturated fats. When we avoid saturated fats, the body goes to Plan B and makes them from carbohydrates. Where are his dieters going to get the saturated fats the body needs so much?

The book provides many testimonials, but nothing in the way of long-term assessment. How did his clients do over the years, assuming they could actually stay on the diet and didn't give in to the temptation of French Silk Pie?

Review by Katherine Czapp

Growing Wise Kids

FEEDING THE FAMILY WHEN IT'S TOO HOT TO COOK

Cool Summertime, Enzyme-Rich Meals

By Jen Allbritton, CN

Eating foods in sync with the season, especially foods grown locally, maximizes nutrient intake and minimizes one's environmental footprint. As John Douillard, author and Ayurvedic practitioner in Boulder, Colorado, so gracefully states, "The idea behind adjusting our diets to the seasons is to stay in the present moment, to understand what the seasons are doing to the body, and treat it accordingly with the foods that nature provides."¹

The bounty of summer blesses us with nutrient-rich, vitality-giving foods, especially vibrantly colored fruits and vegetables, many of which can be enjoyed raw. And during those stifling summer days I am grateful this is so, because when the temperature in my kitchen creeps up into the high eighties, you can't pay me enough to turn on any heat-emitting appliance!

Make the most of the foods this glorious season provides, while optimally nourishing your family.

RAW FOODS: THE FACTS

Raw, enzyme-packed foods are a little slice of heaven for your pancreas. Let me explain. There are two main categories of enzymes involved in breaking down food: those inherent in plants and raw animal products, and those produced by the body. Naturally present plant, or food, enzymes include protease (digests protein), amylase (digests carbohydrates), lipase (digests fat), disaccharidase (digests the sugars maltose, sucrose, and lactose), and cellulase (digests fiber). The make-up of each whole food is no accident. Nature provides the necessary enzymes for that particular food, so avocados have a higher proportion of lipase to break down fat, while pears contain more amylase to work on their higher carbohydrate concentration.

Digestive enzymes are produced by the body to further assist in the breakdown of food. The first digestive enzyme food comes in contact with is amylase in saliva, which begins to break down carbohydrates through chewing (a key reason to chew food slowly and thoroughly). The remaining digestive, or pancreatic, enzymes (ptyalin, pepsin, trypsin, lipase, and protease) are produced in the pancreas and secreted into the gastrointestinal tract to continue the job of digestion. The last group of enzymes to work on our meal is produced by the small intestine itself, which mostly concentrates on carbohydrates.

Although our body makes digestive enzymes, their production diminishes with age. More important, those digestive enzymes need not be the sole source of enzymes. Lita Lee, PhD, in her book *The Enzyme Cure*, explains that "food enzymes—and only food enzymes—spare the pancreas from having to compensate for inadequate predigesting." In other words, consuming a predominately "enzymeless" diet of over-cooked foods taxes the pancreas and, eventually, it will become less efficient at enzyme production.

Sally Fallon Morell reminds us in *Nourishing Traditions* that, "Almost all traditional societies incorporate raw, enzyme-rich foods into their cuisines—not only vegetable foods but also raw animal proteins and fats in the form of raw dairy foods, raw fish and raw muscle and organ meats. These diets also traditionally include a certain amount of cultured or fermented foods, which have an enzyme content that is actually enhanced by the fermenting and culturing process."² In fact, in native cultures that cooked much or even most of their food, a majority of their enzymes came from moderate amounts of fermented condiments or beverages, which traditionally

Make the most of the foods the summer provides while optimally nourishing your family.

Consuming a predominantly “enzyme-less” diet of over-cooked foods taxes the pancreas and eventually it will become less efficient at enzyme production.

accompanied cooked meals.³ Examples include sauerkraut, beet kvass, kombucha, fermented fish, or chutneys.

Mary Enig, Ph.D, tells us in *Eat Fat Lose Fat*, “We like to think of fermented foods as ‘super-raw,’ because they contain very high levels of enzymes (formed during the lacto-fermentation process) that more than compensate for the enzymes destroyed by cooking.”⁴ Fermentation also has the added benefit of pre-digesting the food and making for easier overall digestion.

Milk is one food that has been consumed raw throughout the ages, and often fermented or made into raw cheese for preservation. For example, tangy, effervescent kefir from Russia made from raw goat or sheep milk; dahi, a sour yogurt-like creation, made in the Middle East and eaten with every meal; or the delectable cultured crème fraîche found in European cultures. And still today, dairy, acquired responsibly, remains one of the foods best served in its raw form.

RAW FOODS AND GASTRIC DISTRESS

Even though we have established that raw foods are healthful, three factors must be considered when including them in the diet. First, when examining traditional practices, we see that a good portion, and in some cases, most foods were cooked—particularly grains, legumes and vegetables—even in the tropical climates where fire wasn’t necessary for warmth.⁵ Second, certain foods are just best cooked, fermented or

germinated to maximize nutrient availability and absorption. And third, an individual’s digestive system must be up to the task of breaking down raw foods, which is often not the case. Even with their naturally present enzymes to aid in digestion, those persons with weaker digestive function often have trouble assimilating raw foods—particularly those highest in fiber—and can suffer from gas, bloating and intestinal discomfort. This is especially the case for those with digestive conditions such as colitis, irritable bowel and gastric reflux.

In an e-newsletter, Donna Gates, author of *The Body Ecology Diet*, reminds us that, “The ancients were well aware that raw vegetables were difficult to digest; in Chinese Medicine, for example, it is well known that raw foods are best eaten by someone with strong ‘digestive fire.’ A major cause of poor ‘digestive fire’ is that our adrenals and thyroid are both poorly nourished and taxed by toxins and daily stress.”⁶

Grains, beans, nuts and seeds are foods that should not be consumed raw. They house enzyme-inhibitors that are best deactivated by germinating or sprouting, which wakes up the enzymes, ultimately making the food’s nutrients more readily available.⁷ This is accomplished by soaking these foods in room temperature water for seven to 24 hours before either cooking grains or beans or drying nuts and seeds in a low-temperature oven or dehydrator to make them crispy.

ENZYME-RICH FOODS

RAW FRUITS: Avocados, bananas, dates, figs, grapes, kiwi, pineapple, mangos, papayas

SWEETENERS: Raw honey

DAIRY: Raw milk, raw cream

CULTURED DAIRY: Cultured butter, raw cheese, cultured cream, yogurt, kefir

SOY FOODS (In strict moderation!): Miso (in dressings and dips), natto

MEAT AND FISH: Rare and raw well-aged meat; lacto-fermented fish, such as gravlax

LACTO-FERMENTED CONDIMENTS: Sauerkraut, pickles, chutneys

LACTO-FERMENTED BEVERAGES: Old-fashioned ginger ale and root beer, kombucha, kvass, water kefir

SPROUTED GRAINS, NUTS, AND SEEDS: See chapter on Sprouted Grains, Nuts & Seeds in *Nourishing Traditions* for details.

TEN TIPS FOR KEEPING YOUR KITCHEN COOL

1. Emphasize foods that require little to no cooking: summer sausage, fresh fruits, certain vegetables, olives, salads, crispy nuts and cheeses. This is the time to perfect two or three recipes for dipping veggies and dressing salads that make your taste buds tipsy (see my Creamy Cashew Macadamia Dressing on page 69). Bear in mind, not all foods are best eaten raw nor is everyone capable of eating a lot of raw foods; see the section titled Raw Foods and Gastric Distress on how to maximize your digestion and assimilation of raw foods.
2. Capture inspiration from raw foodists, many of whom advocate traditional food ingredients, including the meat of young coconuts, coconut butter and oil, raw and soaked nuts, and sprouts. Check out *The Raw 50* by Carol Alt. While most other raw food resources are vegan, Carol's book wisely advocates raw milk, cheese, eggs, and even fish. Similarly, Becky Mauldin has an especially wise bent toward traditional foods in her cookbook titled *Recipes for Life* (www.pure-health-and-wellness.com), where she features raw meat recipes with an ethnic flare, along with cobblers and pizza. A 100 percent raw foodie I am not, but summer is the perfect season to be more of one! This is a part of eating seasonally. Allow the flow of the seasons to direct your menu plans.
3. Take advantage of the portability of your slow cooker and dehydrator by setting them up in the garage (see The Slow Cooker Rules piece at www.westonaprice.org). One of my favorite, simple and entertaining dehydrator books is *Dry It – You'll Like It* by Gen MacManiman. Many raw food resources have inventive dehydrator recipes; a real winner is the Onion Bread recipe from *RAWvolution* by Matt Amsden. This bread makes the most wonderful crunchy, crouton-like addition to summer salads. When keeping foods raw, bear in mind that enzymes are extremely heat-sensitive: food temperatures over 120 degrees F (different from air temperature, which is around 20 degrees warmer than food temperature) for a period of time will destroy the resident enzymes (see the exhaustive explanation on this subject at Excalibur Dehydrator's website, a leading resource in preserving enzymes www.excaliburdehydrator.com).
4. Invest in fun summer kitchen gadgets. My favorite is a vegetable slicer made by Paderno World Cuisine. This gadget's strategically placed tiny blades make "zucpasta," pasta-like spirals made from zucchini or yellow squash. They are very tasty, crunchy, and simple to make. Top a bowl-full of these "noodles" with your favorite tomato sauce, pesto, or cream sauce.
5. Cook foods indoors at the coolest part of the day: night or early morning. And if you must cook during the hotter parts of the day, make it go a bit faster by cutting veggies into small pieces or cooking things that don't take too long, like eggs on the stovetop or veggies that can be quickly steamed. If I am going to cook, I like to cook big—a large batch of pancakes or waffles—and freeze the leftovers so I get out of the chore for a while.
6. Grill or smoke your food outdoors. Besides allowing the usual grilling or smoking techniques, these units can act as an outside oven; simply use your cast iron cookware as you would indoors.
7. Invest in a toaster oven: their smaller size generates less heat.
8. Get super friendly with your blender. Smoothies, blender drinks, popsicles and raw soups are mainstays in my home during the hottest parts of the year. Invest in a stellar blender; it's the pits when your "smoothie" has little chunks throughout because your blender doesn't have the needed gusto. Two companies, Vita Mix and Blendtec, make professional quality, high-speed blenders that work great for any job.
9. Ferment your socks off! Salsas, chutneys, coleslaw mixes, apple butter, fish, garlic, you name it.
10. Instead of heated homemade yogurt (using an electric yogurt maker), consider switching to a non-heat option for the summer months, such as Matsoni Yogurt (aka Caspian Sea Yogurt) or Viili yogurt, which ferment beautifully at room temperature (check out www.culturesforhealth.com for more details and reviews). Kefir also needs no heat, but doesn't have the yogurt-like consistency of these other options. Nevertheless, kefir is a perfect base for a probiotic-endowed smoothie, popsicle and ice cream.

Although the pancreas does not produce enzymes to digest cellulose, the healthy bacteria in our guts do!

As far as raw plant foods are concerned, the most troublesome are those in the cruciferous family—broccoli, Brussels sprouts, cabbage, cauliflower, kale, mustard greens, radishes, rutabagas and turnips. These highly nutritious foods contain goitrogenic compounds that increase one's need for iodine and, if consumed in large enough amounts, can inhibit thyroid function. These foods are always best consumed cooked or fermented. See the side bar "Careful with the Crucifers."

Cellulose in fibrous foods also makes digestion more challenging, especially when consumed raw. Cellulose is an insoluble, indigestible fiber (long-chain carbohydrate) that makes up a good portion of the cell wall within plant foods, giving them rigidity and structure. Cooking and fermentation soften and pre-digest cellulose, making it easier for the digestive system to handle. Human anatomy is simply not designed to digest too much cellulose, the way plant-focused animals are, animals such as ruminants (cows, goats, etc.) and gorillas.

Still, healthy people can handle a certain amount of cellulose in their diets. Although the pancreas does not produce enzymes to digest cellulose, the healthy bacteria in our guts do! Our internal ecosystem produces the enzyme cellulase, which helps break cellulose down into simple sugars. Here's the catch, our digestive system must house plenty of friendly bacteria to produce this digestive aid.

VEGETABLES: TO COOK, OR NOT TO COOK?

It is a common misbelief that, in general, foods are more nutritious when consumed raw. In fact, cooking can actually render some nutrients more available, which is especially true with vegetables. Research from Cornell University found that although some nutrients may be destroyed (particularly vitamin C), cooking increases the availability of other cancer-preventing phytochemicals, ultimately increasing the overall antioxidant effect of a food.⁸ For example, cooking tomatoes for thirty minutes decreases the vitamin C level about one-third; however, it increases the available lycopene from 2 mg per gram to over 5 mg per gram and boosts the antioxidant activity of the food by 50 percent.⁹ More research with carrots found that antioxidant levels increased almost 35 percent immediately after cooking. It is believed that heating the carrots softened their tissues, allowing the release of more antioxidant compounds.¹⁰

Cooking and fermenting also reduce naturally occurring mineral-blocking substances in plant foods, such as phytates, oxalates and mycotoxins.¹¹ Oxalates, for instance, are naturally found in high concentrations in such nourishing foods as spinach, beet greens and parsley, yet they inhibit calcium absorption.

In general, gently steaming, stir-frying, sautéing, slow cooking, stewing, and baking most vegetables liberates the minerals within, making them more available. However, that

WHAT'S THE STORY WITH RAW EGGS?

There are three concerns when it comes to eating raw eggs: salmonella, avidin (a biotin inhibitor), and trypsin or enzyme inhibitors. Salmonella is only an issue if the egg comes from an unhealthy, battery-raised chicken. And even then, the risk of salmonella contamination is one in every 30,000 eggs. On the other hand, the risk is almost non-existent in eggs from hens living on pasture, soaking up sunshine and feeding on nourishing foods, such as insects, flax, alfalfa and algae.¹⁶

The second concern is avidin, found in egg whites, which binds to the B vitamin biotin, preventing its absorption. Egg yolks are actually a concentrated source of biotin and moreover, one would need to consume an unappetizing number of raw eggs to actually induce a deficiency. Cooking the egg white at least reduces avidin, thus sparing a portion of the residing biotin.¹⁷ Ultimately, salmonella and avidin hold little weight when evaluating the pros and cons of raw egg consumption.

Of most concern are the enzyme inhibitors found within the egg white, similar to those in nuts and beans. Cooking neutralizes these inhibitors, which if left intact interfere with protein digestion and could potentially lead to digestive woes. One study performed at University Hospital Leuven in Belgium found that consuming cooked egg compared to raw improved protein digestion by 40 percent.¹⁸ This is not to say a fresh, whole raw egg (with the white) obtained from a pastured hen on occasion is taboo, but it is best to be more liberal with the raw yolks in smoothies and popsicles, or stirred into porridge and salad dressing.¹⁹ Of course, cooked whole egg is a nourishing option as well.

doesn't necessarily mean all vegetables need to be cooked before consumption, but again, an individual's digestive constitution and the food of choice are important factors. For example, a raw spinach salad with chopped apples, a handful of blueberries, sliced red pepper, crumbled raw goat feta, chopped crispy walnuts, drizzled with an olive oil-balsamic vinegar blend is a lovely, quick summer salad that can be enjoyed by most people with well-functioning digestive systems and plenty of calcium coming in through bone broths or raw dairy products. On the other hand, eating this for dinner every night for a week might not be the best choice. Use your intuition and listen to your own body system. Take a good look at the bigger picture of your nutritional intake and serve a balance of cooked and raw foods that fits with your family's tastes and level of digestive flame.

As for fresh-from-the-vine raw veggies, the low-fiber, higher water-containing choices are typically well tolerated by most digestive systems. These foods often fall under the category of fruit or flowering vegetables because they bear the plant's matured seeds for future generations, similar to tree fruits. Lighter lettuce leaves are also good to eat raw; however, avoid partaking in the raw form of their more fibrous cousins mustard greens and beet tops.

Absorption of minerals is enhanced with the addition of fats, such as butter, avocado, healthy oils or cream.¹² Be sure to include these ingredients liberally in all meals. The enzyme guru Dr. Howell also observed that salt is a powerful enzyme activator,¹³ so don't be shy with the salt shaker, just be sure it is from a clean, natural source and still contains all its original minerals,

such as the properly harvested Celtic, Himalayan, Real Salt and Lima salts.

AVOID OVERCOOKING

While cooking some or a good portion of our vegetables, and virtually all beans and grains, is ideal nutritionally, one should be aware of the concerns with over-cooking. Back in the 1930s, it was discovered that upon eating processed and over-cooked foods, there was an immediate production of leukocytes, or white blood cells—the immune system's response when under attack, such as happens with a virus or when consuming an allergenic food. Initially, this response was thought to be a normal function of eating, until it was later revealed by another researcher, Dr. Paul Kouchakoff, that eating raw food or food heated at low temperatures failed to produce this same physiological response.

In fact, Kouchakoff found that the more heat and processing a food endures, the greater the white blood cell response will be, such as with foods that have been refined, deep-fried, homogenized and pasteurized. Interestingly, Kouchakoff found that chewing food thoroughly lessens the elevation in white blood cells. Teaming up a plate of cooked food with the same amount of raw food also minimizes the blood cell response. Not surprisingly, these results affirm the traditional practice of including a fermented, super-charged enzyme food along with cooked ingredients.

Summer is my favorite time of year: birds singing outside my window in the mornings, splashing in the creek with my boys, and breathing in sweet mountain fresh air on a hike. One place I would rather not spend more time than necessary is the kitchen. Simplify your summer

Absorption of minerals is enhanced with the addition of fats, such as butter, avocado, healthy oils or cream.

CAREFUL WITH THE CRUCIFERS

Chris Masterjohn, in his extensive research regarding cruciferous vegetables, says, "Steaming crucifers until they are fully cooked reduces the goitrogens to one-third the original value on average. Since release of the goitrogens from steamed crucifers depends on intestinal bacteria, however, the amount released varies from person to person. Boiling crucifers for thirty minutes reliably destroys 90 percent of the goitrogens. Fermentation does not neutralize the goitrogens in crucifers. When foods like sauerkraut are consumed as condiments, however, the small amount of goitrogens within them is not harmful if one's diet is adequate in iodine." On the plus side, Masterjohn notes that these goitrogens give cruciferous veggies their cancer-protective attributes.

The simple answer is to eat these foods cooked and fermented in amounts right for you. Those with a thyroid condition or pregnant and nursing ought to be more cautious. Fermented crucifers used as condiments along with a few servings of gently cooked cruciferous vegetables each week is reasonable. And be sure to incorporate iodine into your diet regularly through seafood, seaweed, butter, and eggs laid by pastured hens.²⁰

GETTING THE MOST OUT OF RAW FOODS

How can you improve your digestive fire and encourage better digestion of raw foods? Follow these nine steps to give yourself and family the advantage:

1. First order of business is to create a stellar inner ecosystem by consuming plenty of fermented foods and beverages abundant in beneficial microflora. If you and your family haven't hopped on the lacto-fermentation bandwagon yet, consider a high quality probiotic supplement until you can work these foods in on a regular basis.
2. Accompany all cooked meals with fermented condiments and/or beverages, such as live-culture yogurt, kefir (dairy, water or coconut water), kombucha, live sauerkraut, or other fermented veggie mixes, salsa and chutneys. Remember, fermenting foods begins the pre-digesting process and boosts enzyme content, making these foods easier to assimilate. When you eat them with cooked food, they support good digestion of the entire meal. Thus, you have the best of both worlds—the nutritional advantage of consuming gently cooked foods and the stellar enzymes provided by accompanying super-charged raw fermented foods, which more than make up for the loss of enzymes through cooking.
3. Fit in some raw animal protein and fats (from high quality sources), preferably daily, such as raw dairy foods (milk, cream, kefir, unheated yogurts, ice cream), raw fish (ideally fermented), and raw muscle or organ meats (such as steak tartare, freezing meat for at least two weeks before consumption to eliminate parasite risk), and egg yolks (see side bar What's the Story with Raw Eggs?). Contrary to today's practices, in native diets animal products are typically consumed raw or fermented more often than vegetable foods.
4. Chewing is often overlooked as an important aspect of digestion. The process of chewing and thoroughly tasting our food sends signals to the digestive tract about what to expect in terms of nutrients and which enzymes will be needed to assimilate them. (This is one good reason to avoid gum chewing.)¹⁴ Taking your time, chewing each mouthful of food at least twenty times per bite, is ideal for breaking down food and allowing saliva to do its work.
5. Emphasize high-enzyme foods—dates, figs, tropical fruit, raw dairy products, sprouts, etc.
6. A good rule of thumb is to serve your family a variety of raw as well as gently cooked fruits and vegetable—not all cooked, not all raw. Make adjustments necessary to accommodate the state of your family's digestive health, and if digestive fires are running low, cook more often to soften the cellulose. Gently steaming, stir-frying, sautéing, slow cooking, stewing and baking are all good methods.
7. Soak all beans and legumes and soak, germinate, and dry all nuts and seeds at low temperatures. Ideally, avoid further cooking of nuts and seeds to protect the oils residing within.
8. Choose organic or biodynamically grown vegetables, especially if you are going to consume them raw. Pesticides not only block a plant's absorption of nutrients needed for enzyme production, but inhibit the body's enzyme systems as well.¹⁵
9. Blending breaks the cellulose cell wall apart, making digestion of the fiber less challenging. Blender drinks, smoothies and blended soups are fun, fast foods that can be quite refreshing and nourishing. In fact, you can include a number of superfoods that frequently go undetected, making them a fantastic mix for more suspicious family members (see the Creamy Dreamy Smoothie recipe, page 69). Just be sure to try to “chew” these blended meals and don't gulp them down, allowing time for saliva enzymes to do their work.

menu by taking advantage of the riches of the season; all while keeping cool and still fully nourishing your family. ☯

Jen Allbritton is a certified nutritionist and author. She lives with her family in Colorado and spends lots of time in her kitchen cooking up WAPF-friendly creations. Contact her if you'd like to learn more about subjects related to diet and children at jen@growingwisekids.com.

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CREAMY DREAMY SMOOTHIE (OR SWEET SWAMP SMOOTHIE IF YOU HAVE YOUNG BOYS)

2 cups water, kefir, raw milk or coconut milk
 1/4 organic lemon, including peel
 1 avocado
 1/2 large cucumber, roughly chopped
 1 generous spoonful almond butter
 1 generous spoonful coconut oil
 1 cup frozen berries, your choice
 1/2 to 1 teaspoon spirulina (blue-green algae)
 Ice cubes if you desire a more icy smoothie (kefir frozen into cubes works great too)
 Sweetener if desired, such as chopped dates, maple syrup, stevia or other favorite

Pour your choice of liquid, coconut oil, and lemon in the blender and whirl around until smooth. Add the remaining ingredients until well-blended. Enjoy. Other possible additions: goji berries, spirulina, vanilla extract, carob powder, acerola or camu powder (or other high vitamin-C berry powder).

CASHEW MACADAMIA DRESSING

1 tablespoon olive oil
 1 tablespoon brown rice or apple cider vinegar
 2 tablespoons cashew macadamia nut butter (preferably homemade from crispy nuts)
 1 tablespoon lemon juice
 1 teaspoon raw honey

Whip oil and vinegar together with whisk and then add the remaining ingredients until thick and creamy.

Food Feature

MEMORIES OF THE LEGENDARY MRS. GLADYS M. WEBSTER, MY BELOVED GRANDMA,
AND HER WONDERFUL SOUL FOOD RECIPES

By Kendrick L. Adams



Mrs. Gladys M. Webster
1928-1992

We didn't
have hot dogs
and potato
chips like
most kids
would have.
No, we had
full course
dinners of
delicious soul
food.

My beloved grandmother, Mrs. Gladys M. Webster was born on July 24, 1928 to Mr. and Mrs. Melvina and Bill Smith, Sr. She was baptized at an early age at the New Hope Missionary Baptist Church under the Reverend I.J. Johnson in Holy Bluff, Mississippi. She moved to Chicago, Illinois in 1955 and joined True Faith Missionary Baptist Church under the leadership of C.L. Brookens, and later in 1959 she joined the church of my uncle, Reverend Bill Smith, Jr. at the Greater St. Paul M.B. Church. She married my grandfather, Mr. Tom F. Webster, on November 29, 1966.

It was a privilege to grow up in my grandmother's household. She was a beautiful and wonderful grandmother to us all. She loved and befriended everyone she ran across. She would feed anyone that was hungry, even strangers. There are not many people in this world today who would treat a stranger with food and kindness and love as my Grandma Gladys did. Anything we asked for—my brothers, sisters, cousins and I—my grandma would try her best to give us.

When we were all growing up, my Grandma Gladys would fix us lots of soul food, especially for birthdays—foods like greens and corn bread, potato salad, chitlins and homemade ice cream. We didn't have hot dogs and potato chips like most kids would have. No, we had full course dinners of delicious soul food. Grandma Gladys would bake us some homemade cakes to go with the homemade ice cream, and we all would just be stuffed from all of that good soul food my grandma cooked for us.

All our childhood friends would come over our house to play or to one of our birthday parties, because they knew that they were going to be eating some real good food, and have a really good time. All my aunties and uncles on

both sides of my family loved it when one of our birthdays was coming up. They would tell all their friends about how Grandma Gladys would set up our birthday parties with lots of soul food like it was a party for a grown-up. And their friends wouldn't believe it until they came to one of our birthday parties to see for themselves. The result was that we ended up with more grown-ups than kids at our birthday parties, all because of Grandma Gladys's soul food cooking.

My Grandma Gladys taught me how to cook at an early age, when I was about eight or nine years old. One day I was helping her pick some mustard and turnip greens and after helping her pick the greens, she gave me two dollars and gave each of my cousins one dollar. So we all went to the grocery store on 74th and Halstead. My cousins went and bought some candy and a lot of other junk food, but I bought some mustard and turnip greens with my two dollars. When we all came back from the store, everyone was laughing at me because I went and bought some greens with my money. They could not believe with their eyes what I came back home with, which was twelve pounds of greens with my two bucks.

So I asked everybody, "What are y'all laughing at?"

"We are laughing at you, Kendrick," they said, "because you went and bought greens and stuff with your money, and the rest of the kids went and bought candy and stuff with their money."

My aunties and uncles and the rest of my family asked me if was I going to cook the greens myself. "Yes," I said, "my grandma is going to show me how to cook them and they're going to be real good and y'all can't have none."

So I asked my Grandma Gladys if could I have a hamhock and she said, "Here, baby, I'm

going to show you how, but you are going to put all the seasoning and the rest of the stuff in the pot by yourself. Just be careful, okay?"

After I finished cooking the greens and hamhocks, everyone was shocked at how good the greens tasted. "Go and ask your aunties and uncles who is laughing now," said my grandma. "You did real good baby, and now you can learn more on how to cook good and delicious food, period."

Since that cooking lesson on how to cook good greens, I've been cooking a lot of good soul food dishes for the past twenty years, dishes that my beloved Grandma Gladys showed me how to cook. I'm so happy that I stayed in the kitchen with my Grandma Gladys because I probably wouldn't know what I know today, except for the dishes I learned from my mom.

The last thing my beloved Grandma taught me how to cook was a very good dessert from Mississippi called butter roll. It's made of flour-dough biscuit, butter, sugar, milk and nutmeg. It is so good that I came up with a lot of different flavors for my butter rolls.

I just thank God that I was able to comprehend my grandma's teaching instructions on her soul food recipes. She taught me how to do a lot of good things so that when I was a grown man on my own, I'd be able to take care of myself.

In 1992, my grandma became ill, and sometimes she couldn't cook for herself so I was there to do the cooking for her whenever she wanted me to. In fact, as she got sicker, I was the only one she wanted to cook for her and care for her.

Although illness fell upon her, she continued to bring joy, love, laughter, peace and happiness into our lives and hearts and the lives of those who loved her. In her walk with Jesus Christ on this earth, Grandma Gladys met and befriended many, many people who will always love and remember her loving and caring ways of life and her delicious soul food cooking.

Just one warning: these recipes are designed to feed a houseful of people! You'll need large pots and a large roasting pan. If you want smaller quantities, you'll have to break them down. But once your friends and neighbors find out how good your soul food cooking is, you'll find you have a houseful of people to feed!

GREENS AND HAM HOCKS

6 pounds mustard and turnip greens
4 smoked ham hocks
1 large red or yellow onion, diced
1 each red, yellow, and green bell pepper, diced
2 tablespoons bacon grease
2 tablespoons white sugar
3 tablespoons seasoning salt or table salt
2 cloves garlic, peeled and chopped

In a large pot, cook the hamhocks in water until they are just tender, about halfway cooked. While the hamhocks are cooking, pick the stems off the greens. Wash the greens in warm salt water to get all the dirt and grit from the earth off them, and continue to change the water and wash the greens until the water is clear.

When the hamhocks are the way you want them, add the greens. You can chop the greens if you want to, but that's a big job. If you can't get all the greens in the pot, put the lid over the pot and let the greens simmer down some so you can get the rest of them in the pot.

Then you add your bacon grease, sugar, diced onions and bell peppers, and your seasoning salt and garlic to your greens and hamhocks. Stir and toss the greens until all the seasoning and the rest of your ingredients are mixed well together, and then you taste the green juice to see if you need any more seasoning to your greens. If so, put whatever seasoning you think you are lacking in your greens and let them simmer and cook over a medium fire for about two hours or more until they are tender to perfection. Then you take the biggest bowl you have and put some of those good tender green leaves in the bowl, and get to work on them bad boys.

BAKED COON AND SWEET POTATOES

1 large racoon, skinned and gutted
salt for washing
2 cloves garlic, chopped
2 bell peppers, chopped
2 large sweet potatoes
vinegar for washing
2 tablespoons seasoning salt
2 onions, chopped
2 sticks celery, chopped
3 tablespoons white sugar

Cut the feet off the coon, and then fill your sink or pail up with warm water. Add 1/2 cup vinegar and 2 tablespoons salt to the water. Then you take your coon and wash him up real good with the vinegar water until the coon is clean. Repeat, changing the vinegar and salt, and wash the coon until all the scum is off the coon and the water is clear.

Dry off the coon and set him in a large roasting pan (same kind of pan you roast a turkey in). Then you add your seasoning salt and rub it over your coon, then cut up your onions, garlic, celery and your bell peppers and put them over your coon. Cover with a lid and roast in a 350 degree oven until the coon is done and tender. After the coon is done, add your sweet potatoes to the coon. Peel the sweet potatoes and cut into quarters and put them all around your coon, then sprinkle the sugar over the coon and sweet potatoes. Cover and put the coon back into the 350 degree oven and let it bake until the sweet potatoes are done, and the juices on the coon

are thick and tasty. Let it sit for about five minutes after taking it out of the oven, then you can serve that rascal with your greens or whatever kind of side dish you like.

CHITLINS AND HOG MAWS

50 pounds chitlins *2 cups vinegar*
30 pounds hog maws *1 large red onion, chopped*
1 large white onion, chopped *1 large green bell pepper, chopped*
1 large red pepper, chopped *1 large yellow pepper, chopped*
3 cloves garlic, chopped *1 stick celery, chopped*
1 cup vinegar *1 1/2 tablespoon seasoning salt*
1 1/2 teaspoon garlic powder

This recipe is for a crowd! First you need to get the chitlins real clean. Fill your sink up with warm water, then add 1 cup vinegar to the water so that the smell of the chitlins will die down some. Put your chit'lins in the vinegar water and pick all the mess and fat off the chitlins until they are all clean and white. After you have cleaned the chit'lins the first time, repeat the same process again to make sure they are really clean and white with no mess and fat on them.

Then you take your hog maws and clean all the fat off them, and repeat cleaning the hog maws just how you cleaned your chitlins, with warm water and 1 cup vinegar. After you have gotten the chitlins and hog maws clean, take your hog maws and cut them up into small bite-sized pieces. Put the chitlins and hog maw pieces in a big pot and fill the pot up with water until the water is covering the chitlins and hog maws.

Then you add your chopped vegetables, along with seasoning salt and stir everything up together until all is mixed real well. Then you put the lid on your pot and cook the chitlins and hog maws up over medium heat for about 3-4 hours until everything is nice and tender and tasty. After they are done and tasty to your perfection, you can serve those bad boys hot out of the pot with lots of hot sauce or mustard.

HOGS HEAD SOUSE MEAT

10 pounds beef neck bones
10 pounds pig feet
10 pounds pig ears
10 pounds pig snouts
10 pounds pigs tails
2 tablespoons table salt
4 large onions, diced
4 large green peppers, diced
3 cloves garlic, chopped
4 jalapeno peppers, finely diced (optional)
1 gallon apple cider vinegar or white vinegar
1/4 cup ground sage
1 tablespoon seasoning salt or table salt
1 tablespoon black pepper

First you take all your meat and wash it with warm water and 2 table-

spoons table salt inside your sink or pail. And then you cook all your meat with some water in two big pots—because all your meat won't fit in one pot so you'll need two. You have to cook all your meat until it's all tender and falling apart off the bones. After the meat is ready and done let it sit for about an hour. Then drain off the water and pour all the meat into your molding pans to cool the meat off. After all the meat is cooled off, take your hands to smash up the meat and pick all the bones out of the meat so that you won't be biting down on bones while you're eating your souse.

Make sure all the bones are out of your meat, and make sure all your meat is ground up real mushy and fine. And don't forget to cut up all the gristle from the pig ears real fine. After everything is smashed up real good, then you add your diced vegetables to your meat. Add the jalapenos if you want some kick to your souse meat. Then you add your seasoning salt and black pepper. After that you add your vinegar to your meat until you are satisfied with the taste.

Mix everything together real well, and taste once again to see if everything is perfected for your taste, then you smooth all your meat out in your pan or molding dish and cover it up with plastic wrap. Then you place your souse meat into the refrigerator, and let it sit until the meat is gelled and ready to cut and eat. You can serve it with crackers or even make a sandwich with mayo.

CROWDER PEAS AND PIG TAILS

6 large smoked pig tails
4 16-ounce bags frozen or
4 pounds fresh crowder peas
1 bunch green onions, diced
1 each green, red and yellow bell pepper, diced
1 stick celery, diced
3 cloves garlic, chopped
2 tablespoons lard
1 1/2 tablespoons seasoning salt
4 tablespoons white sugar

[Crowder peas are a kind of black-eyed pea, so called because they are crowded together in their pods, causing them to have squarish ends. Ed.]

First you take your smoked pig tails and wash them up real, real good, and put them in

a big pot. Fill the pot up with water until the water is covering the pig tails. Let the pig tails cook up over medium heat until they are tender and done. Then add your crowder peas, chopped vegetables, seasoning salt, sugar, and lard. Stir and mix everything up real good and taste the juice to see if it is tasting like it should. If you are lacking any kind of seasoning, add whatever seasoning you are lacking. Then put the lid back on your pot and continue to cook your crowder peas and pig tails for 1-2 hours until they are tender and done.

Then you taste the juice off your crowder peas and pig tails to see if the juice is thick enough and ready to eat. Serve hot out of the pot with a side of cornbread. Now, that's a meal!

SKILLET CANDIED SWEET POTATOES

2 large sweet potatoes
2 sticks butter
1/4 cup white sugar
1 teaspoon cinnamon
1 teaspoon nutmeg
1/2 cup water

First you peel the skin off the sweet potato, wash the potatoes off with warm water to get any kind of excess dirt off the potato. Then you slice the sweet potatoes up into one-inch slices or however thick you may want them. Then you get a nice size skillet and put medium heat up under it until the skillet is nice and hot and then add your sweet potatoes inside the hot skillet and let them fry for about three minutes in a little the butter until they are golden brown on both sides.

Then you add your water to the potatoes, and let them simmer for about two minutes. Then you add your butter, sugar, nutmeg, and cinnamon to the sweet potatoes and let them simmer over a low fire until the potatoes soak up the sugar and the juice and form into a thick syrup. After that, let the sweet potatoes sit about 5-10 minutes before serving.

OVEN-BAKED CORN BREAD

5 cups yellow cornmeal
3 cups white flour
1/2 cup white sugar
1 1/2 teaspoons baking powder
5 large eggs

1 quart buttermilk
2 sticks butter
1/2 cup lard

First, turn your oven on to 350 degrees. Put your dry ingredients all together in a large bowl and mix them well. While you are mixing your dry ingredients together, put your butter and lard in a 9-by-13 inch pan and put it in the hot oven so that the butter can melt in with the lard. Beat the eggs with the buttermilk and add this to the dry ingredients. Beat the ingredients up real good with your large mixing spoon or electric mixer to make sure all the lumps are out of your corn bread batter.

Then you take your pan with the melted lard and butter and pour it into your cornbread batter, and beat and mix the lard and butter in your batter real good. Pour your cornbread batter back into the pan the lard and butter was melted in, smooth the batter out in your pan and put it back into the oven. Bake your cornbread until it is done and golden brown.

After the bread is done, let it sit for about five minutes and then you can start cutting and eating the bad boy.

HOT WATER SKILLET CORNBREAD

3 cups yellow cornmeal
1 teaspoon baking soda
1 1/2 cups hot water
2 large eggs, beaten
1 cup white flour
1 cup lard
1 1/2 tablespoons melted lard

First you mix all your dry ingredients together real well, and add your water and mix until all the lumps are out of your batter. Then you add your eggs and lard in with the batter, and you continue to mix and beat your batter until everything is mixed up real good with no lumps.

Then you take your skillet and put it over medium heat, grease it well with butter or lard, and you cook the cornbread batter in the skillet like you do your pancakes for breakfast. ☺☺

FOUR CORNERS NATIVE AMERICAN MINISTRY

The Four Corners Native American Ministry, established as a Methodist ministry in 1991, runs a daycare center on the Navajo Nation Reservation in New Mexico. Not subject to USDA regulations and guidelines, but rather seeking input from the Weston A. Price Foundation, the Ministry hopes to provide nutrient-dense food, nutrition education and a community garden for children at the daycare center and their families. If you would like to provide financial support for this endeavor or for further information, contact Heather Bishop hbishop2@gmail.com. Checks can be made out to Four Corners Native American Ministry, Memo Line: Faithful Feasting and sent to Four Corners Native American Ministry, PO Box 400, Shiprock, New Mexico 87420.

Soy Alert!

THE LITTLE KNOWN SOY-GLUTEN CONNECTION

by Kaayla T. Daniel, PhD



Many people on gluten-free, casein-free (GFCF) diets think they must eat soy. This might be true for Japanese beetles or soybean aphids, but it's hardly necessary for humans. It's clear, however, that those who depend on processed and packaged GFCF products will find it challenging to avoid soy. More than sixty percent of processed, packaged foods—including many gluten-free products—contain soy ingredients, and it's in nearly one hundred percent of fast foods. The best option by far is a nourishing diet of real foods, whole foods and slow foods for better quality, better control, and much higher likelihood of full bodily healing.

For those who consider preparing one's own meals too much toil and trouble, there's some evidence that backs the extra effort required to go soy free. A 1999 study in the *Scandinavian Journal of Gastroenterology* showed that some adults with celiac disease experienced diarrhea, headache, nausea and flatulence whenever they ate a tiny amount of soy even on a gluten-free diet. A 1980 study published in *Clinical Gastroenterology* looked at ninety-eight infants and children with multiple gastrointestinal allergies and revealed that 62 percent had both soy and milk allergies, and 35 percent reacted to both soy and gluten. In terms of anecdotal evidence, I've heard several people tell me that gluten is only a problem for them if they indulge in modern soy products. (Today, most commercial breads contain soy flour.)

For those on GFCF diets, there are other good reasons to avoid soy as well. Healing the gut is key for those trying to heal the ravages of celiac disease and other forms of gluten intolerance, and that won't happen anytime soon if soy foods and soy milk with their load of protease inhibitors, lectins, oxalates, oligosaccharides and allergenic proteins contribute to ongoing irritation. Soy products are also low in methionine, needed for gut rebuilding and immune support, and low in

usable forms of the amino acid cysteine, vital for detoxification. Without adequate cysteine, the body can't eliminate aluminum, mercury, cadmium and lead, as well as toxic levels of needed minerals such as copper and manganese.

Soy milk is a particularly problematic GFCF product because it is often drunk every day and even several times per day. In addition to the risks of the soy itself, such products carry a supplemental load of vitamins and minerals, including cheap, hard-to-absorb forms of calcium, the inferior vegetarian vitamin D₂ (instead of D₃) and beta-carotene (in lieu of true vitamin A). Sadly, vegan-approved supplements are also added to other popular milk alternatives, including rice, oat, almond, hemp and packaged coconut milks. Catering to the growing vegan market, such inferior formulas compromise the health of everyone going GFCF.

Take a trip down the aisles of Whole Foods Market and you'll see brightly colored "Gluten Free" signs posted nearly everywhere. In the USA, retail sales have already hit 1.6 billion dollars, according to a market research report published by Packaged Facts entitled "The Gluten-Free Food and Beverage Market: Trends and Developments Worldwide, 2nd Edition." By 2012, the market will most likely reach 2.6 billion dollars in sales. The compound annual growth rate from 2004 to 2008 was a whopping twenty-eight percent.

In terms of product launches, more than two hundred twenty-five marketers introduced new gluten-free products into the United States in 2008. Enjoy Life Foods, an upstart company catering to this niche market, was named to the Inc 500 list of the fastest growing, privately held businesses in the U.S. It was one of only thirteen companies in the food and beverage category to make the list and showed a three year revenue growth of 850 percent!

Today, about 40 percent of gluten-free prod-

Those who depend on processed and packaged GFCF products will find it challenging to avoid soy.

ucts are sold in health and natural food stores, such as Whole Foods, Wild Oats and GNC. About 20 percent of sales occur through specialty food websites or catalogues. Conventional supermarkets hold just a 14 percent share of sales.

Clearly, hype's driving this trend, but also genuine need. Medical problems associated with gluten intolerance are legion, and include autism, multiple sclerosis, ADD, ADHD, allergies, osteoporosis, repetitive strain or stress injury, irritable bowel syndrome, colitis and other digestive system disorders. However, it's celiac disease that has catalyzed and is driving the gluten-free food and beverage market. Although three million Americans—one percent of the population—have been officially diagnosed with celiac disease, many experts believe that 97 percent of celiac sufferers remain undiagnosed, and even more may be affected by a subclinical gluten sensitivity. Worse, the number of known sufferers will most likely increase tenfold around the world during the next few years. No wonder this market is booming with double digit growth.

According to Tatjana Meerman, publisher of Packaged Facts, "Evidence shows that the patients that comprise the celiac community are not willing to be passive sufferers. Their passion

to live a full life without gluten must be considered one of the most powerful driving forces in the market. . . . Although these products are largely bought by celiac sufferers, very often the entire family of a celiac will switch to gluten-free products primarily to avoid buying different versions of the same goods, but also as a preventative step—as celiac disease is known to be hereditary." Good to know that sufferers aren't passive, but limiting proactivity to buying readymade products will succeed only in keeping the burgeoning GF market profitable for generations to come. To attain optimum health, consumers need to embrace real food, not just focus on the avoidance of gluten and casein through the purchase of high-priced specialty "food products." In addition to being laden with soy, such products may contain canola or other poor quality oils; high fructose corn syrup, agave and other questionable sweeteners; refined salt; artificial flavors and other dubious ingredients. And by bringing attention only to the problems of gluten and not also to soy, many consumers will not see significant health improvements.

Many alternative health practitioners believe that sensitive people will need to assiduously avoid gluten and casein for life, but in my experience, it's possible to heal the gut and attain radiant good health on a gluten-free, casein-free version of the WAPF diet. This diet would necessarily be rich in bone broth, cultured vegetables, coconut oil and a high-vitamin cod liver oil. Supplement regimens—preferably based on laboratory assessment—may speed things along, but lasting healing will only come from real foods, including high-quality animal products. That said, there must be a complete elimination of gluten, casein and soy for at least six months and maybe a year or more. This is not easy to attain in today's world. 
Visit Kaayla's soy recovery blog at <http://www.westonaprice.org/blog/>.

NO APRIL FOOL'S JOKE

April was National Soyfoods Month. Given all the hype, soy must be good for something, right? Absolutely. The miracle bean would be very good indeed for politicians with the zipper problem. The soy industry apparently agrees, because on March 17, it held a special Soyfoods Lunch on Capitol Hill for some two hundred members of Congress, government officials and industry representatives. Billed as a way to showcase the "health benefits of soy," the Eighth Annual Congressional Soyfoods Lunch may have had the side benefit of controlling Capitol Hill lust. After all, in Asia, soy is eaten in Zen monasteries to help monks maintain their vows of celibacy. It's also featured heavily on the menu in Japanese homes where the husband has been unfaithful. Seems that wives know that soy can kill the desire, the ability, . . . or both.

As for U.S. politicians, too bad Bill Clinton didn't eat it. Not because it would have prevented his heart disease problems—even the American Heart Association (AHA) has backed off from its pro soy position—but because it might have dampened his infamous libido. Accordingly, let's urge Bill Clinton to admit the truth to the American public. The words I'd put in his mouth are, "If that woman and I had eaten soy, I'd have saved a lot of embarrassment to my presidency."

Sadly, the American Soy Association (ASA) has a stereotypical pro-soy message for the public. "ASA's Congressional Soyfoods Lunch is a unique occasion for the U.S. soybean industry to provide Members of Congress and other government officials with the chance to taste the ever-expanding selection of soyfoods available today," said ASA president Rob Joslin. Those taste treats included all sorts of fake steaks—er, mis-steaks—and other soybean ingredients dressed up, brightened, flavored and textured into approximations of Thai Beef Salad, Mediterranean Chicken and other pseudo foods.

The point of it all was for attendees to hear ASA spin doctors tout the "health benefits of soy" and learn how they could help acquaint the American public with said benefits. Sadly, the truth is another soy story, with soy linked to malnutrition, digestive distress, thyroid disorders, immune system breakdown, ADD, ADHD, even heart disease and cancer, especially breast cancer. Soy also causes or contributes to reproductive problems in both men and women, including infertility, loss of libido and other problems. The Israeli Health Ministry, French Food Agency and German Institute of Risk Assessment have all issued warnings about soy. Here in the U.S., the marketing of soy is business as usual, moving full speed ahead all year long and especially during April. Too bad the mis-information wasn't just an April Fool's Day joke.

MSG Update

HYDROLYZED VEGETABLE PROTEINS: THE FULL STORY

By Jack L. Samuels

The FDA, for the first time in my memory, stated that hydrolyzed protein was “a common [food] ingredient used most frequently as a flavor enhancer.” Previously, many members of the food industry denied the fact that HVP is used to enhance flavor.

On March 4, 2010, the United States Food and Drug Administration (FDA) announced a recall of hydrolyzed vegetable protein (HVP) that contained *Salmonella tennessee*, an organism that “can cause serious and sometimes fatal infections in young children, frail or elderly people, or others with weakened immune systems.”¹ The HVP in question was produced by Basic Food Flavors, Inc., located in Las Vegas, Nevada. That evening, Brian Williams of NBC News stated on his national newscast that HVP “is potentially in thousands of food products.” The manufacturer has now recalled the affected HVP. More than one hundred fifty processed foods that contained the affected HVP were recalled by April 3, 2010.²

As reported on March 10, 2010 in *The Washington Post*, managers at Basic Food Flavors, Inc. learned on January 21, 2010 that samples taken a week earlier at their plant tested positive for salmonella. However, based on FDA inspection records, Basic Food Flavors, Inc. continued to ship their product to processed food producers.³

There were several surprises for this writer in the FDA recall notice. The FDA, for the first time in my memory, stated that hydrolyzed protein was “a common [food] ingredient used most frequently as a flavor enhancer.” Previously, many members of the food industry denied the fact that HVP is used to enhance flavor.

Furthermore, the FDA reverted to the ingredient name of “hydrolyzed vegetable protein,” even though the FDA, in recent years, issued a requirement that the protein source that had been hydrolyzed had to be identified, for example, hydrolyzed soy protein or hydrolyzed pea protein. Also, the FDA disclosed that hydrolyzed proteins were contained in bouillon products, dressing and dressing mix products, flavoring base and seasoning products, frozen food products, gravy mix products, prepared salad products, ready-to-eat meal products, sauce and marinade mix products, snack and snack mix products, soup/soup mix and

dip/dip products, spread products, and stuffing products. In total, the FDA listed one hundred seventy-seven products, but you can be assured that the number is understated.⁴

The FDA recall announcement did not mention the fact that all hydrolyzed proteins are flavor enhancers because they contain the reactive component of the food ingredient “monosodium glutamate.” They are referred to by many MSG-sensitive people as “processed free glutamic acid (MSG)” because they will cause the same reactions as those caused by monosodium glutamate, providing that the sensitive individual ingests an amount that includes a level of MSG that exceeds his or her individual tolerance for MSG. The amount of MSG in a hydrolyzed protein is dependent upon the type of protein being used and the extent of the hydrolysis.

Most, if not all hydrolyzed proteins we see on food labels are hydrolyzed through the use of an acid. The process breaks down the protein into individual amino acids, including glutamic acid in the form that can cause adverse reactions in MSG-sensitive people.⁵ Acid hydrolysis also results in the unwanted formation of carcinogenic mono- and di-chloropropanols.^{6,7}

Why has the FDA allowed a carcinogenic substance to be so broadly used in our food supply? Did the FDA not know that acid-hydrolyzed proteins introduce carcinogens into our food?

The fact is that this writer, representing the Truth in Labeling Campaign (www.truthinlabeling.org), verbally advised the FDA in 1993 that acid-hydrolyzed proteins introduced carcinogenic propanols into processed foods. The FDA made light of our claim. However, it was reported in an industry newsletter that in 1994 the FDA met with representatives of the flavor industry and expressed their concern about the presence of carcinogens in acid-hydrolyzed proteins. Reports revealed that the FDA raised the point that if enzymes were used rather than

acid (a method that is technically referred to as enzymolysis) there would be no carcinogenic propanols produced.

Industry representatives expressed concern about using enzymolysis on the basis that the method was less efficient and more costly than acid hydrolysis. Another report indicates that FDA asked the flavor industry to reduce the presence of carcinogens in HVP, but a later survey by the International Hydrolyzed Protein Council (IHPC) indicated that nothing had been done to correct the problem.

The above reports were supported later, when the FDA stated in a 2003 report of the Codex Alimentarius Commission that the FDA met with the IHPC in the “early 1990s . . . regarding the need to control levels of 3-MCPD and 1,3-DCP in acid-HVP [chloropropanols].” The IHPC conducted annual surveys on the levels of carcinogenic 3-MCPD in acid HVPs and shared their results with the FDA.⁸ (The Codex Alimentarius Commission was created in 1963 by the Food and Agriculture Organization of the United Nations (FAO) and the World Health Organization (WHO) to develop food standards, guidelines and related texts such as codes of practice under the Joint FAO/WHO Food Standards Program.)

In the above referred to Codex Alimentarius Commission report, the FDA also reported that it conducted a formal quantitative risk assessment of 3-MCPD in 2000 and concluded that 3-MCPD

was carcinogenic and genotoxic (damaging to DNA).⁹ (There is some disagreement regarding the genotoxicity of 3-MCPD.)

On March 31, 2008, the FDA did publish an article in the Federal Register announcing the availability of Compliance Policy Guide #500.500, which sets “guidance levels” for 3-MCPD in acid-hydrolyzed proteins and Asian style sauces. However, a guidance level is not binding on the FDA or on industry, and cannot serve as the direct legal basis for an enforcement action. A similar article appeared in the Federal Register in 2007.¹⁰

The Codex Alimentarius Commission stated, “Chloropropanol contamination is a food safety issue that has international implications and a number of countries have introduced maximum levels for chloropropanols.” Beginning in 2001, the United Kingdom food regulatory agency began to remove certain products from grocers’ shelves due to what they believed to be excessive levels of carcinogens. The cause was found to be the presence of propanols due to acid HVPs. Thailand has established a limit of 3-MCPD in seasoning products, and, during 2001, Australia and New Zealand introduced emergency measures to establish maximum levels of chloropropanols. Other countries, like the United States are studying the problem.¹¹

If the food industry was not so interested in adding MSG to our processed foods in order to enhance flavor without going to the expense

Continued on page 79

A guidance level is not binding on the FDA or on industry, and cannot serve as the direct legal basis for an enforcement action.

REDUCED SALT, MORE CHEMICALS

Recently, a number of food companies have announced that they will be reducing the salt content of their products by 20 percent. This includes many food giants, such as Kraft Foods and Nestlé. We now have a similar announcement from Frito-Lay regarding their salted potato chips. Meanwhile, the FDA appears to support the reduction of salt in processed foods, but has not issued any regulations on the subject.

According to the Frito-Lay announcement, the reduction in salt content will be achieved by changing the shape of salt crystals, affecting how they will be used in the body. The change in shape of salt crystals would not appear to be detrimental to humans, but, of course, we do not know the process that will be used nor do we know whether any chemicals will be used.

Of real concern is the fact that the announcement about salt reduction just happens to have occurred shortly after a new salt substitute, Senomyx, entered the marketplace. The Senomyx salt substitute is clearly a chemical product that works in the body as a neurological agent, causing an individual to perceive a salty taste. It would seem to be nothing more or less than a neurotrophic drug.

Because the maker of the Senomyx product calls it a food, it does not require the extensive testing that would be required by the FDA if it were called a pharmaceutical. To our knowledge, there has been no testing of the Senomyx salt substitute for safety, and it is so potent that the amount needed in food is below the amount requiring FDA approval. Furthermore, it will never be disclosed on food labels as Senomyx. Senomyx can be used in or called “artificial flavor.”

Legislative Updates

FOOD SAFETY LEGISLATION: WHAT YOU CAN DO

By Judith McGeary, Esq.

We've sent out several alerts about the food safety bills in Congress, and are continuing to monitor the situation with S. 510, the Senate's version of the bill. As written, this bill would impose extremely burdensome and unnecessary requirements on the thousands of small farmers and food processors who are producing safe, nutrient-dense foods for their local communities. Although progress of the bill has met with delays, this is no time for complacency. We still need a broad consumer effort to educate our media and elected officials about the dangers of this bill. It's critical that the bill be amended or stopped!

The bill's progress has been slowed by controversial proposed amendments. The first controversy is over Senator Tester's (D-MT) proposed amendment that would exempt small-scale processors and direct-marketing farmers from the most onerous requirements. Senator Hagan (D-NC) is co-sponsoring the amendments, which are critical to the continued vitality of the local foods movement. Over one hundred fifty organizations have signed a letter of support for these amendments, posted at <http://farmandranchfreedom.org/sff/Amend-S510-May-25.pdf>

Another major source of controversy is Senator Dianne Feinstein's (D-CA) proposal to ban Bisphenol A (BPA) from baby bottles and other food and drink containers. Studies have shown that BPA can migrate from can linings into food, disrupting the endocrine system with many potential health consequences. Several industrial food organizations have threatened to withdraw their support for S. 510 if the BPA amendment is included. There's also word that Senator Dorgan (D-ND) may introduce an amendment to allow drug re-importation from foreign countries, creating more controversy.

All of these developments have slowed the

bill down and pose barriers to its passage. The Senate may vote on the bill this month, but it's not certain. We must use this time to build more support for the Tester-Hagan amendments!

TAKE ACTION

Here are three actions you can take to protect local foods and farms:

LETTER TO EDITOR

Write a letter to the editor of your local newspaper. Keep it short (one hundred fifty words or less). See the talking points below:

TALKING POINTS ON FOOD SAFETY LEGISLATION

- A. One size does not fit all. All of the well-publicized incidents of contamination in recent years occurred in industrialized food supply chains that span national and even international boundaries. Imposing an industrial-style regulatory framework on local farmers and food producers is unnecessary, unfair, and counterproductive.
- B. Local and state governments have well-established programs to protect public health. In most areas of the country they are already working with small producers to develop practical guidelines that are appropriately scaled to the level of risk in a direct-to-consumer transaction. Local regulation is more than enough for local foods.
- C. Explain briefly how the proposed law would impact your farm, your farmers market or your cooperative. Make it personal to you and your community!

Judith McGeary is an attorney and small farmer in Austin, Texas, and the Executive Director of the Farm and Ranch Freedom Alliance. She has a B.S. in Biology from Stanford University and a J.D. from the University of Texas at Austin. She and her husband run a small grass-based farm with sheep, cattle, horses, and heritage breed poultry. For more information about NAIS and what you can do to stop it, go to www.farmandranchfreedom.org or call 1-512-243-9404.

MSG Update, Continued from page 77
of using high quality, healthful ingredients, the HVP issue would not be the problem it is. In the opinion of this writer, the HVP issue is an example of how our regulatory agencies fail to fulfill their responsibility to protect the health of citizens with healthy food, a responsibility that has become increasingly important with a national healthcare program.

If we are to reduce health care costs, we must reduce the growing incidence of numerous, serious medical conditions in our country. This will require navigating a new direction at such federal agencies as the FDA, the USDA, and the EPA, to better protect the safety of consumers. The FDA might start by protecting the 25 to 43 percent of our population that experienced adverse reactions to monosodium glutamate in studies conducted in the 1970s.^{12,13,14} This could be easily accomplished by requiring that all existing processed foods, dietary supplements, and pharmaceuticals be analyzed for “free glutamic acid.” Subsequently, when a new product is introduced or a formulation is changed, the product must be analyzed for “free glutamic acid.” If “free glutamic acid” is present in a product, it must be disclosed as “MSG,” with the amount stated in milligrams on the labels of processed foods and dietary supplements, and on the product inserts of pharmaceuticals.¹⁵ ☺☺

Jack L. Samuels is a graduate of Northwestern University, Evanston, Illinois, where he received both a Bachelor of Arts degree with a major in

biology and a Master of Science in Hospital Administration degree. He is a former hospital administrator. Later, Mr. Samuels was an investment banker who served the health care industry. Mr. Samuels is co-founder and president of the Truth in Labeling Campaign (TLC), a former vice president of Nutrition for Optimal Health Association (NOHA), was a member of the advisory board of the former National Organization Mobilized to Stop Glutamates (NOMSG), and a member of the honorary board of The Weston A. Price Foundation. In 2008, he was awarded an Activist Award from the Weston A. Price Foundation.

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D. Conclude by calling for your Senators to support the Tester-Hagan amendments. It helps to mention their names (ex: “I urge Senators Cornyn and Hutchison to co-sponsor these important amendments.”), to catch their staff’s attention.

EDITORIAL IN LOCAL PAPER

Get your local newspaper to publish an editorial in support of the Tester-Hagan amendments. To do this, approach the editorial page editor or editorial board and ask for a meeting to discuss concerns about how the Federal Food

Safety Bill would impact small local food businesses and farmers market vendors. If an in-person meeting won’t work, then set up a phone call and email them materials ahead of time. Come prepared with materials, including the sign on letter and other talking points. Additional resources are posted at http://farmandranchfreedom.org/food_safety_bills_09

CONTACT YOUR SENATOR

Contact your U.S. Senators (even if you have called before), and ask to speak with the staff person who handles food safety. Ask for them to co-sponsor the Tester-Hagan amendment to S. 510. Please let us know what the response is by emailing Judith@FarmAndRanchFreedom.org.

Thank you for all your hard work on this! ☺☺

Farm & Ranch

CHICKENS ARE OMNIVORES: IT'S NO DILEMMA

By Matt Rales

One of the points I always try to convey when I host farm tours at Polyface Farm is that chickens are omnivores. Visitors have no problem with the fact that pastured poultry eat lots of green grass, herbs and clover, but cringe at the notion that these beautiful, healthy birds also supplement their diet with plenty of animal foods as well. In the green season, the birds eat lots of grasshoppers and fly larvae (out of the cow pies).

But what happens when the chickens go indoors for the winter, and insect life is all but non-existent except for the occasional pill bug and spider in the deep bedding material? Traditionally this is when farm flocks were supplemented with vermin, cut open for easier access to the internal organs. Chickens gladly and voraciously tear at the flesh and guts of a freshly shot groundhog, opossum or raccoon. Chickens have a featherless face for a reason—it is easier to keep clean after indulging in flesh. We see the same physiology in wild avian scavengers like vultures.

NATURAL OMNIVORES

Large-scale organic and free-range egg producers love to advertise the “vegetarian-fed” status of their birds. Certainly, a vegetarian-fed chicken does not have access to insects or it would lose the privilege of this label. We can also assume that no access to insects means no access to pasture, little to no access to the outdoors, or, worst of all, continuous confinement.

Unfortunately, the vegetarian feeding regimen of organic and free-range poultry induces a paler, weaker egg yolk than their omnivorous, beyond-organic counterparts. There is absolutely nothing natural about a vegetarian-fed chicken, and to be sure, the nutrient profile of eggs and meat from birds fed this way is going to be far inferior to birds with access to insects and meat scraps. Traditional farm flocks were often kept solely to consume the family’s kitchen waste—much of which was meat and scraps of fat.

I recently bought two hundred Rhode Island

Red pullets for my farm in Potomac, Maryland and began feeding them a local, custom blended mix of corn, soybeans, oats, Fertrell’s Nutri-Balancer for poultry, and some fishmeal for extra protein. The grind was a bit coarse for starting chicks, and the mill could not ensure that the ingredients were GMO-free. The local certified organic mill was charging fifty cents per pound, and I wanted to offer eggs to my customers that were under five dollars per dozen. So I went with the cheaper feed option.

Within two weeks the chicks were beginning to eat each other. The more aggressive chicks were tearing at the weaker ones from the outside in, and fifty percent of the batch had bleeding tails from being picked at. I tried crushing the feed to a finer consistency, thinking that the pieces were too large for the chicks to ingest and digest well, but they continued to cannibalize.

When I originally placed my feed order, I had asked for roasted soybeans. Roasting neutralizes many of the nutrient and growth inhibitors in soybeans and makes the protein more available—essential for growing chicks. But by my own personal taste-test and the pale softness of the bean, it was apparent that they had not been roasted. Luckily, it was mid December and the whitetail rut was in full swing. Suburban roads in Maryland this time of year are lined with deer carcasses. I picked up a fresh one, skinned it and began tossing small pieces to my chicks. They went crazy. This one carcass lasted me about a week—enough time to get down to Sunrise Farms in Stuarts Draft, Virginia for a GMO-free broiler ration with roasted soybeans. Problem solved. The deer meat put the chicks back on track within hours and they continued to mature beautifully.

FERMENTED GREENS BETTER THAN FRESH

The only thing better than fresh green forage for poultry is fermented green forage. This

There is absolutely nothing natural about a vegetarian-fed chicken.

can come in the form of any herbivore's manure, but ruminant manure is by far the best because the pre-digested forage comes slathered with so many digestive enzymes. We see the same principles and benefits of fermentation at work for these avian omnivores as we witness in people who consume lacto-fermented vegetables and grains. The telltale sign that the fermented greens are beneficial is a bright, tall egg yolk from a layer, or a deep yellow bundle of kidney fat in the cavity of a broiler. Don't cut this away!

Another wonderful relationship is raising laying hens under rabbit hutches. The hens indulge in a portion of the fermented alfalfa pellets (rabbit manure) and scratch the rest into the carbonaceous bedding creating a super-fine, blended compost. Just add water, and you will create heaven for red-wiggler worms. Of course, the grass growth to follow an application of rabbit-chicken bedding is nothing short of luxuriant. With the spreading of such rich and balanced material on a pasture, we can create bumper crops of hay, or a standing forage bank to get the cows through a late summer drought.

FOR INDOOR CHICKENS, DEEP BEDDING IS ESSENTIAL

Proficient composters know that a compost pile must achieve a certain mass in order to heat up and activate. The same is true for the bedding beneath your chickens. The most common mistake people make when keeping poultry indoors for the winter or otherwise is settling for a bedding pack that is too shallow. There is simply not enough carbon to absorb the accumulation of manure, and the material will never begin to decay effectively. At worst, the bedding will begin to smell and will fail to trap and suspend nutrients.

The goal in an indoor setting is to "grow" some of the protein for the birds in the bedding. We achieve this through creating the right conditions for the bugs—an "if you build it they will come" type of scenario—which is a carbon to nitrogen ratio of twenty-five to one. When this ideal medium is achieved, the birds will begin to scratch out deep bowls in the bedding as they search for worms, centipedes, pillbugs and other organisms virtually invisible to the human eye, supplementing their diets with a diversity of animal protein, reducing our reliance on purchased protein, and creating a more nutrient-dense egg in the process.

Matt Rales now operates a grass-based livestock farm and forage-fed rabbitry in Potomac, Maryland called Grassential, LLC. He offers farm consulting, teaching and tours. Matt spent three years working for Joel Salatin at Polyface, Inc. and continues to lead farm tours there. He received a BA in Environmental Studies from Middlebury College. 

SOYBEAN ALTERNATIVES: TOWARD A SOY-FREE FUTURE

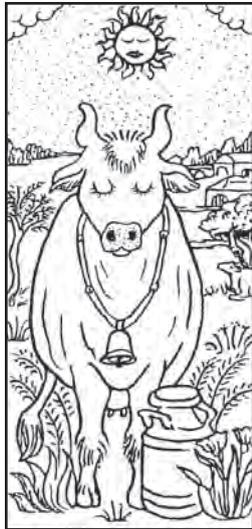
Let's start thinking of creative ways to eliminate soybeans from the diets of our omnivorous livestock! Here are some options and alternatives to the soybean:

ROAD KILL AND SLAUGHTER WASTE: Ground-up, or even cut into small pieces, the meat and organs of these wild ruminants is tremendously rich protein for poultry. On a larger scale, an on-farm mixer grinder equipped to crush bone might be a wise investment. The only impediment to scaling a system like this is a regulatory structure that discriminates against the on-farm handling of meat. Another option is utilizing the bones and trim from beef, lamb and goat carcasses. In many cases, this material can be brought back from the butcher and fed directly to the birds or put through the mixer grinder prior to feeding (making it easier to feed out of a trough and minimize waste).

EARTHWORMS: Mature compost piles are often filled with red wiggler worms. These can be harvested with sifting equipment and fed live, directly to the birds. Industrial composting sites often sell these worms, but they can be created as easily as piling up woodchips and waiting six months.

COMFREY: One plant that deserves honorable mention is the highly proteinaceous herb called comfrey. The protein content of dry comfrey is as high as the soybean, the portion fed is the green chlorophyll-rich leaf and it is perennial and self-perpetuating, no tillage required. It also builds soil very rapidly by harvesting minerals with its deep root system.

SKIM MILK AND WHEY: There is hardly anything more synergistic than feeding skim milk and whey to hogs and chickens. This protein and mineral-rich byproduct of butter and cheese making is a complete food. From an economic standpoint it is win-win because the high value portion of the milk is marketed to the consumer without the expense in disposing of the byproduct. Normally farmers or dairy processors pay a fee to get rid of it. As the synergy embedded in this system is leveraged on diversified farms around the nation, the recognized inefficiency of soybean production may well make this protein source obsolete.



A Campaign for *Real Milk*

THE FIFTEEN THINGS THAT PASTEURIZATION KILLS

by Mark McAfee, CEO, Organic Pastures Dairy

There are two raw milks in America: one for “people” and one for the “pasteurizer.” Raw milk meant for people is clean, pure, comes from cows on green pastures, and is regulated on a state-by-state basis. Raw milk for the pasteurizer is regulated by the FDA under the Pasteurized Milk Ordinance (PMO) and can be filled with pathogenic bacteria. Raw milk intended for pasteurization is commingled from many confinement dairies and is never tested for pathogens. Pasteurization does not create clean milk; it just kills filthy milk.

The FDA sits at the very top of the PMO food chain system and reigns as the military dictator over the rules and regulations of the PMO. Yes, they wear military uniforms, and yes, they are the absolute last word at the NCIMS (National Conference on Interstate Milk Shipments, the organization that runs the PMO). So I do not exaggerate when I use the term “military dictatorship.” No one moves or breathes or thinks a thought without FDA approval when it comes to pasteurized milk and its regulation.

Pasteurization has passed its time of usefulness. It may once have been seen as a scientific breakthrough to stop the deadly “milk problem” scourge of filthy raw milk from distillery dairies in the mid 1800s, but dirty milk is no longer a misunderstood challenge. Yet the FDA cannot change with science or the times or the will of the people. Instead the FDA remains steadfast in a war against all bacteria. Their battle plan, as issued and envisioned eighty years ago, remains the same today. Our government is unmoved, even though our best scientists from Yale, Princeton, and the National Institutes of Health now have proven that at least 80 percent of the human immune system comes from the protective biodiversity of bacteria living in the human gut. This taxpayer-funded war on bacteria continues with FDA’s Fight BAC! program, even though these primitive government policies are now the origin

of tens of thousands of American deaths per year from devastated immune systems. Sterile foods, food preservatives and antibiotic abuse have robbed us of our health. It would seem that the FDA has no concern whatsoever for the American immune system and has but one solution: see your doctor and take an FDA-approved pill.

Raw milk is fast becoming the number one hot food topic and has emerged as a high priority health food in America. This defiant grass roots movement is fueled by the truth and the internet. People need and want clean raw milk that is produced in organic, grass-fed conditions. Raw milk retains its enzymes, good grass-fed fats, and wonderful, bio-diverse, immune-system-rebuilding beneficial bacteria, and works wonders for the depressed immune system of the common American. Raw milk changes and saves lives, yet the FDA detests raw milk like nothing else on earth.

Tragically, pasteurization has killed much more than tuberculosis and typhoid in the 1800s (if pasteurization was even responsible for the decline of these diseases), and covers up much more than the filth of the distillery dairies of inner city Boston of 1875. Pasteurization has had massive and tragic side effects. These side effects have been ignored by the FDA and downplayed by the dairy industry. To accept the facts about raw milk would be to surrender after a hundred-year war indiscriminately waged against all bacteria—a hundred-year war that has now turned to attack the immune system of the American citizen it was promulgated to protect. Instead of fighting germs, the FDA is now killing Americans.

Pasteurization has killed much more than a few bad bugs; it is destroying the foundation of America. Here are the top fifteen things that pasteurization has killed, which the FDA and big dairy industry refuse to acknowledge or discuss. To do so would be to surrender and to invite a marketing disaster. These are the reasons

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why the FDA and Big Dairy Ag processors fight desperately to suppress the American raw milk uprising and the truth that it speaks.

1. THE FAMILY FARM

Pasteurization has killed the family farm, local jobs, and the American Dream by substituting high value-added clean raw milk with commodity pasteurized milk. The prices now paid for raw milk intended for pasteurization are so low that they do not cover the cost of production. There is nothing that a farmer can do to increase the milk price in this system. His work is for nothing, and he is desperate. For every load of raw milk that he sends off, he sends more and more of his farm equity along with his own blood, sweat and tears. A processor loves a dairyman in desperation; it allows for dirt cheap pricing.

2. THE DAIRY MARKETS

Pasteurization has killed the dairy markets. From 20-50 percent of the American population cannot drink pasteurized milk, either because of faulty digestion or lactose intolerance, but yet most of those same Americans can drink raw milk because it is whole with all of the enzymes and beneficial bacteria present. America has become pasteurization intolerant. Today only 14 percent of industrial fluid milk produced in California is actually ever bottled for fluid use; the majority is converted to dried powdered milk or processed cheeses. Truck loads of milk intended for pasteurization are dumped down the drain and never processed. This is absolute proof of the disconnection between consumer and farmer. The farmer does not even know what becomes of his food or how much to produce.

3. THE CONSUMER CONNECTION

Pasteurization has killed “the connection between the farmer and the consumer.” Some farmers who produce pasteurized milk have “No Trespassing” signs at the edges of their property that warn “Trespassers will be shot and survivors will be shot again.” They have no reason to visit with a consumer about selling their dairy products. They get paid by a processor, not by consumers. All their fluid milk is sold off to a common processing plant to be commingled with all the other dairy milk in a commodity market

system. The farmer now has no idea that he is “over producing” or making the wrong products. The farmer has no idea that people cannot drink pasteurized milk because of lactose intolerance. If the farmer could ever talk with a consumer, he would not continue to produce in ignorance.

4. FARMERS

Pasteurization kills farmers. In January, dairy farmer Dean Pierson of Copake, New York entered his barn with his rifle and plenty of ammunition, killed all fifty-one of his precious milk cows, and then tragically took his own life. There have been many suicides of dairymen over the last two years, with two in California last year. The rate of dairyman suicides follows the prices paid for pasteurized milk in the heartless, disconnected pasteurized dairy market system. When prices fall, suicides rise. This is because there is absolutely nothing that a dairyman can do to change the market price by working harder to sell better tasting or higher quality milk. The pasteurizer has covered up and masked all of these possible value-added opportunities. The dairyman gets what he gets, and that, more often than not, is an economic roller coaster ride from FDA CAFO hell. The universities tell the next generation of farmers to “get big or get out,” and yet offer no classes on value-added product innovations that would permit these new farmers to break away from the “milk pool” and the PMO. In the conventional system, there is no hope. The far better message is “get green, get clean, get local and get consumer connected.” Grants are given to universities to study and support claims from Monsanto and antibiotic manufacturers for Big Dairy. The fastest way for a professor to be removed is to object to Big Dairy projects. As a result, all of the dairymen’s sons and daughters are taught to “get big or get out.” The coming educated generation has no hope either.

5. ANTIBIOTIC EFFECTIVENESS

Pasteurization killed antibiotic effectiveness for all of us. By creating a commodity dairy market system that relies heavily on antibiotics fed to heifers and dry cows at CAFO (Confined Animal Feeding Operation) mega dairies to support massive milk production, the antibiotics now used in American hospitals for humans no

The prices now paid for raw milk intended for pasteurization are so low that they do not cover the cost of production.

longer work. Tens of thousands of Americans now die each year because of superbugs created by CAFO antibiotic abuse. MRSA and VRA drug resistance is now a major cause of death and there are fewer and sometimes no antibiotics left to kill the bad bugs and save human lives. The FDA refuses to ban or limit use of antibiotics in CAFO feed and instead testifies in defense of antibiotic use by the CAFO industry (Senator Dean Florez SB 362 Sac CA in 2009).

6. REPUTATION

Pasteurization has killed the digestibility of milk and its delicious milky reputation. Now milk is no longer a food with a good reputation, and the dairymen do not even realize it. It causes or triggers gas, allergies, diarrhea, asthma attacks, mucus production, constipation, gastric cramping and so-called “lactose intolerance.” This has caused the dairy industry to lose many consumers to soy milk, rice milk, almond milk and even hemp milk. None of these fake milks comes from mammalian animals with teats. The dairy industry did this to itself because the processing industry runs the dairy industry. And so what if the processor does not bottle milk? The dairy processor can bottle water, soy milk, rice milk, almond milk or hemp milk. All the processor cares about is processing “throughput.” Last year the processors spoke about the new emerging dairy product category called “branded bottled water.” Dairymen have not spent enough time in the market and have delegated to the processors the most important thing that they can do: connect to consumers and tell the consumer their story and listen to feedback. Now the fat fox has eaten their chickens.

7. WATER SUPPLIES

Pasteurization has ruined our water supplies. Wherever a mega dairy CAFO is located, there are huge liquid manure lagoons. These manure and chemical-filled lagoons often leach into underground aquifers. It is nearly impossible to keep these lagoons from leaching into the underground water supplies. The best new technologies do protect from leaching but their plastic or rubber lined lagoons are extremely costly and older dairies are not required to install them.

8. AIR QUALITY

Pasteurization has damaged our air quality. Cows that are kept in CAFO system confinement and fed huge amounts of grain produce massive amounts of methane gas. These gasses are not good for air quality, earth health, cow health or human health, and ensure the bad reputation of the dairy industry for stinking downwind. A few dairies now capture this methane gas as a resource to be sold for energy, but 99.9 percent of dairies do not. There are almost two million million cows in California that live on 1800 dairies. Few (nearly none aside from a few organic dairies) of these dairies use pastures to feed their cows. When cows are fed pasture, their production of methane gas is a minute fraction of what is produced in CAFO systems. Pasture-feeding also allows for the sequestration of carbon and recycling of manure directly back to living plant life.

9. INDIVIDUAL RESPONSIBILITY

Pasteurization has killed individual responsibility for milk quality and even how the dairy looks. When no one cares about how the dairy looks because no one ever comes to visit, the dairy can start to look pretty darn horrible. Calves in dirty hutches, cows deep in manure, nothing painted, nothing clean and nothing green. The milk quality will not matter either. It is customary for a dairyman with poor quality milk to add some chlorine bleach to the bulk tank to kill the bacteria and pass the inspector’s test sample. This is something that the “consumer connected” raw milk dairyman would never ever do. Some pasteurized milk producers would never do this either. However, that does not matter. The good milk of the conscientious dairyman is commingled with all the other dairymen’s milk and his individual quality becomes irrelevant.

10. JOBS

Pasteurized milk kills jobs and is economically, nutritionally and socially killing America. In Basic Economics the first thing the professor explains is that all new money in our American economy is created at the start of the food chain with mining, fishing and farming. America has outsourced much of its food chain to China and other unwatched places, and with that, all the

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beginnings of new money to excite, stimulate, locally feed and fund America are gone. Whenever raw milk is produced for human consumption, life springs forth, jobs are created, and there are healthy, happy cows and people. Raw milk brings new immune strength, new life in the economy, and new hope for a better world. Consumers give farmers feedback about flavor and animal treatment. Pastures are green and farmers are well paid and loved. Well-paid farmers hire workers, invest in infrastructure and spend money locally.

11. LUNG HEALTH

Pasteurized milk causes asthma, and as a result doctors prescribe a diet without pasteurized dairy products. Milk triggers asthma by destabilizing MAST cells, which release histamines that cause inflammation, mucus production and bronchial spasm. Pasteurized milk is a partial food product that is missing digestive enzymes and nearly all of its beneficial bacteria. Pasteurized milk (with rare exceptions) comes from cows fed a ration based on corn and soy rather than pasture and forage. Pasteurization warps and distorts fragile proteins, making them allergenic. Raw milk is the opposite and heals and prevents asthma by stabilizing MAST cells and reducing inflammation as shown by dramatic lowering of C-reactive protein levels. Raw milk rebuilds immunity by allowing the safe consumption of biodiversity in our diets. These bacteria then re-colonize the gut and become our immune protective and digestive ecosystem armies.

12. BONE DENSITY

Pasteurized milk kills bone density. It has long been known by doctors that lowfat pasteurized milk is a real problem when considering bone density and osteoporosis. The test for pasteurization is called the negative alpha phosphatase test. When milk has been heated to 165 degrees (higher for UHT milk) and pasteurization is complete, the enzyme phosphatase is 100 percent destroyed. Guess what? This is the enzyme that is critical for the absorption of minerals including calcium! Phosphatase is the third most abundant enzyme in raw milk and those who drink raw milk enjoy increased bone density. Several studies have documented greater bone density and longer bones in animals

and humans consuming raw milk compared to pasteurized.

13. SCIENTIFIC INTEGRITY

Pasteurization has killed scientific integrity in America. The FDA and the dairy industry have begun to lose all credibility for integrity in science and for telling the truth to Americans as a direct result of their protection of industrialization and its market sectors. Now it is a matter of fact that the FDA refuses to be quoted and interviewed in raw milk and food documentaries that expose the lies and deception. The FDA refuses to acknowledge their own NIH websites that make reference to the missing beneficial bacteria in our diets that historically have come from kefir and “ancient” milk. Ancient milk is politically correct FDA lingo for raw milk prior to pasteurization. Instead, the FDA makes war on all bacteria through their sterilized, anti-life, pro-drug concept of health. Universities will not study raw milk because of the pasteurization-protective grant systems installed by corporate America and Monsanto.

14. COWS ON GREEN PASTURES

Pasteurization kills cows on green pastures. Seventy-five years ago there were friendly cows on green pastures all over America. Pasteurization has effectively paved the pastures and now forces the cows to be fed soy protein concentrates and forty pounds of grain per day, along with antibiotics and hormones. These CAFO dairy feeds increase milk production to numbers never seen before in the history of earth. It is not uncommon for some CAFO dairy cows to produce twenty gallons of milk per day and be crowded into pens deep in manure with thousands of other cows. The stress of being milked up to four times per day and lying on artificial rubber beds shortens their lives to just forty months. A cow on pasture will produce much less milk (four to five gallons per day) and easily live ten years or more in true happiness and health. Raw milk from pasture-raised cows is rich in beneficial fatty acids, beneficial bacteria, rare and essential enzymes, and CLA—something that CAFO cows can not brag about. None of the CAFO raw milk can be used for human raw milk consumption. It contains the wrong kinds of bacteria and must be pasteurized.

The FDA and the dairy industry have begun to lose all credibility for integrity in science and for telling the truth to Americans as a direct result of their protection of industrialization and its market sectors.

Pastures, natural feed and sunlight are critical to the safety of raw milk. There is no fooling or tricking mother nature. Raw milk producers make a pact with nature, rather than wage war against her.

15. PEOPLE OF COLOR

Pasteurization is racist. The dairy industry time and time again claims that if you are black or if you are Asian you have a deficiency. You have something wrong with you. The fact of the matter is that the Maasai in Africa and the Chinese outer Mongolians have drunk raw milk for thousands of years without lactose intolerance. There are virtually no human babies on earth that can't digest their own mothers' breast milk. That breast milk is raw milk. The same goes for nearly all grown or growing humans. The vast majority of people can drink raw milk if given a chance because the enzymes and lactase-producing bacteria that re-colonize the gut are found in raw milk. Raw milk is food for all people. It is color blind, unlike pasteurized milk produced by corporations seeking answers to the deficiencies found in their processed, dead partial milk. What people really are is "pasteurization intolerant."

Fortunately, pasteurized milk has not killed the will of a small group of pioneering farmers and consumers to fight and expose the truth. This brings great news. Raw milk for humans is the solution and has exactly the opposite effect on farmers, the cows, the earth, the consumer—it is life-giving. Raw milk is now rapidly emerging as a farmer-to-consumer-connected market. Things had to get really shockingly bad for the people and the farmers to see what really bad was. Now new life comes forth and there is new hope and health. This movement is local and it is grass roots.

Victory will not be easy—the FDA and the mega dairies will fight to protect what they took from us, the earth and the cows, for the last one hundred years.

Keep your cameras ready and blog the truth about your raw milk experiences. There is nothing like a little truth therapy to bring some light into the darkness of the last hundred years of lies and false promises. Good riddance to dead milk and the FDA's hundred-year war against all bacteria. We must stop thinking that killing everything will make us well. Our immune systems and our economy both depend on biodiversity and the wholeness of our foods, and so does our social conscience and every other good thing on God's green earth. ☯

Mark McAfee founded Organic Pastures Dairy Company, www.organicpastures.com, the first organic dairy in Fresno County, California. His dairy is a pasture-based, integrated organic farm with closed nitrogen loop, no lagoons and no concrete, just "clean and green pastures." He now employs forty people and provides retail-ready raw organic dairy products to more than four hundred California natural food stores. Sales are growing at 20 percent or more per year and now exceed five million dollars. The State of California has tested OPDC raw milk for the last eight years and has never found one human pathogen in more than one hundred ten million servings.



SECOND INTERNATIONAL RAW MILK SYMPOSIUM

Panelists discuss the next steps in the campaign for raw milk at the Second International Raw Milk Symposium in Madison, Wisconsin, April 11, 2010. From left to right, Canadian raw milk activist Michael Schmidt, California raw milk producer Mark McAfee, Farm-to-Consumer Legal Defense Fund President Pete Kennedy, Dr. Ted Beals from the Michigan Fresh Milk Working Group, Professor Ton Baars from Germany and Weston A. Price Foundation President Sally Fallon Morell.

TESTIMONY OF CYNDY GRAY
To the Massachusetts Department of Agriculture and Resources, May 10, 2010

My name is Cyndy Gray. I:

- Have raised two sons with my husband.
- Held a Top Secret Security Clearance from the National Security Agency for twenty years.
- Am a Vietnam Era veteran at the Federal level, but not in Massachusetts.
- Was awarded a commendation for my involvement in a 1990 history-making drug bust off the New England Coast.
- Served as the Veterans' Agent for the Town of Manchester.
- Am a retired U.S. Coast Guard Radioman Chief with thirteen years active duty and seven years reserve—thirteen active due to a poorly run medical lab issuing false positive HIV testing to seven total Coast Guardsmen in Boston of which I was one.
- Was the first female in Boston to be initiated as a Coast Guard Chief.
- And . . . I was raised on raw milk.

I nearly lost a son due to failed surgeries for his chest wall deformity.

In 2002, I attended a conference and was reminded of the importance of whole, unprocessed foods and healing. Fifty people signed up to start a raw milk dairy on ten acres. Not being enough land, the NOFA-Mass Raw Milk Campaign invited me to join in their effort to help small dairies survive. Our goal was to match citizens to the growing numbers of state-permitted raw milk dairies.

There were two state-permitted raw milk dairies at the time. Our private club took turns driving to one that was certified organic. Our club has been working with MDAR since 2003. Our club has been on the New England Chronicle TV show and in three *Boston Globe* articles. In 2009 NOFA/Mass gave me an award for asserting the rights of farmers to raise, and individuals to consume, health-giving natural foods.

People who were blind, wheelchair bound, developmentally disabled, cancer victims—those suffering from disease known to man only within the last seventy years—and others with no cars, began to contact me to help them access raw milk. Private club members were all proponents of raw milk—an intensive screening process is used to determine this. A quote from MDAR: “The Department allows the current sale of raw milk due to individuals who believe raw milk is not a health threat and that it, indeed, is beneficial.” Who were some of the members?

- At least four medical doctors.
- Others in the medical field and nutrition field.
- Those with doctorate degrees, MBAs, PhDs.
- At least four attorneys.
- Those affiliated with MIT, Harvard, Yale, Princeton, Boston University, Boston College, University of Massachusetts Medical School.
- Astrophysicists, engineers, successful inventors, educators, published authors, filmmakers.
- College students and others from raw-milk-drinking countries around the world.
- Christian ministers, a Catholic Monastery.
- The family of a recent Nobel Prize winner.
- Professional athletes and referees.
- Computer programmers, financial advisors, and web developers.
- The Ipswich House of Peace, a non-profit organization.
- Disabled and chronically ill people.
- Firemen, state police troopers.

Those are just some examples of the people who care about the survival of our family farms in Massachusetts, and who exercise their free will by choosing to direct their hard earned money to these farms.

Thank you, Commissioner for this opportunity. Thank you all for your show of support. My son was nursed back to health by drinking whole, raw milk and is thriving.

FDA LAWSUIT: On April 26, the United States Food and Drug Administration (FDA) submitted its response to a lawsuit filed earlier this year by the Farm-to-Consumer Legal Defense Fund (FTCLDF). The FTCLDF lawsuit claims that the federal regulations (21 CFR 1240.61 and 21 CFR 131.110) banning raw milk for human consumption in interstate commerce are unconstitutional and outside of FDA's statutory authority as applied to FTCLDF's members and the named individual plaintiffs in the suit (see *Wise Traditions* Spring 2010 for background on the case). In its answer to the complaint, FDA made its position on the issue of "freedom of food choice" a part of the public record. FTCLDF has until June 14 to file a reply to FDA's response.

FDA has long opposed "freedom of food choice" but its response to the FTCLDF complaint represents FDA's strongest public statement yet on the freedom to obtain and consume the foods of one's choice. Here are some of FDA's views expressed in its response on 'freedom of food choice' in general and on the right to obtain and consume raw milk in particular:

- "Plaintiffs' assertion of a new 'fundamental right' to produce, obtain, and consume unpasteurized milk lacks any support in law" (page 4).
- "It is within HHS's authority . . . to institute an intrastate ban [on unpasteurized milk] as well" (page 6).
- "Plaintiffs' assertion of a new 'fundamental right' under substantive due process to produce, obtain, and consume unpasteurized milk lacks any support in law" (page 17).
- "There is no absolute right to consume or feed children any particular food" (page 25).
- "There is no 'deeply rooted' historical tradition of unfettered access to foods of all kinds" (page 26).
- "Plaintiffs' assertion of a 'fundamental right to their own bodily and physical health, which includes what foods they do and do not choose to consume for themselves and their families' is similarly unavailing because plaintiffs do not have a fundamental right to obtain any food they wish" (page 26).
- FDA's brief goes on to state that "even if such a right did exist, it would not render FDA's regulations unconstitutional because prohibiting the interstate sale and distribution of unpasteurized milk promotes bodily and physical health" (page 27).
- "There is no fundamental right to freedom of contract" (page 27).

Growing numbers of people in this country are obtaining the foods of their choice through private contractual arrangements, such as buyers' club agreements and herdshare contracts. FDA's position is that the agency can interfere with these agreements because, in FDA's view, there is no fundamental right to enter into a private contract to obtain the foods of choice from the source of choice. As for the agency's contention that there is no fundamental right to obtain any food, including raw milk, here is what the "substantive due process" clause of the Fifth Amendment to the United States Constitution provides: no person shall "be deprived of life, liberty, or property, without due process of law." Obtaining the foods of your choice is basic to life, liberty and property; it is inconceivable that the "right of food choice" would not be protected under the Constitution but FDA is saying "No."

In addition to its views on freedom of food choice, FDA's response included an interesting assertion on the agency's history enforcing the interstate ban. According to FDA, "the government has neither brought nor threatened to bring a single enforcement action against consumers who purchase unpasteurized milk for personal consumption or retailers of such products who do not engage in interstate commerce." This was news to plaintiff, Eric Wagoner, an agent for a Georgia consumer co-op, who was ordered to dump over one hundred gallons of milk—including two gallons for his own family—last fall at the order of FDA and the Georgia Department of Agriculture (GDA). Wagoner had been stopped by officials from GDA while attempting to deliver raw milk to co-op members that had been obtained from a licensed dairy farm in South Carolina. It also was news to L.D. Peeler, a licensed raw milk farmer in South Carolina who received a warning letter from FDA (dated April 20, 2010) advising him that he was violating 21 CFR 1240.61 by causing "unpasteurized milk, in final package form for human consumption, to be shipped into interstate commerce through raw milk 'co-ops,'" specifically mentioning a co-op in Augusta, Georgia. All Peeler had done was to sell raw milk on his farm in Starr, South Carolina to the co-op members.

Peeler was not the only farmer to receive a warning letter from FDA for violating the interstate raw milk ban. FDA also sent a warning letter on April 20 to Pennsylvania dairy farmer, Dan Allgyer after two FDA agents, two federal marshals and a state trooper had descended on the farmer's property at 5 a.m. on the same day to execute an administrative search warrant; the warrant called for the inspection to take place "at reasonable times during reasonable business hours." FDA remains the biggest threat to raw milk producers and consumers.

WISCONSIN: The most significant developments in the raw milk movement continued to occur in Wisconsin. First, the Governor vetoes a bill that passed in a landslide through the legislature; then a dairy farmer openly defies an order from the state Department of Agriculture, Trade and Consumer Protection (DATCP) to stop distributing raw milk and raw milk products.

Until a March 10 public hearing in Eau Claire on raw milk legislation before the General Assembly and the Senate, it did not appear that a raw milk bill would pass in the current legislative session (see *Wise Traditions* Winter 2009 for more background). That all changed with the hearing; around seven hundred people attended the hearing and the testimony was overwhelmingly in favor of the legislation. Shortly after the hearing, the Senate Agriculture Committee amended the original version of the bill; the new version was not as favorable as the original but still allowed for the on-farm sale of raw milk by Grade A dairies. SB 434 passed out of committee with a unanimous vote and then was passed by the full Senate 25 to 8. The General Assembly adopted the Senate version of the bill; SB 434 was voted out of the Assembly Rural Affairs Committee with eight of nine members in favor. It then passed the full Assembly by a vote of 60 to 35 on April 23, the last day of the legislative session. Initially, Governor Jim Doyle said that it was likely that he would sign the bill. That was before the dairy lobby and public health officials stepped up their pressure on the Governor. On May 19, Doyle vetoed the bill, ignoring the wide margins by which SB 434 had passed in the legislature.

In his veto message, the Governor stated, "The sale of unpasteurized milk has become an increasingly contentious issue in Wisconsin and around the country. I recognize that there are strong feelings on both sides of this matter, but I must side with public health and the dairy industry." Shortly after issuing the veto, Doyle told reporters that he had to "rely on what the public health people are telling me." If all governors followed Doyle's reasoning, there would be hardly a State around that would have a law on the books legalizing the sale of raw milk. State health departments are lockstep with FDA in the desire to ban all distribution and consumption of raw milk.

As for the "safety of the dairy industry", Doyle went on to say in the veto message, "The dairy industry is the centerpiece of Wisconsin agriculture. . . . An outbreak of disease from consumption of unpasteurized milk could damage the State's reputation for providing good, healthy dairy products, and hurt sales of pasteurized milk and other dairy products, resulting in significant financial loss for the entire dairy industry at a time when dairy farmers are already suffering." Yet, there is no evidence that any outbreak of foodborne illness attributed to raw milk consumption has ever hurt the dairy industry. As State Senator Glenn Grothman (R-West Bend) asked, "Where is the drop in sales caused by the hundreds of thousands of members of dairy families, their employees, and visitors to the farms who drink raw milk now? There is none. The only danger to the reputation of milk is coming from the Dairy Business Association that is exaggerating the dangers of raw milk."

If the Governor were interested in reversing the suffering of dairy farmers he would have signed the bill; the prices dairy farmers could get selling raw milk direct to consumers are more than double what they are getting from the processors. Continuing on with the existing system means more of the failed policies that have been responsible for the number of dairy farms in the State declining from 29,000 in 1995 to between 12,000-13,000 today.

In response to Doyle's veto, Senator Pat Kreitlow (D-Chippewa Falls), the principal sponsor of SB 434, issued a press release which stated, in part, "The Governor's veto is disappointing to the thousands of farmers and consumers who will continue to be treated like criminals for wanting nothing more than to buy or sell fresh milk off the farm. . . . The fairness to family farmers is lost because of today's veto and that is why I call on DATCP to suspend its efforts to treat farmers as criminals when they try to meet the demands of customers for their products on the farm."

Kreitlow wasn't the only legislator asking DATCP to stop enforcement actions against raw milk producers. Grothman supported a return to the policy of the past, noting that even though the general prohibition against the sale of raw milk has been the law for many years, "DATCP, bowing to common sense, largely did not enforce the law until 2009 when new bureaucrats got a toehold in the Division of Food Safety." The new bureaucrats are Steve Ingham, the administrator for the Division of Food Safety, and Cheryl Daniels, assistant legal counsel for DATCP. Ironically, as an administrative law judge for DATCP, Daniels issued rulings in 2002 and 2004 that enabled anyone who purchased shares in an entity operating a dairy farm and possessing a Grade A permit to purchase raw milk and raw milk products from that farm. Thousands of people took advantage of the ruling to obtain raw milk from the shareholder dairies.

DATCP was not listening to the Senators. On June 2, just two weeks after Doyle's veto, agency inspectors along with Sauk County Health Department officials and deputies of the County Sheriff descended upon Vernon and Erma Hershberger's dairy farm, Grazin' Acres in Loganville, to execute a 'special inspection' warrant. DATCP inspectors taped freezers in the Hershbergers' farm store and placed a hold order on thousands of dollars of food in the store, mostly raw milk and raw milk products. Under the hold order, the Hershbergers were prohibited from selling or even moving any of the food in the taped freezers. DATCP sent inspectors out to the farm because the Hershbergers had refused to comply with an intrusive request by the agency for documents and information going back over seven years.

The Hershbergers' on-farm store only sold products to members of a private buying club. DATCP has referred the

matter to the Sauk County District Attorney. There have been no complaints against Grazin' Acres nor any record of food produced at the farm ever making anyone ill.

DATCP's pursuit of victimless crimes was not limited to the Hershbergers. The agency was still attempting to obtain business records of Belle's Lunchbox, the food buyers club operated by Max Kane[see Wise Traditions Spring 2010 issue for background]. On December 21, Vernon County Circuit Court Judge Michael Roseborough ruled that DATCP had jurisdiction to subpoena the records. Kane filed a notice that he was appealing the decision but DATCP filed a motion to compel Kane to turn over the records before his appeal could be heard. In a March 18 hearing on the matter, Kane and his attorney Elizabeth Rich were victorious as Judge Roseborough ruled that DATCP could not obtain any records from Kane until the appeal had run its course. Kane's appeal will likely be heard sometime this fall.

MINNESOTA: On May 26 officials from the Minnesota Department of Agriculture (MDA), the Minnesota Department of Health (MDH), along with the Sibley County Sheriff and eight armed deputies, set foot on the farm of Mike and Diana Hartmann to execute a criminal search warrant. The officials were at the farm for more than six hours and embargoed (i.e., ordered the Hartmanns not to sell existing inventory) thousands of dollars in meat and dairy products as well as ordering the Hartmanns to discontinue the sales of any product whose production, processing or sale was not in compliance with applicable law. The officials also collected samples of various dairy products as well as fecal samples of the farm animals for testing.

The reason MDA and MDH obtained the search warrant was that the agencies suspected raw milk produced at Hartmann's farm was responsible for three cases of E. coli O157:H7 illness. According to an MDH press release issued the same day the warrant was executed, the department was investigating a cluster of four E. coli O157:H7 illnesses that all have the same DNA fingerprint, with three of the four cases reporting a link to raw milk from the Hartmann farm (including a toddler that had developed HUS and was hospitalized). What evidence in the opinion of MDH constituted a direct link was not clear.

In a public statement issued on behalf of the Hartmann family several days after the MDH press release, the statement disclosed that the Hartmanns had been able to contact two of the four people reportedly diagnosed with E. coli O157:H7; of these two, neither had consumed raw milk products produced at the Hartmann farm. The family had received no information from any of their customers about any illness. In fifteen years of providing healthy food to its customers, there has never been an instance where the farm has been blamed for causing any illness.

The MDH press release triggered a rush to judgment to convict the Hartmanns in the media without any evidence. Neither MDH nor MDA had specified what they had linking the illnesses to the dairy, nor were any test results available from the samples taken at the farm, but that didn't stop the media from doing the bidding of the agencies. A May 27 Minnesota Star Tribune story blared that "a Minnesota toddler has been threatened with a life-threatening illness and three other people have been sickened by E-coli-tainted raw milk." An Associated Press wire story from the same date began, "The Minnesota Department of Agriculture will likely crack down on illegal raw milk sales after four people got sick from unpasteurized milk tainted with e-coli." As the Hartmann's press release stated, "Regardless of the manner in which this matter is resolved, one has to be concerned about the motivations of state regulators who choose to conduct their prosecution of milk producers through the media."

MDH issued a subsequent press release on June 3 that stated the "strong epidemiological link [to Hartmann Dairy] is now reinforced by the laboratory confirmation that the specific strain of E. coli O157:H7 found in the ill patients has also been found in multiple animals and at multiple sites on the Hartmann Farm." There was nothing in the press release indicating that the pathogen was found in any milk sample tested by the department. MDH did not pass up an opportunity to attack raw milk in the press release; Minnesota Health Commissioner Sannemagnan was quoted in it as saying, "Raw milk presents a serious health risk. This risk isn't a matter of personal opinion; it's an established scientific fact."

There were other motivations besides protecting the public health, for MDA and MDH to publicize the Hartmann investigation the way they did. The demand for raw milk in Minnesota, like elsewhere in the country, has grown substantially in recent years, with a number of raw milk dairies starting up in the state to meet the demand. The E.coli outbreak presents an excuse for MDA to crack down on raw milk sales. The Hartmann farm is the best known raw milk dairy in the state; strong enforcement action against the Hartmanns could have the desired chilling effect for MDA on the state's other raw milk dairies. Further, an enforcement action against the Hartmanns would be a measure of revenge against an adversary that has battled MDA numerous times over the past ten years. In 2005, the Hartmanns won a major victory against the department when the Minnesota Supreme Court ruled that the family could sell the products of the farm including meat products without having to obtain a permit from MDA.

In attempting to limit the sale of raw milk in the state, MDA is relying on a statute in the state dairy code providing that raw milk and cream can only be "occasionally secured or purchased for personal use by any consumer at the place or farm where the milk is produced." In contrast to the statute, the Minnesota Constitution has a section providing that

“any person may sell or peddle the products of the farm or garden occupied and cultivated by him without obtaining a license therefor.” The constitutional provision has no limitation on how much can be sold or where the sales must take place. When MDA had finished inspecting the Hartmann farm on May 26, they issued the family an order requiring that the Hartmanns cease delivering raw milk and that they only make occasional on-farm sales to consumers. The order is in violation of the state constitution and should be struck down.

MASSACHUSETTS: The Massachusetts Department of Agriculture and Resources (MDAR) has been a consistent supporter of raw milk and raw milk dairies in the state. The number of dairies licensed by MDAR to sell raw milk increased significantly the past ten years. Since MDAR took over the regulation of raw milk in 1993, there has not been a single illness attributed to any of the state’s raw milk dairies. It was therefore surprising this past winter when MDAR sent warning letters to four different buying clubs that pick up raw milk from some of the licensed dairies—a move that could potentially cripple a number of raw milk farms in the state.

In Massachusetts, many of the raw milk dairies are one to two hours away from the major population centers. Under state law, raw milk dairies can only sell raw milk on the farm. What enabled the raw milk farms to sell the volume that they did were the buying clubs; each member of a club entered into an agency agreement with a designated representative for the club who picked up milk for the individual at the farm. Agency agreements are a basic part of contract law and are legal in every state. What MDAR claimed in the warning letters was that the agency agreements weren’t legal unless the person doing the delivery had a milk dealer license; in the past, this requirement had been imposed on those delivering pasteurized milk to retail stores; the law mandating the distributor license had not been meant to apply to someone delivering raw milk direct to the final consumer. If MDAR were able to stop the agency agreements, many people currently getting raw milk would not drive out to the farms to obtain the product, costing some of the state’s raw milk dairies a substantial amount of business.

As reported by David Gumpert, the reasons for MDAR’s move against the buying clubs was pressure put on the agency by the usual suspects: the dairy industry and the Massachusetts Department of Public Health (MDPH). In an April 26 meeting with raw milk proponents, MDAR Commissioner Scott Soares disclosed that dairy representatives were expressing concern “that if something goes wrong with raw milk it will hurt all the dairies.” The Commissioner subsequently repeated the standard industry line in a radio interview discussing the effort to ban buying clubs, stating, “our primary concern with this is to protect the milk market itself. . . We cannot afford to have people stop drinking milk for fear of the perception of it being an unhealthy or unsafe product.” As for MDPH, the agency let MDAR know it was unhappy with the buying clubs in a January 7 letter to the MDAR in which it stated that it had become aware that regulations limiting the retail sale of raw milk to the farm “... may be being circumvented through the distribution of raw milk buying clubs . . . The result is that consumers are being supplied with a product that is known to be dangerous to public health, without the minimum safeguards that exist for on-farm sales of raw milk. DPH is concerned that consumers are being misled by the proponents of raw milk.”

To placate MDPH and the dairy industry, MDAR issued a proposed regulation explicitly prohibiting buying clubs. The proposed regulation was also, in effect, an acknowledgment by the department that there is no prohibition against buying clubs under existing law. The opposition to the proposal was so great that Soares withdrew it just before a May 10 public hearing on the buying club ban and other proposed amendments to the state dairy regulations. In the announcement withdrawing the rule, Soares maintained that the department could take enforcement against buying clubs under the existing laws in the state.

Before the May 10 hearing, about 200 people attended a rally in support of buying clubs on Boston Commons. At the hearing, 48 of the 49 people who had a chance to speak on the buying clubs issue asked MDAR to leave the buying clubs alone; just several days earlier Soares had said that MDAR would not be taking any testimony about buying clubs at the hearing.

Soares indicated that MDAR will be holding hearings this summer where the issue of the department banning or regulating buying club deliveries will be considered. MDAR has shown no sign that it will stop its effort to intrude on a basic contractual right that should be beyond the jurisdiction of the government to regulate.

For the latest developments on raw milk issues, go to www.thecompletepatient.com.

Those who have not joined the Farm-to-Consumer Legal Defense Fund are encouraged to do so. Membership applications are available online at www.farmtoconsumer.org or by calling (703) 208-FARM (3276); the mailing address is 8116 Arlington Blvd, Suite 263, Falls Church, VA 22042.

Healthy Baby Gallery



Beautiful traditional foods baby, Jordyn Elizabeth Kennedy, pictured at one year of age. Her mommy ate a traditional foods diet for two years prior to conception, including raw milk and butter, plenty of cream and pastured eggs. She also ate yogurt, kefir, kombucha, fermented veggies, liver and grass-fed beef, chicken, and wild seafood. Baby Jordyn was born at home after a short labor with big brother and sister watching. Baby Jordyn is still breastfed, loves her raw milk and is definitely a carnivore! She loves grass-fed beef, chicken, and raw cheese. She has been getting fermented cod liver oil since she was four months old! She is a very alert, happy, and talkative real food baby.



Sixth child Sunny Faith Davidson was born at home after only forty-one minutes of labor, weighing over eight pounds. Mama drank lots of raw milk during pregnancy, took her cod liver oil, and ate lots of yummy farm fresh eggs. Sunny is pictured here at eight months old, eating her wild-caught salmon.



Elle Ruth, age nine months, peruses the pages of *Wise Traditions*. She is healthy, happy, and pleasantly plump! Elle has been breastfed since birth and at ten months enjoys raw egg yolk, liver, fish, pastured meats, sautéed greens, peas, yams, and pretty much everything else she can get her hands on. She enjoys working in the garden with mom and dad and eating dirt. Elle loves animals and enjoys visiting our local farms to see the pastured chickens and goats.



Beautiful Samantha weighed almost seven pounds at birth. Her mom ate as many eggs and as much raw milk and meat during pregnancy as she could. When breastfeeding did not go well, she thrived on raw milk formula early on for one month and then after five months. She could hold her head up well within a couple of weeks after birth, was very very alert and smiley before six weeks of age and filled out beautifully. She has clear eyes, clear skin and rosy cheeks. Now she eats egg yolks, home-made yogurt and kefir, avocado, fruit, meat and veggies. She likes to feed herself from mommy's plate!

Please submit your baby and raw milk granny photos to Liz Pitfield at liz@westonaprice.org. Be sure to label photographs with the full name of the baby.

Local Chapters

- AK Matanuska Valley: Aubrey and Kirby Spangler (907) 746-3733, aubreyknapp@gmail.com
- AL Auburn: Michael Klein & Susan Ledbetter (334) 821-8063, gnomons@bellsouth.net & kleinmj@bellsouth.net
Estillfork: John Langlois (256) 776-1499, john.langlois@foggybottomfarms.com, http://health.groups.yahoo.com/group/AL_WAPF/
Mobile: Sherry Ashley Parson (251) 604-9712, Ashley.charlieparson@gmail.com
- AZ Flagstaff: Ann Marie de Wees (928) 853-7627, deweesa@yahoo.com, Aubrey Skaggs (928) 213-1527, aubreylou@hotmail.com, wapf-flagstaff.ning.com
Kingman: Dianne Ronnow (928) 279-2736, sageblossom1@gmail.com
Sedona/Cottonwood: Cindy Krznarich (928) 225-1698, wapfsedona@gmail.com, wapfsedona@googlegroups.com
Southeast Valley: April Amber Jolly (480) 577-3307, maridap@jollymail.net, wapfsevalleyaz@yahoo.com
Tucson: Vanessa Van Dalsem (520) 498-9919, vandalsem@comcast.net, <http://wapftucson.ning.com/>
Verde Valley/Sedona: Anne Greenwood (928) 567-3007, naturalists@sedona.net
White Mountain: Codi Stinnett (928) 536-6049, foodwise3@hotmail.com
- AR Fayetteville: Calvin & Doris Bey (479) 527-6951, CFBey1936@cox.net
Little Rock: Lisa Lipe (501) 227-4376, realfoodlisa@gmail.com, <http://realfoodlittlerock.blogspot.com/>
- CA Antelope Valley: Irene Musiol (661) 722-9317, avwapf@roadrunner.com
Arcata: Linda Redfield, CCWFN (707) 834-2501, Lindaredfield@gmail.com
Arroyo Grande/Central Coast: Lynn Parks (805) 574-0078, wapf@notprocessed.com
Bakersfield: Caroline Culliton (661) 747-5934, c.ps23.culliton@sbcglobal.net
Berkeley/Oakland: Dave Rana (510) 473-7262 ext 2, waprice@niwas.net
Burbank: Becky Bell (323) 899-4020, rebeccamay_bell@hotmail.com
Cal Neva TerRAWtory: Kelly Reuss DC, (530) 582-5639, kellyreuss@gmail.com
Calaveras County: Sage Gregory (209) 609-7093, sierrafarmz@yahoo.com
Chico/Butte Valley: Carol Albrecht and Kim Port (530) 533-1676, ccakfa@aol.com
Concord/Clayton/Pleasant Hill: Samantha Stith (925) 683-8947, eastbayrealfood@gmail.com
Creston: Cindi Small (805) 238-5719, cindismall@earthlink.net
CREMA- California Raw Milk Association: Christine Chessen (415) 505-4965, crema@comcast.net, www.californiarawmilk.org
Davis: see Yolo County
Dublin/Pleasanton/Livermore: Judith Phillips (800) 257-3315, judy@magneticclay.com, <http://wapfeastbay.ning.com>
El Dorado County: Kelly Hodgkin (530) 306-8739, khodgkin@comcast.net
Fresno/Madera County: Hillori Hansen (559) 243-6476, blissful_chef@yahoo.com & Megan Dickey (559) 355-1872, hiddenpathways@gmail.com
Grass Valley/Nevada City: Shan Kendall (530) 478-5628, daveshanken@juno.com & Cathe' Fish (530) 478-1852, sunshine.works@gmail.com
Lake County: Sequoia Lyn-James & Vanessa Hajje (707) 987-9108, denmother@wildwomynessentials.com
Los Angeles, West/Santa Monica: Victoria Bloch (310) 479-6143, victoria@blochcoulter.com, & Ann Marie Michaels: annmarie@realfoodmedia.com
<http://www.meetup.com/Los-Angeles-Whole-Food-Nutrition-Meetup-Group/>
Marin County: Sarah Bearden (415) 461-7429, wapfmarin@rootstohealth.com, wapf_marin@yahoo.com
Mendocino County: Anna Rathbun (707) 937-0476, anna@mendodiet.com
Merced County: Marie Meredith (209) 384-7598, mariemeredith@hotmail.com
Orange County, South: Marsha Youde (949) 425-1575, healthylifestyle101@yahoo.com
Pasadena: Karen Voelkening-Behegan (626) 836-5053, gaia@toad.net
Redding: Trudi Pratt, DC (530) 244-7873, drtrudi@charterinternet.com, www.drtrudipratt.com
Redondo Beach: Angela Karlan (310) 540-6542, akarlan@yahoo.com & S. Jeff Jennewein, DC, jjennewein@teacher.tusd.org
Sacramento: <http://health.groups.yahoo.com/group/WAPF-Sacramento/>
San Diego/Encinitas: Kim Schuette, CN (858) 259-6000, kim@biodynamicwellness.com
San Francisco: Holly Valerio Kuttner (510) 926-1997, hollykuttner@gmail.com, <http://www.westonapricesanfrancisco.org/index.htm>
San Jose & South Bay: Pamela Laine (408) 718-9036, wapfsouthbay@gmail.com, <http://health.groups.yahoo.com/group/WAPF-SouthBay/>
San Juan Ridge: Gaetane Courchesne (530) 292-3704, gcourchesne@wildblue.net
San Mateo County: Holly Bourne (650) 851-2180, wapfsanmateo@gmail.com
San Ramon/Danville/Walnut Creek: Sarah Powers (925) 820-0838, sarahbpowers@hotmail.com
Santa Cruz County: Jean Harrah (831) 761-3765, jalysonh@yahoo.com
San Francisco: Holly Valerio Kuttner (510) 926-1997, hollykuttner@gmail.com
Santa Monica: see Los Angeles
Santa Rosa: Anne Fischer-Silva (707) 849-3569, afischersilva@comcast.net
Siskiyou County: Diane McGonigal, (530) 467-5356, mccfam@sisqtel.net, & Shawna Byers (530) 468-2800, byers@sisqtel.net
Stockton & San Joaquin County: Martha E Zetter, Holistic RN, CRM (209) 478-7630, martha@zetter.com
Three Rivers: Teriz Mosley (559) 561-3637 terizmosley@hotmail.com & Anore Jones (559) 561-3161, anore@earthlink.net
Ventura City: Jean Pedersen (805) 640-3706, jeancarolp@gmail.com & Laurie Warner (805) 487-0055, hearthcraft46@yahoo.com
Yolo County/Davis: www.wapfyolo.ning.com

Local Chapters

- CO Aspen: Dione De I Monica (970) 544-5301, dione100@aol.com
Boulder: Stephanie Small (617) 312-2017, Stephanie@threesistersnutrition.com
Colorado Springs: Megan Quinones (719) 684-5782 & Adrienne Ferguson, 719-641-7646, springswapf@yahoo.com
Denver: Blair McMorran (303) 465-3883, baburn1@comcast.net & Dianne Koehler (303) 423-5736, Dianne.Koehler@gmail.com, nourishingconnections.org
Durango: Jonathan & Heather Drake (970) 403-5386, drakefamily@neworganiclifestyle.com
Eastern Plains: Maria Atwood, CNHP (719) 346-0300, easternplainswapf@yahoo.com, www.traditionalcook.com
Erie: Carl G DelTufo LAc & Anne Harper (303) 776-3491, oasishealthcenter@earthlink.net
Fort Collins: Nancy Eason (970) 493-7588, wapffc@gmail.com, wapffc.ning.com
Grand Junction: Dawn Donalson (970) 812-8452, alexgabbysammy@yahoo.com, WAPFGrandJunctionCO-WesternSlope@yahoogroups.com
Lakewood: Delicia Beaty (303) 456-5009, ecology4body@gmail.com
Northern Colorado: Meg Cattell, DVM, (970) 481-1536, meg@windsordairy.com, www.windsordairy.com
Pagosa Springs: Jason & Corrie Stuck (970) 731-9982, rootsandwings@hotmail.com
Pueblo/Rye/Wet Mountain/Lower Arkansas Valley: Kim Wiley (719) 947-0982, kimmymcintyre@hotmail.com
Western Slope: Evette Lee (970) 256-0617, evenmike@acsol.net
- CT Fairfield County: Selina Rifkin (203) 209-7680, wapfairfield@selinarifkin.com
New London County: Tamar Stearns (860) 859-1554, tamarstearns@gmail.com & Kellene Limpert (860) 535-4307, millhouse06359@juno.com
- DC Ressa Charter (406) 794-4891, ressacharter@gmail.com, wapf-dc.ning.com
- DE Northern Delaware: Bob Kleszics (610) 255-1691, harvestbob@juno.com
- FL Altamonte Springs/Longwood: Steve Moreau kmt205@gmail.com
Bradenton: Nancy Hausman (941) 720-2623, info@nancyhausman.com
Ft. Lauderdale/Broward County: Dr. Paola Weber & Charles Weber (954) 330-3561, drweber@bmorganics.com
Gainesville: Beth Michelson (352) 376-5908, bmichelson@bellsouth.net
Hernando County: Ivette Palomo (352) 597-2521, houseofwholefoods@tampabay.rr.com
Jacksonville: Diane Royal (904) 396-6881, droyal@cxp.com
Miami/Miami-Dade County: Gary Roush (305) 221-1740, garyaroush@aol.com
Miramar: Angie Aller (954) 662-5003, angiecaller@yahoo.com
Orlando: Diana Coughlin (407) 739-3446, dianajack@comcast.net
Panama City: Cecelia DeSonia (850) 248-6619, ceceliadesonia@hotmail.com
Sarasota: Cynthia Calisch & Preston Larus (941) 914-0299, wapfsarasota@gmail.com
SW Florida: Aziz Obidor (877) 793-5787, taste@oldcountryfood.com
Tallahassee: Julie Konikoff (850) 224-4892, royaljewels@gmail.com
Tampa/St. Petersburg: Sarah Pope sarah.pope@austus.com, http://health.groups.yahoo.com/group/WAPFTampaBay/
Vero Beach: Jody & Randy Old (772) 539-0220, jold@rbold.com, rbold@rbold.com
West Palm Beach: Gloria & Joe Cosmano (772) 489-7905, SeaBreezeOF@aol.com
- GA Atlanta, East: Lynn Razaitis (404) 294-6686, razaitis_lynn@yahoo.com Join GA Chapter email group at http://groups.yahoo.com/group.GA_WPF/
Atlanta, West: Jessica Lara (678) 458-3654, jess426@gmail.com
Lawrenceville/Athens: Mary Marlowe ((770) 962-9618, marlowe@onlynatural.info
Marietta: Debby Smith (770) 980-0921, dsatlanta@comcast.net
North Fulton County: Celeste Skousen (770) 623-4190, celestems@gmail.com & Cathy Payne (706) 416-6611, ournaturallife@gmail.com
Snellville/Stone Mountain: Heather (770) 367-5298, trulyhealthybaby@yahoo.com
Warner Robins: Lori Freeman (478) 953-8421, lorifreeman1@cox.net
- HI Big Island: Lisa Romero (808) 985-9885, ohiarain@yahoo.com
Kapaa,Kauai: Sumi Niimi-Burch (808) 822-4675, suminumi@hotmail.com
Oahu (Honolulu County): W. Ken Koike (808) 275-7007, wkenkoike@hotmail.com
- ID Boise: Juliana Benner (208) 850-8075, julianabenner@hotmail.com
Ketchum/Sun Valley: Leslie Bradshaw (208) 622-7724, leslie.bradshaw@mac.com & Veronica Rheinhardt, LAc (208) 450-9026, veronica@wellness101.org
Latah County/Moscow: Eliza Fletcher (208) 883-2686, eliza28@cpinternet.com
Northern ID: Barbara Geatches (208) 457-1757, bgeatches@yahoo.com

The Weston A. Price Foundation currently has 458 local chapters, 387 of which serve in forty-nine U.S. states and 71 in seventeen other countries. A big welcome to new chapter leaders from Uruguay and Ireland!

Local Chapters

- IL Aurora/Naperville Area: Jonathan Truhlar, DC (630) 499-9420, info@elanwellness.com
Central Illinois: Kate Potter (309) 362-2117, potter_kate@hotmail.com
Chicago: Jill Cruz (773) 944-9134, loverealfood@gmail.com
East Central: Deborah Chisholm (515) 339-2595, Deborah.chiz@gmail.com
NW Chicago Suburbs: Susan Wanga (847) 630-5296, wapfnwchicagosuburbs@gmail.com
Northern Dupage County: Kathryn Pirtle & Olive Kaiser (630) 543-5938, kathypirtle@sbcglobal.net
Oak Park: Gina Orlando (708) 524-9103, gorlandoma@aol.com
Rockford/Freeport area: Dale & Eileen Kelsey (815) 239-1466
Wauconda: Linda DeFever (847) 526-6452, ocfever01@yahoo.com
- IN Avon: Bob Ridenour (317) 272-0726, Jessica_ridenour@hotmail.com
Bloomington: Larry Howard (812) 876-5023, info-wapf@betterlocalfood.org
Fort Wayne: Lauren Andrews (260) 482-1073, laurenac@hotmail.com
Indianapolis: Leslie Gray (317) 842-3757, leslie.gray@comcast.net, & Mark Cox (317) 331-0166, jedi4life23@hotmail.com, www.indywapf.org
Lafayette/West Lafayette: Ben Leonard (812) 239-7073, benleonard3@gmail.com, http://lafayette-wapf.com
South Bend: Misty Sorchevich (574) 772-6996, msorchevich@centurylink.net
- IA Council Bluffs: Luana & Glenn Harman (712) 587-0472, glennandluana@wiaw.net
Des Moines: Steve & Teresa Colyn (515) 961-6448, roostersunrise@gmail.com
Holstein: Elaine Rolfs (712) 368-2391
- KS Central Kansas: Connie Newcome (620) 585-2556, cnewcome@gmail.com
Lawrence: Tamara Fairbanks-Ishmael (785) 691-5914, tsfairish@sbcglobal.net
Merriam: Jody Drake & Sandra Stoner (913) 722-4343, jody@mutrux.com, sandraanddale@aol.com
- KY Elizabethtown: Serena Erizer (270) 763-9743, heartlandwholelifeorders@yahoo.com
Louisville: John William Moody & Jessica E. Moody (502) 291-2119, louisvillewapf@yahoo.com
- LA Greater New Orleans: Kathia Duran & George Caraccioli (504) 333-3611, kathia@latinofarmerscoop.org,

EARTH DAY CELEBRATION, SMITH MOUNTAIN LAKE, VIRGINIA

On Sunday, April 18, 2010 the Smith Mountain Lake Chapter of The Weston A. Price Foundation participated in an Earth Day Celebration. The WAPF exhibit focused on buying fresh food from local farmers, showcasing beautiful, golden, raw, grass-fed butter versus pale, mass produced, supermarket butter. Chapter member Yvonne Williamson assisted Karol Armbuster, who helped organize the event, serve traditional pot roast featuring local buttermilk, organic vegetables, Celtic sea salt, rich homemade stock, and grass-fed beef from Ben and Carly Coleman's Mountain Run Farm, in Sedalia, Virginia.



ABOVE LEFT: Ben and Carly Coleman
LOWER LEFT: Noah Coleman, a healthy WAPF child
ABOVE: Chapter leader, Renee Brodin (on right) shares information on WAPF and nutrient dense foods with Smith Mountain Lake resident Linda Lunsford
ABOVE LEFT: Renee Brodin and Karol Armbuster

Local Chapters

- ME Auburn/Lewiston: C. Andi Locke Mears (207) 784-7282, calmhealth@roadrunner.com
Casco Bay: Suze Fisher, Kate Mockus & Jane Greenleaf (207) 725-0832, suzefisher@zwi.net
Denmark: Donna Dodge (207) 452-2644, eatsmart@fairpoint.net
North Berwick & Sanford: David Plante (207) 676-7946, dplante@maine.rr.com & Amy Vezina (207) 636-7626, amyvezina@comcast.net
Searsport: (207) 299-0041, Livingston_laura@hotmail.com
South Coast: Edward Welles (518) 637-4588, eowelles@gmail.com
Whitefield: Susanne Meidel (207) 549-5716, meidel@earthlink.net
- MD Anne Arundel County: Cara Bergman (410) 647-2884, csbergman@comcast.net, & Jessica Earle (443) 822-4667, Jessicaearle@gmail.com, <http://health.groups.yahoo.com/group/WAPF-Anne-Arundel-County>, <http://www.nourishingyouandyourchildren.blogspot.com/>
Baltimore: Hillary Little (443) 912-6110, hlittle@comcast.net, Louise Mitchell (410) 426-4213, limit001@son.umaryland.edu
Bowie: Liz Reitzig (301) 860-0535, liz.reitzig@verizon.net, Deneice Knauss (301) 352-7024, knauss20@excite.com
Calvert County: Myda Snyder (301) 812-1275, mydamae@yahoo.com
Frederick: See Harpers Ferry WV
Harford County, NE Baltimore County: Joyce White (410) 592-7050, rollsadventure@msn.com
Jarrettsville: Janet & Paul G. Baer (410) 692-2820, jbaer@starband.net
Kent County: Rebecca Pitre (410) 648-5511 & Bill Schindler, PhD, rebeccapitre2003@yahoo.com & wschindler2@washcoll.edu
Kent Island: Dr Kristin Mowry, PT, DPT, CHHC (410) 643-8744, drkristin@mac.com & Diane Bedlin (410) 643-3283, dianebedlin@gmail.com
Millersville: Suzy Provine (410) 733-3767, suzy@abloomngbasket.com
Rockville: Linda Browne (301) 325-3591, brownelinda@yahoo.com
Westminster: Amy Conaway (410) 848-3141, hysenthlaydew@yahoo.com, <http://health.groups.yahoo.com/group/WestminsterWAPF/>
- MA Andover: Liz Anderson (978) 474-9283, wapandover@comcast.net
Brookline: Jill Ebbott (617) 232-3706, jill.ebbott@gmail.com
Burlington: Karen Potter (781) 799-5329, kpotter4health@gmail.com
Cape Cod, Lower/Outer: Ellen Petry Whalen (508) 255-4929, tewhalen@verizon.net
Cape Cod, Mid-Cape: Rebecca Ryan & Kathy Hansel Ponte (508) 237-3302, Rebecca@bodyessentialsfchatham.com Concord: Kristin Canty (978) 369-5042, kristincanty@aol.com
Central: Sharon Barrett (508) 845-6985, sharon.barrett@verizon.net
Hopkinton: Kathleen Mosher (508) 435-3250, jkmosher@verizon.net
Martha's Vineyard: Dodie Anderson (858) 526-0844, dodie@metaboliced.com
Newburyport: Jacqueline Carroll (978) 462-4982, Jackie@amazonpromise.org
Northampton: Jennifer Herman (413) 586-0279, jennifernherman@gmail.com
North Shore: Cyndy Gray (978) 767-0472, consumerchoice4all@comcast.net
Pelham: Julie Rypysc (413) 253-7339, snowyowl@crocker.com
Pepperell: Renee Cyr (978) 433-9732, rmcyr@charter.net
Wachusett: Dawn Desilets Sulmasy (978) 464-5587, newdawnnutrition@yahoo.com
Winchendon Springs: Beth Ingham (978) 297-1148, noondayfarm@hotmail.com
- MI Ann Arbor: Jessica Feeman (810) 225-2789, info@aawapf.org, <http://www.aawapf.org>
Coral: Abagale Kuncaitis & Angela Kuncaitis (616) 566-8481, angela@maplevalleyfarms.net
Detroit: Birgit McQuiston (248) 828-8494, info@htnetwork.org
Gaylord/Johannesburg: Cindy Current (989) 786-4595, puddingstonefarm@yahoo.com
Genesse/Lapeer/N. Oakland: Kim Lockard (810) 667-1707, KimLockard@gmail.com & Lorna Chambers (810) 664-4372, chambersbl@charter.net
Grand Rapids: Gil Witt (616) 309-9147, gilwitt@gmail.com, nourishingways.org
Lansing: Deb Bailey (517) 316-0392, pcvdebb@gmail.com
Mount Pleasant: Kathryn Doran-Fisher (989) 486-5782, purelightnht@hotmail.com
Northeast Michigan: Dr Bob & Lisa Turek (989) 724-7383, gerininamo@yahoo.com
Oakland County: Archie Welch (248) 620-8969, aewelch@msn.com
Oakland, North/Genesse/Livingston Counties: Diane & John Franklin (248) 634-2291, diane@rockygardens.com
South Central: Peggy Beals, RN (734) 475-0406, pegbeals@msn.com

CHAPTER RESOURCES

Resources for chapter leaders can be accessed at www.westonaprice.org/chapters, including our new trifold brochure in Word format and PowerPoint presentations.

LOCAL CHAPTER LIST SERVE

Thank you to Suze Fisher of our Maine chapter for setting up a local chapter chat group. New chapter leaders can sign up at <http://groups.yahoo.com/group/wapfchapterleaders/>

Local Chapters

South East: Maurine R. Sharp, RN (734) 755-4213, herbsandmore@sbcglobal.net
Tri-City MBS: Grace Cummings (989) 687-5425, gracecumplings@charter.net

MN Albert Lea/SE Minnesota: Al & Shari Wagner (507) 256-7569, alw@dmbroadband.com
Ely: Sonja Jewell, CMT (218) 365-2288, evergreencottage@frontiernet.net
Fargo/Moorhead (Minndak): Skip Wood (701) 239-7622, wood@cableone.net
Minneapolis/East-side: Edward Watson (612) 845-9817, ed@physiologics.org
North Branch: Klaus Mitterhauser (651) 237-0342, mitterhauserklaus839@gmail.com & Stanley Jakubowski (651) 277-2600, stan@izoom.net
Northwest Minnesota: Mary Lien (218) 487-5560, jmlien@gvtel.com
Park Rapids Area: Tanja Larson (218) 732-9402, realfood@q.com
Rochester: Kay Conway (507) 421-0865, kcmckc@aol.com
St. Cloud: Jane Frieler (320) 597-3139, letfoodbym@clearwire.net

MS Pearl River County: James & Mary McPherson (601) 795-0379, jmcpspez@yahoo.com

MO Cape Girardeau: Rachel Fasnacht (573) 335-1622, info@familyfriendlyfarm.com & Jeri Glover (573) 243-9098, clankiska@charter.net
Columbia: Shayna Fasken DC, (636) 295-0930, shaynafaskendc@gmail.com
Eastern Missouri: David J. Henderson (573) 242-3449, quality@big-river.net
Kansas City area/Lee's Summit: Donna Schwenk (816) 554-9929, donnasch@kcweb.net, <http://culturedfoodlife.com/>
St. Louis: Josephine Lee (636) 226-5228, wapfstl@yahoo.com
Springfield: Carey Raymond (417) 581-7676, luvbnmome@yahoo.com & Katie Bettendorf (417) 559-3724, katiebettendorf@yahoo.com

MT Billings: Diane Gallardo (406) 259-7585, info@bodyawarenesslearningcenter.com
Helena: Barb Halver, RN, CWS (406) 227-7529

NE Lincoln: Elanor Sodergren (402) 328-8063, esodergren@catholic.org
North Nebraska: David & Barbara Wetzel (402) 858-4825, dave.gpp@frontier.com
Omaha: Dr. Jon & Jessica Lozier, (402) 502-6726, Jessica@lozierwellness.com

LOCAL CHAPTER BASIC REQUIREMENTS

1. Provide information on sources 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.

Local Chapters

- NV Las Vegas/Henderson: Tara Rayburn (540) 270-5715, tara@nourishyourfamily.com
Southern Nevada: Rosemary Duma & Ken Hardy (702) 897-3730, panacea1@peoplepc.com
- NH Amherst/Nashua: Susan Stefanec (603) 673-0890, thinkglobal@comcast.net & Galen Lanphier wapf@lanbhatt.net
Keene Area: Sandra Littell (603) 313-6432, sandrateena@gmail.com
New London: Linda Howes (603) 526-8162, nourishingwellness@myfairpoint.net
Portsmouth/Seacoast: Suzanne Drysdale (603) 828-6619, healingfoodsnutrition@gmail.com & Kendall Montouri a.k.montouri@comcast.net
Upper Valley: Louise Turner (603) 272-4305, journeytowholeness2000@yahoo.com
- NJ Matawan: Doreen McCafferty (609) 468-4220, dcfitness@hotmail.com
Palmyra: Kevin & Tracy Brown (856) 786-4875, visionarytrainers@hotmail.com
Passaic/Montclair: Diane Rosenblatt & Lily Hodge (973) 471-2966, wapfpassaic@gmail.com
Princeton: Sandeep & Nalini Agarwal (609) 750-0960, sandeep@wapfnj.org, www.wapfnj.org
Southampton: Judith Mudrak (609) 859-3828, reversemydisease@yahoo.com
- NM Albuquerque: Dr. Thomas Earnest DOM (505) 899-2949, tcearnest@comcast.net
Edgewood (East Mtn): Jennifer Gresham (505) 604-2919, jennandles@msn.com
Santa Fe: Sol Lederman (505) 988-2888, sol.lederman@gmail.com
- NY Adirondacks, Northern: Cathy Hohmeyer (518) 891-1489 adkalps@yahoo.com, Lynn Cameron (518) 327-347
Binghamton Area: Stuart McCarty & Lynn Thor (607) 693-3378, wsgcsa@tds.net
Brooklyn: Angela Davis (646) 522-9540, brooklyn_wapf@yahoo.com. & Hannah Springer (718) 490-2839, Hannah@EarthBodyBalance.com
Buffalo: Jill Tiebor-Franz (716) 655-5133, jatf62@roadrunner.com
Finger Lakes Region/CNY: Dr. Anthony Alphonso, DC & Melissa Alphonso (315) 689-6140, back2wellness@gmail.com
Franklin Square/Elmont/part of Nassau County (see also Suffolk County): Caroline Barringer (877) 773-9229, milk-it@immunition.com
Great South Bay: Jill Tieman (631) 563-8708, spinedoc55@optonline.net
Greater Niagara Region: Jennifer Bole (716) 982-4860, jenerin78@gmail.com
Locust Valley, Long Island: Liz Kaplan Kaplan_liz@yahoo.com
Lower Dutchess: Alice Castellano (877) 227-8527, abcinfo@frontiernet.net
New York City Chapter: Claudia Keel, info@wprice-nyc.org, & Brigitta Jansen (917) 779-8444, brigitta@wprice-nyc.org, www.wprice-nyc.org
Oceanside/Lynbrook: Juliana Mazzeo (516) 593-5167, giulia07@verizon.net, www.nymedicalnutrition.com
Orange County/Warwick: Dr. Robert Kramer (845) 986-9027, info@kramernutrition.com
Queens: Inga Bylinkina, (646) 342-7656, inigo2ilias@yahoo.com
Riverhead: Ashley Lewin & Chris Nelson (631) 727-1025, sales@desertherbals.net
Rochester Metro: Laura Villanti (585) 624-9813, laurav@rochester.rr.com & Elizabeth Benner (585) 490-4710, elizabethmerzbenner@yahoo.com, http://health.groups.yahoo.com/group/rochesterNYwestonaprice/
Schoharie County: Caroline Foote (518) 234-4858, mhfarmvcrb@wildblue.net
Suffolk County: Betty Moore (631) 987-9792, bmoore4718@aol.com
Ulster County-Hudson Valley: Dina Falconi & Charles Blumstein (845) 687-8938, waverider75@earthlink.net
Upper Westchester County: Beth Rordam-Tse (914) 864-2123, beth.rordam.tse@gmail.com
West Southern Tier: Timothy Koegel (607) 587-9684, chapter@wapf-stwny.org, www.wapf-stwny.org
Westchester County (Lower): Karen Betten & Mary McCleary (914) 375-9890, mmcleary@earthlink.net
- NC Asheville: Maria Parrino (877) 819-5976, health4u@ureach.com
Charlotte: Catherine Atwood (704) 277-8166, catherine@nourishingwellnessnow.com
Durham/Raleigh: Alice Hall (919) 419-0201, tigrclause@mindspring.com & Laura Combs laura_combs@bellsouth.net Greensboro: Ruth Ann Foster (336) 286-3088, eatreal@gmail.com
Wake Forest: Laura Bowen (919) 569-0308, laurabowen@nc.rr.com
- ND Fargo/Moorhead (Minndak): Skip Wood (701) 239-7622, wood@cableone.net
Minot: Farrah Faulkner (701) 448-9210, farrahfaulkner@yahoo.com
- OH Amelia: Michael Taylor (513) 553-9868, realfoodremedies@gmail.com
Canal Fulton: Betsy Clay (330) 854-6249, betsyclay@sbcglobal.net
Canton: Kathryn B Stockdale (330) 756-0162
Cincinnati: Richard & Vicki Braun (513) 921-1577, victoriabraun@hotmail.com & Anita Sorkin (513) 559-0112, cincinnatiwapf@mac.com
Cleveland: Nadine Macasek (440) 526-5867, nadmac@sbcglobal.net
Columbus: John Meadows (614) 418-0244, jmeadows4@columbus.rr.com
Dayton: Linda Woods (937) 293-4984, lwoods@woh.rr.com & Julie Cunningham, (937) 867-1361, alanandjulie@gmail.com
Defiance: Ralph & Sheila Schlatter (419) 399-2350, rschlatt@bright.net
Glenmont: Rowena Younglove (330) 276-8763, dyounglove@earthlink.net
Hardin County: Sandi Shepherd, CNHP & Starla Kraft (419) 778-9248, deererun@dbscorp.net

Local Chapters

Kenton area: Jane Kraft (419) 673-0361, jane@dbscorp.net & Heather O'Donnell hdod67@hotmail.com
Lima: Laurie Smith (419) 568-3951, lms@signsohio.com
Rawson: Wayne Feister (419) 963-2200, wayne@feiway.com
Sidney/Shelby County: Pam Carter (419) 628-2276, gpcarter@watchtv.net
Toledo: Kris Johnson (419) 836-7637 or (419) 320-2309, kris.Johnson@ecunet.org & Lisa Bowe (419) 340-1606, lisabowe@adelphia.net, www.WAPFtoledo.org, www.mercyviewmeadow.org
West Liberty/Champaign County: Debbie & Jeff Dill (937) 597-5080, dnjdil90@yahoo.com
Yorkshire: Dan Kremer (419) 336-5433, Dan@eatfoodforlife.com

OK Oklahoma City: Kathy Gibb (405) 602-2696, gibbkathy@hotmail.com
South Central/Texoma Area: Mary Friedlein (580) 795-9776, mary@myrhinomail.com
Tulsa: Joy Remington (918) 770-7908, joyremington@yahoo.com

OR Aurora: Elaine Fawcett (971) 327-8509, dandelion@wavecable.com
Bend: Nicolle Timm, RN (541) 633-0674, soulpilot@earthlink.net
Central Oregon: Rebecca & Walt Wagner (541) 447-4899, justwagner@msn.com
Grants Pass/Medford: Carl & Monna Norgauer (541) 846-0571, cnorgauer@oigp.net
Klamath Falls: Shannon Nash (541) 798-5600, sclnash@gmail.com
Lake Oswego: Kerri Duncan (503) 649-7888, kerri_Duncan@hotmail.com
Portland: Krista Arias (503) 750-1415, www.pdxwapf.com
St. Paul: Bernard Smith (925) 876-6720, info@fulloflifefarm.com or Rachael Smith (503) 633-4043, Rachael.smith@fulloflifefarm.com
South Lane County: Yaakov Levine, NTP (541) 895-2427, nutritionallyspeaking@gmail.com, wapfsouthlanecounty@yahoogroups.com

PA Bucks County: Grace Rollins (215) 933-9676, gracerollins@gmail.com
Centre County: Elmer Z. & Martha B. King, (814) 349-4890
Chester County: Anmarie Cantrell (215) 499-8105, ambutera@verizon.net, Dan Wright (610) 933-1776, danw59@yahoo.com
Clarion: Elise W. Deitz (814) 764-5497, elise1@atlanticbb.net
Erie: Tasmin Cordie, DC, (814) 866-3366, cordiechivo@yahoo.com
Gettysburg Area/Franklin County: Maureen Diaz (717) 253-0529, motherhenof9@comcast.net
Huntingdon Valley: Angela Rose (215) 435-3713, river_rose23@yahoo.com
Lancaster County: Janna Weil (717) 291-5741, jgweil@earthlink.net
Lebanon County: Kevin Kahler (717) 628-1539, cafeorganic@gmail.com
Monroe County: Dr. Bogazot, DC, ND (570) 629-3312, bogazot@bogazot.com & Susan Jensen sjensen7@verizon.net
Newport/Greater Harrisburg area: Anna Santini & Brooks Miller (717) 567-9931, anna.santini@gmail.com
North Hills Area: Janet Stuck ND (724) 935-0665, janet7x70@gmail.com
Northern Bedford County: Ella McElwee (814) 766-2273, emcelwee@healthbychoice.net & Kathleen Brumbaugh (814) 928-5135, kmbrumb@comcast.net
Pittsburgh: Carrie Hahn (412) 531-4485, bchahn@verizon.net, www.groups.yahoo.com/pghwapf
Reading/Berks County: Dane Miller (484) 269-6687, dane@garagestrength.com
Scranton Area: Mark & Suzanne Lichtenstein (570) 937-9296, markallichtenstein@gmail.com or pianoteachersuzanne@gmail.com
Spotsylvania: Lois Smith (540) 582-7839, cvcrls@mindspring.com & Suzi Croes (540) 582-3219, suzicroes@gmail.com
Upper Delaware River: Lucia Ruedenberg-Wright (570) 224-4653, lucia@lrw.net
Wayne County: April May Azzato (570) 561-2911, moss hollow@echoes.net
Winfield/Tri County: Eldore Hanni (570) 524-9693, healthmr@aol.com

AMERICAN OSTEOPATHIC CONVENTION



LEFT: Adrienne Ferguson and Megan Quinones, Colorado Springs chapter leaders, talk to doctors of osteopathy at the American Osteopathic Convention. Says Megan, "The DO's either knew about our organization and came over to the booth smiling and just thanked us for being there, or they didn't know of us but were very interested. . . or they were vegetarian! Many DO's had heard the name Weston Price before. . . apparently he was mentioned in an article or textbook specific to their training."



RIGHT: Dr. Bruce (aka, Dr. Coconut) and Leslie Fife talk to Adrienne and Megan. They also spoke at the Colorado Springs chapter meeting the following day.

Local Chapters

- SC Aiken: John & Rebecca Winans (803) 642-8898, 1280rebecca@bellsouth.net & Kim Rodriguez, RD, (803) 349-5588, aikennutrition@bellsouth.net
Charleston: Dr. Stephanie Latter, DC, (843) 402-0310, drstephanie@bellsouth.net
Columbia: Bill Fairchild (803) 252-2359, wpf@fairchild.ws
Pee Dee (Florence/Hartsville and Myrtle Beach): Stacy Atkinson (843) 319-8734, stacy@lonepalmetto.com
Saluda: Mike & Patrice Buck (864) 445-7399, butterpatchjerseys@netscape.com
Sumter: Robby Elmore (803) 469-0824, robbly_elmore@msn.com
- SD Mitchell: Jon Neugebauer (605) 227-4663, joneugebauer@yahoo.com
Selby: Julie & Bill Rosin (605) 649-7224, sdsavvygal@yahoo.com
Spearfish: Eve Gabriel (605) 641-4707, c.evegabriel@gmail.com
Yankton: Mary Walkes & Cindy Konopasek (605) 286-3634, mwalkes@gmail.com
- TN Chattanooga/NWGA: Denise Burns (706) 375-1377, burnsberries@yahoo.com, http://health.groups.yahoo.com/group/westonaprice_chattanooga/
Giles County: Nancy Webster (931) 527-3587, creativemess10@yahoo.com
Knoxville: Marty McWhirter (865) 637-4029, easttnnfinan@yahoo.com & Michael Vaughn (865) 686-1803, michaelwapf@yahoo.com
Memphis: Pamela Godwin (901) 217-5349 & Suzanne Waldron (901) 761-2039, wapfmemphis@yahoo.com
<http://health.groups.yahoo.com/group/wapfmemphis/>
Nashville/Brentwood/Franklin: Shawn Dady (615) 336-2286, shawndady@me.com
Tri-cities (northeast TN): Karen West (423) 282-6929, karenwest1954@gmail.com
- TX Abilene/Eastland: Kerry & Joy Hedges (254) 725-4084, slowpokefarm@hotmail.com
Austin: Bryan Lambeth oz4caster@yahoo.com, Judith McGeary, jmcgeary@pvco.net
Baytown-East County: Imelda Donaldson (713) 305-3023, doc@sonshinehealthcenter.com
Brazos Valley: Brad & Jennifer Stufflebeam (979) 251-9922, info@homesweetfarm.com, www.homesweetfarm.com/WAPF.htm
Dallas: Dr. Ken Taylor & Bill Green (972) 233-2346, drtaylor5159@yahoo.com, www.traditionaltx.us
Denton: Michelle Eshbaugh-Soha (940) 565-0517, ravensphere@gmail.com & Gail Wesson, (940) 382-5120, roonkin@wans.net
East Texas: Cindy Burson (903) 576-0086, countryharvest@gmail.com
Houston-Galveston: Carolyn & Brice Biggerstaff (281) 486-0633, realfoodhouston@yahoo.com, realfoodhouston.org
Longview/Tyler: Jerica Cadman (903) 241-2775, jericacadman@truefields.com
McKinney: Kathy Harris & Carolyn Barth, (972) 548-7646, mckinneywapf@sbcglobal.net
Midland: Annette Presley, RD, LD (432) 599-9355, Annette@findyourweigh.com
San Antonio: Michelle Garrido (210) 485-3835, wpchapter.alamo@gmail.com
Seguin: Gina Tillman (830) 491-8557, gina@ejranch.com
Waco: Candace Ingram (254) 644-0659, candace@aheartforwellness.com
Williamson County & Surrounding Areas: Dawn Campbell (254) 793-8169, dawn@naturally-texan.com
Wise County: Pamela Klein Johnson (940) 427-2609, wapf@rosecreekfarms.com
Wood County/Piney Woods: Nancy Gail & Karl Falster (903) 629-3034, chef@southerngrace.biz
- UT Salt Lake City: Anji Sandage (801) 842-8756, anji_s3@yahoo.com
Sevier County: Kari Carlisle (435) 633-0260, karicarlisle@yahoo.com
Utah County: Betty Pearson (801) 766-8777 betty@ourldsfamily.com
- VT Brattleboro: Colleen Scott (802) 254-4289, lotusforest@yahoo.com
Burlington: Corie Pierce & Adam Wilson (802) 922-2808, breadandbutterfarm@gmail.com
Capitol Region (Montpelier, Barre, Plainfield, Orange) Emily Wheeler (802) 476-4927, sow2seeds@gmail.com, www.wapftvt.blogspot.com
Cedar City/Southern Utah: Sarah Braun (435) 559-4098, godusjourney@yahoo.com
Northeast Kingdom Area: Rob & Sharon Baum (802) 277-4960, sales@baumfarm.com, baumfarm.com
Northwest Vermont: Doug Flack (802) 933-7752, www.flackfamilyfarm.com
The Greater Randolph Area: Stuart & Margaret Osha (802) 728-7064, turkeyhillfarmvt@gmail.com, www.turkeyhillfarmvt.com
Thetford Center: Didi Pershouse (802) 785-2503, sustainablemedicine@gmail.com
- VA Alexandria: Janice Curtin (703) 751-5505, janicecurtin@gmail.com & Alana Sugar, CN Certified Nutritionist
(703) 566-9682, alanasugar@comcast.net
Ashburn: Susan Clark, DC, (703) 858-3575, susan@back-n-action.com, www.back-n-action.com
Blacksburg: Estill Putney (540) 951-2398, estillp@juno.com
Chesterfield: Ana Mahoney (804) 560-7222, ana.p.Mahoney@gmail.com
Earlsville: Susie Vance (434) 973-3753, wpearlysville@yahoo.com
Falls Church: Susan Blasko (703) 204-0283, blaskos@cox.net
Fauquier: Harvey & Ellen Ussery (540) 364-1877, ellen@themodernhomestead.us, & harvey@themodernhomestead.us
Floyd County: William Munzing (540) 929-4455, wapfoundation@verizon.net
Front Royal/Strasburg: John & Maria O'Brien & Dave & Regina Farinholt (540) 635-3007, eireitalia@gmail.com
Gloucester County (Middle Peninsula): Ann George, (804) 693-0226, mikegeorge@copper.net
Goochland County: Linda Hosay (804) 457-3714, awealpha@juno.com

Local Chapters

Hampton Roads, South: Ron Wilson (757) 636-8124, bookman3@cox.net, www.wapfshr.com
Hardy/Franklin County: Judi Harrington (540) 427-4112, judistar22@gmail.com & Tamea Franco Woodward (540) 597-3787, tfranco@eastwestdye.com
Lovettsville: See Brunswick, MD
Manassas/Prince William County: Sally Holdener (703) 753-6492, sallyholdener@gmail.com & Laura Gossin laugoss@verizon.net
Purcellville: Valerie Cury Joyner (540) 338-9702, fotoner2@aol.com
Rappahannock: Heidi Eastham (540) 675-9996, ruckerfarm@gmail.com & Deverell Pedersen (540) 675-2138, wapfrappland@gmail.com
Reston/Sterling: Sara Tung (703) 707-8313, saratung@gmail.com, <http://wholefood.meetup.com/WholeNutrition/>
Rice (Farmville): Gwen & Barry Martin (434) 392-6049, stillwatersfarm@emgarqmail.com
Roanoke: Eva Jo & Frank Wu (540) 989-1617, fej@virginiarolfers.com
Rockingham County: Joan Hulvey (540) 896-1483, joanhulvey@yahoo.com & Darlene Spitler (540) 896-6040, miracleacres@hughes.net, <http://health.groups.yahoo.com/group/wapf-rockingham/>
Sedalia/Bedford County: Ben & Carly Coleman (434) 299-5193, mtnrunfarm@ntelos.net
Smith Mountain Lake: Renee Brodin (540) 297-4219, smlwapf@gmail.com
Virginia Peninsula: Gennifer Johnson (757) 240-2373, wapfglj@yahoo.com

- WA Arlington: Sierra Mencucci (360) 435-1603
Ballard/Phinney: Linda Harkness (206) 782-4446, linda.harkness@gmail.com
Belfair: Christy Peterson (360) 689-5099 or (360) 275-9978, historicalnutrition@yahoo.com
Bellingham: Carla Witham (360) 671-2668, ccwitham@gmail.com
Bremerton: Mark T. Goodman, DC (360) 377-1626, drgoodman@goodmanchiropractic.net
Columbia Gorge: Andrea Jones (509) 281-0755, ajones@gorge.net
Conway/Mount Vernon: Jodi Fitzpatrick-Thomas & Louise Kennedy (425) 327-2342, jodi@synergyfit.us & louannkennedy@hotmail.com
Edmonds: Jennifer Lenel (206) 235-1020, Jennifer@jenniferlenel.com, <http://groups.yahoo.com/group/greaterseattlewapf>
Orcas Island: Learner Limbach (360) 376-4048, mbiramaker@gmail.com
Port Townsend: Lisa Biskup (360) 385-9657, lmbiskup@gmail.com
Ridgefield: Nancy Jo Newman (360) 571-3493, njnewman@earthlink.net
Shaw Island: Gigi Allaway (360) 739-7163, gigimberardi@msn.com
Skagit: Carol Osterman (360) 466-2058, carol@akylafarms.com
Snolsle: Chrissie Hasenohrl (360) 629-6025, wapfsnoisle@gmail.com
Tacoma: Susan Blake (253) 759-6770, hairandbodyshop@comcast.com
Vancouver: Monique Dupre moniquedupre@gmail.com
Wenatchee: Allegra Hart, ND (509) 663-5048, drahart@naturaeclinic.com
Whidbey Island: Roy Ozanne, MD (360) 321-4116, royozanne@whidbey.net & Lynn Parr (360) 221-2334, wholehealth@whidbey.net
Yakima: Darcy Hemstad, RN, BSN (509) 972-2915, darcy@familink.com
- WV Harpers Ferry/Charles Town/Frederick MD: Alissa Harris (304) 535-3009, drharris@harpersferry-chiropractic.com
- WI Burlington: William Neu (262) 763-9952, chirho3@pngusa.net
Eastern WI: Emily & Laura Matthews (920) 273-1849, meg11851@yahoo.com
Elkhart Lake: David & Annika Turba (920) 894-1757, westonpricenutrition@yahoo.com
Eau Claire: Lisa Ornstein & Scott Westphal (715) 410-9275, chippewavalleywisetraditions@yahoo.com
Fremont: Ruth Sawall (920) 446-3551
Green Bay: Marian Schmitz & Vashni Seitzer (920) 865-7479, lehrermf@greenbaynet.com
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Janesville: Stephanie Rivers (608) 295-9274, stephabrewer@yahoo.com
Jefferson/Waukesha: James Christensen & Andrew Mastrocola (262) 965-4822, realmilkwisconsin@yahoo.com
La Cross/Coulee Region: Janice Blair (608) 637-6727, bellasol.orgamics@yahoo.com, <http://health.groups.yahoo.com/group/tradslowfood-couleeregion/>
Madison: Carolyn Graff (608) 221-8696, zgraff@charter.net, & Dr. Martha Reilly (608) 848-7225, drmartha@earthlink.net, http://my.madison.com/Groups/Madison_WAPF, <http://health.groups.yahoo.com/group/wapfmadisonchapter>
Milwaukee: Muriel Plichta (414) 383-2121, mplichta@milwpc.com
New Holstein: Kay & Wayne Craig (920) 894-4201, info@grasswayorganics.com, www.grasswayorganics.com
Southwest Wisconsin: Jim & Sandy Kammes (608) 794-2638
Two Rivers & Manitowoc: Roy Ozanne (920) 755-4013, royozanne@whidbey.net and Lynne Manthey Prucha (920) 973-0320, lynne.a.prucha@gmail.com
Viroqua: Therese Laurdan (608) 625-2425, info@homegreenhome.biz
Waukesha: Elizabeth Schuetze (262) 542-6295, e713521036@aol.com
Wausau Area: Abraham & Rebecca Bauman (715) 574-0035
West Central: Wayne & Janet Brunner (877) 228-1449, info@midvalleyvu.com, www.midvalleyvu.com
- WY Buffalo: Susan Pearce (307) 751-8505, spearce@vcn.com
Casper: Millie Copper (307) 797-5020, millie.copper@yahoo.com
Cheyenne: Ellen Davis (307) 638-8278, ellen.wyo@gmail.com, <http://www.wapfcheyenne.org/>
Gillette: Frank Wallis (307) 682-2968, fwallis@EZRocking-Ranch.com
Sheridan: Susan Callison (307) 655-0123, susancalli@fiberpipe.net

International Chapters

AUSTRALIA

- NSW Lismore: Emily Stokes (02) 6622 3139, thewordgarden@hotmail.com
Stuart Town: Hal & Sally Harris (02) 6846 8261, merrimount@hotmail.com
Sydney: Gemma Davies 0410 373 318, sydneychapter@gmail.com
- QLD Bribie Island: Dr. Herbert H. Nehrlich (07) 3410-7999, drhhnehrlich@westnet.com.au
Brisbane: Julie Phillips 0417470799, mail@wisefood.com.au
Gold Coast: Filippa Araki (07) 5598 7282, filippa91@yahoo.com.au, <http://health.groups.yahoo.com/group/westonapriceaus/Oxenford/Miami>: Kyle Grimshaw-Jones 61 7 4948 1180, kyle@winshop.com.au
Sunshine Coast/Conondale/Mary River Valley: Sven & Karen Tonisson (07) 5435 0041, gaia@ozemail.com.au
Sunshine Coast: James Cutcliffe (07) 5478 6489, jc_wapf@yahoo.com.au
Toowoomba: Bronwyn Money 4615 5009, Bronwyn.money@gmail.com
- VIC Castlemain: Cathy Mifsud (03) 5411 2946 cathymifsud@bigpond.com
Fish Creek: Victorian Organic Dairy Farmers Association (Bev Smith) (03) 5683-2340, orana@dcsi.net.au
Melbourne: Arabella Forge wapfmelbourne@gmail.com
Wyndham: Sarah Nicholson 03 9742 3536, sarah@nicho.id.au
- WA Albany: Mike & Barbara Shipley & Justin & Susan Shipley (08) 9847 4362, Shipleysorganics@bigpond.com
Perth: Cecilia Marie Omlor 011 61 450 461 344, uniqueorganique@hotmail.com
- TASMANIA
Christopher & Peppa Ann Tolley 613 6327 1735, chris_tolley80@hotmail.com

CANADA

- AB Calgary: Marleen Greenberg, (403) 288-8040, mgreenberg@telus.net, & Michelle Malmberg (403) 210-2131, foodis@nucleus.com, <http://health.groups.yahoo.com/group/westonapricecalgary/>
Castor: Kathleen Charpentier & Richard Griebel (403) 882-3835, grebe6@telus.net
Edmonton: Lori Clapp (780) 417-3952, lifeworthwhile@gmail.com
Land of the Lakes: Tim & Maighread Axe (780) 853-6046, tandmaxe@telus.net
Peace Country: Mary Lundgard (780) 338-2934, plundgard@telus.net or Levke Eggers (780) 568-3805, levke@telusplanet.net
Stettler: Gayle Thoun (403) 740-8104, mc_5thou@xplornet.com
- BC Enderby: Naomi Fournier (250) 838-0235, enderbywap@hotmail.com
Interior of British Columbia: Jasmin Schellenberg Redstone (250) 394-4410, Demeter@pasture-to-plate.com and Karen Alphonse (250) 392-2600, k_alphonse@ymail.com
Kamloops: Caroline Cooper (250) 374-4646, info@eatkamloops.org, www.eatkamloops.org
Nelson: Lorraine Carlstrom (250) 352-3860, lorrainer61@gmail.com, www.freshhealthycooking.com
Powell River: Dirk & Ingrid De Villiers (604) 489-0046, dirkdevilliers@shaw.ca
Prince George: Jaylene Paivarinta (250) 964-1303, jaylene@one-yoga.ca
Vancouver: Barbara Schellenberg (604) 988-6280, grassfedmeats@pasture-to-plate.com
- MB Narcisse: Gary & Debbie Chikousky (204) 278-3640, gdchik@mts.net, <http://ca.groups.yahoo.com/group/westonpricemanitoba>
- NS Annapolis Valley: Shirley Scharfe (902) 847-1736, glscharfe@eastlink.ca
Cumberland & Colchester Counties: Silvana Castillo (902) 257-2428, silvanacastillo@ns.sympatico.ca
- ONT Barrie: Paul Ericson (705) 728-8748, barriewapf@yahoo.ca
Cambridge & Kitchener-Waterloo: Christine Kennedy (519) 653-2396, cakennedy@rogers.com
Greater Toronto Area – West: Corey Evans, (905) 608-9314, info@healthisfreedom.net, www.healthisfreedom.net
Hamilton: Miranda Riley & Laura Margaritis ND (905) 317-2737, info@nourishinghamilton.ca, <http://nourishinghamilton.blogspot.com/>
Huron Shores: Marcus Koenig & Jessie Koenig-Liang (519) 294-0599, makoenig@isp.ca
London: Donna Costa (519) 936-0668, info@donnacosta.com
Ottawa: Gail Davis (613) 238-2782, gdavis@ncf.ca, Pascal Desjardins (613) 728-0662, slo2burn@hotmail.com, <http://wapfottawa.com>
Peterborough & the Kawarthas: Jason Monaghan (647) 477-8266, thenourishedcanuck@gmail.com, <http://www.thenourishedcanuck.com/westonaprice>
Sydenham: Sue & Dr. Robert Clinton (613) 376-6652, sue@doctorbob.ca
Toronto (Downtown): Patricia Meyer Watt (416) 653-7112, b-healthy@rogers.com
Toronto (East): Joseph Ouimet (416) 439-4753, joseph67x@yahoo.com
- SK Good Spirit (Canora/Preeceville): Janeen Covlin (306) 547-4252 eatreal@coolspringsranch.ca & Barb Fraser (306) 563-5477, onranch@acncanada.net
Regina: Sandra Brandt (306) 359-1732, brandt.s@sasktel.net & Jana Kutarna (306) 565-3044, jkutarna@gmail.com, WAPFRegina.wordpress.com:80/local-food-resources/
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Saint Lazare (Greater Montreal area) Jani Teeter (514) 907-1622, jani.teeter@gmail.com

International Chapters

CHILE

Coyhaique: Dr. Ann Oldham Michael & Ema Morales 56 67 245288 or 56 09 812 4987, oldie@charter.net, patagona3180@hotmail.com

COSTA RICA

Turrialba & Central Valley: Gina Baker & Reinhold Muschler (506) 2556-8021, waldorfcostarica@yahoo.com

FINLAND

Tammisaari: Henrik Nyberg 358 (0)19-204 456, henrik.nyberg@makrobios.fi

GERMANY

Grosslangenfeld: Anita Reusch & Douglas Mitchell, 0049-(0)6555-242, anita@roylt.com

IRELAND

Dubin: Kevin Eakins 353 1 8061 039, Kevin@krollintl.com

ISRAEL

Milka Feldman Ramat Bet Shemesh: Milka Feldman 972-77-320-0742

MALAYSIA

Selangor: Cherie Barton-Brown 603 7722 1268, cheriegordonbrown@gmail.com

NETHERLANDS

Nijmegen: Mike Donkers 31 6 4275 3107, westonprice.nl@gmail.com

NEW ZEALAND

Auckland: Alison Ellett, (09) 420-8548, Alison@nzflavour.com

Central Hawkes Bay: Kay Baxter & Emma Cowan 00647 3155363, info@koanga.org.nz

Dunedin: Liselle Wood 03 478 0604, organicearth@hotmail.com

Hamilton: Brianna Fitzgerald & Rebecca Rogers 07 850 8008, thetraditionalkitchen@gmail.com

Invercargill: Sherry Elton (64) 3213 1156, sherry@sherryelton.co.nz, www.sherryelton.co.nz

Lower North Island: Susan Galea (64) 6356 5186, susangalea@hotmail.com, www.realmilk.co.nz

Nelson: Shari Lawson 00 64 3 541 8054, sharis@clear.net.nz

Northland: Godfrey Waterhouse (09) 402 7506, northwapf@yahoo.co.nz

South Canterbury: Ingrid Weihmann 03 686 6613, onlynatural@paradise.net.nz

Wellington: Ian Gregson 64 04 934 6366, wapf@frot.co.nz, www.wapfwellington.org.nz

NZ Resource List: Deb Gully, deb@frot.co.nz, www.diet.net.nz

NORWAY

Ames: Bjorn Solberg bjorn.solberg@gmail.com

PAKISTAN

Dr. Shagufta Feroz & Feroz Sharfuddin92-321-8439362, drsferoz@gmail.com

PUERTO RICO

Rocio Lopez, MD, (787) 502-0607, lopezrmd@gmail.com

SWITZERLAND

Bern: Diana Boskma 031-931 6920, food.diana@gmail.com, <http://wapf-bern.blogspot.com/>

UNITED KINGDOM

London: Phil Ridley 02 07682 1093, philridley@hotmail.com, meetup.com/westonaprice-london

South West England: Ben Pratt 07952 555811, ben@nutritions-playground.com, www.naturalfoodfinder.co.uk

UK resource list: www.naturalfoodfinder.co.uk

URUGUAY

Shawn Davis & Mari Davis (515) 897-4460, wapf@genesishnaturals.com

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FARM PRODUCTS BY STATE

AK

Family/farmer needed to take over already established cowshare business in the Matanuska-Susitna Valley, Alaska. Fifteen cows, 5 breeding age heifers, 5 younger heifers, 250 laying hens, brooder house, and 2 mobile chicken houses. Great growth potential. \$75,000. (907) 376-0634. 11/4

AL

Our free-range eggs come from heritage breed chickens (Buff Orpingtons, Welsummers and Barnevelders) supplemented with organic, soy-free feed. Please call ahead or email to check availability. Grace Valley Farm, Trinity (near Decatur) 256-476-4177, church-media@aol.com. Pickup only. *12/1

DC

CSA: Hi-Brix, nutritionally dense, biodynamically grown kitchen vegetables, grass-finished beef, pastured pork, broilers and eggs. Openings for 2010 season in DC Metro area. Contact Allan Balliett, info@freshandlocalcsa.com (304) 876-3382, www.freshandlocalcsa.com. 11/4

IA

At Thistles & Clover, we produce grass-fed beef, pastured poultry and farm-fresh eggs. Our products are nutrient-dense and delicious! Delivery and shipment options available. Check out www.thistlesandclover.com. Adam & Lucy Cameron. Danbury (712) 371-9861. 11/3

IL

Come to our farm! Healthy, FAT, beef & pork, born and raised certified organic - no nitrates. Sides or cuts (as available) plus many other healthy foods. Chapter Leaders Dale Kelsey - sustainable producer receiving no government funds, no grants, no subsidies, & Eileen Kelsey, CHom. incorporating WAPF Nutrition with Classical Homeopathy (815) 239-1466. 11/3

We encourage our readers to obtain as much of their food as possible from small farms and independent businesses.

IN

Raw milk cheeses, grass-fed beef, veal, whey-fed pork. Also, a variety of fresh raw dairy products available as pet food. 100% pasture fed cows. NO hormones, pesticides, antibiotics used. Available from the Yegerlehner's The Swiss Connection. (812) 939-2813, www.swiss-connectioncheese.com, Clay City, IN. 11/4

MA

Misty Brook Farm offers certified organic raw cow's milk, beef, veal, pork, and eggs. Raw milk is available year-round from 100% grass-fed Jersey cows. Come visit our traditional mixed farm! Contact Katia Holmes at (413) 477-8234 or mistybrookorganicfarm@yahoo.com, Hardwick, MA. 11/2

Robinson Farm: A diversified organic farm selling grass-based raw cow's milk, eggs, hay, seedlings, vegetables, perennials, flowers, grass-fed beef, humanely raised veal, local cheese, yogurt and maple syrup. Farm tours by appointment. Visit our farm stand store open every day. Contact Pam Robinson: www.robinsonfarm.org, info@robinsonfarm.org or 413-477-6988 12/1

MD

Nick's Organic Farm. Grass fed beef (no grain ever), free range eggs, pastured chicken & turkey. Beef liver & bones. Our cattle are always on pasture, never in buildings. We raise all our own hay. Our cattle and poultry receive all organic feed, no hormones, antibiotics, or animal parts. We raise our own grains and grind our own poultry feed. Potomac & Buckeystown, MD, Quality Organic Products Since 1979, 301-983-2167 nickmaravell@comcast.net 12/1

FARM PRODUCTS BY STATE

Windmill Meadows Farm, Washington County, Grass-based sustainable family farm. Our focus: healthy, well-balanced soil produces healthy livestock on healthy grass for healthy, good-tasting food products. Grass-fed dairy, beef, goats, pasture-based poultry: (broilers & layers). Availability to Washington DC markets, (301) 739-5258. 12/1

MI

Creswick Farms. Dedicated to raising healthy, happy animals—lovingly cared for 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, www.CreswickFarms.com. 11/4

MN

Farm on Wheels offers animals raised on green grass & certified organic by MOSA. Nutrient-dense cuts of beef, lamb, chicken, turkey, goose, duck, pork, lard, butter & eggs. No corn or soy. Farmers Market year round in St. Paul, Prior Lake, Northfield, Linda (507) 789-6679, www.farmonwheels.net. 12/1

NJ

Fresh Food from fertile soil. River Birch Micro Farm Member. Farm-to-Consumer Legal Defense Fund. Eggs from chickens on grass pasture. Fruits, nuts and vegetables. Farmer/Soil Scientist Joseph Heckman, Ph.D. 19 Forman Ave Monroe Township, New Jersey 08831 (732) 605-0444. 11/3

NY

Raw milk from dutch belted cows organic certified farm-grass fed. Call us for other products. Ana Lups, Pleroma Farm, Hudson, NY (518) 828-1966. 11/3

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FARM PRODUCTS BY STATE

New York Buyers Club. Certified organic grass-fed dairy products from Jersey cows. Eggs from pastured chickens. Grass-fed beef, pork and chicken. Fermented foods, Green Pasture Products, soaked and dried nuts and raw honey. Will ship (717) 768-3437. Pleasant Pastures 11/3

OH

Ber-Gust Farm - pastured, miniature Jersey dairy cows. All natural beef, pork, poultry and produce. Also jams, jellies, honey and apple butter. Waynesfield Ohio. (419) 230-2195, (419) 230-2194 www.ber-gustfarms.net. 12/1

PA

Bareville Creamery. 100% Grass-fed offers Raw cultured butter from our grass-fed cows. **We will ship to you.** \$8.00/ lb plus shipping, or visit our farm to pickup. Daniel & Katie Zook, Leola PA, (717) 656-4422. 11/4

Certified organic grass-fed dairy. Raw milk cheeses, cottage cheese, yogurt, sour cream from Jersey cows. Eggs from pastured chickens. Grass-fed beef, pork, chicken, rabbit & turkey. Call for information. **We ship.** (717) 768-3437 Pleasant Pasture Organic Acres *12/1

Grass-fed organic raw milk and dairy food: 100% grass-finished beef and lamb, pastured pork, chicken and turkey, wild Alaskan salmon, fermented vegetables, raw honey, maple syrup and more, Long Island drop, Paradise Pastures, Paradise, PA (717) 687-6346. 13/3

New location for an attractive variety of quality grass-fed and free-range products, located near the Lancaster and Chester County Line. For more information and/or questions, please call (717) 768-3263, Elam & Linda Stoltzfus, Narvon Natural Acres, Narvon, PA. 11/4

Nittany Valley Organics is offering certified organic grass-fed raw milk cheeses. Cheddar, Smoked Cheddar, Monterey Jack, Yogurt Jack, Pepper Jack, Colby, and Himalayan salted Baby Swiss. Looking for retail distributors, reasonable prices, **Ship Mondays only**, Place your order by Saturday noon please. Customers for IN, IL, & MI please call 574-825-1596 ext 1. CT, MA, ME, RI, NY, & VT call (585) 765-9845 Cheesemaker: Mark Stoltzfus Jr. (570) 726-7799 ext.3 11/3

FARM PRODUCTS BY STATE

Owens Farm, Sunbury, PA, grass-fed lamb, pastured Tamworth pork (fed soy-free grain), pastured meat chickens, soy-free heritage chickens, raw honey, sheep camp, Farm tour, Adopt-A-Sheep and more. Visit Owens Farm www.owensfarm.com (570) 286-5309. info@owensfarm.com. 11/3

Raw milk from 100% grass-fed cows, yogurt, eggs from free-range chickens, 100% grass-fed beef and raw milk cheese. Ira & Mary Beiler. (570) 278-5881. 11/4

Raw Dairy products from our no-grain, grass-fed Jersey cows. Milk, cream, yogurt, kefir, and cheeses: Cheddar, Colby, Swiss, Havarti, Gouda, Gruyère. Free-range, pasture-raised and organically-fed broilers. No added hormones or antibiotics. We ship. Shady Acres, Elizabethtown, PA. 717-361-1640 11/3

Raw dairy products from our 100% grass-fed cows Whole milk, heavy cream, cream cheese, sour cream, cottage cheese and butter. All made here on our 13-acre Chester County Farm. Free from hormones and synthetics. Samuel and Esther Fisher, 610-273-2076 12/1

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 lamb and pastured chickens, turkeys and eggs. No hormones or synthetics. On-farm sales. Wil-Ar Farm, Newville, PA. (717) 776-6552. 13/4

Raw milk cheeses from organically managed, 100% grassfed Jersey cows. Retail and wholesale. Prices start at 4.75/pound, we do mail order cheese. Raw milk and organic eggs available. Eastern PA, 15 minutes N of I78, 153 Martins Rd. Pine Grove, PA 17963 (570) 345-3305 11/4

Try our aged raw milk Cheeses from our small herd of Jersey cows. Baby Swiss, Jack, Herbal and Hot Pepper, Cheddar-Sharp & Garlic, Havarti and more. Wholesale and retail. Raw milk and pastured eggs. (717) 656-2261. 11/2

VA

Salatin family's Polyface Farm has salad bar beef, pigeraotor pork, pastured chickens, turkeys and eggs, and forage-based rabbits. Near Staunton. Some delivery available. Call (540) 885-3590 or (540) 887-8194. 11/3

FARM PRODUCTS BY STATE

Western View Farm has Jersey herd boarding project. For, Member in Local Kine (M.I.L.K.) Project In Catlett, VA (Fauquier County) For information call, 540-788-9663. 11/2

Virginia Buyers Club. Certified organic grass-fed dairy products from Jersey cows. Eggs from pastured chickens. Grass-fed beef, pork and chicken. Fermented foods, Green Pasture Products, soaked and dried nuts and raw honey. Will ship (717) 768-3437. Pleasant Pastures 11/3

VA/WV

Church View Farm has pasture raised chicken and lamb, free range eggs, raw honey and a wide variety of fruit and vegetable crops. See www.churchviewfarm.info Near Romney, WV, just west of Winchester, VA, **Some delivery available.** (304) 822-3878 or churchviewfarm@frontiernet.net 11/4

WI

Certified, Organic, soy-free dairy, raw milk cheese, cultured butter, cream, yogurt, cottage cheese, colostrum. Also full line of grass-fed beef, pastured chicken, turkey and free-range eggs. Raw honey, maple syrup, and extra virgin organic coconut oil also available. **Will Ship.** Grazin Acres LLC (608) 727-2632 located 1 hr NW of Madison. 11/3

Pasture raised, whey and corn-fed hogs in southwest Wisconsin to be ready for January. \$2.95/lb hanging weight for hogs reserved before November, \$3.25/lb after that. \$50 reservation downpayment. Customer responsible for butcher costs. Email drzimmerman1@yahoo.com or 608-874-4144. Coulee View Family Farm www.couleeviewfarm.com. 11/2

CANADA

Nittany Valley Organics offers certified organic grass-fed raw milk cheeses. Cheddar, Smoked Cheddar, Monterey Jack, Yogurt Jack, Pepper Jack, Colby, & Himalayan salted Baby Swiss. Cheesemaker: Mark Stoltzfus Jr **Shipping**, www.HealthyBeloved.com 888-510-2669. 11/3

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of the future
will be the making
of a comfortable living
from a small piece of land.
Abraham Lincoln

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HEALTHY FOODS

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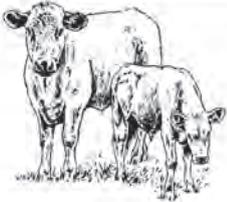
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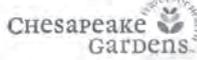


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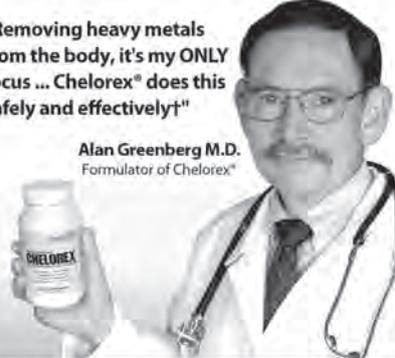
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The second manual, *Iqaluich Niginaqtuat, Fish That We Eat*, provides information regarding the traditional use of fish, their processing, recipes and eating enjoyment. It was compiled from the local traditional fish knowledge of northwest Alaska and was partially funded and placed on the web by the U.S. Fish and Wildlife Service.

The third manual in this series will similarly detail the traditional Inupiat processing techniques and recipes for sea mammals.

Presently there is no funding to support this work. Any suggestions would be welcome. The web link to *Iqaluich Niginaqtuat, Fish That We Eat*, is below. The report is located under the U.S.F.W. Northwest AK section. From here you can read it and/or download and print it. It should be printed double-sided due to the length (341 pages), including 100+ color photos, sketches.

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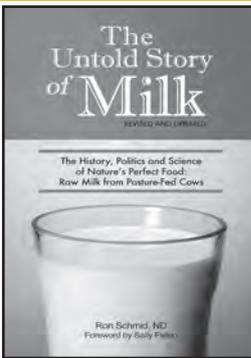
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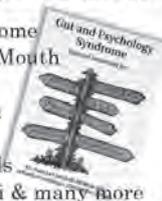
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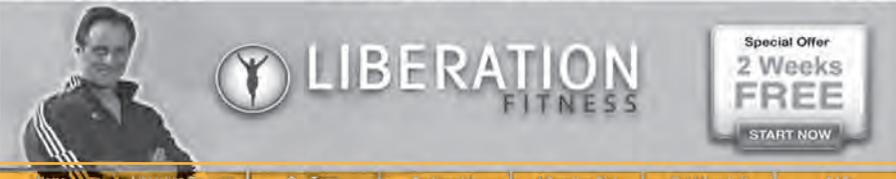
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