Wise Traditions
IN FOOD, FARMING AND THE HEALING ARTS

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New Choices in Dental Implants
Dental Cavitation Surgery A GAPS Case Study
Replacing Trans Fats in the Food Supply
Sulfur Deficits of Plant-Based Diets

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

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

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

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

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Dr. Weston Price carried out his monumental nutrition study by looking at teeth. When he found a population group with excellent dental health, that is, freedom from dental decay and absence of dental deformities, he felt safe in assuming that the overall health of the population was also excellent.

To borrow a phrase from Sandrine Hahn’s Nourishing Our Children campaign, “The teeth tell the tale.” Well formed dentition is a sign that the nutrition during the formative years was excellent, and that the whole body is likely to be sturdy and well-proportioned, with strong resistance to disease.

Dental caries and infections are not only a sign of poor nutrition, they are also a cause of health problems in other parts of the body; to make matters worse, dental materials such as mercury-based amalgam fillings and titanium implants create additional problems, from outgassing of mercury in the mouth to energy-sapping galvanic currents.

This issue is devoted to solving some of the knottier dental problems, starting with some encouraging letters from our readers. Their experience confirms that the first step in addressing poor dental health is a nutrient-dense diet. Such a diet really can help stop infection and even heal tooth decay—something conventional dentistry often cannot.

For those who attended Wise Traditions 2011, thank you for being there! And for those who could not attend, we missed you! Recordings of all the conference presentations are available from Fleetwood Recordings, through a link on the home page of www.westonaprice.org. We will reproduce the plenary presentations in the next issue of Wise Traditions. Suffice it to say, our 12th annual conference was a learning experience for all, not to mention a great way to network and see old friends.

As the year draws to a close, I wish especially to thank the wonderful staff at the Weston A. Price Foundation—who keep the phones answered, mailings timely and books balanced; who do research and write articles; and who present a cheerful and well-informed face to a public hungry for reliable information. Staff members join me in wishing all of our members a wonderful holiday and a new year filled with prosperity and good health.
IT REALLY WORKS!

I wish you all could have seen the look on the face of my eight-year-old daughter’s dentist today when we came in for a checkup and she discovered that three cavities that I refused to have filled months ago had re-mineralized! The dentist’s exact words were: “These teeth have hardened over. . . I don’t understand how this could have happened. . . What are you doing differently?” The dentist says she knows of Dr. Price but had never met anyone following his diet! She was in complete shock.

The diet we have been following for my daughter includes fermented cod liver oil and high-vitamin butter oil, whole raw milk and cheese, plenty of butter on sprouted bread, eggs from local pastured hens, fresh organic fruit, bone broth, plenty of seafood, lacto-fermented foods, sprouted grains and legumes and unrefined sea salt.

Thank you for being here for us in our time of need. My daughter has had seen have been enormous.

For example, my son Joel was born prematurely and had developmental problems but he went on raw milk (and an organic apple a day) when he was six. Now he is almost fifteen. He rarely brushes his teeth except for necessary hygiene concerns (that is, when we tell him to). He drinks only unfluoridated water, but we are not obsessive about restricting sweets, as long as they are made with organic, minimally processed sugars.

Joel just went to the dentist for the second checkup in his life, and as with the first one, no cavities were discovered. His panoramic x-rays show that his teeth are perfectly developed and aligned, with the final molars just now slipping into place (he even has some “supernumeraries” showing). And this from parents whose mouths are filled with mercury fillings and root canals.

My (fraternal) twin brother has been following my experiment from afar and has been a very hard sell about the WAPF principles. When he saw these x-rays he immediately attributed it to “better dental care” (like brushing and fluoride) than when we were kids. When I told him that Joel almost never brushed and has never been exposed to fluoride, he was visibly shaken.

Thank you for your tireless and sometimes thankless philanthropic service.

Lalena Jarvis
Hadley, Massachusetts

NO CAVITIES

Eight years ago, I discovered the Weston A. Price Foundation and have been working diligently to implement a nourishing traditional diet for my entire family. The health benefits that I have seen have been enormous.

For example, my son Joel was born skeptical of raw milk. However, my son was born with a lot of health issues and needed something to help boost his health. His nutritionist, who is a firm believer in all things natural and organic, suggested he try raw milk. With hesitation, we did. Holy cow! (Pardon the expression!) He gained over two pounds in a month, had no colds during that month, and seemed to be feeling better in every way. Raw milk seemed to heal his gut.

I will advocate for raw milk in any way I can. Today I refuse to buy industrial milk and I only buy raw milk, which also goes along with my belief of “support your local farmers.”

I want to spread the word any way I can. I printed out some of the articles on your website and brought them to my pediatrician. He was dead set against raw milk and practically blew up at me for feeding it to my son. Well, guess what? My son still drinks it—and will continue to drink it. Thank you for such an informational website.

Cortney Spencer
Dover Plains, New York

GREASES

I come from Poland but currently I live in the U.S. My wife is a big fan of Weston Price’s diet and I like to read books devoted to the history of the Wild West (mountain men, Indians, fur trade, first explorers etc.). One of the gems I have found comes from de Soto’s book Across the Wide Missouri.

On the mountain men’s diet from page 42: “Eight pounds (of meat) a day was standard ration for Hudson’s Bay Company employees, but when meat
was plentiful a man might eat eight pounds for dinner, then wake a few hours later, build up the fire, and eat as much more. . . . Moreover, to the greases that stained the mountaineer’s garments were added the marrow scooped from bones and the melted fat that was gulped by the pint. Kidney fat could be drunk without limit; one was more moderate with the tastier but oily belly fat, which might be automatically regurgitated if taken in quantity, although such a rejection interrupted no one’s gourmandizing very long.”

On the Plains Indians’ diet from page 41: “They ate the kidneys raw, but the delight of an Indian gourmet was to eat his way down a ten-foot length of raw, warm, perhaps still quivering gut—in one snapshot by an appalled white the gourmet squeezes out the gut’s contents just ahead of his teeth. Guts or boudins were delicious to the white palate too, but they were first lightly seared above the fire.”

Jarek Chmielewski
Columbus, Ohio

ANTIBACTERIAL INGREDIENT
I just noticed that Palmolive has quietly changed its formulation of its orange antibacterial dish soap from using 0.10 percent triclosan to 2 percent L-lactic acid as its antibacterial active ingredient. The bottle claims to kill 99.9 percent of E. coli, salmonella, and staph in seconds! It is interesting that Palmolive did not highlight the change to a much less environmentally harmful ingredient. (I still didn't buy it because the formula also includes ethoxylated surfactants.)

Now, doesn’t it follow that any soured or cultured raw dairy product containing 2 percent lactic acid would be inhospitable to E. coli, salmonella and staph? Wouldn’t it be interesting if the FDA approved the interstate sale of any raw dairy product that contained a concentration of 2 percent lactic acid—yogurt, kefir, cultured butter, real crème fraîche, real sour cream, and even fresh cultured cheese? That would be an interesting strategy—to petition for sale of cultured raw milk due to the lactic acid content, but still have sweet raw milk restricted.

Ted Draper
Richmond, Virginia

While sweet raw milk may not have a high concentration of lactic acid, it contains other antimicrobial agents, such as lactoferrin and lactoperoxidase.

INTEGRITY IN SCIENCE AWARD 2011: FRED KUMMEROW PhD

The coveted WAPF Integrity in Science Award for 2011 went to Dr. Fred Kummerow, PhD. The award was accepted by his son Max Kummerow (left). Dr. Kummerow has published over four hundred papers in the scientific literature, mainly on diet and heart disease, and supervised over sixty PhD students. He has argued that focus on dietary cholesterol diverted attention from the more complex biochemistry of heart disease. In 1957 Dr. Kummerow published the first animal studies showing the dangers of trans fats. At age ninety-four, Dr. Kummerow petitioned the FDA to ban trans fats. Dr. Kummerow still works daily at the Burnside Research Laboratory at the University of Illinois, Champagne-Urbana. Researcher-writer Chris Masterjohn will do his post-doctoral work with Dr. Kummerow, funded by the Weston A. Price Foundation.
TERRIFYING

I have been a fifth grade teacher in Los Angeles County for fifteen years. I teach in a low socioeconomic, mostly immigrant neighborhood. Here is what two of my parents told me today about their ten-year-old fifth graders.

One student, an overweight boy who has been dealing with intestinal issues for a few years now, has missed the whole first week of school with severe stomach pains. I found out today the boy has been newly diagnosed with anemia and is in the hospitable receiving blood transfusions. The mother told me that if his body rejects the treatment, the doctor is talking about removing his colon! Ten years old! Of course I practically leapt through the phone and told her to please get a second opinion and recommended the GAPS website. As his teacher and not his nutritional therapist, I need to be careful how I approach something like this but I will definitely do what I can to educate this mother.

The second student is of average build and height for a ten-year-old. His mom has told me on three different occasions in the course of a week that her boy has ADHD. I found out today that this young, sweet, well-behaved boy is on Concerta and Ritalin for ADHD, Zyprexa and Zoloft for depression, and Intuniv for OCD. Only ten years old and he is on five medications! Again, I made some gentle recommendations for her to educate herself with the WAPF and GAPS websites, and of course to work towards eliminating his cocktail of medications. She said she is trying to reduce the dosages and took note of the websites.

It is terrifying to speculate about what some doctors are doing to frightened parents and their helpless children.

Angie Karlan, Chapter Leader
Redondo Beach, California

MERCURY AND SULFUR

While doing research on removing amalgams from my teeth I came across the following paragraph on mercury:

“The problem is, mercury simply 'loves' sulfur too much. So much so, that it will compete with other molecules for sulfur and can usually 'steal' sulfur out of other molecular structures, in effect killing them. Mercury (Hg) interacts with brain tubulin and disassembles microtubules that maintain neurite structure. If it can't steal sulfur, mercury will bond to the sulfur atom the best it can. This usually prevents the molecule from performing its function.”

Sulfur is part of our blood cells along with proteins and enzymes. Many

ACTIVIST AWARDS

Sally Fallon Morell with winners of the 2011 Activist Awards:
Carol Albrecht,
Carrie Hahn,
Shan Kendall,
Cathé Fish and
Leslie Manookian.
Not pictured:
Agnes Bunagan and
Dr. Joseph Mercola, DO
systems in our bodies are very much like today’s industrial assembly lines. If one work station stops functioning the whole system can back up. In your article on sulfur deficiency (Summer 2011) there is a sidebar (page 22) on Alzheimer’s and the lack of sulfur. Now if the above is true, this justifies linking mercury with Alzheimer’s. That is, mercury may be sucking up the sulfur and contributing to Alzheimer’s.

Also, since most of us have an amalgam or two in our mouths, maybe that is contributing to a sulfur deficiency. There are also repercussions for vegetarians who presumably would have bad teeth and therefore many amalgams. Seems like a valuable line of research.

Marston Schultz
Grass Valley, California

HELPING HEAL THE SYSTEM

I enjoyed reading Kim Rodriguez's article “A Dietitian's Experience” (Summer 2011). I did wonder, however, how she manages to sustain such an uphill struggle; I am surprised she doesn't leave. Then I realized that her institution is very lucky to have her there challenging the status quo. I really admire her for her persistence, presenting resistance to the pharmaceutical industry, challenging bad science, and presenting truth. My thanks to Kim for hanging in there and helping to heal both people and the system.

Elizabeth De Sa
Nevada City, California

ANOREXIA OVERCOME

I'm currently following the WAPF pregnancy and nursing diet to provide extra nutrition since as a teen I'm still growing. I grew about an inch taller since following this special diet for about a year. I will continue with this diet since I'm a late teen (nineteen years old). I believe it is critical for young women in their teens and twenties to obtain extra nutrition as their bodies are still growing and are preparing for conception in the future.

Ann Marie Michaels of the Cheeseslave blog may help a few young women start a blog made especially for people of their age group. I may participate in it as my body has benefited greatly from this special diet. I'm a living testimony of how a former teen who battled anorexia has obtained so much good health by following the dietary guidelines you present through your site. Since then, I have never looked back! I can never thank you enough for all the wonderful hard work you have done and will continue to do!

Erica Mansour
Buffalo, New York

CSPI FUNDING

I just reread Dr. Enig's great article “The Tragic Legacy of CSPI” (at www.westonaprice.org) and noticed that she says the Center for Science in the Public Interest is very secretive of their funding sources, something that hasn't been true, at least, for the past few years. If you go to www.cspinet.org/about/funding.html, you will not only find this information, but also that they received their founding funding (1971-1979) from a very short list of foundations: Arca Foundation (founded by Nancy Susan [Reynolds] Bagely, R.J. Reynolds' third child), Mary Reynolds Babcock Foundation (R.J. Reynolds' second child), Geraldine R. Dodge Foundation (youngest child of William Rockefeller, JDR's younger brother and partner in Standard Oil, etc.), Rockefeller Family Fund, and Wallace Genetic Foundation. Not exactly who you'd expect to be financing an organization supported by so many vegetarians.

The C.S. Fund is also on this list (and has been for years), but according to Kelly Knox, CSPI's deputy director of development, this is incorrect; it was just these five foundations. She said the grants they've received related to this source came from the Ruth Mott Foundation beginning in 1980 (mother of Maryanne Mott, who started the C.S. Fund in 1981), wife of prominent Republican Charles Mott, a founder of General Motors and on their board for sixty years.

However, according to Rose at the C.S. Fund, these two organizations are entirely separate, and they did give CSPI several grants starting in 1983, though only erroneously listed the one time. I wonder what else isn't true? In any case, much of their funding, ever since, comes from some equally strange bedfellows.

Also according to Knox, Michael Jacobson, James Sullivan, and Albert Fritsch (on their site it says Jacobson and two other scientists, and Knox only knew Sullivan's name) were working at Ralph Nader's Center for the Study of Responsive Law when they decided to go off on their own in 1971 and start CSPI. Sullivan and Fritsch were gone by 1977, and Jacobson has always been the executive director. She said their origi-
nal goal was to create an environment where “scientists could come together to advocate for science-based policy that would affect public health.” On their site their Mission Statement says they’re “a consumer advocacy organization whose twin missions are to conduct innovative research and advocacy programs in health and nutrition, and to provide consumers with current, useful information about their health and well-being.”

Thank goodness big oil and tobacco were willing to support Dr. Jacobson's pursuit of such important goals on our behalf. But, of course, the obvious question is why? Well, if you search their site for soy, “The Soy Story” (sound familiar?) comes up at the top of the list, and by the second paragraph there's a quote from “soy expert Mark Messina of Loma Linda University,” the king of pro-soy industry propaganda. And their dedication to the promotion of soy-based “foods” is legendary.

However, some of the best clues can be found amidst Soyinfo Center’s “A Comprehensive History of Soy” (soy-infocenter.com). Though these folks are devoted to soybeans (and well-respected by the industry), their profuse amount of information actually provides excellent proof of how soybeans were moved into our diets during the twentieth century (including lots about the edible oil industry, and development of the trade associations), and how much and in what forms soy foods were traditionally eaten in Asia versus elsewhere, prior to this.

Of particular interest with regard to the funding question, though, is the article on Dr. John Harvey Kellogg (#68/#2), soy's first and most avid promoter. The Rockefellers, DuPonts, and other very powerful people were guests at his Battle Creek Sanitarium, but do a search for Kellogg, both alone and along with Rockefeller, as I did, and see what comes up. And the article on Dr. Artemy Alexis Horvath (#70) explains that he was working at the Peking Union Medical College, owned by the Rockefeller Foundation, when he compiled (at their request) what would become the official history of soy use in China (Horvath then continued working for them in the U.S.). I'll allow you to discover for yourself what this leads to and just add that it's scary, but really fascinating information that, like me, you've probably never heard of before.

Elizabeth Wright
Raleigh, North Carolina

NOT WORTHY OF HUMAN CONSUMPTION

My family and I are currently at my wife's parents' farm in northeast Iowa. They have an old-time picture book called *Sunday Afternoon on the Porch: Reflections of a Small Town in Iowa, 1939-1942*, with photographs by Everett W. Kuntz and text by Jim Heynen. On page 82, there's a great photo of a farmer walking away from his barn with two old buckets of milk to the brim with milk.

Here is the text that goes with that photo on the next page: “Why would he carry fresh milk in such old buckets that allow the milk to slosh onto the ground? And where is he carrying the milk? There's more milk here than anyone could put on their cereal.

“All this milk is not heading toward the house or toward any respectable human being. This is skim milk, not worthy of human consumption. Drink skim milk? That would be about as low as eating carp. He's carrying this useless milk to the pigs, who will at least be able to transform it into something fit for human consumption: good fatty pork chops and ham.

“This is not the only trip he'll be making from the barn to the hog troughs. Other old buckets of skim milk are waiting in the barn, while the precious cream waits in separate, shiny clean cans. Much of that rich cream will be sold to the creamery. The rest? It will go onto his cereal in the morning and help build the strong muscles he needs to carry this useless skim milk to the pigs.”

I thought you'd like this!

Jim Earles
Dubuque, Iowa

BE AWARE OF SYMPTOMS

Is it possible that constipation might be our body’s way of saving us from a dangerous health situation? Perhaps our waste can’t be evacuated until our body knows that other nutrients are coming in to replace lost ones. I have thought about this many times.

I have been following the GAPS diet and although it has done some really good things for me, I feel that I need to alert people to pay attention to warning signs that I ignored. After eating strictly WAPF food and being gluten-free for two years, I decided to try GAPS since my food intolerances seemed to be getting worse. I did the GAPS introduction diet for three weeks, lost ten pounds, began to look like a skeleton and felt awful.

I assumed my symptoms were re-
lated to die-off and ignored everything, only to find myself in the hospital with dangerously low blood levels of potassium (an electrolyte), a nearly stopped heart, and what doctors called a heart attack. I am twenty-six years old, one hundred thirty pounds, tall, thin, athletic, nonsmoker, nondrinker—and perplexed.

For my entire GAPS trial, I wrote down everything I ate and exactly how I felt. My diet was not lacking in potassium. I did more research and found many articles linking low potassium with blood clots and heart failure. I also found a community of people warning of such diets because of a death from a “heart attack” while on a low-carb diet. My case was also characterized by low potassium. Some think that potassium is lost because when a body is lacking in dietary carbs under these circumstances it uses its stores of glycogen, which are bound to water. This process unbinds water and a person will experience excessive urination and weight loss, which results in electrolyte imbalances. But who would listen to that? Of course, the doctors attribute heart attacks to being overweight, having high cholesterol, and eating a lot of protein. But I did not fall into any of the categories that doctors could blame. At first they thought I was bulimic because apparently there is a correlation with vomiting, loss of fluids and electrolytes, and heart attacks. They even looked at my arteries and found them to be “squeaky-clean” with no cholesterol build up.

With my symptoms and information I think that eating a no-carb diet, with diuretics (dandelion root, kombucha, etc.) and recommended frequent enemas can be really dangerous for some since all of these things can result in lowered potassium levels with symptoms that mimic what the book calls “die-off.” Some symptoms I experienced included very painful cramps in my calves at night, headaches, waking up to go to the bathroom several times per night, standing up and feeling dizzy, constipation, excessive hunger and thirst, and dry mouth.

I am not writing this to bash the GAPS diet. And I realize I am not a doctor, and my case probably involved many factors. But I do think people should be warned to listen to their bodies! I am mostly worried about children put on this diet who cannot properly let their symptoms be known. I do not understand why laxatives and enemas are recommended to be given on a daily basis with this diet when the author herself verified that potassium levels are kept in check by a hormone and can become dangerously low when this hormone is absent or when it is lost through the gut (vomiting and diarrhea) or kidneys (urine). If it is true that people who go against their body’s natural response of holding in the contents of the stomach by inducing vomiting, such as bulimics, can get low potassium and heart attacks, then it also makes sense that maybe going against the body’s natural response to hold in the contents of the bowels could be dangerous at times as well, especially when people are eating a diet lacking in carbohydrates.

RMW
Lincoln, Nebraska

CONTRACEPTIVE DANGER

I have been eating WAPF goodness for the last six years or so, although I still feel that I am recovering from my thirteen years of a vegetarian and vegan diet. I normally don’t take medications unless it seems absolutely necessary. However, last month I took the Plan B emergency contraceptive (“morning after pill”). I have never taken this nor birth control pills before. For the first week and a half I didn’t notice anything. Then like a freight train I experienced severe hysteria; I was unable to stop crying for hours. I did have a reason to cry, yet it was above and beyond what a mom trying to care for her children should have to deal with.

Then after my menstrual cycle started I felt more stabilized for another two weeks, yet this whole time I lost my appetite, losing many pounds that I did not need to lose. I also suffered from insomnia, which is not normal for me. Then after ovulation I started having severe, on-going anxiety, with panic-like adrenaline surging through my system all day. I started smoking marijuana out of desperation, and began counseling sessions as well.

One night I pulled some Magnesium Calm, a magnesium citrate beverage powder, off my shelf and tried it. My anxiety went away almost immediately! Then I remembered the magnesium article in Wise Traditions (Fall 2010). I was amazed to see what I suspected confirmed—that birth control pills deplete magnesium. Plan B birth control pills have the equivalent of fifteen regular birth control pills at once.

The side effects I have experienced from Plan B are not listed on the label and I have great concern about its availability to women. I am also interested as
Letters

to whether anyone has any other information related to this subject, and any ideas of how to balance one’s hormones after the storm of Plan B.

I thank you for the information you make available. It has been extremely helpful to me.

Natasha McGuirk
Mendocino, California

MILKOMATS IN SLOVAKIA

I just wanted to let you know that raw milk is widely available in Slovakia through automated dispensers. At some dispensers bottles are also sold, but most people bring used plastic bottles (like the ones mineral water comes in) and fill their own.

The price ranges from fifty to eighty cents per liter. Apparently the farmers got a subsidy from the government that allowed them to buy these dispensing machines (which are manufactured in Italy). You’ll be getting local raw milk from them, though certainly not organic, unfortunately. These mliekomat dispensers also exist in the Czech Republic.

I should add that UHT milk in the stores costs from fifty cents and up, but in the case of the mliekomat the farm gets a lot more for the milk. While most people seem to go for the convenience of UHT milk, the mliekomat we went to often would be sold out for the day if we went late in the afternoon, so it seems the farms are doing good business selling that way.

Andrew Ray
Husak, Slovakia

FOOD IN CROATIA

We are proud to be the part of your Foundation. We live what Dr. Price taught. Here in Croatia, we are lucky that nutrition hasn't reached the bottom point yet. Our laws still allow healthy foods. Croatia is also blessed by proximity to the sea, clean air and mountains, and an abundance of unpolluted water and soil.

But also that makes the main disadvantage because people are still unaware of what is being prepared for us after Croatia enters the EU next year.

As new chapter leaders, we see it as our mission to take advantage of the time left to spread the word about healthy nutrition and lifestyles. We hope that will slow down implementation of harmful modern styles and nutrition that the EU will inevitably try to impose on Croatia.

Domagoj and Josipa Dzojic
Samobor, Croatia

FOOD IN ROMANIA

I was appalled to read about the FDA’s war on raw milk. I come from Romania, where during communist times, the farmers didn’t have the right to eat from their own land, for fear of prosecution as thieves! I can recognize dictatorship when I see it, because I lived it all in Romania twenty years ago. The communist regime taught “scientific nutrition” where we were allowed just five eggs, half a liter of milk, and half a pound of whatever meat we could find per week; all the meats and meat products like salami were replaced by soy salami and soy “meat.”

My family was lucky because my grandma had a farm and raised a few hogs to give us for Christmas, and we had access to good eggs, but the rest was very hard to get even with connections at the store! I am astonished to hear what the FDA is doing to small organic farmers in a country like the USA, with a Constitution that many countries emulate globally for its democracy! The right to choose our own food is a fundamental, intimate right, in my opinion, protected by the privacy right. I hope we who choose these products won’t be persecuted for opting out of the industrial agriculture food chain and allopathic medications.

What pains me more now, is that Romania approved GMO corn and soy a few years ago, and because Romanians are ninety percent Eastern Orthodox, they observe the Easter and Christmas Lents, which are vegan. I went there during Easter a couple of years ago, and they were eating sausage, meat, cheese, margarine and everything made from soy during the vegan Lent!

Daniela Schmidt
Sacramento, California

SAVED BY BACON FAT

I was born three months premature in 1952. My twin sister and I weighed around three and one half pounds, and were feared not to survive. We were in the hospital for three months before we had gained enough weight to be released. Then we were fed rendered bacon fat. I have to say that the bacon fat saved our lives! Interestingly enough, my grandmother described rendering the fat as though it were a common everyday occurrence.

Gifts and bequests to the Weston A. Price Foundation will help ensure the gift of good health to future generations.
Since then, I have always had a fondness for bacon, bacon fat and salt! I grew up eating eggs fried in bacon fat. The first time that I saw someone cooking them in butter was quite a shock. I still eat my fried eggs that way and to me that is the preferred way although I do use butter and coconut oil when I have to. As a matter of fact, I recently began rendering lard from free-range, antibiotic-free pork from a local farmer I found listed in your Shopping Guide.

Amy L. Adams
Floyd, Virginia

WAKE UP CALL

I’m a forty-one-year-old mother of two young girls. I grew up on a cattle ranch on the Big Island of Hawaii. We ate grass-fed beef and pasture-raised chickens, eggs, ducks and turkeys. When I moved to the mainland for college I was completely unprepared for the bombardment of nutritional misinformation in the news. Being of the I-know-more-than-my-parents age I joined in with the lowfat diet and promoted it to all I met. I drank soy milk, ate egg whites, skinless chicken breasts, and even margarine. I think because of my healthy younger years it took many years of this type of eating for my health to decline. Compared to most I fared well.

By my late twenties I had to give up my successful career as a software engineer due to overuse injuries in my hands. Then I got Graves’ disease, probably from all the pain meds for my hands and my poor diet.

The worst part of it all was that I thought I was eating right and making all the smart choices. My wakeup call came when I was unable to get pregnant and my mother sent me a research article on sterility in chickens caused by soy rations. Wow, you mean all this soy that I’m eating to be healthy might actually be bad for me? At that point I started doing research and read all the Adelle Davis books my mother had given me years before and changed my ways. I was finally able to get pregnant and cure my Graves’ disease. But I was in limbo.

I didn’t know who to believe or what to eat. It was very confusing.

I finally discovered the works of Weston Price. Your advice rang true with me because since I had given up lowfat foods I was thinner (in a healthy looking way) than before. So I read Nutrition and Physical Degeneration and I couldn’t believe that this book with so much valuable information was virtually unknown. Finally, there was no more confusion. I knew where to find information on what to eat and how to prepare it. From that time I’ve been learning all I can about eating nutrient-dense food. I have primarily focused on feeding my family but when people ask “what are you feeding your kids?”—which happens fairly often probably because they look so healthy—I tell them.

Sheena Golish, Chapter Leader
Ridgefield, Washington

GIFT MEMBERSHIPS

Give a gift that is twice blest, it blesses the recipient and the Weston A. Price Foundation too! With the holiday, gift-giving season here we ask you to consider giving a membership in the Weston A. Price Foundation to a friend, family member or colleague. It is a great way to support the work of the foundation while educating others about healthy, traditional foods. We think it makes a perfect gift for a wedding, baby shower, retirement, birthday, college graduation, even a "no-occasion" gift. Many people have offered a gift to their local town or college library, or to a practitioner or farmer.

To request a gift membership, please mail, fax or phone us with the gift recipient’s name and address and yours along with payment. You do not need a special form although you can find one online at: http://www.westonaprice.org/store/give-a-gift-membership

We appreciate the generosity of our growing membership and the efforts to share this journal with others.

Thank you!
Sally Fallon Morell
President
Along with Geoffrey Morell, I represented the Weston A. Price Foundation at the International Conference for Food Safety and Quality, held November 8-9 in Chicago. The theme was "Detection Methods for Microbiological and Chemical Hazards." Present were leading industry specialists from around the world, including food microbiologists and researchers, representatives from the processed food and industrial farming industry, as well as those from food safety testing systems. William Marler, Managing Partner and Owner at MarlerClark LLP, PS, a food safety law firm, spoke on litigation in foodborne illness cases. Additionally, there were attendants from Rain Crow Ranch—American Grass-Fed Beef and Annie's Homegrown. It is very important for those of us in the grass-fed and small farm movement to keep abreast of what's going on in the food safety world.

The conference focused on emerging food safety issues in a globalized marketplace, important litigation that has driven regulation and new technologies to improve the detection of food contamination. The conference climate demonstrated a tragic reality that the development of our globalized industrial food system has lead to the creation of a highly scientific community and governmental regulating system that have become removed from any healthy traditional perspective with regard to the relationship between farming and food. Food for the marketplace has become a technology, industrial systems are the norm, pathogenic microbes in food need to be carefully monitored and eliminated at every juncture as outbreaks are increasing, safety issues are paramount, nutrition has little merit and the definition of “food” itself carries widening parameters.

The words of Joel Salatin resonated within me, “Folks, This Ain’t Normal.” When Geoffrey Morrell asked about the consideration of nutrition amidst making foods “safe,” the immediate answer from the food technicians was “safety first.” My question was, “After we have sterilized all of our foods so they are absolutely free of pathogens and people are still getting sick from ‘foodborne’ illnesses, where will we turn?”

However, whether we like it or not, industrial farming—the lowest common food-quality denominator—is driving the development of a powerful food safety industry. With the increase in foodborne illness litigation, William Marler, a leading food illness lawyer, warned the audience that those who do not take considerable precaution will be held liable for their carelessness. In addition, the definition of the term “outbreak” may become increasingly burdensome as the term will be applied to illness that affects fewer people.

Food safety is big business and power and there is ample funding for research and development as it is deeply tied to the political infrastructure of big agriculture. In this climate there will be a push toward corrupt over-regulation. Sustainable farms are sure to be up against new legislative initiatives aimed at requiring purchase of state-of-the-art testing equipment that will fulfill mandatory reporting.

Purnendu Vasavada, Professor of the Department of Animal and Food Science and Director of the Rapid Methods and Automation in Microbiology Workshop at the University of Wisconsin, discussed three decades of food industry testing developments. Through his seminars that address both industrial and organic agriculture he explained that even in his presentations at organic farming conferences, he warns that organic systems can no longer afford to take a passive attitude toward food safety. He joked that while organic farms and producers may have “organic pathogens,” if their food causes illness, they will be held accountable!

Numerous presentations focused on the new rapid detection testing systems that have entered the sphere of food safety. From a small, less expensive system that could be affordable for a family farm to larger ones more suited to a corporate farm, processing plant or industrial food factory, there are developments appropriate to any setting. Many of these systems not only detect pathogens, they can also determine allergen contamination.

Another seminar discussed advances in safer food packaging and sanitizing treatments like ultraviolet light that maintain food flavor. Irradiation luckily was explained as “unpopular” because it raised many safety concerns by the public.

The international market is creating a very complicated food safety puzzle as every country has different safety standards and often ingredients for one processed food product come from many different countries. In this emerging arena of food safety there is a growing list of foodborne pathogens. Below is a list along with some of the foods that have been implicated in outbreaks:

- Salmonella enteritis, Salmonella DT 104, Salmonella PT4—eggs, produce, peanut butter, spices, dog food, poultry
- Campylobacter jejuni—poultry
- E. coli O 157:H7—fruits and leafy greens
- Listeria monocytogenes—deli meats, dairy products, sprouts
- Norovirus—leafy greens, complex foods
- Botulism—pasteurized carrot juice
- Toxoplasma—beef, pork
Other pathogens that have been identified:

- Rota viruses
- *Clostridium botulinum*
- *Bacillus cereus*
- *Vibrio parahaemolyticus*
- *Giardia lamblia*
- Prions
- Norwalk viruses
- *Yersinia enterocolitica*
- *Cyclospora cayetanensis*
- *V. Mimicus, V. vulnificus*
- *Cryptosporidium parvum*

Professor Vasavada explained that microbiological testing has increased dramatically in its scope. In 2010, 213.2 million microbiology tests were collected in the U.S. food processing industry; this was a 14.4 percent increase since 2008. Testing was used for the following areas:

- Total microbial load
- Indications, index and marker organisms
- Pathogens and toxins
- Low growing, fastidious organisms
- Bioterrorism agents
- SRM, prions, enzymes, allergens, GMOs
- Vitamins, growth factors bioassays

Gregory Siragusa, Principal Senior Scientist and a Director of Microbiological Research for Poultry at Danisco USA in Waukesha, Wisconsin, discussed the benefit of testing for indicators as warning signs of possible contamination. For instance, tests for coliforms are indicators of fecal contamination. By gauging the extent of the contamination, limits can be assessed that would determine whether further pathogen testing was necessary. Siragusa stated that, “Indicators can give a rapid view of whether a process is within some critical limit and indicators are only useful if used in partner with solutions to contamination problems.” He stressed that using indicators can help to address a problem before it becomes a serious issue. This type of monitoring is regularly practiced on many sustainable farms and there are new technologies that will make this approach even more accurate.

While I assumed that every speaker would be focused on state-of-the art microbiology and insistence on the new food safety paradigm, I was totally surprised to hear the contradictory views of Robert Koeritzer, Technical Manager in the Diagnostics Laboratory for 3M Company’s Medical Division. Koeritzer leads a team of research and product development scientists with expertise in microbiology, molecular biology and biochemistry. He began his speech saying that most pathogens are not new. He questioned the role technology is assuming in our changing world. He suggested we look at true food safety by improving our farming practices and the nutrient levels of the foods we grow along with helping people develop better immunity. He warned against the narrow focus of safety through better pathogen testing when our food system is severely damaged. With antibiotic resistance, rises in susceptible populations, increased outbreaks and global sourcing, the changing food production and delivery systems will continue to challenge food safety. His remarks lead us to ask why we are going in this direction. Can we really afford not to address the real issues inherent in the widespread degradation of the quality of our agricultural system and the problems inherent in globalization?

As I reflect on this conference, I see that we must rapidly strengthen our efforts to bring balance back to our agriculture system. By increasing the support of more sustainable farms through building the demand for these locally grown foods and broadening our activism we will achieve this goal. Increasing governmental interference of property ownership rights in co-op agreements along with violations to basic human rights of food freedom require a groundswell of organized grassroots initiatives.

Even though our community understands that food safety is a natural outcome of excellent farming methods, we must endeavor to generate an openness to address any areas that fall short of best practices. Although purchasing new food safety testing equipment may not be appropriate for a small farm, as developing regulation will push for increased monitoring, current technologies in this area might offer some cost effective tools worth investigating.

The responsibility of consumers to actively support the farmer and farm that produces their food has never been greater. Activism is no longer optional. It is the responsibility of all consumers of traditional foods to participate in protecting both individual and farmer’s rights to food and farm freedom. We must also strongly advocate for independent food safety requirements that are appropriate to the small farm, and we must be involved in the local, state and federal legislative process that will dictate future policy.

Kathryne Pirtle
Addison, Illinois
CAUSES OF DELIQUENCY
An alert chapter leader sent us this fascinating 1948 cartoon of "Joe Deliquent." The top two causes of delinquency listed are malnutrition and physical defects—note the boy's narrow face in the cartoon. Today, the role of nutrition in shaping behavior and character is largely ignored. The Wikipedia article on deliquency includes "[low] intelligence, impulsiveness or the inability to delay gratification, aggression, lack of empathy, and restlessness." All of these behavior patterns can be linked to a combination of nutrient deficiencies, gut dysbiosis, ingredients in processed food and even toxins used in dentistry. Of course environment and parental example also play roles in shaping character but no real solution can be attained without including poor nutrition in the equation.

SOMETHING’S ROTTEN
In September, Denmark became the first country in the world to impose a fat tax on all foods that contain saturated fat, including butter, bacon and cheese. Hungary has also passed a fat tax and the UK, Sweden and Norway are considering similar measures. The tax is billed as an attempt to convince Danes to eat “healthier” but it is hard not to suspect the long arm of the vegetable oil industry behind the measure. The tax is a complex one, in which rates will correspond with the percentage of fat in a product. The value of the tax is about three dollars for every kilogram of saturated fat. For example, a burger will increase in price by about fifteen cents, and a small package of butter could cost around forty cents more under the new plan. The tax was approved by a large parliamentary majority as a move to help increase the average life expectancy of Danes—which has fallen below the international average of seventy-nine years—by three years over the next ten years. Time will tell whether the measure brings the predicted benefits, but in the meantime the government expects to collect over two hundred sixty million dollars per year from the tax, so it’s unlikely to be rescinded even if no health improvements ensue. What the tax is sure to do is put a nail in the coffin of Denmark’s major agricultural industries—the production of butter, bacon and cheese. Something is definitely rotten in the state of Denmark.

NOT SCIENTIFIC
One thing for sure, the rationale for taxing saturated fat is not based on science. Numerous studies have found no correlation between saturated fat consumption and proneness to heart disease, including a recent one published in the American Journal of Clinical Nutrition (July 2010 92(1):194-202). And a new study exonerates dairy fats. Researchers at the Uppsala University in Finland measured blood levels of two biomarkers of milk fat in a group of heart attack patients and a group of healthy controls. The substances, pentadecanoic acid and heptadecanoic acid, indicate how much dairy fat a person has been eating. They found that people with the highest levels of milk fat biomarkers, suggesting that they consumed the most dairy fat, were actually at lower risk of heart attack. For women, the risk was 26 percent lower while for men the risk was 9 percent lower.

LANDMARK DECISION
On behalf of several Maine residents, the Maine Public Utilities Commission (MPUC) has ruled that it is an unjust and unreasonable practice for Central Maine Power Company (CMP) to refuse to allow residential and small commercial customers to opt-out of CMP’s smart meter program. A smart meter is an electrical meter that records consumption of electric energy and communicates that information wirelessly to the utility for monitoring and billing purposes. The plaintiffs

Sally Fallon Morell takes on the Diet Dictocrats
expressed concern about the health effects of the meters, as well as privacy and cyber security issues. CMP argued vigorously that customers—some of whom experience severe health problems in the presence of smart meters—should not be allowed to opt out, and the MPUC found that position to be unjust and unreasonable. *The Portland Press Herald* described the decision as a “landmark” case which will serve as precedent for others in the determination of how to resolve what has become a growing debate about customer choice and smart meters (www.pressherald.com/news/PUC-approves-smart-meter-opt-out-options.html). The devices are currently banned in Marin County, California and subject to a moratorium in Santa Cruz, California.

**SALT REDUCTION NO BENEFIT**

A systematic review published by The Cochrane Library, designed to assess whether advice to cut salt intake altered the risk of death or cardiovascular disease, found no strong evidence to support the idea that salt reduction does any good. According to Professor Rod Taylor, lead author, “Intensive support and encouragement to reduce salt intake did lead to a reduction in salt eaten and a small reduction in blood pressure after more than six months. . . [However] there was not enough information to understand the effect of these changes in salt intake on deaths or cardiovascular disease.” An earlier Cochrane review, published in 2004, found the same thing: depriving yourself of salt will not add any years to the human carcass. Naturally, the low-salt promoters are whining. Katherine Jenner, campaign director of the Consensus Action on Salt and Health (CASH) declared the message “very disappointing.” While Taylor calls for more studies, Jenner stated that “there is no sense in waiting for further trials before progressing with an international salt reduction programme, which will immediately save many thousands of lives.” Jenner proposed “reformulation by the food industry, rather than individual dietary advice” as the most cost-effective strategy for salt reduction in developed countries (www.foodnavigator.com, July 6, 2011).

**INDUSTRY REFORMULATIONS**

The anti-salt crowd is calling on industry to reduce salt in their products because our taste for salt is so strong, consumers are unlikely to do so voluntarily. (Current salt consumption in the West is about nine grams per day, down from twice that amount before the days of refrigeration, when salt was used as a preservative. The anti-salt crowd wants a further reduction of 50-85 percent.) Food scientists have found a salt substitute that can make reduced-salt products more palatable; it’s called calcium di-glutamate (CDG), one of five glutamate salts internationally accepted as food flavor enhancers—think monosodium glutamate but with calcium instead of sodium. A study carried out by the School of Public Health at the University of Washington in Seattle used thirty-four volunteers to taste chicken broth containing different concentrations of salt and CDG. Soups with slightly reduced salt and the addition of CDG rated as more “pleasant.” The study did not ask the participants about subsequent side effects, such as headaches, brain fog and dry mouth (www.foodnavigator.com, June 6, 2011).

**BIG AG ATTACK**

Stung by criticism of its animal-raising techniques and unhealthy food, especially as publicized in the documentary *Farmageddon* big U.S. farming groups are joining forces in a multimillion dollar marketing campaign. The effort also coincides with increased pressure to contain pathogen outbreaks in meat. As part of the push, the new organization, called the U.S. Farmers and Ranchers Alliance, will hold the first of several town hall meetings in September. With fifty affiliates, the group plans to spend as much as thirty million dollars a year on the campaign. According to Bob Stallman, president of the American Farm Bureau Federation, “the industry has been unfairly vilified since films, such as *Food Inc.* and *Farmageddon*, have depicted the industry as using...
genetically modified seeds, pumping animals full of hormones and antibiotics to fatten them and confining them in cages with no light.” He argues that activist groups want the farmers to return to days when small family farms served local communities (www.ft.com, August 16, 2011). We’d say he is accurate on both counts—the depiction of industrial agriculture (except that they do have light in those chicken cages) and the description of what food activists want.

NO MAJOR OUTBREAKS!
Flood waters in Thailand have turned Bangkok streets into floating landfills. Plastic bags overflowing with waste and rotten food cling to boats, cars, motorbikes and people. Raw sewage and animal carcasses can be seen bobbing in waters ripe for disease. . . but no major outbreaks have occurred. Residents lack basic sanitation, garbage men walk through chest-high waters and children still swim in the muddy mess. Many cases of athlete’s foot have been reported, as well as bouts of diarrhea and respiratory infections, but no outbreaks of dengue fever or other waterborne diseases. Health officials credit high vaccination rates and the use of plastic gloves by trash collectors for protection against disease but could it possibly be something else. . . like the high amounts of anti-microbial coconut oil consumed by the entire Thai population?

SHIGA TOxin
Shiga toxin is produced by the pathogen E. coli O157:H7. The bacteria colonize the small intestine and the colon, where the toxin initiates serious illness including hemolytic-uremic syndrome (HUS) which can result in kidney failure. A new study, published in the Journal of Agricultural and Food Chemistry (2010 58, 9281-9286), shows that the toxin causes its detrimental effects on its own, in the absence of the bacteria, resulting in severe pathological changes in kidneys, spleen and thymus. In these days of focus on food safety, with the philosophy that every morsel of food needs to be pasteurized or zapped, the authors’ conclusion should give food safety regulators pause: “The results are clinically relevant for food safety because we also found that heat treatments (pasteurization) that destroy bacteria did not inactivate the heat-resistant toxin produced and secreted by the bacteria.” Perhaps we should focus on building natural immunity using foods rich in vitamin A and immune stimulating properties—like butter and raw milk.

PCRM CANCER PROGRAM
As the dangers of soy foods, particularly soy isoflavones,
continue to emerge, vegetarian groups are promoting them with renewed vengeance. The Physician’s Committee for Responsible Medicine (PCRM) continues to push a cancer diet program called The Cancer Project (www.cancerproject.org). The diet is lowfat, vegetarian and full of soy. “Tips for Increasing Isoflavones in Your Diet” include using soynuts instead of peanuts; putting soymilk instead of milk on breakfast cereal; replacing one-quarter of the regular flour in baked goods with soy flour; using textured soy protein instead of meat; eating more tofu and tempeh; and making smoothies with soymilk. The project also recommends the diet to young people. “Encourage your young daughters, granddaughters and nieces to eat soy products, as isoflavones may have the most influence on preventing breast cancer early in life.” We suggest that the promoters check themselves into a prison in Illinois, where they can eat that way day after day after day.

FAT FREE MILK IN DAY CARE CENTERS
A member whose son is in the Dickerson College Children’s Center (DCCC), a daycare center in Carlisle, Pennsylvania, received the following letter: “Dear DCCC Families: On October 3, 2011, in order to meet the recommendations of the 2010 Dietary Guidelines of Americans, the Child and Adult Care Food Program (CACFP) is requiring its Centers to serve fat-free milk to children ages two and up. Because we participate in this program for morning and afternoon snack, in order for our snacks to be reimbursed by the CACFP, we will be required to make the change from 2% to fat-free milk.” The member wisely sends raw whole milk with her child to daycare, but most of the other children will be subjected to this genocidal diet. Many years in the future we will look back on this benighted age as one professing to love the child while ensuring that children are as unhappy as they can be.

HEALTHIER IF UNVACCINATED
A comprehensive survey initiated by the German site impfshaden.info and its counterpart vaccineinjury.info aims to compare the health of vaccinated versus unvaccinated children. While the project is ongoing, over seventy-five hundred surveys have been filled out so far, with the preliminary results already published. Here are the remarkable numbers:

- Less than 10 percent of unvaccinated children suffer from allergies of any kind. This compares with 40 percent of children in the U.S. ages three to seventeen reporting an allergy or at least one allergen and 22.9 percent with an allergic disease.
- Only .2 percent of unvaccinated children suffer from asthma. This compares with 14-15 percent of vaccinated children with asthma in Australia, 4.7 percent in Germany, and 6 percent in the USA.
- Only 1.5 percent of unvaccinated children suffer from hayfever. This compares with 10.7 percent in Germany.
- Just 2 percent of unvaccinated children had neurodermatitis. This auto-immune disorder affects over 13 percent of children in Germany.
- ADHD was present in only 1-2 percent of the unvaccinated children. This compares with nearly 8 percent of children in Germany with ADHD and another 5.9 percent borderline cases.
- Middle ear infections are very rare in unvaccinated children (less than .5 percent). In Germany, 11 percent of children suffer from this problem.
- Less than 1 percent of unvaccinated children had experienced sinusitis. This compares with over 32 percent of children in Germany.
- Only four unvaccinated children out of more than seventy-five hundred surveyed reported severe autism. In all four cases, however, the mother tested very high for mercury. In the USA, approximately one in one hundred children suffer this neurological illness and one in every thirty-eight boys in the UK.

Many thanks to Sarah Pope and her Healthy Home Economist blog for publicizing this information, which should make it easier for parents to just say no to vaccinations. Much better to protect your children with raw milk and cod liver oil rather than a jab filled with mercury and other neuro-toxins.
Healthy teeth form the foundation of an attractive face and can be crucial to overall good health. Our teeth influence the functions of eating and speech, as well as affect jaw position and posture. Missing teeth can cause shifting of existing teeth and the collapse of the bite, which can lead to serious health complications including headache, neck pain, and breathing and sleep disorders.

Over the years, dentists have evaluated many practical, comfortable, functional, and affordable ways to replace missing teeth. The option to replace teeth with a removable partial or complete denture is usually straightforward and requires little or no adjustment or grinding of teeth. Commonly, these appliances have a metal framework with clasps to help secure the replacement. Recently, resilient, non-metallic materials have been introduced that are lighter, more comfortable, and aesthetically pleasing.
DENTAL RESTORATION OPTIONS

For a more natural feel, many patients select a fixed bridge to replace missing teeth. The fixed bridge makes good sense when the adjacent teeth needed to support the replacements have large restorations or crowns. Under these circumstances, crowns can actually strengthen weak teeth, and stabilize loose teeth when connecting several teeth together. The most common replacement materials consist of precious or non-precious metals with a layer of porcelain fused for function and aesthetics. As with the partial bridges, non-metallic materials are now replacing metals, offering equal precision, strength, and aesthetic appeal.

Dental implants offer another option to consider seriously when replacing missing teeth. Implants have functional and aesthetic advantages. Bridges and removable partial dentures require neighboring teeth as anchors, which can potentially cause damage. However, dental implants can strengthen adjacent teeth and protect and preserve the jaw bone without annoying or unsightly metal clasps. Because implants feel like natural teeth, they offer stability, exceptional chewing comfort, do not constrict the room for the tongue, and are aesthetically natural and healthy in appearance.

Simply stated, an implant is an artificial tooth root, similar to a screw, inserted into the jawbone at the site of the missing tooth. Implants consist of three main parts: the implant itself, the abutment that carries the crown, and the crown, which is the visible portion that looks like the original tooth.

Implants have served patients well for the last forty years, with a retention success rate of approximately ninety-five percent. More than four decades of scientific research and clinical experience have shown that dental implants function as an optimal and permanent solution to tooth loss. Traditionally, titanium has prevailed as the base material for implants because this lightweight and highly resistant metal is well tolerated biologically. Titanium implants, generally placed in two parts, have a range of interchangeable parts and can achieve good aesthetic results, especially on front teeth. The disadvantage of multiple parts is the potential for biofilm accumulation, inflammation, or infection where the different fixtures or parts connect. Additionally, a certain percentage of failures or breakages can occur at the junction of the parts.

ZIRCONIA IMPLANTS

Recently, a new form of dental implants, called ceramic dental implants or zirconia dental implants, offer a potentially more aesthetic and tissue-friendly alternative to traditional titanium implants. Zirconia dental implants are made from special, industrial, high impact resistant ceramic (zirconium oxide, ZrO₂) that is customarily used in aerospace engineering because of its high resistance to fracture and heat.

The Food and Drug Administration’s recent approval of zirconia implants opens more options for implants in dentistry. For years, doctors have used zirconia implants to replace hip joints. Ceramic implants retain less plaque and calculus than titanium resulting in healthier gums and overall health. The rough surface of zirconium integrates or attaches itself exceedingly well to the jawbone.

Missing teeth, drifting, and bite collapse.
Zirconia implants, fabricated as one piece, can be limiting in their applications. However, the biological, functional, and aesthetic benefits warrant their consideration as a replacement for titanium. Highly stable, biocompatible, and resistant to scratching and corrosion, zirconia is similar in color to natural teeth, creating a more visually pleasing result. It has all the qualities of biocompatibility to make it a material of choice for dental implantation. Additionally, it resists high impact and is non-allergenic.

Zirconium oxide has been used for the past twenty years in hip implants in almost two million patients. Several hundred thousand root posts, crowns, bridges and implant abutments have also been used. In contrast to titanium, zirconium oxide has a significantly higher flexural strength. The flexural strength of zirconium oxide is within 1200-1500 megapascals (units of pressure), approximately three times higher than the flexural strength of titanium at 400 megapascals.

Zirconia implants also offer the crucial advantage of single piece construction. With two-piece titanium implants, the lifetime occurrence of loosening and breakage of the screw connection is 20 percent.

The zirconium oxide used for medical applications is not radioactive and undergoes strict radioactivity monitoring. The maximum level is set at 250 mSv/y (millisieverts per year). The zirconia produced by Metoxit exhibits the lowest radiation levels compared to other manufacturers, and is constantly at 5.4 mSv/y, only marginally more than natural human bone surface at 3.1 mSv/y.

BIOCOMPATIBLE MATERIALS

Biocompatibility is always a key consideration in the dentist’s goal of restoring the patient’s teeth and mouth to optimum health and function. Biocompatibility refers to how a material interacts with the human body and how those interactions determine the clinical success of a medical device. Materials have constantly improved through the years; still, nothing available duplicates the properties of natural teeth or bone. Replacements can be harder, softer, lighter, darker, and biologically compatible or reactive.

Dentists must be concerned with the biological reactivity of the materials they use, as the materials can be toxic or allergic.
vary from patient to patient and can be affected by physiology as well as other materials present in the mouth or even elsewhere in the body. A wide variety of symptoms can occur including local inflammatory pathologies, chronic inflammation including cancers, and various neurologic symptoms, all frequently ascribed to a completely different illness.

REACTIONS TO TITANIUM

If an individual patient’s immune system can compensate for the matrix (connective tissue) contamination by dispersed titanium, then people with titanium implants have no need for concern. However, any indication of possible difficulty requires further investigation including laboratory testing.

Although orthopedists and dentists have implanted many millions of titanium screws without side effects, a small, but significant minority of people experience complications. Cases of intolerance to metal implants have been reported over the years; removing this material resulted in long-term health improvement.

One study investigated fifty-six patients who developed severe health problems after receiving titanium dental implants. The array of medical problems included muscle, joint, and nerve pain; chronic fatigue syndrome; neurological problems; depression; and skin inflammation. Removing the implants resulted in a dramatic improvement in the patients' syndrome.

In one case, a fifty-four-year-old man with a titanium dental implant and four titanium screws in his vertebra became so sick he could not work. Chronic fatigue syndrome, cognitive impairment, Parkinson’s-like trembling, and severe depression plagued him. Six months after removing the implants and screws, he was well enough to return to work.

A fourteen-year-old girl developed inflammatory lesions on her face six months after receiving titanium orthodontic brackets. Her reactivity to titanium skyrocketed, and she became mentally and physically exhausted. Within nine months after replacing the brackets with metal-free material, her facial lesions almost completely disappeared and she was healthy and active.

Implanted titanium also carries the potential to induce neoplasia (the abnormal proliferation of cells), which could be a precursor to developing malignant tumors. In August 2008, two articles appeared in the *Journal of the American Dental Association* that discussed two different types of oral cancer. Both articles indicated that dental implants caused or exacerbated the malignant condition.

BATTERY-MOUTH

Titanium implants constantly release metal ions into the mouth. This chronic exposure can trigger hypersensitivity, inflammation and allergies, as well as autoimmune disease in people with high sensitivity. The metal implants can become part of a charged battery. All that is needed to make a battery is two or more different metals and a liquid medium (electrolyte) that can conduct electricity. Metal implants, fillings, crowns, partials, and orthodontic appliances provide the dissimilar metals, and saliva in the mouth serves as the electrolyte. This phenomenon, called “oral galvanism,” creates two major concerns.

First, the electrical currents increase the rate of corrosion (or dissolution) of metal-based dental restorations. Even precious metal alloys continuously release ions into the mouth due to corrosion, a process that gnaws away at the metal’s surface. These ions react with other components of the body, leading to sensitivity, inflammation, and, ultimately, autoimmune disease. Increasing the corrosion rate, therefore, increases the chance of developing immunologic or toxic reactions to the metals.

These electrical potentials, especially those developed by implants, set in a chronic, degenerative and inflamed section of the bone, can disturb local physiology and affect the body’s entire regulatory ability through osseous, lymphatic, immune, vascular, endocrine, autonomic nervous and meridian systems.

A second concern is that some individuals are very susceptible to these internal electrical currents. Dissimilar metals in the mouth can cause unexplained pain, nerve shocks, ulcerations and inflammation. Many people also experience a constant metallic or salty taste, a burning sensation in the mouth, and insomnia.
SAFER ZIRCONIA IMPLANTS

Patients need information and coaching to understand whether dental implants are their best solution. They must have comprehensive advice about preconditions and the risks of implant therapy. The dentist assesses the condition of the oral cavity, teeth, and gums in general, and particularly the bone structure. If inadequate bone exists for firmly anchoring the implant, other methods including bone grafting may be required.

Patients can significantly help to ensure the long-term success of the implant. Implants, as with natural teeth, require consistent dental hygiene and healthy and strong bone and gums. Although implants are very durable and capable of lasting for a lifetime, the patient must still maintain the health of the mouth and entire body in order for continued success.

Reasons for failure of dental implants can include poor patient selection—smokers, poor healers, inadequacy of bone, or the improper manipulation of soft tissue and bone. Corrosion of metals over a long time can cause breakdown and loss of the implant as well as health problems for the patient. Additionally, different medications can affect the implant treatment, and a comprehensive medical history is important to ensure implant success.

Because they are highly biocompatible with the human body, high-impact ceramic (zirconium oxide) implants provide a viable alternative to metal (titanium) implants. The ceramic implants have already made their mark for years in Europe and South America. Studies show that the osseointegration—the process of bone growing right up to the implant surface—of zirconia and titanium implants is very similar, and that zirconia implants have a comparable survival rate, making them an excellent alternative to metal implants. One recently published study reports a 93.5-97.6 percent success rate after five years for over eight hundred zirconia implants.

Dr. Christoph Arlom expands the focus on implants when he stated: “The durability of the implant as evaluated in five-year studies stands as the conventional benchmark for successful implant systems. However, should durability be the only criterion for evaluating implant systems? Within community medicine, with large populations screened for risks and the progress of illnesses, other questions can be asked. For example, are patient groups with titanium implants or metal dentures exhibiting a higher incidence of fibromyalgia, multiple sclerosis, amyotrophic lateral sclerosis, Parkinson’s disease, Alzheimer’s disease, or other types of dementia when compared to other patient groups with naturally healthy teeth and metal-free fillings and dentures?”

Given all the potential adverse conditions associated with the titanium dental implant, such as metal sensitivity, inflammation, metal corrosion and physical fatigue, the zirconia implant offers a device that is virtually free of those concerns and is aesthetically comparable to natural teeth.

Many of the teeth that we dentists have painstakingly preserved with root canals, pins, posts, and bonded cores can now be replaced with implants without reservation and with more assurance of a healthy, long-term outcome. Studies indicate a greater chance of long term success with an implant and a crown than a root canal tooth restored with a post core and a crown.

3-D COMPUTER IMAGING

Three-D computer imaging is an import tool for dentists performing implants. Using computerized tomography (CT scan) or cone beam technology (CBT), dentists can visualize the placement of dental implants in three dimensions. This enables the dentist to get an advanced, detailed look at the interior sections of the jawbone, surrounding tissues and nerves. A customized scanning guide for obtaining the image of the jaw enables the fabrication of an accurate, computer-generated surgical guide that makes the best use of available bone, minimizes surgery, and avoids potential problems, such as nerve exposure or sinus perforation. The guide makes placing implants easier and safer.

During my years of dental practice, I have only used implants in essential situations to minimize expense and limit the implantation of metal into the jawbone. As a long time conservative provider of dental implants, I am more confident that I can provide a healthy, biocompatible, long-term, functional, and aesthetic replacement for lost teeth. The advent of computer aided surgery and the availability of non-metallic zirconia implants enhances the potential for successful implant placement.
implants enhances the potential for successful implant placement. Other, more complex factors deal with strengthening the patient’s immune system, which frequently requires lifestyle changes. This key part of surgical intervention requires cooperation of the patient and input from his or her other healthcare providers.

**PATIENTS HAVE FINAL SAY**

Patients always have the choice not to replace missing teeth, and, depending on their overall health, may accommodate effectively. Comfort, finances and lack of understanding may figure into their decisions, and every dental treatment is a compromise. However, the newly approved zirconia implants (www.z-systems.biz, www.cerraroot.com) offer more options, which make implant placement a more desirable solution.

Dr. Michael Baylin attended Rutgers University and graduated Summa Cum Laude from the University of Maryland Dental School in 1966. After serving as a Captain in the United States Air Force, he joined his father in the practice of general dentistry. Over the past 44 years, Dr. Baylin has done extensive research and continued studies in a broad range of fields, including all areas of general and cosmetic dentistry, headaches and facial pain, dental and oral infections, mercury-free dentistry, biocompatible materials, safe mercury removal, homeopathy, physiologic dentistry, Autonomic Response Testing, biooxidative therapies, dental implants, laser therapies, advanced occlusal therapies, and natural medicine. Patient dedication, a commitment to lifelong learning, technical excellence, and an early interest in prevention and minimally invasive dentistry is the foundation for Integrative Dentistry. Learn more at www.drmichaelbaylin.com.

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**MYTHBUSTERS!**

Dr. Morton Satin, PhD, explains the non-science behind the anti-salt campaign, while Denise Minger busts The China Study myths.
Dental Cavitation Surgery
Appropriate Pre- and Post-Extraction Protocols
When Surgical Intervention is Necessary

By Louisa L. Williams, MS, DC, ND

The decision to pull a tooth is a very important and permanent one. It requires the active participation of the patient, the holistic physician/practitioner, and the biological dentist. If tooth extraction (or surgery of a former extraction site) is deemed necessary, individuals greatly enhance their chances of a positive outcome by adhering closely to pre- and post-cavitation surgery protocols.

A dental “focus” is defined as an area anywhere in the mouth—whether a tooth or an extraction site—that is chronically irritated and/or infected. These “dental focal infections” can include impacted wisdom teeth, incompletely extracted wisdom (and other) teeth, failed root canals, failed dental implants, and devitalized teeth (from deep fillings, crowns or physical trauma). What makes chronic dental focal infections so particularly difficult to diagnose is their relative silence in the mouth. That is, in contrast to acute illnesses such as ear infections that can feel quite fiery and hot, typically dental foci “smolder” for years, manifesting only mild and intermittent symptoms of pain and swelling.
DENTAL FOCI AND DISTURBED FIELDS

However, what is not silent are the “disturbed fields” which these dental focal infections typically cause in the body. For example, although a left lower (number 17) impacted wisdom tooth may manifest no significant pain or inflammation locally, the patient may be quite aware of distal symptoms related to this site. Chronic left shoulder pain and/or intermittent heart pain and palpitations are classic signs and symptoms of the disturbed fields secondary to this chronic dental focal infection (Figure 1).

Note that these symptoms are also ipsilateral; that is, on the same side as the dental focus. If, for example, a patient complains of chronic right-sided symptoms such as writer’s cramp (wrist tendonitis), right hip or shoulder pain, and right sciatica, a knowledgeable doctor or practitioner would first want to rule out an ipsilateral—that is, right-sided—dental focal infection (Figure 2). This tendency of dental foci to cause ipsilateral disturbed fields is therefore an excellent diagnostic clue that can be used in helping to determine the primary cause of a patient’s particular chronic one-sided symptoms.

CONSERVATIVE BIOLOGICAL DENTISTRY

Good dentists do everything possible to try to save a tooth. They don’t recommend extraction—or even a root canal—until all other avenues of treatment have been exhausted. These can include ozone injections to try to heal infection in the tooth, laser treatments, isopathic remedies (Notatum 4X, Aspergillus 4x, etc.), and nutritional support (ubiquinol/CoQ10, crystal sulfur/MSM, Schuessler’s cell salts, original Quinton Marine Sea Plasma, etc.).

Additionally, both biological dentists and holistic physicians and practitioners endeavor to first adequately diagnose what’s wrong with the tooth (or socket) in order to determine the underlying problem. For example, if a patient is eating excessive sugar this could be the true cause of pain and inflammation manifesting in a first molar. This tooth has a reflexive relationship with the pancreas and stomach. By changing one’s diet (and nothing is more motivating than the thought of a root canal or the loss of a tooth) to a nutrient-dense one and avoiding refined sugar, along with supportive nutritional supplementa-

tion, the first molar can often be saved.

It should also be noted that it is essential in most cases to clear the teeth of any toxic dental materials such as mercury amalgam, and aluminum and nickel in conventional porcelain and gold crowns, before extracting teeth. Clearing the mouth of these heavy metals often removes a galvanic dental focus. This term refers to the intermittent pain or irritation (or no local symptoms) induced in a tooth from two different metals placed on or near a tooth.

DENTAL GALVANIC FOCI

Dental galvanism, or electrogalvanism, can even occur from just one amalgam filling since these fillings themselves are a mixture of mercury, silver, copper, tin and zinc. However, galvanic dental foci typically arise from a highly positively charged gold crown placed on or near a highly negatively charged mercury amalgam filling. When mercury makes contact with gold in the mouth, a galvanic cell or “dental battery” is formed, with a current running between the mercury (functioning as an anode) and the gold (functioning as a cathode). The resulting anodic corrosion of mercury in these dental batteries has been measured at ten to twenty times higher than corrosion in a single amalgam filling alone.

As previously described, these strong electrical currents that create a dental galvanic focus can be relatively asymptomatic locally, but refer pain to distal parts of the body (ipsilateral disturbed fields), or they can cause intermittent mild irritation or pain in the tooth itself and surrounding gums. Unfortunately many dentists misdiagnose galvanic pain and refer patients to endodontists for a root canal. This is very disturbing to see in a patient’s history since these galvanic foci could have been cleared conservatively by simply replacing the gold and mercury with metal-free alternative dental materials, and thus saving the tooth.

Therefore, if your dentist recommends a root canal for a sore or painful tooth, it is essential to get a second opinion. In fact, the ready recommendation of a root canal should be a red flag for any patient to seriously consider changing from a conventional dentist to a biological (holistic) one. Your health—and even your life—depend on it.
HIGH QUALITY X-RAYS ESSENTIAL

A periapical view, which is a specific x-ray of the root of the tooth in question, is essential to diagnosis. If there is a clear radiolucency at the root of the tooth; that is, a black circular area, this is an indication of a cavitation or hole in the jawbone. This area of chronic ischemia (lack of blood supply) and infection is referred to by various terms (osteonecrosis, osteomyelitis, NICO, etc.), but broadly speaking it is a dental focal infection. When there is an obvious radiolucency apparent on x-ray there is very little one can do to save the tooth, although some dentists have been able to reduce and even clear very small cavitation areas through ozone injections. However, in most cases, when the x-ray is positive, the decision whether to do a root canal or extract the tooth then needs to be made.

If the periapical view of the tooth is negative; that is, no black radiolucency or other signs are apparent, then the biological dentist and physician endeavor to do everything possible to save the tooth with holistic therapies and supplements. However, it is important to remember that x-rays are not always definitive in determining dental foci. In fact, radiological evidence of a bone cavitation area is not even visible until as much as thirty to fifty percent of the jawbone is destroyed. So if symptoms continue despite holistic care, further imaging studies may be appropriate such as a 3-D Cone Beam Scanner, which uses digital technology to record images, revealing much more than simple “flat” x-rays.

ROOT CANAL OR EXTRACTION?

The irreversible decision of whether to have a root canal or extraction should only be made when both the dentist and doctor have exhausted all conservative measures to try to reduce the infection and save the tooth. When these efforts have failed over time, the first decision a patient must face is whether to have a root canal procedure or to extract the tooth. Dr. Weston A. Price, the quintessential holistic physician, always weighed the state of the tooth against the health of the patient:

“... all pulpless teeth, root filled or not, harbor so much danger of becoming infected that they should be extracted, though the time as to when they should be extracted will depend on several contributing factors. If the patient belongs to a family in which there is a low defense for streptococcal infection, it had better be soon. If the patient is in another group with a very high defense and not much danger of overloads, and if it is a tooth that is greatly needed by that patient, I would advise you to do what I do: retain some of those root filled teeth, because I believe they are of more value to the patient in the mouth than out.”

FIGURE 1.

FIGURE 2.
Price's counsel, delivered during a 1926 dental conference, still holds the weight of truth today. That is, most biological dentists and practitioners find that if a patient is in excellent health, he or she can handle the stress of a root canal tooth. However, it is important for this tooth, as well as any associated ipsilateral disturbed fields in the body, to be monitored over time. If at any point positive signs and symptoms arise, and the patient's health is compromised, then the decision as to whether the root canal tooth should be extracted must be reevaluated.

In contrast, if a patient has suffered from chronically ill health for many years, then the decision of whether to extract a devitalized or root canal tooth is clearer. In these cases surgery is typically very appropriate. Or, for example, if a patient receives a grave diagnosis such as breast cancer, it is important that all root canal teeth anywhere in the mouth—but especially ipsilateral to the breast—be cleared in the face of this serious disease in order to try to save the patient (Figure 3).

However, even when it's clear that a tooth can't be saved, simple extractions can be as irresponsible and ineffective as when an untrained conventional dentist removes mercury amalgam fillings. What is required is a knowledgeable and skillful dentist and sufficient pre- and post-surgery treatment in a well-prepared patient. This type of surgery is termed “cavitation surgery.”

HISTORY OF CAVITATION SURGERY

Cavitation has a dual meaning. As previously described, a cavitation is a cavity or hole of infection in a bone. In surgical nomenclature however, cavitation surgery is the term for the dental surgical procedure that removes diseased bone from within this cavity so that new healthy bone can grow back.

G.V. Black, DDS, MD (1836-1915), known as the “Father of Cavitation Surgery,” treated many of these areas of chronic osteitis (bone inflammation) at the turn of the twentieth century. In his two-volume opus entitled Work on Operative Dentistry, Dr. Black characterized these cavitations in the jawbone as a progressive “death of bone” which was able to “soften the bone, often hollowing out the cancellous portions of large areas of bony tissue.” As described previously however, Black was amazed that even the larger jawbone cavitation areas full of necrotic (dead) debris could cause no visible redness, swelling or increase in patients' temperature. However, when these bone cavitation lesions were opened freely and every particle of softened bone removed until good sound bone forms...’’ Black found that “...generally, the case makes a good recovery.” Thus, Dr. Black identified the serious pathological processes that are generated in infected teeth and bone, noted that these chronic dental focal infections were often relatively silent, and pioneered the cavitation surgery methods that are still being emulated today by trained biological dentists in the removal of these dental focal infections.

CHOOSING A BIOLOGICAL DENTIST

Biological dentists who specialize in cavitation surgery attend continuing education courses to learn how to most expertly extract devitalized teeth, as well as how to effectively clean out extraction sites that harbor infection from previously incorrectly extracted teeth. The primary cause of these jawbone cavitations in extraction sites is the failure of the conventional dentist or oral surgeon to remove all of the periodontal ligaments when pulling a tooth. These remaining periodontal ligament pieces later act as a barrier to the creation of new blood vessels and, therefore, to the regrowth of new bone. Dr. Hal Huggins likens the severity of this dental omission to the failure of removing the placenta (afterbirth) after delivering a baby: “Bone cells will naturally grow to connect with other bone cells after tooth removal—providing they can communicate with each other. If the periodontal ligament is left in the socket, however, bone cells look out and see the ligament, so they do not attempt to ‘heal’ by growing to find other bone cells.”

In these incomplete extractions, approximately two to three millimeters of bone will superficially grow over the socket area, but beneath the bone a hole, or cavitation, will remain (Figure 4). As described previously, the term for the degeneration of bone in these cavitation...
areas, osteonecrosis, is defined as the death of tissue due to poor blood supply. Synonyms of osteonecrosis are inflammatory liquefaction, and, more familiarly, gangrene. Although this latter term may seem exaggerated since it conjures up ghastly images of partial amputations on the battlefield, for those of us who have witnessed a biological dentist spooning out oily black mushy bone from an osteonecrotic cavitation site, the term seems perfectly appropriate (Figure 5). Many dentists have this diseased tooth and bone tissues analyzed through pathology labs (contact Dr. Jerry Bouquot at (713) 500-4420, or jerry.bouquot@uth.tmc.edu). In one clinical study of thirty-eight patients referred by me to Dr. Russ Borneman for cavitation surgery, one hundred percent showed positive histological (tissue-related) signs of ischemic osteonecrosis (bone death) and osteomyelitis (bone marrow infection), thus confirming the clear pathological tissue within these dental focal infections.6

It is essential to choose a well-trained and skillful dentist or oral surgeon to treat these ischemic cavitation sites. The best referral comes from your holistic doctor or practitioner if he or she is knowledgeable about dental focal infections. Referral from a family member, friend, or work colleague who has had success with a particular biological dentist can also be valuable. Additionally, going to the websites of the three major biological dental organizations in the U.S. can help further narrow down the decision-making process of choosing the right professional for this very specialized surgery. These organizations are: the International Academy of Biological Dentistry and Medicine (www.iabdm.org); the International Academy of Oral Medicine and Toxicology (www.iaomt.org); and the Holistic Dental Association (www.holisticdental.org).

PRE- AND POST-SURGICAL PROTOCOL

Every biological dentist or oral surgeon has suggested procedures to follow before and after surgery. The following protocol is based on my experience over the past two decades preparing patients for surgery and treating them afterwards, and I hope can add to and support the biological dentist's directions. With this protocol, along with carefully diagnosing for whom, as well as when, cavitation surgery is appropriate, and most important, the skill of a well-trained dentist or oral surgeon, I have had a ninety-nine percent success record since 1996.

PRE-CAVITATION CONSIDERATIONS

In the majority of cases it is best to clear the mouth of heavy metals before cavitation surgery. In fact, this may even obviate surgery in some individuals who have galvanic-induced dental foci as described previously. Additionally, patients with non-toxic dental restorations heal much better from surgery than those with toxic metals in their mouth. In contrast however, mercury removal is often contraindicated in cancer patients (until the tumors are cleared and lab tests negative), whereas cavitation surgery to remove the root canals and other devitalized teeth can be clearly indicated, tolerated well, and even life-saving in this population of patients.

PRE-CAVITATION CONSIDERATIONS

It is also important that liver detoxification pathways and kidney clearance functions are as optimal as possible. A simple Comprehensive Wellness Profile (CWP) from Direct Labs (www.directlabs.com) is a very affordable (over $500 worth of tests for only $97) and easy blood test to run to determine the functioning of these, as well as other organs and systems, in the body. Of course, a complete history and exam should also be performed by the holistic doctor or practitioner and the biological dentist to further assist in making the decision if the patient is healthy enough to undergo dental surgery.

If an individual is very ill, it is often necessary to have this patient on his or her deepest homeopathic constitutional remedy for at least a month or two in advance, in order to facilitate immune, metabolic, and nervous system functioning before surgery. The new Sankaran sensation method of constitutional homeopathy is the single most curative modality known by this author to achieve health, and thus prepare an individual for a successful surgical outcome.

Another important assessment to make be-
fore surgery is to determine whether the patient has a major tonsil focus. Chronic tonsil focal infections and chronic dental focal infections feed into each other and further infect each other. Patients with a chronic tonsil focus who want to have their wisdom tooth cavitation sites treated, for example, often don’t heal well. This observation was made in the 1920s by Dr. Henry Cotton (1876-1933), a brilliant, if controversial, psychiatrist who specialized in researching the effect of focal infections in the onset of mental illness. In his book, The Defective, Delinquent, and Insane, Cotton asserted that in most cases the wisdom teeth were not infected because they were impacted but were impacted because they were infected, and that this “infection is transmitted from the tonsils.” Before these suspected primary tonsil focus patients have dental surgery therefore, it is important to reduce the tonsil focus through avoiding commercial pasteurized dairy (the typical allergy food that causes chronic upper respiratory infections and the tonsillitis in childhood that eventually coalesces to a more hidden chronic tonsil focal infection later in life), rubbing Notatum 4X drops over the tonsils on the upper anterior neck area, and to be on their constitutional homeopathic remedy according to the new Sankaran system.

Finally, vegans, and even many lacto-ovo-vegetarians typically do not have enough protein to heal tissue adequately. Vegans and even many lacto-ovo-vegetarians typically do not have enough protein to heal tissue adequately. If a patient is deficient in protein, and if so, the encouragement of eating more eggs and dairy (if there is no allergy) as well as meat broths if the patient is willing, is often needed for at least one to two months in order to have a successful surgical outcome.

THE FIVE HEALING DAYS

It is imperative for patients to take at least three days off after surgery, but the most optimal protocol is to take the day of, plus the following four days off, a time period I have labeled as the “Five Cavitation Surgery Healing Days.” Patients should plan to rest and avoid any strenuous physical activity during this time. In fact, any exercise (except slow and short walks) or vibration from extensive car and plane travel can delay, and even block, healing of the surgery site.

This rest and healing time is significant because if a “dry socket” forms from the invasion of bacteria in the area between the blood clot and the bone and the blood clot is lost, the surgery almost always must be redone at some later point. Dry socket is signaled by significant pain in the surgical site or the ipsilateral ear, and typically a foul odor. The standard treatment of antibiotics often does little because there is no blood flow in the area, and eugenol from the oil of cloves may actually further impair healing of the site. I typically recommend more Notatum 4X drops and laser treatments, as well as a castor oil pack on the suspected disturbed field (stomach, small intestine, liver, etc.) in the body. The best course of action though is for patients to take five full days off and follow this protocol carefully in order to allow complete healing of the site, and

FIGURE 5. Necrotic bone on left, healthy bone on right.
therefore only have to undergo this cavitation surgery procedure once.

The use of a therapeutic laser (830 nanometers and 100 milliwaits) is so effective during these five days in healing the inflamed nerves and soft (gums) and hard (bone) tissues, that it has become a *sine qua non* in my post-surgical protocol (available from jarek.mfg@shaw.ca). Patients rent this laser so they can use it in the comfort of their own home, treating the surgical site for one minute at a time, anywhere from six to ten times a day. This laser is so healing to tissue that it often obviates the need for any pain medication, or at the least, considerably reduces the amount of pain pills needed.

Isopathic drops such as *Notatum 4x* and *Aspergillus 4x* ([www.bioresource.com](http://www.bioresource.com)) are especially helpful post-surgically to augment healing in the site. Further, they can be dropped onto the surgical site at a protocol of two to three drops, three times a day during these five days, and then one or two times a day for one week afterward. When the laser is next applied over the site, these isopathic drops are then photophoretically driven into the surgical site for even deeper healing.

Acute homeopathic remedies are also an important component in this protocol. *Arnica montana 30C* is most commonly prescribed to reduce pain and heal the bruising post-surgery at a dose of two pellets, three times a day, for five days, and then once a week thereafter. If the surgery was very deep and there is a chance that the maxillary (upper jaw) or mandibular (lower jaw) trigeminal nerve was injured, *Hypericum perforatum 30C* should also be taken at a different time of the day, but at a similar dosage schedule as the *Arnica*. If the surgery was particularly extensive and intense, patients may want to take the stronger 200C potency of both of these remedies. However, for those individuals who are already on their constitutional homeopathic remedy, usually redosing this remedy one to two times after surgery is all that is required.

One to two vials of the mineral-rich Quinton Marine Sea Plasma ([www.originalquinton.com](http://www.originalquinton.com)) taken daily after surgery further ensures healing of the gums, jawbone, and neighboring teeth during these five days. Patients should hold the contents of each vial in the mouth for approximately a minute or more before swallowing. Finally, nutrient-dense bone broths are essential during these five recovery days. A clear broth from grass-fed organic beef, chicken, turkey, lamb, or from wild fish is especially important the first two days when the surgical incision has not fully closed and you don’t want any food particles to get lodged in there. Later you can purée vegetables (carrots, squash, turnips, onions, kale, etc.) to make a thicker soup to stave off hunger and supply more needed vitamins and antioxidants for further healing of tissues.

**POST-SURGERY OFFICE VISIT**

Besides the post-surgery dental visit to check on healing of the site and to remove any stitches, it is important for the patient to also see a doctor or practitioner knowledgeable in focal infections. At that visit the surgical site is checked, any neighboring autonomic ganglia (groups of nerve areas that can hold bacteria and other toxins transported from nearby ipsilateral dental foci) are treated, and any related disturbed fields caused by the focal tooth (or extraction site) are addressed if necessary. This clean up of all the areas in the body disturbed or infiltrated by infection from the chronic focal infection ensures more complete healing of the site, with no reflex “back flow,” or re-introduction of toxins or microbes, back into the dental focal area.

**CONCLUSION**

It is important that the decision whether to sacrifice a tooth or repeat surgery of an incompletely extracted site be made by the team of a doctor or practitioner knowledgeable about focal infections, a skillful and experienced biological dentist, and an informed patient. Appropriate pre- and post-surgery protocols can ensure a successful outcome and complete healing of the surgical site. For more information on diagnosing and treating dental focal infections please refer to my book, *Radical Medicine* ([www.radicalmedicine.com](http://www.radicalmedicine.com)).

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A GAPS Case Study
How Dental Treatments Complicate Symptoms and Healing

by Natasha Campbell-McBride, M.D.

Chronic gut dysbiosis, or Gut and Psychology Syndrome (GAPS), is very common today among populations in all parts of the world. Each person with a GAPS diagnosis presents a unique set of symptoms and health history that require significant time and effort by the health care practitioner to fully understand in order for the right healing protocol to be chosen.

The patient’s dental health history also plays a crucial role in deciding the appropriate healing protocol to prescribe for patients with complex conditions. The case study presented here involves a typical GAPS patient whose chronic symptoms were aggravated and complicated by dental treatments. Such patients require the coordinated care of a network of holistic practitioners in order to make real progress toward restoring their health.
INTRODUCING THE CASE

Ann first contacted me in October 2007. She was fifty-eight years old at the time, a fragile-looking lady—thin, pale, with dark circles around her eyes and a feeble voice. The long list of symptoms Ann presented with would have made any doctor’s head spin. Here is the register of her symptoms at that time:

- Digestive problems: abdominal pain after food and between meals; bloating, abnormalities in her stool ranging from loose to constipation; indigestion and reflux;
- Chronic cystitis with symptoms of burning and cramps while passing urine;
- Bed wetting;
- Food intolerances: she could only tolerate a handful of foods, and even those were causing reactions;
- Chronic fatigue to the point of having to spend weeks in bed;
- Headaches of varying intensity;
- Dry, itchy and cracked skin;
- Chronic sinusitis: her voice was nasal and her nose was constantly runny; she had acheing pain over her sinuses;
- Muscle pain, muscle spasms and cramps: these symptoms were so bad that Ann had to walk many nights in order to control them. She resorted to sleeping with tight shoes, which prevented cramps somewhat and allowed her to sleep a bit more.
- Joint pain, which migrated from one joint to another every few days;
- Dizziness, vertigo and tinnitus;
- Poor concentration and memory;
- Sensitivity to light;
- Sudden loss of hearing in one ear;
- Extreme sensitivity to electrical equipment and chemicals;
- Bad breath;
- Shooting pain in limbs which often led to cramps;
- Strange sensations in her limbs, including a feeling of “crawling all over,” a feeling of “hot water being poured onto her,” and numbness;
- Fluid retention on and off: at the worst times her face, hands and legs would swell and visibly stretch her skin;
- Brittle hair and nails;
- Sore lumpy breasts;
- Sore tongue, burning lips and mouth. Ann’s lips looked purple and sore, her tongue was cracked, purple and enlarged.

Visiting various mainstream doctors, Ann had been diagnosed with several serious degenerative conditions at once: multiple sclerosis, nephropathy, chronic interstitial cystitis, chronic fatigue syndrome, atopic dermatitis, chronic sinusitis, and irritable bowel syndrome (IBS). A plethora of various medicines was prescribed. Ann tried some of them and got worse. Eventually, she gave up on the mainstream medical approach, as she could not get any real help from it. She did not believe in taking drugs and tried to avoid them as much as possible. In fact, she felt that if she had taken the drugs that were prescribed to her by various specialists she would have been much sicker. She tried some alternative treatments, but did not find relief from them either; various nutritional supplements prescribed to her made her symptoms worse. Ann became very cautious when trying anything new, as she seemed to react to everything: foods, drugs, supplements, electricity, TV, computer screens and mobile phones.

HEALTH HISTORY

Ann was bottle-fed as a baby. As a child she was a fussy eater with very poor appetite, had mild eczema and was susceptible to infections. She suffered from digestive troubles all of her life.

In her teens she suffered abdominal pain so severe that it resulted in an exploratory operation during which her appendix was removed (the appendix was in fact healthy and was removed “prophylactically”). At eighteen Ann tried taking contraceptive pills, but had to stop as she got severe cramps in her calf muscles and lethargy; she also developed a non-healing ulcer-eczema patch on her face for three months, which healed only when she stopped taking the pill.

After having her first child at age twenty-one Ann suffered regular bouts of cystitis. Since then her cystitis had become chronic: she had to set an alarm clock to wake up in the middle of the night to empty her bladder, otherwise she would...
Ann was aware that her amalgam fillings could be contributing to her health problems, so she was keen to remove them.

Wet her bed. After her second child she developed constant diarrhea, nausea, bloating, flatulence, burping and abdominal pain.

Gradually Ann developed other symptoms, and at age thirty-five was tested for food allergies. She saw some improvement when she removed wheat and food additives from her diet. At the same time she tried a few nutritional supplements, but most of them made her symptoms worse.

Throughout her life Ann underwent a lot of dental treatments; she had several amalgam fillings, root canals, two gold crowns and several white fillings in her teeth.

She entered menopause at age fifty-one with hot flushes.

GAPS PROTOCOL IS INTRODUCED

Ann implemented the GAPS Nutritional Protocol and found that most of her symptoms improved. She could sleep through the night without wetting her bed, her leg cramps and joint pain reduced considerably, and her energy levels became almost normal. Her skin was still a bit dry but not itchy anymore, and her digestive symptoms were almost gone; she suffered from occasional headaches but nothing as bad as before, and her fluid retention was gone. Though she was slightly underweight, she felt strong enough to enjoy her life.

Initially she could not tolerate any supplements at all, but since having implemented the GAPS diet she began taking cod liver oil and probiotics, which she had to introduce very slowly because of severe die-off reactions. One of her die-off symptoms was the development of swollen and very sensitive lips.

Ann was aware that her amalgam fillings could be contributing to her health problems, so she was keen to remove them. In preparation she started taking a supplement (dried seaweed), which is commonly recommended by dentists before and after amalgam removals as a heavy metal chelator.

SEAWeed REACTION

Just one capsule per day of the dried seaweed caused a serious regression in Ann's symptoms: painful joints and gastrointestinal problems, and her lips became red and sensitive. When Ann increased the dose to two capsules per day, she became very ill: her lips became swollen, itchy and purple in color, her energy plummeted, and she suffered diarrhea and headaches. Her sleep was disturbed and was punctuated with very vivid dreams and she felt lethargic. Her joints became stiff and she developed leg cramps, a stiff neck and swollen feet. A skin rash appeared on her back and shoulders, her eye lids became swollen, and dark circles formed around her eyes. Ann had to stop taking the seaweed, and it took a few months for her symptoms to subside. Removing fish from her diet helped. Ann's lips became less swollen and her skin rash finally cleared.

CONVENTIONAL AMALGAM REMOVAL

In June 2009 Ann went to her conventional dentist who removed one large amalgam filling, which proved to be a disaster. Within two minutes Ann was struck with heart palpitations. By the time she got home her lips were purple and swollen, her mouth was painful and very sensitive, and her energy plummeted.

Ann developed severe cramps in her legs to the point that she could not sleep: she had to walk most nights to relieve the cramps. She had an almost constant headache and pain all over her body. Ann was debilitated for the entire summer, unable to perform any activity.

By September 2009 she started feeling a bit better and her energy levels had improved. But she had to sleep with shoes on in order to prevent leg cramps, and her bed wetting had returned. Her water retention became bad again, her mouth was painful and she had white patches on the inside of her cheeks. She had shooting pains in her legs, which she described as "electric shock impulses," and she developed an intolerance of electrical devices to the point of not being able to use a TV remote control or be near plug sockets. Her white blood count was low and she had deficiencies in many nutrients despite following a very nutrient-dense diet.

HOLISTIC DENTAL APPROACH

We found a holistic dentist for Ann, who identified a condition called oral galvanism, wherein an electrical "battery" is formed in the mouth between various metal fillings. The
electrical currents generated by this “battery” interacted with the nervous system, giving Ann various unpleasant neurological symptoms, such as shooting pains in her legs, muscle cramps, numbness and abnormal sensations in various parts of her body. At the same time we performed a MELISA® blood test for allergies to metals. The test showed that Ann was allergic to gold, nickel and palladium, all of which were present in her dental fillings and crowns. Her blood had a toxic reaction to mercury, lead, titanium dioxide, tin, chromium, manganese, beryllium, copper and gallium.

A consultation with Ann’s holistic dentist resulted in a decision to remove all crowns and fillings from Ann’s mouth, including the white fillings, as they contained palladium. The process of slow removal was begun in the summer of 2010 and is still underway. Ann is very sensitive to every intervention: after every treatment her symptoms get worse and it takes her a few weeks to start feeling strong enough to go to the dentist again. By the time all gold and mercury were removed from her mouth, she started experiencing improvements in her general health. However, the “electric battery” in her mouth is still active, as she has several amalgam “tattoos” in her gums and jaws, which show a negative electrical charge. Remnants of a very old amalgam filling have been discovered in her jaw bone underneath a tooth, which had been removed several years ago. Removal of those fragments has brought some improvements.

By March 2011 Ann, now age sixty-one, had numerous dental procedures and removals of metals, root canals and crowns. She had three operations when part of her jaw bone and gum had to be removed, as she had fragments of mercury amalgam in the bone. After every treatment she had a reaction: painful back, painful stomach, severe thirst, leg cramps, bed wetting and other symptoms. These reactions usually lasted a few weeks. Her oral galvanism is now much better, but she still has measurable electrical currents in her mouth, which change polarity and direction after every dental procedure. Her dentist has a device to measure these electrical currents.

ENORMOUS IMPROVEMENT

Overall, however, Ann has improved beyond recognition: she feels well most of the time, she looks well and energetic, has color in her face and strength in her voice. She recently managed to travel around the country with her family and sustain her energy and activity. Her legs are more “normal” now; cramps and various strange sensations have become rare. She still cannot be near a computer, but can now tolerate electrical lights. Her bed wetting is much better and she is able to sleep without shoes most nights as her leg cramps have abated. Ann adheres rigidly to the full GAPS diet with limited fruit. She can now tolerate a few supplements: six capsules of probiotic per day, 15 mg of zinc per day, a few drops of fermented cod liver oil, and some natural vitamin C.

Ann still has a few dental cavitations to remove. Cavitations are hollow spaces in the jaw bone left after incorrectly executed tooth extractions when the dental ligament has not been removed after the extraction. Cavitations are filled with infection, toxins and mutated immune cells, and can have a very damaging effect on the whole body. Ann’s holistic dentist referred her to a specialist in this area, who has a machine called Cavitat for identifying cavitations. Ann actually looks forward to this treatment. Despite the fact that dental treatments are very traumatic for her, she now knows that they are slowly but surely bringing her health back.

DISCUSSION

This case shows a typical GAPS patient whose situation has been aggravated and complicated by dental treatments. As she first implemented the GAPS nutritional protocol, Ann had great improvements in her health. Her reaction to seaweed demonstrated that her body had a problem with mercury and other toxic metals. As the seaweed started shifting mercury in her body, her symptoms got worse. On her GAPS program Ann felt strong enough to face the dentist and remove one of her biggest amalgam fillings. As this source of toxicity in her body became disturbed, she had severe regression of all her symptoms. That amalgam was removed by a conventional dentist whom she chose for cost reasons. We found a holistic dentist for Ann to work with, and very slowly through removing everything dentists have put into her mouth throughout her life, Ann’s health began to improve.

Modern conventional dentists use many toxic chemicals and metals, most of which can affect overall health of the body. A considerable percentage of MS (multiple sclerosis) cases, ALS (amyotrophic lateral sclerosis), various other neurological conditions, leukemia and Hodgkin’s lymphoma, chronic fatigue syndrome, fibromyalgia, ME (myalgic encephalomyelitis) and various autoimmune conditions are caused by dental treatments. Despite all negative publicity and mountains of scientific evidence of harm, mercury amalgams are still being used by dentists in the Western world today, because they are inexpensive and easy to handle.

Root canals are another source of infection and toxins. Starting from Weston A. Price, who researched root canals extensively, many specialists have come to the conclusion that root canals have no place in the body. Cavitations and oral galvanism are other extremely damaging conditions created by our modern dentistry. Most metals used in the mouth can create allergies in the body, where the white blood cells are literally being
destroyed. As a result you may find that these patients have consistently low white blood cell count. The MELISA® test identifies allergies to metals, as well as toxic reactions of the patient’s leucocytes to metals.

UNIQUE INDIVIDUAL RESPONSES

Clinical experience shows that it is not the amount of metals in the body that is important but the person’s sensitivity to them. A person may have very high levels of mercury (or another toxic metal) in the body and be perfectly healthy, because this person’s immune system is keeping it under control and the body is not reacting to it. Another person may have very small amounts of mercury (or any other toxic metal) in the body, but because this person is sensitive the result can be a serious illness. GAPS people are usually sensitive to metals. Previous tests had shown that Ann’s levels of heavy metals in her body were low, so they were consistently dismissed as “normal.” But because Ann is very sensitive to metals, those low amounts caused havoc in her body.

It is essential for any GAPS patient to work with a holistic dentist rather than with a conventional one. GAPS patients with metal fillings, crowns, bridges, braces, root canals and any other dental materials in their mouths (metals in particular) should be referred to holistic dentists for evaluation. Only a holistic dentist would know how to measure and diagnose oral galvanism, cavitations, and how to remove mercury amalgams safely. Conventional dentists are not trained in these areas. We may otherwise struggle in vain to help a chronic patient whose problems are created by modern dentistry.

This is just one example of a typical GAPS patient. Every person is unique and can present a unique puzzle for a health practitioner to solve. GAPS conditions are very common and I am overwhelmed by the demand for help from GAPS patients from all over the world. These people need a network of practitioners who can help them in their local area.

FARM FOOD BLOG

WAPF webmaster Jill Nienhiser started her own blog this summer: Farm Food Blog. It’s part of the Real Food Media network (realfoodmedia.com) and covers the food, farmers, plants, and animals on small, local, sustainable, pasture-based farms, as well as farm food freedom issues. She also includes a number of her own recipes. Go to farmfoodblog.com where you can subscribe via RSS or email, like her Facebook page, or follow her on Twitter.

Pictured left, Jill's entry into the Farm-to-Consumer Legal Defense Fund FundRAISER scarecrow contest, Alice in the Wonderland of Processed Food.

GAPS PRACTITIONER TRAINING

I am happy to announce that in the last three months we have completed four GAPS Practitioner Training Courses in the USA, part of which involved going through cases like Ann’s. I have trained some one hundred sixty doctors, nutritional therapists, dieticians, chiropractors, homeopaths, osteopaths, acupuncture specialists and other active health practitioners with an established practice to implement the GAPS protocol on individual bases and to work with these very complex patients. We now have a list of Certified GAPS Practitioners on www.gaps.me for people to contact. There will be more training courses for practitioners in the next year. Dr. Natasha Campbell-McBride, MD, holds two postgraduate degrees in neurology and human nutrition. She has a clinic in Cambridge, UK. She is the creator of the term GAPS or Gut And Psychology Syndrome and Gut And Physiology Syndrome, which establishes a connection between functioning of the digestive system and the rest of the body. She has written two books: Gut and Psychology Syndrome, and Put Your Heart in Your Mouth. She has a large following with patients and health practitioners adopting her GAPS Nutritional Protocol for treating disease.
Know Your Fats
TRANS FATS IN THE FOOD SUPPLY
By Sally Fallon Morell

Industrial trans fatty acids are unnatural fat molecules formed by a process called partial hydrogenation. (A small amount of a beneficial isomer of trans fat is found in meat fats and butter.) In the partial hydrogenation process, heated liquid oils are flooded with hydrogen gas in the presence of a nickel catalyst. This process causes a rearrangement of the hydrogen atoms in the fat molecule, moving one or more hydrogen atoms across to the other side of the molecule (trans means across), causing the polyunsaturated fat molecule, which is normally bent or wavy, to straighten out into a straight molecule. These straight molecules pack together easily, so they behave chemically like saturated fats. They are solid at room temperature and stable; the food processing industry prefers to use cheap partially hydrogenated fats rather than more expensive saturated animal fats or tropical oils for baked goods and fried foods.

In recent years, scientists have consistently pointed to the health dangers of dietary trans fats. In 2005, the National Academy of Sciences (NAS) stated "that dietary trans fatty acids are more deleterious with respect to coronary heart disease than saturated fatty acids." In addition, trans fatty acids have been increasingly implicated as contributing to type-two diabetes, cancer, heart disease, auto-immune disease, tendon and bone degeneration, and problems with fertility and growth. Because of these facts and concerns, the NAS concluded there is no safe level of trans fat consumption. As a result of these recommendations, the FDA required labeling of trans fat content of food beginning January 1, 2008.

Faced with the new labeling requirement, the food industry has worked hard to minimize the levels of trans fats in processed foods. Many foods are touted as "trans fat free," but in fact do contain trans fats. This is because food manufacturers are allowed to claim "zero trans fats" if the food contains .5 grams of trans fat or less per serving.

Often serving sizes are very small, so that

<table>
<thead>
<tr>
<th>NAME OF PRODUCT</th>
<th>Trans fat on label (g/serving)</th>
<th>Total Fat (g/serving)</th>
<th>Serving Size (g)</th>
<th>Actual Trans Fat (mg/g fat)</th>
<th>Actual Trans Fat (g/serving)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ruffles Potato Chips</td>
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<td>10</td>
<td>28</td>
<td>3.7</td>
<td>.04</td>
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<tr>
<td>Fritos Corn Chips</td>
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<td>10</td>
<td>28</td>
<td>2.5</td>
<td>.03</td>
</tr>
<tr>
<td>Ritz Crackers</td>
<td>0</td>
<td>4.5</td>
<td>16</td>
<td>51.9</td>
<td>.02</td>
</tr>
<tr>
<td>Hostess Donettes</td>
<td>0</td>
<td>12</td>
<td>57</td>
<td>20.9</td>
<td>.25</td>
</tr>
<tr>
<td>Oreo Cookies</td>
<td>0</td>
<td>7</td>
<td>34</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Goldfish Crackers</td>
<td>0</td>
<td>6</td>
<td>30</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Hellmann's Mayonnaise</td>
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<td>10</td>
<td>13</td>
<td>2.6</td>
<td>.03</td>
</tr>
<tr>
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<td>15</td>
<td>15</td>
<td>1.9</td>
<td>.03</td>
</tr>
<tr>
<td>100% Canola Oil</td>
<td>0</td>
<td>14</td>
<td>14</td>
<td>1</td>
<td>.01</td>
</tr>
<tr>
<td>100% Vegetable Oil</td>
<td>0</td>
<td>14</td>
<td>14</td>
<td>5</td>
<td>.07</td>
</tr>
<tr>
<td>Crisco Shortening</td>
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<td>12</td>
<td>11.8</td>
<td>1.4</td>
</tr>
<tr>
<td>Flavorite Margarine</td>
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<td>14</td>
<td>14</td>
<td>116.8</td>
<td>1.6</td>
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<tr>
<td>Land O'Lakes Margarine</td>
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<td>14</td>
<td>14</td>
<td>218</td>
<td>3.1</td>
</tr>
<tr>
<td>Country Crock</td>
<td>0</td>
<td>14</td>
<td>14</td>
<td>2</td>
<td>.03</td>
</tr>
</tbody>
</table>
consumers can end up eating quite a lot of \textit{trans} fat if they eat several servings.

\section*{TEST RESULTS}

The Weston A. Price Foundation contracted with the Burnsides Research Laboratory (see page 35) at the University of Illinois to test \textit{trans} fat levels in common grocery items. We found that \textit{trans} fat levels generally conformed to amounts of \textit{trans} fat on the labels (see Table 1), with all products labeled as "zero \textit{trans} fats" containing less than 0.5 grams of \textit{trans} fat per serving. Some of these serving sizes are very small, however: a serving size for chips is twenty-eight grams or just under two tablespoons. Someone eating a whole bag of potato or corn chips will be taking in quite a bit of \textit{trans} fats. The serving size for Ritz crackers is one cracker.

Yet, overall, it can be seen that the food industry has greatly reduced the levels of \textit{trans} fats in the food supply, In fact, Oreo cookies and Pepperidge Farm Goldfish crackers tested at zero; no \textit{trans} fats found.

In liquid vegetable oils, the \textit{trans} fat content is likely formed during deodorization, which involves a light hydrogenation process called "brush" hydrogenation.

\begin{table}[h]
\centering
\begin{tabular}{|l|lllll|}
\hline
&Serving Size (g) & Saturated & \textit{Trans} & Monounsaturated & Omega-6 & Omega-3 \\
\hline
Ruffles Potato Chips & 28 & 795 & 37 & 5401 & 2430 & 30 \\
Fritos Corn Chips & 28 & 1293 & 25 & 4940 & 4930 & 81 \\
Ritz Crackers & 16 & 771 & 233 & 770 & 1793 & 236 \\
Hostess Donettes & 57 & 4792 & 252 & 5303 & 1560 & 118 \\
Oreo Cookies & 34 & 1701 & 0 & 2893 & 1141 & 62.3 \\
Goldfish Cracker & 30 & 424 & 0 & 3116 & 1212 & 161 \\
Hellmann's Mayonnaise & 13 & 1680 & 26 & 1931 & 4915 & 718 \\
Wesson Oil & 15 & 1064 & 29 & 7910 & 2880 & 1191 \\
100\% Canola oil & 14 & 968 & 14 & 7554 & 2716 & 1321 \\
100\% Vegetable oil & 14 & 2113 & 70 & 3087 & 7476 & 1000 \\
Crisco Shortening & 12 & 1635 & 142 & 1262 & 3045 & 458 \\
Flavorite Margarine & 14 & 2076 & 1632 & 2071 & 4379 & 650 \\
Land O'Lakes Margarine & 14 & 2148 & 3052 & 1885 & 3171 & 414 \\
Country Crock & 14 & 1512 & 28 & 1392 & 3034 & 416 \\
Blue Bonnet & 14 & 904 & 203 & 1044 & 2415 & 336 \\
\hline
\end{tabular}
\caption{Fatty acid content of common supermarket goods, expressed as mg/serving}
\end{table}

\section*{REPLACEMENT FOR \textit{TRANS}}

We also tested these same products for levels of saturated, monounsaturated and polyunsaturated fatty acids. What we found were fairly high levels of saturated fat in these foods—saturated fat largely taking the place of \textit{trans} fats, an ironic move since \textit{trans} fats were first introduced into the market to take the place of saturated fat.

These saturated fats are coming from one of two sources: either naturally occurring saturated fat from palm oil, or manufactured saturated fats from fully hydrogenated vegetable oil (usually soybean oil). Full hydrogenation involves the same process as partial hydrogenation but the process goes on longer and more hydrogen is added.

The saturated fatty acids are then interesterified with monounsaturated and polyunsaturated fatty acids, creating triglycerides in which the arrangement of fatty acids results in the maximum benefit (stabilizing qualities) of the saturated fat. Interestéristification moves these fatty acids around with the result that the interestéristified fat has different melting and baking qualities. Fully hydrogenated oil is very hard, so only a small amount is needed—about 10 percent—to blend and interestéristify with the liquid oil to produce a spreadable fat. (See www.westonaprice.org/know-your-fats/interestéristification.)

These interestéristified oil blends may not contain \textit{trans} fats but they have their own dangers, the main one stemming from the very high heat applied during the interestéristification process. This ensures that the remaining unsaturated fatty acids will contain high levels of cancer-causing free radicals. Note, for example, that the \textit{trans}-free Goldfish cracker contains high levels of omega-6 and a small portion of omega-3 fatty acids. These are bound to be rancid, full of free radicals after initial processing followed by interestéristification. Country Crock "heart healthy" spread is very low in \textit{trans} fats but exceptionally high in fragile omega-6 fatty acids.

Lesson to be learned: Buyer beware. Just because a product is labeled "\textit{trans} free" does not mean it is healthy!
Margo is a delicate ten-year-old girl with a history of dental problems. However, it’s not Margo who suffers the most from this troubling legacy; it’s her mom. Even though Margo has been the dental patient, it is her mother who bears the painful realization that she has made unfortunate decisions in Margo’s dental health care. Mrs. Winski endures the ongoing pain of disillusionment in modern medicine.

It felt like a defeat on the battlefront to Mrs. Winski ever since she finally understood that she had chosen the wrong dentist and permitted her daughter to be subjected to what she now calls “archaic” medical measures. Amalgam fillings, antibiotics for a repeated gum boil, general anesthesia because of Margo’s overwhelming anxiety, and powerful painkillers were all used without much thought of their consequences. Yet the heaviest burden of guilt that Mrs. Winski bore was the fact that Margo’s dental problems took years to resolve, plus she developed food sensitivities as well as additional cavities after the last dental visit two years ago. Not unlike other mothers, she’s hard on herself.

INTERVENING WITH HOMEOPATHY

Advancing her mothering homework, however, which she now takes more seriously, Mrs. Winski learned that not only might homeopathy have helped heal her daughter’s dental infections, but likely could have allayed Margo’s fears and anxiety, and perhaps even helped to prevent future dental caries.

The silver lining in this story (pun intended) is that now Margo’s mom has become shrewd at finding the proper remedies for her child. First she bought a few homeopathy books, then attended a seminar and also met on the phone with a homeopath, but much of what she’s learned has been a direct result of her tenacious search for answers. Once Mrs. Winski decided on a plan of action, her strategies were rewarded with Margo’s improved dental health. Margo’s teeth no longer readily showed decay, abscesses healed and never resurfaced, and her child became calm during dental visits.

Here is the protocol Margo’s mom implemented:

• The first choice she made was to incorporate Calc phos 6x and Calc fluor 12x. These remedies are part of a special category of homeopathy called cell salts or tissue salts. They have a reputation for building bones and teeth. The family initiated a program of dissolving four pills of each in four ounces of water. Margo learned that she was to take a sip (about one teaspoon) three times every day. Of course, she also initiated dietary improvements, taking her daily bone broth and raw milk kefir.

• Now that Margo only visits a holistic dentist she will no longer receive amalgam fillings, and if the dentist must drill, Margo often doesn’t even need a local anesthetic. The potential pain is lessened by her mom’s strategy of using Hypericum just before entering the dental chair.

• Margo’s anxiety no longer appears to show itself thanks to the remedy Aconitum. Her mom gives her a dose the night before the dental visit, the morning of the visit, and finally just before entering the office.

• Mrs. Winski learned that Nux vomica 30, administered twice daily for one week helped with Margo’s ensuing gastrointestinal problems. Mrs. Winski believes the problems were brought on by the use of antibiotics. Nux vomica abolished stomach pains, newly acquired food intolerances and sleeplessness, and was crucial to Margo’s well being because it allowed her body to heal from the destruction of gut microorganisms.

Homeopathy is not a substitute for highly skilled holistic dentistry, but it is a vital adjunct and may even save trips to the dentist’s office.
It’s been two years since the new dental approach has been implemented in the Winski household. After years of caries, Margo has not had another since the time the family instituted their program. The abscesses never returned despite the previous antibiotic mistakes and Margo can even have wheat on occasion without regrets. But it’s that terrible anxiety and fear that she used to feel—now barely a memory—that makes this story end with a holistic smile.

Medicine ought to be our work horse, not homeopathy. Homeopathy is a medicine that belongs in the hands of mothers and others. It will not take the place of highly skilled holistic dentistry, but is a vital adjunct and may even save trips to the dentist’s office.

Joette Calabrese, HMC, CCH, RSHom,(Na) is a homeopathic consultant and educator. For a free download of her latest booklet, go to www.Homeopathy-works.net and click on “Treat Your Family’s Teeth with Homeopathy.” Then consider a fifteen-minute free consultation with Joette to see if homeopathy is the right strategy for you and your family. Telephone (716) 941-1045.

LET HOMEOPATHY WORK FOR YOU

It goes without saying that homeopathic remedies are unique in that they carry a big punch but are what I like to call “the polite medicine” as they carry no side effects. How great is that? Medicine that works and is also safe! It is crucial, however, that the correct remedy, potency and frequency be administered, otherwise the result may be less than desirable.

I have included as much as I can so that you may proceed at home with some confidence, but when I don’t mention the potency, (the number and letter after the remedy name) it is because a more thorough understanding of this science is required in relation to the person receiving the dose. In that case I urge you to contact a homeopath or make a point of studying posology (the study of dosages) in greater detail.

If you decide to learn only two remedies to begin your homeopathy dental journey, here are the most important:

**ARNICA MONTANA**

This remedy is often the first studied by students of homeopathy and is the exemplary go-to choice for trauma. If used in a low potency, such as 30C, it can help the sufferer in a rather modest way; however it becomes a powerhouse when used in a higher potency, such as 200 and above. As I caution my students, however, if you intend to use higher potencies, you need to strictly adhere to the rules of homeopathy and gain some sound experience with this medicine or contact your homeopath. The practice of using Arnica 200C is now so common in dentists' and surgeons' offices in the U.S. that local newspapers are reporting the phenomenon. This is the protocol I teach my students. Offer the remedy morning and night on the day before surgery. Then repeat the morning of and just before entering the chair. Arnica is used to prevent infection, minimize shock to the system, reduce swelling, suppress hemorrhage, and often calm the patient. This protocol is repeated as soon as possible after surgery and administered every 2-3 hours from that time, then repeated as often as required to eliminate pain. If pain is persistent, dose more frequently, perhaps every hour or two.

**HYPERICUM**

I’m reminded of the time when a tooth filled over thirty years ago finally gave way and cracked. The fracture had disturbed the integrity of the structure and the tooth had to be extracted. While in the chair, the dentist also discovered a small abscess on the bone. He removed the ligament and scraped the bone so that the infection wouldn’t spread. No problem. No pain, . . . well, until the local anesthetic wore off. Then the pain was beyond anything I had ever endured. I went, no, danced about in pain, to my homeopathy chest and sought out Hypericum 200. I knew a 30 potency would do nothing because of the severity of discomfort. In fact I should have begun with an even higher potency, but I wasn’t thinking very well at the time. Pain can cloud acumen. I won’t tell you what potency I used because it was so high that it is necessary to have quite a good deal of expertise in using it. I will share, however, that as long as I used that high potency of Hypericum every few minutes or so, the pain was gone within an hour! When it returned, I repeated the dosage. Within the first twenty-four hours, I took a dose every fifteen minutes. After that, I was able to reduce the time to every one to two hours. By the second day, the need was only occasional. I was able to conquer the pain from this surgery without anything but a reliance on my bottle of Hypericum.

Hypericum is for extreme pain, particularly when a nerve is injured. The more extreme the nerve pain, the more specific Hypericum becomes. Hypericum also helps deter infection and calm the nerves. No antibiotics, no pain relievers and no Valium. The cost of my bottle was twenty-two dollars, and I still have enough should someone else in my family experience severe nerve pain.
HOMEOPATHY FOR OTHER DENTAL URGENCIES

TOOTH TRAUMA: When a blow to the tooth loosens a tooth, then *Ruta* taken hourly will often tighten up the ligaments. But first, as always in an injury, the protocol is to start with *Arnica montana* to help stabilize and reduce the “shocky” feeling. By the time you get to the dentist or ER, you might need no more care than a quick evaluation.

FEAR AND ANXIETY: The most important remedy for horrible worry and dread, especially for children, is *Aconitum*. Those who need it sometimes display anger by stamping their feet and kicking with indignation. For those who are fearful with a sensation of weakness, particularly in the gastrointestinal tract, *Gelsemium* will likely improve the sensations. Other concomitant symptoms for the use of *Gelsemium* are diarrhea, sleepiness, memory loss and confusion. When the dental patient is more on the animated side, with loquacity that’s rapid and accompanied by tremors from fear, then *Argenticum nitricum* will likely be useful. In any of these cases, the more intense the situation, the more frequent the repetition and the higher the potency. A child’s extreme fear might be best met with *Aconitum* 200C every fifteen minutes until improvement. Usually it takes no more than 2-5 doses to witness a reaction.

PAIN FROM DENTAL BRACES: The pain from tightening braces is often relieved, sometimes within minutes, when one or both of the following remedies are used: *Arnica* 200 and *Ruta* 200. They can be administered alternately every hour. As soon as there is improvement, stop giving the remedy.

HEALING TRAUMA IN THE MOUTH: Calendula is often used as a tincture instead of a homeopathic preparation. In this form, usually in alcohol, it’s a natural antiseptic after injury from braces, surgery, and even mucosal injury after adjustment of dentures. It’s also useful for burns in the mouth after ingesting a hot drink.

SURGICAL PROTOCOL: In addition to *Arnica* (see page 38), if pain continues to be a problem, *Hypericum* 200 can be given alternately, so that *Arnica* is administered, say, every even hour and *Hypericum* every odd hour. Sometimes other remedies are required, such as *Staphysagria* 200 for wound pain, and *Nux vomica* for nausea from the anesthetic. *Phosphorus* also comes into use as a powerful remedy for headaches and difficulty withdrawing from the anesthetic.

AFTER SURGERY: *Silica* 6 or 30 can be used to aid in expelling any root fragments that may have been left behind. This remedy is so capable of driving out foreign objects from the body that it’s important not to use it if there is a recent dental implant. Years ago, I had a client report that after taking *Silica* for a cold, glass fragments from an accident over fifteen years before began pushing through her skin. X-rays at the time indicated that no glass had been left behind. I guess they were wrong.

DENTAL EXTRACTIONS: If bleeding ensues after a tooth extraction, especially after a traumatic extraction, there are two important remedies to consider. Both are reputed to cure the infection and put the person at ease. If there is an odor from the site, the remedy will likely be *Pyrogenium* 30, administered every three hours or so for several days until the symptoms abate. If there is pain as well as odor, then *Gunpowder* 30 is the likely remedy.

BLEEDING AFTER EXTRACTION: If bleeding ensues in spite of your best efforts with the prophylactic use of *Arnica*, the remedy to consider is *Phosphorus*. The main characteristic of *Phosphorus* is profuse bleeding of very red blood; the homeopathic dose will have the opposite effect. If, however, the blood has a blackness, then the remedy is more likely to be *Lachesis*. The potency of these remedies, as always, needs to match the intensity of the pathology.

MERCURY FILLING REMOVAL: *Mercurius sol* is the remedy that has been used most confidently to eliminate mercury from the body. In addition to the correct removal protocol, *Mercurius sol* is generally administered on the day of and for a week after amalgam removal. The protocol is to use it three times on the day of the removal, followed by once daily on the following week.

ALLERGIC REACTIONS IN THE DENTAL CHAIR: It’s always best to be tested for materials before allowing them in your or your child’s mouth; however, should an allergic reaction occur despite this precaution, consider *Apis* 30 or 200. In fact, it would be prudent to have it on hand should you or your child be of an allergic nature. *Apis* is the remedy most often counted upon to abort a reaction in which a swollen tongue results. It is most often administered every few minutes until the tongue resumes its natural size. A higher potency may need to be chosen if the reaction is severe.
Many parents invest more time and scrutiny in selecting house paint or a new car than in researching the possible dangers that routine vaccinations pose to the health of their children. Many are not aware that the number of children suffering vaccine damage is escalating exponentially in tandem with the increase in the imposed vaccination schedule. Most also do not consider that a vaccine will inject foreign DNA and toxins into their child’s body, toxins that can play havoc with their sensitive immune systems.

Yet while other medicines and products on the market are held accountable to safety standards, because of the “vaccine philosophy,” a term coined by the author, vaccines do not receive equal scrutiny and instead are a priori deemed safe and effective, their purported benefits believed to outweigh any risks. It is this philosophy that promotes vaccines blindly and undermines honest inquiry into the possible dangers of vaccination. Consequently when parents are told by their doctors that their children must submit to the vaccination schedule they do not hear any disclosure of risks. In addition, schools have become the check point of vaccination compliance, and unless parents know that they can sign a religious or philosophical exemption, their unvaccinated children will not be allowed to attend school.

In this stifling atmosphere it has been entirely up to parents and independent researchers to mount their own inquiries into vaccines and vaccine policy. In its newly revised and updated seventh edition, *What about Immunizations?* is a thorough guide to the history, efficacy, research practices, policy protocol and political issues surrounding vaccines. Author Cynthia Cournoyer has researched and written about the vaccine controversy for nearly thirty years.

Our society has begun to seriously question the entire conventional medical paradigm, which includes the practice of universal vaccination. Cournoyer points to two opposing health approaches that lead to completely different practices of health care. When Dr. Weston Price studied healthy populations worldwide, he found that their immunity to all disease was due to the nutrient-density of their diets. His findings corroborate the research of nineteenth-century French physiologist, Claude Bernard, who found that germs and disease would only proliferate if the immune system was weakened—that the general condition of the body was the underlying invitation to disease.

In conjunction, Bernard’s contemporary, French biologist Antoine Béchamp discovered that microorganisms are constantly developing in our tissues. If the tissue is healthy, they will provide life support for the cells; if the cells are weakened, they will produce disease. Likewise, Hannah Allen, author of *Don’t Get Stuck: The Case Against Vaccinations and Injections,* argued that diseased microbes are a product of the poor level of health in the host.

On the other hand, Louis Pasteur believed that germs caused disease, period, and he is primarily credited with establishing the basic hypothesis of modern germ theory. Cournoyer shows us how vaccines were developed in support of Pasteur’s principles. She then points to the poor track record they have displayed in actually preventing disease.

First, the belief that vaccination creates true immunity to disease has never been proven. Historically, epidemics have come and gone naturally, often due to societal changes in sanitation and true herd immunity—immunity created over time, by large groups of people recovering from cases of the actual disease. This was true with diseases like smallpox, polio and diphtheria which all declined in unvaccinated populations.
as fast as they did in highly vaccinated countries. Yet vaccination was credited with the victory over disease. In fact, however, many diseases rebounded when vaccines against them were introduced.

Vaccination was originally embraced because people knew that contracting a mild form of a disease would procure life-long immunity to it. However, this permanent kind of immunity is much different than the mechanism at play via vaccination. A vaccination injects a weakened form of the disease in the body to provoke an immune response. Thus, the reason vaccines are reported to work is that they have the ability to raise antibody levels, and this is acknowledged as an indication of protection from the disease. However Cournoyer provides research proving that this type of immune response may give a false immunity and instead permanently weaken the body’s immune system, an effect amplified by the increase in the number of recommended vaccines administered today. This outcome is blatantly evident through vaccine efficacy records which reveal that some people become ill with the diseases for which they have been vaccinated. Additionally there are more children who have chronic illness of all kinds than ever before in history. Given that vaccines challenge immune function, are we creating a population of children susceptible to lifelong illness?

Not only is vaccine efficacy dubious, today the risk for vaccine damage has significantly increased. While more vaccines are added to the mandated schedule every year, reports of vaccine side effects and injury ranging from fever and rash to heart disorders, encephalitis or even death are becoming more frequent. Encephalitis is the primary cause of autism and autism affects one in one hundred five children in our country today. Yet the FDA, medical authorities, and the media attempt to convince us that vaccines have not played a role in this epidemic. One must ask, can any widespread medical intervention be considered for “the greater good” when the risk for injury is ever increasing and the track record of effectiveness so poor?

Cournoyer points out that in the U.S. we often vaccinate for diseases for which there is little danger. In countries where there are fewer vaccines administered, there is no higher incidence of the diseases for which they do not vaccinate. At the same time, the policy of forced vaccination in other countries documented by Cournoyer has become quite disturbing and makes one question the real motives behind the push for the development of more vaccines. Vaccine policy is riddled with corruption and conflicts of interest. Protecting public health is not its true guiding principle.

Cournoyer persuasively argues that each person should carefully engage in the issues regarding vaccines. Parents are the most knowledgeable advocates for the health of their children and must trust their instincts—bolstered by their research—to know what is the best course of action for their children. If vaccines prove not to be the answer to disease prevention and may in fact cause more harm than good, can we afford the repercussions of a society of severely ill people?

Harry Truman’s statement, “A nation is only as healthy as its children,” presents a chilling warning. We as a nation must heed this wisdom and prepare to make changes in our perception of what truly will build the health of our children.

Review by Kathryne Pirtle

ONE HALF MILLION!

That’s the number of informational brochures we have printed since the Weston A. Price Foundation was founded in 1999. These brochures have helped educate thousands and have served as our number-one membership tool. To order brochures to give to family, friends and colleagues, visit www.westonaprice.org.
Son of a Farmer, Child of the Earth
by Eric Herm
Dreamriver Press, 2010

Eric Herm grew up on a cotton farm in Texas and now is a farmer himself. This background and a lot of reading and research give him a well-informed perspective on the state of farming and our culture in general today. We know that farming in the U.S. has declined considerably in the last fifty years or so, but in fact it has declined all over the world.

There are a number of factors contributing to the problem. It doesn’t take Herm long to bring up the subject of genetically modified Frankenfood, which naturally leads to a discussion of Monsanto and other biotech agricultural corporations. If you have seen the movie “Food, Inc.” then you know how these monsters operate and how they get away with it. If you are a farmer, you will either join Monsanto or be legally harassed to death.

Herm reveals a fact that was new to me and makes clear how far things are getting out of control. Iraq’s shiny new constitution (or at least its draft version) includes a section that would outlaw the ancient practice of seed saving. Farmers have saved their seeds from year to year as a necessary, integral part of traditional farming since the dawn of agriculture. No normal farmer or human being would even think of passing legislation like this. Even farmers who don’t want to save seeds would have no reason to pass a law restricting the practice. Only a corporation that stood to benefit would pull this trick. The law also specifies that seed can be bought from one of only five companies. It’s no surprise that Monsanto is at the top of the list. Obviously, not only does Monsanto want to dominate a captive market; it wants to outlaw the competition wherever it can get away with it.

Eric Herm has a very integrated view and recognizes the relationship between ideas and

(Continued on page 46.)

THE GALL BLADDER SURVIVAL GUIDE
by J. Bernal, EVL Media Limited

If you think the gall bladder is just some obscure, throw-away body part that sometimes causes people a lot of trouble, you might want to read this book and find out what life is like without one. You will discover that you really don’t want to take your gall bladder for granted. It turns out that one of the best ways to make your gall bladder sadder is to stop using it. Since it stores bile needed to digest fat, we have yet another reason to regularly consume fat in our diet. When we don’t, gall stones may form, the bladder may become gangrenous, and then our adventures with our often scary medical system will commence.

All of this is not good news for vegans, who don’t tend to eat a lot of fat. Most vegans also don’t stay vegan once their teeth start disintegrating or they start having panic attacks or suffer the various other unpleasant side effects this sort of restricted diet can induce. If they’ve been vegan for too long, it can be difficult to wake the gall bladder up and get it working again.

While it doesn’t routinely make headlines, gall bladder trouble afflicts a large number of people. Around seven hundred fifty thousand gall bladders are removed annually in the U.S. This book has a lot of advice for those people and for those who still have their gall bladders and want to keep them. One of the key things that will keep your gall bladder gladder is a diet that includes plenty of good quality fat and cholesterol.

There are a few scattered points in Bernal’s book where I think the choice of wording has room for improvement, but the importance of fat and other nutrition from animal sources is clearly emphasized. The information in this book doesn’t come from internet research or studies done on lab rats by corporations trying to sell something, but is based on the author’s personal experience of life without a gall bladder and his search to solve the health problems this caused. The Gall Bladder Survival Guide is the result. The thumb is UP.

(Review by Tim Boyd)
All Thumbs Book Reviews

The Secrets of How to Feel Twenty Years Younger in 90 Days or Less!
by Dr. Pete Hilgartner
Hilgartner Chiropractic Clinic (e-book)

When you take your canary into the coal mine and the canary dies, you know, unless you are already suffering from severe cerebral necrosis, that it is time to leave. Dr. Hilgartner starts off by examining the canary indicators for general health in America today. It’s clear that the canaries are dead. If you don’t want to be next, this book has some good ideas to consider.

One of the first is to learn from President George Washington’s final illness. Subjecting yourself to the most influential medical experts of the day can be worse than doing nothing. Washington was suffering from acute laryngitis (which he probably could have survived by doing nothing) when he consulted with the best medical professionals available at the time who essentially bled him to death.

This doesn’t mean you shouldn’t get help when you need it. Dr. Hilgartner himself suffered from Gulf War Syndrome, severe disc herniation, and degenerative joint disease. While he opted out of the recommended surgery, he did get help from alternative health professionals. It took some time but he recovered from all of his conditions and even claimed to be able to do things at age forty-four that he had been forced to give up at age twenty-four. After this introduction, he tells us what he has learned from his illness and from his chiropractic education.

Hilgartner identifies the three main causes of disease as physical, chemical, and emotional stressors. He also identifies what is not a cause of disease or death, in particular, old age. When we say someone died of old age what we’re really saying is we don’t know why he died.

Perhaps there are rare exceptions but typically genes are not a cause of disease either. There are many cases of identical twins in their later years in which one twin looks ten years younger than the other. Since both twins have duplicates of the same genes it’s difficult to blame bad genes for the poor health of one twin.

A fascinating study was done which shows that human beings are more than just physical and chemical components. Cells from different organs of the same person were placed in different Petri dishes, fed, and kept healthy. When cells in one dish were stimulated, not only did they respond, but so did the cells from the same person in all the other dishes. Cells from other persons did not respond, only cells from the same person. This energy goes by many different names but has been experimentally proven to exist.

As a chiropractor Dr. Hilgartner naturally focuses on the importance of skeletal structure but also covers other important factors needed for good health, primarily nutrition. Dr. Hilgartner points to the first sixty pages of Nourishing Traditions as a good starting place. He also warns against processed, pasteurized foods, artificial sweeteners, and chemical supplements masquerading as vitamins. Other lifestyle considerations for good health include proper sleep, exercise, leisure time and a positive attitude.

I don’t know if you will feel twenty years younger after following all the advice in this book but you can’t go wrong in the process. The engineering side of me was hoping for schematics for a time-travel machine but I will have to keep looking. This thumbs-up book has a lot of good advice on how to avoid becoming the next dead canary.

Review by Tim Boyd
One obstacle to good health even in the face of good nutrition is focal infection.

Radical Medicine
Louisa L. Williams, M.S., D.C., N.D.
Healing Arts Press

The adjective “radical” modifying the noun “medicine” may worry some people, but look up “death by medicine” on the internet to find out what you should really be afraid of. It is well documented that our scientific medical system is a leading cause of death. A hard look at real statistics reveals that cancer rates, for example, continue to go up.

Radical Medicine, on the other hand, does not imply anything extreme or desperate in this context. Based on the original Latin meaning, “radical” refers to the root or origin of something. This book examines the source or cause of disease rather than the endless drug-based pursuit of symptom removal. The first few pages provide a good primer on the problems with modern medicine and some of the roots of those problems. Pasteur’s germ theory sent medical science careening down the wrong path for more than a century and we are just beginning to recover. Vaccines have never been proven to work, as demonstrated by placebo-controlled studies. Pharmaceutical companies have taken over health care and fashioned it in their own image. The AMA has explicitly waged war on health care alternatives, especially the ones that work the best. An environment permeated by toxic chemicals is not helping our national state of health either.

Dr. Williams does an excellent job of exposing and examining all these root causes of disease. We know nutrition is one key, and while she covers the topic quite competently, the harsh reality in our world today is that many people are going to need more than just good nutrition to foster sturdy health. One obstacle to health even in the face of good nutrition is focal infection. This is a root cause of illness you may not be able to eat your way out of. Focal infection refers to the theory that a small, localized infection in one part of the body can cause disease or symptoms in other parts of the body. This is a subject Dr. Weston Price studied in great detail. Many years later Dr. Hal Huggins picked up Price’s research and continued it. Huggins has said elsewhere that he studied focal infections for twenty years before he was able to add anything to the knowledge base that Price provided. That is a powerful indication of Price's brilliance.

Medical incompetence has been a problem for a long time. Dr. Williams illustrates the point by enumerating the tortures President George Washington was subjected to in the name of medical care, including excessive bloodletting, applications of calomel (mercury lotion), violent purging, and medicines containing lead. It is no wonder that in the end, Washington finally asked to be allowed to die without interference.

Radical Medicine is a gold mine of valuable information. It contains amazing accounts of alternative treatments such as chiropractic adjustments eliminating schizophrenia, homeopathic remedies that greatly accelerate bone healing, and the wide spectrum of ailments treated effectively by cod liver oil.

It is also a huge book. The average reader may not have the stamina to read it straight through from cover to cover, although anyone who does will be greatly enriched by doing so. I think it is worth the effort to read all of it but it can also serve as a valuable reference source. There is a comprehensive table of contents and index to aid in locating specific sections of interest. Many thanks and a thumbs UP to Dr. Williams for compiling this treasure trove of health information.

Review by Tim Boyd
Poisoned for Profit: How Toxins are Making Our Children Chronically Ill
By Philip and Alice Shabecoff
Chelsea Green Publishing, 2010

Healthy people depend on healthy animals and produce. Healthy animals and produce depend on healthy soils. Healthy soils depend on healthy air, earth, and water. Unfortunately, America’s earth, wind and water supplies are none too wholesome. Monolithic corporations protected by U.S. government policies and aided and abetted by average consumers who purchase their ephemeral artifacts—as well as invest in these companies via stocks and bonds—are all together culpable for this sorry status quo.

The millions of consumer goods that clutter our lives are manufactured using a vast array of complex chemicals invented, patented and produced over the past century. These chemicals are now found in abundance in the nation’s air, soil and water. From the seemingly pristine organic orchard to the fully pastured livestock operation, no farm, lake, stream or infant can escape their touch. Industrial, agricultural and pharmaceutical chemicals drench the globe, from the heartland to the Arctic, with staggering dangers to our health and that of our children.

While the mega-companies who make these chemicals defend their safety and necessity with sophisticated, politically correct PR, the people most closely exposed to them and those who fight bravely to reveal the truth about them tell a far different story. The sobering reality includes ground water contaminated with tritium, a nuclear isotope; well water tainted with trichloroethylene (TCE), which is implicated in various cancers and birth defects; tap water sullied with dozens of partially metabolized pharmaceuticals and hundreds of other industrial-chemical residues, all with effects almost impossible to know or predict.

As the Shabecoffs see it, we have become ruthlessly destructive and short sighted in the care of the precious resources and beauty of the world around us, sullying and staining everything we touch, and maiming others for our own transient comforts and conveniences. It is a grim picture.

While the Shabecoffs do an excellent job in revealing the ways corporate interests have usurped government agencies and scientific foundations to further their own gain, such as USDA and FDA, some of their call for change would merely prop up the same broken system: gather greater political pressure; give the government more power to regulate; just get them to do the right thing this time. For those familiar with the government’s handling of numerous other issues, especially regarding real foods like real milk, such calls will rightly be met with disdain and opposition.

Many point to the fact that the federal government is a major contributor to much of global poisoning. As one of the world’s greatest polluters and killers, the U.S. Department of Defense is the number one polluter in the world alone. The federal government protects polluters and corporations via various regulations that actually permit them to pollute. By regulating markets so heavily in the first place and creating so many barriers to entry and innovation for new companies these policies protect large companies from any real competition that would force them to curtail their polluting practices to stay competitive.

The same laws have whittled away citizens’ rights to sue companies when harm occurs (for example, the recent Supreme Court ruling on vaccine injury). For instance, enacting a law that encompasses the precautionary principle could easily keep more toxic chemicals in use longer by handicapping small, innovative firms with testing requirements that they can’t afford or that are used by regulators to protect their corporate sponsors.

WINTER 2011
We have seen this happen in the natural foods industry: unsafe items are given GRAS status, while traditional foods or new truly natural items are regarded with suspicion and heavy testing burdens. Free markets and capitalism are yet again blamed for current woes where neither free markets nor real capitalism actually exists, similar to the media’s treatment of the ongoing financial crisis. The belief that government acts as a benign savior intervening to protect the average person from the cruelties of capitalism has been contradicted by decades of contrary fact. The negative view of corporations, fully warranted in the case of the many evil institutions that now manipulate our political system and maim our world and its inhabitants, nevertheless ignores the complexity of the history and issues involved.

Political action is surely necessary and unavoidable, but the kind of action that is taken, who is empowered and protected, and a whole host of interrelated issues cannot be boiled down simply to more government involvement and power. All of this points to a more fundamental ideological commitment the authors have, which undermines some of their effort to position themselves as non-partisan and non-political, and may lessen the impact of their work by turning away possible allies. The calls for personal action at the family and community level are sensible and surely needed. We all can do more, both in our homes and in our communities, to address these problems. “Clean food,” as they call it, is a must for everyone young and old, and especially for those who want to conceive. People have tremendous power over companies by voting with their dollars, both at the store and in the investment portfolio. Communities have the ability to block or ban CAFOs, pesticide usage, and more, if citizens have the willpower and winsomeness to engage and educate their neighbors as well as endure the hard battles that will result from such efforts. Those who love real, traditional foods (especially fats, which have a special affinity for toxins and dangerous chemicals that accumulate in them) and value their purity and healing powers cannot overlook this facet of the health equation and their need to be a part of the solution.

The book comes replete with a large section of helpful links to dozens of other organizations, websites, and resources for understanding and fighting against community destruction, and a bibliography that will allow the reader to pursue more information on a wide variety of topics. The solutions to these problems and even the existence of the problems themselves will continue to be debated. For those who desire nutrient dense, clean foods, however, Poisoned for Profit serves as a reminder that these treasures are not possible apart from a clean world, and a clean world hinges in many ways on the decisions each of us makes on a daily basis. This includes not only decisions about the food we eat, but the products we purchase, the homes we live in, the places we work, the ways we live and play, how we invest in the future, and our general manner of interacting with all of creation. Even in the midst of political gridlock and corruption, there is much that can be done by each of us in each of these areas to bring about lasting change. May we make and leave wise traditions for our families and communities to follow and encourage others to do likewise.

Review by John Moody

Son of a Farmer, Child of the Earth is not merely an extended rant about what is wrong with farming or modern culture. Mr. Herm is a man with a vision of how things should work, and he provides specific details of this vision. While I don’t buy into the “peak oil” view, I agree with him that small and local farming is the safer, healthier, more sustainable and economical way to go.

Review by Tim Boyd
All Thumbs Book Reviews

Folks, This Ain’t Normal: A Farmer’s Advice for Happier Hens, Healthier People, and a Better World
Hachette Book Group, 2011
By Joel Salatin

Joel Salatin is well known to readers of Wise Traditions and always delights audiences when he speaks at WAPF conferences. Farmer, lecturer, author and owner—along with four generations of family—of Polyface Farm in the Shenandoah Valley of Virginia, Salatin has been likened to a modern Thomas Jefferson. An endlessly creative and fearless innovator, Salatin and his intelligent farming models have captured the attention not only of other farmers who are eager to replicate his successes on their own farmsteads, but of consumers searching for real food. His methods reach far beyond the fashionable catch-phrases of “sustainable” and “organic,” and point the way of the future for family-based agriculture in America. Owing as much to creative initiative as to a reverence for long-established agrarian traditions and the wise ways of nature, Salatin’s models excite the imagination and enthusiasm of all those who reject the deplorable methods, morals, and products of industrial animal factories.

Yet unalloyed paradise does not reign on Polyface Farm, as Salatin’s most recent books reveal. In fact, more’s the miracle that Salatin and his family have done so brilliantly in the face of regular predations by regulatory agencies intent on shutting down this or that function of the farm due to specious and arcane violations. Salatin revisits some of these scenarios in his eighth book, Folks, This Ain’t Normal—an exclamation Salatin finds dozens of opportunities to use in his philosophical excursion, which includes everything from modern childrearing follies to the Kafkaoesque machinations of the FDA.

Salatin’s readership is likely to expand since he has had recent exposure in The New York Times and his current book is the first to have been published by an international publisher. Much of his commentary is directed to the sympathetic reader who can stand to benefit from a guided introduction to the normal and the abnormal in modern life, especially in how this dichotomy pertains to food production, animal husbandry and biological life on earth. We desperately need an educated and engaged population of citizen-consumers to help propel and support the fledgling initiatives of small farmers all across the country. Consumers must have a relationship with the production of their food at least by learning and experiencing directly as much as they can about how it is raised and made ready for table. As Salatin ironically asks, “How little can a person know about food and still make educated decisions about it?”

It is no secret that most Americans today have little visceral connection with the biological life around them—they don’t get their hands dirty with real dirt, are only familiar with animals as pets, and would be surprised to learn that a carrot is a root or that lettuce flowers and makes seed. The American carefree ignorance of history and geography is legendary, yet our collective indifference to rudimentary biology and food production may be suicidal. How can someone who doesn’t understand that it is normal for higher life forms to have only two parents be wisely wary of organisms with three or more (as in genetic modification) or with only one (cloning)? “One of my messages in this book,” Salatin says, “is to try to awaken a thirst and a hunger for some basic food and farming knowledge before our appetite for cerebral and academic techno-subjects crowds out all of this historically normal knowledge.”

This “historically normal knowledge” includes such things as knowing the difference between a heifer and a cow, a steer and a bull, hay and straw. Chickens are birds and do not suckle their young; they lay eggs regardless of the pres-
ence of a rooster. Green beans are annuals and asparagus is a perennial. Don’t laugh—Salatin goes on and on, enumerating and explicating the natural world teeming with diverse life that ought to be familiar to all of us, young and old. In fact, this “common agrarian knowledge”—and the vocabulary specific to it—is something that has slipped away only in the last hundred years, and has estranged most of us from the magic and marvel of the food that sustains us. It has also made us sitting ducks (if anyone can picture that metaphor anymore) for the diabolical goods fabricated by biotech food industries.

True to form, Salatin has lots of creative ideas to help educate and involve many more of us in reclaiming our contact with farming life. Many of these suggestions surround raising children, who, after all, will someday be in charge. “I fear that we are bringing to our world a whole generation revved up on hubris,” says Salatin, speaking of young people who can learn nothing of the real world solely from their experience of video games. It may nowadays seem normal for “these testosterone-exuding boys with their shrewed shoulders and E.T.-looking fingers [to pass] the time on their laptops,” but not so long ago farm children were molded by early work responsibilities that developed their resourcefulness and pride in contributing to the family’s wellbeing. “Rather than an adolescence of coddling and endless recreation” parents can give their children opportunities to engage in truly meaningful occupation and enjoyable discovery as simple as a home garden plot. Both children and adults can make a point of regularly visiting the farm that produces their food and spending time getting to know the routine. Salatin also suggests that youngsters go hunting with a capable hunter and learn to dress game and prepare it. “To interact with nature and food in this visceral way is foundational to developing common sense. . . Staying grounded, very literally, and staying anchored in sensibleness requires relationship with food production.”

Raising children so that they may inherit an enthusiasm for our traditions of agrarian wisdom and experience will go a long way to enriching all layers of American society. It may be what is necessary for the future of American agriculture—an agriculture that creates more jobs, a lovelier countryside, and healthier food—all without government funding. “Injecting ourselves into our ecology is part of our mission,” says Salatin, “and truly a connection to our human birthright.” Folks, this is normal.

Review by Katherine Czapp

NEW ANTI-FLUORIDE FLYER

The Journal of Natural Food and Health is offering new fluoride-free flyers at no cost. They can be downloaded at http://bit.ly/Falert. This simple but powerful flyer enables us to quickly educate others on the real dangers of artificial fluoridation of drinking water while spreading the message of real food and health freedom—all in one flyer.

Why is this so important now? Forty-one percent of teens are now overdosing on fluoride and have permanent white or brown spots on their teeth, according to the CDC, along with other adverse health effects. Despite this shocking statistic, the dental industry, public health agencies and their non-profit partners are spending tens of millions of dollars for grants to install fluoridation systems and to launch massive public relations campaigns promoting water fluoridation based on false science.

These flyers can be handed out at chapter meetings and events, stores and co-ops, health fairs, farmers markets, work, schools and churches. Many holistic doctors, dentists and other health practitioners are handing them out to their patients and at seminars. The flyer gives the link back to Your Local Fluoride-free Campaign home page so that anyone getting a flyer can print more. The links to WAPF and the Fluoride Action Network are also given.

Take action now and print the flyers here: http://bit.ly/Falert. Who knows?—those who get this message could become a local Factivist and spread the message of food and health freedom. Begin by sharing the Fluoride Action flyer. It is huge fun!

Author David “Augie” Augenstein asks if those interested would follow the Fluoride Campaign at http://bit.ly/F-fun to get updates, such as the Spanish translation and other materials. (Let him know how you have used the flyers, too.)
**American Meat**  
Directed by Graham Meriwether  
Leave It Better, LLC

The contrasts between two different styles of farming are highlighted in “American Meat.” On one side, we see a factory farmer. I should choose my words carefully here. I could say he is raising hogs but that implies a natural environment filled with thriving life. This, however, is a factory producing units of pork and related by-products. Technically the hogs are alive but they are not enjoying life since they’re not allowed to do what they like to do. These animals merely exist rather than truly live.

On the other side we see Polyface Farm, a sustainable, “beyond organic” farm where pigs are happy, spending their time outside doing what they like to do. The pig-ness of the pig and the chicken-ness of the chicken are respected and encouraged rather than seen as behaviors to stymie or genetically modify out of the species. Polyface Farm is an environment teeming with thriving life.

These differences go beyond just the animals. The farmers and the people on the factory farms don’t look happy. They are trapped in a system that relentlessly enslaves them to never-ending debt. There is a lot of anxiety over keeping the whole thing going for one more year. At farms like Polyface, I’m sure there are challenges but the farmers and the people have a positive outlook. They believe in what they are doing and they are happy.

One of the featured factory farmers decided to make the move toward organic. He was not able to find a market that enabled him to go fully organic but he did improve his farm to a more humane operation. He had to admit the pork tasted better and, much to his surprise, the pigs actually liked being outdoors, even in the winter in Wisconsin. Go figure. The quality of food he was producing was clearly better but he still seemed to think that factory farming was more economical. Is it really?

The end of the movie focuses on Richard Morris, who trucks food for Polyface Farm. At one time he worked in the corporate world and made a six-figure income. Now he probably doesn’t even come close. Did he make a bad financial move? If you’ve read his book, *A Life Unburdened*, you know that corporate life and cheap junk food were killing him. While pulling down that hefty paycheck he weighed over four hundred pounds, was hypertensive, diabetic, and suffered a long list of health problems. All that money was not helping his condition, and the cost of poor health is enormous. Smart economics must take into account the high cost of an unhealthy lifestyle. If you are producing nothing of true value, nothing you would use yourself, while drowning your sorrows in the cheapest food you can find, this must have a negative effect in the long run. Doing something you don’t believe in has to eventually suck the life out of you. The result can be cancer, obesity, mental illness or other modern ailments. How economical are they?

Thinking outside the cubicle, Richard Morris has lost at least one hundred fifty pounds, is no longer hypertensive, diabetic or otherwise unwell. He is healthy, happy, and believes in what he is doing. Can you put a price tag on that?

Another aspect of economics touches the question of why organic or local food from small farms costs more than factory food. Organic food is not inherently more expensive to produce. Part of the reason for ostensibly cheap factory food is externalized costs. The cost of the environmental damage caused by factory farms is cleverly separated from the farms, and the price of cleaning it up is shifted to taxpayers or other industries. Poor health of their customers is another cost not charged to the factory farm. A big root cause of the price difference is government subsidies to factory farms. One person in the DVD suggested that the solution to that is for the government to subsidize organic farms.
Subsidies sound like such a good idea but when you think it all the way through, some ugly problems arise. Subsidizing factory farms created the unfair playing field that makes it difficult for small farms. Einstein himself said the same thinking that caused the problem is not going to solve it. More subsidies will just create more economic imbalances. What if we quit subsidizing nutrient-sparse junk food and other useless products? We should also realize we are controlled by those who fund us. Maybe we should let government control everything. They’re doing such a great job. Do we really want government bureaucrats, who know nothing about farming, to control farmers? You have to admit that control becomes extremely oppressive when government not only dictates what farmers produce and how they produce it, but also what citizens are allowed to eat. I think it is an insult to farmers (and anybody else) to suggest that they can’t make a good living without help from the government. I’ve talked to a lot of them who don’t want any help. The best way to help is to leave them alone and let them do their jobs.

This movie illustrates some important points to ponder and I give it a thumbs UP.

Fat, Sick, & Nearly Dead
Joe Cross
Reboot Media

Australian Joe Cross came to America for sixty days but didn’t eat the food while he was here. Instead he went on a juice fast. Joe weighed over three hundred pounds and suffered from an unpleasant skin condition. He spent about a month in New York and later took a road trip across the country to California.

Before setting off on his road trip, Joe stopped in to see Dr. Joel Fuhrman. Naturally Dr. Fuhrman was very supportive of the juice fast. I couldn’t help noticing Fuhrman’s frightening food pyramid visible in the background of a few shots. Vegetables were at the base and as you ascended the pyramid, the better the food, the less of it you are supposed to eat.

During the first few days of Joe’s juice diet he admitted to feeling lousy, didn’t want to get out of bed, and he looked weak. After an adjustment period and probably some detoxification, he felt better, or was at least able to look like he felt better.

As Joe traveled across the country he talked to a lot of people. Many of them were very funny. He asked an older woman if diet was important and her response was, “If you don’t want to be constipated, you got to eat the right food.”

Many were quite clear that they thought he was crazy. A common response from those who tried his juice was a wrinkled nose and a comment that they would not join him on his fast. He asked a teenage girl if she would change her mind about eating fruits and vegetables if she knew they would keep her healthy. She said no. When he asked her why not, her response was, “Because I’m sixteen.” Yes, she most certainly is.

In Kansas Joe stopped to shoot the breeze with a gun shop owner whose brother was a vegetarian and had cancer. That man obviously was not enticed by the juice fast. Another man had a similar response. He said he would rather die happy than starve and live a long time. Or at least it would seem like a long time.

The DVD includes animated scenes of the mythical hunter-gatherer who runs hard on an empty stomach every day. The hunter-gatherers I’m familiar with did not live that way. Modern hunters like to use guns which are very good for killing one animal and scaring the rest of them away. Looking at an example from the continent Joe Cross comes from, the Australian Aborigines were smarter hunters. For instance, they would use hollow reeds as snorkels and sneak up on a group of ducks or geese from under water. They would quietly pull everything they wanted under while the other birds had no idea what was going on. They got a lot more than one at a time that
way and it didn’t require a lot of running around on an empty stomach.

I also have my doubts that traditional healthy cultures like the Aborigines stayed healthy by juicing. It is pretty clear even in the film that you can’t live on juice alone forever, and it is a little murky exactly what the recommended diet is aside from one dominated by plants. One common denominator shared by all those who pursue the several variants of juice fasting is that they quit fast food. That makes me wonder what might happen if they forget the juicing and just give up the fast food.

Joe did find some people desperate enough to try the juice fast, most notably Phil the trucker. Both Joe and Phil lost a lot of weight and resolved other health problems as a result of the fast. They both seem like nice guys and it is heartwarming to see them looking healthier and happier. I have seen similar results with people like Richard Morris, except he didn’t do the dreaded juicing fast. He ate a WAPF diet and wasn’t miserable while doing it. I’ll leave it up to the reader to decide which method you would prefer. I’m not a fan of juicing but the thumb is DOWN mainly because, once again, fat-soluble vitamins are ignored and vegetables are claimed to be more nutrient dense than animal foods.

**Pure Bread Sourdough**

*by Gwen Lund*

[www.purebreadsourdough.com](http://www.purebreadsourdough.com)

Most sourdough bread in the U.S. is made with white flour, commercial yeast and vinegar. The vinegar gives it the sour taste. Gwen Lund shows us how to make European-style sourdough from whole grain and your own leavening. She makes it look easy and she makes me hungry. In this video you learn how to make and keep your own starter for bread that uses natural leavening and no commercial yeast.

I won’t give away the whole plot but she likes to use a baking stone with corn meal to keep the loaves from sticking to the stone. She scores the top of her loaves three times to prevent the crust from cracking during expansion in the hot oven. After baking, the loaf should be allowed to cool for several hours. It is easier to slice the next day. The details of how it is done vary somewhat depending on altitude. At lower altitudes she recommends using a basket for the bread to rise in. She has some she likes from Austria but if you’re not stopping by Austria any time soon you can probably get similar baskets wherever you are.

Gwen demonstrates several variations of sourdough bread: pumpkin seed bread, cinnamon swirl (getting hungry again), scones, focaccia, pita, tortillas, bread sticks, and crackers. They all look good and I give this video a thumbs UP. Just don’t watch it when you’re hungry.

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**HEALTHY 4 LIFE**

Dietary Guidelines and Recipe Book

Our new colorful, 84-page guidelines booklet with recipes is available. Instead of complicated formulas involving calories and grams, which most people don’t understand, we simply recommend including high-quality foods from four food groups in the diet every day. The good groups are:

- Animal foods, including meat, dairy, seafood, and bone broths;
- Grains, legumes and nuts, properly prepared;
- Vegetables and fruits, including lacto-fermented products;
- Healthy fats and oils, including butter, lard, coconut oil and cod liver oil.

The feedback to our new publication has been very positive. It is suitable for use in schools and inner city programs. To order online, go to [www.westonaprice.org](http://www.westonaprice.org). Booklets are $10 each or $6 each for orders of ten or more.
As time marches on, I enjoy the various phases, stages, and changes life brings. And in this ebb and flow, there have been times when I haven’t been able to live out my ideal as food provider to my family. Let’s face it, nourishing a family with traditional food practices—procuring and preparing ingredients of superb quality—can be a nearly full-time job in itself, not to mention costly. Throw kiddos who are not accustomed to real foods into the mix, and it can be quite the adventure! Where is the middle ground, the compromise of doing the best by your family and avoiding battles? How can families eat foods they enjoy, yet still supply their bodies with life-imparting nutrients? And don’t forget about tight schedules, which make things even stickier. There are still ways to make wise choices without giving in and rolling through the closest drive-thru just to survive the day.

IS THIS YOU?

A friend of mine is raising four lovely, thriving children who are active in sports and clubs that keep the family so on-the-go that meals together are hard to schedule. Another mom I know works hard in the kitchen to prepare nourishing foods but is run ragged with her life’s responsibilities. Moreover, when it comes time for her family to sit down and eat, the kids balk at her creations. Perhaps you can recognize another friend who came to traditional foods later in life when her children were older and less than receptive, making changes surrounding food a tedious chore. Everyone has a story.

I don’t claim to have walked in anyone else’s shoes, but I do know that each family must find its own balance and flow in life, including the areas of food and wellness education. The evidence that supports the acts of preparing food and instilling its value into children is clear; the more they know and appreciate the hows and whys of food, the better equipped they’ll be to live fully with highly functioning brains, vital bodies and steady emotions.

What helps me make food a priority in my family is keeping life simple. This looks different from one family to the next, but the idea remains the same. It is implementing this simplicity that is the tricky part. Can something be changed to allow for more time in the kitchen? Schedules trimmed? Allowing only one sport or club per child each semester? How well can you get to know your crockpot? Can a social volunteer position be given to someone else for a season? There are many possible choices, but a different answer for everyone.

SACRED GATHERING

Molly Wizenberg, blogger and author, reminisces about her family’s dinners growing up in A Homemade Life. “It was the steady rhythm of meeting in the kitchen every night, sitting down at the table, and sharing a meal. Dinner didn’t come through a swinging door, balanced on the arm of an anonymous waiter: it was something that we made together. We built our family that way—in the kitchen, seven nights a week. We built a life for ourselves, together around that table.”

Wizenberg’s sentiments hit home for me, weaving delicious food into everyday life that unites my family. This means that all things “food” take up a big part of my day: buying, preparing, cleaning, planning (which might include a little creative flare), researching recipes and food experimentation, setting a welcoming and fun table, and thinking up ways to include my children in the whole process. Oh, and I can’t forget having the mental room left to remember to pull out the red “You Are Special” plate when one of my boys has done something extraordinary! This encompasses my food objectives, minus the wind-blown, easily-flustered Mommy rushed from an over-scheduled, busy day.
These food-focused undertakings support what I believe to be a fundamental real-food truth: it does more than nourish our physical bodies, it also feeds our souls. Connecting around a table ties our heartstrings to family and friends alike and provides those increasingly precious opportunities to engage in good old-fashioned face-to-face conversations.

*Time* magazine published a piece, “The Magic of the Family Meal,” wherein author Nancy Gibbs asserts, “...there is something about a shared meal—not some holiday blowout, not once in a while but regularly, reliably—that anchors a family even on nights when the food is fast and the talk cheap and everyone has someplace else they’d rather be. And on those evenings when the mood is right and the family lingers, caught up in an idea or an argument explored in a shared safe place where no one is stupid or shy or ashamed, you get a glimpse of the power of this habit. ...”

The benefits achieved from consistent family meals come by way of teaching kids civility, bestowing wise judgment, and imparting core family values. Experts on the subject of adolescent development have found through studying this table-centered practice that the more often families share a meal, the more likely children are to choose to eat vegetables, maintain a healthy weight, and do better in school. In fact, a report from Columbia University states, “Compared to teens who have five to seven family dinners per week, those who have fewer than three family dinners per week are nearly twice as likely to report receiving mostly C’s or lower grades in school.”

Children who experience shared family meals are also less likely to eat trans fats, drink sodas, develop eating disorders, smoke, abuse alcohol and take drugs. Those youngsters gathering at the table with their parents at least five times a week are two times less likely to use tobacco or to drink alcohol and one-and-one-half times less likely to smoke marijuana.

Anthropologist Robin Fox, who teaches at Rutgers University in New Jersey, brings a historical perspective to family meals. He asserts that food is too easy to come by these days, giving us a “verdict” of how the meal appealed to her husband and children; I like its trial-and-error feel.

The act of building ceremony around meals is as nourishing to our loved ones as the traditional foods we strive to serve; it is part of raising these young people to be thoughtful, caring human beings. The benefits achieved from consistent family meals come by way of teaching kids civility, bestowing wise judgment, and imparting core family values.

**MEAL PREP STRATEGIES**

**CROCK IT:** The crockpot is one of my favorite kitchen appliances. Its simplicity and prep speed make it fantastic for the fast-paced family. Pulling together a Mexican meat and bean casserole after the kids catch the bus at 8:30 a.m. may be your best option, or tossing the ingredients in for a heavy stew at 8 p.m. to sit in the fridge until morning might be the ticket for someone else. My piece titled "The Slow Cooker Rules" can be found at www.westonaprice.org for more on this subject. Also check out Stephanie O’Dea’s blog, *A Year of Slow Cooking*, crockpot365.blogspot.com. O’Dea gives a “verdict” of how the meal appealed to her husband and children; I like its trial-and-error feel.

**ONCE A MONTH COOKING:** It sounds a bit intimidating, but it can be fun, especially when tackled with a game group of friends. The idea is to take a day or two to create restaurant-sized amounts of several dishes that are frozen into meal-sized portions to eat throughout the month. This is a good money saver too. Check out books on the subject from the library or surf the web for ideas and recipes that work well with this concept.

**MEAL ROTATION:** Make two or three large meals and rotate them throughout the week with small changes, such as using fresh side dishes or creating a new meal with the leftovers. Take for example a big pot of your family’s favorite soup and a stew meat crockpot dish. Serve a simple rice side with your soup for two nights and on the third make the rice into a pilaf, fried rice patties or, if the soup is gone, make a whole new fried rice dish. And after enjoying stew two nights, on night three pull the last of the meat apart and mix it with a few different types of shredded cheeses and a scattering of chopped cilantro for quesadillas.
well-rounded, compassionate children that grow into adults who make wise choices for a fruitful and enjoyable life.

MAKE FAMILY MEALS WORK, SOMEWHERE, SOMEWHERE

Does the idea of dinner conjure up a vision of the 1950s mom, dressed to the nines, from her lipstick to stiletto heels? Get rid of ideals—just making it happen is what matters. For me, amidst the chaos I may be dealing with in my personal surroundings, cooking dinner somewhere between three to five is when it is easiest for me most days (even in my ratty pajama bottoms and bunny slippers sometimes!). While my time frame may change as family life takes on new dimensions, this currently is my usual routine.

But for your family, in whatever age or stage it might be, dinner could look different. A picnic blanket spread out on a private grassy knoll before your child’s ball game might make do for the family table on occasion. Or your main meal together may not even be dinner. Families with a parent working night shift, for example, may choose breakfast to be their sacred family meal. Working around sporting events and after-school activities may mean some families eat dinner at 8 p.m. instead of the typical 5:30. Try one thing, try another, and keep trying until something works, and then stick with it.

OPTING FOR SECOND BEST

I admit I have a weakness for not settling for second best. I want the crème de la crème for my family, which usually means the most expensive ingredients and the most time-consuming involvement. With every fiber of my being, I believe this investment is worth each nutrient-dripping morsel and tick of time; however, as the busy-ness of life continues to grow along with the size of my family, there have been times when I have had to compromise. And that is okay! Suffering anxiety that every speck of food must be flawlessly prepared, organic/biodynamic, and

<table>
<thead>
<tr>
<th>REFRIGERATOR</th>
<th>FREEZER</th>
<th>PANTRY</th>
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<tr>
<td>Eggs, preferably pastured</td>
<td>Grains (quinoa, barley, rice, oats, etc.)</td>
<td>Tomatoes and tomato paste in BPA-free containers and/or glass</td>
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<td>Cheese (all types)</td>
<td>Whole tomatoes (core removed first)</td>
<td>Canned coconut milk</td>
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<tr>
<td>Vegetables, favorites (good toppers: peppers, cilantro, tomatoes, avocados, carrots, etc.)</td>
<td>Frozen chopped vegetables</td>
<td>Bread: sourdough or other soaked or sprouted variety; crackers</td>
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<tr>
<td>Fermented vegetables (favorites)</td>
<td>Broth (chicken and beef)</td>
<td>Canned beans (BPA-free)</td>
</tr>
<tr>
<td>Salsa</td>
<td>Meats and poultry: all cuts, all types, including organs</td>
<td>Canned sardines, wild-caught fish, cod livers, smoked herring, etc.</td>
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<tr>
<td>Home-cultured kefir (dairy or coconut water are nice) and yogurt</td>
<td>Bratwursts, sausages, summer sausage, hot dogs</td>
<td>Nuts and seeds (preferably made crispy; walnuts stored in fridge)</td>
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<tr>
<td>Masa harina (soaked corn flour)</td>
<td>Tortillas: corn, sprouted grain, or gluten-free flour</td>
<td>Favorite oils: coconut, sesame, olive</td>
</tr>
<tr>
<td>Fruit, favorites, in season</td>
<td>Frozen berries and bananas</td>
<td>Tamari/soy sauce</td>
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<tr>
<td>Butter, ghee, lard</td>
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<td>Honey, maple syrup, dehydrated cane juice, date sugar/syrup, stevia</td>
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<tr>
<td>Mayo, ideally homemade</td>
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<td>Baking staples: baking soda, baking powder, unprocessed salt, vanilla, etc.</td>
</tr>
<tr>
<td>Cottage cheese, sour cream</td>
<td></td>
<td>Nut butters</td>
</tr>
<tr>
<td>Mustard and ketchup</td>
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<td>Roasted peppers in jar</td>
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</tbody>
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soaked to perfection can be counterproductive to my overall goal of gentle, lifelong physical and mental wellness.

In an engaging book titled The Happiest Mom, author Meagan Francis says this, “I’m not recommending that you completely give up your standards, but by embracing a slower pace and setting realistic goals, you’ll cultivate more happiness for the whole family.” While raising her five children, Meagan discovered that we need to be gentle with ourselves, and permit ourselves sometimes to compromise gracefully for the sake of family bliss. This is a lesson I am (slowly) learning.

First, stop comparing yourself to others. There are some families that appear to be real food superheroes: baking sourdough bread, brewing kombucha, fermenting sauerkraut, culturing kefir, raising a backyard cow . . . you know who I mean. This may even be you, but if it’s not (which is most of us), let go of the belief that you must reach these same goals; give yourself some wiggle room to grow and change. Your time will come when these projects or aspirations will find their way into your days.

Next, take heart that “second best” is not necessarily “second-rate” (of course, this could mean something different to those in the midst of healing certain health conditions). Using some canned foods (e.g. salmon, sardines and beans), brown rice pasta, jarred salsa, store-bought tostadas, bagged corn chips, serving a smoothie as a side dish, or eating the same meal three nights in a row may help you find a sense of calm and do-ability in the busy-ness of creating family meals. Refer to the WAPF shopping guide for direction on the best and second best choices (it is available for purchase or comes free with Foundation membership).

Finally, rework priorities getting in the way of regularly serving a soul-nurturing family meal at least five times a week. Purposefully schedule enough downtime to embrace everything under the umbrella of feeding your family well and make meal prep, clean up and inventive creations a team effort, while steadily elbowing out distractions (such as TV and phones). And when the going gets frazzled, frenzied and fast, allow yourself to make “second best” adjustments where needed to ensure that shared family meals happen. Remember, you are doing much more than giving your family vitamins and brain-building fats when you dedicate attention to food—you are gluing your family together with lifelong bonds, while slowly and surely launching your precious babies into the world with a strong sense of security, confidence and belonging, and a solid foundation of Grandma-approved manners.

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.

REFERENCES


**FAST BUT NOURISHING DINNER FORMULAS**

Listed here are twelve gratifying, not too “weird” dishes with easy-to-find ingredients and simple, nourishing whole foods. Use these recipeless ideas for inspiration on those nights, weeks, months or phases of life when you need to lighten your load in the kitchen. Some of these formulas may seem atypical for dinner, but allow your mind to think outside the dinner-box to invent fresh, “strange” ideas; it may be just what you need to keep sacred family mealtime alive in your abode. One rule for these meals to work: keep your Food Essentials (see side bar on page 54) on hand to be able to whip them up without too much fuss. And many of these dishes make lovely breakfasts!

**SALMON AVOCADO BOAT.** Canned wild salmon salad (made with mayo, preferably homemade, chopped onion and cucumber with a dash of mustard) stuffed in an avocado half, served with fruit and crackers to scoop up the excess salad.

**PEPPERING THE DOGS.** Packaged grass-fed beef hotdog (no bun), sliced red peppers, slice of well-buttered bread (preferably sourdough) with a clump of sauerkraut on the side.
ROAST AND SMOOTHIE DUO. Slow-cooked, pasture-raised roast with vegetables (brown a salt and pepper-seasoned chuck roast on all sides in a skillet over high heat in fat, toss it in a slow cooker with about a cup of water and a good amount of chopped carrots, potatoes, onions and celery) cook on low for up to ten hours. Serve with kefir (dairy or coconut water) smoothie made with favorite fruit, coconut oil and a cucumber blended in.

QUICK CHINESE SHRIMP. Sauté frozen vegetables (Chinese blend) in sesame oil, add fresh or thawed shrimp (preferably wild-caught) and season with soy sauce, sesame seeds, pepper, etc. Serve with rice or another favorite grain like quinoa if desired.

PIZZAZZY GRILLED CHEESE. Thinly sliced apples are a special touch inside a grilled cheese sandwich, as are bites of leftover meats or fish. Serve with a handful of cherry tomatoes, pickle, and sliced summer sausage stacked on a toothpick.

ROASTED BRATWURST AND VEGGIES. Cut root vegetables into one-inch pieces (potatoes, carrots, turnips, parsnips) and slice red onions into wedges. Apple wedges will also complement these flavors. Toss the veggies, apples and brats together with a good sprinkling of olive oil with a couple shakes of salt, roast in a 400°F oven for 30 to 40 minutes, turn at least once to allow for even cooking. Serve with rice or leave as is.

EGG WRAP-TASTIC. Sauté veggies (onion, carrot, pepper, zucchini) in ghee, butter or coconut oil. When soft, crack a few eggs on top with a little chopped chicken liver if available. Cover and allow the eggs to cook slightly, then mix in and create an egg/veggie scramble that wraps nicely into a tortilla. Add leftover meat, cheese, beans, hot sauce, sauerkraut, etc.

VAT-O-SOUP. No recipe needed for a simple, use-up-all-your-veggies soup. Toss a good amount of grass-fed butter or coconut oil (maybe 8 tablespoons) into a big pot. Sauté several chopped onions until translucent. Toss in whatever else you have (carrots, purple potatoes, cauliflower, cabbage, peppers, green beans), sauté a little longer, then pour in a quart or two of chicken broth (preferably homemade) and fresh or frozen tomatoes (I prefer frozen whole tomatoes as the skins peel right off with a little rub under warm water) and maybe a jar of tomato paste to intensify tomato flavor. Toss in herbs of your choice (basil is lovely), some paprika and unprocessed salt. Once everything is soft and to your liking, make a paste of about three tablespoons arrowroot powder and water and stir the mixture into your soup to add a touch of thickness. When serving, pour a little sauerkraut juice into each bowl for added flavor and a probiotic boost. The variations on this are endless: add miso, frozen peas, roasted peppers, leftover chicken pieces, beef chunks or taco filling. Other simple soup ideas: split pea, chicken and rice, corn chowder, veggie-filled chili, butternut, egg drop.

PLAIN OL’ BEANS AND RICE. The additions to these simple foods include cottage cheese, cornbread, sausage, ham or bacon, tomatoes, cilantro, sour cream, avocado or guacamole, salsa, grated cheese, carrot ribbons (made with peeler) and a lacto-fermented vegetable. Your favorite combination can also be wrapped into a lettuce leaf for a fun twist.

TOSTADAS, TACOS AND BURRITOS. Most meats go well with these meals (beef, chicken, shrimp, canned salmon, liver) and anything goes with toppings (similar to Plain ol’ Beans and Rice). Buy refried beans in a can or make your own from canned beans by sautéing chopped garlic in some bacon drippings, lard or other oil, then pour a can of organic beans into the skillet and mash. Top with leftover meat and your fixings. Take your tostada or regular corn tortilla and load with beans and meat and toppings (or skip the beans and use just meat and toppings). Taco salad using all the same ingredients is also a winner with the addition of crunched up tortilla chips.

NICE ‘N’ EASY FRIED RICE. Sauté vegetables of your choice (garlic, onion, broccoli, cabbage, peas, peppers) in your favorite oil or fat until tender and add leftover rice. Beat a few eggs together with a tablespoon or two of soy sauce and sesame oil and pour it into your veggie/rice mix and sauté until eggs are cooked.

EGG AND HAM CUPS. Oil a muffin tin, line each cup with ham or turkey ham slices, fold or cut to make it fit. Crack an egg in each meat-lined cup and top with salt. Bake at 400°F for 10 to 15 minutes. This tasty, yet uncomplicated idea is from Kids’ Fun and Healthy Cookbook by Nicola Graimes. Serve with small green salad sprinkled with a handful of berries and nuts, and a drizzle of olive oil and squeeze of lemon.
As a prelude to Wise Traditions 2011, the Farm-to-Consumer Legal Defense Fund sponsored a FundRAISER Dinner on Thursday evening, November 10. The event featured an "offal cookoff" with four delicious organ meat appetizers. The winner was Pork Bliss Terrine prepared by Becca Griffith, but all of them were delicious—and highly original. Three of the four chefs were kind enough to share their recipes with us.

TEAM 1: ORGAN MEAT RAGOUT
Representing Virginia and Maryland, Chef Pedro Matamoros of 8407 Kitchen Bar, Silver Spring, Maryland and Elaine Boland of Fields of Athenry Farm, Purcellville, Virginia prepared Chef Pedro’s & Elaine’s Ragout, "Down and Dirty Makes You Flirty – Pumped with Iron Helps You Run Your Siren!

Ingredients included beef heart and tongue, ox tail, beef liver, lamb liver, heart and kidneys, vegetables, tomato paste and herbs.

TEAM 2: FALSTER’S HACKEPETER
Representing Texas, Chef Nancy G. Falster, Southern Grace Personal Chef Service, Winnsboro, Texas and Karl E. Falster, Sr., Falster Farm and Miniature Cattle Ranch, Winnsboro, Texas, prepared a traditional German raw meat dish called Hackepeter. Falster Farm beef, liver and heart were being brought together in a delicious and natural concoction with rare German flair.

INGREDIENTS
4 pounds grass finished, ground steak
2 pounds grass-fed beef liver, ground
2 pounds grass-fed beef heart, ground
4 whole farm fresh eggs
lard or butter or 1/4 pound pancetta
(to sauté veggies)
3 sweet onions, preferably organic
6 carrots, preferably organic
8 cloves garlic, preferably organic
1 cup spinach basil pesto (recipe follows)
1/2 cup chopped fresh oregano

The event featured an "offal cookoff" with four delicious organ meat appetizers.

Nancy Falster of Falster Farm - Mini Cattle Ranch, Winnsboro, Texas, not only prepared the delicious Hackepeter, but also prepared sprouted cinnamon rolls, and sprouted biscuits and sausage gravy for the Farm-to-Consumer Legal Defense Fund breakfast fundraiser.

Becca Griffith proudly displays her award winning Mini Pork Bliss Terrines.
1/2 cup chopped fresh basil
1/2 cup chopped fresh parsley
sea salt and pepper to taste

For pesto:
2 cups organic baby spinach
2 cups organic basil leaves
6 cloves garlic
1 cup freshly grated parmesan cheese
3/4 cup extra virgin olive oil
sea salt and pepper to taste

INSTRUCTIONS

Mix the meats and let the blood drain. (Note: you can cut the liver in strips and soak it in lemon juice a couple of hours before grinding.) Keep meats in fridge, chilled.

Fine chop the veggies, by hand or with pulse on processor. Using the fats or pancetta, sauté the vegetables and the fresh chopped herbs gently to sweat. Add seasonings. Allow the vegetables to cool completely, draining through a colander to remove excess juices.

While vegetables cool, make your pesto: Using food processor chop spinach, basil leaves and garlic. Slowly add extra virgin olive oil to make a paste, adding additional olive oil if necessary to thin the paste. Add parmesan cheese and pulse until blended. Taste and adjust seasoning to your liking.

Mix the meats with eggs, cooled vegetables and pesto. Toss with clean hands to make sure to mix it really well. Press into a container (such as a ring mold or shallow bowl) to form the desired shape and chill until very cold. Use lettuce or parsley as decorative garnish and enjoy with any number of “picker-uppers,” such as endive leaves, sourdough toast or good quality crackers.

SOME OF THE MANY WONDERFUL EXHIBITORS AT WISE TRADITIONS 2011
TEAM 3: CHICKEN LIVER PATÉ

Also representing Texas, Mike and Connie Hale of Windy Meadows Family Farm, Campbell, Texas presented Windy Meadows Pastured Chicken Liver Paté. The offering was dedicated to the memory of Mrs. Betty Williams, of Tyler, Texas, a very strong supporter of the Weston A. Price Foundation for many years.

INGREDIENTS

- 1 pound pastured chicken livers, trimmed of white fibers and cut into quarters
- 1 large onion, chopped
- 1 pound mushrooms, sliced
- 1 stick butter
- 1 teaspoon dill weed
- 1 teaspoon dry mustard
- 1 large minced garlic clove
- 1 tablespoon lemon juice
- 2/3 cup white cooking wine
- 8 ounces cultured cream or cream cheese
- sea salt to taste
- cayenne pepper to taste

INSTRUCTIONS

Sauté livers, onion and mushrooms in butter in a pan until onions and mushrooms have softened and livers are no longer pink. Add dill, dry mustard, rosemary, garlic, lemon juice and white wine. Simmer until liquid is somewhat reduced, then remove from heat. Combine and blend with cultured cream or cream cheese until as smooth as possible in a blender, in smaller batches if necessary. Season to taste with sea salt and cayenne pepper.

AWARD WINNING CONFERENCE FOOD

Voted Conference Menu of the year by the Journal of Living Food (http://journal.livingfood.us/2011/11/10/menu-of-the-year-award-live-feed-from-top-food-and-health-conference-2/), the meals at the conference were delicious, as always.

Pictured right, chef and food coordinator Monica Corrado. Below left, traditional all-raw conference cheesecake. Below right, conference food was enjoyed by all ages.
Pour into a serving container or lined mold, cover and chill overnight. Paté will firm up when cooled. Unmold, smooth with a butter knife or offset spatula, garnish, and serve with red pepper wedges, cucumber slices, whole grain crackers or sourdough toast. The paté can be frozen, but may “weep” on defrosting.

TEAM 4: PORK BLISS TERRINES
Representing Minnesota and Wisconsin Becca Griffith, Weston A. Price Foundation Member from Minneapolis, Minnesota and Randy and Lynn Anderson of Anderson Farm, Arkansas, Wisconsin prepared the winning entry, Mini Pork Bliss Terrines, "Where every bite is offally hearty."

INGREDIENTS
2 pounds ground pastured pork
2 pounds heart, kidney and livers
1/4 cup lard
1 egg
1 1/2 tablespoons coarse sea salt
3 cloves garlic, minced
2 tablespoons apple powder*
1/4 cup crispy almonds, ground into a coarse flour
1 onion, minced
9 dates, minced
1 package gelatin (or 2 1/2 teaspoons), soaked in 1/4 cup water

INSTRUCTIONS
In a small bowl, soak gelatin powder in water and set aside. In a food processor, blend organ meat mixture (note: it is better if you have more heart and kidney than liver) with a half portion of the ground pork, half of the spice blend, all of the lard, egg, nutmeg, salt, pepper, garlic and apple powder. Transfer contents from the food processor to a large bowl or bowl of an electric mixer and add remaining ground pork, ground crispy almonds, onion, dates and soaked gelatin powder and mix by hand or machine until well combined. Place into mini-muffin tins just to the rim. Cover each muffin tin pan with parchment paper. Bake at 320 degrees F for 20-22 minutes. Remove from oven, and cool for approximately one hour. Loosen each mini terrine, but keep in tins. Cover and refrigerate overnight. Serve chilled or at room temperature. These also freeze well.

*Note on apple powder: Dehydrate honeycrisp apples and then powder in a Vitamix. Chef Becca added the apple powder as an experiment, to serve as a binder after her first recipe modification had flopped. The apple powder seemed to change the texture and really enhance the flavor.

SPICE MIX
Pinch of the following:
- Allspice
- Basil
- Black Pepper, freshly cracked
- Cayenne
- Coriander
- Fennel
- Garlic Powder
- Mustard, ground
- Onion Powder
- Oregano
- Paprika, Smoked
- Sage
- Thyme

WAPF on the WEB
WEBSITE: Our new website design is launched and the online ordering page is working! You can now join or log in to: renew, donate and order materials on line.


ALEXA WEBSITE RATINGS: www.westonaprice.org is rated seventh among nutrition websites at alexa.com (see www. alexa.com/topsites/category/Top/Health/Nutrition.) Please visit the site and post a comment about our website. You can help raise our rating by visiting our website frequently and linking to it from your own website, Facebook page or blog.
Soy Alert!

HEART OF THE MATTER: SULFUR DEFICITS IN PLANT-BASED DIETS
By Kaayla T. Daniel, PhD

The World Health Organization (WHO) reports that over sixteen million deaths occur worldwide each year due to cardiovascular disease, and more than half of those deaths occur in developing countries where plant-based diets high in legumes and starches are eaten by the vast majority of the people.

Yet “everyone knows” plant-based diets prevent heart disease. Indeed this myth is repeated so often that massive numbers of educated, health-conscious individuals in first world countries are consciously adopting third world style diets in the hope of preventing disease, optimizing health and maximizing longevity. But if the WHO statistics are correct, plant-based diets might not be protective at all. And today’s fashionable experiment in veganism could end very badly indeed.

HOMOCYSTEINE AND HEART DISEASE

A study published in the August 26, 2001 issue of the journal Nutrition makes a strong case against plant-based diets for prevention of heart disease. The title alone, “Vegetarianism produces subclinical malnutrition, hyperhomocysteinemia and atherogenesis,” sounds a significant warning. The article establishes why subjects who eat mostly vegetarian diets develop morbidity and mortality from cardiovascular disease unrelated to vitamin B status and Framingham criteria.

Co-author Kilmer S. McCully, MD, “Father of the Homocysteine Theory of Heart Disease,” is familiar to WAPF members as a winner of the Linus Pauling Award, WAPF’s Integrity in Science Award, and author of numerous articles published in peer-reviewed journals as well as the popular books The Homocysteine Revolution and The Heart Revolution. In 2009 Dr. McCully was one of the signers of the Weston A. Price Foundation’s petition to the FDA in which we asked the agency to retract its unwarranted 1999 soy/heart disease health claim. (See www.westonaprice.org/soy-alert/soy-heart-health-claim.)

Dr. McCully teamed up with Yves Ingenbleek, MD, of Université Louis Pasteur in Strasbourg, France, which funded the research. Dr. Ingenbleek is well known for his work on malnutrition, the essential role sulfur plays along with nitrogen in metabolism, and sulfur deficiency as a cause of hyperhomocysteinemia.

The study took place in Chad, and involved twenty-four rural male subjects ages eighteen to thirty, and fifteen urban male controls, ages eighteen to twenty-nine. (Women in this region of Chad could not be studied because of their animistic beliefs and proscriptions against collecting their urine.)

The rural men were apparently healthy, physically active farmers with good lipid profiles. Their staple foods included cassava, sweet potatoes, beans, millet and ground nuts. Cassava leaves, cabbages and carrots provided good levels of carotenes, folates and pyridoxine (B6). The rural Chadian diet is plant-based because of a shortage of grazing lands and livestock, but subjects occasionally consume some B12-containing foods, mostly poultry and eggs, though very little dairy or meat. Their diet could be described as high carb, high fiber, low in both protein and fat, and low in the sulfur-containing amino acids. In brief, this diet is the very one recommended by many of today’s nutritional “experts” for overall good health and heart disease prevention.

The urban controls were likewise healthy and ate a similar diet, but with beef, smoked fish and canned or powdered milk regularly on the menus. Their diet was thus higher in protein, fat and the sulfur-containing amino acids, though roughly equivalent in calories.

Dr. McCully’s research over the past forty years on the pathogenesis of atherosclerosis has shown the role of homocysteine in free radical damage and the protective effect of vitamins B6, B12 and folate. Indeed, many doctors today...
recommend taking this trio of B vitamins as an inexpensive heart disease “insurance policy.”

In Chad, both groups showed adequate levels of B6 and folate. The B12 levels of the vegetarian group were lower, but the difference was only of “borderline significance.” However, as the researchers point out, “A previous study undertaken in the same Chadian area in a larger group of sixty rural participants did demonstrate a weak inverse correlation between B12 and homocysteine concentrations in the twenty subjects most severely protein depleted . . . It is therefore likely that the hyperhomocysteinemia status of some of our rural subjects in the present survey might have resulted from combined B12 and protein deficiencies. The correlation of B12 deficiency with hyperhomocysteinemia could well reach statistical significance if a larger group of subjects were studied.”

**ANIMAL PROTEIN AND SULFUR**

Clearly it’s wise for people on plant-based diets to supplement their diets with B12, but protein malnutrition must also be addressed. And the issue is not just getting enough protein to eat, but the right kind. The bottom line is we must eat protein rich in bioavailable, sulfur-containing amino acids—and that means animal products. Vegans at this point will surely claim the issue is insufficient protein and trot out soy as the solution. Soy is indeed a complete plant-based protein, but notoriously low in methionine. It does contain decent levels of cysteine, but the cysteine is bound up in protease inhibitors, making it largely bio unavailable. (For more information, read my book *The Whole Soy Story: The Dark Side of America’s Favorite Health Food*, endorsed by Dr. McCully, as well as our petition to the FDA noted above.)

So what did Drs. Ingenbleek and McCully find among the study group of protein-deficient people? Higher levels of homocysteine, of course. Also significant alterations in body composition, lean body mass, body mass index and plasma transthyretin levels. In plain English, the near-vegetarian subjects were thinner, with poorer muscle tone, and showed subclinical signs of protein malnutrition. (So much for popular ideas of extreme thinness being healthy.)

The plant-based diet of the study group was low in all of the sulfur-containing amino acids. As would be expected, labwork on these men showed lower plasma cysteine and glutathione levels compared to the controls. Methionine levels, however, tested comparably. The explanation for this is “adaptive response.” In brief, mammals trying to function with insufficient sulfur-containing amino acids will do whatever is necessary to survive. Given the essential role of methionine in metabolic processes, that means deregulating the transsulfuration pathway, increasing homocysteine levels, and methylating homocysteine to make methionine.

Ultimately, it all boils down to our need for sulfur. As Stephanie Seneff, PhD, and many others have written in *Wise Traditions* and on the WAPF website, sulfur is vital for disease prevention and maintenance of good health. In terms of heart disease, Drs. Ingenbleek and McCully have shown sulfur deficiency not only leads to high homocysteine levels, but is the likeliest reason some clinical trials using B6, B12 and folate interventions have proved ineffective for the prevention of cardiovascular and cerebrovascular diseases. Over the past few years, headlines from such studies have led to widespread dismissal of Dr. McCully’s “Homocysteine Theory of Heart Disease” and renewed media focus on cholesterol, C-reactive protein and other possible culprits that can be treated by statins and other profitable drugs. In contrast, the research of Drs. McCully and Ingenbleek suggests we can better prevent heart disease with three inexpensive B vitamins and traditional diets rich in the sulfur-containing amino acids found in animal foods.

In the blaze of publicity surrounding the video *Forks Over Knives* and other blasts of vegan propaganda, few people are likely to hear about this study. That’s sad, for it provides an important missing piece in our knowledge of heart disease development, a strong argument against the plant-based dietary fad, and a bright new chapter in what the *New York Times* has called “The Fall and Rise of Kilmer McCully.”

**Kaayla T. Daniel, PhD, CCN, is The Naughty Nutritionist™ because of her ability to outrageously and humorously debunk nutritional myths. A popular guest on radio and television, she has appeared on The Dr. Oz Show, ABC’s View from the Bay, NPR's People's Pharmacy and numerous other shows. Dr. Daniel is Vice President of the Weston A. Price Foundation, the author of *The Whole Soy Story: The Dark Side of America’s Favorite Health Food*, and recipient of the WAPF’s 2005 Integrity in Science Award. She spoke at Wise Traditions 2011 on the topic of “Recovery from Vegetarian Diets.” Her websites are www.naughtynutritionist.com and www.wholesoystory.com. To reach Dr. Daniel or schedule a private nutritional consultation, email her at Kaayla@DrKaaylaDaniel.com.**
Our community frequently talks about “voting with your dollar.” Using the power of your wallet is important—you get healthy food to nourish your body, and you help the farmers who are raising that food stay in business. But the widespread change we need in our food system requires changes in our legal and regulatory system to empower the market to function properly.

The problem is that we don’t have a functioning free market system where the act of being a consumer is enough to drive change. In the idealized market system, the sellers of goods—in this case, food—respond to consumers’ buying decisions by providing the goods the buyers want. But the idealized market system assumes many things, including the free flow of accurate information and numerous sellers in competition with each other, so that the buyers can exercise informed choices. Looking at the food system as a whole in this country, neither of these conditions is met. So we need people to be citizens, not just consumers.

The easiest way to be a citizen, rather than just a consumer, is to sign up for email alerts and act on them. (If you are not getting email action alerts from WAPF, please contact the office and we will make sure that you do.) You can also help educate your community by talking with your friends and co-workers about these issues, and encouraging them to become involved.

The next step is to develop an ongoing relationship with your legislators. Call and talk with their staffers about how important food issues are to you, and invite them to visit your farm (or, if you’re not a farmer, make arrangements with a local farmer). Meeting with your legislators in person is a very powerful way to put a face to the issue and impress upon them the significance of food issues to their constituents.

Becoming an activist can be a daunting task, and many people don’t know where to start. But you don’t have to do any of this alone. WAPF has resources to help you, including recordings of the conference session on effective activism, available at www.fleetwoodonsite.com/index.php?cPath=40_307.

To see the latest action alerts from the Weston A. Price Foundation, visit http://www.westonaprice.org/2011-action-alerts.

FDA CONSIDERS FEES ON SMALL BUSINESSES

The issue of “food safety” has been, and will continue to be, one of the major challenges on the policy front. At the national level, FDA is continuing the process of implementing the Food Safety Modernization Act (FSMA). This fall, the agency requested public comments on the issues of the fees to be imposed for re-inspections. The FSMA directed the agency to recover the costs of re-inspections through user fees. In theory, this makes sense: with the government struggling with funding, businesses that fail to pass inspection “should” pay the costs. The problems start, however, when that theory is applied by the FDA.

The first issue is when the fees would be imposed. Given the morass of laws and regulations that govern food production, it is almost always possible for an agency to find something wrong at a facility. But that violation may have nothing to do with whether or not the food is safe. In its comments to the agency, WAPF urged FDA to impose re-inspection fees only when there is a violation that poses a “credible risk of serious illness or injury to the public” during the initial inspection.

The second issue is the total cost. Astonishingly, the FDA calculated that it would need to charge $224 per hour to cover the costs of its re-
inspection program. The charges would apply to all of the time spent preparing for an inspection, traveling and writing reports, in addition to the re-inspection itself. Not only does that rate reflect exorbitant costs by the agency, but the application of an hourly rate creates an incentive for even more inefficiencies. For example, an hourly fee encourages agency officials to utilize multiple inspectors when only one may be needed.

With this high hourly rate, the fees for re-inspection could easily total several tens of thousands of dollars. Such fees would quickly drive many small businesses out of business. In addition, by charging an hourly fee based on travel time, the agency would impose a significant penalty on rural businesses simply because of where they are located.

As stated in WAPF’s comments: At a time when Congress is debating how to reduce the regulatory burdens on small businesses, it is wholly counter-productive for the agency to create a fee structure that makes it impossible for a small business to survive a simple re-inspection. In contrast, large businesses are more able to absorb additional costs and already have a competitive advantage due to economies of scale. The fee provisions under FSMA should not be applied in a way that favors, yet again, large businesses over small.

By adopting the Tester-Hagan amendment to the FSMA, Congress recognized that businesses that gross under five hundred thousand dollars annually (to be adjusted for inflation) are in a special category. Given the small profit margins many such businesses have, any fees imposed by FDA could be destructive. Congress also recognized that businesses that sell directly to consumers are accountable to their customers through an efficient, transparent system that cannot be duplicated by government regulation or inspections.

Even as the businesses grow, a bill for several tens of thousands of dollars for a re-inspection would be prohibitively expensive. The Small Business Administration (SBA) generally provides that businesses qualify as “small” when they have between five hundred and one thousand employees, depending on the precise industry classification. (See http://www.sba.gov/sites/de-
In order to pay that many employees’ wages in addition to the facility and input costs, these businesses presumably have a gross income of several tens of millions of dollars. While this amount may not seem small, it is understandable in the context of the food industry, in which the dominant companies have gross incomes in the billions of dollars.

After discussing all of these factors, WAPF recommended in its comments to FDA that fees should be completely waived for facilities grossing under half a million dollars annually (adjusted for inflation) and significantly reduced, on a tiered basis, for facilities grossing up to twenty-five million dollars annually. WAPF also urged measures such as capping total fees, waiving fees for travel time, and providing additional reductions or exemptions for facilities that sell directly to consumers.

THE FIGHT AGAINST GENETICALLY MODIFIED FOODS ENTERS A NEW PHASE

While FDA spends significant resources regulating small producers selling to willing consumers, it continues to shelter the real offenders against food safety: companies selling genetically modified (GM) foods to consumers who don’t even realize what they’re eating. In the 1990s, at the urging of the companies who stood to make a fortune from their patented products, the FDA found that GM crops were “substantially equivalent” to non-GM crops, allowing them to be introduced into the food chain without labeling and leaving consumers in the dark about what they are eating.

This finding of substantial equivalence is absurd. If there truly were no significant differences, then the companies could not have gotten patents. Moreover, research in the years since has thoroughly disproven this fiction. Study after study shows allergic responses and worse from eating GM crops (to read just a few, go to www.farmandranchfreedom.org/gmo).

The Center for Food Safety has filed a formal petition with FDA to require labeling of foods made with genetically modified organisms (GMOs) as ingredients. Over three hundred organizations are supporting the effort, and, as of the time this article went to press, over three hundred fifty thousand comments had been submitted to...
FDA in support of the petition.

TAKE ACTION: Tell FDA that you want
them to require labeling! You can submit
comments multiple ways:
ONLINE:
www.regulations.gov/#!submitComment;D=FDA-
2011-P-0723-0001
FAX: 301-827-6870
MAIL: Division of Dockets Management, Food
and Drug Administration, 5630 Fishers Lane,
Room 1061, HFA-305, Rockville, MD 20852
You must include the docket number at the
top of your comments: FDA-2011-P-0723

The other major news on the fight against
GMOs comes from California. In November, a
ballot initiative that would require the labeling of
all genetically modified foods sold in California
was submitted to the Attorney General’s office.
If enough petition signatures are collected, the
California Right to Know Genetically Engi-
neered Food Act will be on the California ballot
in November 2012.

The Wise Traditions conference this year
included the most up-to-date information on GMOs
and their health effects, presented by Howard
Vlieger.
the proposed animal traceability rule is still burdensome. In particular, the proposed rule would require individual tagging of poultry that cross state lines, except for the birds that belong to factory farms. This will cause problems for people who order day-old chicks from out-of-state hatcheries, go to live bird markets, or use a slaughterhouse across state lines. The proposed rule also requires that all cows crossing state lines be identified and accompanied by a certificate of veterinary inspection. Moreover, vets and sale barns will have to keep records on all the cows for five years, long after most of the animals will have gone to slaughter.

Fundamentally, like NAIS, the proposed rule is a solution in search of a problem. The USDA has again failed to identify the specific problem or disease of concern, and the real focus of the program is helping the export market for the benefit of a handful of large corporations.

Along with other organizations, WAPF sent out an alert urging people to submit comments. Thanks to the hundreds of WAPF members who responded! The public comment period ended on December 9, and now we await USDA’s response.
A Campaign for **Real Milk**

**THE WALKERTON DAIRY HERD ASSOCIATION**

*By Susan Siemers*

I have belonged to several cow share programs. But for me, it wasn't enough just to get raw milk. The first farmer's cooling system left something to be desired, and my milk was only good for about three days. Since we picked up milk every other week, let's just say I ate a lot of yogurt!

Then I found a farmer with a better cooling system, but he fed grain, and the milk was packaged in plastic. I asked if he would do part of his herd as grass-fed only, but he declined. Now that I am in the business myself, I can understand his reluctance to do so. Production takes a pretty big hit when you only feed grass and hay, and he sold most of his milk to a commercial processor. Processors don't give bonuses for grass-fed milk.

Finally I found a farmer whose milk was properly chilled and who packaged in glass. But still, there was that grain in the cow's diet. Sometimes you just have to do it yourself to get things exactly the way you want!

**DO IT YOURSELF**

I found out my neighbor, Steve Martin, had a certified organic herd, strictly grass-fed. I went down to his farm and asked if he would sell me a cow share. He said he wouldn't, since he shipped to Organic Valley and was concerned about his relationship with them if they learned he was doing cow shares. But he told me that if I wanted to buy a cow from him, he would rent me pasture and the use of his milking parlor. I asked how much he wanted for a cow, and he replied two thousand dollars.

I sent emails (I used our WAPF board) and put out fliers at my booth at the farmers market where I sell my own skin care products (www.ceres-co.com). In about two weeks I had gathered money from fourteen families, enough to buy two cows. Steve was very surprised. He told me later that he didn't think he would ever see me again!

So fourteen families became the proud owners of two cows, and seven of us got on the milking crew. We paid twenty-five dollars for use of the milking equipment, and we milked once a day. My husband and I had milked a herd of Guernseys back in the 1960s, but we didn't have a pipeline milking operation, so all of this was new to me. Steve gave me a ten-minute lesson on how to use the equipment and left me alone. I was a little fearful, but the equipment was pretty easy to use. I then taught the others how to milk.

I called the WAPF office to find out what we had to do to be legal in Indiana, and I was referred to Pete Kennedy, now President of the Farm-to-Consumer Legal Defense Fund. Steve and I spent many hours in meetings, some with Pete included on the phone, and we communicated with Pete via email. We used a contract that Steve had drawn up with a former partner for a springboard, because in effect, this herd was a partnership. After many iterations of the contract, Pete finally gave us his approval and we were off and running. I cannot thank Pete enough for his help! Our contract has stood the test of time. When we were confronted by the authorities, they agreed that we were legal and have since left us alone.

**DETAILS MATTER**

The big thing about our contract is that we are wholly owned and operated by the shareholders. The “operated by” in Indiana is very important, and it is the sticking point that the authorities use to cause trouble for some cow share programs. Our shareholders are all obligated to put in four workdays per year, and that includes digging thistles, keeping the electric fences clear of weeds, stacking hay and spreading biodynamic organic preps on the soil twice a year.

Shareholders will share in the proceeds from the sale of cows or calves once we generate
enough revenue. For now, we are just squeaking by and to date have used money from the sale of animals and meat to meet our financial obligations. Purchasing hay is troublesome, with wild swings in price, so we use any excess cash to take care of hay bills in the years when the hay prices skyrocket.

Stock certificates are issued to each shareholder, and if and when they quit, they must sign that share over to the Walkerton Dairy Herd Association. We then have four months to sell the share to a new shareholder, at which time the shareholder who is quitting will be reimbursed for his share. Sometimes we are a little slow to find a buyer, but to date, all shareholders who have quit have gotten their money back, if they have met the terms of their contract.

NOT A GROCERY STORE!

We operate like a CSA. All of our milk is distributed to the shareholders each day. In turn, the shareholders pay their fair share of the ongoing expenses, no matter how much (or how little) milk they get. It does put a whole new perspective on food for shareholders. I tell people who are interested in our group that we are not a grocery store! You can't order four gallons this week and a couple of quarts next week. You get what you get.

This has forced our shareholders to get pretty smart about how they use their milk, and we have a lot of cheese makers in our group. Also, since we distribute all of the milk, we do not skim off any cream, so our milk is loaded with cream!

Some participants in other programs ask how we can make butter and ice cream and still have rich tasting milk. Well, when your milk is from grass-fed heritage breed cows milked only once daily, the butterfat content is pretty close to 6 percent, which is nearly twice the butterfat content of commercial whole milk. We don't sell cream—the shareholders get it all. Given that the other cow share programs in the area sell cream for about twelve dollars a quart, we value the extra cream in every gallon of our milk at about three dollars. In the winter, when the fluid milk production goes down, the percentage of cream seems to go up, and I have seen quart jars of milk that are nearly one fourth cream. Yum!

We have cheese making workshops to help new shareholders understand how to use all that milk when we are swimming in it in the spring. I show classes of six people at a time how to utilize two gallons of milk in the best way possible. I use the cream, which I have cultured, to make really good butter (butter from cultured cream lasts a lot longer than butter from fresh cream). I show them how to make really good mozzarella cheese from the skimmed milk. It takes two days, so I start a batch the day before, culture the butter and get the mozzarella to the stage where we finish it. Then on the day of the workshop, we start another batch of cheese, culturing, cutting the curd, heating and stirring. The curd is set to rest for a day, and I pull out the cheese I started the day before. We perform the “taffy pull” with yesterday's cheese, which has been reheated in the whey from today's batch. And then we heat the whey to 200 degrees and add some vinegar or lemon juice to make whey ricotta.

At the end of the day, everyone goes home with a bit of butter, some mozzarella and some ricotta— if we haven't eaten it all while we sit around the table admiring our handiwork.

LEARNING CURVE FOR ALL

Establishing our dairy over the last four years has presented us with a rough learning curve. We’ve lost a cow—the vet said it was parasites. We butchered one of my favorites because we couldn't get her bred the second time, and the same fate befell another because she had gotten rather mean. Since we do not dehorn our cows a nasty temperament in one of them is very serious. The shareholders put in their orders for the meat.

We take the horns, the organ meat, the tallow, and one shareholder even took the hide from a cow that had a very beautiful coat. The butcher just shakes his head when we ask for the oxtail, the liver, the heart, the tongue. And when I ask him to make the hamburger blend at least twenty percent fat! For some reason, he won't give us the tripe. Our vet tells us to ask for the cud next time we butcher, as it is a great probiotic for calves. When we had a couple of sick calves, he told me to reach in the mouth of one of the cows and steal some cud, “but watch out for your fingers.”
Well, both Kayla, my assistant, and I tried, but we didn't succeed.

Those sick calves two little bulls, were not quite four months old. We were raising them for meat. They started to lose energy. It was during county fair time, and our vet, who has six kids in 4-H, was not able to come out. We talked on the phone a couple of times a day and he told me how Kayla and I should care for them. Kayla used to work for a vet, so we got bags of fluids and administered subcutaneous fluids twice a day. We watched them founder. One died before the vet got there, the other a couple of days after. It was heartbreaking. We are still waiting for results of the necropsy, since we do not want to raise any other calves here until we fully understand what happened.

Our herd is certified organic, and we were raising these two little guys for certified organic grass-fed beef. When fully fattened at two years, the value of their meat would have been over five thousand dollars. It was a financial and emotional hit for us. Since we were going to butcher them, I had not gotten close to them. I hadn't even named them until I had to for the organic inspector. But when you care for a calf first thing in the morning, several times through the day, and last thing at night; when you finally lie down in the straw beside him and sleep because you are exhausted and can't sleep in the house because all you can think of is the calf, you get close. It was devastating, especially when the second one died. We thought we were going to save him. He was getting better, we were even doing physical therapy because he hadn't been able to stand for nearly a week and we wanted to keep his muscles toned. Then he suddenly took a turn for the worse, and was gone in a day.

DEATH FROM OYSTERS

If there ever were a good example of double standard coming from the food safety folks, it's a November 2011 article on oyster deaths posted at Food Safety News (www.foodsafetynews.com/2011/11/still-too-many-raw-oyster-deaths/). The report expresses concern for the economic viability of the Gulf oyster industry, recovering from one of the worst environmental disasters in history, but also notes that oysters still kill fifteen people per year. FDA wants "post-harvest processing," a euphemism for irradiation, which the industry and Louisiana politicians have resisted tooth and nail—so far successfully. So you eat oysters at your own risk, and government officials have held back from pronouncements that oysters are "inherently dangerous."

But for raw milk, which has killed no one for at least twelve years, and perhaps for decades, FDA officials have nothing but opprobrium, and certainly no concern for the hundreds of raw milk producers and the economic viability of this growing economic sector. FDA has just posted new and fraudulent warnings against this health-providing food: www.fda.gov/Food/FoodSafety/PRODUCT-SpecificInformation/MilkSafety/ConsumerInformationAboutMilkSafety/ucm247991.htm.

HARD FACTS AND REWARDS OF FARM LIFE

People either don't think at all about what goes into farming or, at the other end of the scale, they idealize farm life. The latter favor the pastoral images of calves cavorting in the sunshine, butterflies flitting over the wildflowers in the pastures, cows suckling their young, and the weather being always 72 degrees and sunny, with a light breeze. There are indeed times like that, but there are also times when despite your best efforts the calf dies; when it is -26 degrees and you worry about the animals that are outside all the time, with just a couple of windbreaks; times when it is -4 degrees when you go out to milk at two in the afternoon, and other times when it is 95 degrees with no breath of air and the flies cover you while you are putting milkers on the cows. There are the unhappy shareholders who don't understand that “we are not a grocery store.” And were unhappy once when the power went off in the middle of milking and some milk went down the drain and didn't make it into their jars.

But for the most part, it is a rewarding life. We don't have ordinary shareholders. They understand what goes into making that milk, in part because they each spend four afternoons taking a good look at what goes on. And the shareholders who balk at how we do things, at what we must do to be legal in Indiana, often leave. But there is always someone willing to give it a shot, and most of our shareholders stick around. Since the purchase of our first two cows in 2007, we have grown from fourteen to fifty-five families, so we must be doing something right.

What we do are the things that I believe make the best raw milk out there: no grain ever, glass jars, a quick cooling system, rotational grazing, home-raised calves and cows, heritage breed cows for A2 milk (our bull Sam is a registered Guernsey, and they are tops for A2 milk), and having our shareholders get to know the girls. We have had about fifteen different shareholders work for some period of time as milkers. Some do it for a year and that's enough. Others have been at it from the beginning. Right now we are looking for a shareholder who will want to milk since two of our current milkers are pregnant. One will take off six months, but the other will take off a couple of years. We have had a bunch of babies in our group. It is all because of that good raw milk! ☺️
GETTING RAW MILK OUT OF THE LINE OF FIRE IN MINNESOTA: A CALL TO ACTION

As in California and elsewhere, raw milk has been in the crosshairs in Minnesota for the last couple of years. But raw milk drinkers and food freedom supporters aren’t taking it.

Led by the Minnesota Natural Health Legal Reform Project (MNHLRP), a successful grass-roots health freedom group, Raw Milk Access Bills were introduced in the Minnesota Legislature in 2011. HF 255 in the House and SF 147 in the Senate would allow Minnesota farmers to deliver raw milk and raw milk products to their customers. There was an information-only hearing on the bill in the House but no hearing in the Senate. Because there were no votes on the bill, it is still alive for the 2012 session.

Currently, buying and selling raw milk is legal in Minnesota, but only on the farm. If you live in the city, you must drive to the farm to get your milk, which could take an hour and a half to drive one way. This is essentially a transportation bill, allowing reasonable delivery options for an already legal food. It is about farmers bringing their food to their customers, much like vegetable CSAs.

Raw milk supporters packed the info-only hearing with about two hundred adults and children, an unheard-of turnout for a committee meeting. But that was just the starting point and we need to step up our efforts. We know there are more raw milk drinkers out there and many others who support their friends’ and neighbors’ right to have better access to raw milk.

READERS IN MINNESOTA: We need you to keep contacting your legislators and the governor to let them know how important this bill is to you and your family. And if you know someone who lives in Minnesota, please urge them to do so. The more people who act, the better. For each person who contacts them, legislators know there is another thousand who feel the same but haven’t contacted them.

On the surface, this may seem like a bill for city folks. If you live near a raw dairy farmer, you probably have no issue with driving the ten miles or so to get to the farm. However, keep in mind that while raw milk is the focus now, next it could be farm fresh eggs or grass-fed beef that health officials say can’t be delivered, so standing up for food freedom is critically important.

Visit www.MNHLRP.org and click on "Raw Milk Access" for talking and writing points and information on how to host a gathering for your elected officials. MNHLRP is available to help you meet with your legislators. Contact them at 651-647-9908 and they will help you. Be sure to sign up online for e-mail updates on the bill.

WHY PASTEURIZATION?

Government officials insist that the reason we pasteurize is to ensure the safety of our milk. A recent article by Daniel Fromson, "The Milkman Cometh," published in Lapham’s Quarterly puts the decision to pasteurize in a different light.

Fromson brings to light a 1910 New York Milk Committee Conference on Milk Problems described in In Nature’s Perfect Food: How Milk Became America’s Drink, by Erna DuPuis. The committee set out to reach a scientific consensus about how to handle the city’s dairy products. “In many ways,” DuPuis writes, “this particular conference represented a culmination of seventy years of discussion about milk.” The participants, “public experts hired to present scientific information,” were actually opposed to pasteurization, and most of the officials considered certified milk superior. The critical question, however, was whether New York would expand its milk inspection force to safeguard the milk supply the same way private inspectors monitored certified milk, or whether it would embrace mandatory pasteurization.

The answer did not hinge on science so much as business. “Private companies, particularly larger companies, through their capital investment in pasteurizing technology, would enable the state to supply the guarantee of milk safety without imposing further public costs.” Within a year, New York would pass its mandatory pasteurization law, which cemented the assumption that pasteurization made milk completely safe without any costly testing program.

Several of the health experts who came to this businesslike conclusion had also attended a 1906 conference at which Nathan Straus, the most ardent promoter of pasteurization, had made a prediction: the solution to the milk problem would be “not scientific but practical.” And that is exactly what their decision was. It was a validation of the belief, as Straus once put it, that inspection was “an ideal dream”—that “we are practical men, you and I, and we must meet conditions as they exist, not as we would wish them to be.”

Thus we are left with a system that destroys the goodness in our milk because a group of New York businessmen wanted a practical, low-cost way of consolidating the dairy industry. There is nothing scientific about pasteurization.
ONTARIO, CANADA – MICHAEL SCHMIDT APPELLATE DECISION AND HUNGER STRIKE

On September 29 Justice Peter Tetley of the Ontario Court of Justice reversed the most favorable court decision on cow share agreements in North America and found Durham farmer Michael Schmidt guilty of fifteen of nineteen charges for violations of the Ontario Health Protection and Promotion Act (HPPA) and the Ontario Milk Act. (On January 21, 2010 Justice of the Peace Paul Kowarsky had found Schmidt not guilty of all nineteen charges holding that there is a distinction between public and private conduct and that informed citizens have the right to waive the protection of the public health laws.) In his ruling, Justice Tetley held that “the applicable legislation was not given the broad interpretation (by the lower court) it required as public welfare legislation,” and “appropriate consideration was also not afforded to the restrictions inherent in the Act according to their plain meaning.” Tetley also noted in his decision that under the cowshare agreement Schmidt used the legal title remained with the farmer. Schmidt has since changed his business model from the cowshare agreement; his shareholders have purchased Glencolton Farm and he no longer has any ownership interest in the farm.

In protest against the ruling, Schmidt went on a hunger strike that wound up lasting thirty-seven days. In a Food Rights Declaration Schmidt issued the day he began the strike, the farmer stated, “the latest appeal ruling by Justice Tetley overturning my acquittal from Justice Kowarsky has convinced me that I have to take a very drastic step of a personal sacrifice . . . . This is a turning point because we the farmers, we the consumers, we as concerned people of Canada are officially rejecting those who pass regulations without respecting our fundamental rights, our fundamental freedom to be and act as responsible individuals. We openly challenge and reject those who blindly enforce unjust laws . . . . I am calling on farmers and consumers alike to join in, to openly challenge our bureaucrats and put our elected officials to task.” Schmidt vowed to stay on his hunger strike until he had met with Ontario Premier Dalton McGuinty. In a letter to McGuinty, Schmidt wrote, “the right to buy food direct from a farmer is as old as our country, yet that right is being taken away from Canadians by a government that insists that only corporate Canada be responsible for feeding our citizens. I respectfully call on you, Premier McGuinty, to meet with me in person, as soon as possible, to find a way of ensuring that this right is respected and that the government renouces in taking away the most fundamental of all our rights—that to choose what we eat.” On November 4 Schmidt met with McGuinty, starting a dialogue that will hopefully lead to changes in Ontarios’s draconian laws on raw milk distribution. He also officially ended his hunger strike.

During Schmidt’s hunger strike, he received tremendous support throughout Canada and the U.S., particularly through social media. He received broad coverage in the Canadian mainstream media as well. Schmidt credited pressure from raw milk moms on McGuinty with success in obtaining a meeting.

On November 25 Justice Tetley sentenced Schmidt to one year probation and fined the farmer $9150 CAD; in addition, a “victim’s surcharge” of nineteen hundred Canadian dollars was tacked on to the fine. In imposing the sentence, the Justice admitted, “the present legislation is inconsistent, at best” but that it wasn’t for him to challenge the law. Schmidt made clear he was not paying the fine and responded to Justice Tetley’s statement by saying, “Sorry to draw the line, but since the Nuremburg trials, ‘doing my job’ is not a justifiable defense anymore for doing something not right.” The farmer’s seventeen-year fight to legalize raw milk sales in Canada continues on.

FDA – INTERSTATE RAW MILK BAN

The conflict over the interstate ban on raw milk for human consumption is racheting up. At the same time the FDA is getting more aggressive going after farmers and distributors it believes are transporting raw milk across state lines, open civil disobedience against the federal regulation prohibiting raw milk in interstate commerce is increasing.

After filing a complaint earlier this year in Philadelphia district court to enjoin Pennsylvania dairy farmer Dan Allgyer, the United States Department of Justice has convened a federal grand investigation in Detroit and has subpoenaed Indiana dairy farmer David Hochstetler of Forest Grove Dairy and Michigan farmer Richard Hebron of Family Farms Cooperative to produce business records and other documents. FDA initially investigated Hochstetler and Hebron in October 2006 for transporting raw milk and raw milk products across state lines. In 2010 the agency subsequently investigated Hochstetler and Hebron for causing a foodborne illness outbreak where people were sickened with campylobacter poisoning in Illinois, Indiana and Michigan. FDA conducted testing on milk produced by Forest Grove Dairy, with all samples tested being negative for campylobacter.

The Department of Justice gave Hochstetler and Hebron notice to either appear before the grand jury on December 8 or turn over the documents by the time the grand jury was to convene that day. As reported by David Gumpert in Food Safety News on November 28, the list of documents the grand jury asked each farmer to provide includes “[a]ny and all documents relating to or concerning the sale, purchase, delivery, receipt, production, packaging, transfer,
disposal, marketing, promotion, furnishing, sharing, labeling, manufacturing, distribution, shipment, or transportation of milk...’ from 2007 to 2010” as well as documents relating to laboratory testing of milk and communications with Right to Choose Healthy Food or Aajonus Vonderplanitz.

In addition to being the owner of Right To Choose Healthy Food (RCHF), Vonderplanitz was the co-founder of the Rawesome Food Club. Rawesome’s Venice, California store was raided by federal, state and local government agencies in June 2010 and again in August 2011, with FDA participating in both raids. According to Vonderplanitz, RCHF is currently leasing Hochstetler’s herd of dairy cows, RCHF has leased dairy animals from other small farmers to provide raw milk and raw milk products for its members, including from Allgyer. Vonderplanitz has been a long-time opponent of FDA and its attempts to ban or restrict access to raw milk.

While FDA is stepping up enforcement against raw milk producers, a group of activists calling themselves the Raw Milk Freedom Riders is staging publicized open displays of civil disobedience against the interstate raw milk ban, protesting against the criminalization of Americans who buy and sell raw milk. On November 1 a caravan of raw milk moms defied the ban on raw milk in interstate commerce by crossing into Maryland with raw milk obtained in Pennsylvania prior to a rally held outside FDA headquarters in Silver Spring. The day of the rally, FDA issued a press release stating that “with respect to the interstate sale and distribution of raw milk, the FDA has never taken nor does it intend to take, enforcement action against an individual who purchased and transported raw milk across state lines solely for his or her own personal consumption.” Left unsaid in the press release was that FDA would take enforcement action against farmers selling raw milk to consumers crossing state lines and distributors or agents crossing state lines to deliver milk to groups of people such as buyers clubs.

The Raw Milk Freedom Riders have responded to FDA’s narrow exception to enforcement of the interstate ban by scheduling a second rally in Chicago on December 8. In a November 28 press release titled, “Mothers Acting as ‘Agents’, To Defy FDA Warning”, the group announced that “a group of mothers and others will defy the U.S. Food and Drug Administration’s ban on ‘distributing’ fresh milk across state lines by transporting one hundred gallons of raw milk from Wisconsin to Chicago’s Independence Park and distributing to customers waiting at the park.”

The best check on FDA aggression against raw milk producers and consumers exercising their freedom of choice would be the passage of HR 1830, a bill that would effectively overturn the interstate ban; support for the bill is growing. Representatives Tom McClintock (CA-4) and Tim Walberg (MI-7) have joined Chellie Pingree (ME-1) as cosponsors; Pingree recently sent FDA Commissioner Margaret Hamburg a letter criticizing the agency’s raw milk enforcement policy. Rep. Joe Pitts has told constituents that he supports the bill. Pitts is the chair of the Subcommittee on Health with the Committee on Energy and Commerce. HR 1830 has been assigned to his subcommittee which is where any hearing on the bill would take place. More politicians are recognizing it’s time to do away with the law that thousands of otherwise law-abiding citizens violate each week in this country.

CALIFORNIA – ORGANIC PASTURES DAIRY CO.

On November 15 the California Department of Food and Agriculture (CDFA) announced a statewide recall of Organic Pastures Dairy products, ordering all product to be pulled from retail store shelves. CDFA also issued a quarantine order prohibiting OPDC, the nation’s largest raw milk dairy, from producing raw milk products until further notice. According to a press release issued by the department, “the quarantine order came following a notification from the California Department of Public Health of a cluster of five children who were infected, from August through October, with the same strain of E. coli O157:H7. These children are residents of Contra Costa, Kings, Sacramento and San Diego Counties. Interviews with the families indicate that the only common reported food exposure is unpasteurized (raw) milk from Organic Pastures dairy. Three of the five children were hospitalized with hemolytic uremic syndrome.”

CDFA did admit that all OPDC product collected from the families of the ill children tested negative for E. coli O157:H7. The department’s investigation was unusual in that typically when a condition as serious as HUS results from a foodborne illness outbreak attributed to raw milk consumption the state informs the public in a much shorter period of time than it did in this case. Two questions not answered by either CDFA or the California Department of Public Health were (1) how many cases of food poisoning from E. coli O157:H7 were there in the state of California during the two month period and (2) was the strain of the pathogen found in the five ill children one commonly found in other foodborne illness outbreaks.

On December 2 the quarantine was lifted and OPDC resumed production; if some additional testing CDFA was doing turned out to be negative, OPDC would be shipping within a week from the end of the quarantine. Mark McAfee, CEO of Organic Pastures and founding president of the Raw Milk Institute (RAWMI), said the institute would not be affected by the shutdown. McAfee founded RAWMI earlier this year to provide common standards and training for raw milk producers.
Mina Demian, pictured here at thirteen months, was born at forty-one weeks with the help of a midwife. She weighed in at seven pounds and six ounces. Before and during her pregnancy, mom enjoyed the benefits of raw milk, straight from Michael Schmidt’s farm which could easily be reached from Toronto. Mom also ate a lot of raw eggs and homemade butter, kefir and yogurt, lots of broth with gelatin, bone marrow and fermented goodies like sauerkraut and kvass. Her daily diet before and during her pregnancy also included spirulina and chlorella powder on a daily basis. Due to a stressful period after her birth, mom was not able to breast-feed her, so Mina grew nicely on the WAPF formula and was very early put on cod liver oil with fermented butter. She also ate with no problems the daily egg yolks mixed with her favorite food, avocado. She is extremely observant, smart and extremely social. She is loving with everybody.

Cole James Randolph was born on June 1, 2010, to parents John and Kristie Randolph, who transitioned to a WAPF diet before his birth. Kristie enjoyed a problem-free pregnancy and delivery, and Cole has enjoyed a very healthy and active first year of life!

Eighteen-month-old James Malinoski shoves in his fourth of five spoonfuls of lacto-fermented sauerkraut at dinner! His parents began following WAPF principles in 2004. James is child number six. With his older brothers and sisters helping, his parents Pam and Pete Malinoski established a homestead in Indiana, where they raise chickens, ducks, sheep and a dairy cow. “I have seen our family get healthier every year,” says his mother. “It’s been a grand adventure!”

Please send photos of healthy babies to liz Pitfield at liz@westonaprice.org. Photos must be labeled with the baby’s first and last name and accompanied by an email with text.
Local Chapter Annual Meeting

Sally Fallon Morell started the meeting with opening announcements and a review of the basic requirements for chapter leaders. She announced that the new chapter handbook is now available on the website and it is a good resource for any questions related to being a chapter leader. There are also plans to start a restaurant review and rating program.

Pete Kennedy gave an update on what is happening at the Farm-to-Consumer Legal Defense Fund. Currently their main case involves the interstate ban on raw milk sales. The Raw Milk Freedom Riders succeeded in getting the FDA to clarify their position on crossing state lines with raw milk. The FDA now says it has no intent to prosecute individuals crossing state lines with raw milk. Since that seems to contradict their previous stand and previous legal position, the court is now asking the FDA to clarify their clarification. In other news, FTCLDF is planning to launch podcasts soon.

Roy Walkenhorst was up next to talk about his PBS series Healing Quest. In 2012 the series will be featuring the Weston A. Price Foundation in several episodes. One of the general themes will be how to stay healthy without falling down the pharmaceutical rathole.

Sarah Pope has produced several excellent videos for the WAPF website and she updated the leaders on what is still to come. Sandrine Hahn gave updates on her Nourishing Our Children project and announced a new project called Nourishing Our Cells.

John Moody, an active chapter leader in Kentucky, spoke next. He manages a buying club that handles around half a million dollars worth of healthy food per year. He has produced a food club and co-op handbook that is available on his website (www.foodclubsandcoops.com). He gave a number of pointers on running a food club and on how to bring down prices. A very important point about running such a subversive operation is how to be ready for trouble. As Pete Kennedy found out earlier by a show of hands, most chapter leaders are members of the Farm-to-Consumer Legal Defense Fund. John is one and has made good use of that membership. Two great questions to ask if you are raided are: Do you have a warrant? and Do you want to speak to my attorney? Those two questions can be a real buzzkill for raiders. You should also be ready and expect laptops to be confiscated.

Judith McGeary went over the latest news on a new animal ID initiative that will be harder to fight than NAIS because it is more subtle. They are planning to federalize existing state programs. They are trying to make some regulations more palatable by only applying them to animals crossing state lines. The catch is, if you buy chicks from out of state, which most small poultry farmers do, the regulations will apply. The same goes for cattle. The FDA is currently in the rule-making process for food safety and reinspection fees are one of the more onerous impositions being debated, especially for small farmers.

The Weston A. Price message is being taken to the middle schools by Kathy Niflin. She is teaching kids and their parents how to read labels. There is also a shortcut. If it has a label, it probably isn’t good for you. She has even shown raw milk to school children and nobody got hurt. She is planning to branch out to colleges, FFA and 4H.

After a very tasty lunch, the participants broke up into focus groups on middle school outreach, Healing Quest, Animal ID, Buying clubs, Nourishing Our Children, La Leche and breastfeeding alternatives, and a brainstorming session on next year’s conference in Santa Clara, California. You won’t want to miss it.

Notes by Tim Boyd
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A big welcome to our new chapter leaders from Croatia, Egypt and South Africa!
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CHAPTER RESOURCES

Resources for chapter leaders can be accessed at http://www.westonaprice.org/local-chapters/chapter-resources, including our trifold brochures in Word format, chapter handbook, and PowerPoint presentations.

LOCAL CHAPTER LIST SERVE

Thank you to Suze Fisher, a chapter leader in Maine, for setting up a local chapter chat group. New chapter leaders can sign up at http://groups.yahoo.com/group/wapfchapterleaders/
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SWISS TOUR 2011

Pictured in photo on the left are participants Wally and Buddy Cloud (Australia), Anja Swanson (California, originally from Ukraine), Daryl Cloud (Australia), Janet Sholes (Maryland), Max and Elsie Pouzou, Lorraine Bell (Australia). Other tour members (not pictured) were Joyce Wells (Saskatchewan, Canada) and Ann Bodine (California). Photo on right shows traditional Swiss cheesemaking.
Indefatigable Chico chapter leaders Carol Albrecht (left) and Kim Port (right) provide members with informative classes, speakers and demonstrations on how to incorporate traditional cooking into our diets. Their chapter has grown to over four hundred individuals. They recently held a six-week series of cooking classes for a nominal fee to cover supplies. Speakers at chapter meetings have included a local person who catches wild salmon in Alaska and Mark McAfee of Organic Pastures. Carol was a recipient of the WAPF activist award this year. She helped recruit over seventy new members to the Farm-to-Consumer Legal Defense Fund.
THE GREAT LIVERWURST ADVENTURE!

Lynn Wright, new WAPF member Michele Pereira, Siskiyou County co-chair leader Diane McConigal, and Michele's second-born daughter, Genevieve (her older sister Evangeline, five, took the photo!). Lynn had pork meat and fat from her dairywoman's farm and Diane had a pig liver from a local animal. Michele (and her German heritage) was the instigator for this cooking endeavor we called, "The Great Liverwurst Adventure." It was delicious! Says Lynn, "WAPF continues to inspire us in the kitchen—we love you!"
LOCAL CHAPTER BASIC REQUIREMENTS

1. Create a Food Resource List of organic or biodynamic produce, milk products from pasture-fed livestock (preferably raw), pasture-fed eggs and livestock and properly produced whole foods in your area.

2. Provide a contact phone number to be listed on the website and in our quarterly magazine.

3. Provide Weston A. Price Foundation materials to inquirers, and make available as appropriate in local health food stores, libraries and service organizations and to health care practitioners.

4. Provide a yearly report of your local chapter activities.

5. Be a member in good standing of the Weston A. Price Foundation.

6. Sign a contract on the use of the Weston A. Price Foundation name and trademark.

OPTIONAL ACTIVITIES

1. Represent the Foundation at local conferences and fairs.

2. Organize social gatherings, such as support groups and pot luck dinners, to present the Weston A. Price Foundation philosophy and materials.

3. Work with schools to provide curriculum materials and training for classes in physical education, human development and home economics.

4. Help the Foundation find outlets for the sale of its quarterly magazine.
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WAPF AND FTCLDF AMBASSADOR

Maureen Diaz, Gettysburg Area/Franklin County chapter leader, demonstrates exhibit table set up at the Pennsylvania Renewable Energy & Sustainable Living Fair in September.
PRESENTING THE PRO-RAW MILK POSITION

Bloomington, Indiana chapter leader Larry Howard was invited to present the pro-raw milk view to a group of health inspectors from the state of Indiana.

LEFT: Larry finds an attentive audience.

RIGHT: Larry’s son Ethan runs the video camera!
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WAPF AT THE NEBRASKA SUSTAINABLE AGRICULTURE SOCIETY CONFERENCE

Erin Frank, left, and Rachael Wells, right, hold up WAPF materials at the Nebraska Sustainable Agriculture Society Conference in February 2011.
WINTER 2011

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ALASKA FISHING TRIP WINNER

Claudia Keel, Manhattan, New York chapter leader and winner of the Alaska fishing trip, sponsored by Green Pasture products. The winning ticket was chosen by Caleb Moody, pictured here with Claudia.
Members of the Auckland, New Zealand WAPF chapter, Melody Sloggett, Frances Giles, Natalie Carrad and Alison Ellett, prepared a feast for New Zealand naturopaths that included homemade sourdough crackers and bread, raw herb butter, chicken liver pâté, yogurt dips, fish roe dip, raw feta and olives, quiche made with yogurt dough, sauerkraut and savory eggs made with cultured mayonnaise. And that was just for starters. Then came several homemade soups, all made with homemade stock and served with cultured cream. The meal was to publicize the upcoming visit of Sally Fallon Morell and her husband Geoffrey, who will be touring New Zealand in late March and early April.
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Spain
Mallorca: Liliana Verd Rodriguez, MD & Matthew Barrett, MD 34 971 764161 or 615 373811, verdlliliana@yahoo.com

United Kingdom
Cambridgeshire: Ben Pratt 07952 555811, ben@nutritions-playground.com, www.naturalfoodfinder.co.uk,
Cheshire: Carol Dines & Tracy Wood, 01270 873322 wap.cheshire@yahoo.co.uk
London: Philip Ridley 01962 620910, westonaprice.london@gmail.com, meetup.com/westonaprice-london
Manchester: Tom Godwin 0161 610 0354, info@foresight-fitness.co.uk & Elizabeth Wells 7970 690 233, naturallywells@gmail.com,
Surrey: Madeleine & Tim Frankel 07980 000346, wapgaps.surrey@gmail.com
UK resource list: www.naturalfoodfinder.co.uk

SOUTH AFRICAN CHAPTER LAUNCHED

The South African chapter of the Weston A. Price Foundation was launched in October under the leadership of Bruce Cohen. The first event took place in the small town of Parys, about one hundred kilometers from Johannesburg, and was attended by about thirty people. Dr Gerrie Lindeque (third from right), a leading practitioner of restorative medicine in South Africa, gave a wide-ranging presentation on Dr. Price’s research and the Foundation’s nutritional strategies. A delicious Weston A. Price lunch containing many “wise” foods (including gelatine-rich oxtail, soaked grains and raw milk kefir), helped the attendees, many of whom had no prior knowledge of Dr. Price’s work, quickly get up to speed with the core ideas. Bruce Cohen (front row left) said he was delighted with the enthusiastic interest shown. The South Africa chapter has a virtual home on facebook at www.facebook.com/pages/South-Africa-Weston-A-Price-Foundation/263162780382943?sk=wall.
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IN
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NJ

NY

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Thomas Jefferson

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Fish That We Eat
Iqaluich Niginaqtuat

This manual by Anore Paniyauraq Jones is the second in a series of three detailing the traditional foods of the Inupiat. The first book in this series about Inupiat foods was Nauriat Nigi-nagtuat, Plants That We Eat, an ethno-botanical manual, long out of print but due to be re-printed in the fall of 2009 by University of Alaska Press. It is 150 pages with black and white photos and sketches.

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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**Upcoming Events**

2012


Feb 3-5  **Baltimore, MD:** Fourfold Path to Healing Conference featuring Jaimen McMillan, Tom Cowan, MD, and Sally Fallon Morell at the Sheraton Baltimore. Room rates are $109 a night plus tax. To make a hotel reservation 866-837-5182 and mention The Fourfold Path to Healing to receive the discount. Contact: 304-724-3006 and ask for Paul.

Mar 17  **London, Epsom Downs Racecourse:** Wise Traditions London 2012 featuring Sally Fallon Morell, Dr. Natasha Campbell-McBride, Barry Groves, PhD, and Elizabeth Wells, PhD, DNN, MFNTP. More speakers to be confirmed. Contact: westonaprice.org/london.

Mar 23 - April 3  **New Zealand** speaking tour featuring Sally Fallon Morell and Geoffrey Morell.

Tentative Schedule, details to be announced.

- March 23 - Invercargill
- March 27 - Christchurch
- March 28 - Nelson
- March 29 - Wellington
- April 1 - Auckland
- April 3 - Nuhaka

Mar 23 - Invercargill
Mar 27 - Christchurch
Mar 28 - Nelson
Mar 29 - Wellington
April 1 - Auckland
April 3 - Nuhaka

May 4-5  **Vancouver, BC, Canada:** Third Annual Raw Milk Symposium featuring Michael Schmidt, Ted Beals, Ton Baars and Sally Fallon Morell. Contact: cowsharecanada@gmail.com.

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**Wise Traditions 2012**

13th Annual Conference of the Weston A. Price Foundation

November 9-12, 2012

Santa Clara, California
You teach, you teach, you teach!

Last words of Dr. Weston A. Price, June 23, 1948

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