



Wise Traditions



IN FOOD, FARMING AND THE HEALING ARTS

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President's Message

No medical condition receives more appalling treatment than diabetes. The conventional advice to the diabetic, whether type 1 or type 2, focuses on avoidance of animal fats and animal foods in favor of a high-carbohydrate, plant-based diet.


Since the invention of insulin in the 1920s, the type 1 diabetic has received the assurance that he can consume all the carbs he wants, as his insulin prescription will take care of the insulin he does not produce; metformin, the drug of choice for type 2 diabetics, in use in the U.S. since 1955, opens the door for the patient to receive the same bad advice: avoid saturated animal fat and eat a high-carb, plant-based diet.

The rationale for this regime—that the diabetic is prone to heart disease and therefore needs a diet low in cholesterol and saturated fat—ignores one basic fact: we need insulin to process carbohydrates but none to process fats. Before the introduction of insulin as a drug, the only treatment available to the diabetic was a very high-fat, low-carb diet, a diet on which many diabetics did very well.

How many diabetics could be saved from drug treatment and the devastating side effects of the disease and its therapy—including acute hypoglycemia, weight gain, kidney failure, blindness due to retina problems and amputation due to the inability to heal—if only they received more rational and logical advice! In fact, in the early stages of the disease, many diabetics have—and could—avoid years of misery simply by cutting out all simple carbs and using plenty of butter and other animal fats.

To compound the problem, very few practitioners pay any attention to the increased nutrient needs of the diabetic, starting with vitamin A. The main side effects of diabetes—in the kidney and retina, and in the inability to overcome infection—are all signs of vitamin A deficiency. Vitamin D supports the production of insulin; vitamins B₆ and B₁₂ are critical to pancreatic function and the maintenance of normal blood sugar levels, as is vitamin C.

The diabetic needs plenty of butter and other animal fats, cod liver oil, egg yolks, whole raw milk and cheese, raw animal protein (for B₆), fatty meats, liver and other organ meats; instead he gets white bread, breakfast cereals, commercial ice cream, donuts and pastries as treats to go with his lowfat diet of vegetables and beans. Diet concoctions aimed at the diabetic contain the artificial sweetener aspartame, which provokes a stress response and plays havoc with insulin levels.

We hope that this issue will bring clarity to the disease of diabetes and its sister condition, weight gain. Both conditions are fundamentally problems of malnutrition, and can find resolution only with a nutrient-dense diet. 

Letters

STRONGEST MAN IN THE WORLD

The diet of Paul Trappen in the early 1900s demonstrates how far removed from real food are the modern protein powders and gel packs. Once the strongest man in the world, Paul Trappen was reared on a farm in the Eifel, learned the butcher trade in Trier and had legendary strength. He held world records several years in a row and even won the senior world record in weight lifting.

He was capable of lifting two grown oxen. His personal best was lifting thirty-two persons, totaling almost five thousand pounds. He performed stunts like lifting parked cars out of the way or picking up three men with one arm.

He was a very active member of the sports community in Trier, which became known as the strong-man capital of Germany. He opened two restaurants where plenty of meats were served, like ham hocks, liver dumplings and ribs.

He liked to breakfast on two pounds of ground beef and ten eggs. Throughout the day he would consume more meaty fare. Sometimes he liked to drink spiced beef blood, but he generally preferred the local Moselle wines or ciders.

He married and had three children. His son went on to win several weightlifting records of his own.

A reminder of this legendary man is the “Trappen-burger, a very meaty concoction that gives incredible strength.” It is served in the Burgeramt in Trier, which proudly displays the

poster of Paul Trappen lifting the oxen. For more information, visit trier.com/paul-trappen-einst-staerkster-mann-der-welt/.

Anita Reusch

Chapter Leader, Eifel, Germany



Paul Trappen lifts three oxen.

MORE WHEAT DANGERS

I wish that the population would wake up and realize that wheat has been deliberately poisoned for decades. Organophosphate poisons such as malathion, pirimiphos-methyl and chlorpyrifos-methyl have been mixed with harvested wheat for many decades and for much of that time there has been no withholding time after treatment. I asked the regulators and the manufacturers why this use has been

permitted, given that they warn against contaminating food.

How could it be that treated wheat and other grains could be eaten immediately after treatment, yet bags that had contained that same treated grain were deemed to be too dangerous to be used to store food?

Their answer was that their words had been taken out of context, but that is blatant nonsense. Even more nonsensical were the regulators' claims that this was explained by the use of the poisons only in seed crops. Farmers have had loads of perfectly clean grain refused by millers unless they had received the poisoning treatment. This presumably occurs to save them the cost of insect control in their factories.

The EU insisted on protection from insect infestation for at least five years.

Furthermore the British Medical Association reported on the high residues in wholemeal bread and even in beer (Pesticides Chemicals and Health, 1992), this was the result of malting barley having been treated after harvest and before the malting process was begun.

The only successful UK High Court case for organophosphate poisoning was that of John Hill in 1997. He was poisoned while adding pirimiphos methyl to wheat. The authorities were quick to realize the danger but they have been denying the known dangers of the poisons ever since.

I was poisoned by an illegal mixture of these chemicals twenty-five years ago—even the manufacturers



Letters



do not know the effects. These mixes are inevitable when grains treated with different chemicals are mixed and processed. Application methods inevitably lead to “hotspots” of massively overdosed grain.

I suspect that “gluten intolerance” is a direct result of the harm done by these poisons to vital enzymes in the body. By avoiding wheat, these poisons are also reduced in the diet. The poisons have long been linked to digestive problems.

Richard Bruce
Portsmouth, UK

READY FOR ROUNDUP?

Having waded through the great article on Roundup in the Winter 2016 edition of *Wise Traditions* by Stephanie Seneff, PhD, I’m yet again amazed at how harmful to our health so much of our technology has been. I say “waded,” since I don’t have the expertise to understand fully all of the terms used, this being one of the highly technical pieces that supply wisdom to *Wise Traditions*. While stepping lightly over many terms, I gleaned some very troubling news.

If, as covered, the active part of Roundup (glyphosate) causes a replacement in a portion of protein, especially affecting the collagen protein, many of us are in for some hard times. Per the article, collagen contaminated by glyphosate would likely also contaminate gelatin-based foods, which are “derived from the bones, joints and skin of pigs and cows. . . fed high doses of glyphosate in their GMO Roundup Ready corn and soy feed.”

Taking lots of supplements (gelatin capsules) for “health” (like me),

swallowing prescription capsules, or consuming many of our processed foods (desserts, pudding, gummy bears, yogurts, etc.), may contribute to chronically painful joints, arthritis, autoimmune diseases, chronic fatigue syndrome, and more. The author beautifully lays out how this could happen.

Then we come to a highly heated topic, with vaccines being created using gelatin.

From a learned, scientific stance, hopefully Dr. Seneff can help us understand how we might detoxify from this problem that has proliferated throughout our lives.

I am soooo thankful to be following those who follow in Dr. Price’s footsteps. While they can’t magically make the world healthy for us all, we can at least heed their warnings and minimize how affected we are by toxins and unwise practices.

Janice McLain
Colorado Springs

It is always difficult for us to publish articles like these, as they create new fears about our food supply—especially as it seems that glyphosate is difficult to detect once it has bound to a protein or enzyme. But a key action we can all take is to insist that the broth we consume be made with bones from pasture-fed animals and (in the case of chicken or pork bones) that the feed be organic. We should also encourage manufacturers to use organic vegetable glycerine or gelatin from pastured animals. As for the many other commercial products that contain gelatin, there are many other good reasons to avoid these completely. Also, it is reasonable to assume that the nutrient-dense diet that we

recommend will offer a certain amount of protection against small amounts of glyphosate in our food.

PEANUT POWDER?

I got a lot of value from your recent article on protein powders and how their processing renders them unhealthy for the consumers. At the time, I was eating a lot of pea flour which is being used a lot to “put muscle on” and “strengthen one’s body,” which my local health-food store had recommended to me. Even though I had eaten it for a month or two, I didn’t notice any change for the better—and had developed a huge case of Raynaud’s disease (which I’ve had for maybe most of my life—but not as bad as it had gotten recently!). So I put what remained of it in the compost and have not gotten any more since.

But I liked having something that I could just mix with water or some other liquid and spices to fill up on if I was still hungry after a meal (as my diet is very limited). In the grocery store yesterday, I spied peanut powder, which has been becoming very popular over the last few years. While it may well have been produced in the denaturing ways that you described for other protein powders, I got a small package and am cautiously trying it. Can you tell me about its safety? I suppose it has been produced like all the other similar powders that are bad for the body?

Carroll English
Stelle, Illinois

Processing renders the materials in protein powders harmful, but the main reason for avoiding them is the danger of too much protein in the diet—even natural proteins like meat or egg



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whites. In any event, we would warn against powders made from peanuts as we have no idea how they are produced. Much better to make your own nut butter by grinding crispy nuts (almonds, peanuts, cashews or pecans) in the food processor and mixing in coconut oil and honey. It's best to vary the nuts so you don't develop allergies by eating too much of the same thing. Also, commercially produced peanuts are likely

to be high in aflatoxins, pesticides, fumigants and other harmful components.

VACCINATION SCANDAL CONTINUED

Thank you to Sushama Gokhale in California for her letter on vaccinations (Winter 2017). The information was excellent. I would love to see more information get to expectant moms, so they can make informed choices. The

CMSRI (Children's Medical Safety Research Institute) has an Immunization Journal that is a great document to get to expectant moms. And a group called A Voice for Choice is trying to establish a branch to get information about vaccines to these moms.

Informed choice is the law of the land, and we should push this line harder to require balanced information, including ingredients and side effects,

LOW-CARB AND THYROID FUNCTION?

The following statement from *Wise Traditions* (Winter 2017) is misleading regarding certain thyroid problems being a side effect of low-carb diets overall: "Research indicates that a low-carb diet can cause free T3 thyroid hormone to decrease and reverse T3 thyroid hormone to increase, blocking biologically active thyroid hormones."

If one looks up the two sources cited, the first only studied low-carb diets for four days. And the second source only allowed eight hundred calories on the carb-free diet, which is akin to starvation. So logically the body will make RT3 to preserve itself, much like an all-carbohydrate diet if it only had eight hundred calories.

A healthy, healing low-carb diet should contain a liberal amount of good fats (coconut oil, lard, raw butter, etc.), a moderate amount of good-quality protein (meat, fish, eggs) and plenty of low carb (non-starchy) vegetables—making it typically over two thousand calories, not eight hundred.

April Waitzel, Fair Lawn, New Jersey

RESPONSE FROM KIM SCHUETTE, CN: I agree that an eight-hundred-calorie diet is not sustainable; however, these are the studies that medical researchers have to go by as longer-term clinical studies have not yet been done. However, many doctors and health practitioners have confirmed hypothyroidism in those on a long-term low-carbohydrate diet.

While there is no place in a healthy diet for refined carbohydrates, keep in mind that the primary concern about a low-carbohydrate diet is that carbohydrates directly affect thyroid function. Glucose and insulin are necessary for conversion of the inactive T4 hormone into the biologically active T3 hormone. Without adequate carbohydrates in the diet, glucose and insulin are typically quite low. Low T3 leads to a form of hypothyroidism that often goes undiagnosed as many physicians fail to look at free T3 levels in their patients.

Cate Shanahan, MD, describes what she calls "hibernation syndrome."¹ Hibernation syndrome occurs for many people after switching to a low or very low-carbohydrate diet. Its notable effects include weight gain, insomnia as well as a need for more sleep, and cold extremities.² The biochemical marker for hibernation syndrome is abnormally high levels of reverse T3. Increasing carbohydrates will typically cause the level of reverse T3 to return to normal.

The result is non-thyroidal illness syndrome (NTIS), also known as euthyroid illness syndrome. Some practitioners appropriately call it "low T3 syndrome."³ In NTIS, the person has normal levels of free T4 with low free T3. Conversion of T4 to T3 in the liver and other organs is impaired.

Glucose is necessary for the conversion of T4 to T3 in the liver. Without adequate glucose, the liver struggles to make enough T3, which is the form of thyroid hormone critical for healthy thyroid function. Without sufficient T3, hypothyroidism results. I, along with many other health practitioners, have seen countless women lose weight once carbohydrates are added back into their diets. The reason is that carbohydrates support the body in producing T3, the biologically active thyroid hormone, which speeds up metabolism.

1. Shanahan, Catherine. *Deep Nutrition: Why Your Genes Need Traditional Food*. Lawai: Big Box Books, 2009.

2. J. Kohrle, et al. Thyronamines- Past, Present, and Future. *Endocrine Reviews* February 2011; 32 (1): 64 – 80.

3. Kresser, Chris. "Low T3 Syndrome: It's Not about the Thyroid!" <https://chriskresser.com/low-t3-syndrome-i-its-not-about-the-thyroid/>.



Letters



to expectant moms. It was a real sucker punch to me as a new mom for them to come into my hospital room and give my children the Hep B at two days old. It would be great if the book *What to Expect When You Are Expecting* would at least agree to include both sides of the argument, but pressure needs to be applied because so far the publisher has declined. Additionally, hospitals were requiring expectant moms to attend a presentation on the drugs used for C-section and/or pain relief post-birth. Why not require that session to include information about vaccination? Time to put pressure on. Enough is enough! Again, many thanks for the great letter.

Kristina Boudreaux
Sonoma County, California

BULLETPROOF?

I'm a fan of the Weston A. Price Foundation and try to live by the principles set forth by our ancestors. I eat a ketogenic diet, low-carb and high-fat, and also drink bone broth on a daily basis, eat only pastured meats and free-range eggs from my chickens, and organic veggies from my garden too—all the right stuff. I also enjoy grass-fed butter and grass-fed ghee on a daily basis.

Then I got some blood work done recently and found out my cholesterol is 389, with a ratio of 6.0, which is extremely high “bad” LDL cholesterol and low HDL cholesterol! I'm only twenty-six, female, not overweight at all. I felt like I'm working so hard in the kitchen to eat! I was really stumped and scared. I thought saturated fats were good!

I think I then found out what

caused the problem: the French press bulletproof coffee I was drinking! Cafestol is a compound in the oils of coffee that causes dramatic spikes in cholesterol in some people; it also causes HDL cholesterol to be transmuted into LDL cholesterol. French press coffee does not filter out cafestol, though regular paper coffee filters do filter it. So I was drinking cafestol-rich coffee with grass-fed butter, and my HDL was converted to LDL due to the effects of the cafestol.

Apparently I was in a lot of danger of having a heart attack after consuming bulletproof coffee made in the French press every morning for two years.

Looking back on my journal entries, I saw that I had written about an odd chest pain over the last few months, but assumed it must have been anxiety or something like that because I'm fit, athletic and dietarily conscious. I could have gotten really sick if I hadn't randomly had my blood tested to see whether I could qualify for a life insurance investment. I assumed I was extremely healthy because I was eating all grass-fed, ketogenic and putting a lot of energy and time into preparing traditional meals.

The danger here is that fads like bulletproof coffee (especially when people are not educated about cafestol and French press filtration) don't take into account special circumstances. Usually it's just hype that gets everyone so excited. I never read or saw any information about people like me who have genetic sensitivity to cafestol. I didn't even know it existed. I thought bulletproof coffee in the morning in-

stead of breakfast was really healthy, but it almost killed me!

Kayleigh Jean
Portland, Oregon

We are glad you figured out what the problem was! Actually, the Weston A. Price Foundation does not recommend any type of coffee, especially as a substitute for breakfast! We also recommend including about one hundred grams of carbs per day.

PARADIGM SHIFT

I realized yesterday morning as I was listening to Chris Kresser's podcast on anxiety that I have made a huge paradigm shift in my thoughts on how to treat illness. As I go along on my morning commutes I look forward to my time to listen to the latest health podcasts: Wise Traditions podcast on Monday and whatever else is available the rest of the week. I'm a junkie for nutrition books, blogs and podcasts. Chris Kresser is one of my favorites. However this morning his voice was like the parents in Charlie Brown (wbuahah-wbuh). I completely tuned him out, because I already knew the answer of how to treat anxiety and depression and it doesn't matter why or what causes it. Not only do I know the treatment, I've seen it work in less than four days and for about five dollars for one friend. I had also seen this same remedy get a crying anxious child off the couch and perfectly happy in about ten minutes.

What is this magic? It's practical homeopathy as taught by Joette Calabrese—it's a game changer! No longer do we need to scratch our head and wonder why this person is sick nor



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recommend people spend money on labs or see a functional medicine doctor that most can't afford. All I need to help most of my friends and family is the Wise Traditions diet and practical homeopathy.

I have successfully "cured" a spine surgeon whose neck was so bad that he was going to get a procedure done. Once I gave him the right remedy in the right potency (took two tries to get the right potency), he was 70 percent better in about ten minutes. When I checked in with his wife a month later, she reported that I had "cured" him. I've helped a young girl with hives who had to wear a costume that caused the hives, a teenager with debilitating stomach pain (she was better in five minutes), several people with neck pain, plus a variety of ailments in my own family. The results are miraculous and fast.

There are protocols for pretty much every illness: asthma, allergies, cancer, tennis elbow, depression, eczema, and so on. Not all can be treated by Dr. Mom, but many can.

The Banerjis in India started this "revolution" by using the homeopathic medicines in a completely different way, and Joette is teaching this to all who want to learn. They treat the symptoms and the diagnosis not the person. This is not classical homeopathy. To me, it is so different from classical homeopathy that I wish it had a different name and didn't use the word "homeopathy" at all.

Here is an example to illustrate how simple and elegant this is: if you get gas and bloating from eating dairy, you treat the gas and bloating with one remedy and the allergy to dairy with

another. You don't need to test for leaky gut, SIBO or other food allergies. You just take the homeopathic medicine for the two Banerji protocols until you're better. In some cases you could be better within a day or two or more likely a couple months. I've had two people have immediate relief from gas and bloating pain from taking one dose of one ten-dollar remedy.

Twelve years ago when I read *Nutrition and Physical Degeneration* and discovered the Weston A. Price Foundation, I thought...finally! Here's something that makes sense. I feel the same way about the practical homeopathy taught by Joette. Both Dr. Price and the Banerjis figured out how to help people be healthy without having to spend a lifetime and a whole lot of money figuring out why. I now have a real sense of security in that I have the tools I need to care for my family and friends. For more information on Dr. Prasanta Banerji, visit pbhrrfindia.org.

Sheena Golish

Former Chapter Leader
Jupiter, Florida

HEALED WITH RAW MILK

Our daughter had a severe reaction to her twelve-month vaccines. It started with seizures and ultimately her stomach was so torn up that she didn't grow an ounce or have a solid bowel movement for over a year. We had tried everything we knew to try when our chiropractor recommended raw milk to us. We found a local farmer and got our first gallon. Within twenty-four hours she had her first solid bowel movement. Within a month she had moved up a full clothing and shoe size and gained

five pounds. Many of her neurological issues subsided considerably as her stomach lining was noticeably healed by consuming the raw milk. We are so thankful to see our baby girl coming back to the healthy child she used to be.

Mary Coop
San Antonio, Texas

BEST HEALTH STRATEGY

I really love the Weston A. Price Foundation and their eating strategy. Compared to all the others I've read about (Atkins, Paleo, Primal, Bullet-proof, etc.) this seems to be the most grounded and sustainable. Really appreciate their focus on traditional food. Thanks, Wise Traditions, for your work getting sensible and wise nutritional advice out there!

An iTunes comment 

NEW PERK FOR WAPF MEMBERS-ONLY FACEBOOK!

We have created a closed Facebook group for WAPF members who are interested in connecting with each other and with chapter leaders worldwide. This is a perfect forum for advice on how to implement the Wise Traditions diet or to ask particular questions about Nourishing Traditions or other similar recipes. Go to facebook.com/groups/westonapricefoundation/ or look up "The Weston A. Price Foundation Members Group" and ask to join today!

Our connection began with a phone call to join a local buying club and would unfold over thirteen years.

To enter Katherine's home was to take a step back in time. There was a quality of peace, a home simple yet graced with elegance, much like Katherine herself. Together with her husband Garrick we'd share cups of lemon ginger tea served in bone china teacups, raw honey stirred slowly with silver teaspoons—treasured finds from a nearby consignment shop. We'd delight in thick slices of sourdough rye bread, still warm from the oven, dripping with slabs of farm-fresh butter. A simmering pot of bones, a bowl of soaking beans, a jar of milk clabbering—what were these mysteries of the kitchen, I wondered.

It's the fall of 2003. I am beset with an ever-increasing list of physical health complaints, and I'm having dreams of cows. I'd been a vegetarian for twenty-five years and was quite befuddled by this development. Wasn't I supposed to be the picture of health?

I had observed during some of our buying club deliveries another mystery. A white van would pull up to the curb in front of Katherine's home, and very quickly be surrounded by folks leaving the van with gallons of milk. What's this? A new type of home delivery? And I will never forget at Thanksgiving seeing a huge turkey being wheelbarrowed down the sidewalk. I asked Katherine what was happening and she replied that folks were just picking up their raw milk and pastured turkeys. In a tone of superiority I remember replying I was a vegetarian and did not "do" dairy or meat. (I later apologized for said tone of voice and judgment of what I did not understand.)

And yet, here I am sitting at Katherine's dining room table telling her about my cow dreams. She gently suggests I might be interested in hearing a new perspective about traditional foods. An evening talk sponsored by the Weston A. Price Foundation would be in the area along with a two-day workshop.

It is February 2004. I attend and experience a paradigm shift of unimagined magnitude. I cry much of the time as I listen and realize I had created many of my health challenges by my choices—but I am also empowered to realize that I can heal myself by making different choices.

Katherine opened a door for me, and I walked through. Katherine walked her talk quietly. She never proselytized or judged. If asked a question she would answer truthfully and completely. Over the years I came to value the depth of Katherine's intellect and her ability to research issues as evidenced by articles written for the *Wise Traditions* journal. Katherine was curious; she loved learning, and her tenacity in seeking answers to technical questions amazed me. When it was time to edit the *Wise Traditions* journal, our community knew to wait patiently until the deadline passed as Katherine was committed and not to be disturbed. Following the Michigan workshop in 2004, I initiated a WAPF study group to discuss this new dietary strategy, share successes and figure out failures. Over many years of WAPF potlucks (Katherine's gingerbread with hand-whipped raw cream always a favorite), our group grew not only in knowledge but in our buying power as we pooled resources and time.

Spring 2006 saw our raw dairy farmer stopped by the MDA. Quickly, with Katherine's guidance, we rallied, went "underground" with our milk delivery, and began a campaign to preserve our right to choose our food. Our study group morphed into the Ann Arbor chapter of the Weston A. Price Foundation to create a firmer community base for our activism. Katherine was my silent partner as I reluctantly agreed to be chapter leader; after all I was "just" a homemaker and a newbie to WAPF. Her calm, clarity and confidence sustained me and the community that grew from our efforts.

It is said that when a student is ready, the teacher appears. Katherine was my teacher and my friend. When I learned Katherine was seriously ill, there was such disbelief. How could someone who lived such a clean diet, walked through this world at an early 20th century "European" pace, was about as unplugged from modern stressors of today's world as anyone I'd ever known. . . . how could this happen? There is no answer.

Katherine and I corresponded through the spring and summer before her passing on October 31, 2016. From her letters I read of a woman at peace with herself, who had no regrets, found joy and pleasure in her friendships, stayed deeply connected to the natural world, loved, laughed and danced. In her words to me July 16, 2016, "A light heartedness has cast its healing glow over my days and I so rejoice in it."

We, of the *Wise Traditions* community, are the beneficiaries of Katherine's legacy through her writing and commitment to the technical details that enrich our path and lead us to our own discoveries. I ask the Weston A. Price Foundation to please accept my enclosed donation in memory of Katherine Czapp to be used as befitting her legacy.

Katherine, I carry you in my heart and think of you each time I make your chicken liver pâté or pour a glass of raw milk. I no longer dream of cows, but live a life of gratitude for all the small farms and farmers that nourish me, body and soul. You opened a door, and I walked through, and my life was changed. I'm so grateful dear friend. And I shall miss your call: "...the Maine shrimp are in..."

Rene Garrity, WAPF chapter leader 2006-2007, Ann Arbor, Michigan



Caustic Commentary

Sally Fallon Morell takes on the Diet Dictocrats

TRENDING CONTROVERSIES

How does the world of conventional nutrition rein in the wayward consumer who so easily falls off the wagon of “evidence-based healthy dietary patterns. . . high in fruits, vegetables, whole grains, legumes and nuts in moderation. . . [with] limited quantities of lean meats, including poultry and seafood, lowfat dairy products, and liquid vegetable oils?” What to do about “controversial dietary patterns, foods, and nutrients [that] have received significant media exposure and are mired by hype”? If you have spent your whole life promoting food puritanism, what you do is publish a debunking “study” to reestablish the dogma, garner articles in the press and return backsliders to the fold.

Such a paper, entitled “Trending Cardiovascular Nutrition Controversies” appeared in *The Journal of the American College of Cardiology* (Vol 69, No 9, 2017), with several familiar names in the list of co-authors including Neal Barnard, MD, Caldwell B. Esselstyn, MD, Arthur Agatston, MD, Dean Ornish, MD, and Penny Kris-Etherton, PhD—all promoters of a “plant-based” diet—plus James

O’Keefe, an advocate of a lean-meat paleo diet, and Michael Miller, MD, senior author of *The AMA Guide to Preventing Heart Disease*. The current “fads” these authors address are eggs and dietary cholesterol; coconut oil; berries and antioxidant supplements; nuts; green leafy vegetables; juicing; plant-based diets; and gluten-free diets. As expected, berries, nuts, green leafy vegetables and plant-based diets receive their blessing; antioxidant supplements, juicing and gluten-free diets are OK for “special situations”; and eggs, dietary cholesterol and coconut oil get a smackdown. That means no eggs, butter, whole milk, cheese, cream, bacon, sausage or liver for anyone over the age of two—all because they might raise your LDL-cholesterol—the kind that takes fat-soluble nutrients to your cells—a tiny bit. The authors don’t even mention a number of other food trends, including lacto-fermented foods, kombucha, bone broth, sourdough bread and cod liver oil, which are probably too radical even to show up on their radar screens.

VITAMIN A FOR THE MIND

One of the things lacking when you prohibit butter, cream, whole milk, cheese and liver for everyone over the age of two is vitamin A. A new paper looks at discoveries on control of the brain by vitamin A. We can do no better than quote the abstract. “Vitamin A is essential for many physiological processes and is particularly crucial during early life, when vitamin A deficiency increases mortality through elevated rates of infection. This deadly aspect of vitamin A deficiency masks other effects that, while not lethal, may nevertheless cause significant issues if vitamin A insufficiency reoccurs during later childhood or in the adult. One such effect is

on the brain. Vitamin A is essential for several regions of the brain, and this chapter focuses on two regions: the hippocampus, needed for learning and memory, and the hypothalamus, necessary to maintain the body’s internal physiological balance. Vitamin A, through its active metabolite retinoic acid, is required to support neuroplasticity in the hippocampus, and vitamin A deficiency has a dramatic effect

on depressing learning and memory. The effects of vitamin A deficiency on the hypothalamus may lead to depression of appetite and growth.” Put another way, vitamin A deficiency in both children and adults can disrupt learning and memory and result in an imbalance of body homeostasis that could lead to obesity and sleep problems (*World Rev Nutr Diet* 2016;11:98-108).

BUTTER CAUSES DIABETES?

The press release begins with the same old dogma: “Recently, dietary guidelines for the general population have shifted toward a plant-based diet rich in legumes, whole-grain cereals, fruits, vegetables and nuts, and low in animal-based foods like red meat.” “Recently” is the wrong word, of course. The relentless propaganda for this monkish diet has been going on since the Second World War. And just in case you are growing weary of the government-approved regime, and want to put a little butter on those dry legumes, the diet dictocrats



Caustic Commentary

have another study for you. “Consuming saturated animal fats increases the risk of type two diabetes” appeared in the February 17, 2017 issue of *The American Journal of Clinical Nutrition*. According to the study, eating twelve grams of butter per day (just over two teaspoons) doubles your risk of developing type two diabetes; paradoxically, eating the same amount of butterfat in whole-fat yogurt was associated with a lower risk. We are indebted to Zoe Harcombe who pointed out a number of flaws in the study and subsequent analysis. The main one is that butter is typically consumed with refined carbohydrates—such as bread or in pastries—whereas yogurt is not. Also, “Where the authors encounter an association that contradicts their idea that vegetable fat is beneficial, which happens often in this analysis, they suggest that this is due to compliance or confounding issues. Where a negative association is for animal fat, the same explanations are withheld. . .” Harcombe also points out that the incidence of diabetes has increased in countries (such as the U.S.) where butter consumption has declined since the 1960s and is highest in those low-income population groups where spreads based on industrial seed oils have replaced nature’s perfect fat.

TOP CARDIOLOGIST

BLASTS NUTRITION GUIDELINES

Do yourself a favor and watch the otherwise conventional Dr. Salim Yusuf—he’s a big statin pusher—speak at Cardiology Update 2017, a symposium presented by the European Society of Cardiology and the Zurich Heart House in Davos, Switzerland (unfortunately the video has been taken down). Presenting data from the PURE study, a large ongoing epidemiological study of one hundred forty thousand people in seventeen countries, Yusuf delivers a deflating punch to the dietary guidelines balloon. The study showed a steep increase in cardiovascular risk as carbohydrate intake increased beyond 55 percent of total energy, and indicated that increasing fats was protective. The data suggest that saturated fats are not harmful and perhaps even beneficial. There are no data indicating a need to reduce the fat content of milk, and red meat in moderate quantities was not associated with harm. “You’ve got to think about the change in oils

that has occurred in the world in the last thirty years,” said Yusuf. “It was entirely industry-driven. We went from natural fats, which are animal fats, to vegetable fats, because they [the industry] can produce it and therefore charge for it, and this was swallowed hook, line and sinker by the AHA, and the WHO just repeated it.” To top off his presentation, Yusuf pointed out that sodium is an essential nutrient. We need at least five grams of sodium (the amount in one and one-half teaspoons salt) per day, so reducing salt could have adverse consequences. Finally he takes aim at vegetables: “Where on earth did the concept that we should eat five servings of fruits and vegetables come from? Why not four, why not three, why not six, why not seven?” He reported that the PURE data found a neutral effect for vegetables and noted that it is almost impossible for a large portion of the world to follow the recommendations. “Why are fruits and vegetables not consumed? All the guidelines are written by people sitting in Geneva or Dallas who are white, rich and male. They are male, and so they don’t know the cost of foods, they don’t go do the grocery shopping.”

NOT EXACTLY AUTISM

Using the most dry, clinical language they can muster, the authors of “Temporal Association of Certain Neuropsychiatric Disorders Following Vaccination of Children and Adolescents: A Pilot Case-Control Study” begin their report by insisting that the MMR vaccine does not cause autism. What they found is that “a subset” of children and adolescents were “temporarily” more likely to suffer from anorexia nervosa, obsessive-compulsive disorder, anxiety disorder and chronic tic disorder after receiving a vaccination. In other words, having a vaccination may turn a normal child or adolescent into one with great difficulties achieving relationships and bring heartache to their parents—for life. Here’s how the researchers deal with these alarming findings: “Given the modest magnitude of these findings in contrast to the clear public health benefits of the timely administration of vaccines in preventing mortality and morbidity in childhood infectious diseases, we encourage families to maintain vaccination schedules according to CDC guidelines” (*Frontiers in Psychiatry*, January 2017, Vol 8, Article 3).

MORE ON GMOs AND GLYPHOSATE

The bad news about GMOs and glyphosate, the active ingredient in the popular herbicide Roundup, continues to accumu-

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

Caustic Commentary

late. Scientists have discovered that high levels of glyphosate can retard the growth of farmed fish—a finding that reminds us to avoid farm-raised fish (*Bull Environ Contam Toxicol*, 2017)! Rats fed genetically modified (Roundup-treated) soybeans developed pathological changes in the liver over three generations (<http://aminbiol.com.ua/20142pdf/12.pdf>). And finally, pigs fed Roundup-Ready soybeans developed “protein dystrophy of the kidneys and liver, which testifies to the reduction of adaptive opportunities of the organs.” The most serious changes occurred in the adrenal glands, which developed pathologies indicative of “functional exhaustion.” Meanwhile, the FDA and EPA have allowed the introduction of three types of GMO potatoes in 2017. FDA claims the potatoes are safe because they contain genetic material only from other breeds of potatoes, so they “are not genetic engineering.” If you disagree with these agencies and wish to err on the side of caution, it’s best to avoid all commercial french fries and all potatoes labeled as Russet Burbank, Ranger Russet or Atlantic (NaturalNews.com, March 5, 2017).

DEFINING VACCINE REFUSAL AS CHILD NEGLECT

A new vaccine policy analysis written by three physicians looks at whether U.S. legal history supports the concept of defining vaccine refusal as medical neglect of a child, thus warranting the intervention of government officials. So far, few courts have found that vaccine refusal, in and of itself, is sufficient grounds for removal of a child from parental custody. The authors of the analysis suggest that because of increasing “vaccine hesitancy” among parents, states should take steps to legally clarify this issue and intervene. Although specific child welfare guidelines vary from state to state, medical neglect of a child is generally accepted as legitimate grounds for family intervention by government officials working for Child Protective Services (CPS) and may lead to parents losing custody of their minor child and/or losing the legal right to make health care decisions on behalf of their child. Noting that in the current atmosphere of “increased vaccine hesitancy, pediatricians are struggling to find ways to manage the resistance to vaccination in their practice,” the authors of this study suggest that vaccine refusal may be accepted as medical neglect given that “a child is exposed to some potential risk of harm by a parental act of omission.” The physician authors allege that many states do not go far enough to allow CPS to intervene when vaccine refusal is

the sole or primary reason for the intervention. The authors take the position that if informed parents continue to refuse vaccinations for their children, it should be considered child neglect and those parents should be reported to local child health protection agencies ([www.jpeds.com/article/S0022-3476\(15\)01315-3/pdf](http://www.jpeds.com/article/S0022-3476(15)01315-3/pdf)).

SOY FORMULA ALTERS GENE EXPRESSION

Recent epidemiologic studies have shown that feeding soy formula to infants is associated with alterations in reproductive tract structure and function, including the occurrence of uterine fibroids, endometriosis and early age of menstruation. In rodents, perinatal genistein exposure can cause a variety of subsequent adverse consequences to the reproductive system, including altered estrous cycle, subfertility, infertility, delayed vaginal opening, ovarian dysfunction, uterine adenocarcinoma and obesity. Now scientists have found that infant girls fed soy formula compared to those fed cow formula had altered DNA methylation in vaginal cell DNA, which may be associated with decreased expression of an estrogen-responsive gene. These changes are similar to those produced in the female offspring of mothers exposed to diethylstilbestrol (DES). Mice exposed to DES in utero express epigenetic changes in the uterus that persist as altered gene expression into adulthood (*Environ Health Perspect*. 2017 Mar;125(3):447-452). In other words, the changes induced by soy formula feeding in girls are downright creepy and can lead to infertility and even early death. Another name for this situation is genocide. When the effects of DES became known, officials quickly banned the drug. But soy infant formula remains on the market, poisoning hundreds of thousands of infants, both male and female. ☸

FOR SCIENTISTS AND LAY READERS

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

2017 Annual FTCLDF Fundraiser

Gift Offer Ends June 30, 2017

"FTCLDF is the best money a farmer can spend to withstand overzealous bureaucrats trying to put farmers out of business. I wouldn't think about our farm dealing with the public unless I was a member."

– Cattle farmer and Tennessee State Senator Frank Niceley

"We were charged by the state of Wisconsin with the sale of uninspected meat. Elizabeth Rich represented us; we were very happy with her help, her professional manner, and the settlement she negotiated for us. We are also very happy with the Farm-to-Consumer Legal Defense Fund. What a bargain! \$125 per year. Wow!"

– Bruce Headings, owner of Headings Family Meats

For the past 10 years, the Farm-to-Consumer Legal Defense Fund (FTCLDF) has protected the access to sources of nutrient-dense food sought by followers of the Weston A. Price Foundation (WAPF) diet. **FTCLDF has leveled the playing field for family farms and artisan food producers** in their dealings with the government; now it's more difficult for bureaucrats to harass small farmers and deplete their resources in administrative and judicial proceedings. In dozens of court cases, farmers have received representation at no cost beyond the annual FTCLDF membership fee.

SOME OF OUR RECENT WORK INCLUDES:

1. Expanding legal **access to raw milk** to all 50 states; currently, that number stands at 42.
2. Petitioning FDA to **lift the interstate ban on raw butter**, challenging its authority to institute the ban in the first place.
3. Successfully representing Hill High Dairy against a Michigan lawsuit to stop raw butter and cream distribution.
4. Establishing the legal distinction between public and **private food distribution** with no regulation for the latter.
5. Protecting the **right of homesteaders** to produce their own food against overzealous local governments.

FTCLDF is a true grassroots organization that has never taken any government funding and only receives corporate money from small like-minded businesses. The bulk of revenues come from membership fees and individual donations. It hasn't always been easy to operate this way but it has enabled us to remain independent in carrying out the mission to **protect your right to obtain** the foods of your choice from the source of your choice.

Since our **launch on July 4, 2007**, we have made an impact in improving your freedom of choice. Help us continue our work in the years to come in expanding your access to nutrient-dense foods and protecting the ability of sustainable family farms and artisan food producers to earn a living.

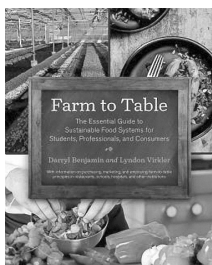
WAPF President Sally Fallon Morell has said that no one benefits more from the work of FTCLDF than WAPF members. Your generous donations help support our work to **protect and defend local food communities**.

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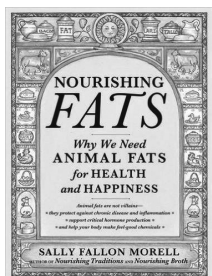
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By Darryl Benjamin & Chef Lyndon Virkler

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By Sally Fallon Morell

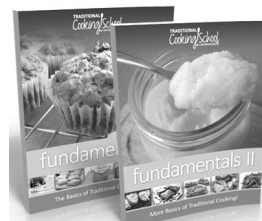
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By Wardee Harmon

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New members, please complete the questions below. For Affiliate Community membership, apply online or call 703-208-FARM(3276)

Membership Disclaimer

FTCLDF reserves the right not to approve any membership application and the right to revoke membership for cause, including, but not limited to, the misrepresentation of any information. If your application cannot be approved, we will return your payment along with a letter of explanation. FTCLDF does not provide legal representation for members in matters involving personal liability where those matters are unrelated to FTCLDF's mission statement. Consistent with the Internal Revenue Service regulations, FTCLDF cannot guarantee representation in every case and reserves the right to refuse or limit the scope of its representation in all cases. Membership fees paid to FTCLDF are not tax deductible as a charitable contribution. Consult with your tax advisor or attorney to determine whether membership fees paid to FTCLDF may be deductible as a business expense.

QUESTIONS FOR FARMERS, HOMESTEADERS, AND ARTISANS

Are you facing any legal issues with which you might need FTCLDF's help? ☐ Yes ☐ No If yes, explain on a separate page.

Do you use NATURAL, NON-TOXIC, SUSTAINABLE farming practices and/or food ingredients? (i.e., refrain from using herbicides, pesticides, GMO seeds/feeds; routine use of antibiotics, hormones; and following CAFO practices.) ☐ Yes ☐ No If no, please explain on a separate page.

QUESTIONS FOR FARMERS AND HOMESTEADERS

Do you use ten acres or less in your operation? (Note: use is not the same as own.) ☐ Yes ☐ No If no, please become a FARMER member.

Do your gross sales total less than \$15,000 for your farming/homesteading activities? ☐ Yes ☐ No If no, please become a FARMER member.

Do you sell or distribute raw milk? ☐ Yes ☐ No If yes, please become a FARMER member.

If yes, what kind of dairy? (check all that apply) ☐ Cow ☐ Goat ☐ Other (specify): _____

QUESTIONS FOR ARTISANS

Where is your food produced? ☐ Home Kitchen ☐ Commercial Kitchen ☐ On-Farm ☐ Other (specify): _____

How do you market your food? ☐ Internet ☐ Catering ☐ Retail Stores ☐ Food Co-op ☐ Farmers Markets ☐ Other (specify): _____



TOTAL MEMBERSHIP FEE AND DONATION \$ _____

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Understanding and Managing Type 2 Diabetes

By Ann M. Childers, MD

At least one in three people will develop type 2 diabetes in their lifetime.¹ I am in my sixties and have type 2 diabetes, which is particularly common in older adults. Over one-fourth (25.9 percent) of Americans age sixty-five and older have some form of diabetes, and over half (51 percent) are prediabetic.² If you're walking down the street and see someone over sixty-five, it's highly likely that that person is prediabetic or diabetic.

As a psychiatric physician, I am not a diabetes expert, but I have learned a lot about it in the twelve years since I became ill, and I continue to learn. When new information comes along that seems worthwhile, I share the it, even if it contradicts prior information. Most importantly, I am a firm believer in the importance of eating a Wise Traditions diet if you have type 2 diabetes. Were it not for the information that I obtained through the Weston A. Price Foundation, I would have been disabled, at the very least.

HOW DIABETES DEVELOPS

To understand how type 2 diabetes develops, there are little islets of beta cells clustered in the pancreas, and everyone is born with a certain number. Beta cells produce and secrete insulin. Science is still learning about the life cycle of a beta cell, but we think that when there is a metabolic stressor, the beta cells start producing more insulin. We haven't even identified all the metabolic challenges that elicit this response, but we do know that once the beta cells are taxed, consuming a lot of carbohydrates can be hard on them.

When beta cells start putting out volumes of insulin, a funny thing happens. It's as though the beta cells don't want to have the stress of this bombardment, so they abdicate their job and turn into some other cell, almost as though they were saying, "This executive job is really tough so I think I'll go to the mail room instead." It's unclear whether beta cells can recover in type 2 diabetes in humans (animal studies suggest they can under certain conditions), but what is known is that by the time you are prediabetic or stage one diabetic, you may have lost about half of your beta cells. That is one reason why a person should pay attention to prediabetes rather than considering it a benign state. A lot of doctors will say, "Let's just watch it," but do you really want to watch it until it turns into full-scale diabetes? I wouldn't accept that for an answer.

Physicians use the hemoglobin A1c blood test

to estimate average blood sugar in the preceding two to three month period and determine if the average blood sugar levels are too high. However, the hemoglobin A1c test is not always reliable because factors such as how fast your blood cells turn over can affect the results. To assess diabetes, it is best to look at other factors as well.

In fact, there are a number of clues that indicate someone may have diabetes. These include the presence of metabolic syndrome and high blood pressure. You typically see metabolic syndrome in the apple-shaped person. If you're an apple, you've got fat underneath that beautiful layer of muscle surrounding your organs, sort of holding the organs hostage inside. (If you're a pear, you tend to gain weight in the hip and thigh area, a healthier place to gain.)

A skin condition called acanthosis nigricans (defined as velvety darkening of the skin, usually found in body folds) can also signal high insulin levels. It doesn't mean you definitely have diabetes or prediabetes, but it's something to note. Other possible diabetic clues include problems with foot sensation, problems with eyesight, gum disease and tooth loss. Many dentists are starting to diagnose diabetes in their patients. Sleep apnea, too, can promote or worsen diabetes, so snoring is not an innocent thing. Sleep deprivation stimulates evening cortisol, promoting high insulin levels and insulin resistance,³ so people who do not sleep well definitely should be checked. It also can be important to note a history of being a large baby, having a large

One should pay attention to prediabetes rather than considering it a benign state. A lot of doctors will say, "Let's just watch it," but do you really want to watch it until it turns into full-scale diabetes?

TYPE 1 AND TYPE 2 DIABETES

Type 1 and type 2 diabetes are somewhat different in their causes and treatments, but both involve impairments related to insulin.

TYPE 1: Type 1 diabetes (also called insulin-dependent diabetes) is an autoimmune condition thought to be set off by environmental or viral triggers. The body attacks the insulin-producing beta cells in the pancreas, causing the pancreas to lose its ability to produce any insulin at all. Type 1 diabetics require insulin therapy but also benefit from attention to diet and exercise.

TYPE 2: Type 2 diabetes can be viewed as a problem of "energy overload," in which we consistently supply calories "in excess of our body's capacity to burn them."¹⁶ Over time, people with type 2 diabetes begin experiencing abnormally high blood sugar levels due to some combination of inadequate insulin secretion and insulin resistance¹⁷ (defined as "a state in which a given concentration of insulin produces a less-than-expected biological effect").¹⁸ According to Dr. Tom Cowan, foods high in refined-carbohydrates that also include *trans* fats represent a "double whammy" in terms of their propensity to engender insulin resistance over time. With care, individuals with type 2 diabetes can manage their diabetes solely with diet and exercise.

See how you
feel when
you come
down after
a meal. Do
you feel
awful, or
do you feel
good? Do
you feel
satisfied with
your meal, or
do you still
feel ravenous?

baby or having gestational diabetes. Polycystic ovary syndrome (PCOS) can be indicative of insulin resistance. Fortunately, women with PCOS sometimes can get their fertility back if they eat a diet high in good fats and low in carbs.

A PERSONAL EXPERIMENT

I have been on a low-carb diet for about ten years now. I recently did some personal experiments with sugar and starch. I want to share them with you, prefaced with the caveat that my metabolism may not be like yours because diabetics respond differently than people who are not diabetic.

A Dexcom G5 system provides continuous glucose monitoring. One tiny part is a transmitter; it has a hair-like sensor that painlessly goes underneath the skin. It tells its story to your watch or phone or to its own device. It can lose its accuracy over a day or so, however, which means that you have to calibrate it twice a day with a blood drop glucometer. It is more often used by patients with type 1 diabetes. I bought one to be able to do this experiment. (As a side comment, glucometers only measure glucose, so if you are worried about the effects of something like agave nectar, which can be up to 95 percent fructose, a glucometer will not be of any help.)

I made sure that I had eaten carbohydrates before I did these experiments, because I wanted to gear my body up and not produce false results. After years of not eating candy, the first part of my experiment was to eat two fun-size Snickers chocolate bars containing twenty-one grams of carbohydrates, eight grams of fat and one gram of dietary fiber. Post-Snickers, my Dexcom glucometer measure went up to a high of about one hundred and thirty-six. For a diabetic, that's pretty good, but it was only twenty grams of carbohydrates. When health care providers administer a glucose tolerance test, they give you almost four times that amount of glucose (seventy-five grams). The ideal fasting blood glucose number is usually less than eighty-six. On an oral glucose tolerance test with seventy-five grams of glucose, the number should be no higher than one hundred and forty after a meal and, two hours after the meal, no higher than one hundred and twenty. After three hours, it should go back to the baseline.

Next, I tested the concept that starch is sugar by eating unsweetened, whole grain Cheerios. Following directions on the side of the box, I paired the Cheerios with fat-free milk. This meal had about 23.5 grams of carbohydrate. It was the first time in many years that I had consumed skim milk. Careful measurement showed that my Dexcom number rose to almost two hundred. This is like the crack cocaine of carbohydrates—even seventy-five grams of glucose during my glucose tolerance test did not push my sugars as high as the Cheerios-skim milk combination!

Livestock farmers in the early 1900s knew that skim milk and grain deliver the best economic returns in terms of fattening swine. Hogs relish the grain/skim milk combination and can't get enough of it. Hogs that consume grain and skim milk are always hungry and will practically eat themselves inside out.

A farmer I know confirmed this. She feeds her meat pigs skim milk and grains, but she feeds her breeders healthy food.

For over a decade, I have been eating foods such as sausage and omelettes with cheese and heavy cream. These are very filling for me. I don't need that many calories because I'm loaded up with good protein and fat. However, as soon as my blood sugar normalized after my Cheerios experiment, I was famished. I had not experienced that kind of hunger since I began eating a Wise Traditions diet. I was surprised. Even though I returned immediately to my "go-to's" (sausage, eggs, butter), and avoided carbs after that, I had a hard time feeling satisfied with my food for about two days.

MONITORING GLUCOSE

If you have type 2 diabetes, it's great to use a glucometer to estimate where you are metabolically and how your body responds to different foods. A glucometer can be your best friend. Glucometers themselves are inexpensive, but where they hit your pocketbook is with the strips. However, if you buy a month's supply of strips, you can learn a lot, and what you learn can help you with your eating choices.

If you want to experiment, use a glucometer to measure your fasting blood sugar level when you wake up, just before a meal. Measure your blood sugar one hour later, then two hours later

to see how your blood sugar responds to your meal. For guidance, see below (U.S. units):

Marker	Ideal
Fasting blood glucose (mg/dL)	<86
OGGT/post-meal (mg/dL after 1 hour)	<140
OGGT/post-meal (mg/dL after 2 hours)	<120
OGGT/post-meal (mg/dL after 3 hours)	
baseline Hemoglobin A1c (%)	<5.3

It is also a good idea to notice how you feel when blood sugar returns to normal after meals. Do you feel awful or do you feel good? Do you feel satisfied with your meal or are you still hungry? Do you have a few hours between meals where you are not thinking about eating?

It is interesting to compare oral glucose tolerance test curves for someone with normal blood sugar and someone with type 2 diabetes. Looking just at blood glucose itself, in the type 2 diabetes test the number goes straight up—just like my two hundred number in the Cheerios experiment—but in a normal person, the number should go up to a maximum of one hundred and forty, but preferably lower. We are all a little different, and a seventeen-year-old with a healthy metabolism is likely to have different numbers than an elderly person.

I consume a very low-carbohydrate, high-fat ketogenic diet. In someone who makes enough insulin, a ketogenic diet stimulates “ketosis” (where the body burns fat for energy instead of carbohydrates) and not “ketoacidosis” (a dangerous condition in people who can’t make insulin, as in type 1 diabetes). It is comfortable for me to have blood sugar in the low 60s. My hunger is mild and cravings are rare, so my Cheerios experience came as a big surprise.

LOOKING BEYOND GLUCOSE

A meal with a steak and hollandaise sauce will have a much lower, more stable blood sugar curve than a whole wheat sandwich with an apple. It’s good policy to avoid foods that spike blood sugar this way. However, depending upon your situation you can get your diet “right” and still experience health problems and not lose weight. Nonetheless, with controlled blood sugar comes many other benefits, including more energy, clear thinking, better concentration and sleep. But

when best efforts don’t yield benefits it makes sense to investigate further.

For example, a patient who had been on a low-carbohydrate diet for close to two years still had high morning glucose readings even though his daytime blood sugar was fairly low. They probably averaged in the nineties during the day, but as soon as he went to sleep, the numbers went up to one hundred and fifty and then dropped slightly to one hundred and forty. In this patient’s case, there was a problem with the liver, not the diet. The liver had been storing up glycogen, a type of carbohydrate from glucose, for a long time, and when growth hormone was produced overnight the glycogen (a liver “sugar”) spilled out as glucose into the blood.

Dr. Jason Fung is a Toronto-based kidney specialist, proponent of the Intensive Dietary Management approach to addressing diabetes and author of *The Obesity Code: Unlocking the Secrets of Weight Loss* and co-author of *The Complete Guide to Fasting*. Fung explains how the liver overfills with carbohydrate (glycogen). He uses techniques like eating within a certain time schedule and intermittent fasting to help rid the liver of glycogen overload.

Most people can fast 14 hours daily. If you want to do this it helps to take your body’s biological clock into account. Establish an eating pattern to fit into your job and routine. For example, you might have a ten-hour window of eating between, say, 7 am and 5 pm. Fasting between 5 pm and 7 am the following day gives your digestive system fourteen hours to rest. If your doctor agrees, you could also try periodic twenty-four-hour fasts where you might drink some bone broth with butter as your meal. For people with livers full of glycogen, intermittent fasting helps unburden the liver of glycogen stores so it can perform its normal functions.

INSULIN PATTERNS

During the last couple of years, I have become very interested in the work of Dr. Joseph Kraft, author of *Diabetes Epidemic and You*. Kraft’s viewpoint is that you may be able to monitor glucose with your glucometer, and that’s great, but it doesn’t tell you what insulin is doing. Insulin is the hidden black box problem, and until we can see blood glucose levels and

For people with livers that are full of glycogen, intermittent fasting can help dump the glycogen they have been storing up and relieve the liver so that it can perform its normal functions.

DIABETES AND AGING

Prediabetes and diabetes affect about 75 percent of all seniors. Although there are many signs and symptoms to look for, diabetes is mostly silent in the early stages, and that's why many people don't get diagnosed—they don't know they have it. If you're in a room full of seniors, it's unlikely that 75 percent will raise their hands to say they have diabetes.

Due to some of the biological aspects of aging, it can be challenging for seniors with type 2 diabetes to eat well. Older people's nutritional requirements are higher, yet their calorie requirements are lower. The elderly also are more sedentary, and many have problems with digestion. What this means is that the elderly may not be able to assimilate nutrients as well as they could when they were younger.

Many other aspects of the aging process can affect older individuals' dietary habits and digestion. Consider dental health, for example. Many seniors may have worn or missing teeth or gum disease, affecting their ability to eat certain foods. Unfortunately, seniors with dental problems often favor easy-to-chew soft white carbs such as breads and pastas or canned goods. These processed foods are the low-hanging fruit that they find easiest to access, whereas obtaining good-quality fresh foods can require more effort.

With the altered sense of taste that can accompany aging, foods also may not taste the way they used to. Sometimes the sense of smell goes as well, particularly where dementia is present. As a result, seniors may not get the full experience from a bite of food. Eating something that is digestible and supporting the digestive process can make all the difference in the world.

People often do not realize that heavy sugar consumption and high glucose levels stiffen the arteries and the skin and can contribute to decreased stomach elasticity. Atrophic gastritis (chronic inflammation of the stomach mucosa) also is very common in the elderly, affecting almost one-third of adults over sixty. Atrophic gastritis can result from gastroesophageal reflux, use of medications that damage the stomach lining or other stomach problems. It is also important to recognize that liver metabolism changes as we age, making it harder for seniors to metabolize prescription drugs. Health care providers should be prescribing lower doses and exhibiting more caution with medications for the elderly.

When people have dementia, they may not be able to prepare food for themselves or do the things they need to do to take care of themselves. Some researchers call dementia "type 3 diabetes" because the effects of insulin resistance on the brains of persons with dementia. Diabetes, in fact, is a risk factor for dementia.¹⁹ However, symptoms of dementia can also result from vitamin B₁₂ deficiency. My motto is, "You're not demented until you're nourished and demented." I've seen people go from being completely nonverbal to talking and doing their work within a matter of months, simply by restoring vitamin B₁₂ levels. It is important that every senior with cognitive symptoms be checked for B₁₂ deficiency. Medline considers normal B₁₂ values to be in the range of two hundred to nine hundred picograms per milliliter (pg/mL), but I like to aim for five hundred and fifty or higher, and some experienced practitioners recommend nine hundred or higher. At one time, I hovered in the three hundred range and couldn't remember where I had parked my car. I started consuming a Wise Traditions diet, including bone broth and gelatin, and now my numbers are over nine hundred without supplements.

Because most older Americans do not eat a traditional foods diet, it is not surprising that many have problems with ambulation resulting from osteoarthritis, arthritis or weak bones or joints. Sometimes people lose their cartilage. In these cases, bone broth is an essential rebuilding tool and also can reduce joint inflammation.

At least 15 percent of adults over age sixty suffer from mental illness, and many times, it is not their first episode. The lifetime incidence of mental illness is around 47 percent. That's huge. Depression is very common in the elderly, and I would argue that a lot of it is diet-driven. Older people who perceive themselves as having mild dementia may, in fact, be depressed rather than having something wrong with their overall brain capability. Depression can also be linked to pseudo-dementia with loss of self-confidence.

Nearly a third of the elderly who live independently live alone. Some of them do not function well, and many also have limited incomes. Malnourishment is common. I've heard of things as bad as pouring ketchup in water to make tomato soup. The mainstream dietary advice dispensed to these individuals is frequently counterproductive. For example, people are told not to eat liver because it has toxins and "is bad for you." People with diabetes or prediabetes may be carbohydrate-sensitive, but they are not sensitive to good fats such as butter and lard, unless they've lost their gallbladder or have severe gallbladder disease. Unfortunately, many elderly people are educated by their doctors to fear fats, when good fats with their proteins, and fat-soluble vitamins are what they desperately need.

insulin levels together, we can't really know what's happening.

I had a patient whose fasting glucose was consistently in the high sixties and seldom rose above one hundred and ten after meals, no matter what she ate. It turned out the reason glucose looked so good was that her insulin levels were sky-high. High insulin levels kept her blood sugar normal. If you only saw her glucometer, you would think her blood sugar levels were super, but her insulin test told a different story. That is why it's important to look at insulin and glucose together.

Through his research, Kraft found that a combined glucose and insulin tolerance test could identify many more prediabetics than a simple oral glucose tolerance test.⁴ He identified six distinct glucose-insulin patterns: normal, delayed insulin peak, three patterns of insulin resistance, and insulinopenia (inadequate secretion of insulin).

In the normal pattern (pattern 1), insulin peaks during the first thirty to sixty minutes after you eat your meal at the same time that glucose rises to somewhere between one hundred and one hundred and twenty, and then both return to baseline together.

With a delayed insulin peak (pattern 2), glucose goes up right away. After a slight delay insulin increases to manage the glucose. Accompanying this graph, Kraft provides information that allows you to tell whether you have borderline or definite insulin resistance.⁴

Patterns 3A, 3B and 4 are all diagnostic for insulin resistance. In pattern 3A, as glucose rises the pancreas produces insulin too slowly. Pattern 3B shows even more problems with the output of insulin, capturing a high-sugar, low-insulin pattern where the beta cells are getting tired. Pattern 4 is also consistent with insulin resistance. Again, unless you check insulin before performing the glucose tolerance test and then every hour afterward, you won't know this is happening.

Type 2 diabetes can become type 1 when the beta cells all but disappear, and this is the situation in pattern 5. Type 1 diabetics cannot live without insulin and at that point, there's no getting around the fact that even if they adopt a low-carbohydrate, high-fat diet, they will need

insulin in part because protein can be converted to carbohydrates via gluconeogenesis.

CARBOHYDRATES AND MOOD

Let me give you a little peek into my world as a psychiatrist. I have people who come in and think they're bipolar because they have mood swings all day long. According to the definition of bipolar disorders in the latest edition of *The Diagnostic and Statistical Manual of Mental Disorders* (DSM-V), however, those moods should last at least a few days and be consistent.

What else might be going on here? What these people are doing is challenging themselves with more carbohydrates than their bodies can handle. It makes them irritable and gives them hungry-angry mood swings. When they eat the type of nutrient-empty carbohydrates that turn to sugar fast, like pancakes with no butter and lots of syrup, it's really hard on the body as it causes blood sugar (glucose) to spike. Refined carbohydrate-rich meals favor high insulin production.⁵ Insulin grabs excess sugar and stores it as fat. That's okay if they can access the fuel between meals, but the presence of insulin locks this fuel away inside fat cells. As blood sugar drops they get hungry-and-angry ("hangry"). It's natural to eat more carbohydrates to feel better quickly, but it makes the cycle start over again.

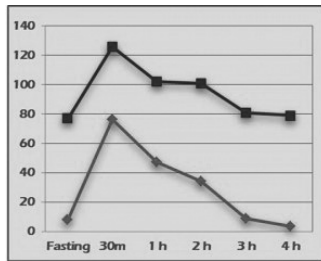
I ate a diet high in refined carbohydrates, most of my life. I nearly fainted from hunger sometimes and couldn't make it to lunchtime without snacks. I tried hard to stay slim, but carbohydrate cravings were out of control. I had to eat every few hours. Frequent hunger and low blood sugar is one reason people who follow high-carbohydrate diets are advised to eat frequent small meals.

Imagine if a bushman of the Kalahari desert whose job it is to hunt gazelles has to eat every two hours during an eight hour hunt. As persistence daytime hunters, primitive humans could walk, jog and run eight hours or longer to capture one buck. If they had to eat every two to three hours, they could not hunt large game and their families would go hungry. Humans were not meant to eat six times a day, as Americans do with their high carbohydrate, lowfat foodways. It is natural for human beings to be free to do other things and not be preoccupied with frequent meals.

I have people who come in and think they're bipolar because they have mood swings all day long. What these people are doing is challenging themselves with more carbohydrates than their bodies can handle.

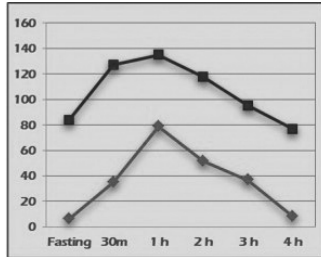
CRITERIA FOR THE KRAFT PREDIABETES PROFILE

Upper line represents glucose levels; lower line represents insulin levels



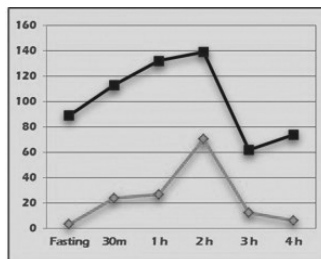
PATTERN 1: NORMAL

Normal fasting insulin 0-10 units
Peak insulin at 1/2-1 hour
2nd hour insulin < 50
3rd hour insulin < 2nd hour
2nd hour + 3rd hour totals < 60
Subsequent values at fasting range (0-10)



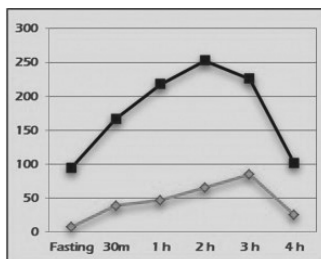
PATTERN 2: DELAYED INSULIN PEAK

Normal fasting insulin 0-10 units
Peak insulin at 1/2-1 hour
2nd hour + 3rd hour totals > 60 and < 100 = Borderline insulin resistance
2nd hour + 3rd hour totals > 100 = definite insulin resistance



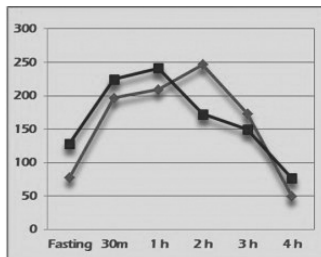
PATTERN 3A: INSULIN RESISTANCE

Normal fasting insulin 0-10 units
Peak insulin at 2nd hour
Considered diagnostic for insulin resistance
Glucose tolerance may be within normal limits or impaired



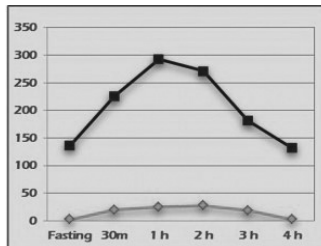
PATTERN 3B: INSULIN RESISTANCE

Normal fasting insulin 0-10 units
Peak insulin at 3rd hour
Considered diagnostic for insulin resistance
Glucose tolerance usually at diabetic levels



PATTERN 4: INSULIN RESISTANCE

Fasting insulin > 10
Diagnostic for insulin resistance
Glucose tolerance usually at diabetic levels



PATTERN 5: INSULINOPENIC

When glucose levels are elevated, this is considered a Type I DM pattern
All tested values for insulin < 30
Insulin insufficiency probably due to damaged or exhausted islet cells
Glucose tolerance usually at diabetic levels
May signal the need for exogenous insulin
When seen with normal glucose values, may indicate a low-carbohydrate diet

Source: Dr. Joseph Kraft, *Diabetes Epidemic and You*

LOW-CARB, HIGH-FAT DIETS

Let's start with definitions:

- Moderate-carb diet (MCD): 130-225g carbs daily and between 26-45% of calories (in 1979 before obesity struck, Americans ate 43% of calories as carbs).
- Low-carb diet (LCD): 50-130g carbs daily and between 10-26% of calories.
- Low-carb ketogenic diet (LCKD): less than 50g carbs and 10% calories daily.

Since dietary protein requirements remain constant, additional protein does not fill in for the loss of carbohydrate calories; additional fat does. As it turns out, fat does not promote insulin as carbohydrates and, to a less extent, proteins do.

Some experts say that you can cure non-insulin-dependent type 2 diabetes with a nutrient-dense, low-carb and high-fat diet. I don't know whether this is the case for humans, but there is recent news about promoting insulin producing new beta cells in mice via fasting. Still, whether being on a low-carb, high-fat diet can revive human beta cells or not, I believe it is the best way to put type 2 diabetes into remission.⁶ Once blood sugar normalizes you can challenge yourself or experiment with different foods and use your glucometer to measure your response. By the way, it's important to know that a low-carb, high-fat meal does not exclude protein. It includes moderate protein intake in the form of foods like meat, fish, shellfish, eggs and poultry, with all the fats nature gave them.

Typically, weight normalizes with a low-carb, high-fat diet, as do hemoglobin A1c and glucose. HDL-cholesterol ("good cholesterol") increases reliably and triglycerides decrease. Triglycerides are driven by alcohol, carbohydrates and fat loss. By and large, if your triglyceride number is seventy or less, your good LDL-cholesterol—the large, fluffy, friendly kind—rises to a safe level. High triglycerides, on the other hand, raise your risk of having the bad kind of LDL which is small and dense, the kind driven by refined carbohydrates. One exception is people who are losing weight on a low-carbohydrate diet. They may temporarily have high triglycerides and the good kind of LDLs as fat stores are consumed by the body for energy.

One person who is a first-hand expert on the

effectiveness of this type of diet is Dr. Richard K. Bernstein, who was an engineer right around the time the glucometer was invented. Bernstein had type 1 diabetes and worried about his poor health. He started eating certain foods and tested himself with a glucometer, taking copious notes and measurements with everything he ate. In the end, he believed he had figured out what to do. He wrote a book based on his successful personal experiments but couldn't find a publisher because he had no medical degree. So he went to medical school and after he earned his medical degree, his highly regarded book—*Diabetes Solution*—was published.

Type 2 diabetics can experiment with a range of carbohydrate intakes, but it is essential to ensure that all carbohydrates are properly prepared prior to eating them. This means soaking, souring (fermenting) or sprouting. All of these techniques decrease carbohydrates. Have you ever sprouted a bean, watched it split and seen the little ears on either side turn green? This is a sign that you are turning on enzymes that are using up some of the carbohydrates, in addition to getting rid of antinutrients. While you may not see green in a sprouted nut or grain, carbohydrates are still being consumed to some degree.

Some studies show that bread that is soured or made of sprouted grains does not provoke blood sugar spikes to the same extent that white bread does.^{7,8} However, some type 2 diabetics experience spikes even from sprouted grain bread. Believe it or not, whole wheat bread is the very worst culprit and causes worse blood sugar spikes than white bread.

There are special considerations for persons who are prediabetic or diabetic but have no gallbladder. Nonetheless, a lot of my patients who don't have a gallbladder do fine with butter. Certain fats are easier than others. Most people are fine with coconut oil because it doesn't need bile for digestion. There are supplements you can take to help your digestion and things you can do to help your liver to compensate, such as always eating at fixed times. Ox bile extract can help with absorption of dietary fats.

Of course, a low-carb, high-fat diet can be a tough sell in a world where Big Sugar spends millions to persuade countries around the globe that sugar is safe and even healthy.⁹ In South

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Africa, Professor Tim Noakes (author of *The Real Meal Revolution and Raising Superheroes*) was called before the Health Professions Council for daring to advocate the removal of sugar from children's diets while emphasizing the importance of fat for brain development.¹⁰ Likewise, Australian physician Gary Fettke was silenced by the Australian Health Practitioners Regulatory Authority for his promotion of low-carb, high-fat diets for some patients and his willingness to condemn sugar and junk food.¹¹

ELEMENTS OF TREATMENT

When adopting a low-carb, high-fat diet, it is vital that nutrient density be a top priority. People with diabetes especially need trace minerals, bone broth and high nutrient-dense foods like liver. I hated liver growing up, and was anemic by age 12. My personal "gateway drug" to loving veal liver was chicken liver pâté. Another good goal is to have properly prepared bone broth daily—with unrefined salt. No one should eat a low-sodium diet, as was recently confirmed in *The Lancet*.¹² It is also important to avoid industrial vegetable oils. Soy oil, for example, is found to promote metabolic syndrome and diabetes in mice.¹³


An initial dietary treatment strategy for type 2 diabetes is to decrease refined fermentable carbohydrates to no more than fifty grams a day until glucose is stable. Fermentable carbohydrates are short-chain sugars that are easily fermented in the digestive system, and refined carbohydrates include foods such as bread, dry breakfast cereals and pasta. Your glucose monitor can tell you whether you are headed in the right direction. Be sure to reduce your carbohydrate levels gradually. You do not want to go into withdrawal and get headaches, dizziness and mental fog, which is sometimes called the "low-carb flu." Change one meal at a time. For example, you can start with a low-carbohydrate breakfast and after a week, tackle lunch and then dinner. Monitor yourself for behavior and mood changes. In addition to diet it is helpful to exercise, as it promotes insulin sensitivity.

Avoid hypoglycemia at all costs. Studies show that the more hypoglycemic episodes diabetics have, the more likely they are to develop dementia.¹⁴ I think that's why doctors are happy

to keep glucose levels as high as one hundred and forty in elderly patients. However, if glucose can be safely brought below that level, that's great. People with diabetes should be careful with alcohol because it can make them hypoglycemic. I did an experiment with just four ounces of wine when I had high blood sugar and it dropped my blood sugar rapidly.

Seek medical advice before starting any diet. For people taking medication, medical monitoring is necessary. For example, a low-carb diet can lower blood pressure.¹⁵ This is the case, even when eating enough salt. Ideally you want to get off all medications if possible, but it has to be a gradual, medically supervised process. All drugs have side effects, and some of them impair one's quality of life. Efforts to reduce or eliminate the need for medications are worthwhile.

TAKE-HOME MESSAGE

If you suspect that you have a metabolic problem, ask your doctor for a four hour oral glucose tolerance test with insulin. Make sure insulin and glucose levels are drawn before the test and at every hour afterwards. To stabilize your glucose levels, gradually reduce the intake of refined carbohydrates (starches and sugars). Remember that none of this is an exact science. We don't have all the answers, nor do we have the answer for every person. A glucometer can guide you as to what to eat. It's as though we who practice medicine just woke up to the fact that diet matters. We have a lot to learn. Thankfully, more and more people are starting to take control of their health. It is important to be an advocate for yourself and teach your doctor. Many doctors are open to being taught. I've learned a lot from my patients, for which I am grateful. 

Ann Childers, MD, FAPA, is a child- and adult-trained psychiatric physician with a special interest in regaining the physical and mental health of children, adolescents and adults through standard psychiatric care integrated with principles of nutrition and sleep. Dr. Childers has published a number of textbook chapters, among them Nutritional Aspects of Psychiatry for Child and Adolescent Psychiatry: The Essentials (Cheng and Myers, 2011). A

local and international lecturer, Dr. Childers' lectures and podcasts are available on the Internet. A member and fellow of the American Psychiatric Association, with membership in the Oregon Psychiatric Physician Association, the American Medical Association, the Nutrition and Metabolism Society and the Obesity Medicine Association, Dr. Childers sees patients who desire an integrated approach to psychiatric care, sleep and metabolism management.

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DIABETES: A DISEASE OF EXCESS OR DEFICIENCY?

While most of the medical community treats type II diabetes as something to be prevented through exercise and healthy food, the rapid growth rate of the disease in developing countries calls for a more thorough approach. Ankita Rao reports that while visiting a rural hospital in Chhattisgarh, one of the poorest and hungriest states in India, she noted that the patients waiting in the corridors were thin and bony, with dangerously low blood counts and anemia. Yet the patients received treatment for diabetes and heart disease.

The public perception of type II diabetes is that it's a disease of excess—the result of too much sugar in our diets and a sedentary lifestyle. But this may be only part of the picture. Diabetes can burden people without enough food and nutrients, just as it does those who eat too much. In India, where people's average weight and body mass index (BMI) is far lower than in the US, sixty-two million adults have diabetes, the largest diabetic population in the world. Rao observed pregnant women stand on weighing scales as the doctors went on village visits—many were just seventy-five pounds while seven months pregnant. Even so, experts have been attributing the uptick in diabetes to the sudden economic growth in the country—and the lifestyle and diet changes that followed. More junk food on the shelves, more access to carbohydrates and sugar, they thought, might be the culprit. But that couldn't account for the largely poor population in rural areas.

Dr. Yajnik, a researcher and physician at Pune's KEM Hospital Research Center, has been focused on this mystery for decades. He and his team conducted a longitudinal study in villages outside of Pune, where families still rely on farming as their main livelihood. His team tracked pregnant mothers and how their nutrition affected their children—mothers who would spend their days plowing the land or weeding until just days before their delivery. He found that the lack of one particular vitamin—B₁₂—led to babies growing up with more visceral fat, despite their low weight in both their childhood and adult life. This then correlated to insulin resistance, the body's inability to break down sugar properly, and a precursor to diabetes.

SOURCE: motherboard.vice.com/en_us/article/how-a-bmi-fallacy-convinced-the-world-that-diabetes-is-a-disease-of-excess

Couch Potatoes and Marathon Runners: Understanding Weight Gain and Weight Loss

By Thomas S. Cowan, MD

I am not a weight loss specialist, but I have a pretty straightforward take on the issue of weight loss. My approach is to give people a clear understanding of why people gain weight and outline a path to weight loss that makes sense within this framework. My suggestions may not work for everyone, and some people may have underlying psychological and emotional reasons for overeating that they also need to address, but generally, losing weight is not rocket science.

In my practice, I focus on health, not weight. I don't like weighing people, and I don't calculate body mass index (BMI) or other parameters of that sort. People's goal really should be to get as healthy as possible, and, by definition, being healthy usually means that they will end up at their optimal weight. People's ideal weight will vary, depending on a lot of known and unknown factors, so their goal cannot be simply to attain a specific number.

There are people who pursue weight loss by eating a diet of four to six hundred calories per day. I can tell you that while they will definitely lose weight (and maybe even become underweight), they will probably have a miserable life and will be hungry all the time. The goal should not be to achieve a certain BMI for its own sake but rather to be as healthy, strong and fit as possible—and feel well. For some people, weight loss will naturally result from the process of becoming healthier.

UNDERSTANDING WEIGHT GAIN

How many people remember Jackie Gleason? He played Minnesota Fats in the 1961 Paul Newman movie *The Hustler*, and he was the laughable “fat guy” later on in the 1960s. If you met the 1960s Jackie Gleason today, however, you would consider him relatively slim. He was a little overweight, but he wasn’t obese. He was very agile and nimble. Today, he actually would be in the bottom 20 percent of fifty-year-old men, weight-wise. Over the half-century since Gleason, we’ve been told a lot about weight loss. It hasn’t accomplished much.

The flip side of asking how to lose weight is to ask, “Why do people gain weight?” Obviously, there are all kinds of books and studies that address this question, but for me, it’s actually pretty simple. Basically, people gain weight because of insulin.

Insulin is the endocrine hormone made by the pancreas. Insulin helps remove sugar from the blood and take it into the cells, where it is stored as fat. Despite the persistent belief that weight gain is all about calories, without insulin it is impossible to gain weight and become fat, no matter how many calories someone takes in. We know this because someone who loses the ability to make insulin, which we call a type 1 diabetic, can eat five thousand calories—two times the norm for any person—and still starve to death. People who stop making insulin will starve and go into a diabetic coma unless somebody gives them insulin. Weight gain is not about the calories.

Insulin production is the body’s way of saying that it is overfed with sugar. In evolutionary terms, this is a good thing. If you have the option of being overfed, you take it, and

then—because the body has to do something with the sugar—you have an endocrine organ, the pancreas, which makes a hormone (insulin) specifically designed to store some of that sugar as fat. So if something you are doing in your life is causing you to make more insulin, you will store more fat. If you want to understand why you get fat or why you create fat in your body, then you simply need to look at what is happening with insulin.

At this point, some people might ask me to prove my assertion by testing insulin levels. There were points in my career where I did just that—testing people’s fasting insulin levels throughout the day. My experience with that approach led me to conclude that testing insulin levels is very unrewarding and unhelpful because of the nature of hormones. For example, testing insulin levels at a certain point may yield one level, depending on certain things that happen. If you test again in another hour or two, insulin could be at a totally different level. Unless you’re testing every two hours throughout the day for a month—which is expensive and impractical—you will not get any clinically useful information. I now go with what I see, which is, “You’re storing fat, you have too much insulin.”

The next logical question is, “What makes people chronically have too much insulin?” The answer to that question is very simple and straightforward: “You are not eating a balanced diet.” I know that eating a “balanced diet” is everybody’s road to heaven, and if you’re sick or unhealthy, it’s because “You’re not eating a balanced diet,” but I’m going to give you a very specific definition of what I mean by a balanced diet.

MACRONUTRIENT BALANCE

From a macronutrient (meaning large nutrient) perspective, there are three food groups: fat, protein and carbohydrates. That’s it; it’s pretty easy to remember. Setting aside the vitamins, minerals, antioxidants and so forth that also contribute to a healthy diet, I’m talking about the basic dietary building blocks that build up human beings and give them the energy to move and do activities.

In the classic macronutrient profile, each macronutrient serves a purpose. The reason we

The flip side of asking how to lose weight is to ask, “Why do people gain weight?” Basically, people gain weight because of insulin.

Apparently, there is no internal mechanism that tells us to stop eating foods that are mostly carbohydrate.

eat fat is to make hormones to regulate inflammation and as a back-up source of energy. We eat protein to build the structure and integrity of our body. Protein also can be a back-up source of energy. Finally, we eat carbohydrates to make fuel to do activities. From an energy standpoint, all carbohydrates—whether in white sugar, brown rice, carrots or any other carbohydrate-containing food—are the same (although clearly there are other ways in which they are not at all the same). Carbohydrates break down into glucose and pass into the bloodstream. Glucose provides cellular fuel when it converts to adenosine triphosphate (ATP), the molecule that carries energy to where it is needed. Fats and proteins are the car that we make in the assembly line, while carbohydrates are the gasoline.

The amount of protein and fat that make up a balanced diet will depend on a person's body size, whether they have a disease and how much repair they need. At the same time, we have a very good internal feedback system that lets us know whether we're overeating fat or protein. Most people who eat way too much fat or protein will feel sick or nauseated. (If you don't believe me, try eating fifty eggs or a jar of ghee or coconut oil.) Although these are good foods, somewhere along the way your body will say, "I've had enough."

Whereas it's an unpleasant experience to overdose on even the best fat, I have seen a lot of people, including my children and probably even me, easily eat a box of Kellogg's cornflakes, a box of doughnuts or any sugary carbohydrate. If you go to a macrobiotic center, especially where they don't eat any animal products, you'll see how much rice they eat. Apparently, there is no internal mechanism that tells us to stop eating foods that are mostly carbohydrate. Excess carbohydrate doesn't make you sick the way excess fat and protein do.

If you didn't do anything all day except sit on the couch, you would need about sixty grams of carbohydrates a day to make fuel to generate energy to keep yourself going. That's the baseline level of carbohydrate. Given that an apple is about thirty grams and a small bowl of rice might be another thirty, sixty grams is hardly anything. I can tell you that nobody is eating just sixty grams of carbohydrate a day unless

he is trying to limit to sixty grams intentionally. It doesn't happen on its own. Nonetheless, for a person sitting on the couch all day, a balanced diet would mean lots of fat, modest protein, lots of non-starchy non-carbohydrate vegetables and about sixty grams of carbohydrates.

People who run a marathon every day would require a different balance. While they might eat roughly the same amount of protein and fat (or possibly a little more protein to repair the body), they would need substantially more carbohydrate (a fair guess might be three hundred grams) because they are doing a lot of energetic work that demands fuel. From my standpoint, therefore, it is nonsense to talk in the abstract about requiring a certain number of grams of carbohydrate, because your carbohydrate intake should entirely depend on your activity level. The problem in the U.S. and the world is that we eat like marathon runners but never get off the couch. That means that people eating like marathon runners can end up with two hundred and forty grams of carbohydrate that serve no physiological function.

MACRONUTRIENTS AND INSULIN

Generally speaking, fats and proteins have no impact on one's production of insulin (except in extreme situations), and the body does not need insulin to assimilate them. Carbohydrate metabolism, on the other hand, is directly related to insulin. This is because the body has only two mechanisms to deal with blood sugar that goes too high: exercise and production of insulin. When someone consumes carbohydrate foods that chronically raise the blood sugar in excess of the amount of energy needed by the muscles for exercise, over time that person starts making more and more insulin. Over a period of five, ten or thirty years, that person becomes prediabetic and then diabetic. At a certain point, insulin resistance sets in, meaning that the insulin is no longer as effective as it should be. Because insulin is more effective on muscle cells than it is on fat cells, there is also a feedback loop in which the more fat one stores, the more insulin-resistant one becomes.

We do not want to be in an overfed state because insulin is a very inflammatory hormone. If you have high insulin levels, you will create a

lot of inflammation in your tissues. Arthritis is an example of a condition that thrives in a high-insulin environment. People with diabetes are nearly twice as likely to have arthritis as those without diabetes. Insulin also signals the body to retain fluid, which fosters high blood pressure; furthermore, it is a growth hormone, which is implicated in the development of cancer. A high-insulin environment contributes to broad metabolic deterioration and is not a harmless situation.

STEPPING IT UP

When you are gaining weight, the physiological reality is that you are in a chronically overfed state. If you are pursuing improved health (with a related goal of weight loss), the first step is to adjust your carbohydrate level to be 10 to 20 percent lower than your activity level so that you are in a slightly underfed state. For example, if you insist on sitting around and never getting up off the couch, you might limit yourself to forty-five grams of carbohydrate a day. With sixty grams as the baseline but consumption of only forty-five grams, your body will have to convert your fat stores into sugar to keep you from getting hypoglycemic—this is in situations where you don't exercise at all, so it is much better to exercise and have a somewhat higher carb consumption.

Glucagon, the insulin antagonist, will signal the body to break down fat and mobilize the fat into sugar in your blood. (Note that if you don't eat any carbohydrates at all, you can turn your protein into sugar using the pathway called gluconeogenesis, which means new glucose production. This, however, does not enter into most people's situations.)

The next crucial step is to step up your game, so to speak. If we go twelve hours without eating any food—protein, fat or carbohydrate—we run out of the stored glycogen starch in our liver, which is there to get us through a twelve-hour fast. After twelve hours, the hormonal situation switches over to make glucagon, which says to the body, “Now you have to mobilize the fat and turn that into sugar in the blood.” If you eat every eight hours every day of your life, you will never even tap into the glycogen stores in your liver, let alone create the hormonal environment

to mobilize your fat.

The rule, therefore, is to fast for longer than twelve hours on a consistent basis to mobilize fat and lose weight. This is called intermittent fasting. Note that if you fast for twelve hours and then eat, that doesn't do any good, but if you fast for six more hours (bringing your total to eighteen hours), in those final six hours you are creating an anti-inflammatory, anti-insulin and glucagon-rich environment. It's probably the best anti-aging strategy you can adopt. Intermittent fasting also unequivocally helps with detoxification.

A lot of people, especially those who are otherwise unwell, have trouble getting past twelve hours of fasting. You have to work on that and keep going so that, over time, you can build it up to eighteen hours. I tell people who really need to lose weight in order to regain their health, “You need to do eighteen-hour intermittent fasting six days a week, but you can do whatever you want on the seventh day.” I do not recommend intermittent fasting for people who are underweight, because fasting in that situation will break down muscle, but if someone has fat to burn, their body will burn the fat.

You can do this in one or two ways. I tell people to stop eating or drinking, except for water, from six o'clock in the evening until noon the next day. The only thing you can have—which does not seem to interfere with the hormonal situation and maybe even helps—is any kind of caffeinated beverage like coffee or black tea with pure fat in it like coconut oil or ghee, but you don't have to do that. I would not recommend bone broth during intermittent fasting time because it has too much protein in it and you could possibly turn that protein into sugar.

Build up to eighteen hours slowly until you get used to it. Remember that for some of the eighteen-hour fast, you are sleeping. It may seem hard to do without ruining your family and social life. Nonetheless, I do this three times a week myself, so I'm not talking about something I don't like to do or haven't tried. I spread the three days throughout the week, so I'm not fasting three days in a row. Based on the results that I've seen and experienced, the eighteen-hour time frame seems like a good choice because you still get to eat every day. I miss eating too

The rule, therefore, is to fast for longer than twelve hours on a consistent basis to mobilize fat and lose weight.

The more muscles you have, the less restrictive you have to be in your carbohydrate intake, because your muscles essentially eat the carbohydrates more than your fat.

much if I fast for more than a day. You will get used to it, and I can almost guarantee you that the time between six and noon (assuming you skip breakfast and eat lunch and dinner) you will feel the best you have ever felt in your life. You will not only enjoy but almost crave those times.

There is one caveat here. Do not sit around and look at the refrigerator. A trick is to go out and be as physically active as you can during those hours. Personally, that's when I do 99 percent of my gardening. I go out, dig and shovel, spread compost and transplant. When you've been doing this for years and you've got a clear plan for physical activity during those times, you get to a point where you don't even think about the fasting. And then, a light goes off around 11:30 AM and you go get some food. You eat thirty grams of carbohydrate, an unlimited amount of fat, a modest amount of protein, and lots of different kinds of vegetables—green, red, purple and so forth. After the noon meal, you don't eat again until 5:30 PM. Following the Wise Traditions dietary principles, eat plenty of butter, cream, coconut oil and duck fat. Generally speaking, you also can eat grains if they are properly grown, harvested and soaked. At six o'clock, you are done eating.

Note that if you fast for more than eighteen hours, you start to intensify the detoxification reaction. This can have some definite therapeutic benefit, but that's an entirely different story from the intermittent fasting that I'm referring to here. From my standpoint, longer-term fasting is disease repudiation. I don't see any need for an otherwise normal person to do that.

BUILDING STRENGTH

What about exercise or movement? The second parameter that you can fiddle with besides your carbohydrate intake and intermittent fasting is how much you move. How much you move is somewhat related to your fat and muscle ratio. Because muscle cells take up more sugar than fat cells, any time you build muscle, you're improving the situation, even though you're not actually losing weight. There are two principles at work here. One is that if you want to be effective at soaking up the sugar and, therefore, losing weight, you need to build up strength, meaning muscle integrity. The more muscles

you have, the less restrictive you have to be in your carbohydrate intake, because your muscles essentially eat the carbohydrates more than your fat. Second, building up strength is also good for your overall health.

The bottom line of how you build muscle is very simple. You tell your muscle to do something that it can't do. In other words, you're going to lift weights. Once you do it, it won't even hurt that much. Another way of doing this is really slow—this is called Super Slow Weight Training—with as much weight as you can do for about a minute. It can be unpleasant but you keep going. The signal helps your muscles to realize, "What is this about? If you're going to do this again, I had better be stronger so that this does not hurt so much next time."

I have two techniques that I do personally as quickly as possible and because I don't like going to the gym. I admit that not everybody who wants to lose weight can do this. The first basic step is, as soon as you wake up, particularly on the days of fasting, you drink a glass of ice-cold water and do deep breathing thirty times. The reason for the deep breathing is to oxygenate yourself, so it is important to do it slowly and deeply—you do not want to hyperventilate. On the last breath, you breathe out and then you do as many push-ups as you can, holding your breath, even if you can just do one. I can do thirty-three. When I started a few years ago, it was really unpleasant to do six, and now it's really unpleasant to do thirty-three. Six seems like nothing now.

I suggest doing continuous, very slow push-ups. Go up and down as slow as you can, even if you can just do one. You will eventually get to the point where you can't even move and your muscles start to shake; at that point, you just hang in there. What we're training the muscle to do is get more efficient at utilizing oxygen, which is the definition of muscle health. The fact that it works is proven by the fact that thirty-three push-ups now feels the same as six push-ups two years ago. Whereas I was getting lactic acid build-up and pain with six push-ups before, now I don't feel a thing with six. The explanation is that the muscles have adapted to be more efficient so that they can make the same effort without any lactic acid build-up at all. If

you are prudent and judicious about it, you've actually trained yourself to be healthier. That's the whole point.

A guy named Wim Hof, otherwise known as "The Iceman," has a great TED talk that is worth watching. He's the guy who immersed himself in ice-cold water and then ran six miles barefoot in the Arctic Circle in twenty-below weather. Wim Hof trained people to withstand cold through a combination of the abdominal breathing exercises and training the body to withstand pain. (If you soak yourself in ice-cold water, you better have figured out how to withstand pain!)

Stretching follows the breathing step. The stretching positions that I do are from Bikram yoga, which I do for about five minutes. Then I stand with my back against the wall and knees bent like a chair and do it for three minutes. I couldn't do it for three minutes in the beginning, so you might do it for thirty seconds and do it for five seconds more each time you do it. You do not have to hold your breath for this step. I do this technique three times a week on days that I do intermittent fasting. The other thing I do is stretch and walk for a little bit and then run up the stairs as fast as I can. I run up and walk down the stairs as many times as I can, until I almost want to throw up, and then I stop. I do this once a week.

Finally, if you want to burn fat, you have to be able to generate some heat, which increases your metabolic rate. The way to do that is cold thermogenesis therapy, otherwise known as taking cold showers. You can start by washing your face with ice-cold water and by drinking ice-cold water. When you drink cold water, you force your body to increase its metabolic activity, which translates to losing weight. Some people will say to only eat warm foods and take warm baths, but my experience with my patients and myself is that it makes you weaker. If you regularly immerse

yourself in cold showers, you actually will feel warmer most of the time. The feeling of warmth afterwards and the warmth you will feel all day is worth it. Do not do thermogenesis, however, until you've learned the breathing exercise and can withstand pain.

IT WORKS

In my experience, the process of losing weight entails a restricted carbohydrate diet, intermittent fasting, strength training to improve the integrity of your muscles and cold thermogenesis. If you use these techniques, not only will you be healthy but you will get down to somewhere near your optimal weight. I have worked with a number of people who have had a lot of success doing exactly what I've described—and it works. ☯☯

Tom Cowan, MD is a holistic physician in private practice in San Francisco. He is the author of Human Heart, Cosmic Heart, The Fourfold Path to Healing and co-author of The Nourishing Traditions Book of Baby & Child Care. He is a popular speaker at Wise Traditions conferences.

IN MEMORY OF LEE J. MOORE

Beloved Dunwoody, Georgia, chapter leader Lee J. Moore, passed away on May 21, 2016. Lee was a dedicated student of the teachings of Dr. Weston A. Price and the WAPF. She pored over each journal and practiced the Wise Traditions diet. A "health nut" her whole life, she followed many of the trends of the health food industry but didn't think any of them were truly healthy until she came across the work of WAPF. She knew deep down that learning from the traditions of generations past was the key to optimal health.

She was a generous soul who would teach anyone who was willing to listen (and sometimes even those who weren't). She carried brochures in her purse to pass out to anyone who showed an interest. She genuinely wanted to help people live a healthy life through proper nutrition. This drive led her to form the Dunwoody Chapter with a friend she met at her local farmers market, Terry Brown. Lee opened up her house monthly for meetings. She spent countless hours responding to emails from curious strangers who wanted to know more about WAPF. Lee's family would like to thank WAPF for their tireless efforts to educate the public about the right way to nourish our bodies and souls. Lee's husband, two children and three grandchildren are all healthier and full of life because of this knowledge.



Lee with her husband (of fifty-three years) and their grandchildren (ten years ago).



Lee with their newest grandson in November 2015.

Thoughts on Weight Loss

By Sally Fallon Morell

Life is not fair, and the way it is most unfair lies in the fact that some people gain weight easily while others can eat just about anything they want and never gain an ounce. Even more unfair: the most common situation in a couple is a husband who can eat thousands of calories per day and remain slim while his wife slowly puts on weight even though she tries to watch what she eats. The situation gets worse at menopause, a time when most women naturally put on weight.

Long-term, permanent weight loss requires a complete change in lifestyle, including rejection of all processed foods, adopting a schedule of regular meals and, above all, dedication to nutrient-dense foods. If your diet is not supplying all the vitamins and minerals your body needs, the urge to eat will eventually overcome the best of intentions and the strongest willpower.

Let's assume you are the typical American eater—consuming mostly processed food, trying to avoid fats and following a chaotic meal schedule, with lots of between-meal snacking. You have packed on the pounds and probably have developed several other health problems. You crave sweets and crunchy foods like chips. You have tried many diets, always starting with the best of intentions, but always giving in to hunger and temptation. Where do you start? How do you lose weight without feeling hungry and deprived all the time?

Here's my formula: I call it Purge, Splurge, Fast and Last—four steps to bring you to a new relationship with food, lose weight and resolve health problems. If you have already been on a Wise Traditions diet for some time but still need to lose some weight, you won't need the first two steps, but can jump in at Fast and Last.

PURGE

The first step is purging your kitchen—that means going through your cupboards, pantry, fridge and freezer—and stashes throughout your house and even in your car. Get some big plastic bags and throw out every item that isn't healthy and clean. Don't berate yourself for “wasting” food—what you are throwing out is worthless anyway.

Start with the bottled dressings—one look on the labels will show you that they are absolute junk. Throw out the sauces and condiments. Get rid of the boxes of cereal, the cookies, crackers, donuts, candies, sodas and bars (even so-called healthy bars). Toss the frozen dinners, the white bread, the mixes, the microwaveables. Above all, discard all the margarines, spreads and cooking oils. All conventional dairy foods need to go too and, most importantly, anything labeled “lowfat” or “reduced-fat.”

Now replace what you have thrown out with real food—see “The Wisely Stocked Kitchen” in this issue, page 47, for guidelines. That means healthy fats like butter, olive oil, lard, coconut oil and duck fat; good natural proteins like meat, fish and eggs; artisan cured meat products such as bacon, salami and pâté; whole grains you will prepare yourself; genuine sourdough bread and healthy crackers; natural sweeteners; raw nuts

GETTING THE NUTRIENTS YOU NEED

VITAMIN A: Critical for hormone production, thyroid function, healthy lungs, cell function and just about everything else. As a whole, Americans are grossly deficient in vitamin A. Best sources are cod liver oil (take every day), liver (eat several times per week), butter, cream and eggs.

VITAMIN D: The companion to vitamin A, vitamin D plays an important role in insulin production and weight loss. Best sources are cod liver oil (take every day), egg yolks from pastured hens (eat every day), poultry liver, lard, bacon, shellfish and fish eggs.

VITAMIN K: Good vitamin K status is associated with better body weight and less abdominal fat in younger adults, and lower weight gain in menopause. Best sources are high-vitamin butter oil or emu oil (take every day), duck or goose liver (consume weekly), duck or goose fat (use frequently) and hard aged cheeses (eat frequently).

B VITAMINS: All the B vitamins work to help you make more energy in your cells; choline is especially important. The best sources of choline and indeed all the B vitamins are liver and egg yolks. Soaked whole grains are another good source.

VITAMIN C: Vitamin C is key to healthy adrenal function, healthy gums and many other processes. Best sources are lacto-fermented foods (eat daily) and fresh fruits and vegetables. Those with high requirements for vitamin C can take a natural supplement such as Amla-C.

CALCIUM AND PHOSPHORUS: Many diet plans leave people short of these key nutrients. Best sources are raw milk or raw cheese (consume daily), yogurt and kefir.

ZINC: A cofactor for vitamin A and needed for over one hundred enzymes in the body, the modern diet of processed food is a recipe for zinc deficiency. Best sources are red meat, liver and shellfish (eat frequently).

IRON: Critical for healthy blood and prevention of anemia, the best sources are red meat and liver (eat frequently).

BENEFICIAL BACTERIA: Good gut flora are associated with lower weight! We get beneficial bacteria by eating lacto-fermented foods like sauerkraut, beet kvass and homemade kefir and yogurt.

The key thing during the splurge period is to get used to three meals per day, with absolutely no snacking between meals.

made into crispy nuts; natural fermented sodas like kombucha; lacto-fermented condiments and naturally made ketchup, mustard and mayonnaise.

SPLURGE

Now that you have all the good foods at hand, especially good fats, you can give yourself permission to eat them. Many have told us that when they give themselves permission to eat butter and other traditional fats, they can't help splurging on these fats for many months. And that's okay! Go ahead and eat as much of these fats as you want. Put them on everything—vegetables, meat, fish, and porridge. Spread butter thickly on sourdough bread. Put cream on your fruit and in your sauces. Add extra yolks to your scrambled eggs.

The key thing during the splurge period is to get used to three meals per day, with absolutely no snacking between meals. Eating plenty of fats with your meals will keep you from feeling hungry in between. Try to get on as regular a schedule as possible, eating breakfast, lunch and dinner at the same time every day.

This is the period to catch up on all the nutrition you have been lacking while on the standard American diet, so it's important to include nutrient-dense superfoods at every meal—raw whole milk, raw cheese, yogurt, cream and butter from grass-fed cows, liver and other organ meats, bone broth and fish eggs, shellfish and

oily fish. Supplements should include cod liver oil (for vitamins A and D), high-vitamin butter oil or emu oil (for vitamin K) and desiccated liver (for vitamins B₁₂ and B₆, iron, zinc, phosphorus and many other minerals).

Moderate consumption of carbs during this period is fine—especially carbs with lots of butter—and while you don't need to eliminate sweets completely during this period, you should eat them only in moderation—and only homemade sweets such as natural ice cream, nut-based cookies and stewed fruit with cream. Consume these after a full meal, not between meals. You may find that you don't even want dessert if you have eaten enough fat with your main meal.

Lacto-fermented foods such as sauerkraut, beet kvass, kefir and kombucha are important inclusions. The splurge period is also a good time to cut back on stimulants such as coffee, tea and chocolate. Instead of coffee, have a cup of bone broth or coconut oil and molasses dissolved in hot water.

You probably won't lose weight during the splurge period—although some people actually do—but your weight will stabilize and you may see many pesky health problems disappear. The key is to get used to regular meals and nutrient-dense food.

Moderate exercise is important—a long, vigorous walk every day, swimming, game of tennis or golf, dancing, some strength training,

MEAL IDEAS FOR THE FASTING STAGE

BREAKFAST:

Glass of raw milk, bacon and eggs, fresh fruit, small glass of beet kvass
Soaked oatmeal with butter and natural sweetener, glass of raw milk or kefir
Cheese omelet, glass of raw milk or kefir, mug of bone broth
Leftover soup, sourdough bread with butter and cheese
Smoothie made with whole yogurt, egg yolks, coconut oil, fruit and natural sweetener

LATE LUNCH:

Pâté on sourdough bread or crackers, small salad with grated cheese, fresh fruit or a few dates
Smoked salmon with cream cheese on sourdough bread, sliced avocado
Caviar or salmon roe on crackers or crispy pancakes with sour cream, small salad with bacon and grated cheese
Homemade soup with sourdough bread and raw cheese
Fish or meat with heavily buttered, steamed vegetables, small salad with grated cheese
Welsh rarebit on fried sourdough bread, small salad
Liver with bacon and onions with heavily buttered, steamed vegetables
Braunschweiger or liverwurst on sourdough bread or crackers, homemade soup

rebounding or any combination of these will get the blood moving and help with insulin resistance.

FAST

Once you have gotten used to the Wise Traditions diet, you can move to the weight-loss stage, which involves what's called "intermittent fasting." That means a period of more than twelve hours—ideally up to eighteen hours—without food. As explained by Dr. Cowan (see page 24), if we go twelve hours without eating any food—protein, fat, or carbohydrate—we run out of the stored glycogen starch in our liver, which is there to get us through a twelve-hour fast. After twelve hours, the hormonal situation switches over to make glucagon, which signals to the body to mobilize stored fat and turn that into sugar in the blood. The fast also helps you release fat from your liver and toxins stored in other parts of your body.

This means that you are going to eat either breakfast and lunch, or lunch and dinner. My preference is the former—a substantial breakfast in the morning and then a fairly large lunch around one o'clock in the afternoon. If you have to cook an evening meal for your family, you can console yourself by looking forward to the leftovers the following day.

In the fasting stage, you will need to cut back on carbs, but not completely eliminate them. For the most part, you'll need to cut out sweets and eat slightly smaller meals. The key

is to continue with nutrient-dense foods and plenty of fats to keep the hunger pains at bay. By eliminating one meal, not only do you switch to fat-mobilization mode, but you also reduce your caloric intake. As you can still eat two satisfying meals each day, there is no sense of deprivation. Be sure to consume plenty of liquids—such as broth, kombucha and water—and continue with your exercise regime.

You should lose weight slowly and steadily during the fasting stage—count on three to five months to lose a dress size. The time may come, however, when you hit a plateau. That may mean you have reached your ideal weight (which is probably higher than what you hoped to attain) or need to embark on a more vigorous exercise regime. Here's a good website for calculating your ideal weight: www.smartbmicalculator.com/

LAST

You have lost several dress sizes (or shirt sizes) and you do feel better—now what? The key to maintaining your weight is to continue with nutrient-dense foods and a regular schedule of eating, with no snacking, no between-meal eating and no processed food. You may need to skip a meal several times per week to maintain your weight, but by now you are used to that. The rest of the time you can enjoy three normal meals per day, high in fat and moderate to low in carbs.

This is not a yo-yo diet plan, the kind where you lose weight quickly and then gain it all back and more. Weight loss is slow and steady, and carried out in such a way that you improve your health and nourish your body, not starve yourself of nutrients. The plan does not punish you and requires little willpower—only wise choices and a hefty dose of resolve. Purge, splurge, fast and last: it's a plan that can work for everyone. ☯☯

Sally Fallon Morell is the founding president of the Weston A. Price Foundation and author of the best-selling cookbook, Nourishing Traditions. Her latest book is Nourishing Fats: Why We Need Animal Fats for Health and Happiness.

FOODS THAT ARE A DIETER'S BEST FRIENDS

COCONUT OIL and OTHER COCONUT PRODUCTS: Coconut oil is high in medium-chain triglycerides, a type of saturated fat that is never stored as fat but which the body uses to boost metabolism. A good way to get a recommended one to two tablespoons per day is to put the coconut oil in a mug with one tablespoon molasses and a pinch of powdered ginger. Add hot water and enjoy as a hot pick-me-up—much better for you than coffee!

DATES: Hankering for something sweet after a meal? Dates are your answer. Have a date or two, or date meat mixed with coconut. You'll find that dates will quickly quell the craving.

BUTTER: The queen of fats, put butter on everything! Butter will help you absorb all the nutrients in the foods you eat and make all your food delicious and satisfying. Plus, three components of butter (iodine, vitamin A and butyric acid) are necessary for robust thyroid function.

BACON: The combination of fatty, crispy, salty and sweet make bacon the ultimate comfort food and there's no need to leave it out of the Fast-Last part of the diet. Have bacon for breakfast and put bacon bits on a hearty chef's salad at lunch and you will never feel deprived!

Yes We Can!

Why the Wise Traditions Diet Is So Thoroughly Satisfying!

By Hilda Labrada Gore

Our nation is consumed with diets and dietary restrictions. The word “diet” was first used simply to indicate what a person or group actually ate. Now we equate the word “diet” with a list of do’s and don’ts in order to achieve weight loss, health or an optimal, fuel-efficient, fat-burning state for our bodies.

We all want to be healthy, of course. And we live at a time that idolizes the (extremely) thin and buff. I am a product of this culture, too. I also have tried to maintain an “ideal” weight and I certainly dieted in the past to make it happen. I remember making up my own diet when I was in college. I don’t know where the idea came from, but I made myself the self-imposed rule of eating only five items a day. That was it. This translated into a daily menu much like this one: a bowl of cereal for breakfast, a sandwich and apple or hard-boiled egg for lunch, meat and salad for dinner. If I exceeded my five-things diet limit, I made myself jump rope at the end of the night to burn off any “excess calories.”

I know I am not alone. Just this past week, a twenty-two-year-old told me that she also makes up her own diets. Hers focus on food colors. For a predetermined length of time, she only allows herself to eat yellow and orange foods (Cheetos count), and then it's all green for a period, and so on.

Our diet crazes are often crazy. I'm glad that many popular diets today have a little bit more behind them than a young person's whims or impressions of what constitutes a healthy diet. But most of them still advocate restrictions that end up making us feel deprived, which can lead to binge eating on food that isn't nourishing but only temporarily satisfies our longing for what was cut out. The binging often includes processed foods that taste fatty or creamy—foods like ice cream, pizza, donuts—all made with industrial seed oils.

NO NEED FOR “CHEAT DAYS”

It's been a few years since I was in my twenties, so thankfully I can weigh in on this topic of diet and deprivation with a little more sense...and science. The Wise Traditions diet embraces both science and sense, which is one thing I love about it. Its rallying cry is “Yes we can!” This is not a political statement, but rather an exultant exclamation that on the Wise Traditions diet, there is no need to deprive ourselves of any real food. (When I say “real food” I am referring to food that is closest to its natural state—not overly processed, packaged, boxed or canned.)

All real food from every food group is to be savored and enjoyed. Eating this way means satisfaction and nourishment. There is no need to allot ourselves “cheat days” or to shame ourselves because we “fell off the wagon.” This is because the Wise Traditions diet is not one of deprivation. Quite the opposite in fact! When everything is on the table, every forkful is so satisfying that your body stops you before you over-indulge. The result? It helps us reach the very goals that all the trendy diets strive for: weight loss, weight stabilization, good health and a state of satisfaction and balance. I can't get over how wonderful it makes me feel!

So in this celebratory article I will touch on a variety of food groups, explaining how (and

why) each food group should be included. Here's how we can!

ANIMAL FAT – YES WE CAN!

Our bodies crave fat and thrive on fat. Fat provides a concentrated source of energy for us and is a vehicle for vitamins A, D, E and K₂. All healthy traditional people consumed as much animal fat as they could, and took care to hunt when the animals were fat. Guidelines to reduce consumption of saturated animal fat, introduced in the 1970s, led to an increase in obesity and did not reduce the rate of heart disease! Science has shown us that saturated animal fat is critical for good health. Animal fats like lard, tallow, duck fat and chicken fat have nourished people for millennia. These fats are very stable and perfect for frying and cooking. Butter is especially delicious and a great vehicle for the fat-soluble vitamins. Butter makes everything taste good and helps you absorb the nutrients in the food you put it on, so go ahead and enjoy your butter!

GRAINS – YES WE CAN!

Many people avoid grains today, and no wonder. The way they are generally processed makes them difficult to digest. We are not ruminants with many stomachs that can ferment our grains to break down anti-nutrients and extract all the vitamins and minerals. We only have one stomach, which is why we need to find a way to “pre-digest” grains. Traditional cultures would soak their oats, ferment their bread dough, and soak beans, seeds, and nuts. These natural processes break down the natural preservatives like phytic acid and enzyme inhibitors contained in the seeds and nuts. Discover how to soak and sour grains and you can enjoy these delicious foods. Be sure to eat your sourdough bread with plenty of butter.

DAIRY – YES WE CAN!

Dairy sensitivities and allergies are undoubtedly on the rise. Some say that it's due to the fact that humans were not meant to drink milk after infancy. However people around the world have historically enjoyed raw milk—and yogurt, cheeses and other dairy products—with no ill effects. As a matter of fact, many of those

All real food from every food group is to be savored and enjoyed. Eating this way means satisfaction and nourishment.

people enjoyed good health and extraordinary longevity. The difference is that the milk on supermarket shelves is quite a different product than the milk our ancestors consumed. It has been pasteurized and has consequently lost its living protective and beneficial enzymes. If you want to enjoy real dairy—the living kind that includes not only vitamins and minerals but active enzymes and bacteria—you will need to find a farmer or local source for it, since it is often unavailable commercially. Contact a WAPF local chapter leader for leads on this. And then please drink up and you will reap the health benefits of this nutrient-dense food!

MEAT – YES WE CAN!

Lots of people today stay away from meat citing statistics that vegetarians live longer or that it is better for the earth to avoid meat consumption. However, science makes it clear that animal foods are our only source of complete protein. There are essential nutrients (vitamins B₁₂, D, A and K₂) that our bodies cannot make that simply cannot be found in vegetables. If the facts alone cannot convince you, eat meat and you may quickly discover how nourishing and satisfying it can be. Make sure to find grass-fed, antibiotic- and hormone-free sources so that you get the most benefit from your pork, beef, and fowl. And look for wild-caught fish, for the same reasons. All can be on the table and received with gratitude.

SAUCES - YES WE CAN!

Healthy food does not have to be dry and tasteless. You can enjoy sauces made with egg yolks, cream or bone broth. Sauces made with the right ingredients actually help you digest your food!

SALT - YES WE CAN!

Our bodies need salt! We need salt for everything from digestion to brain health to cell function. And without salt food tastes terrible! How much to use? As much as your tastebuds dictate. Use unrefined salt for a good source of magnesium and trace minerals, as well as of sodium and chloride.

SOFT DRINKS - YES WE CAN!

We know conventional soft drinks are bad, and alcohol is not a good way to quench your thirst either. What to do when we want something more refreshing than water? The Wise Traditions diet has the answer: fizzy, delicious lacto-fermented beverages like kombucha, jun tea, water kefir soda and fermented ginger ale. These are the perfect alternative to both modern soft drinks and alcoholic beverages—more refreshing than either and good for your health. The good bacteria and enzymes they contain support digestion and give your energy a natural boost.

VEGETABLES – YES WE CAN!

Some believe our diets should primarily be composed of vegetables. They are indeed wonderful vehicles for all sorts of vitamins and minerals that benefit our bodies. On top of that, they are beautiful, colorful, and tasty. They are versatile, as they can be eaten cooked or raw. But

they are not particularly nutrient-dense (ounce per ounce). Should they be a part of the Wise Traditions diet? Absolutely! And when eaten, take care to make the most of them by preparing them in the way that draws out the most nutrients—sometimes this will mean cooking them in a soup or even fermenting them to release the maximum amount of nutrients. Be sure to eat your cooked vegetables with butter and salt!

SWEETS – YES WE CAN!

We have been hard-wired to desire sweet foods. The sweet taste let our bodies know that certain foods were safe (and ripe) to eat. And in the wild, these naturally sweet fruits and vegetables were inextricably linked with vitamins, minerals and enzymes that help build our bodies. But refined carbohydrates and processed sugars sold to us today offer us nothing of the kind. When reaching for something sweet, therefore, it is key (as with all of the foods mentioned above) to find the most natural source to satisfy this hunger. Eat a mango or an apple, by all means. Drizzle maple syrup or honey on your sourdough pancakes or oatmeal. When it's a natural sweetener, you won't need a lot of it and it has the added benefit of offering your body some building blocks it needs to stay strong.

Of course, some of us do have sensitivities or allergies that require us to avoid certain foods. Everybody is different and it's wise to pay attention to what your body favors naturally.

That said, we welcome you to the Wise Traditions table, where we unabashedly offer a spread of delicious, satisfying, real food. Because yes, yes we can! Here there is no need for cheat days. No need for deprivation. When everything is on the table, you will be satisfied and nourished the Wise Traditions way. ☯☯

Hilda Labrada Gore is the host of the Wise Traditions podcast and is the Washington, DC chapter leader for WAPF. She is a certified health coach, fitness professional and worship leader at her church.

Costa Rica

Land of the Centenarians

By Gina Baker, MsC

The Nicoya Peninsula was once home to many healthy and happy centenarians. Demographers have identified the area, located on Costa Rica's northern Pacific coast, as a Blue Zone or "longevity hot spot," typified by a higher-than-normal number of people living past the age of one hundred.

Nicoyan centenarians have been the focus of many articles. The authors of these articles, usually nonresident foreigners, describe the Nicoyans' diet as predominantly plant-based and typically state that beans, corn and exotic fruits are the reason for their longevity. I have resided in Costa Rica for twenty years, and through my interviews and investigations in the region, I have come to a very different conclusion.

Pregnant and nursing women ate as solidly as everyone else but also received extra bone soup every day.

To gain insight into the Nicoyan centenarians, it is important to study the dietary and agricultural history of the region and the country. According to early reports by sixteenth-century Spanish settlers, the Amerindians of Costa Rica consumed significant amounts of poultry, fish, eggs, turtles and many types of forest game. The book, *Historia de la Agricultura en Costa Rica*, published in 1950 by the University of Costa Rica, suggests that around the 1570s the Spaniards introduced cattle to the Nicoya Peninsula. Cattle-raising has remained an important practice ever since, and Costa Rica today is completely self-sufficient in its production of meat and dairy products.

The Spaniards also introduced pig farming to ensure a source of ham and lard, although when they arrived they found that the natives already were raising a local pig breed that they called *chuche*. The book on Costa Rica's agricultural history mentions that in 1665, through gifts of meat and lard, the indigenous residents were fooled into moving to the Central Valley, where the Spanish were in desperate need of labor for their farms. Spaniards to this day are big meat eaters, and Costa Ricans can thank them for the very popular Spanish chorizo and dry-cured ham—*jamón serrano*—that many Costa Ricans enjoy.

Historically therefore it is clear that Costa Ricans and Nicoyans have never been vegetarians. Culturally it is also worth mentioning that there has never been any religious or cultural restriction whatsoever concerning the consumption of meat, whether bovine or porcine (or any other type of animal food for that matter) among Costa Rica's indigenous residents or the

descendants of Spaniards or Africans brought by the Spaniards.

FOODS OF SUBSTANCE

Five years ago I interviewed several centenarians in the Nicoya Peninsula about their diet. In August 2016, I returned to obtain more details, especially hoping to learn more about the traditional diet recommended for pregnant and nursing women.

On my way to visit a one-hundred-and-nine-year-old woman in the village of Mansión,

I stopped at a house to ask for directions. The lady of the house, upon learning about my research, enthusiastically described a common local dish aptly named *sustancia* (the Spanish word for "substance") consisting of pork shanks cooked with liver, kidney, ears, cheek,



Gina Baker (standing) with Don Pedro (ninety-four-year-old son of Doña Panchita), Doña Panchita (one hundred nine years old) and Magdalena (granddaughter of Doña Panchita).

brain and heart, spiced with cilantro, garlic, onions and bell pepper. She also described a soup eaten daily by pregnant and nursing women, containing black or red beans cooked with a bone, lard and a type of green plantain that is very rich in potassium and magnesium, eaten with boiled eggs.

Other centenarians and children of centenarians whom I talked to confirmed the importance of providing pregnant and nursing women with special nutrient-rich foods. In a region where residents were predominantly farmers and ranchers, pregnant and nursing women ate as solidly as everyone else but also received extra bone soup (broth made with chicken, beef, pork or other animal bones) every day while pregnant and for at least the first forty days while breastfeeding. The region's residents especially seem to have

revered free-range chicken soup, which typically also would be offered as a gift to the children's godparents after the christening ceremony.

I eventually found the one-hundred-and-nine-year-old woman, Doña Francisca (Panchita) Castillo. She has been interviewed by many foreign investigators over the years;¹ unfortunately she is now blind, almost deaf, and bed-bound most of the day. I arrived in the morning, just after her daily bath, and found her sitting with her caretaker granddaughter and other family members (including Don Pedro, her ninety-four-year-old son) on the patio of their humble home. I asked Doña Panchita and her family about their traditional dietary habits. Because communicating with Doña Panchita was somewhat difficult, her granddaughter and son helped me fill in the gaps.

Doña Panchita's granddaughter and son told me they lived on meat and that everybody in the past loved meat and in particular

fresh liver. Don Pedro hunted game, and when he or other hunters killed an animal, everybody fought over who got to eat the liver. Don Pedro also fished (he loved dried salted fish) and ate plenty of eggs and chicken. Don Pedro noted that children often went to look for shrimp and other seafood to eat. It was common to drink whey and sometimes make soup with it.

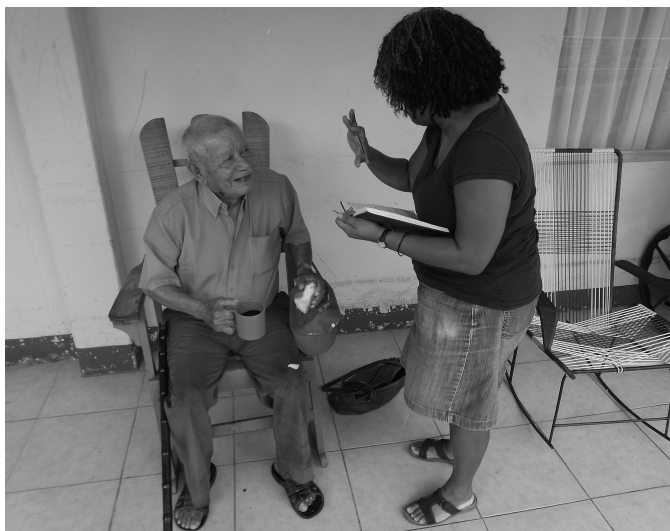
Don Pedro and other older Nicoyans reported that pork, lard and chicken skin were the principal foods and fats traditionally consumed, while other menu items were perceived as "extras." Nicoyans used abundant lard and other animal fats for cooking. When I mentioned to Don Pedro that some foreigners question the veracity of reports on using lard, his response was, "What else could we have cooked with?" One hundred years ago, Costa Rica produced

so much lard that the country exported it. Even in recent years, indigenous people come by bus to the town of Turrialba, my side of the country, east of the capital city San Jose, to purchase every single part of the pigs, including all available fat the butchers render to make *chicharrón* (fried pieces of pork belly or rind), a big treat to Costa Ricans. When families slaughtered one of their pigs, the animal yielded five gallons of lard, providing one month's worth of cooking fat for seven to eight people.

Don Pedro was eight years old the first time he ever saw *tapa dulce* (a dark brown traditional sweetener made from evaporated sugar cane,

known as *piloncillo* in Mexico and jaggery in India). All of the centenarians I talked to reported that *tapa dulce* was the only form of sugar they encountered or consumed in their childhood and youth (other than fresh fruit), and it was eaten only very occasionally, mixed with coconut or

When I mentioned to Don Pedro that some foreigners question the wisdom of using lard, his response was, "What else could we have cooked with?"



Gina Baker (standing) with a very alert Don Cristobal (ninety-nine years old) in the Nicoya nursing home.

pumpkin. However, Don Pedro recalled the arrival of white sugar in the local markets when he was in his twenties.

In Samara, I met a woman whose grandparents had very recently died at age one hundred and two, and whose grandmother had been a midwife. This woman told me where I could buy the famous local dish, *sofrito*, telling me that her aunt sells it every Saturday in town. Traditionally, *sofrito*—made from the brain and cheeks of a pig—has been the recourse of anyone needing a "boost" (and even those not in need) and was regularly given to pregnant women. My informant reported that her grandfather was a medicine man who advised her during her own pregnancy to eat not only the bone soups and other foods mentioned above for pregnant and nursing women, but also iguana soup. When

Nicoyans' longevity is much more likely to be due to their nutritious animal-based diet and the absence of refined foods and chemicals.

making iguana soup, Nicoyans always skimmed the fat off the top and saved it as a cooking fat, just like they did with chicken fat and lard. This medicine man also recommended that pregnant women eat plenty of fish eggs.

On my last day, I went to the Casa del Anciano (retirement home) in the town of Nicoya. There I met the extremely alert ninety-nine-year-old Don Cristobal Nuñez, born in 1917. Don Cristobal was a fisherman, just like the other male members of his family. He stated that he was raised on seafood, eggs, organ meats (including one of his favorites, the famous *sofrito*) and plenty of chicken soup. In Don Cristobal's day, people also viewed *sopa de jarrete* (beef shank soup) as an excellent means of strengthening children's bones. He added that he drank a glass of sour milk (fresh cow's milk left to sour overnight) every morning to "refresh the liver." Don Cristobal recalled that he had no knowledge of sugar as a child, and up to now he drinks his

coffee without it. He also remembered the exact year (1932) when industrialized cottonseed oil arrived in his part of the world.

NO ACHES AND PAINS

None of the centenarians I talked to—even Doña Panchita, at one hundred and nine years old!—had ever suffered from joint pain or gastritis, ailments that affect virtually all modern-day Costa Ricans, including the centenarians' children and grandchildren. Centenarians have noticed that their descendants are sickly and that food has changed. Ninety-five-year-old Don Marciano explained, "Today's food has the appearance of food but not the substance of it." Changes in the food supply have come in many forms, including:

- Processed flours
- Packaged cornmeal that has not been soaked in lime

A CENTENARIAN'S TYPICAL CHILDHOOD DIET

Don Pedro, the ninety-four-year-old son of one-hundred-and-nine-year-old doña Panchita Castillo, described his childhood meals and daily routine. People generally got up early (3:00 or 4:00 AM) to beat the heat and then worked hard to produce all of their own food, going to bed at 6:30 or 7:00 PM. Nicoyans also ate plenty of fish; the Nicoya Peninsula, as the name implies, is surrounded by ocean and also covered by rivers.

BREAKFAST (5:00 AM)

Corn tortilla with a big piece of fresh cheese (cheese could also be made from whey)
Rice (from the garden) and beans (left over from soup cooked with bones) cooked in lard
Eggs
Sour milk
Coffee from the farm

SNACK (8:00 AM)

Cornmeal cooked with milk (sometimes with a bit of lard added, particularly in the last month of pregnancy)

LUNCH (9:30 AM)

Same as breakfast, plus meat or fish or bone soup with pieces of meat and plenty of corn and tubers

SNACK (12:00 noon)

Coffee accompanied by boiled tubers or tamales (corn paste mixed with lard with a piece of pork inside and cooked in banana leaves)

DINNER (3:30 PM)

The same as lunch, or bone soup (fish soup once a week)
Tubers or tamales

SNACK (6:00 PM)

More cornmeal cooked with milk

- White rice
- White sugar
- Artificial juices
- Artificial condiments
- Vegetable oils
- Crops grown with pesticides and fertilizers

Vaccines and chlorinated water represent other significant changes, although some people reported that the chlorinated water prevented small children from dying from parasites.

One magazine article that I read suggests that Nicoyan centenarians' long lives can be explained by genetic factors. It seems to me that Nicoyans' longevity instead is much more likely be due to their nutritious animal-based diet and the absence until recently of refined foods and chemicals, combined with their family-oriented and technology-free lifestyle. Of course Nicoyans ate a lot of starchy plant foods in the form of maize and tubers (yucca, taro, yam or green

plantain), just like the French and Portuguese—which happen to be the countries with the highest percentage of centenarians in the developed world.² However, as with the French and Portuguese, one could hardly conclude that Nicoyans' traditional diet is or was primarily plant-based.

Sadly in my recent travels I found far fewer centenarians than I had five years ago. Everywhere I went, I was told that some centenarians had recently died. Before leaving the retirement home in Nicoya, I asked employee Danny Espinosa about the shrinking population of local centenarians. He said, "When I arrived here six years ago, the home had forty-five centenarians. Today we have just two." ☹️



Magdalena Panchita holding a pot of freshly cooked pork rinds in her wood-fired kitchen.

Gina Baker, MSc, is an Ayurveda certified lifestyle counselor. Gina was born in Haiti and studied in the U.S. from age eighteen. For the past twenty years, Gina, her husband and their two children have lived in Costa Rica, where they have a small farm with two Jersey cows.

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Reading Between the Lines

By Merinda Teller, MPH, PhD

MSG: Three Little Letters that Spell Big Fat Trouble

Chances are, if you are not obese yourself, you know someone who is. Nearly two-fifths (38 percent) of all adults in the U.S. are obese, as are over 17 percent of all American youth between two and nineteen years of age.¹ The weight picture is even worse—more than two in three U.S. adults—for overweight and obesity combined.

Public health experts have bravely tried to put a positive spin on the deteriorating situation by noting, for example, an apparent leveling off of childhood obesity rates.¹ They also observe that while the U.S. has the reputation of being the world's fattest nation, a handful of other countries (including our neighbor, Mexico) actually are even heavier. Nonetheless, even as they celebrate minor progress in tackling obesity, these experts concede that obesity rates are “alarmingly higher than they were a generation ago.”¹

Body mass index (BMI) is the standard tool that clinicians use to screen for obesity. BMI divides a person's weight (in kilograms) by their height squared (in meters). As a sad reflection of the current state of affairs, “obesity” alone is no longer an adequate descriptor. Instead, experts use BMI to parse obesity into subcategories. Individuals with a BMI of thirty to less than thirty-five are in Class 1, those with a BMI of thirty-five to less than forty are in Class 2, and a BMI greater than forty (Class 3) encompasses those who carry the distinction of falling into the category of “severely” or “morbidly” obese.²

THE OMNIPRESENT INGREDIENT

Fast food and soda are two of the culprits that health professionals most commonly blame for the obesity epidemic that is unfolding not just in the U.S. but worldwide. Most nutritionists focus their attention on the calories and sugar contained in these items but are far less likely to discuss the biochemical effects of other ingre-

dients. Scandalously, regulatory authorities and the public health community mostly continue to give a pass to one prominent and powerful ingredient: processed free glutamic acid, also known as monosodium glutamate or MSG.

MSG labeling is complex (see “What's in a name?”) and also outright deceptive. Due to food industry shenanigans, even foods marketed as having “no added MSG” can contain high levels of the neurotoxic substance. Not surprisingly, it is common to encounter MSG-laden ingredients at fast food restaurants (KFC is a particular offender); some of the worst offenders include chicken, sausage, “Parmesan cheese” (often a completely fake product), ranch dressing, croutons, dipping sauces, gravies and any menu item containing soy sauce, natural flavors, autolyzed yeast or hydrolyzed protein.³ Simply avoiding fast food is not enough, however, because MSG is also present in a shocking array of store-bought processed foods and brands, including most Kraft products; Campbell's, Lipton and Progresso soups; Boar's Head cold cuts; Planters salted nuts; and Bragg's liquid amino acids.³

Michael Pollan stumbled onto the hidden presence of MSG in fast food when he started tracking the trajectory of commodity corn from America's heartland into the industrial food chain, a journey described in his best-selling book, *The Omnivore's Dilemma*. According to Pollan, food chemists have been only too happy to break down and rearrange corn into hundreds of compounds that include MSG and MSG proxies such as maltodextrin and citric acid.⁴ When Pollan shared a McDonald's meal with his family at the end of his corn pilgrimage, he learned that the grilled chicken breast featured in his wife's Cobb salad—chosen because she perceived the salad to be healthier than other menu options—had been injected with a “flavor solution” containing corn-derived maltodextrin

Due to food industry shenanigans, even foods marketed as having “no added MSG” can contain high levels of the neurotoxic substance.

and dextrose in addition to straight MSG.⁴

As Pollan's findings indicate, MSG plays a starring role in the arsenal of tricks that the fast food industry employs to enhance its products' mouthfeel.⁵ According to MSG Truth, an independent research website founded by a former food industry insider, MSG ensures repeat customers by forcing the release of insulin, even in the absence of carbohydrates; the flood of insulin provoked by MSG causes an individual's blood sugar to drop, with the result that the person feels hungry again barely an hour later.⁶ Moreover by strongly enhancing the perceived taste of food, MSG generates a "rush" and activates pleasure centers in the brain.⁶ According to Dr. Russell Blaylock, an expert on MSG and other excitotoxins (chemicals that prematurely burn out cells), the activation of pleasure centers "can produce the same powerful addiction impulse as cocaine and other addictive drugs"; as a result, hunger and addiction converge to push junk food junkies to keep on eating.⁷

MSG AND OBESITY

A 2010 study in *Nature Neuroscience*, which explored the "common neurobiological underpinnings" of heroin addiction and compulsive junk food consumption, compared rats fed a standard "nutritious" rat chow (control group) with rats fed highly "palatable" junk foods such as Ho Hos and cheesecake (experimental group).^{8,9} The study found that the junk-food-eating rats became compulsive eaters, taking in twice the amount of calories as the rat chow group, and they became obese. Perhaps most alarmingly, when the investigators changed the obese rats' diet from junk food back to rat chow, the obese rats' dietary preferences had been altered to such

an extent that they refused to eat for two weeks.¹⁰

The *Nature Neuroscience* study did not explicitly focus on MSG, but because of the omnipresence of processed free glutamic acid, it is more than likely that the foods fed to the experimental group contained MSG. Moreover, the study dovetails with many animal studies that have used MSG to intentionally induce obesity in rodents for research purposes and particularly to study diabetes.¹¹⁻¹³ As the authors of one recent mouse study note, "The obesity induced by neonatal treatment with monosodium L-glutamate (MSG) is an interesting tool to study the effects of obesity and diabetic condition on different metabolic parameters."¹⁴

Like the 2010 rat experiment with junk food, other rodent studies confirm that animals treated with MSG develop new eating preferences, consuming "significantly more carbohydrate and less protein" than non-MSG-treated animals.¹⁵ Lest someone question the relevance of animal models for our understanding of MSG's effects on human health, one writer notes that "of all the mammals, humans are the most susceptible to physical damage from ingested MSG," with a sensitivity "five times greater than the mouse and twenty times greater than the rhesus monkey."¹⁶ Research in humans confirms the finding that in people with a high intake of MSG, "appetite becomes more or less uncontrollable."¹⁷ Additionally, MSG's alarming neurotoxic effects are cumulative.¹⁸⁻²¹

It is one thing to talk in the abstract about compulsive overeating or to have wonky policy discussions about modifying "obesogenic" physical environments,²² but it is quite another thing to consider obesity from the perspective of an obese individual's lived experiences. In

By strongly enhancing the perceived taste of food, MSG generates a "rush" and activates pleasure centers in the brain. As a result, hunger and addiction converge to push junk food junkies to keep on eating.

BEWARE ASPARTAME

Many overweight and obese individuals turn to diet soda in an effort to cut down on sugar and calories. However aspartame, like MSG, is an excitotoxin and neurotoxin, and like MSG, aspartame is associated with weight gain.³³ Studies suggest that aspartame stimulates appetite and increases carbohydrate cravings and fat storage.³⁴ A physician who understands the effects of aspartame notes that aspartame "muddles the brain chemistry" by blocking production of serotonin, which plays a key role in controlling food cravings.³⁵ In addition, the two amino acids that make up 90 percent of aspartame (phenylalanine and aspartic acid) stimulate the release of insulin and leptin, the primary hormones regulating metabolism.³⁴ As one writer describes it, when the body "discovers it was cheated out of food, it revolts by throwing a food-craving tantrum that can only be quelled by eating blood sugar food that will more than likely be high-calorie sugary snacks."³⁵ Dr. Joseph Mercola describes aspartame as the most dangerous food additive on the market today.³⁶

Between 2000 and 2010, the prevalence of Class 3 morbid obesity (a BMI over forty) rose by 70 percent—and rose even faster for individuals with a BMI greater than fifty.

his unique and eye-opening book, *A Life Unburdened: Getting Over Weight and Getting on with My Life*,²³ Richard Morris takes his readers into “a day in the life of a fat man,” eloquently evoking the chronic and nagging distress and dissatisfaction that typify an obese person’s day-to-day life. Morris says:

Fat people live in an entirely different world...where the pull of gravity exerts a greater-than-normal toll on the body. The sun is hotter, even in winter, and the air is always thinner. In a twist of bitter irony, everything is smaller... cars, bathrooms, restaurant booths, even clothing seem designed to create the maximum amount of discomfort. The chief preoccupation...is the never-ending search for contentment.

Morris observes that weight loss authorities often cast the obese as the “villains,” “gluttons” and “idle sinners” in “life’s play,” even though most overweight people share an “unshakable faith [in] the next diet, the next food fad or the

next medical miracle.” By the time he was in his forties, Morris’s weight had climbed to over four hundred pounds despite being an avid runner, hiker, “gym rat” and repeat dieter. Ultimately, the transformational weight loss solution that made a difference for Morris’s household was simply to eliminate all processed foods, including foods containing MSG.

MORBID OBESITY

Morris was, by his own admission, morbidly obese, sharing that status with almost 7 percent of U.S. adults (as of 2010).²⁴ Between 2000 and 2010, the prevalence of Class 3 morbid obesity (a BMI over forty) rose by 70 percent—and rose even faster for individuals with a BMI greater than fifty.²⁴ Researchers admit that the morbidly obese have “more complex health issues” and also face greater challenges interfacing with the health care system than individuals with a lower BMI.²⁵ In fact, studies have mushroomed on the topic of provider interactions with morbidly obese patients, such as a recent ethnography focusing on “managing social awkwardness when caring for morbidly obese patients in intensive

WHAT’S IN A NAME?

MSG has many different disguises. The table below lists ingredients that (1) always contain MSG and (2) often contain MSG or create MSG during processing.

ALWAYS CONTAIN MSG	OFTEN CONTAIN MSG OR CREATE MSG	
Autolyzed yeast	Anything:	Malt extract or flavoring
Calcium caseinate	-enzyme-modified	Maltodextrin
Gelatin	-protein-fortified	Natural flavors or flavorings
Glutamate	-ultrapasteurized	Natural beef/chicken/pork flavoring
Glutamic acid	Barley malt	Pectin
Hydrolyzed vegetable protein	Bouillon	Powdered milk
Monopotassium glutamate	Broth	Protease
Sodium caseinate	Carrageenan	Seasonings
Textured protein	Citric acid	Soy protein
Whey protein	Cornstarch	Soy protein isolate
Yeast extract	Enzymes	Soy sauce
Yeast food	Flavors or flavorings	Stock

SOURCE: Adapted from Louisa L. Williams, *Radical Medicine: Profound Intervention in a Profoundly Toxic Age* (2nd edition). San Francisco: International Medical Arts Publishing, 2007.

care.”²⁶ According to an employment sector white paper, federal courts also increasingly are recognizing morbid obesity as a medical condition that “impairs major life activities” and therefore has the potential to become a protected disability as defined by the Americans with Disabilities Act (ADA).²⁷


Surprisingly, a 2015 article in *Obesity Science and Practice* seems to exonerate the role of junk food as a contributor to obesity.²⁸ (However one of the two authors discloses a conflict of interest as a member of McDonald’s Global Advisory Council.) The article makes the argument that for 95 percent of Americans intake of what the authors benignly call “indulgent foods” (fast food, soft drinks and candy) is unrelated to BMI.²⁸ Buried within the article, however, are two interesting methodological details. First, the investigators confess that because they measured “number of eating episodes” rather than “amount eaten,” there is a possibility that the amount consumed per eating episode might be “higher among those with greater BMI” and is deserving therefore of further examination. In their primary analyses, the authors also excluded the “extremes”—defined as morbidly obese as well as clinically underweight individuals—because the two extreme subgroups “skewed” the data. By implication, it seems apparent that intake of unmeasured quantities of “indulgent foods” has something to do with BMI after all, at least in the most severely obese individuals.

Interestingly, some observers have noted that the MSG-obesity link “holds true even when excess calories are accounted for,”²⁹ which suggests that MSG’s biochemical impact is more complex than a simple dose-response relationship can explain. This makes sense when one recalls that the obese rats who were exposed to MSG not only ate twice as many calories as unexposed rats but also manifested dramatic

changes in their eating habits, preferentially focusing on carbohydrates. On the other hand, Richard Morris describes how the overweight often become desperate enough to eat “just about anything, whether we like it or not.”

THE BOTTOM LINE

Despite knowing about the harmful effects of MSG for decades, the Food and Drug Administration and the processed food industry have worked hard to keep this information out of the limelight.²⁹ Who should now be held accountable for the economic and public health fallout of MSG-induced obesity?³⁰ Although the fast food industry has endured lawsuits pertaining to *trans* fats, it generally has managed to hold at bay any legal actions establishing a link between fast food and obesity. Judging by the legislative actions currently the focus of debate at the state level, which range from restricting soda sales in schools to charging obese individuals higher insurance premiums,³¹ no one appears to have much willingness to go after the food industry and persuade food chemists to stop using MSG.

From the industry’s perspective, there is little incentive to modify current practices. Because “the anticipated result of MSG flavor enhancement is that we eat more of the MSG-enhanced foods,” MSG is a boon that creates more profits for the companies that supply these foods.³² From the perspective of diet-weary and ever fatter consumers, on the other hand, it is clear that MSG is a boondoggle. Regardless of MSG’s exact mechanisms of action on weight, it is apparent that eliminating processed flavor-enhanced foods from one’s diet is a wise and essential course of action. 

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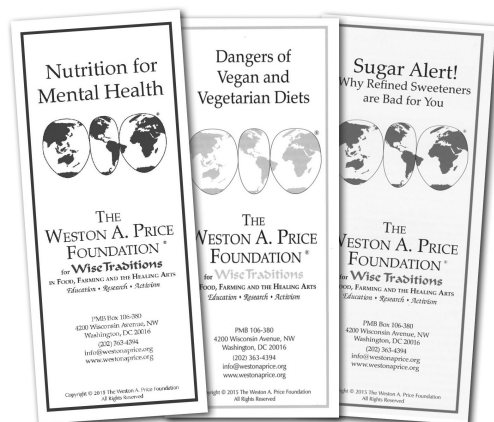
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MSG IN VACCINES

Although the focus of this article is on the MSG in processed food, a lesser-known fact is that pharmaceutical companies use MSG as a stabilizer in some vaccines to protect against product exposure to heat, light, acidity and humidity.³⁷ Five vaccines contain MSG: adenovirus, influenza (FluMist) quadrivalent, MMRV (ProQuad), varicella (Varivax) and zoster (Shingles-Zostavax).³⁸ No testing has been conducted on the short-term or long-term safety of injecting MSG into the body in this way, nor has any scientific or regulatory body examined potential adverse interactions between MSG and other vaccine ingredients.³⁸

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The Wise Traditions Pantry

THE WISELY STOCKED KITCHEN

By Maureen Diaz

When setting up a new kitchen, or cleaning out and re-stocking an old one, much thought must be given to which ingredients and supplies are vital for building and maintaining the family's health, while also boosting flavor and easing the burden of meal preparation.

PANTRY STAPLES

Every seasoned chef knows the importance of stocking a few basic ingredients in the pantry, and in a Wise Traditions pantry, these basics will resemble those of a fine chef. Replacing typical highly processed staples with unprocessed, additive-free choices is a vital first step. Start by pitching all the refined sugars, vegetable oils and refined salt; mixes (even most labeled "natural"), and most canned foods. The few canned items worthy of space in my cupboard include tomato sauce and canned tomatoes (both preferably in glass jars) and whole coconut milk. I keep no mixes that I don't make myself, although there are a few, very few, available on the market now that are actually healthy and practical (To Your Health, for instance, sells some sprouted flour baking mixes, and others are working on the same).

Salt, sugar and fat are three of the main staples which every kitchen must keep on hand. We who are familiar with Dr. Price's wise principles know the importance of healthy, unprocessed natural fats including high-quality olive and coconut oils, lard, duck or goose fat and butter from pastured animals. It is critical to our health that we keep these excellent fats on hand for everyday cooking, along with unrefined salt such as Celtic, Himalayan, or Real Salt.

In my kitchen I keep raw honey, coconut sap sugar, and occasionally sucanat, Rapadura, or muscavado sugars. Jaggery is also on hand for fermented beverages and chutney, though it is not quite as easy to use as the others. And don't forget maple syrup for homemade sourdough pancakes!

I have found that I can make absolutely any "sweet" using honey by adapting recipes to use less liquid. The other sugars work beautifully as well with little to no change to a recipe, and I believe they should be a staple in your kitchen, too.

Of course baking soda, aluminum-free baking powder and arrowroot powders are necessary for baking and even cooking, and I also find

Replacing typical highly processed staples with unprocessed, additive-free choices is a vital first step.

THE WISELY STOCKED PANTRY

SALT: Unrefined salt such as Celtic, Himalayan or Red Salt

SWEETENERS: Raw honey, coconut sap sugar, sucanat or Rapadura, muscavado sugar, jaggery, maple syrup

FATS: Olive oil, coconut oil, lard, duck or goose fat, pastured butter or ghee

FLAVORINGS: Vanilla extract, naturally fermented soy sauce, naturally fermented fish sauce (such as Red Boat brand), dry and prepared mustard

THICKENERS/CONDITIONERS: Baking powder, aluminum-free baking soda, arrowroot powder, chia seeds

DRY HERBS AND SPICES: Bay leaves, turmeric, ginger, black pepper, thyme, oregano, basil, sage and rosemary

CANNED ITEMS: Anchovies, tomato sauce, tomatoes, whole coconut milk

VINEGARS: Raw apple cider, raw wine, balsamic

WINES: Red, white, sherry

GRAINS AND LEGUMES: Brown rice, oat groats or rolled oats, spelt or kamut grains or sprouted whole grain flour, dry beans

chia seeds very useful for thickening and binding non-grain flours. Also, good-quality vanilla extract—we can't be without this basic ingredient for flavoring a wide variety of baked goods, and even beverages!

On the savory side I include several basic herbs and spices including garlic (lots!), bay leaves (they should go into virtually every stock, broth, soup and sauce you make), turmeric, ginger, tamari (fermented soy) and fermented fish sauces, black pepper, thyme, oregano, basil, sage and rosemary. As for parsley, I prefer to keep fresh on hand, and not use dried. Other spices are also on hand, but I will not be without any of those mentioned. The herbs are often freshly snipped, easily grown in containers on the kitchen sill if desired. At any one time I usually have at least four pots of rosemary going along with thyme (tucked in with the rosemary) and other herbs for frequent use.

Vinegars, fresh lemons, and wines (red, white and sherry) are crucial for flavor and food preservation. At the most basic, keep raw apple cider and balsamic vinegars on hand, as well as dry white and red wines. Also, dry and Dijon mustards go hand in hand with the sours to add great flavor.

Another simple staple, but crucial for good taste, are canned anchovy fillets. These are real flavor-boosting power houses for salad dressings and red meats. Try them once, finely minced, in your favorite meatloaf, burger or creamy dressing and you'll never want to be without.

GRAINS

I like to keep at least a few basic grains on hand such as oat groats or rolled oats, or whole grains like spelt or kamut for bread making. If you don't have a grain mill try to purchase fresh-ground, organic whole flours. There are several sources for these, including Small Valley Milling in Halifax, Pennsylvania, and often health food stores. Sprouted grains and flours are even easier to use and are available from To Your Health Flours as well as a few other sources (look in the WAPF Shopping Guide for more). Flours should always be stored in airtight containers in your freezer.

Brown rice is also among the most basic of staples with many uses. It can be cooked with milk, cream and eggs for rice pudding at breakfast, or prepared with stock and herbs for a wonderful side dish anytime. We often use it to help fill hungry bellies when the larder is low or money tight, but always prepared with nutritious broth and lots of good-quality butter, bacon fat or schmaltz (rendered chicken fat) added. Lastly, you'll want to have dried beans on hand, such as black beans or kidney beans.

LOAD THE FRIDGE!

Ideally we all like to keep fresh, raw milk and cream on hand for drinking, adding to tea, and for sauces and desserts. Even those on a GAPS or similar gut-healing diet can and should have some raw butter or ghee on hand as well as cultured cream (*crème fraîche*). I believe it is also important to have raw, whole-milk (and possibly cream-enhanced) yogurt or kefir on hand at all times. For those who absolutely cannot tolerate any dairy, substitute dairy with coconut milk and cream. This can be cultured and fermented also into yogurt, kefir, and "*crème fraîche*." And of course a block of raw milk cheddar is a standby at all times, but I also keep a few other high-quality cheeses for variety. Remember, raw milk cheeses are best eaten as is, but other high-quality cheeses from pastured herds are also good for cooking and baking.

We always make sure to have plenty of ground beef from one of our local farmers or Costco in the freezer, and venison when we can get it. This is the most versatile and least expensive of red meats. Liver is usually cheap also, and I keep some frozen with the goal of preparing it weekly. Organic chicken is a staple in our household, and should be in yours, too, with pastured from local farms being preferred. But I often buy mine from Costco just to make sure we always have it for stock, soup, chicken salad and roasted chicken. It makes for a delicious and (relatively) inexpensive meal.

Good-quality pastured bacon is invaluable for flavor, and so even if we can't afford a higher priced product for eating by the slice, I always keep some in the fridge for flavoring dishes, and keep the fat for use in sautéing vegetables, other meats, and even as a fat in my mayonnaise!

THE WELL STOCKED FRIDGE AND FREEZER

DAIRY: Raw milk, raw cream, raw cheese, *crème fraîche*, yogurt or kefir

MEAT: Ground pastured beef, liver, chicken, bacon

SEAFOOD: Wild-caught fish

VEGETABLES: Fresh, lacto-fermented and some frozen

EGGS: From pastured hens

BONES: For making broth

Seafood is also important and so I try to keep some form of wild-caught seafood in the freezer, including salmon, cod, and flounder. Because fresh or frozen salmon can be prohibitively expensive and hard to get, I also keep wild-caught Alaskan canned salmon on hand, that is used primarily for salmon cakes or casseroles. Salt cod is also widely available and quite inexpensive, so I will purchase this to keep on hand for use in chowder (just make sure you soak and rinse several times to remove the excess salt).

Our freezer always contains at least a few frozen vegetables, mainly broccoli, spinach or kale, and green beans. During the growing season of course we have much more on hand, but we must have at least these few vegetables throughout the year. Some should be dried or fermented, but having some frozen is important for soups, sides and general nutritional value.

Celery, onions and carrots are basic vegetables that are critical for flavor as well as nutrients. It goes without saying that every kitchen should be well-stocked with these basic vegetables.

Of course, we cannot forget the egg. Eggs are an extremely versatile, inexpensive, nutritious and flavorful food. Don't ever run out and

you will always have something useful and good for a satisfying meal or snack, besides being an important ingredient in many dishes. Dr. Price suggested that there was enough protein in one egg to meet the daily protein requirements of most adults, while also supplying several key fat-soluble nutrients including, vitamins A and D.

DON'T FORGET THE BONES!

No kitchen should ever be without this most important of ingredients. My family incorporates stock and broth into our daily diet whether it be for making soup, stew, rice or steaming our vegetables. Fleshy bones are used for making these delicious, nutritious, healing stocks and soups, and I always make sure to keep as much of the muscle, skin and cartilage with the bones as is possible for the most nutritious of broth or stock—don't throw it away! Also be sure to scoop the marrow from the marrow bones either to eat on its own (it's simply delicious sprinkled with a little salt), or added to soups, sauces and gravy.

With these ingredients on hand, one can provide nourishing, delicious meals any time. It never ceases to amaze me how with just a few simple ingredients and the right technique, we can produce the most satisfying of meals, even on a very tight budget! ☺☺

Maureen, her husband George of nearly thirty years, and their rather large family live a very full life on a mountaintop in Virginia where she enjoys learning, teaching, growing and creating new things every day. Please send Maureen your questions so she can address them in this column. She can be reached at: mamasfollies@gmail.com.

THE WAPF SHOPPING GUIDE - GETTING BETTER EVERY YEAR!

Your best friend in finding healthy foods is the WAPF Shopping Guide—now available in the 2017 edition. Every year the Shopping Guide gets bigger, with more artisan and pasture-raised foods to choose from. In fact, it is a measuring tool to show that more people are learning about the value of nutrient-dense foods. The demand for these foods is growing and the supply is growing to meet that demand. Small businesses are sprouting up to produce these great foods. It is exciting to see this growth!

WAPF has been promoting these small businesses and nutrient-dense foods in many ways—one concrete way is by publishing our Shopping Guide annually for seventeen years. We receive no money for including companies in our Shopping Guide. We pay Carolyn Graff to research the items to include or remove from the Guide. This is an involved, ongoing project. We publish the guide and provide it free to members and sell it to anyone for \$3 per copy with bulk discounts. The sales do not cover the cost of research, printing and mailing. We depend on membership funds to support this work. The Shopping Guide is also available as an app that you can use on your iPhone or computer. The numbers below illustrate just how the guide has grown!

NUMBER OF PRODUCTS LISTED IN THE WAPF SHOPPING GUIDE

	2003	2017		2003	2017
Coconut products	0	84	Healthy condiments	8	82
Bone broth and soups	0	30	Nuts	0	118
Lacto-fermented foods	7	51	Healthy fats and oils	7	250
Lacto-fermented drinks	11	59	Natural sweeteners	9	203

Farm and Ranch

RESTORING THE FAMILY FARM

By Frank Niceley

When a farmer bought a tractor, the money no longer stayed in the farm community, it went to Henry Ford. When people had to buy fuel for that tractor, the money went to John D. Rockefeller. All of a sudden, money was leaving the community at an unheard-of rate.

I am a fifth-generation farmer. Our farm has been in the family since 1880. I graduated with an agricultural degree in soil science from the University of Tennessee, where I met my wife Cindy, who was studying animal science. We have been happily married ever since and have three children and four grandchildren.

As you might expect, 1960s-era university agriculture training meant that I was pretty well indoctrinated into industrial ag. I didn't question it but just went along with it. Somewhere along the way, though, I began to realize that I was turning my farm into a hazardous waste site. That is not what I wanted to leave to my grandchildren, so about ten years ago, we quit spraying. We hadn't been making very much money before, and we are not making very much now, but we are happier and we don't have to breathe the sprays. Currently, we raise and sometimes sell grass-fed beef, we have a few hogs and some chickens, and we board horses.

WHAT HAPPENED TO THE FAMILY FARM

I am going to talk about restoring the family farm, but to do so, I first need to explain what happened to the family farm in the twentieth century. It goes back farther than you think. In 1900, farmers were using horses. If they needed a new horse, they bought one from their neighbor and kept the money in the community, or they raised horses themselves. When they needed "fuel" for that team of horses, they bought oats from their neighbor and kept that money in the community, too.

John Deere and International Harvester started making a few tractors in the early 1900s. By 1917, Henry Ford had come out with the Fordson tractor. It was cheap and a really good tractor for the day. Meanwhile, World War I was going on. Many of our horses—a million and a half—were sold to Europe to eat or use in the war effort. At home, commodity prices were high,

with corn selling for as much as three dollars a bushel (in early twentieth century dollars), so everybody bought a tractor. What happened? When a farmer bought a tractor, the money no longer stayed in the farm community, it went to Henry Ford. When people had to buy fuel for that tractor, the money didn't go to the neighbor who had oats to sell, it went to John D. Rockefeller. All of a sudden, money was leaving the community at an unheard-of rate.

That was bad enough, but the implications for commodity prices were even worse. Before the advent of tractors, farmers used about a third of their cropland to grow the crops needed to feed the horses. Horses were like solar-powered engines, eating oats that converted energy from the sun. After tractors took over, farmers had a third more cropland to put in production, and that broke the market. That extra land that farmers had been using to feed their horses literally broke the corn and wheat markets. Corn had been three dollars a bushel in my community. At a mill that my great-great-granddaddy built in 1796, there are receipts showing that they were paying three dollars per bushel of corn in 1918. (Understand that corn prices today are still averaging a little over three dollars a bushel in current dollars, but three dollars in 1918 would be worth about fifty dollars today!) Although three dollars a bushel in 1918 was an unusually high spike, it is still true that the farm economy never fully recovered from the sudden surplus in production.

In 1933, Russia decided there were too many farmers in Ukraine, so they starved and killed nine million farmers, which was pretty rough on Ukraine's family farms. At the time, Ukraine was the breadbasket of Europe. It was like the corn belt in America. Just to put the date in perspective, my father was 33 years old when that happened. Twelve years later, after World War II, the American government, too, decided that

we had too many farms and too many farmers. Because the U.S. couldn't just kill farmers like Russia did, our government took a different route and decided just to slowly starve them off the farm. Every farm policy for the next fifty years was designed to move farmers off the farm into the cities to work in the factories, and that leads us to where we are today.

RAW MILK RENAISSANCE

I first entered Tennessee politics as a member of the state house of representatives in 1988 and served on the ag committee. I got defeated in 1992 and was gone for twelve years, and then I returned to the House in 2004. Four years ago, I was elected to the Tennessee state senate. I was chairman of the ag committee in the house and now serve as vice-chairman of the ag committee in the senate.

I want to tell you a few things we have done in Tennessee. In the last six years, we have been lucky enough to have a speaker of the house who was raised on raw milk—and who was also the first female speaker of the house in a southern state legislature. In addition, the speaker of the senate had worked on his grandfather's farm and was raised on raw milk. I myself drink raw milk every morning.

Even with the advantage of having politicians who understand the benefits of raw milk, it was still hard to make change. After four years of trying, we finally passed a raw milk

bill that allowed cow shares. Now Tennessee has more raw milk dairies than commercial dairies. Raw milk dairies operate on a different scale and don't milk nearly as many cows as commercial dairies. A raw milk dairy farmer close to us is probably milking twenty head of Jerseys in one line for raw milk, and he has another herd for his pasteurized milk and buttermilk.

When I worked on passing the cow shares bill, the department of agriculture fought me all the way. Then they said, "You passed a bill to sell raw milk, but you cannot sell raw cheese, buttermilk or butter." Rather than go back with another piece of legislation, I asked the attorney general for an opinion. When a bureaucrat argues with a law, if you can get your legislator to ask the attorney general for an opinion, you may win fairly easily. We asked the attorney general, "If you can buy raw milk, can you buy buttermilk and cheese?" The attorney general said, "Of course you can." So we won that one.

Our code, which is the law, said you didn't have to have a permit to sell eggs from your own flock. Our department of agriculture said, "Eggs are a hazardous food so you have to have a fifty-dollar permit to sell eggs from your own chickens." Even if you have only one chicken and sell one egg, you need a fifty-dollar permit. I asked the attorney general again. The attorney general said, "No you don't have to have a permit. The law clearly says you don't. The law trumps the rule." So we won again.

MORE LEGISLATIVE ACCOMPLISHMENTS

Not long after that, the speaker of the house invited Art Laffer to come and talk to us. Art Laffer, you might remember, was Ronald Reagan's economist and developed the Laffer Curve. He told our caucus, "If you abolish the inheritance tax and gift tax, in two or three years you will have more money than you will know what to do with." Those taxes were the thing that was hard on small family farms. So we abolished the inheritance tax and gift tax, and sure enough, today in Tennessee we have a billion-dollar surplus. And we have cut the tax on food twice.



Young participants at Wise Traditions 2016 hold up seed packets that they were able to take home after learning about "worms, soil and gardens."

You can
tell the city
to leave you
alone
because
you do not
want to be
annexed. The
farmer has
veto power
on being
annexed in
Tennessee
today.

A lot of family farms are close to towns and cities. We came up with an annexation bill that says, if a city is going to annex an area, they have to do it with a referendum and let the people vote on whether or not they want to be annexed. While we were at it, we threw in a provision that lets you have veto power if you have a farm and you don't want to be annexed. You can tell the city to leave you alone because you do not want to be annexed. The farmer has veto power on being annexed in Tennessee today.

Since the 1960s, the federal government has had a twenty-thousand-bird small-farm exemption allowing smaller farmers to slaughter chickens on the farm. We put that in the code, and now Tennessee farmers can slaughter up to twenty thousand chickens on their farm and sell them to restaurants, stores and individuals. That regulation is very popular. People can turn their money over fast with chickens.

This year, our revenue department decided that if a farmer had a commercial kitchen or commercial enterprise in one end of his barn or in the basement of his house, the farm would be taxed as commercial at 40 percent instead of agricultural at 25 percent. We raised enough stink about this that they rolled that back so that whatever you do on the farm, it will continue to be taxed as agriculture, not commercial. Incidentally, we also passed a law where you can bake goods in the farm kitchen and sell them at flea markets, churches, etc. All you have to do is have an eight-and-a-half-by-eleven-inch sheet of paper saying that the goods were not baked in a commercial kitchen and list the ingredients.

Back in 1950 when they came up with the zoning laws, they put in the laws that agriculture was exempt from local zoning ordinances. They also said anything incidental to agriculture was exempt. Through the years, the little local planners, who are overzealous socialists, generally decided that houses were not incidental to agriculture and that you had to subdivide your farm if you wanted to build another house. Even if you had one house on a thousand-acre farm and you wanted to build a new house, they were making you subdivide the farm into a two-lot subdivision and survey it out before you could build another house for yourself. The attorney general ruled with us, but the local planners

ignored the attorney general. So we passed a law that formally made it clear that houses are incidental to agriculture. Now if you have a farm and you have an old house and you want to build a house for your daughter, your milkman, your foreman, or anyone else, you do not have to subdivide your farm.

The federal government tried to pass a rule two or three years ago that said you have to be eighteen years old before you can drive a tractor on the farm. We immediately passed a law saying that if they want to enforce that, they will have to come down and enforce it themselves, because no state energy, personnel or money will be spent enforcing it. They backed down.

BILLS WITH SPIRIT

Tennessee is the home of Jack Daniels and George Dickel whiskies. Tennessee has had a monopoly on whiskey for about a hundred years, so we passed a microdistillery bill to go along with our microbrewery bill. Now we have microdistilleries popping up everywhere, and people are selling heirloom corn to these distilleries making heirloom whiskey. They are saving some of these old varieties of heirloom corn; it gives them a reason to exist. And customers are willing to pay a premium for healthier heirloom ingredients.

We have also done a lot for the wine industry. We have let them self-distribute, which was a big deal. The distributors had a monopoly on everything. We let them have satellite locations out on the main road so they can sell their wine. We passed a bill called the "bulk crush." If you are raising grapes but you cannot afford a winery, you can take your grapes to a winery and let them turn it into wine, put your label on it, pay the taxes, and bring it back to your farm and retail it off your farm. That was really popular with the wine industry. We also created a farm winery. A farm winery is different than a regular winery, which can buy juice from out of state. A farm winery means they raise all of their grapes. They can raise the grapes, take them to a winery, have them turned into wine, pay the taxes and they can sell the wine on their own farm.

MORE ON THE HORIZON

We have several things coming up in 2017. We are looking at herdshares for meat killed at custom meat processing facilities, because we have a shortage of USDA meat processing facilities. You cannot get into a USDA facility for months because they are overcrowded. We tried passing legislation on custom facilities last year and barely missed it. We asked the attorney general, and we may get a good ruling on this.

Currently, we have a dual system of meat processing facilities set up by USDA. The way the USDA set up the system, a USDA inspector is on-site all the time at the USDA facilities, whereas the other custom houses (of which there are many more) were considered by USDA as “customer-inspected.” USDA said they would let the customers inspect it, and if they don’t like it, they won’t go back. One model works as well as the other—but the catch is that you cannot market anything killed at a custom house to the consumer unless the customer buys it before you kill it. For example, I can sell you a half steer on Tuesday, kill the steer on Wednesday and if you come back on Thursday and say you want to buy the other half of the steer, they say you cannot because that is illegal. That is nonsense! That is the kind of thing we have to get rid of.

LITTLE AG, BIG AG AND GMO FOODS

Another thing we need to keep in mind is the problem of dual agriculture—Big Ag and Little Ag. Big Ag doesn’t need to cuss Little Ag, and Little Ag doesn’t need to cuss Big Ag. They are serving two different markets and have two different sets of clients. I tell people, “Let Big Ag feed the world and let Little Ag feed the community.” If Big Ag chooses to ship genetically modified (GMO) corn around the world, rather than hybrid or heirloom corn, and other countries want to receive that corn, that is their choice. In my community, though, I want my grandchildren eating good food.

Countries like Russia are stricter on their food than we are and don’t want GMO foods or ingredients. In India, some states are going back to organic and traditional grains. When we went into Iraq, we outlawed the old traditional varieties of wheat that they had raised for five thousand years to make them buy our wheat and GMO seeds. Europe said that before they would adopt GMO corn, they were going to watch our children and see how they do. Our children don’t appear healthy now. There is a lot of obesity, and it is a different kind of fat. So Europe is generally rejecting the GMO crops, and their yields have gone up faster than American crop

Hogs fed on non-GMO corn reach market weight eleven days sooner than on GMO corn.

GETTING BILLS PASSED

The key to getting bills passed is to know your legislators. How many people know their state legislators or state senators? You need to know them on a first-name basis. You need to send them literature. If they have a fundraiser, go to it. They don’t care if you give them money or not because the lobbyists will give them money—they just need a crowd. If you are there and talk to them, stay a little late and mingle. They’ll appreciate it.

There are a few people in the legislature who are really important. How many people know their ag committee chairman? In some states, if the chairman doesn’t want to hear a bill, he can simply say, “We are not going to hear that bill this year.” That is called a pocket veto. The chairman is powerful and can get things done. You need to know the chairman of the ag committee in both the house and the senate.

Moving on up, the one who is really powerful is the speaker of the house. How many people know the speakers of the house or senate? They are just regular people and regular state representatives. In Tennessee, they pay us minimum wage. Our salary is twenty thousand dollars a year. I am just thankful they don’t pay us what we are worth. The speakers are regular people, so don’t be intimidated by them. I always tell my daughters, “No one can intimidate you unless you give them permission.” Don’t give these legislators permission to intimidate you. Go see them and talk to them. If you have limited time and can only get to know two people, spend time on your speakers. You should know those two—the speaker of the house and senate are key. They can make things happen. They are elected by the other members. They make a little more money and work a little harder, and they can get things done. If all of sudden the speaker is interested in a bill, most people on that committee will be interested in that bill.

Moving up again, there’s the commissioner of agriculture. Sometimes they can help you, but most of the time they are in the pocket of Big Ag. They generally won’t help you too much. If you happen to know the governor, that is great, but when it comes to passing legislation, I would rather know the speaker of the house or senate. They are the ones that actually get it done.

yields. Hogs fed on non-GMO corn reach market weight eleven days sooner than on GMO corn.

I have never seen land grant universities compare the nutrition of different types of corn. Some of the old open-pollinated varieties of corn had 11-12 percent protein. You could fatten a hog on twenty-five bushels of some open-pollinated varieties. When I was in college, we were using hybrid corn, and we figured it was about 9 percent protein. Now this GMO corn is down to 5.5-6 percent protein, and all they want to do with it is to make ethanol. If we could do one thing, we should quit subsidizing the ethanol industry and put a lot of the land currently given over to GMO corn (and soybeans) back into pasture.

A dirty little secret about GMO corn is that there are no minerals and no nutrition in it. Monsanto won't let you do a side-by-side comparison of GMO and non-GMO corn. When you are feeding your animals and children GMO corn, it looks like corn, it feels like corn, and it might even smell like corn, but there are no minerals in it. I heard on the radio that the USDA said our corn has lost 70 percent of its calcium in the last thirty years. Our fruits and vegetables also have half the minerals that they had thirty years ago. I heard that said one time by the USDA but have not heard it again. I guess the USDA had to throw it out there just once, so if they ever got sued they could say, "No, we told everyone about it."

I am really disappointed with the land grant universities, which have become mouthpieces for the big corporations. I don't know what happens in Europe, but Europeans manage to come up with research that is one hundred and eighty degrees different from our research. In America, the taxpayers build the buildings at the universities and they pay the researchers' salaries, but to do a project, researchers have to get a grant from a corporation, and for a million dollars they will prove anything. There was a time when the land grant universities were trying to help farmers and get out good information, but they are not even trying to do that job now. It is ridiculous to see some of the stuff they come out with. They say the world is six inches away from starvation, but I don't see the wisdom in forcing our topsoil down the Mississippi River to feed people around the world who don't even like us.

Seed companies have hybrid corn that will out-yield GMO corn, be more nutritious, and cost a third less, but you have to use more than one herbicide. The world has never used and relied on just one herbicide (Roundup) to the extent that we do now. Our soils are getting tighter all the time, and agriculture specialists are worrying about trying to loosen the soil up.

I would like to have GMO labeling, but we are probably not going to get it. Consumers have to go the extra mile and buy products certified as organic and non-GMO and vote with their dollars. If you see some guy selling local green beans, go buy some, even if you don't want them today. Buy some and pay a little extra so that he'll be there next year. Local food might cost a little more, but it is cheaper than doctor bills.

STATE AGRICULTURE COMMITTEES

At the federal level, there are big changes going on. I was talking to someone who was having trouble with the state agriculture committee: the Farm Service Agency State Committee. The director and the committee are presidential appointments. The state director will have responsibility over the Natural Resources Conservation Service (NRCS) and over the federal money coming into the state. With the new administration, they are all going to be changed. Luckily, we have had a pretty good committee under Obama. In all states, they have been primarily Democrat ag committees, but Trump is going to appoint new ones. I'm not sure if Trump will go the traditional route. He seems like he has been a little untraditional. Now is your time to have some input on who these committee members and chairmen are. They control a lot of the give-away money and a lot of things in the state, although they don't have anything to do with changing laws. If you have any sway with anyone, now is the time to try to get some people on that committee. The farm bureau usually has a lot of input in most states, so they also would be good to contact.

KEEP COMING BACK

William Faulkner, a great Southerner—he wrote sentences that were too long, but other than that he was good—he said you would never know a Southerner was mad at you until he killed you. You have to remember that when you are lobbying the legislature and trying to pass a bill. Don't let them know that you are mad at them until you win. It is a long, drawn-out process, and you probably won't succeed the first time you put forth a bill—so you have to keep coming back. ☯☯

Frank Niceley is a Tennessee state senator as well as an eighth-generation East Tennessean. Frank and his family own and operate their 400-acre Riverplains Farm in Jefferson County along the Holston River. Frank began serving in state government in 1988, first as representative and later as senator, and has chaired the House Agriculture Committee. As senator, Frank has been a strong advocate for private property rights, constitutional rights, small farmers and raw milk. Largely due to his efforts in agriculture, the Farm-to-Consumer Legal Defense Fund recognizes Tennessee as one of the top five Food Free states in America.

Homeopathy Journal

HOMEOPROPHYLAXIS IN INDIA

By Cilla Whatcott, PhD, HD RHom, CCH

Medical doctors are frustrated! Their hands are tied, and they can no longer practice medicine in the way they originally intended. With the advent of electronic records and innumerable insurance company requirements, doctors' eyes are glued to the computer screen instead of free to look their patients in the eyes. Pharmaceutical companies have overtaken public media by advertising drugs for every symptom imaginable, drugs that are often accompanied by dire side effects. What happened to "First, do no harm," and what's happened to modern medicine?

Actually, one nontoxic and inexpensive form of medicine is alive and well. Homeoprophylaxis, also known as HP, is a safe and effective form of immune education to protect from infectious disease. In countries such as India, where HP is sanctioned by the government, doctors are able to administer HP openly and achieve outstanding results. Homeoprophylaxis costs less than pennies per person due to the fact that very little source material can produce enough HP for thousands, if not millions, of people.

HOW HOMEOPROPHYLAXIS WORKS

Homeopathic practitioners use HP in the context of both short-term prevention during epidemic disease outbreaks as well as long-term prevention of contagious infectious diseases. Samuel Hahnemann, MD, the founder of homeopathy and the very first to use homeoprophylaxis, viewed epidemics as cases of disease that "attack many people and present with very similar suffering from the same causes."¹ In epidemic situations, homeopaths often apply a principle called *genus epidemicus* (GE) when the epidemic has a similar and characteristic nature in multiple patients. The GE—a homeopathic medicine individually selected for a particular outbreak of an epidemic²—addresses the common symptoms of the disease.

In the case of scarlet fever (also known as scarlatina), for instance, the common symptoms might include fever, red rash and headache. Hahnemann used HP very successfully during a 1799 epidemic of scarlatina.^{2,3} Homeopathic *Belladonna* either prevented the disease altogether or, if contracted, reduced the severity significantly and prevented complications, easing recovery and alleviating any post-epidemic symptoms. Homeopathic *Belladonna* proved so effective that the King of Prussia mandated its use to curtail or alleviate subsequent outbreaks of scarlet fever.

A second method of achieving prophylaxis is through the use of homeopathic "nosodes" of the targeted disease. Nosodes are made in the same manner as all homeopathic medicines. Beginning with a source material—either plant, animal, mineral or disease itself in the case of nosodes—serial dilution and succussion (vigorous shaking) is applied until no molecules of the original substance remain. A dilution of 1:99 repeated twelve times results in a solution devoid of any molecules. This is labeled as 12C, referring to the potency. A high potency such as 10M repeats the dilution and succussion process ten thousand times.

HOMEOPROPHYLAXIS IN INDIA

India has a population of 1.3 billion and is governed under a parliamentary system. There are twenty-nine states and seven union territories. Homeopathy in India is under the control of the Ministry of Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy (AYUSH).⁴ In addition, the Central Council for Research in Homeopathy (CCRH) functions as an autonomous organization within India's government.⁵ The CCRH oversees standardization, clinical research and trials, training of homeopaths and public awareness.

Homeopathic *Belladonna* either prevented scarlet fever altogether or, if contracted, reduced the severity significantly and prevented complications.

In response to the persistence of infectious disease as a major problem, India has employed HP effectively for cholera, the H1N1 influenza virus (“swine flu”), conjunctivitis, chickenpox and mosquito-borne viral diseases such as Japanese encephalitis, dengue fever and chikungunya. Researchers at the Government Homoeopathic Medical College in Thiruvananthapuram (the capital of the state of Kerala) surveyed families during threatened dengue and chikungunya epidemics from 2003–2006 to assess the protection provided by HP.¹ Of one thousand and five families surveyed in 2003, almost nine in ten took HP for prevention of dengue; of those taking HP, only 14 percent (123/869) went on to contract dengue. In a follow-up study in 2006 of the prophylactic efficacy of HP for chikungunya, the college found a comparable 82 percent efficacy.

The state of Kerala also has used HP to great effect in Alappuzha, an area full of backwaters and coconut lagoons. Though beautiful, living conditions in this area are difficult due to poor sanitation, low socioeconomic status, lack of education, limited health awareness and poor infrastructure. Epidemics can take hold and flourish due to inadequate health care facilities. Narrow canals through mangrove swamps are the roadways, so in 2013 the government started a floating homeopathic dispensary.⁶ This boat provides free treatment, HP and health education. The program has been such a success that two more boats were launched in 2014 and 2015!

As another example of HP’s acceptance in India, in 2016, in direct response to two cases of swine flu in Hyderabad in the state of Andhra Pradesh, India’s *Homoeo Times* published the following news statement:

The state government has...directed “all the people to take homoeopathy medicines in order to avoid the attack of swine flu.” The medicine is available for free at all dispensaries. The patients who already have swine flu should take homoeopathy medicines under prescription.⁷

FURTHER HP SUCCESS IN KERALA

Worldwide Choice is an organization that educates medical providers about HP and offers programs to families.⁸ In October, 2016, Worldwide Choice conducted a three-day conference in St. Petersburg, Florida, entitled “Homeoprophylaxis: The Evidence-Based Choice.” Two Indian doctors from the states of Kerala and Andhra Pradesh presented some quite remarkable information, which deserves sharing with the Weston A. Price Foundation community and beyond.

The first speaker, Dr. Mohammed Rafeeqe, is a medical officer in the Department of Homeopathy for the state of Kerala. Dr. Rafeeqe reported on HP as an alternative to vaccination for individuals in India. Dr. Rafeeqe also discussed the need for stronger international support for the medical science of homeopathy, including more funding for research on HP, as well as standardization of methods to assess and compare HP results between countries.

Dr. Rafeeqe noted that allopathic practitioners often dismiss homeopathy and HP as “untested” because of allopathic medicine’s single-minded reliance on double-blind placebo-controlled studies. However,

scientific conclusions are strongest when they evaluate the totality of studies, draw on a variety of research methods, agree on established methodology, show strong effects and publish complete findings. Over the past two hundred years, homeopathy and HP have satisfied all of these requirements, including but not limited to conducting randomized controlled trials.

Questions about HP also have arisen within the homeopathic community itself. For example, classical homeopaths who interpret Hahnemann’s directives in a dogmatic manner may prefer to wait until an epidemic fully breaks out before undertaking homeopathic treatment. The rationale for this approach is that it takes time to gather evidence and determine which remedies will be most effective for a given epidemic. However, significant loss of life may occur during the interim, even though this approach may ultimately prove clinically effective. This is why Hahnemann successfully used homeopathic *Belladonna* to forestall scarlet fever outbreaks.

Some homeopaths also have expressed concern about administering high potencies homeoprophylactically, fearing “aggravations” or disruptions of the individual’s vital force, but this has not been observed in populations that regularly use HP. Dr. Isaac Golden, a leading expert on HP based in Australia, conducted a fifteen-year study on the safety and effectiveness of HP for prevention of childhood diseases.⁹ When administering a high 10M potency to healthy children, Dr. Golden detected aggravations in less than 2 percent of children. In fact, high potencies such as 10M are well suited for educating the immune system to recognize the disease in nature and repel it or mount an appropriate immune response.

In Kerala, Dr. Rafeeqe was most recently charged with distributing HP to over five thousand people for prevention of chickenpox during a 2016 outbreak. The *genus epidemicus* (GE) of *Eupatorium perfoliatum* was also highly effective for preventing chikungunya. In a group that did not receive HP, 73 percent contracted chikungunya disease, while only 17 percent did so in the HP-treated group.

Dr. Rafeeqe also noted that members of Kerala’s state legislative assembly take HP for prevention of epidemics. In a blog post, Dr.

Rafeeqe cited the late Mr. G. Karthikeyan, honorable speaker of the assembly, who said that members of the assembly “do not want empty chairs, that is why homeopathic medicine is given to all members.”¹⁰

HP FOR JAPANESE ENCEPHALITIS

The second Indian speaker at the Worldwide Choice conference was Dr. Srinivasulu Gadugu, MD, an assistant professor in the department of organon of medicine at Government Medical College in the city of Kadapa, Andhra Pradesh. Dr. Gadugu is an esteemed clinician, researcher and teacher who has received a variety of teaching and research awards and has made numerous contributions to homeopathic research and pedagogy.

Dr. Gadugu shared valuable information about the prevention of Japanese encephalitis (JE) in Andhra Pradesh. JE is an endemic disease that primarily affects children under the age of fifteen. Globally, JE is estimated to have infected ten million children over the past sixty years.¹¹ In India, outbreaks are widespread, with many concentrated in the southern part of the country. Although less than one percent of individuals infected with JE virus develop clinical illness,¹² up to thirty percent of those who do develop illness die.¹³ Symptoms associated with JE include headache, fever, meningeal signs, stupor, disorientation, coma, tremors, paralysis (generalized), hypertonia and loss of coordination. For patients who survive, half or more experience steady improvement while thirty to fifty percent suffer long-term neurological deficits.¹³

The JE virus is transmitted by *Culex* species mosquitoes. Water birds and pigs play a major role as amplifying hosts. Humans get infected when bitten by an infected mosquito. However, humans are “dead-end hosts,”¹⁴ meaning that further spread from human to human does not take place.

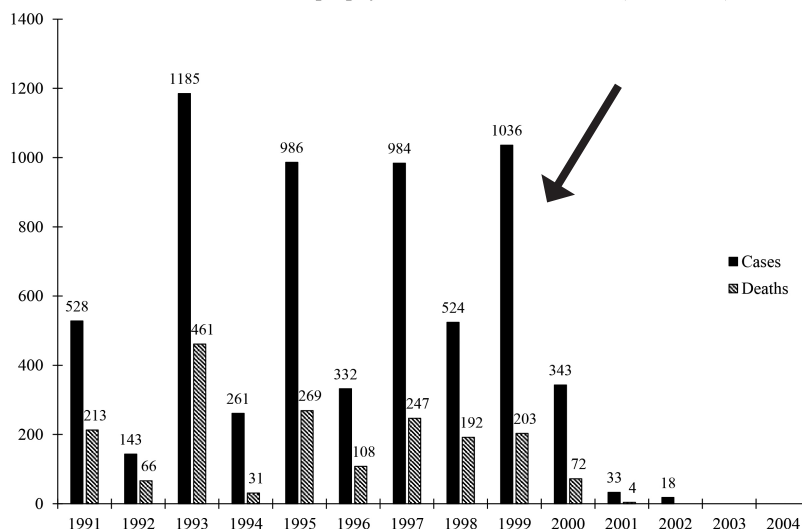
Vaccines have been available for JE since 1941, with efficacy of approximately 60 percent. Because of low production capacity and relatively high cost, the vaccines have remained out of reach for most countries. The difficulty of accessing rural areas for intervention, along with interruptions from natural catastrophes, can cause major setbacks in reaching

the full population. In India, immunizing one hundred and sixty million people with vaccines in twelve territories would cost more than four hundred and sixty million U.S. dollars. To protect children in hyper-endemic districts would require eighteen million doses (costing fifty-two million U.S. dollars), followed by boosters every two years. Treatment with HP can be done for a few thousand dollars, not millions.

Dr. Gadugu described the trend toward homeopathic treatment of JE in Andhra Pradesh. Between 1993 and 1999, despite vaccination, recorded pediatric JE cases in the state numbered five thousand three hundred and eight, with a fatality rate of 28 percent. In 1999, the government sought the help of homeopaths in combating this epidemic. Dr. G. Sastry, a pioneer in public health, emphasized the need to address JE through homeopathy.

In the past, a GE remedy had been used, but without lasting effect. Dr. Sastry reassessed the disease from a holistic view and proceeded to address its tendency for recurrence. He advocated a unique way of prescribing a plant remedy, followed by a mineral remedy, followed by a disease nosode. His recommendation was that *Belladonna* 200C should be given on days one, two and three; *Calcarea Carbonica* 200C would be given on the tenth day; and *Tuberculinum* 10M on the twenty-fifth day to all children in the birth-to-fifteen-year age group in the month of August every year for three consecutive years.¹⁵

Figure 1. Japanese encephalitis incidence and deaths, Andhra Pradesh, India, before and after homeoprophylaxis intervention in 1999 (1991-2004)



The project—known as BCT—was accepted and administered to twenty million children in Andhra Pradesh in 1999.


As a result of the BCT intervention, morbidity and mortality rates associated with JE fell dramatically (Figure 1), prompting the government to acknowledge the efficacy of homeopathy. In the year 2000, three hundred and forty-three cases were reported, with seventy-two deaths (21 percent), whereas in 2001 only thirty-three cases were reported with four deaths (12 percent). The next year, there were only eighteen cases and no deaths, and no cases at all in 2003 and 2004. Dr. Gadugu concluded that HP helped to check the child mortality rate from JE.

RESEARCH ON HP

Because HP is complementary to existing health care and is inexpensive and effective, it warrants further research and application. Eager to continue to test the efficacy of homeopathic *Belladonna* in the prevention of JE, the Indian government awarded a research grant to the department of microbiology, virology unit, at the school of tropical medicine in Kolkata. In 2010 and 2011, Dr. Bhaswati Bandyopadhyay conducted experiments on two animal models, both of which indicated that homeopathic *Belladonna* can play a clear role in preventing JE.¹⁶

Subsequently, the CCRH took up the task of additional in-depth research in this area. Dr. Gadugu is currently serving as co-investigator in a collaborative governmental research project funded by the CCRH, pursuing work on “Elucidation of molecular mechanism of action of *Belladonna* and *Belladonna-Calcareia Carbonica-Tuberculinum Bovinum* (BCT) during Japanese encephalitis (JE) virus infection.”¹⁷ Dr. Gadugu emphasized the need for international research collaboration regarding homeopathic epidemic control, given that epidemics do not respect borders.

TRULY SAFE AND EFFECTIVE

India’s experiences indicate that American medical personnel would do well to consider HP as a valid intervention for contagious infectious disease. Powerful corporate interests tout conventional vaccines as the only available form of protection against existing and emerging disease threats but never discuss the chemicals, adjuvants, preservatives and foreign DNA present in all vaccines. HP, on the other hand, is a natural and inexpensive solution that holds great promise. If practitioners can open their minds to being educated about HP, they will see that HP’s safety and effectiveness have been amply demonstrated worldwide. 

Cilla Whatcott is a board-certified classical homeopath and an instructor at Normandale Community College. In addition to a four-year diploma and PhD in homeopathy, Cilla has over one thousand hours of postgraduate education, including certification as a CEASE therapist for reversing vaccine injury. Cilla is author of the book, “There Is a Choice: Homeoprophylaxis,” co-author of “The Solution: Homeoprophylaxis” and author of numerous published articles. Cilla directs Worldwide Choice, which educates providers about HP and undertakes evidence-based research. Cilla has lectured in France, Scotland, Ireland, Indonesia, the U.S., and Canada. In 2015 and 2016, Cilla organized and directed two international

HP conferences with leading researchers from around the world. As mother to three adopted children and one biological child, her deepest desire is to see families everywhere heal and thrive.

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Technology as Servant

MOVING HEAVY THINGS WITHOUT HEAVY MACHINERY

By John Moody

The world is a very heavy place. A small rock the size of a child can weigh a few hundred pounds. A cubic yard of soil checks in at over two thousand. A load of firewood or compost exceeds a few thousand. A quarter acre of land can use as much as twenty thousand pounds of compost and mulch per year. So much weight!

We have a bit of experience dealing with lots of weight on our farm. In 2014 we figured that we moved four hundred tons, or eight hundred thousand pounds, all by hand. Animal feed. Farm inputs. Wood chips. Compost. Sawdust. Hay. Straw. Over two thousand pounds per day. No tractor, no skid steer. Just a farm family with four (very strong) kids.

Having the right technique will only get you so far. The right tools are the only way to move lots of weight without heavy machinery, especially on a small-scale farm or homestead. Such tools may allow you to skip the expense and environmental impact of such machinery while saving your back and body at the same time! So what tools are we talking about?

HELLO DOLLY!

Dollies are not just for little kids. They are for big kids as well! A dolly is a common piece of equipment for many businesses and some farms and homesteads. It was one of the first things we acquired for our farm and homestead, and has continued to have important, but only

occasional applications around our place.

Dollies are especially good for moving stacks of boxes or buckets, or helping move furniture and similar items. One trick we learned early on for moving very large but lighter stuff is to use ratcheting tie-down straps to secure it to the dolly.

If you can find one used or have the money, the convertible four-wheel dollies are a great way to make this little machine more versatile.

WHEELBARROWS

This handy-dandy tool is one most people are familiar with. Unfortunately, most people are familiar with the wrong kind of wheelbarrow, a single-wheel model. The only kind of wheelbarrow worth owning is the two-wheel version (unless you need a single-wheel model for some special work or similar situation, something we have never encountered on our farm and homestead). A two-wheel model lets you move twice the weight with one-half to one-third the effort. If you want to include kids in the chores and challenges of farm life, a two-wheel is irreplaceable.

Most children do not have the strength and coordination to do the lateral balancing a single-wheel model requires (let's be honest, we all have seen adults who struggle with it as well, myself included at times!), especially for any significant weight or on slopes and similar

The right tools are the only way to move lots of weight without heavy machinery, especially on a small-scale farm or homestead.

DON'T TIRE YOURSELF OUT!

There are two types of tires on most light-grade equipment: pneumatic (air) filled and solid (non-pneumatic), generally rubber. Solid tires are also often referred to as "flat-free tires," since no matter what you do to them, they will not go flat.

Pneumatic tires contain a tube that is filled with air, like bicycle tires. They struggle with rough terrain or similar circumstances that can cause the tire to rupture or puncture. Even if an item comes with pneumatic tires, you can always switch over to solid rubber once they go flat. Solid tires are generally slightly more expensive, and don't provide as much shock absorption as their air-based brethren, but in our experience are significantly superior. There are now also semi-pneumatic tires available, that combine some of the shock absorption of pneumatic tires without the need to pump or maintain the air pressure inside the tires.

Metal wheelbarrow types are far more durable but require more care, non-humid storage conditions and protection from weather and they weigh a good deal more.

uneven ground. A two-wheel wheelbarrow does almost all this work for you, allowing you to focus on moving the mass of stuff you need to get moved.

The biggest decisions with wheelbarrows are what size and what body tub type—metal or plastic? When deciding on a size, I really like ones that are around eight cubic feet in capacity. An old adage applies here—you can always fill something big less full, but you can't fill something small more full! The eight-cubic-foot models are more than maneuverable enough for any tasks we have encountered over the years, while allowing us to load large quantities of moderate to light materials for moving.

Choosing among tub body material types, depends on your situation and intended uses, though overall metal appears to be superior in almost all circumstances. Each type has some advantages and drawbacks.

Plastic bodies result in a significantly lighter wheelbarrow that won't ever rust. But they are far easier to break or crack, especially during colder weather. They are also suitable only for much lighter loads and materials than metal.

Metal wheelbarrow types are far more durable but require more care, non-humid storage conditions and protection from weather and they weigh a good deal more. They are also generally more expensive and much harder to find. Big-box stores have rows of plastic-tubed wheelbarrows with not a two-wheel metal tube version in sight!

The additional cost in our field trials is actually a fairly significant savings, as under normal use a plastic tub will last only two to

three years, whereas metal ones can last twenty.

Some people will have one of each kind. As long as you are willing to care for it, I would get a metal tub body over plastic. The slight additional care needed and occasional repainting is far outweighed by the increased durability and load capacity.

GARDEN CARTS

If there is one thing I wish I had purchased sooner rather

than later for our farm, it is a garden cart. It is a wheelbarrow re-deemed, made even better and easier to use in most applications.

If a two-wheel wheelbarrow lets you move twice the weight for half to a third of the work, a garden cart lets you move four times the weight for the same work reduction. The model we purchased allows even our smaller kids to move up to six hundred pounds. It has cut the time it takes us to do compost collection at various coffee shops by half. On the farm, what used to take four trips with the two-wheel wheelbarrow—say, for fire-

wood—takes one with the garden cart. Even better, that one trip is half as taxing even with all the additional weight.

A garden cart and wheelbarrow are almost, but not quite, interchangeable. A wheelbarrow is a bit more maneuverable and is easier to get in and out of tight spaces. They often cost about the same price. A good-quality double-wheel wheelbarrow is about equal in price to a mid-range garden cart, although with garden carts, you can easily spend into the mid-hundreds.

Good-quality garden carts have additional advantages. First, they will have a self-dumping



The Moody children move tons of earth and organic matter using a well-built garden cart.

feature. Back up, pull the pin, lift, and you dump the entire load. Second, for those who have a riding lawn mower or similar piece of small machinery, they can be hitched to many mower models.

If I had to get just one piece of hauling equipment, I would go with the garden cart. Also, unlike wheelbarrows, garden carts are a do-it-yourself person's dream. The internet is full of free or low cost plans for anyone interested in building one.

DON'T FORGET GOOD HAND TOOLS

The final key to moving heavy stuff without hurting yourself is good hand tools. In our experience, pitchforks and shovels from big box stores are poor substitutes for high-quality tools. The shovels we purchased from Earth Tools in Kentucky weigh half as much as their commercial equivalents, yet outperform them in every way. The pitchforks (also from Earth Tools) were an even greater surprise. Mass-produced pitchforks are good for one kind of pitching—into the rubbish heap!

Good traditional pitchforks, on the other hand, are irreplaceable. Earth Tools gets theirs from SHW, a German toolmaker that dates back to the year 1267. Yes, they are quickly approaching a millennium of experience crafting hand tools for farmers and homesteaders. Compared to almost anything I have found in standard stores, you can see and feel the difference in every item they offer.

In three days this past week, my kids and I moved over twenty thousand pounds of material into our farm's new high tunnel. No blisters after hundreds upon hundreds of scoops of heavy material. No bruised backs after thousands of pounds moved. So take the time to hunt down quality hand tools to use when filling your wheelbarrows and garden carts. You, your family and everyone who comes to help you on your farm or homestead will thank you for it! ☺☺

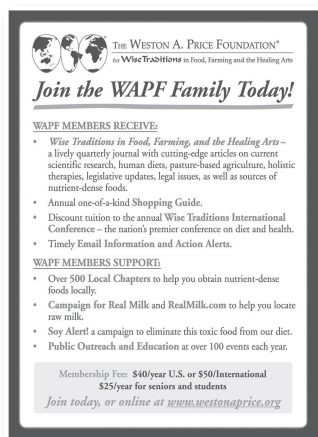
When modern medicine failed him, leaving him with allergies, ulcers and cavities, John turned to the wisdom of writers and researchers like Weston Price. By embracing their wisdom, not only were his own hurts healed, but he was able to help others as well. A farmer, writer, speaker, kombucha and jun brewer, author of Food Club and Co-op Handbook, member of the administrative team for the Whole Life Buying Club, John's greatest joy is in his wife and four children and their quiet farm life in Kentucky.

SOURCES

Earth Tools - <http://earthtoolsbcs.com/>

Garden Cart Plans Example - <http://gardencart-blog.blogspot.com/>

If I had to get just one piece of hauling equipment, I would currently go with the garden cart.



MEMBERSHIP POSTER

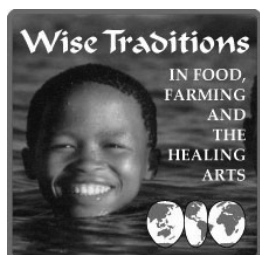
Membership is the main source of financial support for the many projects of the Weston A. Price Foundation. We appreciate your help to increase membership. We are happy to send a free copy of our membership poster to those who will display it.

The poster is 8.5" x 11" with a cardboard flap that allows it to stand. It goes well with our Principles of Healthy Diets booklet. It can be displayed at an exhibit, a doctor's office, a library, a farmers market, etc.

If you will display it, please write for a free copy: info@westonaprice.org.

Wise Traditions Podcast Interviews

INTERVIEW WITH DAPHNE OLIVIER



Hilda Labrada Gore: Daphne Olivier is a “registered, yet unconventional” dietitian, certified diabetes educator and owner of My Food Coach in Lafayette, Louisiana. Daphne is passionate about real food and enjoys coaching individuals and groups. Daphne, I see that diabetes is on the rise in the U.S. population, is that right?

Daphne Olivier: Absolutely. There are millions of people who have diabetes and even more who have not yet been diagnosed with prediabetes or type 2 diabetes. Diabetes is definitely on the rise.

HG: Is diabetes a natural thing that happens as you age?

DO: Not at all. It is a metabolic dysfunction. Typically, by the time someone gets a diagnosis, they already have been experiencing blood sugar changes for five to seven years. Part of the challenge with diagnosing diabetes is that health care providers usually check blood sugar in the morning before we have had anything to eat or drink, but blood sugar effects occur after we have something to eat, when our body has a hard time bringing down our blood sugar. It can take many years for something to show up on the test.

HG: Why would the body have trouble digesting or metabolizing sugar?

DO: The whole endocrine system gets disrupted. Whenever you eat something that has carbohydrates, this is broken down into glucose that your body has to find a way to use as its energy source. A variety of different factors—including bad food, stress and sleep disturbances—can disrupt the hormone balance that ordinarily tells the body to produce insulin or enables the cells to use glucose once it gets into the cells. It’s a whole metabolic dysfunction that happens, and it starts off really slowly. You don’t realize

what’s going on until you have this metabolic catastrophe.

HG: Children are getting diabetes, too, right?

DO: Yes. Even children are getting both type 1 and type 2 diabetes. Type 1 diabetes is an autoimmune disease where the body starts to attack the pancreatic cells that secrete insulin. What’s more prominent in our society is type 2 diabetes; that’s typically when the cells are not recognizing insulin. Initially, with type 2 diabetes, the body can produce insulin, but the cells can’t recognize it. Eventually, once the disease progresses, the body starts to lose its ability to produce insulin. When we think of kids with diabetes, we mostly think of type 1, but nowadays, because of our diet, more and more kids at younger ages are developing type 2 diabetes, which used to be an adult disease. It’s sad because many children are being brought up on poor-quality food, and that’s all they know. They don’t really know any differently or have the capacity to make different choices.

HG: Is there any way for diabetes to be resolved in adults or children?

DO: If it’s caught early, it is possible to get blood sugar to be more controlled. I hesitate to say we can cure it, but we can reverse it if we catch it early enough and address the underlying metabolic issues. We really have to start with some activity program—movement or exercise. We need to move our bodies more frequently than what the typical American does. We have to be cognizant of what we’re eating. Movement and exercise are one part; diet is another part. Other lifestyle factors, such as sleep and sleep disturbances, also definitely play a role. A growing number of people have sleep apnea or insomnia, and these factors play a role in insulin resistance, which is a precursor to developing

Hilda Labrada Gore, a mother of four, has been involved with WAPF for over ten years and is the chapter leader for Washington, DC. She went to Kenya last summer on behalf of WAPF. She is the director of communications for Body & Soul, a worldwide fitness organization. She also plays the guitar and is the contemporary music leader at the National Presbyterian Church.

diabetes. Stress is also a factor because it plays a big role in sugar balance. We need to find ways to keep our lives happy, fun and less stressful, which means learning to manage the day-to-day stressors of life.

HG: We can do something about these things you are mentioning. It sounds like a lot of these factors are within our control.

DO: Absolutely. I really enjoy working with people who have diabetes because, in many cases, it takes just a little bit of change and you start seeing corresponding changes in blood sugar. Now that we have the technology that allows us to check blood sugar at home, people don't have to wait for their next doctor's appointment. They can check their blood sugar every day wherever they are. They can start making changes to their diet and monitor their blood sugar to see how the changes are affecting their blood sugar. Or they can go for a walk and see how that's affecting their blood sugar.

A lot of what's happening with type 2 diabetes is lifestyle-related. I view diabetes as the ultimate stress symptom. We need to work toward the best lifestyle, lowering our stress or paying attention to the way that we handle stress and making sure that we're getting enough sleep. Many people think of sleep as a luxury—something that we do when there's nothing else to do—but it really is a very important part of our metabolic system. If someone has sleep apnea or any kind of obstruction, it has to be addressed because it changes the whole metabolic system. It just doesn't make the person tired the next day, it changes all of their hormones and the way their hormones talk and interact with one another.

HG: I think a lot of our listeners address the food piece but forget the other things like stress management and sleep, which are important factors in how we manage our health.

DO: Food is one big part of it, but if the food is causing a lot of extra stress, then you're not doing a whole lot of good by perfecting your food habits. And then there's the exercise part, too. As a society, we have the idea that exercise is doing thirty to sixty minutes of exercise and

then sitting down at a computer or television and not having a lot of activity throughout the day. A lot of studies show that activity and movement, no matter whether your heart rate increases or not, play a big role in helping manage blood sugar. We need to look at the big picture. There are many things that we can do. I like to use a stair-step approach by first identifying and working on the things that are causing the biggest challenges. Even though I am a dietician, I don't always focus on diet first. Sometimes we first need to make sure we are getting adequate sleep. If you're not sleeping well, you don't have as much energy or focus to be able to pay attention to your diet.

HG: Speaking of sleep, let's talk practically. I know you're a mom with kids. How do you do it? Do you have any personal tips for our listeners?

DO: Being on a schedule is key. It is important to go to sleep at about the same time every night, wake up at roughly the same time every morning and get at least seven hours of sleep every night. Allow yourself the time to sleep. Sometimes we need to push other things aside. It works the same way with putting your children to sleep at a certain time. When the body learns to expect that you're going to sleep at a certain time, it starts to prepare itself and allows sleep to come easily so that you're not having to chase sleep all the time. This is difficult to achieve if your sleeping schedule is erratic.

HG: One of my first encounters with someone with diabetes was with a friend when I was a teenager. We were out and she was feeling faint and we had to grab a candy bar from her purse for her to eat. She said she was diabetic. Is this what people with diabetes do, carry around candy? Is that supposed to help them stabilize their blood sugar?

DO: Unfortunately, that's pretty common but not necessarily the right choice. I guess the definition of diabetes is the inability to manage blood sugar. Without diabetes, your blood sugar has the mechanism to stay fairly stable; it will go up a little bit whenever you eat, and then your pancreas secretes insulin and the blood sugar

Many people think of sleep as almost a luxury, but it really is a very important part of our metabolic system.

comes down. For someone who has diabetes, the problem can be a couple of different things: either their blood sugar goes up and their body has a hard time with the secretion of the insulin so there's not enough insulin to bring the sugar down, or when the blood sugar comes down, it comes down too much. In fact, blood sugar going down and having low blood sugar is much more dangerous than high blood sugar in the short term. We are supposed to have a very specific amount of glucose, or blood sugar, in our blood. If the blood sugar starts to come way down, then we need to quickly eat something with glucose to bring it back up.

Unfortunately, a lot of people will grab something like a candy bar because it has fast-acting glucose that's going to bring the blood sugar up quickly. While it's not the best way to handle it, you have to have sugar or glucose during that time to bring the blood sugar up because otherwise the situation can become very dangerous. You're more likely to pass out. Children and elderly persons who are taking insulin are more likely to have this type of hypoglycemic reaction, meaning their blood sugar comes down dangerously low.

HG: Since most of our listeners are focused on diet, let's talk about how we can improve our health or help resolve or manage diabetes through diet.

DO: The term "diet" simply means the foods that you eat. It's not a restriction of food, but our culture has turned it into foods that are allowed and foods that are not allowed on specific diets. There are many diets that can help with managing blood sugar. Two of the most commonly used diets are low-carb and low-glycemic diets. A low-carb diet limits the amount of carbohydrates that someone consumes, no matter where the carbohydrates come from, and a low-glycemic diet limits the amount of foods that are known to increase blood sugar significantly. Those are the two primary diets that are used for diabetes. There also are people who have gotten a good response from what I'll call "traditional" diets, which includes the Weston A. Price diet. Another one is the ketogenic diet, which has a significant amount of fat; this can be helpful for managing blood sugar in the short term, but I would not encourage a ketogenic diet for a long period of time.

The bottom line is that there are a lot of foods that are allowed on all of these diets, including meats, organ meats, fats, dairy foods, eggs, nuts and seeds, greens, all non-starchy vegetables and small amounts of sweet potatoes and winter squash. Where it gets a little sticky is with fruits because they have carbohydrates that will turn into glucose. We have to be careful with what kinds of fruits we eat, and, more importantly, how much fruit we eat.

HG: Do you know anybody right now who has diabetes who changed their diet and has seen some improvements?

DO: Absolutely. I work with people who have diabetes on a regular basis. I work with people who are newly diagnosed and those who have had diabetes for many years and who may have already explored many diets. I help them fine-tune what they should eat.

HG: Are there people who think that diabetes is something that they just have to live with for the rest of their lives? Are there people who give up, thinking that there's no way to manage it beyond what conventional medicine has to offer?

DO: Yes. There is a genetic component to diabetes. For example, my dad has diabetes, which puts me at a higher risk for having diabetes. Fathers passing diabetes to their daughters is pretty common. That said, our genes are not written in stone. We have a lot of influence over what happens with our genes. I don't know exactly which genes contribute to diabetes, but there is a genetic component to it. But we know that at the point of diagnosis, we can do a lot to manage the blood sugar and get it under control so that it's not going to cause problems later on.

HG: How do people monitor their blood sugar? I have a friend who used to prick her finger every day to do a blood test. Do people still do that?

DO: Yes. There are three ways to check blood sugar. Two can be done in-home. With the first, you prick your finger to get a drop of blood that you then put on a strip, and a meter reads it. The second way is called a continuous glucose monitor (CGM) where you insert a catheter underneath the skin, usually in your abdominal area; it will transfer information about what's going on with your blood sugar to a transmitter, and you can see in real time what your blood sugar is doing. The third way is when you go to the doctor and they do a blood draw to check your blood sugar.

HG: Diabetes is not just uncomfortable, it is also life-threatening, right?

DO: Absolutely. A death certificate is unlikely to reflect that someone died from diabetes. Instead, the death certificate will show that they died from a heart attack, kidney disease or vascular dysfunction. Diabetes causes numerous complications, and those complications are what's life-threatening. By managing your blood sugar, you're managing a plethora of disease processes that happen.

HG: So the best thing to do is manage your diet, sleep and stress levels so that you won't get there even if you have a genetic predisposition for diabetes.

DO: Absolutely. I think of it like diabetes gives you a reason to manage your lifestyle. Some people only think about this after they've hit a wall and have to face the outcomes of their past lifestyle decisions. It gives you a pause to reevaluate your life.

HG: Can you tell me a story of someone who has managed this successfully?

DO: A Cajun man from Louisiana was referred to me by his conventional doctor. Cajuns have a strong tie to food, having fun and partying. He was in his low thirties, thin, single and lived alone. His diet was fast food, pizza, sandwiches, cereal and so forth. He wasn't into cooking. He's an architect, so he spent a lot of time at work and lived a very sedentary life. His hemoglobin A1c test was about 9, which meant that his blood sugar was running about two hundred and fifty to two hundred and seventy, which is pretty high.

Within three months of working with him from the time he was diagnosed, we got his hemoglobin A1c down to 6.5, close to normal. He still did not love the cooking part, but he began to do some meal preparation. He began eating much less fast food, reserving fast food for times when he was with his buddies on the weekend. He also started running, which he enjoyed, and he completely changed his lifestyle. Now he is doing really well with his diabetes.

These stories happen all the time. The challenge is to make up your mind that this is


something that you want to do and to put some effort into it. On the other hand, I have a friend in his early forties who was diagnosed with type 1 diabetes as a child. Because of his lifestyle, he developed what he calls "type one and one-half." He has all the symptoms of type 2 diabetes, but his body is not producing insulin and he has to use injected insulin. I've tried to work with him for many years, even just socially, but he just does not want to put much effort into making himself better. In his mind, this is something he's going to have forever, and he can't do anything about it.

The key is catching it early. Some people are scared and may not be willing to make the changes. It takes persistence and willingness to make a change.

HG: For people who have a fatalistic attitude about diabetes, do they suffer much or is it just an inconvenience?

DO: Diabetes is progressive. In the beginning, you may not necessarily feel bad or even know that you have problems with blood sugar. It's a silent disease. It's also different for everybody. It may take ten years, eight years or five years. As I said, before someone even gets diagnosed, they have had undetected problems with rising blood sugar for many years. People who say that it's not worth doing anything about may then start to feel worse and start having problems like blurred vision, loss of night vision, kidney dysfunction or loss of blood circulation in their fingers and toes. These are serious side effects. Unfortunately, it can take many years to develop these side effects, and usually by that time the damage has occurred and can't always be reversed. I tell people, "If you're willing to help yourself then I'm more than willing to help you, but if I'm working harder than you are, then we might as well part ways until you're ready."

HG: As we wrap up, if listeners could only do one thing to improve their health, what would you recommend they do?

DO: Whether it's for diabetes or health in general, I think that cutting out sugar or being cognizant of the amount of sugar that you consume—even healthy sugars—is one of the best things you can do for your health. This is because sugar has an effect not just on blood sugar but also on sleep, inflammation and thyroid dysfunction. 

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All Thumbs Book Reviews



***Your Baby's Microbiome —
The Critical Role of Vaginal Birth and
Breastfeeding for Lifelong Health***
Toni Harman and Alex Wakeford
Chelsea Green Publishing

Science has begun to realize that those germs everyone fears are not so evil after all. They are just misunderstood. Most bacteria are beneficial, even critical for our survival. We launch ham-fisted attempts to get rid of germs with antibiotics. This kills good and “bad” bacteria and leaves an imbalance that we pay for in the long run. Given these new discoveries and the fact that we are greatly outnumbered and can’t kill them all even if they are bad, perhaps we should call off the war on bacteria.

Evidence is accumulating that the bacteria we are exposed to during normal birth affect our health for the rest of our lives. It is generally thought that unborn babies have little or no bacteria and acquire important strains of bacteria at birth. When something disrupts that normal process, there are consequences. Disruptions would include Caesarean sections, lack of breastfeeding, and lack of skin-to-skin contact between baby and mother.

Many people in many forums have pointed out that chronic ailments like asthma, allergies, diabetes, obesity, celiac disease and a long list of other things have increased dramatically in recent decades. A number of reasons for this have been given, and there could be more than one reason for many of these problems. In *Your Baby's Microbiome*, Harman and Wakeford concentrate on the correlation between disease and bacterial imbalance or lack of diversity.

For example, when comparing bacterial diversity between typical members of Western civilization and people who have had little or no contact with Western civilization, the people who have not had exposure to chemicals, drugs, processed foods and medical abuse have a much

higher diversity of bacteria. The Yanomami live in the remote mountains of Venezuela and are one of the most isolated groups of people in the world. They have around 50 percent greater ecological diversity than the average American. They are also healthier than the average American.

Harman and Wakeford examine in detail the role of C-sections in establishing the biome. Babies pick up a lot of bacteria while passing through the birth canal, and that obviously doesn’t happen with a C-section. The consequences don’t necessarily end with a single individual. A girl born by C-section may be lacking certain important bacteria for the rest of her life. When she gives birth, even normally, her children will have the same deficiency. This deficiency could go on indefinitely in the coming generations.

The authors discuss solutions that may help in the short term. The discussion of C-sections is fine as far as it goes, and there is a brief mention of nutrition as a factor, but I didn’t see any details in this book. The thumbs are UP for this book, but it would be great if there was more explanation of how the lack of fat-soluble vitamins in the Western diet has created a generation of people with narrowed skulls and dental arches and bad teeth. Women end up with hips that are too narrow for easy childbirth, making C-sections a necessity for many of them.

Review by Tim Boyd

JOURNAL NOW AVAILABLE AS
A DIGITAL TALKING BOOK FOR THE
VISUALLY IMPAIRED

We now have our journal converted into an audio format for the visually impaired. Special software is required for this, such as Dolphin Easy Reader. Go to the JOURNALS tab on our home page. Starting with Fall 2011, click the journal you are interested in. Please tell others! Many thanks to Amy Adams of ePubUSA.com for this service!

People who have not had exposure to chemicals, drugs, processed foods and medical abuse have a much higher diversity of bacteria.

All Thumbs Book Reviews

The Pediatrician's Guide to Feeding Babies & Toddlers

**Anthony F. Porto, MD, MPH &
Dian M. DiMaggio, MD
Ten Speed Press**

Many positive book reviews praise *The Pediatrician's Guide to Feeding Babies & Toddlers* as “systematically organized, practical and up-to-date” and “a wonderful guide for young parents.” Reviewers claim the book is an easy and understandable guide for their fast-paced lives. One review summed up these affirmative reviews by adding “Porto and DiMaggio address dietary hot topics—including dairy-free formulas, vegetarian diets, organic foods, gluten-free diets, and food allergies—with a calm clarity that accommodates parents’ preferences without giving in to bad popular science.”

To me, “accommodating parents’ preferences” is code for giving the parents an out not to do more research, and “bad popular science” is code for any theories that contradict the American Academy of Pediatrics (AAP) in collusion with government food and nutrition standards, which have been prescribed by the agriculture, processed food and pharmaceutical industries.

Although this book does contain some good sections, such as sound breastfeeding techniques, helpful parenting tips and child development progress charts, it is sorely lacking in the main emphasis, nutrition, and in even more instances, gives bad advice and anti-nutritious recommendations.

The book is broken down into five different age groups, the first being birth to three months. What struck me first is that Porto and DiMaggio neglected the nutritional needs for the first nine months of the baby’s development in the mother’s womb. Unborn babies and mothers have very high nutritional needs, and neglecting this facet of development is unconscionable. Maybe being baby doctors, they should have consulted

an OB/GYN to help develop guidelines for the baby and mother-to-be.

Another key issue lacking in this book is advice on what a nursing mother should eat to ensure that she is delivering the proper nutrients, through her mother’s milk, to her baby. The only question answered concerning mothers’ eating habits is regarding allergies: “Should I avoid certain foods while breastfeeding to prevent allergies in my baby?” The authors “short answer is no...” They go on to say, “At this point large studies have not shown any allergy-prevention benefits from altering nursing mothers’ diets...” The studies are not listed and the subject of mom’s nutritional needs is totally skirted.

The no-proof-to-date justification seems to be a recurring theme for Porto and DiMaggio. When they discuss giving babies organic food, they start the conversation with: “To date there are no human studies [are there animal studies?] that directly show the health benefits of an organic diet or prove it to be nutritionally better than conventional foods.” So, parents get a quick off-the-hook that makes little sense, because then they give some very sound reasons to eat organic food and even share the Environmental Working Group (EWG) Dirty Dozen and Clean Fifteen lists of conventionally grown fruits and veggies with the most and least amount of herbicide and pesticide chemical input. Later in the book, they recommend not giving children organic junk food because organic doesn’t necessarily mean healthy. This is true.

Throughout the book, the authors use the USDA RDA as the basis for their recommended calories, vitamins, nutrients and overall nutrition. Unfortunately, the source of their recommended nutrition is the Standard American Diet filled with refined sugar, flour, processed meats, processed fruits and processed vegetables. The recommendations given, compared with those given by the Weston A. Price Foundation, are very low in animal fats, protein, cholesterol,



What struck me first is that Porto and DiMaggio neglected the nutritional needs for the first nine months of the baby’s development in the mother’s womb.

All Thumbs Book Reviews

Porto and DiMaggio do not cover superior foods such as grass-fed meats, pastured free-range poultry and eggs, organ meats or cod liver oil.

fat-soluble vitamins and minerals. Porto and DiMaggio do not cover superior foods such as grass-fed meats, pastured free-range poultry and eggs, organ meats or cod liver oil. I could not find one mention, pro or con, of goat's milk, raw cow's milk or raw milk cheeses in the book. Maybe to the authors, including the team's dietician and chef, the topic of raw milk was too controversial or "bad popular science," which they have avoided altogether for the sake of book sales.

The recipes given push soy, vegetable and corn oil, and none of the recipes call for animal fat or butter. Many of the so-called high-protein recipes are based on incomplete plant protein sources such as legumes. One of these recipes, to be given to seven- and eight-month-old children, is called Blueberry-Pear Protein Puree, which calls for fruit, water and cooked quinoa. It is said to be an "excellent source of vitamin K" and a "good source of protein, folate and potassium." One serving is four tablespoons of the fruit and four teaspoons of the quinoa, which provides 4.8 mcg of vitamin K (K_1 not K_2), 1.2 grams of protein, 8 mcg of folate and an unmentioned amount of potassium. I suppose that depends on the fruit itself. I'm sure the child would love to eat this sweet treat, but to avoid the 7.9 of grams sugar, a simple scrambled egg, fried in pastured butter, would give the child as much vitamin K (K_2 not K_1), almost three times the protein, plus as much folate.

A couple things I found amusing were the directions on how to cut up a hotdog properly and the advice to avoid Honey-Nut Cheerios until after age one because children cannot properly digest honey. There was no advice to avoid the heavily processed, cheaply made hotdogs full of nitrates and chemicals, or to avoid Cheerios altogether because they are bad for children. Because I kept bees and because I know the attributes of honey, I'm not sure how much of the honey would remain after such heavy processing anyway. Better snack and

protein foods for kids would be small cheese cubes and naturally cured salami.

Being pediatricians, and possibly receiving a nice income stream from the pharmaceutical companies, Porto and DiMaggio completely avoid the subject of vaccines, except to advise avoiding the oral form of flu vaccine for the 2016-2017 flu season. No reason is given for the rise in autism spectrum disorders (ASD). The authors see little connection between diet and the rise in ASD, nor do they see any connections between vaccinations and ASD. Along those lines, they don't believe childhood food allergies have much to do with the Standard American Diet, the increased use of vaccinations, nor the child being overloaded with chemicals such as fluoride. They blame food allergies on the "hygiene hypothesis." The hygiene hypothesis states that a lack of early childhood exposure to infectious agents, symbiotic microorganisms (such as the gut flora or probiotics), and parasites increases susceptibility to allergic diseases by suppressing the natural development of the immune system. Despite the fact that fluoride is an enzyme inhibitor and thyroid suppressor which can cause a lot of problems in a developing child, such as mottled teeth, weak bones and a sluggish metabolism, Porto and DiMaggio advocate fluoride drops and treatments for children with teeth because a city water system will not provide enough fluoride to protect against cavities adequately.

Overall, I found *The Pediatrician's Guide to Feeding Babies & Toddlers* lacking in the traditional common sense which has been passed from generation to generation. I feel the authors also violate their Hippocratic oath to "Do no harm," by recommending a diet for children that lacks wisdom and could unwittingly cause harm if followed by their intended audience of young parents.

Review by Dennis J. Petrick, MBA, MSTN

All Thumbs Book Reviews

Adventures with Jodi:

How One Girl Stopped Migraines and Chronic Pain and Accidentally Improved Her Family's Health!

Jodi Ledley

WAPF member Jodi Ledley, from the Hardin County, Ohio, chapter, headed by the invincible chapter leader Jane Kraft, recently penned this small book to chronicle her successful battle against migraines and chronic pain.

The book might be small (just one hundred seventy-two pages) but it packs a punch in presentation. Chapters are organized into one to three pages, and in everyday language with large print that gets the message across. It's a great teaching tool.

Jodi suffered from crippling migraines, chronic pain and other neurological issues for years, enduring medical treatments and drugs of all kinds in an effort to banish the severe headaches that ruled her life. She had no quality of life and could not enjoy her home or her family. Jodi is a talented photographer, a profession that allows her to work at home. But while working in a hospital laboratory, her health issues worsened because of toxins in the air and in the environment that could not be controlled.

Jodi discovered the Weston A. Price Foundation, its information and nutritional principles, and began a process of weeding out several substances in her diet of modern-day processed foods. She finally hit upon a plan that is a winner for her. Jodi talks about what she did, step by step, to rid her life of toxins and food additives, and where they are commonly found. She also has young children with health issues and transitioned them to a healthy WAPF diet.

Not only did the quality of her family's food improve their health, but Jodi hit upon the source of her misery—food additives, many of which are excitotoxins. Once she eliminated these from her daily life, things began to improve and the headaches miraculously went away.

In her efforts to discover the cause of her problems, Jodi even tackled nutrigenomics with saliva testing (23andme or Ancestry). She downloaded her genome to a low-cost app (Sterling and others) which gave her an easy-to-decipher genetic report and explanation for some of her issues. She found out that she had a mutation in both of the common MTHFR (methylene-tetrahydrofolate reductase) genes (compound heterozygous) which means that she has a reduced capacity to methylate and get rid of toxins naturally. She gives suggestions on how to deal with these issues. Jodi also found her problems with histamines were related to methylation and histamine genes. She also connects histamine issues to bacteria in the gut.

Jodi describes her new life and how she built it, working with more wholesome food sources through cooking and preserving her own foods, raising animals, planting a garden, using local bees and taking advantage of food in the local community.

She also discusses schools as sources of problem foods for kids, and how she dealt with her children's school, as well as home schooling and other topics.

Jodi provides a good basic foundation to direct people who are new to the journey of eating well: where to find good food; how-to-do's; what to avoid; and other problem areas, including cosmetics, personal care products, fragrances, eating out, dentistry and more.

You will enjoy the many photos that Jodi includes. I give this book a hearty thumbs up! The book is available on Amazon in paper and on Kindle books at: amzn.to/2kxK7UP and at her website: adventureswithjodi.com/ Congratulations, Jodi!

Review by Sylvia P. Onusic, PhD, CNS, LDN



Not only did the quality of her family's food improve their health, but Jodi hit upon the source of her misery—food additives, many of which are excitotoxins.

SHORT THUMBS-UP REVIEWS

THE HERBALIST'S KITCHEN: Brittany Wood Nickerson has put together a beautifully illustrated book full of imaginative recipes, all in line with Wise Traditions principles. You'll have fun with the herbal salts, herb pestos and herbal beverages! This book will definitely inspire you to plant an herb garden, and give you plenty of ideas on what to do with your harvest.

COMMON ROOTS COOKBOOK: Cathy and Ernest Hohmeyer, long-time chapter leaders, own Lake Clear Lodge & Retreat in upstate New York. This charming cookbook contains lots of local lore as well as fun recipes. Cathy does delicious things with potatoes!

ZAZU DREAMS: A tale for children with plenty of footnotes for adults, Zazu Dreams mingles myth with science, literature and history to illustrate a world of symbiotic relationships. You'll find many references to food and nourishment in this charming tale by Cara Judea Alhadeff, with paintings by Micaela Amateau Amato.

THE INDEPENDENT FARMSTEAD: Thinking about going into pasture-based farming? This is the book for you! Shawn and Beth Dougherty cover all the bases—land ownership, water, grass, fencing, ruminants, dairy foods, poultry, pigs, butchering—everything you need to be an independent farmsteader, all capped with an introduction by Joel Salatin. You'll learn the elements of a good paddock, how to integrate different species, the many models of raising pigs and much, much more valuable information.

CURE AMD - ANCESTRAL DIETARY STRATEGY TO PREVENT & REVERSE MACULAR DEGENERATION: Chris A. Knobbe, MD, an associate clinical professor of ophthalmology, tackles this difficult condition, said to be incurable, by pointing out the association of AMD with modern processed foods, especially vegetable oils, and deficiencies in key nutrients, notably vitamin A. The book is filled with references to the work of Weston A. Price and ancestral diets. Especially interesting is Knobbe's discussion of synthetic vitamins versus natural vitamins from food—and the evidence squarely supports getting these nutrients from food. His dietary recommendations are 100 percent on target; they include organ meats, cod liver oil, fish eggs, shellfish and raw dairy foods.

BOOK REVIEWS IN **Wise Traditions**

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

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

Tim's DVD Reviews

Vaxxed—From Cover-Up to Catastrophe
Produced by Del Bigtree
Cinema Libre Studio

“The CDC can no longer be trusted to do vaccine safety work ... can’t be trusted to be transparent...” This is a quote from William W. Thompson, PhD, a senior scientist at the U.S. Centers for Disease Control and Prevention (CDC). Thompson is a whistleblower who was recorded without his knowledge by Brian Hooker, PhD. These recorded phone conversations along with study data revealed that the CDC had clear evidence of a connection between autism and vaccines a long time ago. This is a key thing to understand before getting into any discussion about the subject.

So when you hear Bill Gates, for example, who is shown in this video, emphatically insisting that scientists have debunked the vaccine-autism link, ask yourself who debunked it. Mr. Gates and doctors in general see the CDC as the ultimate source of data on all medical subjects. The parakeets in the news media uncritically repeat what they hear from the CDC, considering it settled doctrine that shall not be questioned further. Anyone outside of officially sanctioned authority who has the gall to ask questions is one who probably also believes the earth is flat and Santa Claus is real. They may also be terrorists.

The credibility of the CDC takes another hit when we see a high-ranking CDC official testifying before Congress. When asked whether double-blind, placebo-controlled studies have been done on vaccines, the CDC official generates two minutes of meaningless babble. The congressman asks again for a simple yes or no answer and gets a subdued admission that the studies have not been done. The congressman then thanks the CDC official for wasting two minutes of his time.

Another point that the parakeets like to make is that the whole autism-vaccine link is

based on one study by Andrew Wakefield. The *British Medical Journal* (BMJ) published the study and then un-published it due to claims of fraud. Therefore, the parakeets say, the autism-vaccine link is debunked. One problem with that line of argument is the fact that the study explicitly said it did *not* prove that the MMR vaccine causes autism, but that more study was needed. Another problem is that all of the other scientists running that study went to court to defend themselves against the claim of fraud—and they won. The courts scrutinized the study and found no evidence of fraud. Wakefield himself was not cleared at the time only because he did not have the money to defend himself in court. So exactly what was the BMJ so upset about that they pulled the study? They seem to be acting more fraudulently than Wakefield.

The U.S. government granted the pharmaceutical industry immunity from prosecution for any harm due to vaccines. If vaccines are so safe and wonderful, why is that necessary? If any other industry produces a defective product that harms people, they get no such immunity. Why does the pharmaceutical industry get special treatment? A “Vaccine Court” was set up to hear cases where citizens make claims against vaccines. This court has awarded over three billion dollars of taxpayer money. It seems vaccines are not as perfect as we are led to believe.

Experts often claim that autism is genetic, but the explosive growth in the number of cases gives away the absurdity of the claim. Stephanie Seneff clearly explains that the growth in the number of autism cases is exponential. If it continues, our medical system and our whole culture will be crushed under the load of that many functionally impaired people.

In the film, two pediatricians who regularly used vaccines in their practice were given the data from William Thompson. After reviewing the data carefully, they were convinced that the CDC lied. One of them asked the best question ever: “If they lied about this, what else are they lying about?” I have said many times that lies are like cockroaches. Where you see one, there are ten thousand more you don’t see. My upward-pointing thumb would like to know what else they are lying about.

This film is not just well done, it exposes a serious danger to the most vulnerable members of our society—our infants and children. It is also indirectly showing us how those in power respond and who they really answer to. The information comes from an insider who was recorded without his knowledge. If you want to convince me this information is all wrong, you will first have to convince me that you are a better source than the insider. Good luck. ☯☯

Food Features

JUN TEA

By Ashley M. Turner

Jun tea is a delightful fermented tonic that is cultured with honey in a base of green tea. It is known as the “champagne of kombucha” because of its soft, light flavor and plentiful carbonation. It differs from kombucha in that it cultures best with green tea and raw honey, while kombucha thrives in black tea and sugar. It is truly a delicacy.

The history and origins of jun tea are mysterious. Some speculate that this close member of the kombucha family was a spiritual elixir originating in regions of northern China and Tibet. Others, however, think

that it is a more recent deviation from kombucha. According to food writer Sandor Katz, “The lack of credible information on jun leads me to the conclusion that it is a relatively recent divergence from the kombucha family tree. Some websites claim that it comes from Tibet, where it has been made for one thousand years; unfortunately, books on Tibetan food, and even a specialized book on Himalayan ferments, contain no mention of it. Whether or not it has a one-thousand-year-old history, it is quite delicious.”

Jun tea is a perfect choice for families who are concerned about consuming trace amounts of refined sugar found in regular kombucha. Even though the beneficial microbes consume the majority of the sweetener in both regular kombucha and jun tea, there are still minute amounts of the sweetener in the end product. For most, this is not a concern, but it can be for

those who are very sensitive to refined sugars. The addition of raw honey instead of sugar also offers the highly medicinal qualities of raw honey as well as a deeper complexity of flavor.

Jun tea requires a specific mother culture or SCOBY (symbiotic culture of bacteria and yeast), which can be purchased online. The organisms within the culture are responsible

for turning sweet tea into a fermented beverage high in probiotics, enzymes, vitamin C, the B vitamin family, and some amino acids. Over time, jun SCOBYs produce new SCOBYs, which can be used in your home fermentation, given to

a friend, or even consumed if desired. Similar to other ferments, the beneficial microbes present in jun help give the gut and immune system a boost.

INGREDIENTS

approximately 2-4 cups filtered water
1 jun SCOBY
1 cup raw honey
1 cup plain jun from previous batch
4 teaspoons organic green tea
filtered water

Bring 2-4 cups of water to a boil. Once the water has come to a boil, remove the pot from the burner and add the loose tea or teabags and steep for 5 to 10 minutes. I allow my tea to steep in the pan on top of the stove away from the heat. Once steeped, remove your teabags or strain loose tea into another vessel such as a Pyrex



Jun tea is a perfect choice for families who are concerned about consuming trace amounts of refined sugar found in regular kombucha.

liquid measuring cup. Allow the tea to cool to about 100-115 degrees. It is important that you not add the raw honey when the tea is above 115 degrees, as it will kill the beneficial enzymes in the honey needed for proper culturing. Stir until well incorporated.

In a one-gallon jar, add your sweetened tea, jun starter, and SCOBY. Then fill with filtered water up to the “shoulders” of the jar. Cover with a fabric scrap or cheesecloth secured with a rubber band. Set the vessel in a dark place or wrap it in a towel to keep out light. Allow the jun to ferment for roughly three days. Stick a straw beneath the SCOBY to sample the flavor if needed. In my home, it takes three days in the summer and four days in the winter because of the differences in temperature. Ideally, jun tea fermentation thrives between 68 and 77 degrees Fahrenheit.

Once the fermentation process is complete, reserve one cup of jun to be used as a starter as well as the SCOBY for your next batch.

At this point, the jun is ready to drink and can be stored in the refrigerator in mason jars or glass bottles with tightly fitting lids. If you wish

to flavor your jun tea, you can do a second ferment by adding flavorings to your brewed jun. To do this, add your flavorings of choice to a bottle and add your brewed jun, leaving a little headspace. Cover tightly with a lid. Allow to sit at room temperature and ferment for another day, or until your desired flavor has been achieved. Pressure and natural carbonation

can build up during this second ferment; it is best to open over the sink just in case it overflows due to the build-up of pressure.

Jun is delicious unflavored; however, adding some additional flavors is a treat. Our family’s favorite flavorings are fresh grated ginger and organic berries. Other great combinations are strawberries and basil, cherries or pears with a dash of almond extract, apple and cinnamon and

lemon juice and fresh grated ginger. When adding flavorings to jun tea, be sure not to let it sit out for its second fermentation for much more than twenty-four hours without letting some pressure out of your jar or bottle.

Ashley Turner, CNHP, is a doctor of naturopathy student, homesteader and homeschooling mother of three girls. She practices alongside her husband, Dr. Kevin Turner at Restorative Chiropractic & Functional Wellness Center in SE Pennsylvania. In addition to helping clients achieve their health goals, Ashley teaches classes on natural health and traditional food. She writes about health and shares recipes at restorativechiro.com/blog.



After learning about herbal salve-making on the annual WAPF Swiss Tour in 2016, the group stops to enjoy a refreshing glass of raw milk straight from grass/herb-fed cows on the beautiful Bettmeralp above the Rhone Valley. From left to right: Mother of herbalist, Debra Auden (TX), Jose Caballero (CA), Leslie Evarts (CA), Lyn Carlton (New Zealand), Attila and Anna Freska (VA), Amanda Blumenthal (CA), Lisa Engler (herbalist) and farmer.

Legislative Updates

AG & FOOD LAWS: WHAT'S ON THE HORIZON?

By Judith McGeary, Esq.

What does the new administration mean for agriculture and food? Just over a month into it, we mostly have educated speculation, and the situation might best be described as “complicated.” This article will provide some brief insights into a range of the issues that are already under discussion.

FOOD SAFETY MODERNIZATION ACT (FSMA)

One of the most promising areas for our farmers under the new administration involves the topic of FSMA. These expensive, burdensome new regulations went into effect this year. And even with the exemptions for small, direct-marketing businesses that WAPF helped win in the statute, many good farmers, artisan food producers and food hubs will face significant problems.

The administration’s strong anti-regulation rhetoric would certainly support a rollback of these regulations. And the congressional “Freedom Caucus” listed several of the FSMA regulations on their list of recommended rules to repeal entirely.

Most likely, we will not see a complete FSMA repeal, however, because Big Agribusiness and Big Food actually like much of this act; they supported it in Congress because it would provide a single federal standard, instead of the multiple private programs that sprang up in the wake of highly publicized large outbreaks. The more likely outcome is a targeted rollback of certain provisions (and we will have to be vigilant to ensure that the Tester-Hagan exemption doesn’t get rolled back in the process!).

NEW FDA LEADERSHIP

Encouragingly, Tom Price, who has been confirmed as Secretary of Health and Human Services, voted against FSMA in Congress (although on the downside he also voted against

country-of-origin labeling). Secretary Price, however, is expected to focus his attention and energies on the health care debates, not food.

President Trump’s selection for FDA commissioner, who will have more direct control over food issues, has not yet been named. The names that have been floated so far have ties to the world of venture capital, which in turn is closely tied to the development of new pharmaceutical drugs. There’s a strong push from that sector to stop requiring companies to prove the efficacy of drugs prior to allowing them on the market. Many fear that this could mean the marketing of ineffective drugs, which will still presumably carry plenty of detrimental side effects. At the same time, it might open the door for more innovative alternative therapies, but only if the costs of FDA approval are drastically reduced in the process. On the food side, we know essentially nothing about the views of these individuals.

USDA MEAT PROCESSING & SLAUGHTERHOUSES

One of USDA’s primary areas of responsibility is over slaughterhouses, which is also one of the biggest problem areas for small farmers. The burdensome federal regulations for slaughterhouses are imposed even on those who are only selling meat directly to local consumers because state-inspected slaughterhouses must meet the federal standards. With the new administration’s focus on reducing regulatory burdens, we have a good opportunity to push for reforms on this issue.

Many WAPF members are already aware of the PRIME Act, introduced last session in Congress. This bill by Rep. Thomas Massie (R-KY) would allow states to set their own standards for the sale of meat directly to consumers from what are known as “custom slaughterhouses” —processing plants that do not have to comply with

Judith McGeary is the Austin, Texas, chapter leader, an attorney and small farmer, and the executive director of the Farm and Ranch Freedom Alliance. She has a B.S. in biology from Stanford University and a J.D. from the University of Texas at Austin. She and her husband run a small grass-based farm with sheep, cattle, horses, and poultry. For more information go to farmandranch-freedom.org or call (254) 697-2661.

the federal standards. While the bill has not yet been re-introduced, it is expected to be; and if it garners support from the administration, then it is more likely to be incorporated into next year's farm bill.

There are also steps the USDA could take without any congressional action that would reduce the burdens on small and mid-scale processors. The Local Foods Association has a detailed proposal of common-sense changes to how the agency implements the current law. Some of them are as simple as allowing flexibility in the hours that the slaughterhouse operates, so that they are not charged overtime if they need the inspector to stay longer than eight hours because the animals couldn't be rushed. If the administration wants, it could help reduce significant expense and difficulty for slaughterhouses by adopting such reforms immediately, with no need for congressional action.

GMO LABELING

The DARK Act, passed last year by Congress, pre-empted any state regulation of GMO labeling. In its place, it directed USDA to develop federal standards for labeling. The law was deeply flawed. For instance, it excludes many new types of GMOs from the labeling requirement and allows for QR codes as labels to hide information from consumers. The future of even this very inadequate regulation is now unclear, however, due to President Trump's executive order directing all agencies to repeal two existing regulations for every new regulation they issue.

Trump's executive order not only calls for eliminating two existing regulations for every new one, it also requires that any "incremental cost" of the new regulation must be offset by the elimination of costs from the repealed existing regulations. That may sound good, but there's a lot of confusion: does it involve looking at just the costs, or are they offset by the alleged benefits of the regulations? For most regulations, the agencies claim that the benefits outweigh the costs; the exception is for regulations that have a diffuse effect or a long-term impact that is too difficult to quantify, such as country-of-origin labeling or the GIPSA rules discussed below.

Does this "one in, two out" order apply when an agency is specifically directed by statute to take action? At least one agribusiness group has already suggested that the GMO rule, if it issues at all, should be offset by the repeal of both the GIPSA rule and the organic livestock welfare standards rules discussed next.

CORPORATE CONTROL AND GIPSA

In 1921, when corporate control and trust busting was in the spotlight, Congress passed the Packers and Stockyards Act to address unfair market concentration in the livestock industry. Yet USDA's Grain Inspection, Packers and Stockyards Administration (GIPSA) never issued rules to implement the act. In the absence of USDA rules, some courts have ruled that a farmer has to prove that the company's actions harmed the entire industry, not just him, when alleging that there have been "unfair, unjustly discriminatory or deceptive practices" and "undue or unreasonable preferences or advantages." In essence, it's like requiring someone to prove that the entire neighborhood has suffered if someone cheats them.

After a long, hard-fought battle by family farm and consumer advocates, Congress directed USDA to issue rules to properly implement these statutory protections in the 2008 Farm Bill. Another long, hard battle followed to get the rules actually written and adopted. Three rules were finally published at the very end of the Obama administration. The rules on unfair practices and undue preferences were published as proposed rules, to be finalized after a comment period. The third rule, arguably the most important, was issued as an "interim final rule," which meant that it was supposed to go into effect immediately; this rule prevents retaliation by the companies against farmers who spoke up about the abuses, creating some basic and badly-needed whistleblower protections in this area. All three of the GIPSA rules have been halted for now by President Trump's regulatory freeze. The "one in, two out" requirement, combined with the vehement opposition from corporate agribusiness, makes it a very long shot that the proposed regulations will ever actually be finalized, and places the whistleblower rule at high risk for being repealed.

Ultimately, while the president clearly has a great deal of power, the key to long-term change remains the same regardless of who is in office: remaining involved, vocal and organized.

Why should farmers and consumers who are dedicated to the direct farm-to-consumer movement care? After all, none of our farmers is dealing with these companies. But this is still a vital issue for the long-term future of our food—because the larger and more powerful these companies grow, and the more they are allowed to run rough shod over the farmers they deal with, the more political power they gain and the fewer farmers are left to raise food.

ORGANIC LIVESTOCK WELFARE STANDARDS

In December, USDA issued final standards for humane animal treatment by certified organic producers, covering such things as livestock handling and the amount of outdoor space that must be provided for organic poultry. The rules were roundly criticized by both sides. “Industry organic” groups argue that the organic standards shouldn’t include any consideration of animal welfare, while the organic watchdog group Cornucopia argued that the standards did not go far enough. Regardless, the rule is on hold for now pending further review by the Trump administration, and may very well be rescinded, perhaps as one of the repeals to allow for the weak GMO labeling regulation under the DARK Act.

NEW SECRETARY OF AGRICULTURE

President Trump’s pick for the new secretary of agriculture is Sonny Perdue, former governor of Georgia from 2003 to 2011. He grew up on a farm and earned a doctorate in veterinary medicine. While Perdue has not yet been confirmed, he will almost certainly be.

There are several reasons for concern. While governor of Georgia, Perdue signed a law that blocks local governments from regulating crop production or animal husbandry. He also took over three hundred thousand dollars in contributions from Monsanto and other agribusinesses for his campaigns. The GMO lobby group Biotechnology Innovation Organization even named him its 2009 Governor of the Year. The company he started after his term as governor is a global food trade corporation, which poses a conflict of interest since, as secretary of agriculture, Perdue will be involved in various regulations governing food imports and exports. At the same time, as with this administration in general, Perdue generally favors less regulation. Depending how this deregulatory approach is implemented, it could provide benefits for small farmers as well.

DEPARTMENT OF JUSTICE

Last, although we don’t often think about the Department of Justice when discussing food, the mergers of agribusiness giants make it a vital actor in the upcoming year. American genetic engineering and pesticide giant Monsanto and German pharmaceutical and chemical giant Bayer are in the middle of a sixty-six-billion-dollar merger. The resulting company would own over a quarter of the seed market and the global pesticide market.

Two other mega-mergers are also pending: Dow Chemical with DuPont, and Syngenta with ChemChina. Even before the mergers began, these seed and agrochemical companies held inordinate market power, with Monsanto, Dow and Syngenta collectively controlling more than

half of the global seed market.


Each of the mergers individually would negatively affect small farmers, organic farmers, farmworkers and consumers. Taken together the implications are scary. It is predicted that if all three deals were to close, the three resulting companies would control nearly 70 percent of the world’s pesticide market, more than 61 percent of commercial seed sales, and 80 percent of the U.S. corn-seed market.

Such a heavily consolidated seed and agricultural input industry makes it easier for collusion that would reduce options for farmers and raise their costs—and ultimately pass those costs on to consumers. The massive corporations would have enough economic and political power to ignore the growing consumer and farmer demand for truly sustainable, non-toxic options, meaning even less choice in the marketplaces for seeds, inputs and foods.

Hundreds of organizations have urged the Department of Justice to conduct a thorough investigation to determine the impacts of these takeovers and prevent them from going forward.

Disturbingly, then President-elect Trump met with the CEOs of Bayer and Monsanto at Trump Tower in January. The companies committed to eight billion dollars in new research and development, along with three thousand new jobs and a commitment to keep nine thousand other jobs in the United States, if the merger goes through. Trump then issued a statement making it sound as though the entire deal was settled—with no mention of the Department of Justice or any antitrust concerns.

But there is opposition within Congress. Leading the charge on Capitol Hill is Senate Judiciary Committee chairman Chuck Grassley (R-Iowa), who has pushed regulators to block the deal. In terms of the long-term structure of our agricultural and food system, the issue of these mergers may be the single most important one in the coming year.

Ultimately, while the president clearly has a great deal of power, the key to long-term change remains the same regardless of who is in office: remaining involved, vocal, and organized. 

BACK ISSUES OF **Wise Traditions** AND OTHER INFORMATIVE LITERATURE

Fall 2006	Is Vitamin D Toxic?; Sunlight and Melanoma; Vegetable Oil Nightmare; Saturated Fat Attack; Picky Eaters.
Winter 2007	Children's Issue: Gut and Psychology Syndrome; Vitamins for Fetal Development, Traditional Remedies.
Fall 2010	Essential Fatty Acids; Magnesium; Healthy Skin; Sacred Foods for Children; Tale of Two Calves.
Winter 2010	Joel Salatin on the Politics of Food; Saving the Polish Countryside; Biological Farming; Glutathione in Raw Milk.
Summer 2011	Sulfur Deficiency; The Importance of Salt; The Senomyx Scandal; Why We Crave; Raw Milk Safety.
Fall 2011	Pork - Live Blood Analysis Study; Pork Recipes; The Accumulated Wisdom of Primitive People; Protein Primer.
Fall 2012	Vitamin & Mineral Synergies; California's Ancient Cornucopia; All About Bacon; Tooth Decay.
Winter 2012	Vitamin A Synergies; The Story of Zinc; Natural Skin Cream; Slovenian Soups and Stews; Soy Infant Formula.
Spring 2013	Nutritional Roots of Violence; Glycine for Mental Stability; Pork Study; Homeopathy for Mental Illness.
Summer 2013	Our Broken Food Supply; The Marketing of Crisco; GMOs in Europe; Insights of a Meat Processor; Natto.
Fall 2013	GMO Dangers; Roundup Dangers: Culinary Traditions in Romania; The Battle for the People's Milk.
Winter 2013	Beyond Cholesterol; Cancer as a Healing Strategy; Grain Traditions in Russia; Push to Pasteurize Breast Milk.
Spring 2014	Dr. Price's Scientific Approach; Weston Price and the Fluoridationists; Cows and Climate; Economics of Raw Milk.
Summer 2014	Nutrition for the Elderly; A New Look at Alzheimer's Disease; In Defense of Wheat; Dangers of Vegetable Oils.
Fall 2014	What Causes Heart Attacks? The Myogenic Theory of Heart Disease; Thrombi in Heart Disease;
Winter 2014	Effects of Smart Phones on the Blood; Dangers of Smart Meters; Protection Against EMR; U.S. Dietary Guidelines.
Spring 2015	Cleansing Myths and Dangers; Toxicity and Chronic Illness; Gentle Detoxification; Great Nutrition Pioneers.
Summer 2015	Vaccination Dangers Issue; Risks vs Benefits; How to Protect Your Child; Holistic Remedies for Injuries.
Fall 2015	The Scandal of Infant Formula; Vitamin D in Cod Liver Oil; Cod Liver Oil Controversy; Fermented Fish Foods.
Winter 2015	Water Issue: The Fourth Phase of Water; Sewage in a Glass; Water Stressors; Teaching WAPF to College Students.
Spring 2016	Folic Acid and Glyphosate; Why We Need Saturated Fats; Cod Liver Oil Testing; Flint, Michigan Cautionary Tale.
Summer 2016	Vitamin A; Healthy Fertility; Recovery from the Pill; The Concussion Epidemic; EMR and the ADHD Child.
Fall 2016	Why We Need Carbs; .Recovery from a Low-Carb Diet; Sugar Addiction is Real; Should We Cut Back on Salt?
Winter 2016	Men's Health Issue; Fueling the Modern Athlete; Restoring Male Fertility; The Problem with Protein Powders.

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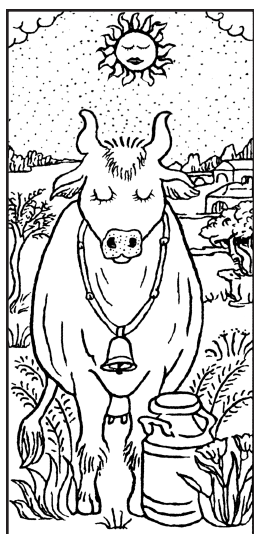
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A Campaign for *Real Milk*

FDA BANS RAW CAMEL MILK

By Pete Kennedy, Esq.

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Humpback Dairy, the largest camel milk producer in the U.S., has stopped shipping raw milk for human consumption across state lines. In a January 6 letter to the Food and Drug Administration (FDA), Sam Hostetler, owner of Humpback Dairy in Miller, Missouri, informed the agency that he was willing to comply with a federal regulation (1240.61) prohibiting the transport in interstate commerce intended for direct human consumption of raw milk and raw milk products (other than cheese aged sixty days). On December 19, 2016, FDA sent Hostetler a warning letter stating that he had violated the regulation by shipping raw camel milk across state lines “in finished form for human consumption.” FDA’s position is that the interstate ban applies to all raw milk, including camel milk.

Hostetler probably produced a majority of the raw camel milk consumed in this country. The cessation of his interstate shipments has left thousands of people scrambling for a new source of camel milk, notably parents of children with autism. Given the lack of camel producers in this country, it is probable that many of these parents, as well as others, will not be able to find another source.

Walid Abdul-Wahab, the founder of the largest camel milk distribution company in the U.S., estimates that well over ten thousand autistic children in the country consume raw camel milk; only a small percentage of that number drink pasteurized camel milk. Walid said that a survey conducted by his California-based company, which sells direct to consumers, found that about 40 percent of his customers are parents of autistic children. At a price of eighteen dollars per pint for raw camel milk, it’s obvious the parents believe the milk has medicinal benefits; the science backs them up. Possibly more than any other raw dairy product, camel milk pres-

ents the case for why the interstate ban does just the opposite of protecting the public health and should be repealed. It is also the best illustration of the cruelty of the ban; access to a product that alleviates the symptoms of the condition known as Autism Spectrum Disorder (ASD) is, in effect, denied to parents and children who are contending with the disease.

Christina Adams is a media professional and camel milk advocate living in California who has a son with autism. For twelve years she has consulted with international doctors and scientists while writing and speaking about the benefits of giving autistic children camel milk (which she considers a good nutrition source for people who can’t tolerate regular milks, a common condition in autism and food-intolerant populations).

A report by Adams on the results of treating her son’s autism with camel milk was published in a peer-reviewed medical journal.¹ That is not the only medical publication with an article on the benefits of raw camel milk. In 2014 the *World Journal of Pharmaceutical Sciences* published an article entitled “A Review on Medicinal Properties of Camel Milk” that stated, “Autistic children drinking camel milk have had amazing improvements in their behavior and diets.”² A 2015 medical journal review stated that camel milk is safe and effective for children³ and a 2016 review stated that camel milk was proven to show efficacy for various diseases including autism, diabetes, food allergies, metal toxicity and more.⁴

According to Adams, the benefits of raw camel milk for many autistic children include:

- Increased motor planning and spatial awareness;
- Increased self-direction and executive functioning;

- Increased language, often with emotional content;
- Increased cognition, awareness and generalization;
- Greater empathy;
- Better sleep;
- Increased growth and needed weight gain;
- Resolution of skin issues;
- Formed stools, lack of bloating;
- Calmness;
- Decreased sensory issues;
- Ability to tolerate more carbohydrates and sugars; and
- Decreased behavior problems.

Due to U.S. health regulations, it is difficult to import camel milk and to import camels into this country. Many camel milk proponents believe the regulations are too strict but in the short run, the best hope to meet the demand for raw camel milk is Hostetler's dairy; the FDA warning letter put an end to that source of supply for people outside Missouri. Pasteurized camel milk and camel milk powder is available around the U.S., but the likelihood is that most parents purchasing raw camel milk from Humpback Dairy believe that neither product will be as effective in improving the symptoms of their autistic children. Why can't the FDA honor their medical or food freedom of choice?

Adams says, "Properly pasteurized camel milk still has great value as an alternative milk source but raw camel milk is a special category that needs protecting. After all, fresh camel milk is a food used around the world."

In particular, a study of the effects of camel milk on behavior in children with ASD stated, "A significant therapeutic effect of raw camel milk is decreased on boiling or pasteurization. Camel milk has good bacterial and antiviral activity thus if [it] is used raw, there are less chances of transmission of infection. This concept is consistent with the historic belief that natural substances play an important role in preventative and therapeutic treatment."⁵

Adams receives mail about camel milk every day from throughout this country and around the world. The United Nations Food and Agriculture Organization (FAO) reports that

camels have become the third-fastest growing livestock in the world.

As far as is known, there isn't a single foodborne illness outbreak in this country that has been attributed to the consumption of raw camel milk. FDA has not made any case that raw camel milk is a threat to the public health.

Once again, the interstate raw milk ban has prevented people from accessing what they believe best for their own health. It's time to get rid of the ban. Massie will be introducing legislation this session of Congress to repeal the interstate ban. Please support this important bill.

Farm-to-Consumer Legal Defense Fund will be sending out action alerts on this legislation once it is introduced. Please take action to support your food choice and the food choices of those who cannot stand up for themselves.



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A significant therapeutic effect of raw camel milk is decreased on boiling or pasteurization.

RAW MILK UPDATES

By Pete Kennedy, Esq.

Forty-two states currently allow access to raw milk through statute, regulation or policy. In 2017, legislators have introduced raw milk bills in several states where any raw milk sales or distribution is illegal; in addition, a number of other states have introduced legislation that would expand legal access. The movement toward raw milk legalization in all fifty states continues. Bills before the legislatures include the following.

ALASKA

House Bill 46 would legalize sales of raw milk and raw milk products directly to the final consumer as long as the “principal display panel” on the product states that the milk is not pasteurized and “may cause health concerns” and as long as the producer complies with any other state requirements for the sale of raw milk. Raw milk is one of several matters related to food and agriculture that is covered in the bill. HB 46 has been assigned to three different House committees: Community and Regional Affairs, Resources, and Finance Committees.

HAWAII

Hawaii has no fewer than six bills (only three listed here) that would allow for the sale and distribution of raw milk. The bills include:

Senate Bill 162 would allow the direct sale of raw pet milk from a farm to a consumer who is an owner of a pet animal; farms selling milk must register with the state Department of Health and must comply with labeling requirements. The bill also allows the sale of any other raw dairy product as pet food. SB 162 passed out of the Senate Committee on Agriculture and Environment and is now before the Committee on Commerce, Consumer Protection and Health. The Hawaii Department of Health strongly opposed the bill, and as a result the effective date of the measure has been pushed back to July 1, 2050 (!) to “encourage further discussion” according to a letter from the chair of the Committee on Agriculture and the Environment.

Senate Bill 644 would allow the sale of raw milk and raw milk products through a subscription program from the farm direct to the consumer if various requirements are met. The requirements include farms registering with the state, complying with labeling and record-keeping requirements, and receiving a raw milk subscription program permit from the state. Subscribers must sign a “waiver of understanding” recognizing that the milk is not pasteurized and sign a pledge to buy a future portion of raw milk and raw milk products produced by a Hawaii raw milk producer. SB 644 has been assigned to both the Agriculture and Environment Committee and the Commerce, Consumer Protection and Health Committee.

Senate Bill 1167 would allow the distribution of raw milk and raw milk products through herdshare agreements. Those purchasing an ownership interest in a dairy animal must sign a waiver of understanding that the milk and milk products received are not pasteurized. SB 1167 has been assigned to both the Agriculture and Environment Committee and the Commerce, Consumer Protection and Health Committee.

ILLINOIS

House Bill 2466 would give the Illinois Department of Public Health (IDPH) the authority to issue rules allowing the delivery of raw milk by dairies that are permitted through IDPH. Current law allows permitted dairies to sell raw milk only on the farm premises. For over thirty years, IDPH allowed the unregulated on-farm sale of raw milk, but last summer regulations subjecting the raw milk dairies to permitting and inspection requirements went into effect. Only two dairies have obtained permits so far.

IOWA

Senate File 287 would allow sales of ungraded raw milk direct to the final consumer. Current law requires that only Grade A pasteurized milk and milk products be sold to the final consumer; Iowa is one of the remaining states prohibiting any raw milk distribution. SF 287 has been assigned to the Senate Agriculture Committee.

MASSACHUSETTS

Senate Number 442, an agricultural omnibus bill, includes provisions that would officially legalize herdshare agreements and would allow the off-farm delivery of raw milk by licensed dairies. Under the bill, farmers with no more than twelve lactating cows, goats, or combination of cows and goats, can enter into herdshare agreements with those wanting to obtain raw milk. There must be a written contract that includes a statement that the raw milk

is not pasteurized nor subject to inspection by the state department of health nor the Massachusetts Department of Agricultural Resources (MDAR), and that the milk is subject to limited testing by the MDAR. Distribution is limited to on the farm and the farmer must keep records of when a shareholder receives milk and shall maintain those records for at least sixty days. MDAR has power to issue rules on testing but cannot require testing more frequently than once every two months.

S.442 allows for a licensed raw milk farmer to deliver raw milk to a consumer the farmer has a contractual relationship with, including through the farmer's agent and through a community-supported agriculture (CSA) delivery system. No delivery site can be in a retail setting except for CSA delivery. The bill gives MDAR power to issue regulations governing delivery; the regulations must allow for non-mechanical refrigeration. S.442 has been assigned to the Joint Committee on Environment, Natural Resources and Agriculture.

MONTANA

An amended version of House Bill 325 has passed out of the house of representatives and is now in the senate. The amended version of the bill would allow the direct-to-consumer sale of raw milk and raw milk products from producers with no more than five cows or ten goats or sheep. The only requirement is that producers register with the state Department of Livestock (DOL). The original bill would have allowed the on-farm sale of raw milk and raw milk products to consumers by producers with no more than ten cows or twenty goats or sheep. Producers had to obtain a small herd permit from DOL, and there were testing and labeling requirements, as well. The original version of HB 325 would also have officially legalized herdshare agreements.

NEW JERSEY

Assembly Bill 696 (A 696) passed out of the Assembly Agriculture and Natural Resources Committee in December 2016 but has not yet been scheduled for a floor vote in the general assembly. The legislature is in the second year of a two-year session. The bill was also introduced in the prior two sessions. A 696 allows for the on-farm sale of raw milk and raw milk products if the producer has a permit issued by the state Department of Agriculture. There is a requirement that the label for any raw dairy product contain the statement, "Raw Milk Is Not Pasteurized and May Contain Organisms that Cause Human Disease"; there must also be a sign on the farm with a similar statement. There are herd health and milk testing requirements; producers are responsible for the costs of the latter. The bill recognizes the legality of herdshare agreements and states that no raw milk permit is required for the distribution of milk through a herdshare contract.

RHODE ISLAND

Two raw milk bills have been introduced in the Rhode Island legislature this session. Senate Bill 247 empowers the state milk commission to issue rules governing the distribution and sale of raw milk and cream within the state. SB 247 requires that raw milk only be available for sale five days after the date of production. The bill also requires warning statements on the label and on a sign where the milk is sold. A license is required for anyone selling more than twenty quarts of milk or cream per day to consumers.

Senate Bill 248 legalizes herdshare agreements by exempting them from any requirements of the state Milk Sanitation Code. The exemption in SB 248 applies to the "transfer or exchange of raw milk between persons who are parties to the same shared animal ownership agreement."

TEXAS

House Bill 57 allows permitted raw milk producers or their employees or agents to sell raw milk and raw milk products at the "permit holder's place of business," the consumer's residence, or a farmers market. Current law only allows permitted producers to sell on the farm. HB 57 has sections regarding labeling, handling and transport of raw milk and availability of records on raw milk testing. A warning statement is required on the labels. Raw milk cannot be sold later than the fifth day after the date the container was filled; there are temperature requirements for the transport of raw milk but the state Department of Public Health is not allowed to prescribe the method used for compliance, such as refrigeration. A producer may contract with another person for the transport but is still legally responsible for any violations of state law during the delivery and transport.

Those who have not joined the Farm-to-Consumer Legal Defense Fund are encouraged to do so. Membership applications are available online at farmtoconsumer.org or by calling (703) 208-FARM (3276); the mailing address is 8116 Arlington Blvd, Suite 263, Falls Church, VA 22042.

Healthy Baby Gallery



Elizabeth Joy is the second child of WAPF chapter leader Rashel Harris and her husband, Andrew. Elizabeth was born June 15, 2014, three years after her older sister, Isabella. Elizabeth was born at home in a birth pool with the assistance of a midwife and doula. Her birth was an incredible experience, and as close to painless as Rashel could have hoped for. From the start, Elizabeth was happy, healthy and a great sleeper; she was sleeping through the night by two months old. For the first year of her life, she decided all she wanted was breast milk (to her mother's dismay). Incorporating other nutrient-dense foods was a slow process, but we can now proudly say that Elizabeth's favorite foods include raw milk from the family milk cow, fermented veggies from the garden (especially pickles, carrots and kraut), cinnamon cod liver oil, homemade cheese and yogurt, fruit smoothies, cured meats, pork sausage, lamb and sourdough breads.

A fun-loving, good-natured child, Moses Gabriel thrives on traditional foods. Moses's mom focused on eating a real-food, nutrient-dense diet for over six years as well as doing some major detoxification from military vaccines before conceiving. Moses enjoys a wide variety of traditionally prepared foods, including pastured egg yolks, liver, cod liver oil, wild game meats, fermented vegetables, soaked gluten-free grains, bone broths, grass-fed butter, as well as his most recent favorites, plantains fried in coconut oil and arrowroot biscuits. His healthful diet has played a crucial part in offsetting some genetic mutations passed down from his parents, including MTHFR and celiac disease, which necessitated the removal of dairy (except for butter) and gluten from his diet. Midline defects can thankfully be remedied using a combination of both diet and holistic dentistry's A.L.F. palate expansion device.

Most people think it is luck to have a beautiful baby, but Moses's parents know that it is a gift from God who designed our bodies to respond to a daily intake of nutrient-dense foods high in vitamins A, D, and K₂ as recommended by WAPF.



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Attendees at a free vegetable fermentation workshop taught by Fayetteville, Arkansas, chapter leader and artisan pickle-maker Cat Swenson of Great Ferments. Displaying a copy of *Wise Traditions*, Cat starts off every event with a description of WAPF and the benefits of membership!



The Fayetteville chapter offers free cheese-making workshop with artisan cheese-maker Jessica Keahey of Sweet Freedom Creamery.

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CHAPTER RESOURCES

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

LOCAL CHAPTER LIST SERVE

Thank you to Maureen Diaz a chapter leader in Pennsylvania, for administering the local chapter chat group. New chapter leaders can sign up at <http://groups.yahoo.com/group/wapfchapterleaders/>.

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 401 serve every state in the U.S. plus the District of Columbia
 and 111 serve 28 other countries.

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The Westford, Massachusetts, chapter held a “Meet Your Healers” event with twenty-two holistic practitioners who briefly presented their areas of expertise. Aaron Miller spoke and gave away farm-fresh food and drink from Miller’s Biodiversity Farm. The event was a hit!

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Three satisfied participants display their wares at a fermentation class led by Kannapolis, NC, chapter leader Christine Williams (not shown), who enjoys encouraging and empowering people to prepare traditional foods.



Chapter leader Christine Williams teaches lacto-fermentation at an American Holistic Nurses Association meeting in Kannapolis.

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LOCAL CHAPTER BASIC REQUIREMENTS

1. Create a food resource list of organic or biodynamic produce, milk products from pasture-fed livestock (preferably raw), pasture-fed eggs and livestock and properly produced whole foods in your area.
2. Provide a contact phone number to be listed on the website and in our quarterly magazine.
3. Provide Weston A. Price Foundation materials to inquirers, and make available as appropriate in local health food stores, libraries and service organizations and to health care practitioners.
4. Provide a yearly report of your local chapter activities.
5. Be a member in good standing of the Weston A. Price Foundation.
6. Sign a contract on the use of the Weston A. Price Foundation name and trademark.

OPTIONAL ACTIVITIES

1. Maintain a list of local health care practitioners who support the Foundation's teachings regarding diet and health.
2. Represent the Foundation at local conferences and fairs.
3. Organize social gatherings, such as support groups and pot luck dinners, to present the Weston A. Price Foundation philosophy and materials.
4. Present seminars, workshops and/or cooking classes featuring speakers from the Weston A. Price Foundation, or local speakers who support the Foundation's goals and philosophy.
5. Represent the Weston A. Price Foundation philosophy and goals to local media, governments and lawmakers.
6. Lobby for the elimination of laws that restrict access to locally produced and processed food (such as pasteurization laws) or that limit health freedoms in any way.
7. Publish a simple newsletter containing information and announcements for local chapter members.
8. Work with schools to provide curriculum materials and training for classes in physical education, human development and home economics.
9. Help the Foundation find outlets for the sale of its quarterly magazine.

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The Nourishing Traditions Book of Baby & Child Care is available in Croatian! From left to right: Domagoj Dzojic (WAPF chapter leader and translator), Anita Supe (nutrition writer and publisher) and Drazen Herendic (translator) display the Croatian version of the book at the country's widely attended "Interliber" book fair in November, 2016.

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Many Hands Organic Farm in Barre, MA. All products certified organic and free range. Lard, pork, chicken and beef stocks, pork, chicken, turkey and 26 weeks of CSA. No till, nutrient dense. www.mhof.net; (978) 355-2853; farm@mhof.net.

MD

100% soy-free chicken, eggs, pork and beef. Chicken livers, chicken feet and heads. Bacon and sausage. Raw pet milk. Raw milk blue and cheddar cheese by cheesemaker Sally Fallon Morell. **Will ship** whole cheese wheels. Southern Maryland, within 1 hour of downtown Annapolis and Washington, DC. Saturday farm tours. Store open Thursday to Saturday 10-6 or by appointment. P. A. Bowen Farmstead, 15701 Doctor Bowen Road, Brandywine, MD. (301) 579-2727, pabowenfarmstead.com.

Nick's Organic Farm. Grass-fed beef (no grain ever), free range eggs, pastured chicken and turkey. Liver, organ meats, and bones. Organic poultry feed. Pick up in Potomac or Buckeystown. Our livestock are rotated to fresh pastures on our fertile organic soils and receive organic feed, no hormones, antibiotics, or animal parts. We raise our cows 100% grass-fed. We raise our hay, raise and grind our own grain into poultry feed and process our poultry. Quality organic products since 1979. (301) 983-2167, nicksorganicfarm@comcast.net, nicksorganicfarm.com.

All come to our peaceful family farm—your source for premium pasture-raised chicken, turkey, eggs, 100% grass-fed lamb, and raw honey! Poultry fed organic feed. Less than 1 hour from DC metro area in southern Frederick County, MD. JehovahJirehFarm.com (301) 874-6181.

MI

Creswick Farms. Dedicated to raising healthy, happy animals—lovingly cared for just as Mother Nature intended—which provide high-energy, nutritious and delicious food sources for health-conscious individuals. No antibiotics, steroids or GMOs ever fed to our animals! (616) 837-9226, CreswickFarms.com.

Pastured Pork, Chicken, Beef and Lamb sold from farm or delivered monthly to your home from Grand Rapids to Cadillac; Muskegon to Mt Pleasant. No GMOs, no soy and no chemicals. Come visit the farm! Provision Family Farms, White Cloud. (231) 689-0457, provisionfamilyfarms@gmail.com, www.provisionfamilyfarms.com/shop-the-farm.html.

MN

Farm On Wheels offers animals raised green grass-fed & certified organic. Nutrient-dense beef, lamb, chicken, eggs, turkey, goose, duck, and pork. No corn or soy. Farmers Market year around in St. Paul, Prior Lake, Northfield. Linda (507) 789-6679, farmonwheels.net, farm_on_wheels@live.com.

MS

Nature's Gourmet Farm raises nutrient dense grass-fed beef, pastured pork, and pastured broilers. Animals are hormone, antibiotic, and GMO free! We service south Mississippi, Alabama and Louisiana. For details and order information visit our website at www.naturesgourmetfarm.com.

OH

Non-GMO pastured pork & chicken, eggs and grass-fed beef. Also 100% A-2,

A-2 Guernsey milk, cream and cheese. Will ship Guernsey Cheddar plus Goat Gouda and Cheddar. For more details call (330) 359-2129 or email thefoodbarn.veggies@gmail.com. Wholesome Valley Farm, Wilmot, OH

Sugartree Ridge Grassfed. Openings in 100% grassfed herdshare with nine delivery sites in the Cincinnati area. No grain, no silage. Sixteen cows (cross between Jerseys, Guernseys, Brown Swiss and British White) grazed year-round on sixty acres rotating through thirty paddocks (which are allowed to grow for sixty days between grazings and are spread with organic, Albrecht-based mineral supplements). Nutrient-dense milk, family-friendly farming and holistic stewardship. 6851 Fair Ridge Road, Hillsboro, OH 45133.

OR

Grass-based biodynamic raw milk dairy offering Jersey Hi-creamline milk, cream, golden butter, cottage cheese and aged cheeses. Soy-free veal and pork seasonally. On farm sales and membership club. **Can ship.** Sherry and Walt (541) 267-0699.

PA

Grass-fed lamb, pastured Tamworth pork & piglets, pastured chicken, honey, Sheep Camp, farm tours, Adopt-A-Sheep & more. Visit Owens Farm Sunbury, PA, owensfarm.com (570) 286-5309, info@owensfarm.com.

Rambling River Pastured Farm - Pastured pork, chicken, duck, turkey. Non-GMO feed. 100% Grass-fed lamb. CSA shares or on-farm sales. **Shipping and delivery available.** Special pricing on surplus frozen chicken from 2015. Located near Gettysburg. Contact Meredith at (717) 624-2141.

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Wentworth Dairy. Grass-fed raw milk, raw milk cheese, free-range eggs, pastured pork, grass-fed beef. We are located 8 miles from MD state line. Family farm, all natural grass-based, Ayrshire and Jersey cows. Rob & Bonnie Wentworth, 1026 River Road, Quarryville, PA 17566, (717) 548-3896.

NY

MYS-permitted raw milk on Long Island, from grass-fed pastured Jersey cows. Visitors welcome. 5793 Sound Ave, Riverhead, NY 11901. (631) 722-4241.

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VA

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WY

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Natural insect control. Bat House kits. Easy assembly. \$30.00. 2, or more, \$25.00 each. Also beautiful, handcrafted, heirloom toys. Train made with 4 different hardwoods. \$40.00. Cherry pull duck or rabbit. \$28.00. All post paid. Many others. Wholesale to gift shops. Keim's Wood Handcrafts, 455 Argersinger Rd Fultonville, NY 12072.

DVDS

DVD "Nourishing Our Children" recently launched a DVD that may be used for one's self-education or to present to an audience. You will learn how to nourish rather than merely feed your family. nourishingourchildren.org/DVD-Wise.html Free shipping!

SHARE YOUR PASSION for food with friends and family! The Diet for Human Beings affirms our human requirement for fats, with less emphasis on starchy carbs. "An Hour To Watch - 30 Days To Try - Your Life Will Never Be The Same" on dietandhealth.com.

EMPLOYMENT OPPORTUNITIES

A lovely, well appointed cottage, gardens, pool, labyrinth and more awaits a motivated couple interested in sustainable healthy living and exploring New Zealand. See woof website for how this works. For more information, email Lyn at 1gardenstone1@gmail.com.

FARM FAMILY OR INDIVIDUAL needed to help set up and live on pristine 164 acre former raw dairy farm and cheese making facility in SW Washington state. If interested, please send email to Lawren@wellaroo.com with subject line: "dairy farm".

HIRE STOOL DONOR Child with autoimmune disease needs fecal transplants. Donor WAP-type diet. Adult or child over 1 year. FTP used successfully for son. (325) 261-8870, cececebrown@gmail.com. Per GI-doctor, son needs to continue FTP for limited course. Prior donor moved overseas.

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A wonderful WAPF-Inspired fine dining restaurant is now recruiting talent. Farmageddon filmmaker, Kristin Canty is hiring for her new venture, Woods Hill Table, a traditional foods restaurant in her home town of Concord, MA. To our knowledge, this is the first-ever WAPF inspired fine dining restaurant. From frying in beef tallow, soaking grains, and raw fermented foods to serving kombucha flavor of the day on tap, Kristin is implementing the WAPF dietary guidelines and changing restaurant history. If you'd like to be a part of this exciting culinary project, her Concord Restaurant Group is looking for a service manager, servers, reservationists, chefs and line cooks. Contact Kristin@woodhilltable.com; 24 Commonwealth Ave, Concord, MA, 01742; woodhilltable.com, jobs@woodhilltable.com, (978) 369-6300.

HEALING ARTS

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VIROQUA NUTRITION COUNSELING is a traditional foods-based practice in Southwest Wisconsin. Laura Poe, RD is a holistic dietitian, culinary instructor and WAPF member. In-person or distance consultations available. Email Laura at viroquanutritioncounseling@gmail.com for more information or to schedule an appointment. Initial consults are \$100, \$75 for follow-ups.

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WAPF RESEARCH

STUDY ON HEALTHY BABIES: Johanna M. Keefe, MS, RN, GAPS, Advanced Holistic Nurse, & Gena Mavuli, MA, NC are seeking volunteers for a PhD research project in Transformative Studies through CIIS (California Institute for Integral Studies). If you have had a healthy baby using the WAPF dietary guidelines, they would like to hear from you. They would like to interview you by Skype, Facetime, or in person if you are located in New England, northern California or North Carolina—<https://realfoodsuccesstories.wordpress.com/>, growingSUCCESSstories@gmail.com, (978) 290-0266.

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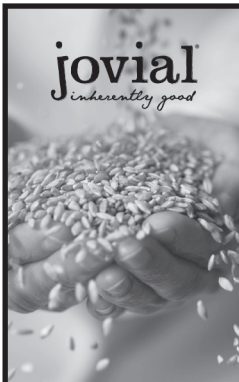


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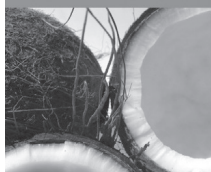
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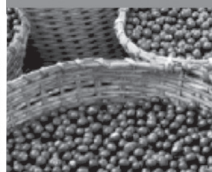
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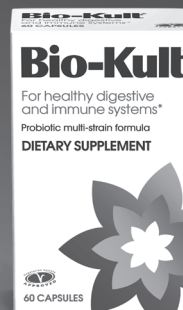
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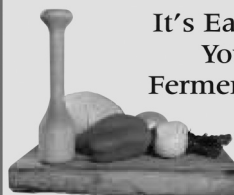
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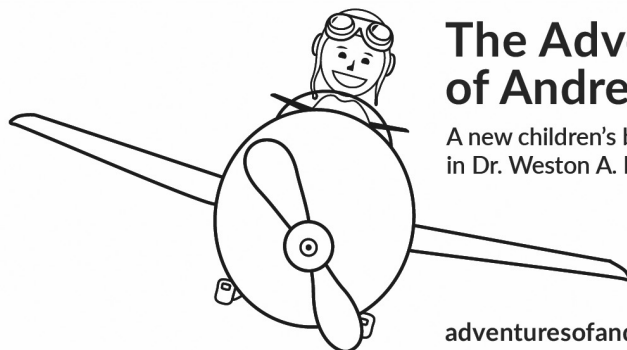


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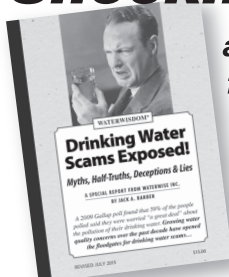
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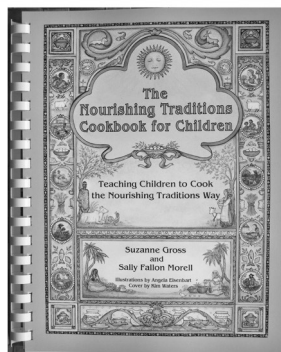
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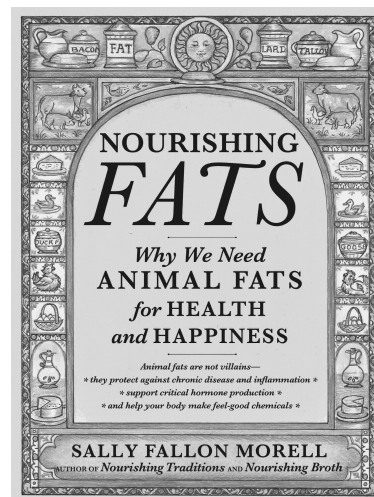


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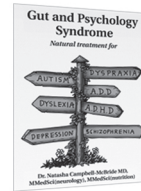


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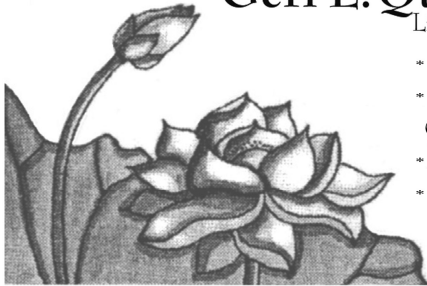
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