

WiseTraditions

IN FOOD, FARMING AND THE HEALING ARTS Volume 26 Number 1 Spring 2025

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THE WESTON A. PRICE \bigcirc FOUNDATION[®] \bigcirc \bigcirc

Education • Research • Activism

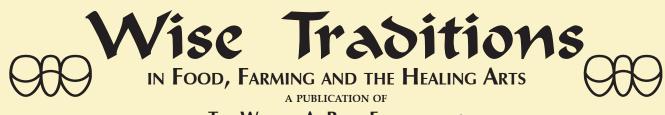
The Weston A. Price Foundation is a nonprofit, tax-exempt charity founded in 1999 to disseminate the research of nutrition pioneer Weston A. Price, DDS, whose studies of isolated nonindustrialized peoples established the parameters of human health and determined the optimum characteristics of human diets.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

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

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

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

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



THE WESTON A. PRICE FOUNDATION®

Volume 26 Number 1

Spring 2025

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President's Message

"Everything is on the table," said HHS Secretary Robert F. Kennedy, Jr. in an introductory speech to his staff (youtube.com/ watch?v=o-BCMG198Yc). It's all up for discussion: vaccine safety, EMFs, glyphosate and pesticides, ultra-processed food, artificial colors and flavorings, SSRIs (antidepressant drugs like Zoloft), PFAs and PFOAs, microplastics. . . They'll all be looked at in an effort to make America healthy again.

One thing he didn't mention, and in fact that no one is talking about: the substitution of industrial seed oils for animal fats over the last seventy years, ever since the push for margarine began in the late 1950s. Virtually every health problem we are seeing today, from infertility to diabetes to depression to behavioral and learning disorders, stems from the lack of healthy animal fats in the diet with their complement of fat-soluble vitamins and life-sustaining fatty acid profiles.

Of course, we need to look at the adulterations in our food and environment (including fluorosilicic acid—toxic waste added to drinking water—not mentioned by Mr. Kennedy) and the abomination of vaccinations, but a diet based on animal fats can even mitigate these poisons. Animal fats certainly help people think more clearly so they are less likely to fall for scams.

The health crisis has taken seventy years to develop and won't be solved overnight. True vibrant health can return only to the next generation. . . IF the young people of today wake up and adopt a nutrient-dense diet containing animal fats to prepare for pregnancy and nourishing their children through gestation, lactation and growth. Adding raw milk (also not mentioned by Mr. Kennedy) will augment the nutrient density of an animal fat-based diet.

I call this the Natural Selection of the Wise—those who do not embrace a traditional diet based on animal fats will not reproduce certainly not after two generations of diets based on industrial seed oils—while those wise enough to eat the right foods will reproduce. So America will get healthy again, but not immediately and not until a crescendo of the health crisis occurs along with a tragic reduction of the population.

Here at the Weston A. Price Foundation, we take pride in educating the Wise, and in every healthy baby born to conscientious parents. Please join us in raising a toast to this our 100th journal!

And please make plans to attend Wise Traditions 2025, October 17-19 in Salt Lake City, Utah. We have an amazing lineup of speakers this year, including Drs. Mark and Sam Bailey from New Zealand and Nina Teicholz, head of the Nutrition Coalition. Hope to see you there!



Last week a friend asked me if it were true that one nutritious meal a day could reverse illness. I shared Price's summary of this from *Nutrition and Physical Degeneration* (pages 391-393). He talks about the meaty marrow stew, sometimes alternating for organ meats or fish stew, as the foundation of this meal and how the children improved with just this one meal per day.

Thank you for all the resources that you provide to make this information accessible. I know that not everybody has that book dog-eared like I do, with every organ reference marked and highlighted. This book, the resources the Foundation provides, and the community I've found have literally changed my life and completely changed the trajectory of my children's health.

I recently had a body scan done (not a huge fan of these tests, but wanted a baseline for the coming years). I was in the ninety-ninth percentile of bone density for my age. Two years before I found WAPF, I broke a toe from barely bumping into a chair barefoot—it stuck out sideways. I had herniated a disc, I could barely walk. I had been so fragile for so many years! I know the fat-soluble vitamins are the crux of it all and I have made them a consistent priority, but honestly, I was (pleasantly) shocked to see the results of the bone density exam on paper. This stuff works!

> Janine Farzin Fraser, Colorado

ROUNDUP AND LYME DISEASE

Here is the story of how I came to the conclusion that Lyme disease is caused by Roundup.

One winter I read most of Stephen H. Buhner's books on Lyme disease and Lyme coinfections. About the same time, Stephanie Seneff's articles on the effects of glyphosate appeared in *Wise Traditions*. (Winter 2016 and others.) It seemed like they were both describing the same thing based on how manganese and collagen are affected. (Buhner says that Lyme is a collagen problem.)

So, I did an Internet search and found that Roundup came on the market in 1974 and Lyme disease was first identified in 1975. I was not able to find whether Roundup was used in Lyme, Connecticut back then.

Next I asked Google whether Roundup causes Lyme disease. To my great surprise I got one "yes." It was a quote of Dr. Dietrich Klinghardt from Connie Strasheim's book *New Paradigms in Lyme Disease Treatment.*

Klinghardt said that the more Roundup is used in an area, the more Lyme disease you have. He said glyphosate causes the gut to take up aluminum. (He also mentioned chemtrails as a source of aluminum.) He found that his Lyme patients had aluminum levels off the charts.

Interestingly, he explained why antibiotics work for about fifty percent

Celebrating Our 100th Issue!

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of Lyme patients—antibiotics are metal chelators. Of course, germ theory looks at the effect of metals on "disease" organisms rather than the metals being the cause of disease.

So there are multiple ways that Lyme disease and glyphosate connect: collagen, manganese, metals and more. I am curious what brighter minds would say about this connection.

> Timothy Martin Potsdam, New York

THE RUBBER TIP

Several years ago, I had a tooth in the back of my mouth that was very loose. The pockets around it were very deep and it wobbled. My dentist recommended that I have it removed but first he said I should see a periodontist.

When I got to the periodontist, he had me sit down with a hygienist. She showed me a rubber tip and said that I should use it once a day to massage the gums on either side of my teeth. Put it in between each tooth, front and back and move it around to massage the gums. Then you should floss, then brush. This exercise takes two or three minutes.

The periodontist said that my tooth was loose because it was higher than the rest of them. So every time I ate, I was banging on it. He filed it down.

Back with the hygienist, she measured my pockets. Many were very deep. I also had a lot of bleeding. She gave me a rubber tip and sent me home. Back home, I started using the tip every evening before I flossed and brushed.

Now, when I get my teeth cleaned, my pockets are very small and there is no bleeding. Even the tooth that was loose is now quite secure. The periodontist said if I keep it up, I should be able to keep all of my teeth for life.

If you go to Amazon and do a search for GUM stimulator, you can find it along with pictures and how to use it. Well worth the effort.

> Celeste Longacre Alstead, New Hampshire

A TRACHEA PROBLEM WITH MY DOG

I have a Yorkie dog that is thirteen years old. Since he was little he has had coughing, gagging and spitting-up sessions due to a trachea problem. I don't really take him to a vet because other than his first rabies vaccine, I don't vaccinate. But the few times I have taken him to different vets they have all told me that this "trachea issue" is very common with Yorkies. In other words, I should just live with it.

As he has been getting older, the cough has become more frequent and seemed much harder on him. I was getting concerned and wondered how I could continue to let him suffer. He would cough so hard he would gag and almost throw up.

After listening to this for many years and because it seemed to be getting worse, I succumbed to trying a drug, a steroid, for him. It may have helped a little bit but not much and drugs are never my first choice. So then I tried homeopathy which did help slightly but didn't solve the problem.

As a side note, Chewy has had real food his whole life with the meat usually raw. I felt like that has kept him healthy "except" for this aggravating bad cough. It was hard to watch him have an episode.

Lo and behold, a friend told me about a brand of raw dog food that has organ meat in it. As a nutritionist and WAPF chapter leader, I became very excited because of the added organs. To make a long story short, I bought and tried the dog food and almost immediately my dog's cough was gone. Yes, gone! In two weeks' time I have heard him cough (without gagging) two to three times, lasting about two seconds instead of a full minute. Previously he had been coughing ten to twenty times a day. Now the only time I hear him cough is after drinking water and even that is short-lived.

It is like a miracle! It took me a few days to completely realize it but this food has changed his life. It's the organs in it, I'm sure of it. Here are the ingredients: Beef, unwashed green beef tripe, beef lungs, beef bone, beef liver, beef trachea and beef heart. Would it have helped him if the beef trachea wasn't in the mix? I don't know. I just know he's like a different dog and I am so very thankful!!

It's made me think about "upping my own organ meat." I smelled it once and it was kind of "icky" so I just don't smell it anymore. The owner says it's the tripe that gives it that smell.

The name of the dog food is Raw Advantage, located in Iowa (rawadvantagepetfoods.com). I just had the owner come and speak at my WAPF meeting because I want to share my story with every pet owner. I am not a dealer—just a very satisfied customer!

Elaine Michaels, NTP, CGP Certified Vaccine Education Specialist WAPF Chapter Leader Cedar Rapids/Iowa City, Iowa



THE HARMS OF VACCINATION

I am an active family nurse practitioner with over forty years of experience. In the many years involved in patient care, I have met many for whom one vaccine ruined their life forever. That's when I took a deep dive into the whole process. I learned things they didn't teach us in medical or nursing school. Today, journalist Chris Hayes and his host spoke about vaccines as the holy grail completely ignoring the other side or the science and the many who have truly been harmed by even just one vaccine.

You can't imagine the horror when one dies due to a vaccine, or when the victim can no longer walk and they were never told that vaccines could do this. Please take another look and read Dr. Suzanne Humphries' book, *Dissolving Illusions* (drsuzanne.net). Those of us who speak up are ostracized by the medical community and the fairy tale of safe vaccines continues. Here are the facts:

• All vaccines contain neurotoxins

(mercury, formaldehyde or aluminum); these cross the blood-brain barrier, often beyond the body's ability to detox. The body does not thrive on neurotoxins!

- In the history of vaccines, there has never been a double-blind study using normal saline as the placebo. The control group is always given neurotoxins!
- Native immunity has always outperformed those vaccinated as long as a healthy diet is present. But these studies are never done.
- Inflammatory markers go through the roof following the injection of any vaccine.
- Day one after birth a baby is given hepatitis B vaccine, though no risk is present unless the mother is an IV drug user. No long-term safety studies have been completed on giving babies the HepB vaccine on day one.
- Most doctors and nurses are spoonfed the information to repeat without ever looking at the real science. If you don't fall in line, you are asked to leave or stay silent.

- All patients should have to read the product insert and understand what's in the vaccine before vascular entry. No vaccine should be forced on anyone, anywhere, anytime.
- Vaccines are the leading cause of anaphylaxis. Side effects are underreported by a minimum of 90 percent.
- CDC whistleblower William Thompson stated that proof of correlation of autism from vaccinations had been destroyed.
- The Amish use no vaccines and have no autism! Coincidence or neurotoxins?

Once you have to take care of someone for the rest of their life because of one injection, it opens your mind to what are we doing. Fortunately, there are highly qualified doctors and institutes who still care for the welfare of their clients. And yes, first do no harm.

Dr. Humphries is a nephrologist who simply asked that her patients not receive the flu vaccine at her hospital. She had multiple cases of those who re-

Sally Fallon Morell has a dream that we reach 25,000 members in our 25th year. We are at 17,000.

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All new members in 2025 will be in a monthly drawing for prizes donated by sponsors.

25 YEARS SHARING the MESSAGE of HEALTH

Help us find more people to live and share this message!

ceived the vaccine and needed immediate dialysis. For this, she was removed, demonized and ostracized.

The media play a major role in misinforming the public about vaccine dangers. If they remain ignorant, so does the society they serve. It's hard to find healthy, open and well-informed, freespeaking news media. Our healthcare is controlled and based on a lot of lies, and "vaccines are safe and effective" is the biggest one. As a nation we will never be strong again if we continue injecting newborns, the military and our young people with neurotoxins. It serves only the pharmaceutical companies and their profits.

> Joanne Mendez, ARNP Tallahassee, Florida

LOCKDOWNS PREDICTED

I have been listening to Alan Watt (not Alan Watts) since around 2003. One particular podcast was a blast from the past, where Alan predicted lockdowns back in 2009 based on laws being passed then in Ireland that facilitated lockdowns and running through some of the history of pandemics. I forgive him for then believing that viruses were released but he does blame the vaccines.

U.S. patriot radio was discussing it a lot during that decade, and it was podcasts like this that caused me to join WAPF. I figured that if we knew the truth about health, we wouldn't fear the hype when they finally locked us down. Little did I know the central role the Foundation would play in challenging the lockdown agenda when it came, so I felt entirely vindicated.

> Phil Ridley WAPF Chapter Leader London, United Kingdom

all over the Internet about how they use firefighting foam to kill the chickens. Just about all modern firefighting foam today is made with FCs (forever chemicals), which harm or kill mankind forever.

The real big problem is that folks believe FCs are only near airports, factories or populated urban areas. Well, if FCs are being used to cull livestock like poultry, pigs and even cattle, that takes the problem out to the 'burbs and rural America, too! No one escapes this killer—no one, because once it gets into the aquifer, it's there forever! It's the gift that keeps on killing!

By the way, the moniker doesn't lie—FCs are forever chemicals. The only way to escape them is to put an RO (reverse osmosis) water system on your water supply. Once this is done, then the homeowners have to augment their intake with supplemental minerals and other good stuff in unadulterated

WAPF STAFF VISITS THE MODERN STONE AGE KITCHEN, CHESTERTOWN, MARYLAND

Regarding the bird flu fiasco, it's

FOREVER CHEMICALS







LEFT: Bill Schindler holds a tray of "super hot dogs," made from meat and organ meats. CENTER: Delicious superdogs served with fermented potato chips, fermented condiments, sourdough buns and kombucha. RIGHT: Bill and Christina Schindler with Bill's book *Eat Like a Human*.

water. FCs cause a whole host of medical problems like pancreatic cancer, thyroid issues and the list goes on.

> Tom and Patti Alldridge Cochranville, Pennsylvania

See the Reading Between the Lines article (page 38) on bioremediation for a more hopeful perspective on "forever chemicals."

AMERICAN DECLINE IN MASCULINE HEALTH

I am a physician and digital nomad (for almost three years now) and I've had the privilege to observe and work with various medical and wellness practitioners and clinics across Australia, New Zealand, the USA, Central America and parts of Europe. But it is my time in the United States-a country celebrated for its medical advancements and technological prowess-that leaves me deeply unsettled.

Across 2023 and 2024, I was in the USA for about eight months in several American cities, speaking at conferences and festivals, but also networking with other practitioners. I would be described as an attractive forty-threeyear-old single woman with no kids.

There are three issues that I have observed or encountered significantly more in the USA than any other country: 1) Very low testosterone levels in male patients in clinics and the ensuing symptoms including fatigue and lack of motivation. 2) Seeing young American men (less than thirty years old) out and about, by the pool or at the beach, with gynecomastia (breast development). Many of them are not even obese. 3) American men (mid-thirties to early fifties) whom I date and sleep with, have comparatively low libido and sometimes even some form of erectile dysfunction. Many just want to cuddle.

What shocks me most is the nor-

malization of these symptoms. Pound for pound (pun intended), there is a disturbing lack of virility in the American men I have encountered compared to the men I have gone on dates with in other countries.

Testosterone, the hormone synonymous with vitality, virility and overall male health, has been steadily declining in American men for decades. A seminal 2007 study published in the Journal of Clinical Endocrinology and Metabolism found that testosterone levels in American men had dropped by approximately 17 percent per decade between 1987 and 2004. This signifies a substantial, age-independent decrease of testosterone in the male population over that time period. Subsequent research has corroborated this trend. A 2021 analysis revealed that levels are continuing to fall, with the average thirty-year-old man today having testosterone levels comparable to a man



WAPF staff enjoys a delicious lunch at Modern Stone Age Kitchen. Left to Right: Tim Boyd, Yolanda Hawthorne, Christina Schindler, Becky Bell, Bill Schindler, Sally Fallon Morell and Kathy Kramer. RIGHT: Bill Schindler demonstrating the grinding of wet nixtamalized corn.





in his late fifties just a generation ago.

The implications of this decline extend beyond the bedroom. Testosterone is crucial for maintaining muscle mass, bone density, cognitive function and overall energy levels. Its reduction is linked not only to physical symptoms but also to rising rates of depression and anxiety—issues plaguing young men in staggering numbers.

Equally concerning is the precipitous drop in sperm counts, a trend that has captured international attention. A landmark 2017 meta-analysis published in *Human Reproduction Update* revealed that sperm counts among men in North America, Europe and Australia had fallen by more than 50 percent between 1973 and 2011. Subsequent studies have confirmed this decline continues unabated. The younger generations are inheriting a legacy of compromised fertility, raising questions about long-term population health.

Your audience is well-educated about the complex, multifactorial and often uncomfortable reasons why this may be the case but I list a few factors:

- Poor Light Diet: Lack of unfiltered light exposure, excessive blue light, and excessive light after dark affect the system in so many ways, including poisoning the mitochondria.
- 2) Endocrine Disruptors: Chemicals that mimic hormones, such as bisphenol A (BPA), phthalates and parabens are pervasive in the American environment with your seemingly weaker laws.
- Obesity and Sedentary Lifestyles: The Centers for Disease Control and Prevention (CDC) reports that nearly 42 percent of American adults are obese. Excess adipose tissue converts testosterone to estrogen.
- 4) Dietary Patterns: The modern American diet is a stark departure from the nutrient-dense diets of previous generations. The lack of animal fats deprives men of cholesterol and vitamin A, needed for testosterone production.

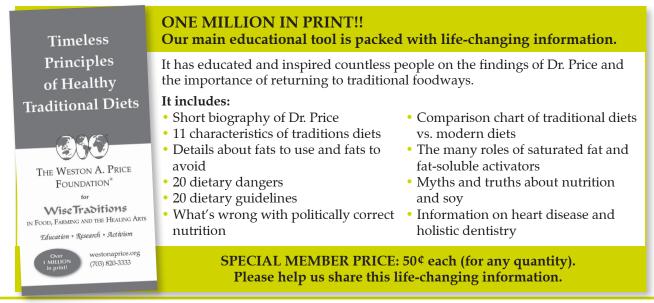
tion: High-stress levels, coupled with insufficient sleep, compounded by social media and digital distractions, disrupt the hypothalamic-pituitary-gonadal axis, a key regulator of testosterone production.

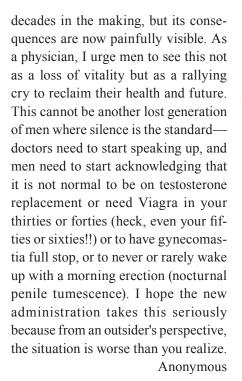
6) Declining Physical Activity: Physical activity, particularly resistance training, is a potent stimulator of testosterone. Yet studies show younger Americans are moving less than ever, spending upwards of ten hours a day sedentary.

Beyond these biological factors lies a cultural shift that cannot be ignored. Masculinity itself is being redefined in America, with traditional male roles evolving in a rapidly changing society. I don't want to comment too much on this point as I am not American, however I can say that the polarity of gender issues seems to get more air time here in the USA compared to the other countries I frequent, although that is changing, especially in Australia.

5) Chronic Stress and Sleep Depriva-

This quiet epidemic has been





OMEGA-6s OR EMF?

The "Omega-6 Apocalypse" article in *Wise Traditions* (Summer 2023) was superb, and I take no issue with any of its claims, but it is not the only factor that has had ubiquitous, subtle, cumulatively deleterious effects for over one hundred twenty years. While I think it is likely that omega-6 oils are the number-one cause of increased cancer, diabetes and the other maladies mentioned, an often-overlooked factor that may be nearly as culpable is EMR (electromagnetic radiation).

In *The Invisible Rainbow*, Arthur Firstenberg lays out clearly the correlation of the EMR levels with many health problems, going into particular depth about heart disease, cancer and diabetes. As Dr. Knobbe does in the omega-6 article, Firstenberg details the physiological mechanisms. In the case of EMR, it affects mitochondrial function—a different route than omega-6 but equally debilitating. The fact that EMR levels began steadily climbing just as society began the shift to seed oils will make it hard to determine



which factor is more detrimental, but clearly both should be avoided.

Ladd Tomlin Gainesville, Florida

ODE TO THE RAW MILK FORMULA

I want to thank Mary Enig for the raw milk infant formula, which has helped so many babies over the years.

Born November 26, 2024, my granddaughter is thriving on it. At thirteen days old, she guzzles it like a thirsty desert traveler. She actually grabs the bottle with her spidery fingers if you try to take it away. Yes, she loves cod liver oil, too.

She is fully unjabbed, no blood

was taken out of her by the hospital (they tried), no antibiotic ointments, no vitamin K jabs and no store-bought formula. They tried it all and failed. They forbade us from using anything but Similac. Three nurses descended on us and told us they needed to approve our choice of baby formula. When asked why, they said "liability." We gave them a tin of Organic Earth formula as "ours." They probably would've called Child Protective Services if we'd mentioned anything else. They rejected the organic formula and said it had to be Similac, made with corn syrup and soy. We took it from them, thanked them and poured it down the sink, and then used the raw milk formula. My daughter was like a tigress-I'm so proud of her. I never thought this otherwise mild-mannered child of mine would be like this.

When you don't destroy a child, its natural bias is to be chock full of good health. No screaming, no colic, no pain, no muss, no fuss. She sleeps like a log. Smiles and coos like an angel. Grown like a weed already and is happy when she wakes up. Poops are perfecto. I attribute it all to the very nutrient-dense formula she is drinking. Blessings to you all for being part of my life. My daughter thanks you, too. I have foisted a subscription of the quarterly journal upon her. Hope one day, instead of taking my word for it, she actually reads it. We owe you big time.

We did do some tweaking. We upped the cream a bit (she loves it and digests it well), used the Hummingbird brand of organic nutritional yeast rather than Frontier—it has no added synthetic vitamins and it just tasted

better than the other one they had at our local market, Frontier tasted a bit bitter-cut the gelatin and yeast by a teaspoon when she had constipation for a day but then added it back because we realized we had underused the whey, and upping the whey to the recipe amount immediately fixed the problem, so gelatin and nutritional yeast were not the culprits. And we added them back in to the original amount. So, whey fixed constipation right away. We are using the Natren bifido infantis because the lady at the wellness nook at Community told us that was what she used for her child thirty years ago and it was the best thing ever. The rest of the formula is unchanged.

By the way, we are still looking for a source of organic lactose. The supplier says the organic formula companies have captured it all. There is no retail organic lactose available—can you believe it? You can buy it in Europe however. Seems they are more advanced than us.

The point is not to change the recipe, that is, the chemical composition of the formula. It's been formulated to be the best approximation to breast milk, with much forethought by a brilliant biochemist. Don't try to improve it.

> Sushima Gokhale Chapter Leader Sonoma County, California

DISTILLED WATER?

We would like to have some information on water. We were drinking well water until about ten months ago when we started with bottled, distilled water. We saw our four-year-old's chronic diarrhea clear up, which she pretty much had all her life. She's still doing great on it but we don't like the idea of bottled water. Is distilled water a good choice? Is there a good water system out there? To us it sounds like everyone has the best. Lately we've been reading about the distiller that Waterwise has.

We do not have Internet access and would appreciate some advice that doesn't come from sales people.

> Abner Esh Holtwood, Pennsylvania

It's hard to know what to do about water filters, there are so many choices. You might try contacting Radiant Life, which sells several different systems, including the less expensive Doulton brand. Their number is (888) 593-9595. Meanwhile, if you are buying bottled water, it might be better to purchase mineral water.

RISKY BEHAVIOR

In your article "Got Raw Milk, UCLA Professor of Medicine says No Thanks!" (Winter 2023), you report that Claire Penasian Donovan "wonders why people would indulge in the risky behavior of drinking raw milk." She might just as well wonder why people indulge in the risky behavior of eating anything. Every action we take involves risks and benefits. Many things we do are beneficial, satisfying and even invigorating in the short term. But prudent long-term choices are what count. Otherwise we end up like the ill-fed cats in Pottenger's study: in the short term satisfied, in the long term gone.

> David Ellis Portsmouth, Rhode Island

VACCINE WARNING

Regarding the Vaccine Update article (Spring 2024) and the mention of "catch-up vaccines" such as the MMR, how facts are getting turned upside down! In 1988, as a hospital employee, they wanted me to get an MMR vaccine. Never mind that I'd had the measles and mumps as a child. When I was getting the vaccine I was warned not to have sex for four to six weeks! I forget what the reason was, probably to avoid birth defects. Now it's 2024 and scary times are here.

Linda Cifelli, State Coordinator Dental Amalgam Mercury Solutions Williamsburg, Virginia

GREEN POTATOES

An article in your journal said a potato is not safe to eat when even a part of it is green. So my question is, are green-spotted potatoes safe to use as seed? Can I let my green potatoes sprout and then use them for seed? Will the toxins somehow travel through the plant and into the new potatoes? If the Foundation can answer this question in a knowledgeable way, I would be deeply grateful.

> Lydia Stoltzfus Rebersburg, Pennsylvania

Potatoes will always make their toxins anew. It is fine to use the sprouted green potatoes as seed. \bigcirc

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

Caustic Commentary

Sally Fallon Morell takes on the Diet Dictocrats

IT'S NOT CHOLESTEROL!

Three new studies should put the lid on the theory that high serum cholesterol levels cause heart disease. The first, a review published in the Journal of Drug Delivery and Therapeutics (2024;14(2):233-239), found that "elevated" cholesterol levels "improve quality of life and life expectancy... The current review does not support the notion that dietary cholesterol increases the risk of CVD. The idea that high cholesterol levels in the blood constitute the main cause of CVD is doubtful because people with low levels become just as atherosclerotic as people with high levels and their risk of suffering from CVD is the same or higher." The researchers blame heart disease on "more brittle arterial cell walls." Amazingly, the authors state that avoiding foods containing cholesterol "causes malnutrition from lack of fat-soluble vitamins, especially vitamin D." The second, published in BMJ Open (2024 May 28;14(5)), analyzed almost four million patients with acute myocardial infarction (heart attack). They identified .06 percent of the patients as having familial hypercholesterolemia (people with "genetically" high LDL-levels from a young age). The surprising finding (buried in the text of the report) was that their mortality was lower than that of the others. The third study is a whopper: cholesterol-lowering statin drugs accelerate coronary artery calcification (CAC). Reported in Diabetes Cure (35(11);1 November 2012), the researchers found that "more frequent statin use is associated with accelerated CAC in [Type 2 diabetes] patients with advanced atherosclerosis." But have the mainstream media reported on these studies? Have cardiologists stopped giving out statin drugs and told their patients it's OK to eat eggs and butter? Quite the contrary: the low-fat-diet-statin juggernaut keeps thrashing forward, leaving misery and death in its wake.

VACCINE EVIDENCE

Pro-vaxxers blame anti-vaxxers for spreading "misinformation," but information is accumulating that the unvaxxed are healthier than vaccinated individuals. Results from the 2019/2020 nationwide Control Group Survey of Unvaccinated Americans (CGS) show that those refusing vaccines are thriving while those accepting them are suffering a multiplicity of grave injuries as well as sudden unexpected death. The researchers calculated that vaccines are "the actual cause of well over 90 percent of the disabling and life-threatening chronic conditions suffered by Americans ... The null hypothesis, that no significant difference would be found between vaccinated vs. unvaccinated persons in heart disease, diabetes, digestive disorders, eczema, asthma, allergies, developmental disabilities, birth defects, epilepsy, autism, ADHD, cancers, and arthritis, is rejected with overwhelming statistical confidence and power in every single contrast." The study was originally published in the International Journal of Vaccine Research but then scrubbed without explanation; it can now be found at Slay News (slaynews.com/wp-content/uploads/2024/12/childcovid-vaccine-shot-unvaccinated-healthy.pdf). Another study found that children with just one vaccination visit were 1.7 times more likely to have been diagnosed with autism spectrum disorder (ASD) than the unvaccinated, and those with eleven or more visits were 4.4 times more likely to have been diagnosed with ASD than those with no visit for vaccination (Science, Public Health Policy and the Law 2025 Jan 23;v6.2019-2025). ASD includes autism, Asperger's syndrome, childhood disintegrative disorder and pervasive developmental disorder—just a wonderful way to grow up.

IT'S THE ALUMINUM, STUPID!

"Yes, Some Vaccines Contain Aluminum. That's a Good Thing." This is the headline of an article that appeared January 24, 2025 in the New York Times. Admitting that aluminum adjuvants are found in twenty-seven routine vaccines, half of which are recommended for children under five, the author, Teddy Rosenbluth, insists that the aluminum is safe and necessary to "provoke an immune response"-in other words, to show that the child has been poisoned. Another mainstream media claim is that infants receive 4.4 milligrams of aluminum from vaccines in their first six months, compared to 50 milligrams in a slice of processed cheese. The comparison is scientifically dishonest because ingested aluminum is less than 1 percent absorbed, whereas injected aluminum is 100 percent bioavailable. A better comparison is the FDA recommendation for intravenous parenteral feeding—no more than 25 micrograms per day—for adults. Yet at his two-month checkup, an infant receives 1,225 micrograms in four vaccines-that's almost fifty times more than allowed in intravenous feeding! And it might even be

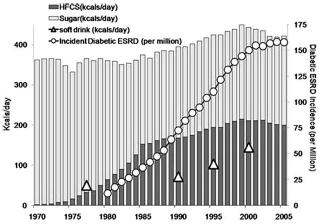
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more. A study published in the *Journal of Trace Elements in Medicine and Biology* (July 2021) found that almost half of all vaccines contained more aluminum than indicated by the manufacturer. The really important point is that autopsies of autistic children find sky-high levels of aluminum in their brains (*J Trace Elem Med Biol* 2018 Mar:46:76-82) and there is only one way to explain how it gets there—from aluminum "adjuvants" in childhood vaccines.

FRUCTOSE, DIABETES, OBESITY AND CANCER

In the United States, high fructose corn syrup (HFCS)has largely replaced sugar in sodas, breakfast cereals, snack foods, yogurt, salad dressings, tomato-based sauces, applesauce and canned fruit. At the same time, the incidence of

diabetes has soared, making it likely that HFCS is a major cause. While sugar is made up of fructose and glucose that is bonded, the fructose in HFCS is free fructose, which has an alternative metabolic pathway. In addition, fructose found in whole foods, such as fruits, is bound up with fiber, vitamins and antioxidants, which slow down its absorption and mitigate potential harm.



Free fructose in HFCS bypasses normal sugar metabolism and goes directly to the liver where it is stored as fat, but provides no satiety signals to the brain. In a Princeton University study, rats with access to high-fructose corn syrup gained significantly more weight than those with access to table sugar, even when their overall caloric intake was the same (sciencedaily.com, March 22, 2010). It now turns out that HFCS fuels cancer growth as well. It appears that tumor cells have a unique ability to process fructose as compared to glucose (news.medical-news.net, December 5, 2024). Diabetes, obesity and cancer—what a deal for the pleasures of eating cheap processed food.

FERTILITY RATES HIT ALL-TIME LOW

Fertility rates in the U.S. have dropped to an all-time low, according to a report from the Centers for Disease Control (CDC). The data from 2023 show a decline of 3 percent from the prior year, from 56 births per thousand females (age fifteen to forty-four) in 2022 to 54.4 births in 2023. The total number of births dropped from 3.59 million in 2022 to 2.66 million in 2023, the lowest number since 1979. When surveyed, many childless adults give reasons for not having children, which include not wanting to, desire to focus on a career and inability to afford the cost of raising children. But many couples simply cannot get pregnant. Studies suggest that after one year of having unprotected sex, 12-15 percent of couples are unable to conceive, and after two years, 10

percent of couples still have not had a live-born baby (nichd. nih.gov/health/topics/infertility/ conditioninfo/common). Fertility clinics are booming—with more than five hundred operating in the U.S. The list of reasons given for infertility is a long one—endocrine disruptors in the food and environment, the pill, EMF exposure, vaccinations—but no one is talking about the most likely contributor, the lack of animal fats and other nutrient-dense foods in

the diet. We have reports from many couples who were able to conceive after adopting the Wise Traditions diet of butter, eggs, pâté, cod liver oil, seafood and raw milk. (In animal studies, pasteurized milk renders test animals infertile.)

TYLENOL AND ADHD

Half a century ago, with the thalidomide tragedy in the news, doctors told pregnant women never to take any pharmaceutical drugs, because none had been tested on pregnant women. Those precautions have faded with time and expectant moms no longer receive such wise advice. It seems okay now for pregnant women to take just about anything (including up to seven vaccinations). It turns out that an estimated 62 percent of pregnant women take acetaminophen (Tylenol) for pain and fever reduction. A February 6, 2025 study published in

Caustic Commentary

Nature Mental Health looked at three hundred seven mothers who gave blood samples between 2006 and 2011 and then followed their children for up to ten years. Sixteen percent of the children whose mothers took acetaminophen ended up with ADHD; while only 9 percent of the children whose mothers did not take the drug had the disorder. The effects were more pronounced in girls, who normally suffer from ADHD less than boys. ADHD was six times more likely to be found in girls whose mothers took acetaminophen while pregnant. The solution for pregnant gals? Let yourself have a fever and take Epsom salt baths for pain—or maybe ask yourselves, what's a little pain compared to a lifetime of misery taking care of an ADHD child.

GLOBAL BOILING

According to United Nations Secretary-General Antonio Guterres, our planet has passed the point of no return regarding "global warming" and has now entered an "era of global boiling." Claiming that July 2023 had the hottest three-week period ever recorded, with the three hottest days on record, he called for "the just and equitable transition from fossil fuels to renewable energy, while stopping oil and gas expansion and phasing out coal by 2040." (New coal-fired power plants, going online in China at the rate of two per week, are needed to power electric vehicles.) However, research published in Nature Communications Earth & Environment indicates zero evidence of any significant warming since the 1970s. Using new statistical methods, researchers analyzed temperature records from 1850 to 2023 and concluded, "Our results show limited evidence for a warming surge; in most surface temperature time series, no change in the warming rate beyond the 1970s is detected despite the breaking record temperatures observed in 2023."

WHITE FIBROUS CLOTS

When embalmers started seeing large, grotesque "white fibrous clots" in the veins and arteries of corpses, starting in 2021, coincidentally with the rollout of Covid vaccines, no one paid any attention. That's why Laura Kasner and Tom Haviland began administering annual "Worldwide Embalmer Blood Clot Surveys" to track the timeline and prevalence of white fibrous clots, as well as equally dangerous micro-clotting. In 2022, 67 percent of embalmers said they were seeing the clots in an average of 30 percent of corpses. In 2023, 73 percent of embalmers were seeing the clots in an average of 20 percent of their corpses. Moreover, 79 percent found micro-clotting in 25 percent of their corpses (a phenomenon they saw in less than 5 percent of their corpses prior to the pandemic.) In 2024, a shocking 83 percent saw white fibrous clots in an average of 27.5 percent of the corpses. Eight of the embalmers saw the clots in over 80 percent of the corpses they embalmed. Micro-clotting was observed in 22 percent of the corpses (laurakasner.substack, December 20, 2024). The only explanation for these alarming findings are the Covid vaccines.

BONE POWDER

I have often pointed out that there are only two good sources of calcium in human diets: dairy foods or bones. A fascinating new study reveals that the ancient Peiligang culture in China made a dish of bone powder cooked with wild plants, acorns and Job's tears (a type of millet). Using various technologies, the researchers determined that the food residue in the pottery cooking pots dated from about 6,000 BC and contained all the compounds found in bones. The Peiligang culture was known for being among the earliest producers of fermented beverages, creators of the oldest tonal flutes, basic textile looms and sewers, and possibly one of the earliest users of the Chinese script (sciencenewstoday.org/ the-surprising-secret-behind-ancient-chinese-cooking), so they knew a thing or two!

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.

U.S. Dietary Guidelines Remain an Evidence-Free Zone

By Nina Teicholz, PhD

he highly anticipated scientific report for the 2025 U.S. Dietary Guidelines was released on December 10, 2024 by the U.S. Department of Agriculture (USDA) and the Department of Health and Human Services (HHS).¹ The tome's four hundred twenty-one pages are meant to inform new guidelines due in 2025, although the task of writing the guidelines policy itself falls to USDA and HHS political appointees.

Typically, the scientific report is released in early fall, allowing the mandatory sixty-day public comment period to conclude before the outgoing administration finalizes the guidelines. However, in this case, the comment period extends beyond the Biden Administration into the Trump era, shifting responsibility for drafting the guidelines to the newly appointed Secretaries of the USDA and HHS. While the Secretaries are legally required to issue dietary guidelines, the law sets few constraints on how they proceed. There's no statutory requirement to promote the guidelines to the public, for instance, and the Secretaries can accept or reject recommendations from the scientific report as they please.

No doubt, any decisions they make will be seen as fueled by political considerations, yet there's a far better reason to reject a number of the new recommendations: they are not based on rigorous science and, in many cases, would almost certainly harm our health. Four of the key recommendations in this report include declining to set limits on ultra-processed foods; replacing poultry, meat and eggs with peas, beans and lentils as sources of protein; reducing red and processed meats; and continuing to cap intake of saturated fats, to be replaced by vegetable (seed) oils.

CONTROVERSY OVER ULTRA-PROCESSED FOODS

The question of whether the expert committee should set limits on ultra-processed foods has sparked controversy ever since the group's final public meeting, when it revealed it couldn't make a recommendation to restrict these foods because the evidence on them was "limited." Calls for reducing ultra-processed foods have transcended partisan lines—from Robert F. Kennedy, Jr. reportedly advocating for their removal from school lunches to Marion Nestle, New York University professor emerita, calling the committee's "non-recommendation" a "travesty."

Indeed, there is "remarkable, strong bipartisan concern about ultra-processed food," as Jerold Mande, a former deputy undersecretary for food safety at the Department of Agriculture under two Democratic presidents, told *TIME* magazine.² Nevertheless, the expert committee responsible for the December report insisted that the evidence for urging reductions in ultraprocessed foods was "limited."

It's possible that conflicts of interest on the expert committee may have influenced this decision. Nine out of the twenty members have ties with food, pharmaceutical or weight loss companies or industry groups with a stake in the outcome of the guidelines, according to an October 2023 report by the non-profit public interest group, U.S. Right to Know.³ Some of the most frequently occurring conflicts are with Novo Nordisk and Eli Lilly, makers of weightloss shots like Ozempic and Wegovy.⁴

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Still, it's important to say that the committee's assessment of the evidence on ultraprocessed foods as "limited" is correct. The USDA systematic review of these foods found only one small clinical trial testing the effects of these foods on health outcomes. This trial, conducted at the National Institutes of Health, involved twenty adults for only twenty-eight days (fourteen days on an ultra-processed food diet and fourteen days on a whole-food diet). The subjects were found to consume more calories while on the ultra-processed food diet, but even so, the test is too small and preliminary to generalize its conclusions to an entire nation. As I've written before, we have many more and better studies on some of the components of ultra-processed foods-sugars and starches, for instance-and should act on these more precise and robust data first.

Marion Nestle acknowledged on her blog that the advisory committee must stick to "evidence-based recommendations," while giving the strong impression that she wished it weren't so.⁵ She's also quoted in a *STAT* article that headlines her comment about the "impossible restrictions" imposed on the guidelines by limiting recommendations to only those supported by strong evidence.⁶

In my view, we should not be arguing for guidelines based on lesser evidence. The nearcomplete lack of rigorous data for the original guidelines in 1980 set in motion a Titanic of misguided advice that has coincided with our astonishing epidemics in chronic diseases. According to the best available government data, Americans have largely followed the guidelines, and despite this, we have not only become sick but very sick.

Echoing this view is a Congressionally mandated report by the National Academies of Sciences, Engineering, and Medicine, which concluded in 2017 that the U.S. dietary guidelines are not currently "trustworthy," in part due to a "lack of scientific rigor" in the process.⁷ Since then, little has changed (the USDA did not fully adopt even one of the Academies' eleven recommendations). In this light, advocating for even less rigorous standards based on even weaker evidence seems to me misguided or possibly reckless.

LOWER STANDARDS FOR REDUCING MEAT, POULTRY AND EGGS

Paradoxically, the expert committee was *not* a stickler for rigorous evidence when it came to advising reductions in meat, poultry and eggs.

Before getting into the evidence, though, I'd like to revisit the likelihood that these changes, if adopted, would exacerbate our disease epidemics.⁸ This advice does not consider that plant-based proteins are not as complete as those from animals and also not as bioavailable. Plant sources like peas and beans also pack a hefty load of carbohydrates and calories for the same amount of protein, making them a far less healthy option for people with metabolic conditions, such as obesity and diabetes, who need to be mindful of controlling their blood sugar.

The expert committee also found that reductions in meat, eggs and poultry would lead to further shortfalls in fiber and vitamins D and E, a significant fact given that the existing guidelines already fail to meet goals for vitamins D and E, folate, choline and iron. Here are the committee's findings on some of those nutrients announced at its final public meeting:

- For nutrients with an Estimated Average Requirement (EAR), less than 10 percent of simulated diets are inadequate (< EAR) for each nutrient except vitamins D and E.
- For nutrients with an Adequate Intake (AI), median nutrient content of the distribution of simulated diets is adequate (> AI) for alpha-linolenic acid, potassium and vitamin K, but falls short on choline and fiber for select age-sex groups and for linoleic acid for foods consumed in Alaska Native diets.

A lack of essential nutrients leads to a myriad of diseases and health conditions. One has to wonder why the long-standing nutritional deficiencies in the guidelines haven't been corrected—and are getting worse.

STUDIES CITED DO NOT SUPPORT EXPERT REPORT CLAIMS

Most importantly, the evidence used to support new and existing guidelines' recommendations is insufficient and contradictory.

Three major USDA systematic reviews—on obesity,⁹ type 2 diabetes¹⁰ and heart disease¹¹—list randomized, controlled clinical trials (RCTs) to support claims that the U.S. Dietary Guidelines can prevent these conditions in adults. These reviews are also cited to support the new recommendation for reducing red meat and processed meats. Yet the clinical trials listed do not support these claims. (In these reviews, "NS" is reported to mean "not statistically significant." The word "null" means that the results do not support the hypothesis—in this case, that a Dietary Guidelines-type diet can prevent chronic diseases.)

Table 1 shows the trials listed for heart disease. As you can see, one trial shows cardiovascular *benefit* from red meat. Four trials show little-

REF#	STUDY	COMMENTS
116	Jeong et al., 2023.25	Not a clinical trial; follow-up observational study.
117	Juraschek et al., 2017. ²⁶	Trial has been cited in previous guidelines; no new information on meat.
118	Krishnan et al., 2018. ²⁷	Trial showed virtually no benefit for guidelines vs. a "typical American diet." Did not isolate meat.
119	Prentice et al., 2019. ¹⁸	Not a clinical trial; follow-up observational study.
120	Schroeder et al., 2015. ²⁸	Short trial on only thirty-one people; cholesterol outcomes are mixed (both LDL-C and HDL-C drop).
121	Sidahmed et al., 2014. ²⁹	Trial reports no health benefits for the USDA diet.
122	Tussing-Humphreys et al., 2022. ³⁰	Trial reports no benefits for CVD outcomes.
123	Van Horn et al., 2020. ¹⁶	Women's Health Initiative showed no health ben- efits; results published in 2006.
129	Roussell et al., 2014. ³¹	Trial showed cardiovascular benefits from lean beef.

TABLE 1. 2025 Dietary Guidelines Advisory Committee Systematic Review: Trials Listed in Support of Heart Disease Recommendations¹¹

to-no benefit, and three are not trials but observational follow-up studies of trials published long ago. Another study was from 2017 and would have been covered in previous guidelines' reviews. Altogether, zero of the trials listed unequivocally support the claim that the ability of the guidelines to prevent heart disease is "strong."

The reviews on obesity and type 2 diabetes are much the same. For obesity, the expert committee graded the evidence as "moderate," with twenty-four trials as support. Other trials did not appear to test a diet similar to the Dietary Guidelines. Among the twenty-four:

- Nine are reported to have "not statistically significant" results on health outcomes for obesity.
- One¹² was conducted by the animal rights group Physicians Committee for Responsible Medicine,¹³ and is, therefore, likely to be biased.
- Three¹⁴⁻¹⁶ are incorrectly listed as clinical trials; these are follow-up observational studies to clinical trials published more than a decade ago.
- Seven appear to show weight-loss benefits for a diet more-or-less like the Dietary Guidelines. However, quite a few of these are hard to interpret, since the intervention diet reduced both red meat and sweets, so it's not clear which of these dietary elements, or indeed the many others, might be responsible for the weight loss observed.

For type 2 diabetes, the committee graded the evidence as "strong" and listed thirteen trials. Of these:

- Ten are reported to have "not statistically significant" results on health outcomes for diabetes.
- Two,^{17,18} incorrectly listed as clinical trials, are follow-up observational studies on the Women's Health Initiative, which had its results published in 2006.
- A single trial¹⁹ appears to have shown some health benefits, but the outcomes aren't clear (to me).

In sum, zero percent of the trials on heart disease (0/9), 29 percent on obesity (7/24) and 8 percent on type 2 diabetes (1/13) support the committee's claims. Altogether, that's eight out of forty-six trials or just 17 percent. Moreover, there are bound to be some mistakes in my lists; this summary is just a first take. Here's the point: every step in the process that produces reviews like these is broken. The USDA office that conducts the reviews lacks rigor (as the National Academies found); the expert advisory committee doesn't appear to have checked the evidence; and the "peer review" process for the systematic reviews was completed by federal employees with a conflict of interest. (Reviewers who criticize the USDA report rightly fear that they would lose their jobs.)

LACK OF EVIDENCE IS NOTHING NEW

If you have followed my work, you know there is a history here. When I fact-checked every single study cited in the 2015 Dietary Guidelines for a *BMJ* cover story,²⁰ it triggered one of the largest retraction efforts²¹ in recent history—though it was ultimately unsuccessful.²² A key finding of my investigation was that the USDA-HHS dietary patterns were supported by "a minuscule quantity of rigorous evidence that only marginally supports claims that these diets can promote better health than alternatives."

My *BMJ* paper has been largely ignored. Seven years later, in 2022, I teamed up with top nutritionists, including former members of previous Dietary Guidelines Advisory (DGA) Committees, to write a critical review of the guidelines that was published in a journal of the National Academies of Sciences.²³ USDA and HHS officials responded with an article titled, "Addressing misinformation about the Dietary Guidelines for Americans."²⁴

I'm not a fan of the term "misinformation," but with respect to non-evidence-based dietary advice, the USDA and HHS are prominent actors. The National Academies and many peer-

BUTTER IS NOT BACK!

The DGA committee has made it very clear that butter will not be back on the table—and by inference, not in school lunches either. Testimony presented on Day 1 (videocast.nih.gov/livew.asp?live=55078, around the four-hour mark) showed that adults and older adults drinking full-fat milk sustained no increased risk for cardiovascular disease compared to those drinking lowfat milk, but adults and older adults using spreads and oils instead of butter had lower LDL-cholesterol (evidence ranked strong) and lower cardiovascular morbidity (evidence ranked "limited"). Based on this scant and contradictory evidence, and ignoring the fact that experts no longer consider high LDL as a good cardiovascular risk factor, the committee declared emphatically, "Butter is not back!" But not a word about what substituting spreads for butter does for growing children or women wanting to get pregnant.

reviewed publications have now established the faulty evidence underpinning the U.S. Dietary Guidelines, in addition to the lack of transparency and many conflicts of interest in the guidelines process.

We do not need more evidence. We require only the political will to create change so that we might have a national dietary policy that we can trust—and the good health that we deserve.

Science journalist and author Nina Teicholz, PhD, challenged conventional wisdom on dietary fat in her New York Times bestselling book, The Big Fat Surprise. Called "the Rachel Carson of the nutrition movement," she serves as executive director of The Nutrition Coalition, an independent non-profit that promotes evidence-based nutrition policy. Teicholz also publishes Unsettled Science on Substack (https://unsettledscience. substack.com/) with fellow author-journalist Gary Taubes, aiming "to provide original, investigative reporting and analysis that cannot be found elsewhere." This article was first published at Unsettled Science and is republished here with minor edits with the author's permission. Teicholz thanks Jenni Calihan for her research contributions to this article. Teicholz will be a speaker at Wise Traditions 2025.

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The Oyster Is Our World

By Stephen Kavanagh

amous Irishman Jonathan Swift once said, "He was a bold man that first ate an oyster," but there is a theory that oysters actually saved humanity. According to the theory, about two hundred fifty thousand years ago, *Homo sapiens* were reduced to as low as six hundred in number and were confined to an area in South Africa.¹ When anthropologists later studied their caves, they found them full of oyster shells. We call these shell deposits "middens"—layers and layers of oyster shells that furnish evidence of human activity.

Scientists believe these groups of *Homo sapiens* came out of the forests looking for a better protein source, and with oysters, of course, they hit the jackpot. Oysters were easier to hunt than the large prey that would have been around at the time, so there was less danger and less risk of injury. Those were big advantages to early hunter-gatherers. Moreover, with no legs, wings or fins, oysters don't move; if you found an oyster bed, it was a bit like an early supermarket. You could come back every day and be guaranteed a good protein meal. Personally, I think it was a bolder man who killed the first woolly mammoth!

Oysters are the original "paleo food," and in some ways, they're a lost superfood. Oysters as a regular protein source would have been a huge evolutionary advantage for early *Homo sapiens*. Oysters are very high in omega-3 fatty acids, zinc and other micronutrients; so for the first time, we probably had smarter, stronger and possibly sexier cavemen and women. From this period, *Homo sapiens* outcompeted the Neanderthals, and the rest, as they say, is history.

Oysters may also have helped *Homo sapiens* survive the Ice Age from about one hundred thousand to twenty-five thousand years ago. Game and large animals would have been very scarce, making it a tough time for humanity, and oysters may have been part of the solution. We know that oysters preceded agriculture by at least one hundred thousand years. Oysters are the original "paleo food," and in some ways, they're a lost superfood.

OYSTERS THROUGH THE CENTURIES

The Greeks were the first to cultivate oysters, from about 1300 BC to 900 BC, with the Romans subsequently following suit. The Greeks threw pieces of pottery in the water, and oysters would grow on them.² (This same approach is actually being used today as part of the "Billion Oyster Project" to restore oyster reefs in New York harbor.³) Artists often depicted Aphrodite or her Roman counterpart Venus as being born from a shell (think of the famous painting of Venus by Botticelli).

The Romans started delighting in eating oysters around 800 BC though 500 AD. In a fifth-century Roman mosaic depicting a feast, we see lots of oyster shells on the floor, showing their fondness for this delicacy. When oysters became scarce in the Mediterranean, they shipped oysters down from northern Europe and Britain,⁴ which they had strategically invaded. My guess is that oysters were fished two thousand years ago where I live on the east coast of Ireland. The Romans transported oysters covered in seaweed to Rome by donkey and cart. Today-even with our modern refrigerated trucks traveling at eighty kilometers an hourcustoms delays, bureaucracy and other factors make it challenging to get oysters to Italy. The fact that the Romans did it two thousand years ago is impressive! The Romans who stayed

behind in Britain also built villas using a type of concrete made from oyster shells.

After the fall of Rome and throughout the Middle Ages, oysters continued to be a delicacy for the rich but would also have been a staple for ordinary people in some coastal communities. During the Renaissance, we see painters starting to depict oyster consumption. Jan Steen's 1658 painting, *The Oyster Eater* or *Girl Offering Oysters* shows a woman preparing oysters. (She has a bit of a dirty look in her eye that makes you wonder what she's planning for her husband that night.) A painting by Jan Brueghel the Elder, *Woman Eating Oysters*, shows a woman and her children enjoying oysters. By the seventeenth century, we start to see oyster farming in Europe.

FROM A GOLDEN ERA TO COLLAPSE

Peak production and consumption of oysters occurred from about the late 1800s to the early 1900s—the golden era of oysters. The surge in production meant lower prices, which in turn meant that everyone could afford to eat them. In fact, oysters were cheaper than meat, poultry or fish. A picture of Fulton Market in New York City in the 1870s shows ladies and gentlemen strolling around among the oyster vendors. (Unfortunately, oyster stands eventually gave way to hot dog stands, which did not do any wonders for our health.) I also have a 1905 picture from the other side of the world showing Aboriginal hunter-gatherers in New South Wales collecting oysters from a river.

In Maryland, "Chesapeake Bay" means "Great Shellfish Bay." In a picture of the Chesapeake Bay in the early 1900s, men are standing on top of a mound of oyster shells. The mound represents about two hundred thousand bushels, or about twenty million oysters. That would be the equivalent of 15 percent of Ireland's annual production today—but that was from a single shucking house in the Chesapeake! This was a colossal area for oyster production. They cut channels through the oyster beds for shipping, and they had shucking houses all along the Chesapeake where they would can oysters to send all over the U.S. and the world.

Other peak areas of production were the San Francisco harbor, New York, the south coast of

Australia (which had an oyster reef that was two thousand kilometers long that could have been visible from outer space), the North Sea (an area of oysters that was probably the size of Florida) and a massive area in the Irish Sea where I live.

As a result of the intense level of production, by 1920, oyster populations globally had collapsed by 80 percent. Today, no living scientist has seen a living oyster reef, so we don't even know what they were like. We do know that oyster reefs were incredibly important ecosystems for food, biodiversity, coastal protection and all sorts of other functions. That is why oysters are called "ecosystem engineers," and it is why the disappearance of oyster reefs brought about a wider ecosystem collapse.

To illustrate the extent of collapse, consider that just off the coast where I live, Irish fishermen recorded a sixty-thousand-barrel catch of oysters in a four-month season in 1860; by 1886, the catch had plummeted to fourteen barrels. In 1860, my town had about three hundred fifty boats and two thousand crew; now, there are about four boats. Obviously, oysters were not just a source of food but also were incredibly important economically to the coastal communities.

Factors that contributed to the collapse of oysters varied by place. In San Francisco harbor, for example, the Navy had a huge base, and they would apply tar and creosote to the ships. Apparently, the seabed there is covered in tar and creosote, and it will be a long time before that clears itself up. In my region in Ireland, they changed the regulations and said that it was okay to fish into May when the oysters spawn. If you disturb an animal when they're about to lay an egg or spawn, they will go away. So, the combination of the heavy fishing pressure combined with poor management led to the collapse.

There is actually a fascinating history of "oyster wars" in Europe. In my area, the local fishermen fished six days a week (going to the pub on Sundays for a few pints after Mass), but the English fished our area seven days a week. The fishermen in my town wanted to put a heavy cannon on the beach and blow the English boats out of the water; they couldn't relax on Sundays when the boys from England were still out there fishing!

THE RISE OF AQUACULTURE

Since the 1950s, aquaculture has produced most of the world's oysters, primarily the *Crassostrea* species. In 1950, global aquaculture production was 156,000 tons. By 1970, production had risen to 437,000 tons, continuing to 1.2 million in 1994, 4.3 million in 2003 and around 6 million tons today. However, fully 85 percent of those oysters are produced and consumed in China.

At an oyster farm on the west coast of Ireland, in a beautiful area with very little agriculture and very clean waters, they produce about one hundred tons of oysters a year. Compare that to a large Chinese oyster farm in Qinzhou—the same size as fifteen thousand football fields that produces 230,000 tons of oysters a year. The scale of production is incredible. People live on rafts with their families, and they farm oysters on them. I don't know what the industries are in Qinzhou, but whatever they discharge into the water will come out through the estuary and into the oyster beds, so I would be careful to get some analysis done on those oysters before eating them.

Along those lines, I should note that while there are a number of issues with farmed fish, in the case of oysters, there is no qualitative difference between "cultivated" ("farmed") oysters and "wild" oysters. This is because oysters are "sessile" organisms, meaning they don't need to move. They are happy to just sit there and filter-feed (hence the phrase, "the patience of an oyster"). Cultivated oysters feed naturally from the sea water they live in, meaning there is no artificial diet involved in farming them, and they get to reproduce once or twice. In terms of animal husbandry, it's as good as it gets. The quality of farmed oysters is all about whether the water is clean or contaminated.

Europe currently produces about 100,000 tons of oysters annually, and the U.S. produces about 154,000 tons annually. What those numbers tell us is that a single oyster farm in Qinzhou produces almost as much as the U.S. and Europe combined. In addition, China imports most of the best grades of oysters coming out of Europe—they are flown into places like Hong Kong, Shanghai and Macau. The Asian casinos are fond of the really good grades of oysters

There is no qualitative difference between "cultivated" ("farmed") oysters and "wild" oysters. The quality of farmed oysters is all about whether the water is clean or contaminated.

from Europe. Nowadays in the U.S., the average American eats just three oysters a year (a third of a pound); in 1870 in New York City, average annual consumption was about six hundred oysters per person.

A POWERHOUSE OF NUTRITION

In 2000, I founded Marine Health Foods, a family business with twelve staff. We're located on the east coast of Ireland in County Wicklow,

a region nicknamed "the garden of Ireland" because of its lush beauty. I am the owner and CEO of the business but a marine biologist by training, with thirty-five years' experience working with oysters and shellfish. We started as an artisan producer of gourmet seafood and ran oyster bars, but over time, we shifted our focus to produce food-sourced nutritional extracts. We still

employ artisan standards in our manufacturing because we're passionate about keeping the process clean and pure.

Oysters are an absolute powerhouse of nutrition. They contain literally everything that our body needs. Some of the books that sit on my desk include books on the biochemistry of zinc, copper and selenium, as well as *Biology of Oysters* by Dr. Brian Bayne,⁵ my old professor from Bangor University who just retired. Bayne's book has eight hundred forty-four pages on every oyster species and everything you could possibly want to know about oysters—but it doesn't mention zinc. Meanwhile, Dr. Ananda Prasad, who discovered zinc deficiency in 1963 and was the world's leading authority on zinc nutrition (he died in 2022 at age ninety-four), wrote a three-hundred-page book on zinc biochemistry that doesn't say a word about oysters!⁶ This, despite the fact that American researchers discovered zinc in oysters in 1910 and published an early paper in 1919.⁷

These two omissions indicate that there is a disconnect between the understanding of zinc and how it behaves in the body, and oysters. At Marine Health Foods, we're trying to bring the science and the good qualities of oysters back into people's lives and increase their understanding of what oysters have to offer.

We make about twelve to fourteen batches of product a year, and we



An oyster midden in Maine

monitor the nutrients in every batch. We monitor zinc, copper, manganese, iodine, selenium and vitamin B12 because we make health claims. Oysters are so nutrient-dense and have so many of these elements that we can make over forty European Food Safety Authority (EFSA) health claims. This is virtually unheard of for a natural dietary product. You can put ten milligrams of zinc

in a synthetic zinc tablet and make health claims, but there is no food you can do that with except oysters. It is the same for the other elements such as copper and manganese. Oysters are very unusual in that respect.

OYSTER BIOLOGY

Why are oysters so unique in the animal kingdom? Oysters live in the intertidal zone—the area between low and high water. When the tide is out, oysters are exposed to the air. The drastic fluctuations in temperature, oxygen and salinity, along with predation from sea birds and humans and lots of pathogens, mean that their environment is very stressful. Moreover, there is no escape; they can't run away or get back into the water. This leads to a lot of oxidative stress, among other things. However, over the course of three hundred million years, they have evolved to deal with this.

In fact, the extraordinary biology of oysters means they can survive for four weeks out of the water. That is unique in the animal kingdom. How do they do it? They have an open circulation system. Inside, they've

OYSTERS AND THE THYROID

A lot of the integrative doctors we work with are using oyster nutrition, notably for thyroid health. Oysters are a very good source of iodine and selenium, and a healthy thyroid requires the correct levels of both. The synergy between iodine and selenium is very important; they interact to produce thyroid hormone. The thyroid has one of the highest levels of selenium in the body, and several selenoproteins are needed for thyroid health. For example, a deiodinase enzyme, which is a selenoprotein, converts T4 to T3. Some people like seaweed for iodine, but a lot of the people we work with don't like using it because while it is very high in iodine, it lacks the selenium cofactor, so giving too much iodine in that form can be problematic. Oysters are probably a better source.

got a soft body, and it is surrounded by liquid. You might think that the liquid is sea water, but it's not. It's actually a "liquor," hemolymph, which is a primitive type of blood that surrounds the oyster's body tissue. (It is very nutritious as well, so you definitely should not throw it out when you're eating oysters.) In the liquor are hemocytes (a primitive form of antibody) that swim around. The hemocytes are like the "police force" for the oyster—the first line of defense if pathogens try to get into the shell.

Out of the water, oysters get weaker and become more susceptible to infection. When pathogens get in, the hemocytes attack them through a process known as phagocytosis, where they engulf the pathogens. However, that process leads to a metabolic burst of free radicals, and in particular, superoxide free radicals. These free radicals are now floating around in the blood (the liquor), and they have to be gotten rid of; otherwise, they will cause terrible tissue and DNA damage, which is exactly what free radicals do in the human body. To counteract this, the oysters produce very high levels of antioxidants, which remove the free radicals and restore homeostasis in the shell. It's by this process that they can survive for up to four weeks out of water.

In Australia, scientists were doing an oyster reef restoration project. They dug some oysters out and killed them, breaking up the shells and putting them back in the water as an experiment. They knew oysters could survive for four weeks, but when they came back fully three months later, some of the oysters were still alive after three months baking in the hot Australian sun! This is more evidence that they are incredibly resilient creatures.⁸

THE ZINC CONNECTION

To do what they do, oysters require a lot of zinc. This is the beauty of the oyster and the key to what I want to discuss in the remainder of this article. Although zinc is involved in about three hundred enzyme reactions and two thousand transcriptional factors, I will focus on just one SOD (see next section, "Antioxidants to the Rescue").

Oysters are the highest natural source of zinc, with ten times more than the next source,

which is beef. At the same time, there is huge variability in the concentrations of zinc in oysters—even in two oysters in the same body of water. It's amazing the way the zinc concentration can change. We've seen levels going from three hundred parts per million (ppm) to seventeen thousand; for copper, we've seen a range from thirty-seven to four thousand ppm. A 1919 paper by American researchers documented the same variability,⁷ with zinc ranging from one hundred forty-five to almost eight hundred ppm, and copper ranging from six to thirty ppm.

You'll see nutritional information about oysters on the Internet that says "six oysters contain this much zinc," but you need to know about the potential variability. I can only assume that the people putting up that information are using averages derived from large data sets. The variability is the reason that we analyze every batch of our product. We are transparent with our customers; when they get oyster nutrition from us, we want them to know exactly what they're getting.

Oysters "hyper-accumulate" zinc and copper. If you have an oyster and a mussel living in the same body of water, the oyster will accumulate zinc to much higher levels than the mussel—up to sixty-five times more—even though they are living in the exact same area. It is the accumulation of these two metals that enables oysters' resistance to the stress of living in the intertidal zone. As filter feeders, oysters also will accumulate heavy metals or persistent chemicals if present in the water (as will any filter-feeding shellfish), but interestingly, their accumulation of zinc is not passive in this way; it's a preference. They have to do it actively, and it's done against the chemical gradient, which means the oyster has to expend a lot of energy to do it. That fact raises a question: Why do oysters expend so much energy to store zinc and copper? The answer is that they do it so that they can make important antioxidant molecules.

ANTIOXIDANTS TO THE RESCUE

We know that free radical formation is at the root of much illness. Chronic inflammation from free radicals is linked to autoimmune disease, heart disease, certain cancers, metabolic disease, type two diabetes and many

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Oysters are the highest natural source of zinc, with ten times more than the next source, which is beef. more conditions.⁹ Free radicals can damage lipids, proteins, carbohydrates and especially DNA. Antioxidants neutralize free radicals and maintain homeostasis and cellular health. Thus, production of antioxidants is vital for health in both oysters and humans.

Oyster antioxidants are very similar in structure to human forms. Zinc, copper and manganese make up the metalloenzymes—the master antioxidants superoxide dismutase, glutathione and catalase—in both oysters and humans. I am going to focus on superoxide dismutase (SOD) here. SOD in oysters is 60 percent similar to human SOD, and oyster consumption can promote human production of this master antioxidant. Eating foods that stimulate production of our own forms of master antioxidants is an important key to good health. Oysters did this for two hundred fifty thousand years, helping us to survive.

Wherever oxygen is metabolized, superoxide free radicals build up. This happens in every cell of the body, all day, every day. Our first line of defense is SOD, a relatively small protein that has two identical monomers with a zinc and a copper atom at the center of each. If you look at a SOD molecule, you can see how the copper and zinc atoms hold the amino acids together.

SOD functions as a superoxide scavenger in cells throughout the body and especially in the mitochondria where a lot of damage can otherwise be done. Free radical damage in the mitochondria can lead to loss of energy production. That is at the root of the theory of aging, because from about age forty on, the production of the SOD enzyme starts to decrease, which facilitates more oxidative damage in the mitochondria. That means we have less ATP production, and when there is less ATP in the whole body, we have less energy. Today, fatigue is one of the biggest health complaints; about 80 percent of people going to the doctor complain of fatigue. SOD could be a very important part of that puzzle.

When superoxide forms in the cells, SOD acts on it, breaking it down into hydrogen peroxide. However, hydrogen peroxide is still very dangerous in the cells and can cause a lot of damage, so then catalase (which relies on iron) and glutathione peroxidase (which is selenium-dependent) together break it down into water and oxygen, making it harmless again.

Oyster SOD cannot function in the human body as is, because the molecule is too big to cross the intestinal lumen; if it could, it would be attacked as a foreign body, even though it is 60 percent similar to human SOD. What happens instead is that it is broken down and digested to provide the building blocks for human SOD. Our intestinal lumen can pull the amino acids, peptides and molecules of zinc and copper across, and then our body builds its own SOD. This is exactly what you want. People talk about taking antioxidant supplements, but it has to be a human antioxidant. The way humans evolved was to eat foods that stimulate our body to make these antioxidants and maintain our antioxidant defense system against persistent threats to our health.

OUR RESEARCH

We decided to do some research to fill the gap left by the books of Dr. Prasad and Dr. Bayne. We took some of our oyster extract powder and tested the effects of oyster nutrition on human cells *in vitro* (female skin dermal cells). We measured the antioxidant activity by monitoring intracellular generation of reactive oxygen species (ROS), that is to say, free radicals. The results showed that oyster nutrition significantly stimulated antioxidant activity.

Next, we decided to dig a bit deeper. Again, we tested the effects of

TWENTY YEARS OF FEEDBACK

Over the twenty years since we started our work with oyster nutrition, we have received many testimonials. Here are some of the areas where our clients report noticeable improvements:

- Increased energy and less fatigue
- Improved immunity
- · Less anxiety and better moods
- · Improved thyroid and hormonal health
- Increased libido
- · Improved fertility and reproductive success
- Improved prostate health
- Improved skin conditions
- Stronger nails
- Reversed grey hair in those who were copper-deficient
- Stronger hair and faster hair regrowth ("beauty from within")
- Improved general health

As famous biochemist Linus Pauling once said, "You can trace every sickness, every disease, and every ailment to a mineral deficiency." With oysters, you're getting every mineral that your body needs.

oyster extract on human cells *in vitro*, using the same human cell line, and this time we focused on SOD production in the cells under stress. The results showed that oyster nutrition significantly stimulated SOD production to counteract the superoxide free radical. We plan to continue doing research and eventually would like to do some kind of *in vivo* trial with human volunteers.

If you haven't figured this out already, I'm convinced that SOD has important things to tell us, but unfortunately, nobody is doing the kind of research we need. The pharmaceutical companies won't do it because they can't patent oysters.

SIZE AND GEOGRAPHY

When it comes to oysters, size matters. Large oysters have much higher nutrient levels; other influences on nutrient levels include age, location and season. In Ireland, we have the largest underground zinc mine in the world, so the waters around Ireland are naturally higher in zinc. In the past, there was also a lot of copper mining.

To make our products, we're constantly trying to select oysters that have really high mineral content. The minerals are lowest when the oysters are ready to spawn and are full of fat and protein, so we harvest just *after* spawning. That's when we know the minerals are high; we want to give people really high doses of these valuable minerals so they can make their own antioxidant molecules.

We use large wild oysters (*Crassostrea gi-gas*) that are not native to Ireland. They escaped from oyster farms that weren't managed well. They weren't supposed to be able to spawn in

Ireland and survive, but nature found a way. They spawned and settled in a couple of bays on the west coast, and now they have actually become an invasive species. Fortunately, our company's activity takes them out. The fishermen are delighted because they've got a second fishery; the government is delighted because they don't have to worry about the invasive problem; and we're delighted to get this good raw material and excellent source of nutrition.

ZINC-TO-COPPER RATIO

Synergy and nutrient ratios are very important in oysters. Remember, the concept of synergy means that the combined effect of two elements is far greater than their individual effects. A few years ago, a new quality manager joined us, and I asked her to go back through all our batches for the last twenty years and check the zinc-to-copper ratio. On the Internet, referring to synthetic supplements, people say that the ratio should be "such-and-such," but I thought that the ocean is our laboratory and the oyster has been doing this for three hundred million years, so let's ask the oyster. We analyzed all the batches and found a ratio of eleven to one over the twenty-year period. Our conclusion: that is nature's ratio and has nothing to do with us. Interestingly, research suggests that the zinc-to-copper ratio in humans is typically eight-to-fifteen to one, so the oyster's ratio sits smack in the middle of that.

It's important to recognize the fact that food sources are always going to be better than synthetic forms of zinc and copper; synthetic forms destroy the all-important synergy between the two. Listen to some of the talks by

Food sources are always going to be better than synthetic forms of zinc and copper; synthetic forms destroy the allimportant synergy between the two.

A FREQUENTLY ASKED QUESTION

One of the questions we are often asked is, "Are oysters an aphrodisiac?" Part of the answer to that question dates back to something called the "Doctrine of Signatures." In ancient Greece and Greek medicine, they thought that if a fruit or vegetable resembled a certain part of the human body, then it was good for that part of the body.¹⁵ Walnuts, for example, looked like the brain, so the doctrine taught that walnuts were good for the brain (this might be true because walnuts are high in omega-3s). As another example, anything that looked like a phallus was supposed to be good for male reproductive health. When I heard about this, I wondered, "Is there a female equivalent of the word phallic?" It turns out there is; the Sanskrit word "yonic" refers to a stylized representation of the female genitalia in Hinduism. There is one catch: there is no truly yonic food—except for oysters!

As for scientific proof of the aphrodisiac effects of oysters, some researchers claim that it has to do with the amino acids,¹⁶ but we also know that the minerals in oysters have many effects on bodily functions that support good sexual health, including benefits for spermatogenesis and testosterone production, as well as improved energy levels. Casanova reportedly ate six dozen oysters a day in King Louis XV's court.¹⁷

Morley Robbins,¹⁰ who has done phenomenal work on copper and how copper behaves in the body. Robbins describes zinc as an "assassin," but he is quick to say that he is talking about synthetic zinc supplements, not zinc from food sources, which behaves very differently. Synthetic zinc can cause copper deficiency because the two are antagonistic when taken in synthetic forms. Synthetic zinc will pull copper out of the binding sites in the body, and then it floats around in the blood and ceruloplasmin, which makes doctors think people have too much copper when they get a blood test. In fact, it's the opposite—the copper has been pulled out of where it should be doing its work in the body.

I think people are too flippant about taking synthetic zinc without being mindful of the necessary cofactors. It's quite worrying, because they don't realize the effects that it can have on their body, upsetting the very delicate balance of minerals that they need to maintain good health. As of 2022, the synthetic zinc market in the U.S. was worth around five billion dollars, which means a lot of it is being sold and consumed.

Dr. Prasad did all his work with synthetic zinc. It is unfortunate that he never studied oysters. I can understand why he would have wanted the precise doses of zinc that a synthetic form can guarantee. As we've seen, natural zinc in oysters is quite variable, so it might have been hard to use oysters in controlled experiments. However, because of Prasad's work, people think that taking synthetic zinc is the way to go, not realizing that oysters are the "caviar" of zinc and copper nutrition. With oysters, you don't have anything to worry about; there won't be any antagonism or anything else to create problems.

Interestingly, some French naturopaths who have worked with us have obtained very high "chi" energy measurements on our oyster extract. In comparison, they say that when supplements have been irradiated, as is the case with about 90 percent of supplements on the market, they're completely "dead"; they can't raise the "chi" energy above zero.

OYSTERS AND HORMONES

Oysters can play an important role when it comes to fertility and reproductive hormones. A lot of menstrual abnormalities can be due to zinc deficiency; the feedback we've received from clients and doctors over the past two decades is that menstrual cramps and pain subside

OTHER IMPORTANT NUTRIENTS IN OYSTERS

Zinc and copper are just two of the elements that are particularly high, but let's not forget about some of the other nutrients in oysters. For example, oysters are an excellent source of vitamin B_{12} ; one oyster will give you 100 percent of your Dietary Reference Intake (DRI), although I should mention that mussels are even higher. Here are some other aspects of oyster nutrition that make them such a powerhouse:

- PROTEIN: As we saw at the beginning of this article, oysters are a very good source of protein: 55 to 65 percent when dried and 10 percent by wet weight.
- OMEGA-3s: Oysters are also a very good source of the omega-3 fatty acids EPA and DHA (about three hundred thirty milligrams in a serving of six oysters; four hundred milligrams are recommended daily). There is not as much variation in these elements as with the zinc and copper.
- FATS: Fats in oysters are 9.2 percent by weight.
- TRACE MINERALS: Oysters have fifty-nine trace minerals that the body requires.
- B VITAMINS: In addition to B₁₂, you get B₂, B₃ (niacin), B₅, B₆, biotin and B₉.
- VITAMINS C and E
- VITAMIN D₃: Fish, and especially oysters in the shell, can make vitamin D₃ in the dark, whereas humans need sunlight to make it. Oily fish (such as salmon, mackerel) are also a very good source of vitamin D₃.
- PHOSPHORUS: Phosphorus is essential for bones and teeth.
- SODIUM: Sodium is important for fluid balance and essential for nerve and muscle function.
- POTASSIUM: Potassium is important for nerve transmission and muscle contraction.
- CALCIUM: There is a lot of calcium in oysters, but if you want an excellent source of biological calcium, grind the shells into a powder. There are a lot of other minerals in the shell as well. We used to make calcium supplements, but it's a tough market because it's been flooded with cheap stuff from other countries.
- MAGNESIUM: Magnesium is important for bone health.

When it comes to the trace minerals, there is not as much research on these, but they are very important and have known biological effects. Molybdenum, for example, is critical for making certain enzymes that break down toxins. If you don't have molybdenum, how does the body make those enzymes? That is a question that I'd like answered. Does the body try to make it, but it doesn't work properly? We need all of the trace minerals, even if only in tiny amounts.

after oyster extract supplementation. Animal studies suggest that zinc deficiency also affects ovarian function and is linked to reduced oocyte quality, so oysters can support healthy ovulation.¹¹ Taking oysters preconceptionally (both men and women) can make a difference for anyone trying to conceive. We have had customers who had failed to conceive with *in vitro* fertilization (IVF) and then were successful after taking high doses of oyster nutrition. During pregnancy and lactation, a woman's body requires a 50 percent increase in the DRI for many nutrients, and again, oyster is a very good way to get that.¹² Finally, zinc is very important for the secretion of prolactin during breastfeeding.

In men, spermatogenesis requires both selenium and zinc, and high levels of zinc are also needed for prostate health.¹³ In fact, other than the back of the eye, the prostate has the highest level of zinc in the male body. Zinc is also vital for testosterone production in both men and women.

Oysters as a food-source mineral supplement are very good for skin, hair and nails. Years ago, a client in New York called me. Initially, he had ordered two bottles of oyster extract; a week later, he ordered twenty bottles more, and then two or three weeks later, another fifty bottles. When we spoke on the phone, I asked, "Are you a doctor, or do you have a shop?" He said, "No, I take it myself." When I said, "You couldn't be taking that much," he told me that he was taking from a half to a full bottle every day! It turned out that he had chronic zinc malabsorption, secondary to Crohn's disease, and the doctors could not get zinc to stay in his body. Whether orally, intravenously or via injection, his body just would not hold on to zinc.

After he found an article that I had written about zinc supplementation, he started taking high doses of the oyster extract. Before taking it, he was emaciated and his hair had gone gray, but when I had the chance to meet him in person about six months later, he was a big, strong guy with black hair! He had completely cured himself, and now he only takes a maintenance dose of oyster. The synergy of the zinc, copper, manganese and so forth was the only way his body would accept it—it would not accept synthetic zinc. This story illustrates both how bad synthetic zinc is and also the importance of food-source zinc.

VEGANS AND BIVALVES

There is a debate going on about whether vegans can eat oysters and mussels. This form of veganism has been dubbed "ostroveganism," from the Latin word *ostrea* meaning oyster. One of the big problems with veganism are deficiencies in B_{12} , zinc, vitamin D_3 , selenium, EPA and DHA—and these are all in the oyster. So, the oyster can cure what I call "MEATabolic syndrome"!

The reason that some of the vegan societies have declared it okay to eat oysters is because oysters don't have a central nervous system, and so they say oysters are "not sentient." As a marine biologist, I would argue with that one. We actually have discovered that different species communicate on the reefs by electrical impulse, and this is a huge advance in our knowledge about oysters. Previously, scientists thought oysters didn't have any communication at all, other than possibly chemically in the water; people thought they were just a piece of rock sitting there, but they're actually communicating with each other. This is a fascinating area of emerging research.

OYSTER GASTRONOMY

Gastronomy is where our business started, so I'd like to offer some tips about eating oysters. First and most importantly, savor the moment. Oysters take two to three years to grow, so you don't want to rush the experience.

More practically, "shucking" is the act of opening oysters-and it's a bit of an art, tooand "slurping" is the act of eating oysters. Always chew an oyster before swallowing. If you don't shuck them properly, there could be a sliver of oyster shell in there, and if you swallow that, you're going to be in trouble. In addition, always make sure there's plenty of liquor surrounding the oyster-they should be swimming in it. If you order oysters in a restaurant and they're dry, don't eat them; give them back, because they're past their prime. The liquor starts leaking out of the shell about two weeks after being harvested, and then you're getting close to danger territory. Smell is the number-one safety criterion. A good oyster should smell like a sea breeze, whereas you can smell a bad oyster from ten yards away. My motto is, "If in doubt, chuck it out."

If oysters are fresh (that is, raw), they must be eaten alive—that's a legal requirement. If they're dead in the shell, they will make you sick, unless, of course, they're cooked, which is a different thing. We had a three-minute rule at our oyster bar where they had to be on a plate in front of you three minutes after being opened.

In terms of ways to cook oysters, two common ways are to smoke or grill them. "Angels on horseback"-oysters wrapped in partially cooked bacon and then grilled or broiled-are delicious, as are deviled oysters and Oysters Rockefeller (oysters on the half-shell topped with a butter-herb sauce and bread crumbs and then baked or broiled). In the EU, we're a bit snobby and think that oysters always have to be eaten alive, but in the U.S.-perhaps due to the golden era when oysters were so plentifulcooks historically have been more adventurous with things like oyster stews and gumbos. The problem nowadays is that oysters are no longer a low-budget item; if you want to make an oyster stew, it's going to be expensive

We sell our oyster powder as a bulk powder, and we're finding that people like to use it to "turbocharge" broth. It's a great way to get things like zinc and copper in the broth when ordinarily those metals wouldn't be there in significant quantities. As for flavor, I like to say, "it tastes like a mermaid crying on your tongue."

If you are looking for a good pairing of oysters with wine, I recommend Muscadet (a French wine from the Loire Valley) or any very dry white wine. I also recommend always opening the oysters before you starting drinking the wine—that's how you avoid a trip to the emergency room. I made a mistake one night at an event where the event organizers had plied us with free pints; after I sent the knife through my hand, I decided that shucking oysters and drinking is a bit like drinking and driving. "Don't drink and shuck!"

Oysters will pick up the flavor of the water they live in. They say that "merroir" is to oysters as "terroir" is to wine. In Ireland, there is a lot of peat in the mountains, so the oysters have a "peaty" flavor. At the 2024 Wise Traditions conference, we served oysters from British Columbia, and they had a pine needle taste.

IGNORE OYSTER FEAR-MONGERING

There's a lot of fear-mongering about oysters, but if you follow the proper protocols, you won't get sick. The benefits of eating oysters far outweigh the risks. We've been working with oysters for twenty-four years, following the appropriate protocols for harvesting and production, and we've never had an incident with oyster sickness. We also ran oyster bars for years in Dublin. The problem was that people would come to Dublin for a "stag night"; after drinking fourteen pints of Guinness and a bottle of whiskey and eating a single oyster, they would blame the oyster for their hangover.

Only once did a person report us to the health board for making her "nauseous" from oysters. When the health board came in the following week, there she was, sitting at the table again. I said, "You reported us for making you sick last week." She said, "I just felt a little bit nauseous." I said, "You called the health board. If you got sick in a restaurant eating chicken, would you be back there the next week eating chicken again?" I told the guy from the health board, and he laughed and walked off.

In terms of bacterial contamination, in the U.S. many years ago, there was a problem with the *Vibrio* species, but they are not particularly resilient and cooking at 150F will destroy them. With oysters, the quality of what you eat is all about where you get them and the quality of the water the oysters are living in. As I mentioned, we get our oysters on the west coast of Ireland where there are no industries and it is very clean.

The U.S. monitors water for marine biotoxins, whereas in Europe, we monitor the shellfish, and if biotoxins have accumulated into the shell-fish, we close off harvesting. That's why Europe can't send live shellfish to the U.S.; the regulatory agencies in the two countries can't reach an agreement, even though both monitoring systems achieve the same end.

As I mentioned, heavy metals will accumulate in oysters if heavy metals are in the water, which is why we test every batch. The levels in ours are about one hundred times less than what's allowed legally in food. There is an interesting synergy with regard to heavy metals. Zinc reduces heavy metal uptake and causes immobilization and chelation of heavy metals. So, if you have proper zinc homeostasis, the heavy metals can't get into your body in the first place, and zinc will also kick out heavy metals and chelate them out of the body. So, one very good way to manage your heavy metal load is to make sure you have enough zinc in your diet.

We are getting a growing number of calls about microplastics. This is becoming a bigger issue because of oysters being filter feeders. It is not a requirement to test for microplastics, but we are looking into labs and test methods to see what's available so that we can do some testing.

OYSTER REEF RESTORATION

About six years ago, I set up Native Oyster Reef Restoration Ireland (NORRI).¹⁴ The team includes Professor Anamarija Frankic, who works in Boston and Croatia; Brecht Stechele, a young PhD student; Nancy Navi-

AN OYSTER POEM

There once was an oyster whose story I'll tell Who found that some sand had got into his shell. It was only a grain, but it gave him great pain For oysters have feelings although they are plain. Now, did he berate the harsh workings of fate That had brought him to such a deplorable state? Did he curse at the government, cry for election, and claim that the sea should have given him protection? "No," he said to himself, as he lay on a shell, "Since I cannot remove it, I shall try to improve it." Now, the years rolled round, as the years always do, and he came to his ultimate destiny-stew. And the small grain of sand that had bothered him so was a beautiful pearl all richly aglow. This tale has a moral, for isn't it grand What an oyster can do with a morsel of sand? What couldn't we do if we'd only begin With some of the things that get under our skin?

jan; and Kealan Doyle, who has a documentary on Netflix called Seahorse Man. Doyle is trying to restore seahorses, but when we explained to him that oysters filter the sea water for eelgrass beds to grow in, he realized that we are never going to have seahorses until we have oysters. He is really into oyster restoration now.

NORRI has applied to the EU Life Fund for funding so that we can get some graduate students working on this. We selected four sites on the east coast of Ireland, including what was, in 1860, one of the biggest oyster fisheries and is now functionally extinct. We are working with three other partners: Oyster Heaven (a company from the Netherlands), University College Dublin and Wicklow County Council.

A famous Greek proverb says, "A society grows great when old men plant trees in whose shade they shall never sit." I don't know if I will see thriving oyster reefs on the east coast of Ireland in my lifetime, but I hope my grandchildren will. We're getting the ball rolling and the idea is catching on. For example, I recently saw that six yacht clubs in Dublin have started putting oysters in and around their marinas.

Professor Frankic did some interesting ovster restoration work in Boston Harbor. Before the project, there was just anoxic mud-the place looked like it had been wiped out dead. Two years after they started restoration, an oyster reef appeared. Nature is very resilient, and it will recover very quickly if given a chance. In the same bay at high water, they recorded blue sharks and sea turtles-again within two years. In another project in Wellfleet Harbor near Boston, they started with a mud flat, and two years later there were six million oysters. These projects can be very successful. All that is needed is the money and manpower to get things moving.

CREDIT WHERE CREDIT IS DUE

Humans have coexisted with oysters for two hundred fifty thousand years, during which time oysters have served as an important food source, supplying bioactive molecules that have a very positive effect on our health. They have a unique nutritive profile above all other animal products. I call them "the lost organ meat." Eating oysters is a 100 percent "nose to tail" experience.

In Ireland, people used to put seaweed on the land, which put minerals back into the soil and hence back into the food chain. Unfortunately, intensive agriculture and chemical fertilizers have depleted the soils. Seafood is a great way to make sure you're getting all your minerals. I encourage you to make oysters a regular part of your nutrition and try to eat seafood at least two times a week. Remembering that the quality of the sea water is critical, source your oysters wisely. Talk to the suppliers and find a good fishmonger or an oyster farm if you are near the sea. Introducing oyster nutrition to your diet is like a tonic for the body's biochemistry.

Stephen Kavanagh is a marine biologist and the owner and CEO of Marine Health Foods (marinehealthfoods.com), a family business established in 2000 in County Wicklow, Ireland. He has thirty-five years of experience working with oysters and shellfish and is passionate about sharing information about oyster nutrition.

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Chlorine Dioxide and the Disease Delusion

By Lee Merritt, MD

This article is about chlorine dioxide (CD), but before I discuss CD, I need to set the stage with some comments about the disease delusion. We are living in a false reality mostly crafted by false science. Consider this scenario. You are on a plane, and someone nearby is sneezing or coughing. A few days later, you get sick and you blame it on that person on the plane, because the authorities have told you that's how it works. Their narrative is that someone breathes out little "flying unicorns," and when you breathe them in, they make you sick. Even if there is no evidence for this narrative, it all sounds very "science-y"!

What really happened is this. First, you didn't sleep well the night before you got on the plane, so your immune system took a little hit. Next, you got on a plane doused with disinfectants—biocidal agents. The biocidal agents didn't kill you (because this is dose-related), but they got into your cells as a toxin. In addition, the toxin recirculated in the air during the flight. When you arrived at your destination, perhaps to see family or friends, you went out, ate and drank too much and stayed up too late, again depriving yourself of a good night's sleep. To make matters worse, you went out and did it again the next night. In short, you got sick because you weakened your immune system and toxified yourself. The false science authorities would have you playing "disease whack-a-mole" for the rest of your life, so that every time they come out with a new disease, they can give you a new vaccine or pharmaceutical poison. But, as my hypothetical example illustrates, disease really is about toxins, and a lot of the things we think of as "disease" are probably the result of poisoning. If too many toxins accumulate in the body and your detoxification system isn't keeping up, you get sick. Think of it like a teeter-totter. The goal is to tilt the balance the other way, where the detoxification system is on "high burn," and you don't have as many toxins. And that's where chlorine dioxide can play a role.

EVERYTHING IS ELECTROMAGNETIC

To understand how chlorine dioxide works, I need to provide some further background. We are electromagnetic beings, and over the past two centuries, the world has become more and more electromagnetically charged. When the first telegraph lines were laid down in the 1800s along the railroads, telegraph operators and people who worked on the railroads started getting sick. They would get nervous and jittery and develop a cough; they called it "telegrapher's disease."¹ (Notably, there were no annual outbreaks of so-called "influenza" before the laying down of the telegraph lines.) At some point, they figured out that they could ameliorate the symptoms of telegrapher's disease by using two copper wires and running a long twist in the wires first, instead of using straight copper wire as they had done initially.

Now consider that in the same way that the Grand Coulee Dam makes electricity, our bodies make energy (ATP) in the mitochondria.² The Grand Coulee Dam has high water and low water (called a "gradient"), and the water flows over the dam; when it drops down and hits a turbine, that spins around and makes electrical power connected to a generator. In the human body, instead of water flowing across, the body uses hydrogen ions—charged particles that go from a high concentration to a low concentration, hit little "rotors" and make ATP. It is just like the Grand Coulee Dam, only in miniature. This process requires sugar, which comes along in the form of glucose, and at the end of the day, you get ATP.

What happens if you suddenly step into a big electromagnetic field (EMF)? The gradient—the difference between the hydrogen ions outside the mitochondria and inside—becomes less, and you have less power to turn those "rotors" and make energy in the body. That's what caused telegrapher's disease and also explains modern influenza patterns. In addition, EMF exposure disrupts metabolism, making it harder to metabolize sugar. Both Alexander Graham Bell and Thomas Edison became diabetic

at a time when diabetes was extremely rare; they may not have had electricity in their homes, but they were going into a lab where they were surrounded by a huge electrical field all day long. The body can respond to a rate of change that is very slow, but it can't take that kind of sudden change. If you look at all of the "pandemics" in the modern world, from the 1918 "Spanish flu" to Covid, each one has occurred when we have upped the electromagnetic milieu.³

How the body gets rid of toxins is related to this issue of the electromagnetics around us and in the body. The University of Washington's Dr. Gerald Pollack, a brilliant thinker who is willing to put everything into question, has taught us in his studies of fourth-phase water⁴ that the water in our cells is in a special form. I used to think it was in a gel with proteins mixed in, but it's actually in a kind of crystalline form, and that crystal expands and contracts. Every cell in your body is like a tiny battery with a negative charge and a positive charge. Now think back to that disinfectant they sprayed on the plane; when it gets into your lungs and cells, how do you get rid of it? Your body detoxifies poisons by surrounding them with negative charges (electrons) and then electromagnetically pushes the toxins out of the cell. They go into your lymph glands, blood supply and liver, and you poop them out.

What this means is that you don't want to let your batteries run down! How do we recharge that detoxification system? In medical school, we were taught, "You're not a plant, you don't get any energy from the sun," but that is a lie. In fact, we charge our detoxification system with infrared light. This is why the "flu season" is in the winter. In the summer, people don't get sick because they're doing things outside and getting lots of light. That light "charges their battery" so they can get rid of toxins. In the winter, people start bundling up and don't get as much

TRAVEL TIPS

When I travel, I travel with the sodium chlorite solution (Part A) and not the activator (Part B). (Note: I take care to wrap the bottle in a lot of paper towels, and I put it in two plastic bags, because you don't want it to spill on your good suit.) If you have good hydrochloric acid in your stomach, you're not on antacids, you don't have ulcers and you've never had surgery on your stomach, you can get away without activating it. I would not start out this way, but later you can try it without the activation and see if your body activates it. The nice thing about that approach, especially for kids, is that it takes care of the taste issue—it just tastes like water. If I want to take a bath, I just go down to the hotel restaurant or bar and get some lemons, and squeeze a couple of lemon slices into the bath. That's called "field expediency"! Alternatively, something that is easy to use when traveling is Frontier Pharmaceutical's Snoot! nasal spray.²⁹

Chlorine dioxide stands out in the gentle way it oxidizes. sunlight. That's okay for a little while, but by the time February rolls around, their batteries are significantly discharged. In addition, the winter holidays often cause people to stay up too late and overindulge, making themselves more toxic at precisely the time when they are less able to detoxify. Or, if you want another example of a perfect storm, just go to a nursing home, where residents eat bad food, are surrounded by toxic disinfectants, never get sunlight and, to make matters worse, get flu shots just before "flu season" hits.

ELECTRON THEFT

Another way to understand what happens is electron theft. Although most of our body is made up of "good" bacteria and other organisms that do good things for us, occasionally something "bad" like Escherichia coli or Clostridium difficile takes over. Note that although we call them "good" and "bad," it's not because they are intrinsically evil. It's like weeds-your dandelions are not evil. We call them a "weed" because they happen to grow in places where we don't want them. The "bad" organismsbacteria or parasites or mold-make us sick by stealing electrons from the body, which disables our enzymes and proteins from doing the right thing. The "good" organisms, on the other hand, don't want to steal your electrons because they are happy with their own electrons.

All of the bioactive molecules in the body are three-dimensional, and they're contained and made in the right shapes to be functional by electromagnetic bonds. If you don't have a good-shaped estrogen, it won't fit in the estrogen receptor; if you don't have a good-shaped insulin, it won't fit in the insulin receptor. When an organism steals electrons, it denatures the protein so that the protein can't keep its shape; thus, whatever that protein is supposed to do doesn't fit in the "lock" (that is, the receptor) any more.

Some critters steal electrons more than others. Parasites, for example, are "super electron stealers," which is why they can be so damaging to the human body. By the way, it occurred to me that the other kind of "parasites" (the political and financial kind) steal our electrons, too. However, they don't have to come and physically take our dollars out of our pocket—they can do it electronically.

Chlorine dioxide works by stealing the electrons back. In the process, it dissociates into parts; it liberates some electrons for you, and it also continues to damage the bad critters. If every molecule of chlorine dioxide steals five electrons from a protein in some bad bacterium, parasite, or mold, consider what happens next; as CD steals more and more electrons, the bad thing falls apart because it can't make the proteins to stay alive. The beauty of this system is that you cannot develop "resistance" to it. It's not like antibiotics—it can't create "super bugs." Moreover, CD doesn't hurt your good bacteria. That is why this chemical is God's gift to mankind.

CHLORINE DIOXIDE VS. OTHER OXIDIZERS

At room temperature, chlorine dioxide is a gas. Highly soluble in water, it is made by mixing sodium chlorite solution with citric acid or hydrochloric acid. Technically, CD is called an "oxidizer." Although there are other oxidizers—such as ozone, hydrogen peroxide and chlorine bleach—that can cause damage, chlorine dioxide stands out in the gentle way it oxidizes. Unlike the other oxidizers, chlorine dioxide does its electron-stealing job with very low power. CD can't take electrons from the "good" bacteria that hold onto their electrons tightly; it can only take electrons from the greedy or "bad" organisms that don't hold onto them very well.

Compare chlorine dioxide with hydrogen peroxide. If you have a wound, hydrogen peroxide will keep it from getting "infected." However, as an orthopedic surgeon with forty years of practice, I have often had people tell me that their wound is not healing. When I ask them what they are doing, they say that they are using hydrogen peroxide. I tell them to stop using the hydrogen peroxide because it's killing the cells that are trying to come into that wound and heal it. Chlorine dioxide does not cause damage in this way.

What about chlorine? When you use chlorine in a swimming pool or spa, it produces hydrocarbons, including chloramine, that are toxic and get into you. When I was a kid, my eyes would always sting after we'd gone to the pool. We thought it was just from being out in the sunlight for so long, but it was the chloramine. And when you dump that chlorinated water into the sewer, it becomes chloroform to some degree. This is not good stuff! Way back in 1956, the Belgian city of Brussels switched from chlorine to chlorine dioxide for their drinking water purification,⁵ recognizing that while chlorine may clean the water, it's toxic to us.

TWO CENTURIES OLD

Chlorine dioxide may seem to be new on the scene, but it has been around since 1814, when British chemist and inventor Sir Humphry Davy discovered chlorine dioxide gas.⁵ The U.S. has used chlorine dioxide in various applications since the 1930s. In 1944, for example, New York's Niagara Falls community completely switched to chlorine dioxide in their water treatment plant because they had a problem with phenols and it was so effective at removing toxic contamination. They also said the water tasted better.

In 1967, the Environmental Protection Agency (EPA) registered chlorine dioxide for use as a sanitizer and disinfectant, with indicated uses including "food processing, handling and storage of plants, bottling plants, washing fruit and vegetables, sanitizing water, controlling odors and treating medical wastes."⁵ I would wager that all the fruits and vegetables that you eat have been sanitized with chlorine dioxide. In 1988, the EPA also approved chlorine dioxide for hospital sterilization.

The government has used chlorine dioxide in a variety of decontamination situations. After 9/11, when weaponized anthrax was sent to a Senate office building in Washington, DC, they used chlorine dioxide gas to decontaminate that and other buildings.⁶ (They claimed that the decontamination cost six billion dollars, but I suspect they were able to pocket some of that money for the black budget because all they had to do was seal the building and "gas it up"!) Chlorine dioxide also decontaminates a wide range of chemical weapons.

In Louisiana, the Federal Emergency Management Agency (FEMA) used chlorine dioxide in the clean-up after Katrina and advised the public to use chlorine dioxide tablets to make their drinking water safe.⁷ And of course, American universities know all about CD. Purdue University has been doing food services research on chlorine dioxide for decades.⁸

A THREAT TO BIG PHARMA

Because chlorine dioxide has so many uses and is so cheap, it has the potential to bring down Big Pharma. Government and mainstream medicine have expended considerable effort to prevent this.9 The attacks on chlorine dioxide use started in earnest after aerospace engineer Jim Humble wrote his 2006 book (and subsequent editions) titled *Breakthrough*: The Miracle Mineral Supplement of the 21st Century.¹⁰ Humble had been working in South America with gold miners who were very sick with malaria. Someone gave him some chlorine dioxide water purification tablets and told him that, in a pinch, they might help. When he gave the miners the pills, they got well overnight. That prompted Humble to start researching CD and spread the word about its benefits.

After Humble and my friend Mark Grenon got together and came up with various protocols, I think that was when Big Pharma realized they were in trouble and had their henchmen do something about it. In 2010, the U.S. Food and Drug Administration (FDA) started claiming that CD was "toxic industrial bleach" and that using the Jim Humble protocol was dangerous. Ironically, they issued this warning despite, at the same time, approving CD in mouthwashes, toothpaste and food services. In 2022, the FDA managed to get authorities in Colombia to extradite Grenon and his three sons and put them in a federal penitentiary. Mark spent four years in prison, and others have been similarly prosecuted.¹¹ In other words, the same government that has approved and been using CD for decades wants to put you in prison just for talking about it.

MANY USES

Is there anything that CD doesn't treat? There is published evidence, to cite a handful of examples, for its ability to neutralize *Listeria monocytogenes*,¹² methicillin-resistant

Because chlorine dioxide has so many uses and is so cheap, it has the potential to bring down Big Pharma. Government and mainstream medicine have expended considerable effort to prevent this.

Staphylococcus aureus (MRSA),¹³ *Klebsiella pneumoniae*,¹⁴ *E. coli*¹⁵ and *Salmonella*.¹⁶ There are only two conditions for which I couldn't find solid evidence of benefits: tuberculosis (TB) and mycoplasma (bacteria associated with respiratory illnesses like bronchitis and pneumonia). However, conventional treatment for multipledrug resistant TB is costly and not very effective, and I can't imagine why TB couldn't be treated with CD much more cheaply.

If you look at the "official" scientific literature coming out of the National Institutes of Health (NIH), they claim that CD can treat only "little" bugs and not big particles like TB-but we know better. We know that it can treat parasites and protozoa very well.¹⁷ I think they're telling you this to discourage you from looking into it. A parasitologist told me about a study of six or seven water treatment plants in different cities; they went to the end user's kitchen tap, and they discovered that about 21 percent of all the water tested in people's kitchens had the protozoan parasite Cryptosporidium. CD treats Cryptosporidium.¹⁸ It also treats Aspergillus,¹⁹ a very bad fungus I encountered when I was in practice in California's Central Valley. In those days, we didn't have anything except the antifungal amphotericin, nicknamed "amphoterrible" because if you didn't die of the Aspergillus, you'd die of the drug.

CD is also used in fish ponds and aquaculture.²⁰ Chlorine will clean up the water, but it will also kill the fish. Chlorine dioxide works really well because you need so little of it—something like ten parts per million in a fish pond.

Inventor Howard Alliger,²¹ who filed numerous CD-related patents,²² founded Frontier Pharmaceutical in the early 1990s to create and commercialize "easily usable and shelf-stable" products delivering the benefits of chlorine dioxide, including mouthwash, toothpaste, and wound and skin care products.²³ He had been interested in CD since the mid-1970s, having developed a product approved by EPA in 1981 as a high-level surface disinfectant.²⁴

When Alliger looked at long-term safety studies in rats, puppies and humans, he could find no evidence of toxicity. For example, flour treated with two hundred parts per million and fed to rats had no effect even after several generations. He concluded, "Only chlorine dioxide among the common water treatment disinfectants (ozone, chlorine, chloramine, and chlorine dioxide), produces no signs of malignancy in test animals." He also stated that although chlorine dioxide "is a strong oxidizing agent and a particularly fast disinfectant, there are no reports in the scientific literature of toxicity by skin contact or ingestion or, moreover, of mutagenicity." His papers are on my website.²⁵

HOW TO USE

There are a lot of chlorine dioxide protocols out there, and it's my observation that this has left many people confused about how to use CD. So, I'm going to give you the "Keep It Simple, Stupid" method. There are downloadable instructions at my website (www.themedicalrebel.com)

THE HEROES

It's important to acknowledge some of the chlorine dioxide heroes and thank them for what they have brought to the world. Here are a handful of the heroes:

HOWARD ALLIGER: Alliger's work in this area was pioneering. An inventor with a number of CD-related patents, Alliger founded Frontier Pharmaceutical.

MANUEL APARICIO-ALONSO: Aparicio-Alonso was a conventional doctor in Mexico who says he "woke up" during Covid and has now treated over eight thousand people with chlorine dioxide.^{30,31}

CURIOUS OUTLIER: Curious Outlier writes on Substack³² and made a documentary that is well worth watching. Titled *The Universal Antidote: The Science and Story of Chlorine Dioxide*,³³ it shows why CD is "universal."

MARK GRENON: Grenon gave quite a bit of his life to this fight, including four years in prison.

JIM HUMBLE: Humble's book, *Breakthrough: The Miracle Mineral Supplement of the 21st Century*, upset the medicalpharmaceutical-industrial complex because they saw that chlorine dioxide posed a threat to the entire mainstream medical model.

ANDREAS KALCKER: A German biophysicist who resides in Switzerland, Kalcker helped give CD the imprimatur of an experienced scientist. He wrote *The Essentials: Protocol Guide* and *Forbidden Health: Incurable Was Yesterday*.

KERRI RIVERA: Rivera has been treating autism with chlorine dioxide for years and came out with a new book in 2024, *Autism CD Protocol . . . and Other Autoimmune Disorders*. She has done exceptional work.

BOB SISSON: My friend "Bob the plumber" takes large quantities of chlorine dioxide to Uganda every year. They treat malaria in "the poorest of the poor," and they can show you that in four hours it goes away from the bloodstream.

WESTON A. PRICE FOUNDATION: WAPF has had the courage to put on meetings and publish articles that discuss these topics. That is not an insignificant thing!

that you can print out. I don't sell anything with chlorine dioxide, but I tell you where to get it, how to mix it and, if you want to, how to make your own.²⁶ I also have a video that goes over this.²⁷ That is not to say that other protocols, such as the one developed by Andreas Kalcker, may not have some advantages but I think that the method I describe is easier to explain and more straightforward for people who are just starting. Personally, I have found this method to be very effective, and I don't feel a need to move on to anything else.

There are four basic things to know before you start. First, chlorine dioxide is a gas, so when you drink it, you're drinking a gas in a liquid. That means that in between drinks, you need to keep it in a bottle with a lid. (Importantly, make sure not to use a metal bottle or lid; both should be either plastic or glass. CD will react with metal.) Second, the gas is made by combining sodium chlorite solution with an activator. The two activators that are commonly used are hydrochloric acid (HCL) or citric acid. I think the citric acid tastes bad, so I use HCL. Third, the dosage is in *drops* per day. Fourth, as Kerri Rivera has discovered in her work with autism, it's best to take it all day long in small doses rather than in a few bigger doses. When they treat autistic kids every hour, they get much better results. What I do is make up my bottle in the morning and sip on it throughout the day until about seven in the evening.

Chlorine dioxide does not have very many "don'ts," but here is one. You don't want to take chlorine dioxide, an oxidant, with antioxidants like vitamin C or glutathione, because they will cancel each other out. If you are taking any medicines or supplements, I suggest taking them in the morning before you start drinking the CD, or in the evening after you're done with it. I take my vitamin C in the evening.

To start, I recommend that you get a kit from a place like KVLab.²⁸ It will include Part A (the sodium chlorite solution) and Part B (the activator). To mix the two, I use a shot glass it's helpful to have something small so that you can see what you're doing. On the first day, start with one drop. (I have only seen one case, in someone very toxic, where they couldn't handle even one drop; that is rare.) Here is what you do:

- Put one drop of the sodium chlorite (Part A) in the shot glass, and then, because they have to mix together, put one drop of the activator (Part B) *directly* on the Part A drop.
- Let the mixture (1+1 drops) sit for thirty or forty-five seconds. (If you let it sit there for more than a minute, you're going to start off-gassing.) You will see it start to turn yellow.
- 3. Add water to the shot glass.
- 4. Put the mixture in your bottle and add more water until you have a total of about ten to twelve ounces—whatever you want to drink during the day. I find that ten to twelve ounces is a good dilution where you don't taste it very much.
- 5. Drink an ounce an hour so that it's gone by around seven o'clock. If you don't finish drinking what is in the bottle, don't throw it out. Kerri Rivera's studies show that it will last at least three days if it is in a bottle with a lid, and you don't have to refrigerate it.
- 6. Slowly increase the number of drops until you get to the maintenance dose that is right for you. As you are increasing, you can increase every three days at the beginning when the amounts are small, but as the number of drops gets higher, you may want to space out the increases by one to two weeks.

As far as the maintenance dose goes, your health picture and goals will play an important part in helping you decide what your target is going to be. Most people take eight to ten drops a day for their regular chlorine dioxide dose, but it can range more widely. Mark Grenon finds that three drops is his maintenance dose; Bob Sisson says that fifteen drops is the "anti-aging dose," so that is what I use. A friend of mine who successfully treated his cancer keeps himself on twenty-four drops a day.

SIDE EFFECTS

Once the body pushes a toxin out of the cell, how does the toxin get out of *you*? As I learned from Dr. Larry Palevsky, there are only a small number of exit routes. If you're a child, your skin is very pliable and it's easy for the body As Kerri Rivera has discovered in her work with autism, it's best to take it all day long in small doses rather than in a few bigger doses. to push toxins out through the skin, so you get rashes. Most of us, however, get rid of toxins through diarrhea, vomiting, sweating, sneezing and watery eyes. You don't want to stop up your diarrhea with something like Imodium because you will just be shutting down your ability to get rid of the toxins.

When you start taking chlorine dioxide, if you're super toxic, you might have three to four bowel movements a day. (Just think of the toilet as your friend.) You are also likely to notice things coming out in your stool that you've never seen before, because we all have parasites. The first thing that the old Chinese medicine doctors always did when someone was sick was look at their stool. It's a good idea to monitor your elimination patterns and your stool; if you're spending too much time in the bathroom, that may be a sign that you need to back off on the number of daily drops you're taking. In my case, I was pretty toxic. I thought I was doing all the right things-eating clean and so forth-but when I got up to about five drops a day, I really started getting rid of stuff.

I learned one thing the hard way through trial and error. Let's say that you have been taking ten drops of chlorine dioxide a day for a while; you're feeling better because you have detoxified, and everything is going well. Then, for whatever reason, you take three months off and then decide to start up again. Don't start back at ten drops a day. I made that mistake and had so much diarrhea that I had fluid electrolyte shifts that made me light-headed. In that situation, it's not that the chlorine dioxide is toxic, it's that you accumulated toxins over those three months. You don't want to come back in and blast it with a howitzer.

BATH PROTOCOL AND TOPICAL USES

Once you have your oral program down, the next step is the bath protocol. I love taking a bath in chlorine dioxide. If you take one after gardening or a gym workout, your muscles will feel great. I should caution you that even though this isn't "chlorine bleach," when you're making up your mixture, it can still bleach out your clothes. To avoid getting it on my bathroom sink or clothes, I keep a bottle of the basic solution and a bottle of the activator by my bathtub, and then I use a graduated cylinder to make the mixture. Assuming a standard-sized bathtub, those who use this for sick kids recommend five cubic centimeters (cc) of the basic solution combined with one to two cc of activator. I have a big bathtub, and I use ten or eleven cc of basic solution with just one or two cc of activator. Once I have filled the tub with hot water, I put the basic solution and activator in the graduated cylinder and tip it a few times, like you do in a chemistry lab, let it sit there for forty-five seconds or so (again, it will turn yellow to brown if you wait too long) and dump it into the hot water in the tub.

Interestingly, my husband had a wart for twenty years, and we had tried everything to get rid of it. After three months of taking frequent chlorine dioxide baths—four to five times a week—he noticed that his wart was gone.

If someone takes chlorine dioxide on a daily basis, they generally do not seem to get sick, but here is what you can do if you or a family member does get sick. Activate one drop, mix it into a cup of water and have them drink that every hour during waking hours. In addition, have

DO IT YOURSELF

Once you start doing the baths, you will realize that those two little bottles you bought from KVLab for about thirty-five to forty-five dollars are not going to last very long. At that point, you may become interested in a simpler and more cost-effective way of doing this. You can get the specific instructions at my website. If you can make a milkshake, you can make this!

What you will need is a scale, some filtered or distilled water and sodium chlorite crystals. You can get a ten-pound bag of the crystals for around one hundred dollars, and that will last you a long time. You will also need HCL, and you need to be sure to do that part carefully and correctly. Another name for HCL is "muriatic acid," and you can buy it at Lowe's or Home Depot, but it usually comes in about a 35 percent concentration, and you want about 5 percent. That means that to use it, the muriatic acid has to be seven times less potent than it is in the bottle. Here are some basic tips:

- When you open up the bottle of muriatic acid, make sure to use gloves and have good ventilation, and don't put your face over the opening! It's an acid, and it's not good for your lungs to breathe it in.
- Don't handle it over a metal sink or metal of any kind, because it will etch things.
- The percentage of your particular bottle will generally be a one-to-six or one-to-seven ratio, so you will put six to seven parts of water in a glass or plastic container and mix in one part of the acid. Importantly, you always want to add acid to water and never the other way around. (You may have learned in high school chemistry that if you do it the other way around, it could splash on you.)
- Be careful with your clothing. However, when it's dilute, it's not such a problem.

them do a chlorine dioxide bath in the morning and at night. Most people will be completely well again in a couple of days.

Chlorine dioxide can also be used on the skin in combination with DMSO. DMSO drives other chemicals into the body, so it can carry the chlorine dioxide along with it. The caveat with DMSO is that you need to be impeccable about having clean skin, because if you have something toxic on your skin, it will drive that into your body, too. In my case, I have a basal cell carcinoma and a swollen lymph node. When I started doing the baths, I would put some DMSO on those areas and then, when making the chlorine dioxide mixture, rubbed some on those places as well. Both problem areas have shrunk down to almost nothing.

I recently discovered the Independent Cancer Research Foundation and used one of their protocols after I stepped on a nail that went about an inch into my foot. Their approach is a great way to help people who, for whatever reason, can't *drink* chlorine dioxide. The caveat is that it is not practical if you are out and about; it works best when you can be home all day so that you can apply it every hour. That said, it's very simple. First, you activate three drops of chlorine dioxide, and then you combine three drops of the activated chlorine dioxide with six drops of a 75 percent DMSO solution. Once an hour, rub it on the problem area, again making sure the skin is very clean and free of things like fragrances, perfumes or alcohol. The CD will get absorbed very quickly.

FINAL TIPS

As an orthopedic surgeon, I realized a long time ago that the government's guidelines are not just a little bit wrong; when they're wrong, they are literally one hundred eighty degrees wrong, and that can't always be by accident. Thus, when you get sick, I suggest that you review the guidelines put forth by the CDC, NIH and Institute of Medicine—and then do exactly the opposite. Chlorine dioxide can't make up for the sea of poisons and electromagnetics that we're in—and at some point we're going to have to take that on—but it can help you better navigate them.

Dr. Lee Merritt (TheMedicalRebel.com) experienced medicine first-hand at age four, accompanying her father on house calls along the back roads of Iowa. After graduating in 1980 from the University of Rochester School of Medicine, she completed an orthopedic residency and served nearly twelve years as a physician and serving surgeon in the U.S. Navy. After a spinal surgery fellowship, she spent over twenty-five years in private practice, devoting her career to patient-centered ethical medicine. Dr. Merritt has also served on the board of the Arizona Medical Association, on the Naval Research Advisory Committee (where she looked at medical defense technology for the military) and is past president of the Association of American Physicians and Surgeons. This article is not official medical advice and is for educational purposes only.

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Reading Between the Lines

By Merinda Teller

Building Vitality: It Starts with the Soil!

In the twenty-first-century news feed, toxic chemicals apparently make for "sexy" headlines. These days, one sees countless stories about so-called "forever chemicals," food dyes and other chemical industry handiwork, not to mention the spate of human-interest stories that surface whenever there is a toxic disaster. The train derailment in East Palestine, Ohio that prompted officials to intentionally set vinyl chloride on fire,¹ the Lahaina fires that left Maui with "5 football fields 5 stories deep" of toxic debris² and the anomalous flooding that sent toxic mud oozing all over Western North Carolina and East Tennessee³ are but three recent examples.

Provided that one uses the right microorganisms naturally occurring microbes rather than those jury-rigged by mad scientists in a biotech lab applies them in the right way and allows them to work as a team, bioremediation holds out immense hope.

There is certainly cause for concern, especially given that the vast majority of the eighty-six thousand chemicals listed on the Environmental Protection Agency's (EPA's) Toxic Substances Control Act (TSCA) Inventory⁴—at least 47 percent of which are actively in commerce⁵—have never been tested for safety or toxicity.^{6,7} (Under the circumstances, and considering EPA's well-documented capture by industry,⁸ the agency's name should probably be read as somewhat ironic.) This situation will not change any time soon; current approaches for characterizing a chemical's toxicity cost millions, involve extensive testing on animals and take two to three years *per chemical*.⁹

How did we get here? In an interesting 2018 article, a medical historian posits that since the early nineteenth century, the Western world has gone through four phases of "human-toxic interactions"—whether in the industrial, agricultural or medical arenas—characterized by "complex trade-offs between public anxieties, economic interests, and scientific knowledge."¹⁰ First came a period ("normalization") in which "planners, industrialists, and experts" normalized toxic exposure to polluting industries and compounds containing arsenic, lead and mercury. During the second phase ("fixing toxicity") that started around the late nineteenth century, constituencies that included "politicians, consumers, unionists, and progressive industrialists" as well as the omnipresent "experts" began differentiating between "acceptable" and "unacceptable" exposure levels, claiming it was possible to establish "safe boundaries" for toxic practices. This was the period in which the top causes of mortality began shifting to cancer and chronic illness.

The post-WWII period launched the third phase ("toxic environments"), which saw the public become increasingly and belatedly aware of the "toxic interconnectedness of humans with their environment" as well as skeptical and frustrated about official safety claims. The fourth and current phase ("fragmentation"), according to the author's pessimistic assessment, is one of regulatory failure and public resignation to "permanent toxic exposure."

The standard response to messes like the ones in East Palestine, Lahaina and Western North Carolina is "environmental remediation," that is, carting toxin-laced soils off to landfills. That approach is not only expensive but also counterproductive, contributing to "landfill leachate" that is likely to contaminate groundwater and drinking water.^{11,12} Recognizing the fact that the continuous landfilling of toxic wastes is "incommodious" for human health and the environment as well as economically inefficient, biologists and others are calling for renewed attention to a superior form of remediation.¹³

Bioremediation, grounded in the recognition that nature and biology tend toward homeostasis, puts microorganisms to work to "degrade, remove, alter, immobilize, and detoxify waste products and pollutants from soil or water" on-site.¹⁴ Provided that one uses the right microorganisms—naturally occurring microbes rather than those jury-rigged by mad scientists in a biotech lab—applies them in the right way and allows them to work as a team, bioremediation holds out immense hope to everyone from backyard gardeners to small-scale farmers to larger landowners and more, offering a solution to halt public resignation—as well as "forever chemicals"—in their tracks.

THE IMPORTANCE OF HEALTHY SOIL

Before discussing bioremediation further, let's remind ourselves of the importance of healthy, vital soil-the critical determinant of which is the quality of the microscopic life in the soil and, in particular, the topsoil (the uppermost two to eight inches). Microscopic life constitutes a universe of nearly unimaginable diversity, including fungi and bacteria that carry out a wide variety of useful functions and live in symbiosis with plant roots.¹⁵ Other soil microorganisms include protozoa, nematodes and gram-positive bacteria called actinomycetes.¹⁶ As experts like to point out, "There are more microbes in a teaspoon of soil than there are people on the earth."16 There is also an "immense diversity of soil microbial habitats."17

Animals and humans consume just 5 percent of plant life—the remaining 95 percent is food for microbes.¹⁸ Thus, it should have come as no surprise when, in 2023, scientists came out with the announcement that soil is the most species-rich habitat on Earth. Soil houses 59 percent of life on our planet,¹⁹ including 90 percent of fungi and over 50 percent of bacteria,²⁰ and because "belowground organisms" remain vastly understudied compared to "aboveground organisms,"¹⁷ those numbers could be even higher. In 2016, scientists speculated that of the total microbe species on our planet—estimated at a trillion—we have yet to discover 99.999 percent of them.²¹

Healthy soil and plants (as well as human beings) are noteworthy for their vitality. As proponents of biodynamic farming have long recognized, everything has a resonance or frequency. When soil is healthy—and, therefore, the plants growing in that soil are healthy—the plants will have a high "frequency" that naturally deters pests and disease. When soil and plants are unhealthy, the opposite will be true. In fact, one way of viewing insect damage and blight is to see them as nature's method of "recycling" plants that already lack vitality.

Alarmingly, the world has lost over half of its topsoil over the past century and a half,²² and the man-made chemical compounds introduced into the environment over the same period have further devastated soil life and microbial diversity. Since 1990, pesticide use globally has increased by 50 percent.²³ Moreover, as a result of the continual application of pesticides, some of the organisms that nature ordinarily keeps in check have become hardier and more aggressive. This has contributed to a "pesticide treadmill" phenomenon in which farmers and gardeners "spray more with increasingly potent chemicals and still lose ground."²⁴

One important function of soil microbes is to make minerals bioavailable to plants, metabolizing "recalcitrant forms of soil-borne nutrients to liberate these elements for plant nutrition."²⁵ When man-made chemicals wipe out the soil's microbial life, those minerals remain locked up. In an effort to survive, plants may instead take up toxins such as heavy metals and industrial waste.

In addition to causing a build-up of toxic chemicals in the soil, the vicious cycle created by chemical agriculture-with one pesticide invariably leading to another-has significant implications for food quality and, therefore, for human health. Consider what biophysicist Fritz-Albert Popp (whose work uncovered the relationship between life and light particles called biophotons²⁶) saw when he measured the biophotonic emissions of various foods; the healthiest foods "had the most coherent intensity of light emissions," whereas junk food was "almost totally devoid" of light energy.²⁷ Devitalized food²⁸ and the epidemics of chronic illness²⁹ that are destroying quality of life and lowering life expectancy³⁰ are predictable outcomes of the chemical assault on soil. Sadly and ironically, many sick Americans then find themselves on a pharmaceutical treadmill that is little different from the pesticide treadmill. Given the intertwined history of chemical weapons research and medical research,^{31,32} the parallels between agricultural and pharmaceutical chemical dependency are no coincidence.

VERSATILE EXTREMOPHILES

The bioremediation solution that nature

Animals and humans consume just 5 percent of plant life the remaining 95 percent is food for microbes. Extremophiles have multiple mechanisms at their disposal to accomplish bioremediation tasks. so generously offers us comes in the form of microorganisms called extremophiles.³³ The American Society for Microbiology credits extremophiles with having changed the way scientists look at life because the microbes are abundant in places "where nobody expected life to survive, let alone thrive."³⁴ Extremophiles, as their name indicates, are "famous for their love of living in extreme environments. If it's super hot (more than 100° Celsius), freezing, acidic, alkaline, salty, deep in the ocean, even bombarded by gamma or UV radiation, there's probably life there."³⁵

Some have pointed out that the term "extremophile" is anthropocentric, based as it is on man's assessment of habitats too extreme for human existence.³⁶ However, the very fact that extremophiles "thrive in habitats which for other terrestrial life-forms are intolerably hostile or even lethal" means that they can be quite happy eating their way through toxic and radioactive waste, pesticides, industrial chemicals, solvents and heavy metals.³⁷ In the process, they can breathe life back into polluted or contaminated soil or water. Moreover, they appear to play no parasitic or pathogenic roles,³⁸ instead serving purposes that are beneficial to other life forms.

Describing the applications of extremophiles in the bioremediation of environments contaminated with heavy metals, in particular, researchers observe that the microorganisms' "toughness, adaptability, and strong resistance to extreme conditions" make them very versatile.³⁹ Extremophiles have multiple mechanisms at their disposal to accomplish bioremediation tasks, including binding, sequestering, converting or breaking down through enzymatic detoxification and more.^{40,41}

BIOREMEDIATION PIONEERS

Some of the modern roots of bioremediation come from the biodynamic teachings of Rudolf Steiner and his biodynamic successors.⁴² Biodynamic preparations are used to improve soil life,⁴³ root development, seed germination, nutrient absorption, plant immunity and seed and fruit quality, among other uses.⁴⁴

In the late 1950s and early 1960s, inventor James Martin pioneered a bioremediation product he called "Living Water," which was capable of eating "chemicals, petroleum products, salt water, sewage and toxins from water and soil.³⁴⁵ Together with a man named Paul Carr, Martin started a company to make products derived from "Living Water" for animals and soil. Carr's daughter describes some of the noteworthy results:

"[A Texas feedlot] was so strong with odor, heavy flies, and mosquitoes that you barely [could] get out of the car. A few days later we went back and there was no odor, flies, or mosquitoes. What an amazing change and so quickly! They fed it to animals, especially cattle... as it produced healthier and larger animals. The same results were achieved in the agricultural industry where the crop yields were healthier and larger. Everyone was impressed with the loose and oxygenated soil with no chemical or salt build up. There was also a heavy presence of earthworms that weren't there before."⁴⁵

Marine biologist Carl Oppenheimer, Jr. (nephew of the Manhattan Project's J. Robert Oppenheimer) also carried out foundational work on bioremediation. Whereas his famous uncle and Robert's scientific peers were interested in weaponizing microbes,46 Carl Oppenheimer became fascinated with "microbiological pollution control" and its applications for oil spills,⁴⁷ as well as how to use microbial enhanced oil recovery (MEOR)⁴⁸ to restore production in marginal oil wells. For oil spill cleanup, he found that "one microorganism alone" couldn't do the job-it required "a team of microorganisms."49 In an early home test that others have since replicated, he observed that he could take used motor oil, add microbes and turn it into healthy food for fish within a matter of minutes! From the 1970s until his death in 2007, Oppenheimer published hundreds of articles and reports on these and related topics and conducted or participated in bioremediation studies on virtually every continent.

THE WRONG VS. THE RIGHT DIRECTION

Unfortunately, the beneficial activities of extremophiles have attracted attention from many working in the biotechnology space, particularly since "the rise of the CRISPR-Cas era," with researchers salivating over genetically engineered extremophiles as a "nifty tool" for industrial and environmental applications.⁵⁰ Other researchers note the tantalizing commercial possibilities of harnessing extremophiles as worker bees in "biofactories" created to extract and recover valuable metals from industrial wastes.¹³ In addition, the pharmaceutical industry has its eye on compounds produced by extremophiles and their eventual medical uses.³³ Meanwhile, Big Ag is attempting to propagandize the regenerative agriculture community, arguing that bioengineered microbes are compatible with regenerative practices and bragging about their "holistic" work to advance soil health.⁵¹

According to extremophile enthusiasts Wil Spencer and Pat Miletich, GMO versions, far from being a positive contribution to environmental woes, are yet another move in the wrong direction, hindering rather than enhancing these amazing microorganisms' ability to detoxify. Spencer's and Miletich's company, Soil Saviors,⁵² promotes the opposite approach—"advanced" and effective bioremediation that works with, rather than against, nature through the use of native microbes that have not been tampered with. Used appropriately, the microbes will eat toxins and impurities like petrochemicals and glyphosate—and they are equally capable of gobbling up their synthetic biotech counterparts, which lack an immune system to defend themselves. As native extremophiles eat their way through these man-made horrors, they excrete essential fatty acids that miraculously become healthy resources for the soil and soil-based organisms.^{49,53}

Spencer and Miletich were both ill throughout childhood and healed themselves in their early twenties after they connected their chronic conditions to agricultural chemicals. Spencer grew up on a Minnesota farm where his exposure to industrial agriculture led to six dozen allergies and a childhood on pharmaceutical drugs. After becoming a master herbalist and healing himself, he studied numerous other holistic therapies, including photonic (light) therapy, the mind-body connection and the biofield.⁵⁴ Miletich grew up in Iowa farm country and, after overcoming

FROM THE SKY TO THE SOIL

In 2015 and 2016, renowned geophysicist J. Marvin Herndon published articles in the *International Journal of Environmental Research and Public Health*⁶⁶ and *Frontiers in Public Health*,⁶⁷ respectively, that called attention to the dangerous human and environmental consequences of aerosol particulate spraying for the purposes of geoengineering, weather modification and/or climate alteration. Analyzing samples collected from rainwater, air filter dust and fibrous mesh following snow melt, Herndon proposed that the aerosolized particulate was likely coal fly ash. Describing the ability of coal fly ash to "release aluminum in a chemically mobile form upon exposure to water or body moisture," as well as releasing heavy metals and radioactive elements such as barium and strontium, Herndon warned of "potentially grave human health implications including cancer, cardiovascular disease, diabetes, respiratory diseases, reduced male fertility, and stroke."⁶⁷ Both articles were promptly retracted, leading Herndon to state, "Those concerted efforts to cause said retractions prove that the high officials who ordered the spraying know very well that they are poisoning humanity and want to hide that fact."⁶⁸

A decade earlier, English farmer Mark Purdey (known to long-time readers of *Wise Traditions* for his investigations into so-called "mad cow disease"⁶⁹) published an article in *Medical Hypotheses* describing elevated barium (Ba) and strontium (Sr) as well as silver (Ag) in deer antlers as well as soils and pastures in areas of North America categorized as "cluster zones" for chronic wasting disease.⁷⁰ Purdey wrote that although some of the bioconcentration of those elements might be due to natural geochemical factors, more prominent culprits probably included the "common practise of aerial spraying with 'cloud seeding' Ag or Ba crystal nuclei for rain making," the "atmospheric spraying with Ba based aerosols for enhancing/refracting radar and radio signal communications" and also the "spreading of waste Ba drilling mud from the local oil/gas well industry across pastureland."⁷⁰

As of 2025, the efforts to frame geoengineering as a "conspiracy theory" have failed, and the "cat" is now "out of the bag." Farmers, gardeners and people who simply like to spend time in nature feel understandably pessimistic about the ongoing poisoning from overhead. Once again, nature offers extremophile-led bioremediation as a promising solution. Interestingly, Lawrence Berkeley National Laboratory published a report in 1999 that focused on the bioremediation of heavy metals and radionuclides, of which radium-226 and strontium-90 are two prime examples.⁷¹ The report's sponsor was the Department of Energy's (DOE's) Natural and Accelerated Bioremediation Research (NABIR) program, described on a government website as "the only federal program that funds fundamental bioremediation research on metal and radionuclide contaminants in the environment."⁷² As the authors happily reported, bioremediation accomplishments as of 1999 had already "led scientists and engineers to be optimistic about applying this technology to the mixtures of metals and radionuclides. . . found at some of the most contaminated DOE sites." In light of Herndon's observation that the spraying of aerosolized particulates likely got going in earnest in the late 1990s, the 1999 date of the DOE/NABIR report is noteworthy.

his chronic respiratory challenges, became an Ultimate Fighting Championship (UFC) champion and Hall-of-Famer, an all-American wrestler, a kickboxing champion and a coach and mixed-martial-arts trainer for elite athletes and military and law enforcement units at Miletich Fighting Systems.⁵⁵ Both men came to view the technological, chemical, biological and spiritual assaults that characterize our current historical moment as prongs of one and the same war, and for both, their interest in optimizing human health led them to recognize soil health as a crucial precursor to radiant health.

THE DATA DON'T LIE, BUT REGULATORS DO

Soil Saviors has collected data from gardeners and farmers who are using their company's extremophile mixture to improve soil health. These studies have generated dramatic results, including better plant health and root size, more oxygenated soil, increased bioavailability of nutrients, less need for water, less disease and fewer pests and weeds. Miletich describes tomato plants that are ten to twelve feet tall and seven-foot-tall pepper plants. Trials with plants such as tomatoes and grapes show a minimum 40 percent increased yield, 800 percent higher Brix readings and greater uniformity in ripening—all while healing the soil.

The bioremediation results are equally or more impressive. Soil Saviors conducted an experiment through an EPA-approved lab that tested extremophiles' ability to reduce toxic PFAS (per- and polyfluoroalkyl substances)—a class of chemicals reputed to be "nearly indestructible."⁵⁶ The experiment was supposed to run for four months, but they cut it short after just two months. The reason? The microbes reduced most of the so-called "forever chemicals" to zero.

The PFAS results are particularly significant because regulators in states such as Michigan and Maine have started using PFAS as an excuse to shut down small and mid-size farms.⁵⁷ The presence of PFAS in farm soil can be traced back to none other than the EPA, which since the 1980s has urged farmers to spread biosolids ("sludge" made from wastewater and sewage) on their land as fertilizer, stating that the "beneficial application of biosolids to provide crop nutrients or to condition the soil is not only safe but good public policy."⁵⁸ Now, EPA is on the brink of issuing guidance that is likely to subject small farms to further PFAS scrutiny and regulatory strong-arming.

There are many reasons to view the PFAS-related stings on farms, though cloaked in benign rhetoric about "safety," in the wider context of an escalating land grab. Former President Biden launched the "30x30 plan" in the U.S.—part of the global "2030 Agenda for Sustainable Development"—via Executive Order six days after he took office, and it increases federal agencies' regulatory powers to drive landowners off their land, using the environment and the "climate crisis" as cover stories.⁵⁹ Small farms, in particular, are being decommissioned right and left, even as agribusiness ramps up its control of land, water and other resources.⁶⁰ Over the past fifteen years, as a report on the global land grab notes,

"[G]lobal land prices have doubled, and land inequality has surged in all world regions—with 1% of farms now controlling 70% of global farmland. Smallholder livelihoods have been continually and critically weakened, and an increasingly powerful agri-food sector has tightened its grip on food systems and farmland."⁶⁰

Suspiciously, none of the regulators who profess concern about PFAS or other soil toxins-and who claim that they "want the soil to come out the other side usable and healthy"ever mention bioremediation as a solution.58 Instead, they suggest, "there may be alternative options." Some of the Maine farmers who were shut down following PFAS raids admit that they are considering switching from farming to solar arrays.58 This fits right in with "green grabs"-a land grab tactic whereby farmland is repurposed for so-called "clean energy"60—even though both solar arrays and wind turbines contribute to even worse soil and environmental degradation.61,62 Most of the farmers who succumb to the promise of easy money for solar or wind-licensing land that "their great-great-grandfathers poured sweat, blood and prayers into"-have no idea that in a matter of years they will be left with shredded fiberglass blades, "scorched piles of junk" and worse (in the case of wind turbines)63 or toxic remnants like cadmium compounds, hexafluoroethane and lead from spent solar panels.61

HUMANS NEED BIOREMEDIATION, TOO

In the early 1980s, Spencer got introduced to methods of measuring the vitality of humans, animals, plants and soil, and since that time, he has done readings on over twenty-five thousand people. (He notes that there are a variety of synonyms for "vitality," including "life force," "zeta potential," "scalar fields," "morphogenic fields" and the "biofield.") Using the "Power versus Force" scale conceptualized by David Hawkins,⁶⁴ a zero-to-one-thousand scale going from lower-level to higher-level frequencies, Spencer has found that four hundred is the number that constitutes the critical threshold above which people (and other forms of life) stop getting sick and become resilient. Because of the multiple forms of poisoning to which we all have been subjected, Spencer finds that most people's starting point is around one hundred.

To raise those numbers and one's vitality, eating food grown in truly healthy soil is a good

step in the right direction, and fulvic humic acid supplements—from compounds that occur naturally in soil, peat and bodies of water—can also support detoxification.⁶⁵ The two Soil Saviors note that there are "naysayers" who claim that bioremediation is not possible without a boost from biotech, but their response is, "If chemists can take organic substances and turn them into synthetic substances, why can't God and nature convert them back?"

Spencer points to a quote by Calvin Coolidge that can help people avoid the siren song of biotech's black magicians, instead pointing back to the solutions available in nature: "There is new life in the soil for every man. There is healing in the trees for tired minds and for our overburdened spirits, there is strength in the hills, if only we will lift up our eyes. Remember that nature is your great restorer."

With user-friendly and effective bioremediation products available, there is no reason not to join the "soil saviors army" and make a difference for the land and our health.

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Herbal Journal HERBAL APPROACHES FOR BLOOD PRESSURE By David Hamilton, ND

When managing patients with cardiovascular issues, there are multiple factors to consider. I look at a person's lifestyle—including but not limited to nutrition status, exercise habits, environment, work stress, relationship stresses and other factors—as well as current medications or supplements that could be contributing to a patient's cardiovascular concerns. The body is a multifaceted system that requires nuance when creating a healthy heart protocol.

In my thirteen years of practice, I have encountered both hypotension (low blood pressure) and hypertension (high blood pressure), and both are issues that can significantly affect one's quality of life. Most often, however, I see hypertension, and a good chunk of that is related to poor nutrition from the Standard American Diet. Other major offenders are the overworked, always busy, anxiety-laden American culture as well as the sedentary lifestyle that has become typical for most Americans.

Conventional medicine's answer to lifestyle diseases is often to treat them with medications that further abuse the person's body; meanwhile, they receive little to no education about nonpharmaceutical strategies to help them improve their situation. Not all of this is the fault of doctors or other conventional health care workers, many of whom are trapped in a broken health care system that tends to value money over health. I can't think of a single doctor friend or colleague who started medical school saying, "I sure would love to work sixty to eighty hours a week, not take care of myself and also not help my patients"-not a single one! We all want to help others, but with the high cost of medical education, the intense demands of the conventional system, insurance companies denying basic preventive care and little time to pivot to learn the business skills needed to launch a private practice-well, no wonder we are a sick and broke nation.

When I sit with a patient, I try to understand who they are. What is their intention in asking for my help? What are they willing or able to do? What is their timeline (and also, what is a realistic timeline)? What is their biochemistry saying? What story does their body tell me? What is the condition of their spirit? From there, we create a plan together that they can consistently follow so that they experience steady improvements over time.

FOOD AS MEDICINE

The first thing I often look at is food. We all have to eat every day, so why not "make thy food thy medicine"? I generally suggest a wellrounded diet that offers an array of antioxidants, micronutrients, fiber and more to support the gut microbiome and other metabolic processes in the body. For blood pressure management, I generally recommend that patients incorporate fresh garlic, onions, fresh culinary herbs, ghee, colorful veggies (greens!) and fruits (especially berries) into their diet.

Sulfur compounds and quercetin (a flavonoid) are two constituents in onions (especially red onions) that have been found to be beneficial for blood pressure.^{1,2} In addition to quercetin and other flavonoids, diarylheptanoids such as curcumin are another group of neuroprotective plant chemicals.³ The plant with the largest amount of curcumin is turmeric.

HERBS FOR HYPERTENSION

In addition to changes in lifestyle and diet, I often use plants and herbs to support individuals seeking non-pharmaceutical ways to manage blood pressure. Some of the most commonly used substances include garlic, hibiscus, basil, cinnamon, hawthorn, Indian snakeroot, nettle and linden. Conventional medicine's answer to lifestyle diseases is often to treat them with medications that further abuse the person's body.

CASE STUDY #1: HIGH BLOOD PRESSURE

To illustrate how I use some of these substances, I will describe a former patient whom I will call "Joe" (not his real name). Currently sixty-three years old, Joe came to my office in 2015 after suffering a cardiovascular injury from a horrible drug interaction. In the early 1990s, he ended up in the emergency room for a blood clot in his lower leg, which had developed after a great deal of driving for his job. Formerly, he had been an avid long-distance cyclist. During his hospital stay, he was given a dose of the anticoagulant heparin, which he initially tolerated. However, when he had a recurrence of the blood clot and was given a second dose of heparin, he had a severe allergic reaction. This eventually caused severe damage to the vessels of his lower leg where the blood clot was located, as well as venous insufficiency. With the onset of gangrenous infection, his doctors determined that the best course of action was to amputate the leg.

Joe did not let this hold him back but got his life back on track, including adding in exercise as he became comfortable with his new prosthetic and becoming an advocate for others who had lost a limb. However, when he arrived at my office in 2015, he was struggling with a bit of congestive heart failure, poor venous return (due to collateral damage from the heparin incident) and hypertension. Measuring his blood pressure with a standard blood pressure cuff on the left arm, his blood pressure was 145/95.

Taking his medical history, I learned that many of the medications he was taking were not working well and were also causing side effects. In addition to a drug used to prevent blood clots called Plavix (which he needed to stay on due to the severity of the stasis in his remaining limb), he was taking a variety of supplements (vitamin D_3 , vitamin E, a vitamin B-complex, omega-3s and magnesium).

HERBS FOR HYPERTENSION

GARLIC (*Allium sativum*): Regular consumption of garlic, whether raw or in supplement form, may aid with hypertension. Garlic is well-known for its cardiovascular benefits.⁴ Garlic contains allicin, which has been shown to help lower blood pressure by relaxing blood vessels and improving blood flow. Garlic also may inhibit RAAS (the renin-angiotensinaldosterone system), which regulates blood pressure and fluid balance. Some studies show that it can reduce proliferation of vascular smooth muscle cells (VSMCs), with the effect of reducing blood pressure and vascular tone.

HIBISCUS (*Hibiscus sabdariffa*): Drinking hibiscus tea regularly may provide benefits for heart health.⁵ Hibiscus tea has been shown to have a mild antihypertensive effect. Studies suggest that the compounds (anthocyanins, flavonoids, phenolic acids) in hibiscus can help lower both systolic and diastolic blood pressure.

BASIL (*Ocimum basilicum*): Basil is not only a culinary herb but also an herb with potential antihypertensive properties. It contains compounds that may help lower stress hormones, leading to reduced blood pressure levels. Incorporating fresh basil into meals can be a delicious way to support blood pressure management.

CINNAMON (*Cinnamomum verum*): Cinnamon is another herb that may contribute to lowering blood pressure.⁶ Its antioxidants can help improve blood vessel function, and adding it to one's diet can also enhance overall health.

HAWTHORN (*Crateagus spp.*): Hawthorn has traditionally been used to treat mild hypertension.⁷ I like to incorporate this in a tincture, as it is pleasant tasting, adds antioxidants and helps dilute more potent herbs like Indian snakeroot (Rauwolfia). This herb's mechanism of action is to enhance nitric oxide production, which relaxes the blood vessel walls.

INDIAN SNAKEROOT (*Rauwolfia serpentina spp.*): This is a very potent herb to lower blood pressure;⁸ it does not take much to do so, so I use this herb with caution. It works on the nervous system via the alkaloid reserpine, which binds to catecholamine in the nerve cells, thus lowering blood pressure.⁹ It is also great for helping to reduce anxiety.

NETTLE (*Urtica dioica*): Nettle has several bioactive compounds that are rich in formic acid and flavonoids.¹⁰ It also has an effect on potassium and calcium channels, giving it a hypotensive effect, as well as diuretic properties that can be used to decrease blood pressure. More importantly, nettle has a positive effect on metabolic syndrome and diabetes, increasing insulin secretion and proliferation of pancreatic B-cells. Its anti-hyperlipidemia properties are another positive quality, and nettle works as an antioxidant.

LINDEN (*Tilea europea*): Linden leaves and flowers can act as a vasodilator—a chemical reaction that dilates blood vessels and lowers blood pressure. It is classified as a hypotensive herb that has the flavonoid tiliroside, a compound that has been shown to reduce hypertension. This herb also makes a tasty tea!¹¹

I created an herbal tincture for him that I called the "Bless Your Heart" formula (I like to name my tinctures with intention). It contained Siberian ginseng (*Eleutherococcus senticosus*), Indian snakeroot, pokeweed (*Phytolacca americana*), hawthorn and night-blooming cactus (*Selencicereus grandiflorus*). I prescribed two full droppers two to three times daily. At Joe's second visit three weeks later, his blood pressure had dropped to 138/80. I tweaked the formula, adding to the five initial components linden and gotu kola (*Centella asiatica*),¹² again prescribing two full droppers taken two to three times daily.

The intention behind both formulas was to help move blood out of the heart (called the ejection fraction), improve lymphatic drainage due to damage by the heparin, reduce stress on the heart and help his kidneys produce the enzymes needed to control his blood pressure. After taking the second formula, his blood pressure dropped to and stabilized at 124/80 for many years. Although he subsequently moved out of state, we are still in touch; most recently, he reported still doing very well, including dropping thirty pounds, cycling and kayaking weekly and practicing good nutrition and hydration. I would add that his remarkable ability to maintain a positive attitude despite his bad luck probably played into his health picture as well.

CASE STUDY #2: HYPOTENSION

Again, a case study may be helpful in illustrating the use of herbs for hypotension. A patient I will call "Lisa" (not her real name) is a forty-seven-year-old who had gastrointestinal concerns, anxiety and thyroid issues that caused her heart to go into tachycardia (fast heartbeat); this would also trigger atrial fibrillation (arrhythmia). She often ended up in a vicious cycle where the cardiovascular symptoms would trigger anxiety, which would then make the cardiovascular symptoms even more intense.

For two to three years, Lisa had struggled with bouts of what was diagnosed as Covid and, secondarily, pneumonia, conventionally addressed through a series of drugs that included steroids, antacids, anti-anxiety medications and more. All of this resulted in brain fog and depression as well as causing her heart to hypofunction. At times, her blood pressure dropped to 90/60 or lower. If she began to feel her heart flutter, it would lead to a cascade of panic and difficulty breathing. Even the smallest thing would set off her anxiety.

Lisa knew that something was really wrong, and due to all of the medication side effects, she eventually sought out an alternative. I ordered some tests, looking at her thyroid levels, vitamin D_3 levels, complete blood count, comprehensive metabolic panel, homocysteine, C-reactive proSome of the herbs to increase blood pressure can also trigger anxiety, so we started with herbs that would nourish and support the adrenergic system.

HERBS FOR HYPOTENSION

Although I less commonly encounter low blood pressure, there are four herbs that can help in this situation: licorice root, ginger, rosemary and ginseng.

LICORICE ROOT (*Glycyrrhiza glabra*): Licorice root is known to raise blood pressure levels due to its glycyrrhizin content, which can increase cortisol levels in the body.¹³ However, it should be used with caution and only for short periods, as excessive use can lead to adverse effects. Licorice root powder can be infused with warm water. This herb is also used widely as an adrenal support as it helps stimulate the adrenal cortex. This can be a great choice if you struggle with low blood pressure, experience poor blood circulation and deal with stress. However, if your blood pressure is high, I would avoid this herb, even in candy form.

GINGER (*Zingiber officinale*): Ginger is often used to stimulate circulation and improve blood flow, which can help those suffering from low blood pressure. It can be consumed fresh, as a tea or in supplement form.

ROSEMARY (*Rosmarinus officinalis*): This aromatic herb may help improve circulation and stimulate blood flow, potentially aiding those with hypotension.¹⁴ Rosemary can be used in cooking or brewed as a tea.

GINSENG (*Panax ginseng*): Ginseng is known for its adaptogenic properties, helping the body adapt to stress.¹⁵ It has been associated with boosting energy levels and potentially increasing blood pressure in individuals with low readings. It can tonify the blood vessels (vasoconstriction), which can help with blood stagnation.

tein, iron panel and a few other items.

First, we agreed that she needed some options for managing her anxiety. Because Lisa had received antibiotics for her pneumonia, I suspected that some of her anxiety was related to gut dysbiosis, and that was one of the things we addressed. To further help with the anxiety, I also gave her some natural supports (L-theanine, holy basil, passionflower, kava kava) to manage GABAnergic receptors. In addition, we looked at her neurotransmitters (via something called a DUTCH test), which helped outline where things were biochemically out of balance. This took a couple of visits to nail down.

Our second step was to work on an herbal formula for her heart and thyroid. I also referred her to a cardiologist for an electrocardiogram and echocardiogram to visualize what was happening in her heart and the severity of what was happening.

This case was somewhat tricky because some of the herbs to increase blood pressure can also trigger anxiety, so we started with herbs that would nourish and support the adrenergic system. This included licorice root infused in warm water to improve blood volume and potassium levels; the adrenal adaptogen Siberian ginseng (*Eleutherococcus*), which can help increase and decrease stimulation to the adrenergic system pending stressors in the environment; hawthorn to gently reduce anxiety while helping with ejection fraction; and the adaptogenic herb Rehmannia, which can also help improve resilience to stressors. In Chinese medicine, Rehmannia is often used for yin-deficiency (decreased vitality). Finally, Lisa received ginkgo, a plant extract that can help increase blood flow, tissue oxygenation and tissue nutrition.

Varying all of these factors, we were able to reduce Lisa's overall anxiety to a manageable level, reduce her atrial fibrillation and eliminate the tachycardia. To this day, her blood pressure is in the vicinity of 110/70.

ADDITIONAL SUPPORT

In addition to lifestyle changes, dietary adjustments and herbs, managing blood pressure effectively may sometimes benefit from the judicious use of certain supplements.

For hypertension, beneficial supplements may include omega-3 fatty acids (shown to reduce blood pressure, improve heart health, lower triglycerides and reduce inflammation); coenzyme Q10 (CoQ10) (an antioxidant that plays a vital role in energy production within cells and also is linked to lower blood pressure levels); magnesium (helps regulate blood pressure and supports vascular health) and potassium (best obtained from dietary sources like bananas, oranges and sweet potatoes).

For hypotension, potentially appropriate supplements include vitamin B_{12} which is essential for red blood cell production and can help prevent anemia, which may contribute to low blood pressure. Vegetarians and older adults, in particular, may be deficient in B_{12} . Careful use of licorice root extract in supplement form can help raise blood pressure by increasing sodium retention in the kidneys, but again, it should be used cautiously and under the guidance of a health care provider. Finally, ginger can be taken as a supplement, consumed in tea or used in cooking to improve circulation and support blood pressure levels.

CONCLUSION

Incorporating herbs can be a natural way to help manage both hypertension and hypotension. However, it is essential to consult with a health care provider before starting any herbal regimen, especially for those who are on medication for blood pressure issues.

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Making It Practical STORE-BOUGHT VERSUS HOMEMADE BREAD By Kelly the Kitchen Kop

It was never clear to me why there was a yeast shortage in 2020 during "Covid Crazy Time." Were that many people suddenly baking bread? Apparently so, and the way sourdough bread took off that year was proof (pun intended). Social media was all abuzz with lessons on making your own starter from scratch and instructions on how to surprise your family with a beautiful boule.

It was exciting to finally master this myself, after several previous flops. Just flour and water, and in a little over a week I had my very own leavening power. Add in more flour plus salt and water, and my own hands created a delicious and beautiful loaf of the healthiest bread in the world. Learning this simple skill felt empowering, and my family was impressed as well, especially when I placed a warm, pleasantly chewy piece of bread in front of them with a big slab of grass-fed butter!

BIG DIFFERENCES

The differences between this bread and the bread you'll find at your local supermarket are vast. Most store-bought bread is horrible. Even if it says "organic" or "sourdough," you still need to read labels and watch out for many of the ingredients. Note, too, that if yeast is on a bread label, that means it is not a true sourdough. True sourdough bread doesn't need yeast because it uses the leavening power of the natural yeast and healthy bacteria in the starter.

As the Weston A. Price Foundation has long emphasized, anti-nutrients in whole grains that have not been soaked, soured or fermented block mineral absorption, resulting in nutrient deficiencies and tooth decay, gut dysbiosis, eczema and other autoimmune issues. Gluten or "vital wheat gluten" (a highly processed ingredient used to get a better rise) is extra difficult to digest for those with gluten sensitivity.

Almost all wheat products in the U.S. are

fortified with synthetic nutrients. Fortified wheat products are some of the worst and most inflammatory foods you can eat, especially those fortified with iron. These nutrients are not bioavailable and can interfere with absorption of other nutrients. This can also lead to excess iron, which is a major cause of gut issues and inflammation.

Other store-bought bread ingredients to avoid are seed oils (canola, soybean, safflower, sunflower, corn, cottonseed, etc.), which, even when organic, can still cause inflammation, cancer, infertility, obesity, heart disease and more. Additional ingredients of concern include the synthetic folic acid added to store-bought breads, which can cause a folate deficiency and many health problems; ascorbic acid (used as a dough conditioner), which is usually from genetically modified (GMO) corn; and soy lecithin, a highly processed soybean oil waste product that acts as an emulsifier and extends the shelf life of processed foods, most of which comes from genetically modified (GMO) soy. As for nonfat milk as an ingredient—why? We want more healthy animal fats, not fewer.

Look out for other preservatives, too—there are many types of chemical additives used for a better rise, for a softer loaf, for taste or for bleaching, and they'll be found under all sorts of names. You'll find mystery ingredients such as calcium propionate, sorbic acid, sodium stearoyl,



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lactylate, potassium chloride, calcium sulfate, natamycin, calcium peroxide, calcium iodate, DATEM, ethoxylated mono- and diglycerides and more. Many of these are banned in countries outside the U.S. and are strongly linked to cancer and other specific health problems. For example, azodicarbonamide (sometimes called a "yoga mat" chemical because of its widespread use in foamed plastics) is banned in the EU. It's been linked to cancer, respiratory issues and allergies. It's used to replace potassium bromate (or "bromated wheat flour"), which strengthens dough.

High fructose corn syrup (HFCS) is still found on many food labels, even though most know by now that it's a very unhealthy, highly processed GMO sweetener. HFCS may also be labeled "fructose."

ANY HEALTHY STORE-BOUGHT BREAD?

It's not easy, but I have occasionally found a good option for a true sourdough at my local supermarket, usually in the deli area. The ingredients should be only organic flour, water and salt. It may also contain a natural sweetener or maybe some cheese, which is really delicious my family loves Asiago sourdough.

YOUR BEST BET IS THE LOCAL HEALTH FOOD STORE

You'll likely have more choices at a health food store, and once you find sourdough breads with nice short ingredient lists and nothing unrecognizable, then you'll want to do some trial and error to see which ones your family likes. It's here where I also found what I call my "compromise loaf" that we use for sandwich bread. I'm still experimenting with making a sourdough loaf that stays soft for sandwiches, so in the meantime my compromise loaf, though not perfect, does have a fairly good ingredient label. It's organic, has a long fermenting time and has no seed oils, but it does have yeast.

WHY IS SOURDOUGH BETTER?

There are many reasons why sourdough is better, not least of which is that the natural fermentation in soured bread unlocks all of the nutrients. Mixing flour in an acidic medium (your starter) at warm temperatures, as in the sourdough process, activates phytase and reduces or even eliminates phytic acid, which is a mineral blocker and can lead to significant nutrient deficiencies and health problems. One study showed almost complete elimination of phytic acid in whole wheat bread after eight hours of sourdough fermentation.

A second benefit is that many who can't tolerate grains are able to eat sourdough bread with no problem. The longer rise and more time for gluten to break down makes it easier to digest. (However, most agree that those with true celiac disease should not indulge.)

Third, sourdough lowers the glycemic index of the bread, so it doesn't cause the same blood sugar spikes as other breads.

Finally, sourdough is a very traditional food. It's the way bread has been made for thousands of years!

IT'S NOT HARD TO MAKE SOURDOUGH BREAD!

Any flour, water and salt will make sourdough magic happen in your kitchen and will be leaps and bounds healthier than most store-bought loaves, but here's how to increase the health benefits of sourdough even more:

- Use organic flour to avoid pesticides and herbicides such as glyphosate (which is used as a desiccant on non-organic wheat).
- Use all or at least part whole-grain flour for more nutrients. (My family doesn't care for the denser 100 percent whole-grain loaves so I use half organic whole-grain einkorn flour and half organic unbleached all-purpose flour.)
- Try ancient whole-grain flours like spelt or einkorn. Einkorn is the original wheat, which has never been hybridized, so that many who can't tolerate regular wheat, even when organic, can eat einkorn with no problem. It is also higher in nutrients.
- Use filtered water to avoid toxins.
- Use real sea salt for more minerals.
- Serve with plenty of real butter, goose fat or duck fat for more nutrients and to decrease the glycemic index of the bread.

DOES SOURDOUGH INTIMIDATE YOU?

If you haven't tried it yet, making sourdough becomes a simple, fun, comfortable habit in no time. Learn how to make your own starter and a beautiful sourdough boule here: kellythekitchenkop.com/sourdough-boule/.

Want a breakdown of what to avoid and what's good-better-best in each food category? Get a free grocery store cheat sheet at KellytheKitchen-Kop.com/free or get Kelly's books, Real Food for Rookies or Real Food for Happy Kids online.

Wise Traditions Podcast Interview Interview with beth Lambert Documenting hope: The reversal of Autism Spectrum Disorder

HILDA LABRADA GORE: According to official statistics from 2020, one in thirty-six children in the U.S. has been diagnosed with an autism spectrum disorder (ASD). This is an epidemic of historic proportions. Author Beth Lambert, founder of Documenting Hope,¹ and her team have spent decades researching how best to help these children heal from a host of related conditions. Beth shares some of the groundbreaking results of her work, documented in a 2024 peer-reviewed publication about autism reversal in twin girls.² These successes give hope to parents who want to see their children's health turned around. Tell us about these twins whose progress seems to demonstrate that they were able to overcome their autism diagnosis.

BETH LAMBERT: We published a paper in the Journal of Personalized Medicine. It's a case report, which is a retrospective look at a set of twins who had "level three" (severe) autism. In a period of about a year and a half, they did intensive lifestyle and diet modifications. They also did some very intensive personalized therapeutics. At the end of this period, they overcame many of their autism symptoms. With the Autism Treatment Evaluation Checklist (ATEC)³ [a seventy-seven-item tool widely used in the autism community to assess the effectiveness of interventions], the higher the score, the more severe the autism. One of the twins completely lost her diagnosis, going from an ATEC score of close to fifty down to one. Essentially, there is no autism left. The other one has dropped her ATEC score from the seventies down to the twenties or thirties. Both of them are now basically indistinguishable from their neurotypical peers.

In partnership with this family, we rigorously documented everything that the parents did, in terms of the diet changes they made, the very specific types of therapies they used and which doctors they worked with. We did this because people aren't used to hearing that autism is reversible. We knew that we would get a lot of pushback on that. I had been documenting cases of autism that have been reversed for over fifteen years, but they sat in the realm of anecdotes. When a parent gets a new diagnosis of their child having autism, they'll say something like, "I've heard that autism is reversible." The pediatrician will say, "No, there's no evidence for that. That's just an anecdote. That's not true." This study proves that's not the case. It is reversible. We are working to gather as many of these kinds of stories as possible, publishing them in the peer-reviewed literature so that it becomes impossible for a physician to say that there's no evidence that autism is reversible.

We are in the process of publishing a second paper about autism reversal with a boy who essentially followed Elaine Gottschall's Specific Carbohydrate Diet (SCD). The SCD changes the types of carbohydrates that are consumed. Gottschall developed it for her child who had Crohn's disease, and she had great success with that approach. I believe that Dr. Natasha Campbell-McBride looked into SCD when she was developing her theories about Gut and Psychology Syndrome (GAPS).

All of these diets—whether it's GAPS or SCD or even a Weston A. Price diet—tell us there are many pathways to healing and recovery. It's all "bio-individual." This family chose to use SCD with their child with autism, and it had great success for them. Every person is unique. There are many ways, but all of these diets require that you eat nutrient-dense foods and take out the garbage. There is so much to be learned or taught just by letting people know that just taking the garbage out, just going for nutrient-dense food is going to make a huge impact on your child.



Hilda Labrada Gore is the host and producer of the Wise Traditions podcast for the Weston A. Price Foundation. Hilda is a certified integrative nutrition health coach who has traveled extensivelyto Mongolia, Peru, Ethiopia, Ecuador, Kenya, Australia and many other countries-to continue uncovering ancient health practices. Besides WAPF podcast interviews, she shares information from experts, experiences and epic adventures on her Holistic Hilda YouTube channel. social media platforms and in person as a speaker at conferences and retreats. Hilda has energy to spare in part because she keeps her feet on the ground and her face to the sun.

In the stories that I've been documenting over the years, nutrition is always the cornerstone.

HLG: Many of us have experienced that when we change our diet to the nutrient-dense foods that have benefited humankind since the beginning of time, we feel a difference. The brain fog lifts, headaches go away, and so forth. It's a great first step, isn't it?

BL: Absolutely. In the stories that I've been documenting over the years, nutrition is always the cornerstone. It's the foundation, and people will use other things beyond that. For autism, in particular, you're talking about a neurodevelopmental condition. Nutrition is only one piece because for that child to have had a neurodevelopmental condition, that meant that their neurodevelopment was interrupted. That meant the developmental trajectory they were on from the prenatal period in utero all the way through the first three or four years of their life, they're doing all this brain development. What typically happens with autism is that brain development gets stalled, impaired or interrupted. Cleaning up the diet-cleaning the cells, detoxifying and providing nutrition to the body—is going to help that child overcome a lot of those symptoms, but sometimes they also need to go back and revisit those developmental milestones and revisit some of those developmental processes. Diet is the cornerstone, but it isn't the only thing that can be helpful.

HLG: I heard that the American Academy of Pediatrics (AAP) changed the developmental milestones and removed crawling as one.

BL: Yes, they moved the goalposts. Even the CDC is now using different criteria for determining or defining "normal childhood development." What they're doing—they're saying that if a child never crawls, that's totally fine and normal. If they never roll over from back to front, or if they do it later on, it's fine. It's not fine! They're just moving the goalposts because they're trying to normalize developmental delays. I think that's a dangerous, slippery slope.

There are a lot of grandmothers saying, "This isn't 'normal' stuff that these children are going through. My grandchildren are doing different things developmentally. They're talking later, and they're crawling later." The grandmothers see it, and they know it because they know what normal development looks like. If you're a new parent, you may not know that. You're going to take your advice from the CDC or the AAP or your pediatrician, and you're going to hear them say, "It's normal if your child never crawls." Not normal. Common, yes; normal, no.

HLG: What would motivate the AAP or CDC or others to move these goalposts?

BL: If I were thinking that there was something more nefarious going on here, I would say that they very well know that some of the things that we do with our infants and our children are causing developmental delays. That could be the overuse of antibiotics. It could be excessive vaccination. It could be the back-to-sleep campaign. It could be any number of these modern things that we do in rearing our children that are actually affecting their development. They may know that and, again, move the goalpost to try to normalize it so that everything can stay status quo; they don't have to question the CDC vaccination schedule, and they don't have to question these public health policies that are obviously impairing our children's development. That's the nefarious interpretation.

It could also just be well-meaning people who haven't been around for forty or fifty years to have the long view, to have the historical perspective of what childhood development looks like, and maybe they're naive. Maybe they're just updating the guidelines, saying, "People in the past didn't get it right." I don't know what the actual reason is, and it's probably a combination of both, but I do know that it is a huge mistake to move the developmental goalposts in order to say it's normal for children not to talk until they're two or not to walk until after fourteen months. That's hurting our children.

HLG: Let's talk about the ATEC tool and the changes in the twins' scores. What are some of the things on that checklist that originally would have been checked "yes" that are now gone?

BL: It would be things like verbalization—a child's ability to verbalize and to communicate

verbally. Other things would be social engagement. A lot of times, children with autism are described as being in their own world. Sometimes, these kids will sit on the ground as toddlers or young children, and fixate on something like spinning wheels or trucks or cars and lining those things up. Those are the kinds of things that the ATEC asks about-sensory defensiveness or sensitivity or the sensory symptoms that kids have and their relatability to peers and adults. Also, inflexibility is very common in children with autism. That might mean, for instance, that the child is sitting on the ground, and it's time to pick up and move to another room. That child can't tolerate that movement or change. There are many different ATEC criteria.

In the case of the twin girls, they had minimal verbal capacity. They were in their own world, not engaging with peers and not playing with toys. All of that evaporated. They started playing with peers, and speaking and engaging with their parents and with their peers. They began playing with toys in a typical way, using their imagination. They did those kinds of things that they hadn't seen months earlier.

The ATEC is largely administered by the parent who tracks things over time. I often tell parents who have kids on the spectrum to make sure they do an ATEC at baseline—when they get their diagnosis. As you do whatever interventions you want to do, whether those are nutrition or therapy or lifestyle interventions, do the ATEC again so that you can track changes over time and see the progress that is made.

HLG: Speaking of the parents, I can only imagine how overjoyed they are right now that their children are functioning in this new way.

BL: I've spent some time with these parents. They're the most incredible, committed parents. They decided to roll up their sleeves and do the work that needed to get done for their family. The thing that was unique about them was they were so courageous in the face of opposition. They had their children diagnosed at Walter Reed, which is a very reputable institution. It's not like there was a "mistake" in the diagnosis. The girls were diagnosed with "level three" (severe) autism. When the parents asked about different kinds of interventions that they could do, the only recommendation they got was Applied Behavioral Analysis (ABA). There are many critiques about ABA and questions of whether it actually does more harm than good for children. (That's a whole other podcast episode we could do someday.)

It is a huge mistake to move the developmental goalposts in order to say it's normal for children not to talk until they're two or not to walk until after fourteen months.

When they were told "There is nothing you can do aside from ABA," these parents didn't

YEAR TEN OF THE WISE TRADITIONS PODCAST: OUR MILESTONES

In honor of WAPF's twenty-fifth year, we'd like to share some milestones of the Wise Traditions podcast. Thank you for listening and sharing episodes! We love how the podcast furthers WAPF's mission of education and are gratified that it is serving our members and those who get introduced to the foundation through our members.

- The Wise Traditions podcast launched in January 2016.
- The podcast has been downloaded 15+ million times and has thousands of listeners.
- The first five episodes featured Sally Fallon Morell, Dr. Tom Cowan, Will Winter, Kim Schuette and Dr. Natasha Campbell-McBride.
- The show has hosted over 500 guests who hail from the U.S. and all over the world—including Australia, Kenya, Ireland and Mexico.
- The most popular episodes include Emotional Detox with Dr. Sina McCullough (#341), The Hateful Eight with Cate Shannahan (#263) and Covid: There Is No Virus with Dr. Tom Cowan and Sally Fallon Morell (#335).
- The podcast appears consistently in the top 150 of Health & Fitness podcasts on Apple Podcast charts.
- The music on the podcast is "Sunny Side Up" by Michelle Bloom & Company.
- Hilda Labrada Gore has been the show's host and producer since its inception.
- It has featured topics as diverse as gut health, mindset, motherhood, homesteading, geoengineering, vaccinations and detoxing.
- Featured panels include Food, Farming & the Healing Arts (#416), part of a ten-million download celebration.
- Listeners tune in from Romania, Finland, Uganda, Ukraine, Sweden, South Africa and Saudi Arabia, to name just a sampling of the countries where the Wise Traditions podcast is enjoyed.

take that guidance from their clinicians. Instead, they kept looking elsewhere, knocking on other doors. Actually, they joined our online membership community called Healing Together.⁴ We are essentially an online support group for parents who are looking to learn how to do this work. They had joined our group right when we were just beginning and beta-testing it. We got to know them. We had opportunities to talk to them about diet and detoxification and all these kinds of things.

These parents rolled up their sleeves and decided, "We're going to change the diet. We're going to detoxify the home. We're going to find all the practitioners that our children need." They did this in a way where they let their own intuition be the guide. Rather than saying, "We need the experts to tell us what to do," they really "tuned in" to their girls and thought about what their girls needed. They went out and found support for their children. They made it happen.

HLG: The paper that you published says that they used interventions based on dietary changes, the environment and lifestyle. What were some of the changes they made to see these improvements in their girls?

BL: Some of it was, again, focusing on nutrient density and whole foods. That was an important piece. Every food that went into their girls' mouths was something that they knew was going to support their bodies. I remember one of my mentors, our former scientific director Dr. Martha Herbert, used to say that children on the spectrum don't have the ability to tolerate anything that isn't nutrient-dense. That body needs every single ounce of nutrition that it can get because it has a lot of repair work to do. The family leaned into that and were doing things that would repair the microbiome. They gave their children a lot of fruits and vegetables, and they made sure that they were getting things like bone broth.

They were also looking to identify food sensitivities—things that the girls might have been sensitive to. There was a sensitivity to wheat and dairy, and they took those things out while the body was healing and repairing. They ate no junk food, no processed food, none of that. They just went all in on whole organic foods, which was the key that they knew their girls needed.

They also gave nutritional supplements based on using functional diagnostic tests. There are different kinds of functional lab tests you can do. Some of them are based on blood tests, but there are urine and stool tests as well that can actually help guide the kinds of supplements your child might need. You could call it "precision medicine." You can look for nutrient deficiencies. Perhaps there's not enough magnesium or maybe they need some zinc. Folate is another one; the type of folate matters, making sure it's methylated. That's an important part. Often, many kids who have autism don't have the right B vitamins going in. Of course, those are always better to get from food, but sometimes supplements can be used to fill those gaps. Personalized nutritional supplementation was an important part for them as well.

HLG: Some kids with these diagnoses are intolerant of certain textures or only want familiar foods. I've heard Dr. Campbell-McBride say, "You're

the parent, you're in charge, they will not starve. Make sure you get these foods in them." Kudos to those parents who overcame all kinds of hurdles to make that happen.

BL: It's repetition. I know Dr. Campbell-McBride used to say this, too. I've heard many people say that if you put something on the plate and they don't eat it the first time, fine, you put it in front of them again. If they don't eat it the second time, fine, put it again. You keep putting that food in front of them and introducing it in different ways and eventually, they'll come around. It's the perseverance that gets children over the hump. I've seen that with my own children as well. Even if they resist for a week or two weeks, you just keep going. You don't let it bother you. You don't want it to be a battle, but it's the persistence and letting the children know that it's going to still be there. "Let's keep at it. Let's keep trying."

HLG: Christine Muldoon (on the WAPF board) says kids need many exposures, maybe twenty. And it's not always just putting the food on the plate; maybe it is also the preparation or picking it out at the farmers market. Different exposures to a food will eventually win them over. Turning to the environment, what shifts did the family make to help their daughters?

BL: There were a lot. I think they generally shifted toward all of the things in their life being more natural, as much as possible, which we always advocate for. That would mean spending more time outside. The family made an effort to get outside in nature, get sunlight on the skin without sunscreen but also get rid of anything in the home that might contain toxic chemicals. That could include soaps, shampoos, dishwashing detergent, laundry detergent and toothpaste. They did an overhaul on all the things in the home environment to make sure that there wasn't anything synthetic. The idea was to get all the synthetics out and get as close to nature as possible. That means spending more time in nature whenever possible, using natural light whenever possible instead of LED, halogen and fluorescent lights, and using incandescent bulbs, for instance, which are hard to get.

We try to get as much natural light as possible and fresh air, using an air filter in the home to try to get the chemicals out because we live in a toxic soup in the modern world. There are so many chemicals in and around us in the average American home. Even when you think you're in a pretty clean home—or let's say you buy clean, organic home care products—your sofas and mattresses probably have flame retardants. Innumerable toxic exposures are in every corner of every home. It requires an overhaul in the home to get as many of those out as possible.

HLG: When my kids were little, I let them sleep in their dad's t-shirts when everyone recommended flame-retardant pajamas. It was so much better for them to be in breathable cotton than in something that had been sprayed. Who knows how that would have affected their hormones?

BL: I, too, remember being the crazy one in my home when people would give my kids these cute, fuzzy, flame-retardant pajamas as gifts. I would say, "No, sorry, those are going out of the house." I wouldn't let them wear them. I took a stand on that—I looked crazy but that's the thing we have to do until the rest of the world wakes up to just how much toxic exposure there is in our day-to-day lives.

HLG: I think we don't realize the impact of the toxic soup that we're swimming in, even in our homes. We don't stop to think how our environment or diet are contributing to that.

BL: What's really wonderful about this family's journey—but truly with most families I've interviewed or talked to who have overcome some chronic health condition with their child—usually mom and dad get better, too. Mom might have eczema, and dad might have rheumatoid arthritis, or dad's cholesterol is high, not because of what he's eating but because of the inflammation and the stress in his life. All of that stuff comes back in line when they start doing this as a family. The families who are making three different meals for different members of the family probably don't do as well as the families that all go in together and decide to make these diet changes and lifestyle changes together. It's a whole family healing together. It's really beautiful when a family decides to commit to it.

HLG: How is "lifestyle" different from the environment? What other changes might this family have made that we haven't yet addressed?

BL: "Lifestyle" is the big, all-encompassing word for describing how we're living in the modern world, and how that is out of sync with nature. An example might be circadian biology and circadian rhythms. In the modern world, we live with artificial lights and devices that we think are normal. This is the type of change you can make very easily by just following the rhythms of nature. When it is dark outside, we're winding down; we're going to sleep. When it's light outside, we're outside; we're doing our activity, we're eating within that window when it's light out as people have done for thousands and thousands of years. That's the lifestyle stuff—less screen time, less time on devices, less artificial light, more sleeping when it's dark out.

Movement is another category of lifestyle. The Western world is so sedentary. Just thinking back to basic movements that people would have had one or two hundred years ago—that people have had for thousands of years—and just having that activity in your life, again, that is getting back in alignment with how our physiology has evolved over millennia.

I remember after the twins' family had gone through this process with us where we were documenting their recovery story, the mother sent me a video of the girls playing outside. There were these little sawed-off logs, and the girls were jumping from log to log to log outside. I thought, "That is the lifestyle intervention right there." Those kids were playing on logs the way that kids would have played on logs four or five hundred years ago. That is the natural movement that those kids need, and it is helping them to thrive.

It was such a beautiful visual for me, one that encapsulates the changes. That is so simple, too. There's nothing complex. They didn't go for some fancy ten-thousand-dollar new technology to change their brainwaves. No, they went outside and played the way that kids have done from time immemorial. I know it sounds like an oversimplification. These kids didn't recover just by playing on logs, but it was a mindset shift for this family to do things that they knew were in rhythm and balance with nature.

HLG: Some families rely on screens to pacify or engage and communicate with their autistic kids. How did this family deal with screens?

BL: I know screens were not a major part of their life but I don't know whether they went 100 percent off. As you mentioned, a lot of families rely on screens. The thing is, especially with kids with autism, there is a behavioral component. The reason there's a behavioral component is usually because there's something about their physiology that's "off." For instance, their neurotransmitter production is making them have to move in ways that are not what we want to see in an average classroom. That can be because the microbiota are "off" in their gut. There's this whole physiology that's out of balance, yet these kids are asked to sit quietly in a classroom. They're asked to comply with social behaviors that are expected and typical. The devices help them do that. It's anesthetizing with a device. The devices anesthetize all of us. That gets behavioral compliance and conformity, but it doesn't address the root causes of their symptoms.

HLG: In 2020, they said one in thirty-six children were diagnosed as having an autism spectrum disorder. That number has grown steadily over the past twenty years. Tell us more about the numbers.

BL: When I started this work in 2008 or 2009, the number of children with an ASD diagnosis was one in one hundred fifty. The best data that we have go back to 1970, and that was one in ten thousand. There are some studies that put it at maybe two in ten thousand, but it was exceedingly rare. In 2024, the CDC put it at one in thirty-six children,⁵ and then [in October 2024] *JAMA Network Open* published a paper with updated numbers, putting it at one in thirty-three.⁶ I actually think it's even higher than that. A lot of these studies are with eight- to twelve-year-olds. They miss the kids who are under eight.

We don't have a really good handle [statistically] on how many kids have autism, but I'll tell you how we do have a good handle on it. Everybody knows somebody. Everybody knows multiple kids with autism, yet somebody my age, I did not know one child in my elementary school who had autism. People will say, "That's because we didn't call it 'autism.' We called it something else." True, but I also did not have one child in my elementary school who had the stereotypical signs or symptoms of autism. There was no hand flapping, there was no echolalia [repetition of words or phrases], there was none of the stereotypical stimming [selfstimulatory movements or behaviors] that you see, that are observable features of autism. I think there are many people who would acknowledge that as well. Now, there are some people who will say, "I knew somebody. My brother had autism when I was growing up." It was there, but it was one in ten thousand. I assure you, it was one in ten thousand.

HLG: It's such a different landscape now. This is why your work is more important than ever. Tell us more about Documenting Hope. Are you going to come out with a movie?

BL: I have enough footage to make a documentary film. I just don't have enough money to finish it. We have over one hundred hours of footage. I started this work by trying to document on film what I knew to be true, which was that these kids were reversing their conditions. It wasn't just autism. It was rheumatoid arthritis and severe eczema, life-threatening food allergies, asthma and ADHD. I had all these stories of kids who have gotten better, and we were capturing some of this on film. That documentary will happen at some point.

We are basically in a place where we're always looking for funding, but we also have a bunch of research studies now, so we don't just have the stories to tell. We have the science and the evidence behind the stories, and we want those two things to come out simultaneously. We just published one paper, and we have a second paper coming out (the SCD case). A third paper that we're working on in collaboration with a functional medicine clinic in the Philippines is documenting what happens when you use a functional medicine approach for children with autism. Of course, their ATEC scores come down, and we're documenting that.

We have two more retrospective case reports that we want to do on PANS (pediatric acute-onset neuropsychiatric syndrome) and PANDAS (pediatric autoimmune neuropsychiatric disorders associated with streptococcal infections) with a Lyme component. These are children who are developing typically, and maybe around age seven or eight, all of a sudden, something happens. The parents describe it as the kids suddenly "going crazy." They develop what could only be described as psychotic behavior, severe anorexia and tantrums. They have memory loss, bedwetting and regression in all kinds of developmental ways. They have OCD



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It turns out that it is inflammation in their brains. This is diagnosable through various kinds of functional lab tests. Although it really is still a clinical diagnosis, there are all kinds of tests that you can use to identify what's going on with these children physiologically. I've documented kids recovering from these conditions. Often, there's an infectious component. It might be one of the Lyme factors like Borrelia, Babesia, Ehrlichia, Anaplasma or Mycoplasma. There are all these infections that get into the brain, and the body tries to regulate that and address those infections. In doing that, it ends up attacking the brain tissue, which causes the inflammation and the behaviors that we see in PANS and PANDAS.

We have two retrospective cases of kids who have recovered that we want to publish in the literature; we're looking for funding to get those published. When somebody goes to their doctor with a sudden onset of PANS or PANDAS, the doctor, first of all, may not even know what it is. They might put these kids in a psych ward in the hospital because they don't recognize it and don't know what to do with it. If they do know it's PANS or PANDAS, they'll put them on antibiotic after antibiotic, which does not offer a good outcome. It results in a downward spiral of health problems because antibiotics can be so destructive. We hope to do more of those kinds of case reports. We have another research program that we've been working on for a couple of years that we're continuing to push as well.

HLG: Do you get naysayers? Do people say, "You're giving people false hope because the cases and stories you're telling are the exceptions, not the rule"?

BL: We absolutely get naysayers. When we published the paper on the twins, it was picked up by tons of media outlets. We did not expect this at all. We have two main studies, the CHIRP Study⁷ [Child Health Inventory for Resilience and Prevention] and the FLIGHT Study [Facilitated Longitudinal Intensive Investigation of Genuine Health Transformation],⁸ which is our main research platform. On the side, we wrote this case report. It was literally something on the side. We did it in the extra hours, nights and weekends, and we collaborated with some people. When we published it, we did not expect the media to go bonkers. We got tons of people who wanted to interview us, and a lot of it was the conservative media, interestingly. We also got international press. Our principal investigator was just inundated with emails and phone calls from people wanting to know more about the autism case.

A lot of the feedback was positive: "This is terrific. Are there more cases like this? How do we learn from this?" However, there was also a backlash. For instance, the UK Autism Society—which is an organization that tries to advocate for and promote the rights of people with autism, which I think is a wonderful thing to do, it's a wonderful organization—they found it very insulting and absolutely offensive that we would even talk about reversing autism, because there is a conception that autism is genetic, it's brain-based, there's nothing you can do about it, and we should accept and embrace the people who have it. Of course, it's true that we should accept and embrace people who have autism and do everything we can to help support them and make their lives as easy as possible and integrate them and make them feel included, but not at the expense of ignoring their medical issues.

That's what often happens. People say, "If you have autism, we want to include you." They don't ask about their health and their medical symptoms. What happens when you do ask the question, "What are your medical symptoms?" is that you hear about gastrointestinal pain, chronic diarrhea or chronic constipation, or terrible headaches. If you start addressing those symptoms from a root cause perspective, like changing the microbiome through diet, etc., all of a sudden, those symptoms of autism get less severe and start going away.

How do you reconcile those two things that say, on the one hand, "somebody with autism has this condition and we must include them and embrace them," but on the other hand, when we address the medical symptoms, those symptoms that "define" them go away? That's a very confusing situation for people to deal with. Autism is caught and wrapped up with identity and identity politics, which I think is a bit of a dangerous slippery slope because, again, while we want to embrace every person's unique individuality and neurodiversity, we also want to treat their medical issues. If we happen to resolve some of the features of autism by treating medical issues, we're going to do that. People will ultimately have less suffering and fewer challenges.

HLG: Anxiety and depression have become more accepted socially, but does that mean don't try to alleviate the suffering and address what's at play? Maybe the anxiety has to do with what's happening in the body.

BL: There has been a well-intentioned movement of neurodiversity and trying to be as inclusive as possible. However, when you do not address people's real medical issues because of the inclination to embrace neurodiversity, you're missing the boat on allowing that person to be the best version of themselves. You're missing the opportunity for them to overcome some of their most challenging symptoms. I've talked to adults with autism who started doing biomedical work for themselves. They will tell you, "I was not happy when I had all of those sensory issues. I couldn't stand being in crowds because of the intensity of the noise and the light." When they fixed their gut and healed their microbiome, that sensitivity came down. Do you think they wanted it to come back? No, they didn't.

HLG: After all the years of working in this space, what has been a surprising result of the research and studies that you've conducted? Something that you didn't expect and made you happy?

BL: If I go back to where I was fifteen years ago, one thing that negatively surprised me was the resistance. In other words, I came out doe-eyed and a bit naive at the beginning of this work, saying, "We can heal these kids! We can do it. Look at Dr. Campbell-McBride. Look at all these great people who have this awesome information." In 2010, I published a book called *A Compromised Generation: The Epidemic of Chronic Illness in America's Children*,⁹ thinking that people would respond with, "High five, let's do this, let's go. Let's heal all these kids." The resistance has been surprising. People are stuck in the Western medical paradigm, thinking that there's a pill for every ill and that modern technological science is going to solve this. Whereas I'm saying, "No, let's get back to the basics, get back to nature."

Something that surprised me on the positive side is just how important the role of the parent is and particularly the intuition of the parent. I wasn't clued into that when I was researching my book in 2008 and 2009. I was really into the microbiome and the biochemistry and tweaking the body to get back into balance, but I wasn't focused on the vital role the parent plays in a child's outcome. Fast forward fifteen years, and I think the single most important piece of the entire equation is the parent or the parents' role. Not only that, but it's their role in using their own internal guidance and their intuition in choosing the interventions that are appropriate for their child. We live in a world where information is exploding, and there are a million different options. Parents wonder, "Should my child take an antioxidant? Do they need glutathione? Should they take methylated B vitamins? Do they need B₁₂?" There's so much information out there. For the average parent to be able to navigate thatwhen they don't have a PhD or an MD and they've never been through something like this before—it's a lot to ask of that parent. The parents who are most successful are the ones who just quiet the noise, go inside and figure out what their gut tells them. Those are the ones who have had the most profound impact because they listen to that inner guidance, and they always know what to do.

HLG: If the reader could do one thing to improve their health, what would you recommend?

BL: Throughout the day, you make choices. There's "this choice or that choice," whether it's the food you're going to eat in the next minute or the

way you're going to spend the next five minutes. The way you move through an increasingly complex world is to have every choice you make be one that is guided by, "I'm going to go with the more natural thing. I'm going to go with the thing that my great-grandmother might have done. I'm going to go with the thing that sits in ancestral wisdom." Lean into the "natural" in all things, whether it's products, food or how you're spending your time. That is the one thing that I think shapes the whole healing journey. You lean into nature. If you find yourself with symptoms or challenges, sit back and say, "How am I living that is different from my greatgrandparents? What can I do to get closer to the way that they lived?"

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WISE TRADITIONS PODCAST IN SPANISH

It is with great enthusiasm that we share that last week the podcast just reached 85,000 downloads and today we published Episode #100.

[Cu]re Your Fatigue: How Balancing 3 Minerals and 1 Protein is the Solution That You're Looking For By Morley M. Robbins Gatekeeper Press

Morley Robbins wants everyone to feel their best and full of energy. Much like WAPF, he would like people to take responsibility for their health and learn more about how their bodies function and the tremendous difference that food can make. I am wary of titles that allude to a "magic bullet" remedy for all health issues and diseases, but in this case, *[Cu]re Your Fatigue* is simply a starting point. In the book, Robbins dives deeply into iron, magnesium, copper and ceruloplasmin and why the four have such a significant impact on energy levels.

After spending a chapter briefly summarizing how his journey studying three minerals and one protein began, Robbins dedicates Chapter Two to a subject very familiar to WAPF members-namely, how detrimental our current medical system, the standard American diet and changes in agriculture have been to our health. In a meatier Chapter Three, we learn about cellular respiration, the copper-dependent process of ATP and the "power grids" of our body called mitochondria. Did you know that the mitochondria supply energy, determine when cells will be recycled (necrosis) or die (apoptosis), take part in which ova are released during ovulation, and help the body generate heat and store calcium ions until needed? Because apoptosis (programmed cell death) prevents damaged and aging cells from becoming cancer cells, we now recognize impaired mitochondrial function as a contributing factor to cancer. The mitochondria definitely earn the respect they deserve in this section.

Chapter Three also introduces copper, magnesium, iron and ceruloplasmin and begins to discuss their significance. Copper is imperative for immune system function; it also protects organs from damage by oxidants and plays a role in the formation of bone, collagen and connective tissue. Magnesium is vital for muscle contractions, heart function and energy metabolism.

The copper-containing enzyme ceruloplasmin, says Robbins, is the "Sun of our bodily universe of metabolic activity." It facilitates cellular energy production, prevents the formation of free radical oxidants and also keeps iron moving. That latter function is critical because, as he points out, iron ideally should be circulating—measuring it when stored is pointless. This is just the tip of the iceberg; by chapter's end, we learn much more about each one as well as their relationship to each other.

Chapter Four is fascinating regarding iron and how it steals energy. It turns out that anemia isn't due to iron deficiency; it is excess iron in the tissues that causes oxidative stress. I found it eye-opening to learn about iron buildup and its effects on eye and liver health, as well as the symptoms of buildup that we should pay attention to. Individuals who have been told that they are anemic may need to read this chapter several times; they will walk away with an understanding of why standard iron testing is faulty and why what they may have been told about being iron-deficient is false. Things get even more interesting when Robbins dives into how many enzymes need the "keys" of magnesium and copper and why inflammation is closely related to their depletion.

Robbins begins Part Two discussing the effects of stress on magnesium, iron and copper, along with an explanation of how his Root Cause Protocol can help. Most of his "don'ts" align with WAPF lifestyle principles (such as, stop taking synthetic vitamins, stay away from lowfat processed foods and limit exposure to environmental toxins). Robbins also recommends thirteen "starts," and again, quite a few

Iron ideally should be circulating measuring it when stored is pointless.



Small Farm Republic: Why Conservatives Must Embrace Local Agriculture, Reject Climate Alarmism, and Lead an Environmental Revival By John Klar Chelsea Green Publishing

To prepare for this book, attorney-farmerauthor John Klar and his wife made a "pilgrimage" to meet Wendell Berry. Berry and his wife are lifelong Democrats. It baffled them that a pair of Republicans would feel so strongly about regenerative agriculture. Even after a resonating visit discussing mutual passions, the Berrys were mystified to be doing so with a conservative.

Klar attempts to address the consumerfarmer disconnect. In particular, he is speaking to consumers who think small-scale farming is a losing proposition or that there is nothing they can do to address their dependence on the industrial food conglomerate. He thinks the global warming debate, which has hardened conservatives' stance about ecological issues, has caused them to be viewed as enemies of environmental health. Local food production, he feels, should be a political prescription that conservatives publicly endorse.

Ecological pioneers such as Berry, Rachel Carson and Aldo Leopold offered a very different prescription than the trendy "Green" camp promoting techy solar panels and other "renewables." To sequester carbon, Klar believes we need look no further than regenerative farms.

The Klars found that there is no better place to prepare their children for life than by living on a regenerative farm. Without his attorneyturned-regenerative-farmer life change, they would never have come to this realization.

In 2019, Klar was approached to run for governor of Vermont. He and other conservative candidates chose "Agripublicans" as their platform. *Small Farm Republic* captures his policy proposals, "2020 Vermont Farming Manifesto," as a "political strategy to bring back local agriculture." Klar acknowledges stifling regulations that "too often compromise rather than enhance human and environmental health." His objective depiction of both sides of the debate is enlightening because he promotes practical, mediating solutions.

Among the hundreds of noteworthy aphorisms in this book, my favorite is: "The most efficient solar panel is a blade of grass, and no technology will ever improve on that." He concludes with these wise words: "A local food supply is also the best defense against tyranny." It was true for the colonists, and it is true for the patriots of today. Trustworthy government should encourage self-reliance and food security, not servitude to corporate hegemony. Two thumbs up.

Review by Mary Walkes

ring true, such as "start taking cod liver oil" and "start eating grass-fed beef liver." There is also a short chapter about ancestral diets in which Robbins notes the great significance of Dr. Weston A. Price's research. The book ends with lifestyle factors to help improve fatigue, product recommendations and frequently asked questions.

For those interested in testing, Robbins recommends thirteen blood tests and also lists

the benchmarks for each (different from the benchmarks used by mainstream medicine). In addition, he recommends hair tissue mineral analysis as an important health screening tool.

Even if you aren't sick or fatigued, this book is well worth a read to learn more about what is occurring on the cellular level of the body and why mineral intake plays such an important role in health and vitality. Thumbs up!

Review by Anya Adams

The most efficient solar panel is a blade of grass, and no technology will ever improve on that.

Holographic Blood: A New Dimension in Medicine By Harvey Bigelsen, MD Hemobiographic Publications

Throughout the 2007 book Holographic Blood, Harvey Bigelsen takes complex scientific themes and puts them into simpler terms. Take the subject of antibiotics. As Bigelsen elucidates, when you take antibiotics, you kick the can down the road. You have not addressed the root cause of your illness; you have simply interrupted how the body was dealing with the issue (whatever it was). Antibiotics, he says, weaken all living organisms indiscriminately: "Antibiotics are supposed to kill, but in reality, they stimulate adaptation. Instead of dying, the endobiont [organism] changes to a form the antibiotic doesn't recognize." This process inevitably leads to more dis-ease within a matter of years, albeit likely in another form.

Bigelsen is in the same camp as Antoine Béchamp, Dr. Günther Enderlein, physiologist, Claude Bernard and other past researchers who came to believe that "the terrain is everything." Unfortunately, Pasteur's theory won the day and eclipsed their work. Bigelsen explains, "The germ, according to Pasteur, was a discrete and immutable entity. He further proposed that infections were communicable from one individual or object to another by the germs' ability to be transmitted or 'picked up.' Pasteur's theory created a climate of fear and our current medical model." Because of germ theory, modern medicine turned to chemotherapy, radiation, surgery and other treatments that haven't gotten us even one step closer to meaningful cures.

In another explanation of the difference between germ and terrain theory, Bigelsen says, "Suppose we cut a visible mold off a piece of cheese. Within a day or two we discover 'new' mold on the cheese. Why? Cutting off the mold we see did not alter the terrain. In the terrain approach to medicine, we look for the conditions surrounding both the source and the result (disease)." Bigelsen suggests that a "flow analysis" of blood, urine and saliva can give an accurate picture of someone's biocellular terrain. Scanning the three, one can identify the body's acid/ alkaline balance (pH), oxidative stress (rH2) and resistivity (r).

Bigelsen also notes the importance of our thoughts and emotions, referring to an experiment conducted by Dr. Josef Issels, who told patients he was going to measure their "resting pH." He set up an IV, left the room and then returned with either positive or negative news regarding the individual's lab results. The IV monitor immediately registered an increase or decrease in pH based on the person's reaction. In both big and small ways, we create our terrain. Bigelsen suggests that for disease to manifest, "We must hold onto negativity, and by inference the thought that triggered it."

To me, this sounds a lot like the work of Rudolf Steiner and Dr. Ryke Geerd Hamer of German New Medicine. In fact, Bigelsen quotes them both liberally and agrees with many of their findings, building on their work to understand disruptions to the terrain and empower the body's return to homeostasis.

Holographic Blood addresses a wide range of conditions—from strep and pneumonia to root canals and fungal infections—looking at how and why each of these may come about. The book also includes numerous tables and charts that depict the body's healing stages. One example (Table 3) describes "normal/acute" in terms of "excretion, inflammation, deposition"; "chronic" corresponds to "impregnation" and "degeneration," while "terminal" is associated with "dedifferentiation." These are progressive—if the body (terrain) does not get the support it needs for healing, chronic or terminal conditions will follow the normal/acute stages.

Bigelsen also references the work of Dr. Weston Price and Edgar Cayce, who once said: "The day may yet arrive when one may take Antibiotics are supposed to kill, but in reality, they stimulate adaptation.





Common Sense Child Rearing: Unconventional Wisdom for a Nourished Childhood By Thomas Cowan, MD Steiner Books

Whose side are you on? That's the question Tom Cowan asks in his book *Common Sense Child Rearing*. The key is for your child to know that you will always be on his side. That doesn't mean you condone bad behavior, but you need to figure out what that behavior is telling you.

You are on your child's side when you feed him a nutritious diet and keep the junk out of the house.

You are on your child's side when you listen, really listen to what he has to say.

You are on your child's side when you resist interfering with the sacred activity of play.

You are on your child's side when you provide her with a home life of rhythm and boundaries—within which she can be free to pursue her own interests.

You are on your child's side when you don't force him to eat broccoli (no one should have to eat broccoli).

You are on your child's side when you turn off the Wi-Fi in your house and do not let him have a cell phone.

You are on your child's side when you let him have a pet.

You are on your child's side when you let him have a fever and childhood illnesses, and do not succumb to giving him Tylenol. Tom fills the pages with interesting anecdotes and sage advice. My one complaint is his diatribe against what he calls "compulsive" education, which makes a not very convincing argument that schooling is a "universal monopoly," which insidiously forces children to engage in activities of no interest to them, creating little apparatchiks for the New World Order.

Actually, the idea of universal education did not start with socialists or industrialists but with the German Protestants of the Reformation, who believed that all children should learn to read the Bible. The aristocracy and the church opposed such a radical idea, believing that it would pave the way for rebellion—as indeed it did, leading to, for example, the German Peasants War of 1525, the first shot of the common man across the bow, eventually leading to the American Revolution.

Tom states that anyone can learn to read without schooling and gives as an example the American colonies, where a very high proportion of the population was literate in spite of not going to school. But they *did* go to school. The Puritans and Protestants who settled in the colonies—at least in New England and Pennsylvania—believed strongly in education, and every village had its one-room school house.

As a former remedial reading teacher, I can tell you that very few children learn to read on their own; some learn very quickly while others require dedicated teaching... and it is a terrible thing to let a child or teenager out into the world

a drop of blood and diagnose the condition of any physical body." That day has arrived. Blood, according to Bigelsen, is the "universal storyteller" through holographic patterns that reveal an individual's health. Using a dark-field microscope, medical professionals can now evaluate plasma activity, the presence of debris, white cell movement, the shape of cells and the amount and density of fluid. Patterns emerge

under that microscope that can directly reveal where root issues reside. What is the body (and blood) telling us? And why? Numerous images in the book show how the blood points the way.

Throughout, Bigelsen reminds us of our responsibility to nurture good health. He says, "Like a surfer, if we deviate our attention from the ebb and flow of the terrain (the water and the waves), we will become sick (wipe out)." Hang ten, my friend! I give this book an enthusiastic thumbs up. Review by Hilda Labrada Gore

not knowing how to read or do the rudiments of arithmetic. Even if we are "forcing" a child to learn, we have an obligation to ensure that all those who are able do learn to read. (Sadly, not all children are able.)

Published by Steiner Books, *Common* Sense Child Rearing looks to Rudolf Steiner for guidance in questions involving children and education. Tom quotes Steiner on the deadening effects of teaching reading before age seven (although the Montessori method argues for ages three to four as the best years for learning to read). The key, it seems to me, is teaching reading in a way that is fun and interesting—play-based learning, as Steiner would call it, particularly involving phonics and rhyming words. Otherwise, reading for the average student is just rote memory work.

Steiner had other interesting things to say about childhood education. For example, he believed that the classroom should provide an atmosphere similar to that of an upper middle class household, one that is colorful and organized, for children whose home lives might be drab and chaotic. He felt that children should be introduced to certain subjects at specific ages, for example, learning about the Greeks at age nine and the Romans at age twelve. He also spoke of the importance of young people having teachers whom they could admire and emulate-teachers who were not their parents.

People are often shocked when I tell them that I am in favor of public schools. I am not in favor of homeschooling because it often means that children are spending too much time with their parents and often not having exposure to the wider world and children from different backgrounds. Of course, it is often not possible to put children in the local public schools—they may be too violent or too far away—but whenever possible, public schools can provide important experiences for children and adolescents—as with Tom's acquaintence with Willie (as mentioned in the book), a defining experience for him could not have happened except in a public school.

My own grandchildren, all in public schools, have had many valuable experiences they would not have had otherwise. One participated in engineering club in middle school, building bridges with popsicle sticks and making robots; another has excelled in chess at chess club; another learned samba dancing from his Hispanic teacher (which has made him the life of any party). My daughter-in-law attended a large midwestern high school—an institution the likes of which is found nowhere else in the world—and learned to play three instruments as part of the marching band. Team sports, chorus, drama, art—all are now available at most public high schools, as are the trades for those not wishing to continue to college. Many public high schools today offer carpentry, plumbing, electrical and auto mechanics—which can come in handy if you want to drop out of the rat race and be a homesteader.

While Tom could have given better advice on education, he redeems himself in his last chapter, where he argues movingly that no parent who is on his child's side will let him be injected with vaccines, that in fact parents who are on their children's side will do everything to prevent such pollution of their children's sacred bodies, even if it means schooling them at home. Review by Sally Fallon Morell

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



The Medical-Pharmaceutical Killing Machine: Facing Facts Could Save Your Life By Children's Health Defense Skyhorse Publishing

I may be old and slowing down a little, but I can still do some things that millennials and Generation Z cannot do. I can back up and look at the big picture from the perspective of personal experience and observation. I can see the major trends in American health over the last six decades. I've seen the advances in medical technology, surgical skill and countless new drugs and vaccines. If this is all it is usually cracked up to be, one would think Americans would be the picture of health, routinely living over one hundred years, able to see through walls and leap tall buildings. OK, maybe not. Not only has there been no discernible improvement, the opposite is true and dramatically so.

As Eisenhower warned us about the military-industrial complex, Children's Health Defense (CHD) warns us about the Medical-Pharmaceutical-Industrial complex, showing that death by medicine is far more common in the U.S. than many people realize. Let's race through just a few of the book's highlights.

According to JAMA, almost one out of four hospitalized adults is given an incorrect diagnosis that lands them in intensive care or the morgue. Polypharmacy (people on multiple drugs) significantly increases the risk of adverse events, including death. No matter, polypharmacy tripled between 1988 and 2010. A 2016 US News & World Report story confirmed that prescription drugs are the fourth leading cause of death. Meanwhile, multiple data sources show a sharp dive in American life expectancy.

When the Department of Defense led Operation Warp Speed, we saw medical matters openly fall under the purview of the military. With two very dangerous "industrial complexes" working together, what could possibly go wrong? Well, the Johnson & Johnson version of the shots has been recalled and AstraZeneca pulled its version off the market. Meanwhile, the Pfizer and Moderna products remain despite Pfizer's own data emphatically showing that their version is not safe and effective. Pfizer is one of the most penalized pharmaceutical firms in the world, but their products continue to be heavily promoted. Mike Yeadon used to work for Pfizer and knows how it works. He has written extensively about the Covid scam; one of his points is that the extreme variability of vaccine batches cannot possibly be an accident.

My favorite Michael Crichton quote appears in this book: "Historically, the claim of consensus has been the first refuge of scoundrels; it is a way to avoid debate by claiming that the matter is already settled. . . . Let's be clear; the work of science has nothing whatever to do with consensus. Consensus is the business of politics.... There is no such thing as consensus science. If it's consensus, it isn't science. If it's science, it isn't consensus. Period." However, if you don't conform to consensus, you are a "conspiracy theorist," "anti-vaxxer" or "virusdenier"-words that stop all critical thinking in its tracks. Until terms like these are tossed into the dustbin of history, we have little hope of anything better than the status quo.

Elsewhere in *Killing Machine*, you can read about how euthanasia is growing in popularity. If you are having a bad day and want to hit the "off" switch, your good friends in the medical community are increasingly ready and eager to help you out with that—for a modest fee.

It sounds like I'm suggesting a certain intentionality behind death by medicine, but it is a stretch to believe that any one of these things is an accident. All this and much more laid out in the book cannot be just examples of bungling and incompetence. The powerful medical industry has been weaponized against us. I'm seeing more and more books and popular podcasters exposing this problem. The last line of the book is the best (spoiler alert): "[A]nything is possible when you leave hopelessness behind." Do not comply. My thumb is UP. Review by Tim Boyd

With two very dangerous "industrial complexes" working together, what could possibly go wrong?

The Pfizer Papers Edited by Naomi Wolf with Amy Kelly Skyhorse Publishing

In 2021, a FOIA request was submitted for access to safety data for Pfizer's Covid vaccine. The FDA responded that it would take fifty no-seventy-five years to comply. If cognitive and moral function were still a thing, that would be all anyone would need to know, and the perpetrators of this travesty would be serving seventy-five-year prison sentences (or until well after their bones turned to dust). Perhaps I should listen to the FDA's side. As detailed on snopes.com, the FDA was not trying to hide anything. Due to the enormous amount of documentation (over three hundred thousand pages at that time), releasing it at the standard rate of about five hundred pages/month would take over fifty years. The FDA claimed that it digested all of the data in one hundred eight days; they just couldn't give it to us in the same time frame. However, as of 2024 when the page total stood at four hundred fifty thousand, FDA had released them all, as ordered by the courts. Apparently, they could do it if properly motivated.

I'm pretty sure it shouldn't take anywhere near half a million pages to document anything, with the possible exception of government corruption. The most obvious reason I can think of to turn an entire forest into paper is to hide something. Like the end of *Raiders of the Lost Ark* when the Ark was stored in a warehouse so large that even if you knew it was there, it could take you years to find it.

Data that we cannot see in our lifetimes are worthless. If this is par for the course with the FDA, it means we have an even bigger problem—it also means the FDA is worthless. To produce *The Pfizer Papers*, over three thousand volunteer experts, coordinated by Amy Kelly and Naomi Wolf, converted the data from technical gibberish into reports that reveal there was nothing safe or effective about Pfizer's poisonous potion. The data emphatically show that the FDA cannot be trusted. So, we're back to the FDA being useless.

But it's even worse. The data show that the shots severely disrupt human reproduction. The public version of the vaccine (I know, not really a vaccine) was different than the one most of the test data reference. Something called "Process 2" test data were buried in the mountain of pages and were more relevant to the public version. The vaccinated group in Process 2 had 2.4 times the adverse effects of the placebo group. Four hundred fifty thousand pages were not enough to hide this-and tons of other dirt. The data are so obviously manipulated, hidden, incomplete and distorted in so many places that there is no way these are mistakes. Vaccinating the placebo group made it impossible to do valid long-term follow-up. Pfizer knew by November 2021 that its product was not safe and effective. Astronomers have not yet discovered a planet where this is OK. News is now breaking that Moderna has released an mRNA vaccine for bird flu. Anyone who would mandate this would mandate heat lamps in a wax museum.

This book is very nicely done. Many of its pages are filled with full-color pictures, charts and graphs. However, it is not an easy read. With words like "immunohistochemistry" making frequent appearances, we see why science nerds should not be allowed to name stuff. (I can only imagine what they name their kids.) Nonetheless, they have performed an invaluable service to humanity by getting this information out. You can't say these data were from tinfoilhat.com or paid propagandists. These are Pfizer's own data analyzed by qualified experts. Less than half the population is up for any more so-called "vaccines" from Pfizer or Moderna; the truth is soaking in. How many have paid the price for this atrocity? CDC and insurance data are bad enough, but those are almost certainly the tip of the iceberg. The real numbers may remain a closely guarded secret until long after my bones turn to dust, at which point my thumb will still be UP for this book. Review by Tim Boyd



The most obvious reason I can think of to turn an entire forest into paper is to hide something.



Informed Dissent: Children Vaccine Risks and Informed Dissent: Covid-19 mRNA Vaccine Risks Compiled & self-published by Paula Orloff Informeddissentbook@gmail.com

Historic days of profound, collective significance often have the effect of imprinting themselves on the mind. Years later, one can still recall where one was when hearing the news. The shock waves reverberate somewhere deeper than the mundane day-to-day. Shocking us on a cellular level, our soul sits up and pays attention. I remember the ordinary sun-filled weekday when my mom drove up the driveway and got out of her minivan with a bewildered expression on her face. I started to hum "It's the end of the world as we know it," the classic R.E.M. hit from the '90s, and she burst out laughing. It was March 2020, and our world was inexplicably, irrevocably altered. Suddenly, we were all remembering reading 1984 in high school. War was suddenly peace. Every subsequent day seemed to bring a new, surreal and noxious event until we found ourselves acquiescing to atrocities such as squeezing toddlers into masks and worse. Five years later, we seem to be recovering at various rates from our plunge into dystopia. Some people still wear masks. You glance at them, internally shaking your head. The true volume of the damage done is hard to measure.

Orloff's compilations can help us preserve this historical milieu for the future. inundated with facts and data that anger and sadden. Retired teacher and parent Paula Orloff has produced two copious compilations of quotes from books, memes, television interviews, news articles, social media posts and documentaries to give us a concise snapshot of what is really going on. Other than her brief introduction to each volume, there is no original prose. Rather, these are notebooks of Orloff's research; anyone could find this information for themselves, but Orloff has gone to the trouble of collecting and

If you pull the curtain back, you find yourself

organizing it. Most of the quotes are from the past two decades (around 2005 or later). The books she references will be familiar to those who have been searching for the truth for some time.

In Informed Dissent: Children Vaccine Risks, Orloff lists quotations in a bullet-point format that counter the well-rehearsed but patently false platitude that vaccines are "safe and effective." Chapters organize the quotes into sections on topics such as flawed testing processes, censorship, adverse effects and ingredients. One helpful chapter goes through the issues associated with each commonly administered childhood vaccine in alphabetical order, from Chickenpox (Varicella) to Smallpox. The appendices list the resources cited so that the curious reader can continue their educational journey. Informed Dissent: Covid-19 mRNA Vaccine Risks follows the same model. Sources include RFK, Jr., Steve Kirsch, Stephanie Seneff, Peter Mc-Cullough, Joseph Mercola and Robert Malone.

Orloff's collections can introduce less informed readers to palatable tidbits, remind more informed readers of things they have forgotten, or be given to someone who might be open to questioning the childhood vaccine schedule but is hesitant to read a more serious, studied volume. Someone who is just beginning to realize that their default worldview is false, might want to know more after flipping through the pages reading a few powerful quotes.

As we move further away from the strange experiences of 2020–2022, we continue to process their meaning. Some are still experiencing visceral effects such as vaccine injuries, death of a loved one, job loss or familial ostracism. While Orloff's compilations may seem unassuming, they can help us preserve this historical milieu for the future. These events were a travesty, a premeditated crime against humanity, a psychological operation and perhaps (we hope not) a rehearsal. Whatever it was to each of us, it is never to be forgotten.

Review by Jennifer Grafiada, NTP

Me Tox Pretty: A Story of Iatrogenic Botulism and the Ugly Side of Cosmetic Injections By Megan McCue Self-published

In 2023, according to the American Society for Plastic Surgeons (ASPS), almost ten million Americans received "neuromodulator injections"; Botox and similar products represented about half of those "cosmetic minimally invasive procedures." Botox and soft tissue "fillers" are marketed as less expensive and less invasive than other popular cosmetic surgery procedures like breast augmentation, breast lifts or "tummy tucks." ASPS says that Botox is "now so normal in American culture that patients mention it as casually as running an errand to the store or post office."

Megan McCue was a mom whose doctor offered "aesthetic services" on the side and tempted her with Botox's promises of flawless skin. Botox is a "neurotoxic drug whose primary ingredient is botulinum toxin." McCue's doctor explained that it would simply freeze her facial muscles temporarily, preventing wrinkles from forming.

Before going for it, McCue informally polled her friends. A quarter of them had tried the procedure (including her own sister), and they were all thrilled with the results. McCue opted for a single injection of the smallest possible amount, injected around the eyes to diminish "crow's feet."

Almost immediately, McCue began to experience effects that she wasn't expecting. She had brain fog, felt pressure in her head, struggled to concentrate and felt "weird" and "off." Unfortunately, this was just the beginning of her troubles. She also developed "Botox headache" and "Botox bloodshot eyes." When she contacted her doctor's office and also looked it up on Google, both suggested that these effects were "normal" and would diminish within twenty-four to seventy-two hours. For McCue, they did not. Symptom upon symptom piled on. Over the following months, McCue experienced bouts of dizziness, nausea, trouble swallowing, anxiety, difficulty focusing, nervous system dysregulation and more. The symptoms made it hard for her to work, eat and care for her family. It took time for the stark realization to hit her: the symptoms were her body's attempt to deal with the toxin she had allowed to be injected in her body. McCue was experiencing the effects of "iatrogenic botulism."

McCue's is a cautionary tale. Lest you think she must have had underlying health concerns to cause such a reaction, she relates that she was in perfect health when she went in for the procedure in July 2024.

I'm aware that most who will read this review would not consider injecting themselves with a toxin, even for vanity's sake. However, there are many around us who would. I suggest purchasing this book and sharing it with others to steer them away from cosmetic procedures. *Me Tox Pretty* is a slim book that contains critical information. It opened my eyes to what can happen when we go under the knife (or needle) unnecessarily. I'm grateful to McCue for writing it and for courageously recounting her experiences in such detail and vulnerability.

For more information about the history of Botox and iatrogenic botulism—and more on the risk-benefit ratio of Botox injection—I suggest you also read McCue's second book, *Notox: The Shocking Truth about Cosmetic Injections*. In the meantime, *Me Tox Pretty* deserves a thumbs up. Review by Hilda Labrada Gore



The symptoms were her body's attempt to deal with the toxin she had allowed to be injected in her body. McCue was experiencing the effects of "iatrogenic botulism."

Tim's Video Reviews



Dave Stetzer Talk on Solar Electricity Dave Stetzer https://www.youtube.com/ watch?v=Pcz76c0Msbg

Many farmers have encountered mysterious problems with their animals, and the cause was not obvious. Why did Old McDonald's cows stop producing milk? The cause often turns out to be the power grid. Dave Stetzer spends a few minutes educating his listeners on how the power grid works. He tries to make it simple, but I will make it even simpler in an effort not to bore you completely to death.

Any electrical system has power lines that form a circuit. One or more wires carry a voltage, and then you need a neutral or ground return back to the power source. The neutral line or lines need to be able to handle as much power as the lines with voltage, but power companies have a bad habit of not doing that. What they do instead is pound ground rods into the ground and use earth as a very big wire. That works from an electrical perspective, but now voltage and electromagnetic noise from those lines can get into the ground and then bad things start to happen. Mr. Stetzer cites various studies going back to at least 1972 that elaborate on these bad things. For example, as little as eighty microamps (it takes a good meter to even measure that very small current) can cause heart arrhythmia.

Modern technology makes the problem worse by adding high-frequency radiation to the wires. Our electronic toys are very good at generating radiation. Stetzer tells of tests showing that 10mV (millivolts—again, very small) can reduce milk production in cows.

Solar power systems are notorious for putting radiation into the environment.

Solar power systems are notorious for putting radiation into the environment. It is not so much the solar panels themselves as it is the inverters that convert the direct current (DC) from solar panels to the 120V alternating current (AC) used in most homes. Stetzer speaks of one farm where he measured radiation unique to solar power systems, but the farm did not have solar power. After some investigation, he found the culprit three miles away. When they shut off their solar power, the radiation stopped, and so did the health problems.

These issues with power grids are not new. Back in 1972, the Naval Medical Research Institute put out a report listing symptoms from radiation exposure. The dozens of symptoms included respiratory difficulties, pneumonia and heart arrhythmia. Studies have shown that currents as low as eighteen microamps have biological effects that are relevant to cancer. In my years of reading and studying, I have come to believe that almost all cancer would be eliminated if we cleaned up the radiation, toxic chemicals and food perversions like *trans* fat. But where's the money in that?

The radiation issues from power grids are very fixable. The Electric Power Research Institute (EPRI) produced *Handbook for the Assessment and Management of Magnetic Fields Caused by Distribution Lines*, which acknowledges that children close to power lines are more cancer-prone. Solutions include better wiring and/or filters. If you are not a member of EPRI and want to buy this handbook, it is a mere \$25,000 (not a typo).

Why so expensive? They don't want you to know this information. Why not? As usual, it boils down to money on multiple fronts. Power companies (including solar) don't want to spend the money to properly build power systems. Big pharma makes a lot of money off of cancer and other "incurable" diseases. Governments are controlled by these big corporations and, in turn, like to control their people. Sick and ignorant populations are more compliant. To these agencies, these system issues are features, not bugs.

If you want to depend on those agencies to take care of you and your safety, I wish you luck. If you find, as I have, that luck does not always operate in your favor, you might want to educate yourself, and this video is a good start.

Vaccination Updates THE EVER-EXPANDING PUSH FOR A LIFETIME OF SHOTS By Kendall Nelson, Director, *The Greater Good*

Renowned environmentalist and author Terry Tempest Williams has written, "The eyes of the future are looking back at us, and they are praying for us to see beyond our own time." Williams may not have penned those words about vaccines, but they resonate deeply in the context of vaccination. Her call to stewardship—of the land, of life, of future generations—reminds us of our responsibility to protect what is most precious. That responsibility includes safeguarding both our freedoms and the health of our children. But are we honoring that responsibility?

As the Centers for Disease Control and Prevention (CDC) unveils its 2025 immunization schedule,1 over two hundred routine vaccine doses are now recommended throughout a person's lifetime-eighty-five to eighty-eight of which are aimed at children ages zero to eighteen (see Tables 1 and 2).² By their first birthday, infants are slated to receive eighteen-plus doses of vaccines targeting a staggering array of declared pathogens-including Covid, diphtheria, hepatitis A and B, influenza, measles, mumps, pertussis, pneumococcal infections, polio, respiratory syncytial virus (RSV), rotavirus, rubella, tetanus and varicella.² For comparison, in 1983, the CDC recommended a total of eleven doses (three rounds of the diphtheria-tetanus-pertussis [DTP] combination vaccine and two rounds of polio) before age one.³ [Note: For the purposes of this article, I am counting each vaccine component individually. The DTP combination vaccine, which includes three distinct components in a single shot, counts as three doses.]

Meanwhile, rates of chronic illness, autoimmune disorders and developmental challenges in both children and adults continue to surge, raising critical questions. Are vaccines safeguarding health or playing a role in its decline? Are we prioritizing obedience over well-being—driven by fear of scrutiny or reluctance to challenge the status quo?

THE INUNDATION BEGINS BEFORE BIRTH

It all begins before babies take their first breath. The CDC's 2025 schedule includes six vaccines for pregnant women, including the Covid injections (Table 3), each imprinting itself on the delicate, developing immune system of the unborn child.^{4,5} But the exposure doesn't even start there; many women are also urged to receive vaccines before pregnancy—such as hepatitis A and B and travel-related shots—all under the banner of "preparation" and "protection." The campaign is relentless, from flu shots to the newly recommended RSV vaccine.⁶

Public health and medical personnel encourage pregnant women to get vaccinated despite having historically considered pregnant women as a vulnerable population that, for ethical reasons, should more often than not be excluded from drug safety and efficacy trials.^{7,8} A recent review of data from the Vaccine Adverse Event Reporting System (VAERS) identified thirty-seven potential adverse effects linked to administration of Covid injections during pregnancy. The effects included miscarriage, preeclampsia, cervical insufficiency, chromosomal abnormalities, fetal malformations, premature birth, stillbirth, newborn asphyxia and infant death. Notably, pregnancy-related complications occurred over sixty-nine times more frequently after the Covid shots compared to other vaccines.9

CUSTOMERS FOR LIFE

One of the most indefensible acts of medical overreach is the hepatitis B vaccine, administered to newborns within hours of birth. Hepatitis B is said to spread through intravenous drug use, promiscuous sexual contact or contaminated blood¹⁰—realities as foreign to an infant as the concept of risk itself. These tiny, vulnerable lives face no plausible threat of Over two hundred routine vaccine doses are now recommended throughout a person's lifetime. TABLES 1-3: CDC-Recommended Vaccine Schedules for Children, Adults and Pregnant Women

Recommended Doses*	Total Dose Range*
1-2*	1-2*
3	3
2	2
6	18 (6 doses of 3 different vaccines combined into one injection)
4	4
4	4
4	4
2	6 (2 doses of 3 different vaccines combined into one injection)
2	2
2	2
2	2
2-3*	2-3*
18	18
19-20*	19-20*
	1-2* 3 2 6 4 4 2 2 2 2 2 2 2 2 2 18

CDC RECOMMENDED IMMUNIZATION SCHEDULE FOR CHILDREN - BIRTH TO 18YRS

Vaccine	Recommended Doses*	Total Dose Range*
RSV (recommended for 75+ if previously unvaccinated)	1	1
НерВ	2-4*	2-4*
TDaP or TD (1 dose recommended every 10 years)	6	12-18* (6 doses of 2 or 3 different vaccines combined into one injection)
MMR	1	3 (1 dose of 3 different vaccines combined into one injection)
Varicella (recommended if born 1980 or after)	2	2
Zoster	2	2
НРУ	2-3*	2-3*
Pneumococcal (recommended if previously unvaccinated or vaccination history unknown)	1-2*	1-2*
Polio (recommended if incompletely vaccinated)	3	3
Flu (1 dose recommended annually)	62	62
Covid-19 (1-2 doses recommended annually)	62-124°	62-124*
Total # of Vaccines: 15	Total Recommende	d Dose Range: 152-224*

*CDC recommends different # of doses depending on brand of vaccine and other factors

*CDC recommends different # of doses depending on brand of vaccine and other factors **Total recommended dose range based on average life span of 80yrs

CDC RECOMMENDED IMMUNIZATION SCHEDULE FOR PREGNANCY

Vaccine	Recommended Doses*	Total Dose Range*
RSV (recommended during first pregnancy)	1	1
TDaP (1 dose recommended every pregnancy)	2**	6* (2 doses of 3 different vaccines combined into one injection)
Flu (1 dose recommended if previously unvaccinated with annual recommendation)	1	1
Covid-19 (1-2 doses recommended if previously unvaccinated with annual recommendation)	1-2*	1-2*
Total # of Vaccines: 6	Total Recommended Dose Range: 9-10*	

*CDC recommends different # of doses depending on brand of vaccine and other factors **Recommended dose based on average number of pregnancies

CDC RECOMMENDED IMMUNIZATION SCHEDULE FOR ADULTS 18YRS TO 80YRS (AVG AGE OF DEATH)**

infection outside of extreme scenarios, yet the CDC insists on universal vaccination, bypassing logic entirely. Why?

By anchoring this vaccine to birth, Big Pharma secures a lifelong revenue stream—every infant may become a profit statistic. But the agenda runs deeper. The hepatitis B shot, loaded with two hundred fifty micrograms of aluminum¹¹—a neurotoxin with no safe threshold for infants—serves as a Trojan horse. It destabilizes developing immune and neurological systems, priming children for a cascade of chronic conditions, including autoimmune dysfunction, speech delays and sensory disorders.¹² This is not protection; it is population-wide sabotage. Injure children early, and you create perpetual customers who become reliant on medications, therapies and interventions sold by the same industry that poisoned them.

The timing is deliberate. By injecting newborns before they leave the hospital, subsequent adverse reactions—colic, seizures, failure to thrive—can be conveniently dismissed as "genetic" or "idiopathic." Meanwhile, no one discusses aluminum's impact on the young brain.¹³ Grieving parents, gaslit by a system complicit in this betrayal, are left to ponder the unanswerable question, "What happened to my child?"

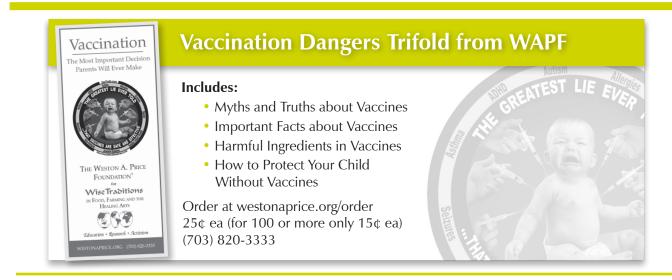
The deeper implications of the "early-and-often" childhood vaccine schedule remain largely unexplored. Researchers who attempt to examine these questions typically find themselves ostracized, their findings dismissed or retracted. If the goal of vaccination were truly public health, the resistance to scrutiny would be illogical, and policymakers would demand rigorous, long-term studies on the unintended consequences of mass vaccination. Instead, we see authorities systematically downplay or ignore vaccination's far-from-negligible risks. Where the childhood vaccine schedule is concerned, not one of the eighteen "routine" vaccines on the CDC schedule has undergone rigorous, independent oversight. The lack of long-term pre-licensure, double-blind, placebo-controlled studies using inert placebos leaves critical safety questions unanswered, yet the public is expected to trust the system without question.^{14,15}

Seldom do parents receive information about the potential dangers of coadministering multiple vaccines, the long-term effects of specific vaccine ingredients or even whether these interventions are needed at all. The Engerix-B (hepatitis B) information sheet alone lists fifty potential adverse events, including encephalopathy, multiple sclerosis, seizures and paralysis.¹⁶ The warnings are not arbitrary—the FDA requires manufacturers to disclose risks "reasonably" linked to vaccines—yet no crucial safety studies needed to confirm or deny these risks scientifically have been done. Most parents remain in the dark about these glaring research gaps.

OVERVACCINATED ADULTS

Though much of the vaccine debate centers on children, adults are now the next frontier for an aggressive vaccination agenda. The CDC's 2025 schedule recommends over one hundred thirty doses throughout adulthood,¹⁷ extending its grip to everyone from college students to seniors. Flu shots, Covid boosters, shingles vaccines, pneumococcal injections, hepatitis A and B, RSV shots—the list grows yearly, bolstered by billion-dollar marketing campaigns.

The pressure is particularly intense for older adults. The CDC is peddling high-dose flu shots and the latest RSV vaccine as "essential" though its own website describes flu shots as being, on average, only 41 percent "effective"; CDC also discloses effectiveness as low as 19 percent in some seasons.¹⁸ Instead of reevaluating the necessity of the shots, officials double down, introducing more potent versions loaded with mercury and immune-stimulating adjuvants, with little concern for the long-term consequences.



Children with eleven or more vaccination appointments were 4.4times more likely to receive an autism spectrum disorder diagnosis than those who remained unvaccinated.

GROUNDBREAKING STUDY ON NEURODEVELOPMENTAL DISORDERS

A January 2025 peer-reviewed study, "Vaccination and neurodevelopmental disorders: a study of nine-year-old children enrolled in Medicaid,"¹⁹ sheds light on some of the deeply disturbing risks associated with the current vaccine schedule. Analyzing data from over forty-seven thousand children enrolled in Florida's Medicaid program from birth to age nine, researchers found that vaccinated children were significantly more likely to be diagnosed with neurodevelopmental disorders (NDDs) than their unvaccinated counterparts.

For example, among preterm children, those who received vaccinations had a 39.9 percent rate of NDD diagnosis, compared to 15.7 percent among unvaccinated preterm children—a shocking 3.58-fold increased risk. Children with eleven or more vaccination appointments were 4.4 times more likely to receive an autism spectrum disorder (ASD) diagnosis than those who remained unvaccinated. Other disorders showed even more dramatic disparities; vaccinated children had a 530 percent higher risk of developing tic disorders, a 420 percent higher risk of encephalopathy and a 312 percent higher risk of learning disabilities.

In 2023, the CDC reported that autism affected one in thirty-six children and one in twenty-two boys in the U.S.²⁰ In Northern Ireland, the reported rate as of 2023 was even higher—one in twenty children and one in twelve boys.²¹ As officials stick to the prevailing narrative that vaccines are universally safe—and claim that rising ASD diagnoses simply reflect "increased awareness and better detection"—the fact remains that diagnostic criteria for autism have remained unchanged for decades.

NORMALIZING AND MISDIRECTING

The push to normalize autism has taken another troubling turn with the February 2025 release of Bill Gates' autobiography, Source Code. Gates suggests that if he were a child today, he would likely be diagnosed with autism, and he even describes his so-called "neurodivergent traits" as beneficial.²² This perspective may be presented as "progressive," but it overlooks the reality faced by countless families raising children with severe autism. Equating his self-described quirks with the profound, often debilitating challenges experienced by many is not only dismissive but deeply insensitive. Minimizing the struggles of those directly affected while refusing to acknowledge vaccines as potential contributors to the autism epidemic is not progress-it is denial.

This kind of misdirection is what former high-level pharmaceutical industry contractor Sasha Latypova calls "ABV brainwashing"-"Anything But Vaccines."23 Latypova often exposes the deliberate manipulation of conversations about health risks to steer the public away from questioning vaccines. As influencers, medical professionals and health organizations-many with financial ties to pharmaceutical interests-sound the alarm about toxins in Starbucks cups, they strategically ignore the vaccine elephant in the room. Fixating on other marginal risks while drowning out legitimate concerns about vaccine safety ensures that one of the most significant drivers of chronic illness remains shielded from scrutiny.

Yes, we live in a toxic world; environmental toxins like pesticides, fluoride, EMF radiation and aerial spraying ("chemtrails") are clearly problems. However, dwelling on these while ignoring vaccines is missing the forest for the

POLITELLA V. WINDHAM PLEASE SUPPORT THIS IMPORTANT CASE FOR PARENTAL RIGHTS AND BODILY AUTONOMY

Tony and Shu-jen Politella's six-year-old son Leone was vaccinated with an experimental COVID-19 shot at a clinic held at his Vermont public school, though Tony had visited the school and specifically requested that his son not be vaccinated. The parents sued the school for violating their parental rights, but the Vermont Supreme Court dismissed their claims as federally preempted by the PREP Act. The Politellas have filed a Petition for Writ of Certiorari before the United States Supreme Court as their last resort to overturn this unconscionable ruling, which bears on the parental rights of all Americans. Supporters can watch a brief video of the Politellas telling their story, or support their legal effort, here:

https://givebutter.com/j1vdDO

trees. All other exposures being equal, films like *Vaxxed II: The People's Truth*²⁴ and the many studies described in the 2023 book by Robert F. Kennedy Jr. and Brian Hooker, *Vax-Unvax: Let the Science Speak*,²⁵ vividly illustrate the difference between vaccinated children and their healthy, vibrant, unvaccinated counterparts.

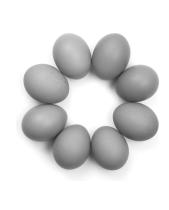
WEAPONS DISGUISED AS MEDICINE

Once one admits that vaccines are not the life-saving miracles they are marketed to be, it is difficult not to conclude that they are, in reality, weapons disguised as medicine. Consider their toxic ingredients: neurotoxic heavy metals like mercury (in the form of thimerosal), aluminum adjuvants, DNA fragments, carrier proteins, metallic contaminants and nanoparticles, glyphosate, antibiotics such as neomycin, squalene, polysorbate 80 and carcinogenic formaldehyde.^{26,27} These are just a few of the harmful substances deliberately injected into bodies, often without full disclosure or informed consent. The presence of such toxins cannot help but raise serious questions about vaccination's true purpose.

In a new peer-reviewed study²⁸ that presents what it describes as irrefutable evidence of harm caused by the Covid-19 "vaccines," the authors join the chorus of experts worldwide who are calling for the shots' immediate withdrawal from the market. The researchers' analysis of global safety data and post-marketing surveillance reports shows that the mRNA shots are linked to a significantly higher incidence of adverse events than officially acknowledged, including cardiovascular complications, immune dysregulation and excess mortality. Deaths reported to the CDC "far exceed the recall limits of past vaccine withdrawals. . . by up to 375,340%," the authors note.

A study published in December 2024 on ResearchGate furnishes additional clues regarding the possible underlying agenda. The paper, titled "Anatomy of a complex psyop scam: Deagel depopulation forecast increases with scheduled childhood vaccination doses,"29 discusses Deagel's financial and military forecasts for the "military-industrial complex" and its predictions for 2025. After studying the Deagel predictions "from every direction," author Herve Seligmann observes, "childhood vaccines contribute to, rather than prevent, depopulation." Adding a comment about the assumptions underpinning the model, he also states, "Those who created the forecast model do not consider that vaccines save lives, but the exact opposite."

As explained in a January 2025 paper published by Correlation, a Canadian nonprofit research organization, claims by public health agencies and top medical journals that childDeaths reported to the CDC "far exceed the recall limits of past vaccine withdrawals by up to 375,340%."



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nourishingourchildren.org/groups

Claims by public health agencies and top medical journals that childhood vaccination prevents millions of deaths annually are "counterfactual."

hood vaccination prevents millions of deaths annually are "counterfactual" and based on flawed epidemiological models.³⁰ In the paper, all-cause mortality expert Denis Rancourt, PhD argues that such claims rely on "tentative and untethered models of epidemiological forecasting" that produce "unlikely results" and depend entirely on invalid estimates of vaccine efficacy and disease prevalence. The models also fail to account for other complex factors contributing to child mortality-including nutritional deficiency, toxic exposures and poverty-particularly in the low-income countries where most of the "millions of lives" are purportedly saved. All-cause mortality data furnish not a single example of a decline in infant or child mortality temporally associated with the rollout of a childhood vaccination program.

A SPIRITUAL CRISIS?

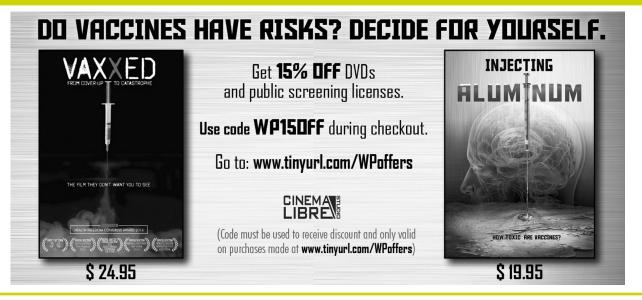
Importantly, concerns about vaccination's risks extend beyond physical health. As if the erosion of bodily autonomy through coerced vaccination weren't troubling enough, emerging research suggests an even deeper threat—one that may reach into the very essence of human nature. A thought-provoking hypothesis posits that certain medical interventions, including vaccines, could have effects that influence not only neurological but spiritual faculties.

In his 2004 book *The God Gene: How Faith Is Hardwired into Our Genes*,³¹ geneticist Dean Hamer suggested that a gene called *VMAT2* (vesicular monoamine transporter 2) may be linked to spiritual experiences, moral reasoning and the deep sense of connection to something greater than oneself. A provocative 2023 paper titled "Vaccines devised to delete the God gene"³² raises questions about whether the Covid jabs may have contained "VMAT2-deleting" ingredients aimed at "inoculating the population against God and spirituality." If true, this would mean that these and other vaccines are not merely medical interventions but instruments of control designed not only to manipulate physical health but to alter human consciousness itself.

Are we witnessing a campaign against the very qualities that define us as free-thinking, spiritually aware beings? If vaccines have the potential to shape not just our bodies but our minds and souls, then we must ask: What is the true purpose of this agenda?

OTHER HOLES IN THE NARRATIVE

The foundational premise of virology—that invisible, pathogenic viruses invade the body and cause disease—has never been scientifically validated. Doctors like Tom Cowan, Samantha Bailey and Andrew Kaufman have meticulously dissected the flawed methodologies behind so-called viral isolation, revealing that what mainstream science presents as proof of pathogenic viruses is nothing more than laboratory artifacts, misinterpretations and circular reasoning. The very idea that germs



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are the root cause of disease is a dogma that falls apart under scrutiny. Instead, illness arises from toxic exposures, malnutrition and other environmental stressors that compromise the body's natural balance.

In this light, vaccinology is not just an ineffective intervention but an outright deception a carefully crafted illusion designed to sustain industry and perpetuate other hidden agendas while keeping the true causes of disease hidden. If the existence of pathogenic viruses cannot be proven, then the entire justification for vaccines collapses, exposing them not as medicine but as instruments of harm and control.

In practice, if not by law, the CDC's vaccine schedule is treated as compulsory. Schools, pediatricians and even workplaces enforce the CDC "recommendations" through measures such as expelling unvaccinated children, refusing medical care and restricting employment and travel opportunities. This level of coercion raises alarming questions about personal freedom and informed choice.

TIME TO END THE DANGEROUS EXPERIMENT

It's time to confront the truth: vaccines are a dangerous experiment imposed on the public without informed consent or accountability. With hundreds of new vaccines in development—including experimental mRNA injections for cancer³³ and vaccines targeting obesity³⁴—the U.S. government and its pharmaceutical industry partners are rapidly expanding their reach, pushing for more untested and invasive interventions under the guise of "progress." The government already has stockpiles of bird flu vaccines for humans³⁵ and just "conditionally" licensed a bird flu vaccine for commercial poultry³⁶ that could indirectly convey more poisons into the human body via the food supply.

Regulators' refusal to study the long-term effects of the heavy vaccine schedule is telling. A responsible public health system would investigate the horrifying trends in death and chronic disease rather than dismiss them. The science is clear: there is no such thing as a safe vaccine. The notion of "greening" vaccines (removing harmful ingredients to make them safer) is a myth designed to placate without addressing the fundamental issues. Vaccines are unsafe by design, filled with toxic substances that have no place in the human body.

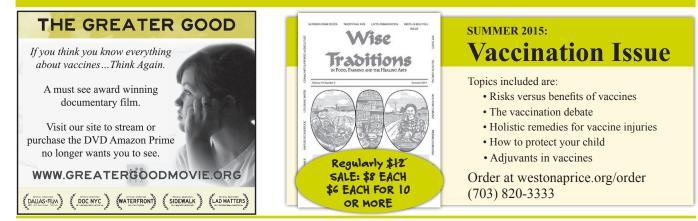
Protecting future generations demands critical thinking, courage and a willingness to challenge a seventy-eight-billion-dollar global industry³⁷ and demand greater transparency, rigorous independent research and a reevaluation of vaccine policies. The stakes are too high to remain silent. It's time to reject the illusion of vaccine safety, expose the institutions perpetuating this global experiment and fight to protect the health and freedom of future generations. "The eyes of the future" are pleading with us to see clearly, question boldly and remember that health is not just a statistic—it is the legacy we leave behind.

As a documentary filmmaker, Kendall Nelson directs, produces and distributes media that matter. With over twenty years of television/film experience, her commitment is to bring about awareness through her work, including advocating health freedom, simple living and real food. She is an Idaho chapter board member of the International Women's Forum.

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IN MEMORIUM: WAPF BOARD MEMBER CAROLYN GENEVRA COOP BIGGERSTAFF September 26, 1945 - January 19, 2025

Born in Chattanooga to Leander Morrow Coop and Genevra Crawley Coop, Carolyn graduated from Red Bank High School, just outside of Chattanooga, in 1963. She graduated from University of Tennessee at Chattanooga in 1967, receiving a bachelor's degree *cum laude* in English Literature and French. She was in Alliance Française, Alpha Scholastic Honor Society, Mortar Board, Pi Delta Phi, the French Honor Society, the National Honor Society and UC Student Government, and was Outstanding Senior Woman of '67. She was a member of Pi Beta Phi Fraternity and served as treasurer. She then continued her studies at Florida State University, Tallahassee, receiving a Master of Arts in French in 1969.

In 1980 she married Brice Biggerstaff and they had three wonderful children, Sarah, Caitlin and Luke. She is survived by her husband of 45 years, her children, two precious grandsons and her sister, Sylvia Coop Colvin.

She retired from United Space Alliance, the Space Shuttle Operations contractor, as a senior financial analyst in 2011 after STS-135, the last Shuttle mission. She earned several awards for outstanding work during her time at multiple NASA contractors.

She was active in the Weston A. Price Foundation, joining as a member in 2009. She founded the Houston-Galveston



Chapter of the Foundation in 2010, declaring it wasn't right for the fourth largest city in the country not to have a chapter. She was awarded an Activist Award by the Foundation in 2016 for her efforts to promote the Foundation and its principles. She became a member of the Foundation's board of directors, and was secretary to the board for a time. She remained a chapter leader, board member, activist and a dedicated researcher on health and nutrition issues until her passing. She will be sorely missed.

Burial will be private. In lieu of flowers, please make donations to any of the following organizations that she supported—the Weston A. Price Foundation (westonaprice.org), the Farm-to-Consumer Legal Defense Fund (farmtoconsumer.org), or the Farm and Ranch Freedom Alliance (farmandranchfreedom.org). And she would tell you to check out what they do, because she believed in them.

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Farm and Ranch ADVICE FOR LIVESTOCK PRODUCERS By Linda Morken, Chapter Leader, Sooke, BC, Canada

The key is to politely but firmly refuse to provide a sample until the information they provide is satisfactory. As you are no doubt aware, the attack on farm livestock is in full swing across the world. Millions of healthy chickens have already been culled and more slaughter orders are issued each day. Over fifty-five million chickens have been culled in Iowa, Ohio and Indiana alone.

What can a farmer do when the government inspectors arrive to inspect your chickens, beef/ dairy cattle, goats, pigs or anything else that they claim may be carrying the avian flu virus?

The Weston A. Price Foundation (WAPF) has provided a questionnaire that can be given to inspectors at the farm gate—before allowing them entry to your land. You can download the forms here: sookewapf.org/up-loads/9/9/3/0/99306456/inspectorforms.pdf

Page one of the form is for the visiting inspector or inspectors to provide the names and contact information of those visiting the farm. The second, more detailed, page (Questionnaire for Inspector) asks for proof of successful isolation of the bird flu virus, proof of the contagious nature of the bird flu virus, type of test that will be used and contact information of the lab that will be doing the testing. It states that this form must be filled out completely before any sample is released. I suggest you download the Inspector Forms and have them ready at your farm or ranch should you be visited by inspectors. Backyard chicken farmers would be well advised to do this as well.

Make provisions to have one or more witnesses as you hand the inspectors the forms. Politely, but firmly make it clear that you have a right to the information you are requesting. Ask for their ID (driver's license and badge), and take photos of these, as well as a photo of each inspector.

Clarify that the inspector(s) can return to their office to obtain the information you've requested.

The key is to politely but firmly refuse

to provide a sample until the information the provide is satisfactory.

WAPF reports that this strategy has been successful, saying that obviously no inspector will be able to provide the information requested on the form, information that is the farmer's right to have. The hope is that they will leave and never come back—as they have with astute chicken farmers in the UK.

You can help! If you visit farmer's markets, or purchase your eggs, poultry, beef and pork directly from your local farmer, please help by printing off the two forms and giving them to farmers participating in the market. We need an army of freedom-loving volunteers to get this message out. Without that, our food supply is in grave danger.

FOR FURTHER INFORMATION:

- Want to know more about contagion? This half-hour podcast "Are Germs the Enemy?" with Dr. Andrew Kaufman is highly recommended and an excellent place to start. westonaprice.org/podcast/242-are-germsthe-enemy/
- Canada's Christine Massey publishes on her website all of the results of Freedom of Information requests that have been sent to over two hundred health and science institutions in forty countries around the world. Not one had any record of SARS-CoV-2 isolation or purification, nor for any other alleged virus on which they have been challenged. Find Christine's website here: fluoridefreepeel.ca/ fois-reveal-that-health-science-institutionsaround-the-world-have-no-record-of-sarscov-2-isolation-purification/

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INSPECTOR INFORMATION Please write legibly.

Name:		Date:
Title/Position:		
Badge Number:	Drivers License Number:	
Agency:		
Office Phone:		
Cell Phone:		
Direct Email:		
Office Address:		
Purpose of Visit:		
Type of Sample Requested:		
What will the sample be tested for?		
Name of Superior:		
Title of Superior:		
Phone of Superior:		
Email of Superior:		

QUESTIONNAIRE FOR INSPECTOR All items must be answered before the release of any sample.

Name of Inspector:	Date:
Type of sample requested:	
Regulation that allows taking of this sample:	
0 0 1	
 If sampling for a virus: Supply peer-reviewed study showing the appropr characterization and genetic sequencing of purported Supply valid, rigorous, repeatable scientific evidence sh that actually occur in nature and/or on farms) it is tran Supply valid, peer-reviewed studies showing that the symptoms it is purported to cause, and that the illness 	virus you will be testing for. owing that (under conditions smissible to other animals. he virus causes the illness/
Type of test to be used:	
Whole Genome Sequencing (WGS)	
Polymerase Chain Reaction (PCR)	_
If PCR, how many cycles?	
Other (please specify):	
For each type of test that you propose to administer, cite of ing that it has been validated for detecting the purporter sequence, protein or antibody) in the same context that you	ed virus (not simply a target
For each type of test that you propose to administer, suppose to suppose to administer.	oly the following:
Specificity:	
Positive predictive value:	
Negative predictive value:	
Name of Lab doing the testing:	
Address of Lab:	
Phone number of Lab:	
Email of Lab:	
I certify that the information given in this form or attached true: Signed:	
Position:	Date:

REAL MILK UPDATES by Pete Kennedy, Esq.

NATIONAL - PCR TESTING FOR BIRD FLU IN DAIRY

It has been about a year since H5N1 virus (bird flu) was "discovered" in dairy cattle; during that time, there hasn't been a shred of evidence linking any human illness to the consumption of raw milk contaminated with bird flu. Nevertheless, several states are testing raw milk produced for direct consumption for bird flu. The testing has been described as "a solution in search of a problem"; it looks like an attempt to reduce the supply of raw milk—this, at a time when the demand for the product has never been greater. The test that federal and state regulatory agencies use to detect bird flu in a sample of milk is the polymerase chain reaction (PCR) test. PCR detects the presence of RNA from virus cells that have been fragmented in the process so no intact cells remain; therefore, the test itself cannot be used to determine whether the original so-called viral cells were dead and inert or "live" and infective. The detectible presence of viral RNA in a test sample depends on the amount of virus cells (that is, the viral load); the PCR cycle threshold (Ct) indicates the degree of amplification applied to the sample in order to get a result. In order to detect the presence of any viral RNA when the viral load is low, the Ct value will be set higher to run more cycles of amplification; if only a trace amount of viral RNA is present, then more than 35 cycles (Ct 35) might be needed to obtain a positive test result. Even if the result is positive for bird flu, PCR cannot determine whether the viral RNA represents a complete "live" virus capable of infection and replication or merely an inactive fragment of viral RNA that cannot infect. To determine whether there is a supposed intact, infective virus in the sample, a follow-up validation test such as an egg inoculation test is needed to see whether the so-called viral material can be cultured.

There is no consensus on what Ct value is valid for the PCR test. Researchers choose a Ct to distinguish between "presumptive positives" for viral RNA and "negatives" for test samples, but rarely do they provide cultured validation of results (such as, by embryonated egg or tissue inoculations). A Massachusetts Department of Agriculture official stated, "PCR tests are only valuable up to about 30 cycles"—meaning that results from PCR tests run at Ct greater than 30 (Ct>30) are unreliable and may detect only traces of inactive viral fragments. According to reports, the California Department of Agriculture (CDFA) chose to run its PCR tests at Ct set no lower than 35 cycles (Ct>35). The Maryland Department of Agriculture runs PCR tests set no lower than 40 Ct (Ct>40), as does the USDA National Veterinary Services Laboratory (NVSL) in Ames, Iowa; NVSL is the lab that runs confirmation tests for positive test results from state labs. Finally, the FDA has published a guidance document on testing for bird flu with PCR set at Ct>45.

As far as is known, three states—California, Massachusetts and New York—have required farmers producing raw milk for human consumption to test for bird flu; a fourth state, Maryland, has required farmers producing milk for pet consumption to test for bird flu. California has done the most testing for bird flu so far, and the testing has found H5N1 in well over half the state's Grade A dairies producing milk for pasteurization that have tested positive for bird flu. If a Grade A dairy cow or milk tests positive for bird flu, then the dairy can continue selling milk and not have to pull the positive cows from the milk line. The position of federal and state governments is that pasteurization inactivates any bird flu virus present in the milk, while known antiviral activity in raw milk is ignored.

So far in California, two dairies producing raw milk for direct consumption (including Raw Farm, the world's largest raw milk dairy) and a raw milk distributor have had their sales suspended for bird flu due to presumptive positive PCR results of their milk samples. During the suspension, the dairies could still sell raw milk for pasteurization, but the price they received was a fraction of what they get for selling raw milk for human consumption. Raw Farm had its sales suspended for six weeks, costing over one million dollars in sales and causing massive shortages of raw milk in California. Raw Farm accounts for an overwhelming majority of raw milk sales in the state. The CDFA suspended Raw Farm sales solely on the basis of a positive PCR test without running any validation test for infectivity—as mentioned earlier, the PCR test cannot determine whether the virus particles present are live, intact and infective.

There has been tremendous pressure from the federal government on the states to test retail raw milk for bird flu, especially from USDA's Animal Health Inspection Service (APHIS). A Public Records Act Request from the Weston A. Price Foundation (WAPF) for communications on bird flu between the CDFA and the FDA/USDA was denied by CDFA on the grounds that "... based on the facts of this case. . . the public interest served by not disclosing records related to an active investigation and outbreak response clearly outweighs the public interest served by disclosure."

The bird flu "pandemic" has led to the culling of over 160 million poultry in the U.S. It has led to the shutdown of the country's largest raw milk producer. The public health threat so far doesn't come close to justifying the upheaval it has caused with the egg shortages throughout the country and the raw milk shortage in California. The consumer demand for raw milk continues to grow to levels never seen before despite the nonstop fearmongering by the government and media over bird flu. The campaign against bird flu is about reducing the supply of animal protein for the American people, not about public safety.

FEDERAL - LOWERING THE AGING REQUIREMENT ON RAW CHEESE

A good starting point to change the federal laws on raw dairy would be for the one raw dairy product the FDA already regulates: cheese. There currently is no raw cheese aged under sixty days in final package form for human consumption that can be transported across state lines.

Robert Kennedy, Jr. could issue a standard of identity regulation with an aging requirement for a specific raw cheese of less than sixty days. There is no law that needs to change for the HHS Secretary to be able to do this. The regulation establishing the interstate ban (21 CFR 1240.61 - raw milk and milk products) provides that there is an exception to the ban "where alternative procedures to pasteurization are provided for by regulation, such as in Part 133 of this chapter for curing of certain cheese varieties." The term "curing" is another word for aging. The definition of "milk products" in 21 CFR 1240.3 provides that the ban extends to cheese "where not specifically exempted by regulation."

Titled "Requirements for Specific Standardized Cheese and Related Products," 21 CFR 133 Subpart B, among other regulations, establishes standards of identity for specific cheeses and for the general categories of hard cheeses, soft-ripened cheeses and semisoft cheeses.

Statute 21 USC 341 (Definitions and standards for food) provides, in part, that "whenever in the judgment of the Secretary such action will promote honesty and fair dealing in the interest of consumers, he shall promulgate regulations fixing and establishing, for any food under its common or usual name so far as practicable, a reasonable definition and standard of identity, a reasonable standard of quality, or reasonable standards of fill of container."

In the FDA's words standards of identity "have been established to ensure that the characteristics, ingredients and production processes of specific foods are consistent with what consumers expect."

There are a number of cheeses listed in Part 133 regulations that can be sold pasteurized or raw, but the aging requirement for all raw cheeses in the current regulations is sixty days. There is no basis in fact or science for a uniform aging requirement. Different kinds of cheese have a different water content, salt content, period of growth for harmful bacteria or type of culture used. For instance, in the European Union, which does take these factors into account in its regulations, the shelf-life for camembert is only fifty-seven days. The uniformity in the aging requirement hurts cheese producers who could be getting paid earlier than sixty days for some of the cheeses they produce and who are prohibited, in effect, from producing raw soft ripened and raw semi-soft cheeses.

The regulations for hard cheeses (21 CFR 133.150), soft ripened cheeses (21 CFR 133.182) and semisoft cheeses (21 CFR 133.187) all begin with the following statement: "The cheeses for which definitions and standards of identity are prescribed by this section are....cheeses for which specifically applicable definitions and standards of identity are not prescribed by other definitions of this part...."

The cheeses in these three regulations all have a sixty-day aging requirement if they are raw, but there is nothing preventing the HHS Secretary from issuing a regulation for a soft cheese like feta, which has less than a sixty-day aging requirement; there is nothing legally precluding an aging requirement as little as a one-day period. Feta has a good safety profile because it is very acidic with a high salt content and a relatively low moisture content. It would be a good cheese to start with in lowering the aging requirement for cheeses where the science supports that action.

The interstate ban on raw milk and raw milk products has actually been a blessing in that it has left it to the states to come up with their own individual laws for raw milk in intrastate commerce rather than having an agency (FDA), which has traditionally been more hostile to raw milk than any other government agency, dictating what their laws should be. There is concern that lifting the ban now would enable the FDA to issue and interpret regulations that would further restrict rather than increase raw dairy access. A piecemeal approach to eliminating the uniform sixty-day aging requirement for raw cheese could be a better first step to take in changing federal raw dairy law and policy while the necessary shift in culture at the FDA is taking place.



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Healthy Baby Gallery



After forty weeks of a delightful and easy "wild pregnancy," 9.5 lb baby Aengus was born onto a sheepskin with just his mama and papa present. Mama recovered extremely well with a forty-day postpartum lie-in (nourished by meaty soups and warm herbal teas) and is the picture of health and vibrancy. Mama and papa have been eating a Wise Traditions diet for nearly a decade, growing most of their food on their homestead (or obtained from local farmers) and cooking everything from scratch. Raw goat milk, broth, wild sockeye salmon, beef, chicken liver, eggs and mineral-rich vegetables created this beautiful, calm, alert, chunky, happy baby. This family now has two Wise Traditions children, both an absolute delight to be around, with plans for more in the future! Thank you, and deepest gratitude to WAPF. Our children are the future.

Noah William was born a healthy seven pounds, thirteen ounces boy to mom, age forty, and dad, age fifty-two. All midwife visits were at home, and his parents opted for no ultrasounds. Most of the birth took place at home, with a bit of medical intervention needed in the end. As Noah was born, the nurses exclaimed (a source of pride), "Wow, look at the color of that cord!" He lost none of his birthweight. Today, his favorite foods are cod liver oil, bone broth gummies, raw kefir, liver and chicken sausages, warm bone broth, grass-fed meat, sauerkraut, fermented carrots, cultured butter and more! At twelve months, he is also still a champion nurser. His parents get many compliments about how big, happy and alert he is, with the favorite being, "You have a superb baby." We couldn't be happier with our little gift and all the knowledge WAPF has given us. A big thank you, too, to Millers Farm and Meadow Ridge for providing the nutritious food that has helped him grow into the healthy one-year-old he is today. Here he is in his serious Santa photo!



Estella Rose Vivienne Smith, born to parents Darryl and Arabella, has been a happy and healthy little baby, sitting up early and engaging with her older brothers. Her favorite foods are roasted bone marrow, fresh goat milk and home-raised bantam eggs. She loves ripe banana mashed with cinnamon and coconut oil as a special treat. While pregnant, Arabella enjoyed lamb's liver, pan-fried with caramelized onions on toast, plus plenty of goat milk kefir.



Local chapters help you find locally-grown organic and biodynamic vegetables, fruits and grains; and raw milk products, butter, eggs, chicken and meat from pasture-fed animals. They also represent the Weston A. Price Foundation at local fairs and conferences and may host cooking classes, potluck dinners and other activities to help you learn to integrate properly prepared whole foods into your life. Local chapters may be able to put you in touch with health practitioners who share our philosophy and goals. **IMPORTANT WARNING:** This chapter list is meant for individuals to contact a local chapter for food sources and for small farms or food producers to contact chapters near them. It is not for use by vendors and marketers. If you use the chapter email addresses to promote a product, even a free product or giveaway, we will not allow your company to advertise in *Wise Traditions* journal nor exhibit at our conference.

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WASHINGTON, DC

The chapter held an organ meat workshop with Colorado chapter leader/organ meat expert Janine Farzin (center, back row) on a snowy night at the home of Alexandria chapter leader Janice Curtin. Attendees enjoyed raw and cooked beef liver, liver tonic with tomato juice and sautéed chicken livers, plus bone marrow and chicken feet! DC chapter leaders Jessie Davis, Hilda Labrada Gore and Emma Wise organized the fun and educational event.

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ST. PETERSBURG, FLORIDA

At the chapter's monthly meeting, members enjoyed mocktails at Docs Outside the Box Clinic, celebrating delicious health with a slice of lime, orange and lemon, a sprig of rosemary or mint, filtered bubble water and kombucha.



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SOUTHAMPTON, NEW JERSEY

WAPF exhibited at the Northeastern Organic Farming Association (NOFA) in Asbury Park, NJ. Pictured are chapter leaders Judith and Mike Mudrak with brand-new WAPF member Devin Cornia (NOFA's executive director) and NOFA outreach associate Joanna Michini. The day closed with a screening of the impressive documentary on rotational grazing, *Roots So Deep (you can see the devil down there)*, followed by an interesting discussion with filmmaker Peter Byck, courtesy of Duke Farms.

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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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WINOOSKI VALLEY, VERMONT

Five members of the newly formed chapter visited the Vermont Fermentation Adventures Fermentory. After coaching from owner Beki Auclair in making kraut and kimchi, we tasted her delicious creations. For some, fermenting was a new skill. We served our ferments at a chapter meeting, with rave reviews. We'll be doing more field trips!



SPRING 2025

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WALLA WALLA, WASHINGTON

The chapter hosted winter classes on butchering goats and rabbits for interested members. At the goat class, participants transformed a doe into a delectable feast, getting an anatomy lesson along the way and learning how to use all parts of the animal, including the offal.



(Who needs med school when you have a cutting board and some knives?) At the rabbit class, participants turned twelve rabbits into dishes like rabbit curry and pie, making chicken a thing of the past. Rabbit pâté was the *pièce de résistance*, leaving everyone fur-ever grateful for an unforgettable culinary adventure and hare-raising feast.

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MADISON, WISCONSIN

The Madison chapter spreads the good word about food, farming and the healing arts at the 49th Annual ACRES USA conference. Lots of good conversations, education and some new members, too. WAPF's future looks brighter every day! From left: Karen Kitzerow, chapter leader Saritah, baby Violet (four months) and holistic veterinarian Will Winter.



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PEOPLE'S RESET, MORELIA, MEXICO

WAPF's table attracted attention at the People's Reset event in Morelia, Mexico, where perhaps half of attendees and many of the organizers were vegetarian or vegan. The two most popular materials handed out were the *11 Dietary Principles* booklet and the trifold on "Vegetarian and Vegan Diet Dangers." The event drew people from Mexico, the U.S., Canada and Europe, addressing topics like permaculture, health freedom and communitybuilding. Thanks to Mexico City chapter leader Galia Kleiman for representing WAPF.

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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, the chapter handbook, PowerPoint presentations, business cards and more.

The Weston A. Price Foundation currently has 501 local chapters: 437 serve the District of Columbia and every state in the U.S. except West Virginia and 72 serve 24 other countries.

LOCAL CHAPTER CHAT GROUP

Our chapter leaders have a wonderful secure platform to carry on our many beneficial discussions, developed by Jay Hamilton-Roth, the husband of one of our chapter leaders. We encourage all chapter leaders and co-leaders to join if interested in learning and growing as leaders and individuals. To join, contact Maureen Diaz: outreach@westonaprice.org.

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MO

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NC

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PA

Chilly Creek Farm produces 100% grassfed A2/A2 raw milk products, grassfed beef, veal, lamb, soy-free mangalitza pork, raw pet food,bBone broth, organs, corn- and soy-free eggs. Mon-Sat 9am-3pm. WE SHIP 409 Ants Hill Road, Bloomsburg, PA 17815.

Dutch Meadows brings you the finest in high-quality grass-fed meats and organic dairy products, raised in harmony with the land. Order online and choose from hundreds of farm products, **WE SHIP**. Visit our farm store. 694 Country Lane Paradise, PA. (717) 442-9208 info@dutchmeadows farm.com – DutchMeadowsFarm.com.

Enjoy eggs from ducks that are on better pastures. Safe nutrition, direct from the wilds of God's creation. Call or text Cleason Weaver at (717) 385-2410 to order or visit: 501 Shippensburg Rd. Newville, PA 17241.

GAP VIEW FARM MARKET Raw milk, raw milk cheese, cream butter, eggs, including duck eggs and fresh vegetables from our chemical free farm. Call (484) 667-1382 or visit our farm market in the heart of Lancaster County, PA at 5230 Newport Rd, Gap, PA 17527.

Hobby Ag LLC: Your Homesteading Neighbor. We offer 100% grass-fed: beef, yogurt, raw milk & cheese; pasture-raised, corn & soyfree chicken & eggs; Alumi-Coops. Located in Lykens, PA. We offer pick up & delivery! Visit hobbyag.com, call (717) 805-9815, or email raymond@hobbyag.com.

Choose from our selection of grassfed beef and lamb and pastured soy-free pork, chicken and eggs. **We ship**. Open Monday through Saturday. Closed on Sunday. Locust Grove Farm, 619 Locust Grove Road, Port Trevorton, PA 17864.

GRASS-FED LAMB FROM PA FARM, half or whole, custom cut to your specs. Reserve with deposit in spring/summer, pick up on farm in fall. www.owensfarm.com, email info@ owensfarm.com 570-898-6060. Owens Farm, Sunbury PA. Overnight farmstays also!

Pastured duck and quail eggs free from soy and chemicals at Quackin' Egg Hollow, New Holland, PA. We now offer organic sorghum and millet, sprouted flour and allpurpose flour mixes. **We ship.** Call or text (717) 656-0423. beyondglutenfreemicheles mixins.com.

Raw, unheated HONEY from grass-based PA farm, **free shipping**. Bees not moved for pollination. Black Locust or Wildflower. 5 lb jug \$51, 10 lbs \$92. Order at www. owensfarm.com, send check, or stop by. Owens Farm, 2611 Mile Post Rd. Sunbury PA 17801 info@owensfarm.com 570-898-6060. Continental US only.

Stone Meadow Farms offers raw milk cheese from our grass-fed dairy. 100% grass-fed beef and pastured pork. Everything is raised outdoors and rotated on pasture with no antibiotics, hormones, GMOs or soy. **We ship cheese.** Woodward, PA (814) 349-5182.

ΤN

Echo Valley Farm, Madisonville, Tennessee Organic grass fed, herd shares for raw milk, raw cream, raw butter, raw yogurt, raw kefir, beef and raw pastured free-range eggs. Our herd share owners have enjoyed a 100% safety record for over 15 years. (865) 399-8320 www.echovalleyfarms.net.

Martin Family Farm, nestled in the rolling foothills of the Smokies, offers a wide variety of fresh in-season food. From our pastured meat chickens, grassfed beef, organic, soy-free pork and grassfed lamb, to our several acres of intensively managed, permanent-bed gardens, and our 100% grassfed raw milk, 10-cow Jersey dairy, we find great fulfillment in providing nourishing foods produced in a healthy, diverse, vibrant and flourishing ecosystem. Come see us at: Martin Family Farm, 959 Country Road 423, Athens, TN 37303.

VA

Grass fed Farm Fresh food to help you achieve vibrant health by enjoying high quality, nutritious, 100% grass fed raw dairy from sheep and Jersey cows. 100% grass fed/ finished beef and lamb, Soy Free pasture raised pork, turkey and chicken, and lots more. Order online and utilize our convenient home delivery or pick up locations. Shop farmmatch.com/pleasantpastures or call (717) 768-3437.

RUCKER FARM, Flint Hill, Virginia. Multigenerational family farm. Isabelle and Garrett Heydt raise pastured non-GMO chicken, turkey, pork, and grassfed beef. Contact Info@ ruckerfarm.com. Visit www.ruckerfarm.com for ordering details for farm pick-up/local drop-sites. Join our newsletter!

Salatin family's Polyface Farm has salad bar beef, pigaerator pork, pastured chickens, turkeys and eggs, and foragebased rabbits. Near Staunton. **Nationwide delivery available**. Call (540) 885-3590, polyfacefarms.com.

WI

Glyphosate-free farm offers high quality 100% chemical free spelt berries and spelt puffs. Our products are grown on our organic farm and tested glyphosate free. **We can ship** our products to your doorstep. We offer a wholesale discount to retail stores. For information write to: William Yoder 17334 County Highway D, LaFarge, WI 54639.

WY

Meadow Maid Foods, 100% grass-fed, grass-finished beef. On pasture year-round at the family ranch in Goshen County. Production practices detailed on our website. Custom beef, Cheyenne farmers markets and local delivery. (307) 534-2289, meadowmaidfoods.com!!

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Internships: 300-acre family farm in Live Oak, Florida with 20 years of success and over a half million in gross sales wants to share their success secrets. We have on-farm housing to rent and classes in butchery, cow and goat milking, pastured poultry, pigs, permaculture, gardening, silvopasture and broad acre food forest, and more. We offer internships with hands-on experience for a weekend, week long, month or 6-months. Contact us for prices and bookings thisisdennis@startmail.com.

Small Farm Position Available: Off-grid. Self-Reliant. Riverside Permaculture Homestead in Humboldt County, northern CA. Offers room and board plus expenses and stipend to milk and process dairy products from one Jersey and Guernsey due in June.

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DVDS/ON-LINE VIDEOS/BOOKS

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!

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FARMING VENTURE/LEASE/SALE

Christian homesteading couple in their 30s with two children, seeking connection with a senior farm couple who needs a family to continue working the farm. Willing to relocate. Miller Family 15564 Hemlock Point Road, Chagrin Falls, Ohio [44022] miller.irene48@proton.me (440) 321-0935

Northern Michigan small grass-fed beef operation for sale; cattle and equipment. Could lease pastures for the rest of this year. Call Bob (231) 649-1122.

For sale: Weston Farm in Glen Arm, Maryland, 73 acres of pasture, forest, fields, gardens, creek and views located in preserved Long Green Valley, MD. Former award winning sheep farm, perfect canvas for a new generation of talent and ambition, endless agriculture potential. Three homes featuring over 10,000 sq ft of living space and over 12 bedrooms total and many outbuildings. Poultry, dairy, sheep, vegetable gardens, food production are all possible. Very rare property in the greenbelt, 3 owners in 120 years. Contact Michael Sutton, Realtor Berkshire Hathaway Homesale Realty Office: 410-583-0400 Cell: 410-258-8664; Licensed in Maryland.

RESEARCH/OUTREACH

Do you have a child with a chronic health or developmental condition? Documenting Hope invites you to join Healing Together, a private online community where parents and caregivers can connect, support one another, find resources, and embark on a healing journey together. https://healing. documentinghope.com/register/.



SERVICES

Urgently Needed: Dental Help. Woman 75 years old with a very small fixed income. Amalgam tattoo inserted 50 years ago. Decay, missing teeth, chronic sickness. I stay in Texas and CA with family. Could Airbnb near dentist. Magathy88@yahoo.com.

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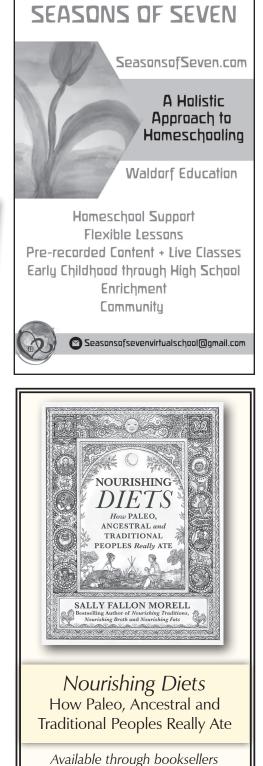
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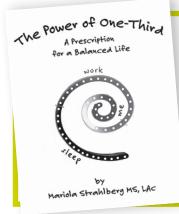
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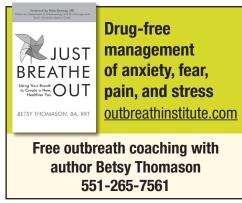
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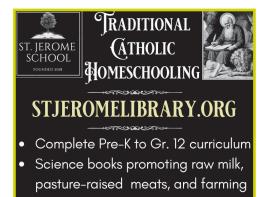
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2025

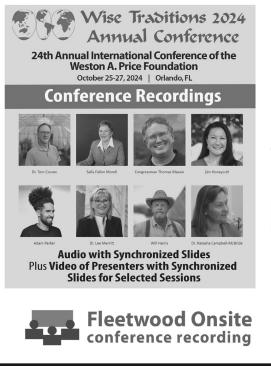
- MAY 18BRANDYWINE, MD: Nourishing Traditional Diets: The Key to Vibrant Health and The Contagion Myth
by Sally Fallon Morell, at P.A. Bowen Farmstead. CONTACT: westonaprice/pabowen
- JULY 25-26 GAP, PA: Family Day at the Farm featuring Sally Fallon Morell 5 8:30 PM Friday evening and also on Saturday. Ely Stoltzfus Farm, 362 School Lane Road. Donation at the door.
- AUGUST 4-5 SAN MARCOS, TX: Southern Family Farmers and Food Systems Conference featuring over 50 speakers. CONTACT: southernfamilyfarmersconference.org.

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