

Wise Traditions

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IN FOOD, FARMING AND THE HEALING ARTS

A PUBLICATION OF THE WESTON A. PRICE FOUNDATION®



Education ♦ Research ♦ Activism
westonaprice.org



Volume 25 Number 2

Summer 2024

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Joan McGovern Tendler warns against gossypol and other toxic cottonseed oil ingredients

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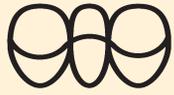
The Weston A. Price Foundation is a nonprofit, tax-exempt charity founded in 1999 to disseminate the research of nutrition pioneer Weston A. Price, DDS, whose studies of isolated nonindustrialized peoples established the parameters of human health and determined the optimum characteristics of human diets.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

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

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

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

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

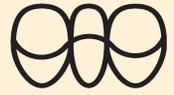


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President's Message

Health officials are now “advancing” preplanned “vaccines” for the bird flu. In order to “prepare” for the next plandemic, they aim to create almost five million H5N1 avian influenza shots along with a propaganda campaign to convince the populace to get injected, once again, against a “highly pathogenic” illness.

Why? Because some cows in the industrial dairy system seemed to have had the “flu” and produced less milk than normal, while three dairy workers came down with conjunctivitis (from which they soon recovered). Oh yes, and some cats on a dairy farm were found dead. Press releases and news reports are working these mundane events into the next health crisis, one that will require mass vaccinations, face masks and, above all, strict avoidance of raw milk and raw milk cheese. So great is their concern for public safety that their warnings stress the dangers of giving raw milk to our dogs and cats.

And how do these officials “know” that the cause of these events is a bird flu virus? Because they have used a bogus test called the PCR; when set at thirty cycles (doubling the amount of genetic material thirty times), the likely result is negative; when set at forty or above, the likely result will be positive. How easy to blame the illnesses on a virus when you can get the results you want!

What else could possibly cause these illnesses? Could it be something in the feed, such as cottonseed meal—see page 19 for Joan Tandler's eye-opening article; or a contaminant in the water; or recently installed 5G or Wi-Fi in the dairy barn (for reading the chips in their collars); or even dirty electricity (see letter, page 11). Or, maybe the cows were just too old—the average lifespan of a dairy cow is only forty-two months.

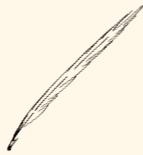
As for the workers, conjunctivitis is a sign of vitamin A deficiency, and exposure to toxic chemicals rapidly depletes vitamin A. What are they spraying in these dairies? Is the air full of toxins like hydrogen sulfide, ammonia, methane, esters, carbon monoxide, sulfur dioxide and nitrogen oxides from the breakdown of fecal material?

As for the cats, many things could have killed them. I'm voting for toxic flea bites. Runner up is eating rats killed by rat poison.

It will be interesting to see how far they get this time. How many people will line up for their bird flu vaccine, revert to mask wearing and social distancing? More importantly, what measures will health officials impose and how will the public react? Yes, it's going to be an interesting year, but one thing is certain: none of this has hurt raw milk sales, which by one estimate are up 65 percent since the inception of the Great Bird Flu Scare! 



Letters



OVER ONE HUNDRED GALLONS PER WEEK!

In 2007, I started a private buying club bringing raw milk to our community. I started with five members. My friend Greg would pick up ten gallons every two weeks for them.

Fast forward seventeen years, our private buying club consists of eighty-five “cow share” members who currently obtain one hundred ten gallons per week from our dairy farmers producing “organic” raw milk from Jersey cows that are 100 percent grass-fed. These dairy farmers sold their organic raw milk to Organic Valley for many years, but two years ago they decided not to renew that contract because the organic certification papers were going to cost them twenty thousand dollars per year. They prayed about making that decision and decided to trust God to bring them local customers. Since then, their business has flourished. And they are thrilled to have our business as we are their largest customer.

One of our members and her husband started a private school several years ago. They were interviewed at a WAPF conference. I approached her to offer wholesome and nutritious organic raw milk to the parents. We conducted a Zoom presentation for some of the parents. And numerous parents have become members and purchased cow shares.

I am approaching two other private schools with the intent of educating the administration on the benefits of raw milk for their students.

Who would have thought that what started with five members and ten gal-

lons every two weeks would turn into eighty-five members and one hundred ten gallons of pristine raw milk from Jersey cows that are 100 percent grass-fed? I have been steadfast, diligent and consistent to achieve these results. I am just the steward. God is my co-pilot!

By the way, I may be the oldest chapter leader. I will be eighty-five in July. Except structural scoliosis, I am in good health with no reason to be on prescription drugs. My diet is raw milk, butter, cheese, kefir and yogurt; grass-fed, grass-finished meat; organic chicken; wild-caught fish; organic vegetables and fruits; and sprouted nuts and seeds. I bake sourdough bread with ancient grain flour from Italy and order my pasta and other Italian foods from cookingwithnonna.com. I take whole food supplements and herbs to supply my body with anti-aging nutrition.

When someone speaks of getting old, my response is: “Age is a matter of mind. And if you don't mind, it doesn't matter.” I believe that Mark Twain said something similar. And Lauren Bacall used the phrase as well.

Maria Parrino, Chapter Leader
Asheville, North Carolina

GRATITUDE

As I eat my first meal of the day, I always acknowledge three things I'm thankful for. Today, the first one was: I'm thankful for Weston A. Price, who had the wherewithal to notice that cavities and dental problems were escalating, and then to question whether perhaps this was related to our industrialization, and then to go around the whole earth and see whether the

displacing foods of modern commerce were related to our ill health!

Wow! That's one courageous guy! Dr. Price was a person who followed through on his ideas!

Then as I was eating my meal, it dawned on me that pretty much nobody (me included) would have known of this were it not for our Weston A. Price Foundation! I am so grateful to everyone at the Weston A. Price Foundation who has devoted their time and energy to my health! (That's the way I look at it. I take it personally.) Love and blessings to the staff, volunteers and all of us members too!

Nyla Blair
Santa Rosa, California

ALWAYS WANTED RAW MILK

I just found your website and organization, and I love it. I am a forty-nine-year-old mother of one who lives in Buffalo, Minnesota and wants to drink only raw milk. For years I have been writing to elected officials, trying to get raw milk at a minimum for sale at farmers markets, coops and health food stores. I have begun to regularly write the FDA and CDC, pointing out their lies. With the one-hundred-year anniversary of pasteurization, their websites have gone to a new level of celebrating this and ripping on raw milk.

Recently, I found a Facebook group about Minnesota farm products. Several questions surrounded raw milk; people are looking for it, but having a hard time finding it, especially in urban areas. I live near farms, but until discovering this Facebook page, I could find it only from a few sources. Now



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there are several more sources nearby. However, we still cannot get other raw dairy products.

For me, raw dairy is extremely important. I have temporal lobe epilepsy (where I stare into space or walk around without being aware). In a typical month, I have one to four of these episodes. I also have vasovagal syncope and allergies. I have a pacemaker because at times my heart rate drops suddenly, often when working out. I've tried over thirty meds and med combos without change. I also have a VNS (vagus nerve stimulation) implant.

While looking into natural cures, I discovered that calcium has been found to help people with seizure disorders, as do B vitamins. B vitamin levels are lowered to almost nothing on my seizure drugs. Because of this, I started drinking raw milk when possible. I definitely can't promise that raw milk is a cure, but so far I've found when drinking a minimum of one quart of raw goat or cow milk a day, I have never even had brain fog. I also have more energy. But unless I figure out how to make it myself, I still use store-bought pasteurized butter and cream.

Due to my epilepsy, I work from home and cannot drive, so getting raw milk from locations far away is tough, especially when there's work, school, sports, activities and coordinating schedules with farmers. But now with a few more options, I hope it will be easier. It's also more expensive. One gallon of raw cow milk is eight to ten dollars, and one gallon of raw goat milk is twelve dollars in our area. But, it's worth it.

One of the farms I get raw dairy from also sells to Organic Valley. I can either go to the farm with my containers and pay eight dollars, or I can have it go to the pasteurizing plant in trucks, go through the pasteurizing machines, taken to a packaging facility, put in a container with a label, shipped to stores, put on shelves and pay six dollars.

Bioengineered products are proven to trigger my seizures. If I am in the hospital for testing, drinking diet coke brings on seizures immediately. Even certain scents found mostly in commercial cleaners and laundry products can trigger them. Sharing that info with the FDA brings zero response; they still approve aspartame and sucralose, knowing the bad effects. Yet they say, "There are no benefits to drinking raw milk."

The CDC and FDA were recently touting breastfeeding and breast milk. Every argument they made was the exact opposite of the argument they made about raw milk. I sent them an email stating they need to take the same position on raw milk as they do on breast milk. Here is part of the answer I received:

"Raw milk and raw milk products from cows, goats, and sheep can carry harmful bacteria and other germs that can make your child very sick and can be life-threatening. Raw milk can also be called unpasteurized milk. Do not give your child raw or unpasteurized milk. The recommendation to not provide a young child with unpasteurized milk is due to the harmful bacteria that could lead to life-threatening illness" (CDC, 4/30/2024).

My hope is that others also call them out on this. In our conversations, even as I've given them statistics using their own sources on how safe raw dairy is, they've told me I am killing myself by drinking raw milk and risking my life every day. I tell them there's a 100 percent chance I will get sick using many of the products they have approved, and not even a fraction of a percent chance raw dairy will cause an illness.

I thought my story may be of interest. Keep up the good fight. People are praying for you!

Elizabeth Husom
Buffalo, Minnesota

FOR A DEEPER UNDERSTANDING

I would like to pass on a couple of hard-won insights that some readers of this journal may find helpful. I make no claim of originality for either of these, but it can't hurt to make an effort to further a deeper and more conscious understanding of them.

The first has to do with a concept related to the well-known one of the "active ingredient." This is the complementary concept of the "inert ingredient." Confusion is often created around this term due to a failure to distinguish between two different senses of the word "inert." One sense, the most common, is meant to convey a meaning along the lines of "nontoxic or nonreactive." The less common sense, and the one that is generally meant in this context, means something more like "not directly related to the functional intentions of this product."

So, for example, a prescription

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medicine could list a particular ingredient as inert, using the second sense, even though the very same substance is toxic to the human body according to the first sense. This mixing up of meanings is what often causes confusion. “Inert,” in this context, should never be automatically equated with “safe,” yet it often is, and exploiting this confusion is no doubt a conscious intention on the part of many producers and purveyors of such products.

The second insight has to do with something that has in my opinion played a major role in the widespread acceptance of Ancel Keys' lipid hypothesis. A more or less unconscious analogy with physical plumbing is the culprit here.

When you eat a baked potato or a steak, you are not likely to worry about those substances “clogging” your arteries. Yet many of us, if we eat something

dripping with butter or lard or coconut oil, are far more likely to worry along such lines. Why is this?

What has the greatest tendency to clog our kitchen plumbing? Fats. Most of us are not in the habit of dumping uneaten or partially eaten steaks or potatoes down the kitchen drain, at least not without running the garbage disposal unit, if we have one. We do know, however, from direct experience what will happen if we repeatedly pour bacon fat, for example, down the drain: we will clog the pipes.

The problem with this analogy, of course, is that human beings are not fundamentally merely physical aggregations of pipes; we are organisms with a unique and, in many respects, poorly understood physiology. Anything we eat, if it is to be assimilated by our bodies, has first to be metabolized, that is, overcome by the forces of our diges-

tive system. Whether potato substance, steak substance, butter substance, or what-have-you, it must be converted into human substance in order to be assimilated. Any foodstuff that fails to be so converted will be attacked as an invader, as we can see in leaky gut syndrome and various autoimmune disorders.

From this perspective (one that accepts that the human being is an organism rather than a mechanism), we should have no qualms about consuming a food strictly on the basis of its characteristics outside the human body. Concerns of this kind, unconsciously reified, seem to have played a major role during the past sixty years or so in making the average person frightened of eating any fat that even approaches being solid at room temperature. And of course, as the editor of this journal has pointed out in the past, the human body

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is much hotter than room temperature anyway.

Lurking beneath all this is an even more insidious reification: the mind/body split inaugurated by Descartes four hundred years ago. Rather than recognizing this seeming split as only apparent, that is, as a symptom of the peculiar nature of human consciousness, Descartes (and almost everyone following in his wake, up to this very moment) projected it into the world, where it has created all sorts of problems ever since, including the long-established and seldom adequately questioned habit of treating everything (including the human body) as if it were a mechanism. If we can become more conscious of this habit, and what drives it, we will be far less likely to keep making the same mistakes that have already caused so much mischief and misunderstanding in the practice of science.

Andy Shaw
Frederick, Maryland

IMMUNITY FOR THE CHEMICAL COMPANIES

In Iowa, Bayer is lobbying for a bill that would make it almost impossible to sue the chemical companies for harm from Roundup and other agricultural chemicals. The fact that this legislation (SF2412) has been brought up in a backdoor, last-minute fashion, clearly identifies how corrupt the leadership of the Iowa legislature is in Des Moines. This legislation violates the constitutional rights of the citizens of the state of Iowa, which are granted in the Seventh Amendment of the Bill of Rights

in the U.S. Constitution. The elected officials that are advancing this legislation have clearly prostituted themselves to pharmaceutical/chemical companies.

There are vast amounts of peer-reviewed and published, independent scientific studies documenting the numerous adverse health effects that glyphosate and other synthetic chemicals have on humans and animals. There is also a substantial amount of evidence that Monsanto (which is now owned by Bayer) colluded with corrupt EPA officials in hiding the truth about the cancer-causing effects of glyphosate herbicides.

In previous subcommittee meetings on this issue, the members voting to advance this legislation have stated it is for economic reasons. That is certainly a true statement because passing this legislation will generate massive amounts of money for the chemical and pharmaceutical companies. The strategy seems to be: make people sick with known poisons and then sell the medicine to treat the sicknesses, not heal them.

Any elected official voting for this legislation should ask themselves whether they really want to sacrifice the health of their children and grandchildren on the altar of the chemical companies? I have not seen a single comment in favor of this legislation online.

Howard R. Vlieger
Maurice, Iowa

DIABETES EXPLOSION

My eye just caught the article, “Why We Need A High-Lysine Diet,”

by Joan McGovern in the *Wise Traditions* journal (Summer 2023). I saw the section she has on metformin and how a high-lysine diet accomplishes the same things as metformin, without the side effects. This article is providing a strong ray of hope for my mother and me. Has WAPF seen a connection between the rise of diabetes and 5G? I live in New York City, and cellphones are everywhere. In 2019, we saw the rollout of 5G in NYC, and then the hit of the pandemic in 2020. It was my awesome friend WAPF that gave me and my mother the strength, courage and knowledge to navigate the pandemic. The journals during that period were spellbinding, opening my eyes and understanding. Your writers, their research and expertise, and your courage are a testimony to truth finding a way.

I have spoken with a person who works at a large pharmacy, not sure if he is a pharmacist or one of the assistants. In any event, he sees all the prescriptions and knows what is going on. He told me about the explosion of diabetes. It makes sense that the stress to the body from 5G could be a factor in causing diabetes. I’ve just gotten some results back indicating I am pre-diabetic. However, I eat a very healthy WAPF diet. My mother was diagnosed with full-blown diabetes last summer. I have friends who are now pre-diabetic. I have long been suspecting this damage is happening to all of us in the epicenter of these frequencies. And I very much want to relocate to someplace where there is no 5G.

What amazes me about WAPF is that people through their suffering are

Letters

sharing the good news of food as our “medicine” and many other ways to guide us as well.

I follow the WAPF guidelines about broth, organic butter, grass-fed meats, and organic veggies. However, for quite a while I did eat chocolate (two squares a day), and I do love coffee and tea (I used to have two cups of some kind of caffeine per day). Oh yes, and wine, probably two to three glasses per week.

I was drinking raw milk, but have not for over a year as I am still trying to get to a farm to purchase it. I do make my own kefir with the grains and milk from Oak Knoll Goat Milk (yes, it is pasteurized). It is not easy for me to drive to a farm, but it is still a goal!

So, I am not a model WAPF. But I treasure WAPF as a source of truth, of honesty, and Mother Nature and God-given ways of healing. I spend hours making broth and cooking forever in

the kitchen! I take care of my ninety-nine-year-old mom, and dinner is an event!

Also, I do realize 5G is a part of our planet no matter where we are, and upstate NY might be more practical.

Terry Heller
New York, New York

A LIFELINE DURING THE PANDEMIC

Early on during the pandemic I discovered the Wise Traditions Podcast. It became one of my lifelines during that time. Most of the information from the podcast resonated with me, and other things made me think outside my box and question things in a good way. I listened to many of the podcasts over the next several months. Then in 2021 I was led to attend the annual conference. I signed up; even though I wasn't sure how I was going to pay for it all, I

trusted it would work out. And it did! I ended up winning a ticket to the conference and had enough frequent flier miles to cover my flight and enough credit card points to cover my hotel room.

The conference was wonderful! I met people right away. I felt very comfortable and no one wore masks! Not even the staff at the hotel. It was awesome! Soon after the conference I looked into becoming a chapter leader for our area. So, I filled out the application and worked on my resource list. I had a small gathering of women come to my house in November to explore the idea. Then, in January of 2023 we had our first meeting. We have been meeting monthly ever since. This month we had forty people attend!

It was a good thing for myself and my community that I stepped out of my comfort zone to start a chapter in Princeton, Minnesota. And to think that it all started from me listening to a few podcasts. Thank you for such a wonderful podcast! I am a dedicated listener.

Robin Suhsen, Chapter Leader
Princeton, Minnesota



BOARD MEMBER
and WAPF SECRETARY
CHRISTINE MULDOON
VISITS THE WAPF OFFICE

Left to Right:
Christine Muldoon,
Tim Boyd,
Hilda Gore,
Sally Fallon Morell,
Kathy Kramer
and Yolanda Hawthorne

A NEW KIND OF COFFEE SHOP

Apparently coffee shops are where it's at!

I remember a number of years ago Sally Fallon Morell mentioning that she dreamed of the day when kombucha would be readily available while traveling. Many times now while traveling, I do find kombucha offered at coffee shops, along with the traditional fare you expect to see. But recently, I was

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surprised to see that we have made another step in the right direction.

At the beginning of October, I drove to Montana for a wedding. On the way back home we needed to drop off my brother and sister-in-law in Bozeman, and we decided to grab a quick bite for lunch. My sister-in-law's mother recommended we meet at the Farmer's Daughter (farmersdaughtersbzn.com) as she likes their salads. It's a small deli/coffee shop, and I wasn't surprised to see kombucha offered, but I was shocked to see homemade bone broth on the menu! And it was super yummy!

A few weeks later we hit the road to drive to the conference in Kansas City, Missouri. We stopped for a couple of days in Fort Collins to see our daughter. My husband still needs his coffee hit every morning so we walked a few blocks to Old Town Fort Collins to a coffee shop my husband found while searching for nearby coffee shops (exploradomarket.com/) Such a surprise to see bone broth on the menu! This particular shop is also a gluten-free bakery that also uses no seed oils.

Another coffee shop nearby that my daughter has frequented also serves kombucha and has a refrigerated sec-

tion offering local farm fresh eggs and produce for purchase.

There is another coffee shop in the small town of Deer Lodge, Montana; although the sourced ingredients are not the quality that we would hope for, they cook their breakfast burritos and sandwiches from scratch. I was surprised while we waited for my husband's order to see real salt, not table salt, on the tables. I have only been in one other restaurant (a local one here in Coeur d'Alene) that has real salt in the shakers on the table.

It's encouraging to see how far we have come and the offerings that can be found at independent coffee shops and small eateries now!

Barbara Geatches
Rathdrum, Idaho

BIG IMPROVEMENT

I wanted to take the time to say thank you. I received another text from my mother this morning telling me how her doctors are so impressed with how healthy she has become. She was on all sorts of diabetes and cholesterol medications just two years ago. I remember telling her in the hospital—after her legs were twice the normal size with

large oozing welts, her blood sugar level sky high and being fed the hospital food of orange juice, white bread with jam and eggs—that she would die if she stayed in there.

We left and she adopted the WAPF principles wholeheartedly. She's now eighty and off all meds. Yes, she has some issues here and there, but overall, she is thriving. I write this because I know sometimes I feel discouraged as a chapter leader for various reasons (and guessing others do, too) and I am sure the WAPF office staff sometimes feels overwhelmed.

But my purpose in writing is to say thank you; thanks to all chapter leaders who try their best to share the information, to the office staff who keep things running smoothly and manage all tasks big and small. You never know whose life is going to be saved with this information. Thank you, thank you, thank you. So grateful for the WAPF.

Anya Adams
Sarasota, Florida

LYME DISEASE

As a Lyme patient I found your article on Lyme disease (Winter, 2023) quite demoralizing. Yes, Lyme disease is a complex disease, not well understood and lacking in one-size-fits-all diagnostic tools and easy treatments. Yes, mainstream medicine is corrupt and uncaring, dispensing unsafe, ineffective and toxic meds, and completely failing to deal adequately with the skyrocketing rates of chronic illness. But to completely dismiss the role of pathogens in causing disease generally and *Borrelia burgdorferi* in causing Lyme disease is also irresponsible and



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Letters



a great disservice to those with chronic illness.

Right thinking and right living are all many people need to maintain health and treat illness, but not all people are so fortunate. For example, many people with Lyme disease also have mold illness. Genetic testing shows that many of these Lyme/mold patients have the HLA genetic mutation which results in their bodies being unable to make the protein needed by the immune system to mark biotoxins for elimination. This creates major deficiencies in detox and immune function. However perfect their diet, lifestyle and attitude, these people are going to have a serious problem dealing with pathogen and toxin exposures which would be a minor bump in the road for someone to whom fate had dealt a more favorable genetic profile. There are many other genetic mutations affecting the body's ability to maintain health, of course, and depending on how many mutations and how serious they are and how they interact, some people are just going to be prone to developing chronic illness. They are going to have challenging lives as a result, but still deserve respect, support, understanding and safe, effective treatment.

Where does this article leave patients seeking help in treating chronic Lyme disease? If their disease state is mostly a result of poor diet and lifestyle, then maybe all they need is some common sense changes to improve. If they have compromised immune/detox/methylation/etc. systems, though, they will also need to address the pathogens. And since these pathogens hide out in the body and recur in times of

stress, they will always need to be on the alert and ready to treat these recurrences. The late, great Stephen Harrod Buhner has received mention in *Wise Traditions* and on the westonaprice.org website in the past. He has written an amazing series of books on Lyme and its confections. He has come up with effective natural (mostly herbal) treatments based on his extensive reading and knowledge of the research into the Lyme pathogens and how they operate, as well as many years of clinical experience using herbs. Treating chronic Lyme will always be a challenging project, but finding out which pathogens you are dealing with, how they operate in the body, and what the research shows about how they respond to various treatments is critical info to have. The fact that Buhner's protocols lead to improved health and improved test results for the pathogens being treated indicates to me that identifying, understanding and treating the pathogens is important. As the old saying goes, the proof of the pudding is in the eating.

Mainstream medicine mostly does not like chronically ill patients. They do not understand us and do not have any effective and safe treatments for us. They are used to being treated like gods and feeling like gods. When they fail to help us and cause us to search out alternative medicine, they feel inadequate, threatened, angry, dismissive. Where the "professionals" lead, the masses will follow. Slowly, chronic illnesses are being recognized with diagnoses and some level of legitimacy, but the decades of denial by the medical community have left society with the feeling that our symptoms are a joke and "all

in our head." We are too often thought to be "hypochondriacs." Children and women especially are thought to be "looking for attention."

To see the title "The Lyme Disease Lie" on the cover of *Wise Traditions* just feels like more of the same: "There really isn't anything wrong with you. You just need to eat right and live right." Very discouraging. And this on an enlightened website where in the past I have seen Thumb's Up reviews of Stephen Buhner's books and other mentions of his helpfulness!? The message of "The Lyme Disease Lie" seems very similar to what I experienced with mainstream med: everything about your illness isn't cut-and-dried and nice and neat, so therefore it doesn't exist!

I am familiar with the germ versus terrain debate. The terrible mistake Western medicine has made in overlooking the importance of the terrain has been a great tragedy in so many ways. But let's not make the mistake of jumping from one extreme to the other in correcting that mistake. Knowledge of both terrain and microbes has a role to play in maintaining health and treating disease. Microbes, beneficial and pathogenic, play a big part in our lives and our health or lack thereof. We do not live in the Garden of Eden. We are under constant assault by toxins, EMFs, pathogens and stresses of all kinds. Nobody has a perfect terrain in the modern world. Yes, do everything you can to lessen your exposure to toxins. Everyone should do their best to give their physical body all the help they can in maintaining their health, and do what they can to encourage others and society to join them in creating a



Letters



healthier, happier, more peaceful world. Maybe we can get back to the Garden someday. In the meantime, those who are suffering and need help in addressing the pathogens that underlie their chronic illnesses should not be shamed or belittled or ignored, but receive the help and treatment they need.

Anonymous

The article by Samantha Bailey was not meant in any way to disparage the suffering of those diagnosed with Lyme disease, but to encourage patients to seek alternative non-toxic treatments, just as you are doing, rather than treat with antibiotics. And alternative treatments, such as herbal remedies by the late Stephen Buhner, can work, even when the explanation for how they work is faulty.

RAW MILK FOR AUTISM

I have an eighteen-year-old son who was diagnosed with autism at age two. We witnessed a vaccine injury from the MMR. He had been developing normally and then lost motor skills and language and began to have gut issues and developmental regression. At that time he also began to have staring spells and we found out he was having abnormal EEGs around age four.

As an involved and dedicated mom, I did all the research I could and found that GFCFSF (gluten, dairy and soy)-free diets were helpful for healing. My son made some healing progress but still continued to be non-speaking and struggled with motor planning (apraxia), and the absence seizures continued. We did the GAPS diet but were

always afraid to add in dairy, as many functional medicine doctors, including the one we saw, warned against dairy products of all kinds, even raw dairy due to CFD (cerebral folate deficiency).

Our son's symptoms remained the same until age eleven when he began having convulsive seizures in clusters. It was frustrating as we felt like we were doing all we could yet he continued to have these seizures and his symptoms got worse as puberty progressed. It is important to note that he has not received a vaccine since age one.

We had been giving him leucovorin calcium since age five, but it always seemed to make him agitated. We were driven by fear and began using seizure medications to treat the convulsions, but it always seemed to make things worse for him overall. We were also using CBD and chiropractic, but he continued to have more and more seizures and agitation. The plandemic didn't help that either.

He is now eighteen and has been seizure-free since September 2023. We began weaning him off seizure meds last summer in addition to the leucovorin (without the support of any of our allopathic medicine providers—but with the support of our chiropractor, homeopath and functional medicine doctor of osteopathy). He has been off all prescription meds since September. We added in raw dairy products and some herbals; he is still gluten and soy free. He is doing the best we have seen him in years. However, many in the autism/epilepsy community continue to believe that even raw dairy will cause seizures. We have living proof that this

is not occurring.

A study published in *Developmental and Medical Child Neurology* (2008 May; 50(5): 346–352), titled “A milk-free diet downregulates folate receptor autoimmunity in cerebral folate deficiency syndrome,” is cited all the time in the autism community as a reason not to give raw milk to those who suffer from autism. I often wonder whether it is just the pasteurized dairy used in the study that lacks the enzymes and probiotics that leads to this issue. Do you have any studies to counter this?

Anytime I tell fellow autism/epilepsy parents about my son's improvements on raw dairy they refer to this study and talk about sudden death from epilepsy. Just curious about your thoughts and if you have any good information to share with them.

Vanessa Surprise
Oceanside, California

There is a huge difference in the effects of raw versus pasteurized milk. The proteins in pasteurized milk are so damaged that they can indeed provoke seizures. But we have had many reports of autism patients improving on raw milk.

IRON BY IV

In the last issue, you published my letter on the crisis in midwifery practice. Right now, I am focusing on the dangers of iron supplementation during pregnancy.

Our world has gone from accepting dangerous food fortification to becoming comfortable with oral iron supplementation, and now the current trend,

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which is spinning out of control, is to give iron IV “therapy” in pregnancy. We are simply heading further away from normal.

Iron feeds nearly all pathogenic bacteria. The medical world is identifying low ferritin levels as “iron deficiency anemia.” Yes it is. But why? It is because of the innate immune response that triggers ferritin to grab iron and hide it within body tissue to protect the body from inflammation. So what are they doing? Giving more iron!

There is no active mechanism to remove excess iron from the body. It will either be used to make hemoglobin or stored in body tissue or eaten by pathogenic bacteria leading to either dysbiosis, infection or an inflammatory state of degenerative disease. But, we give more.

The foods of civilization have grown to include iron fortification. Scary.

Name Withheld

DIRTY ELECTRICITY

I have been studying “dirty electricity” and reading Dr. Sam Milham’s book *Dirty Electricity* to understand it better.

Dirty electricity is simply electrical noise in the power lines coming into a building. It is caused by nearby motors, generators, fluorescent lights, LEDs and appliances. It travels in the ground. It can be remediated with special filters. greenwavefilters.com

I came across an interesting article where Dr. Milham found that dairy cattle in milking barns are very sensitive to high levels of dirty electricity

that come from overhead fluorescent lights. The quote below is from the article.

“The first to notice the effects of increasing ground current levels were dairy farmers. The effect of electric power quality and ground currents on health and milk production in dairy cattle has been studied. After that study, some of the original twelve study farms continued to monitor power quality on a real time basis with an oscilloscope connected to two sixteen-inch square metallic plates which were grouted into the milking parlor floor 1.5m apart during the original study. In July 2015, milk production dropped suddenly with deteriorating monitored power quality at one of the study farms. The problem was traced to two new recently installed lamps from T8 Fluorescent Lights. The new lights were different from the older lights in that they contained modern electronic ballasts. The lamps caused an increase in the voltage measured in the milking parlor floor, and an increase in dirty electricity (high frequency voltage transients) in barn wiring. Turning the lights off restored milk production. Replacing the new fluorescent lights, which caused the drop in milk production, with two light emitting diode (LED) lamps fabricated to prevent radio frequency (RF) emission and dirty electricity, permanently restored milk production to levels seen before July 2015.”

Dirty electricity can also extend underground and affect dairies a quarter of a mile away. To quote Dr. Milham – “. . . after Dave Stetzer filtered (remediated) the dirty electricity in

a Midwestern school, a dairy farmer a quarter of a mile away noticed that his cows each gave an average of 10 pounds more milk per day beginning the day the school was filtered. The cows responded to dirty electricity being removed from the ground currents.”

I wonder whether readers of this journal might want to know this information if they are dairy farmers! Here is a link to the article: sammilham.com/lighting%20paper%20pdf.pdf

Jackie Hunt, Blogger
MyHunt4Health.com

NORMAL INSULIN AFTER FOLLOWING OUR DIET

Thank you for all you do! My twelve-year-old son no longer has low insulin (they thought he was becoming a type 1 diabetic). Now his insulin is normal thanks to following your dietary suggestions these past six months. I wish I had found out about you earlier!

Keep up the incredible work you do!

Jeannette Black
Abilene, Texas 

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

BRIBERY

During the Covid fiasco, Anthem Blue Cross and Blue Shield provided “incentives” to doctors to give patients the Covid shots. According to an Anthem document to physicians, “Getting vaccinated against COVID-19 is one of the best and safest ways people can protect themselves and their families against the virus. As a participating practice in the COVID-19 Provide Vaccine Incentive program, we recognize your hard work by offering incentives for helping patients make the choice to become vaccinated.” These “incentives” were paid to the whole practice, not individual doctors. If by September 1, 2021, 30 percent of patients were vaccinated, all physicians received a bonus of twenty dollars per member. The bonus per vaccination went up to one hundred twenty-five dollars if 75 percent were vaccinated. Then for all newly vaccinated between Sept. 1, 2021 and December 31, 2021, the bonus went up to two hundred fifty dollars per patient if 75 percent of patients in the whole practice were vaccinated. Willing to forego your bonus payment because you don’t want to vaccinate your patients? The problem is that the bonus payments were based on the vaccination rate of the whole practice, so the peer pressure on you would have been enormous. Representative Thomas Massie was right when he said, “Your primary care provider was bribed to get you to take the jab” (notthebee.com, January 20, 2024).

ZERO EFFECTIVENESS

A team of four applied mathematicians on the faculty of Palacky University Olomouc in the Czech Republic has published a paper arguing zero effectiveness of the Covid shots. Published in the *International Journal of Infectious Diseases*, May 2024, the article is entitled: “Does the healthy vaccinee bias rule them all? Association of COVID-19 vaccination status and all-cause mortality from an analysis of data from 2.2 million individual health records.” Noting that vaccination bias led to the overestimation of Covid vaccine efficiency in observational studies, the authors concluded, “A careful examination of data appears to indicate that the COVID-19 vaccines failed completely in the primary task of helping people avoid death.” The authors note that data on vaccination often suffer from the cheap trick of miscategorization—the main one being to categorize people in

the first fourteen days after vaccine delivery as “untreated.”

HIGH IMMUNITY?

Two teams of researchers injected volunteers with various doses of various Covid viral “variants” with a view to making them sick, but not one of the participants succumbed. A study funded by the Wellcome Trust “failed to induce sustained infections” in any of the thirty-six volunteers, even at very high doses of the “virus” (*Lancet Microbe* 2024 Apr 26:S2666-5247(24)00025-9). In an earlier trial, conducted in the UK, none of the volunteers injected with the “virus” showed adverse effects, although the “virus” was subsequently found in about half the participants (*Nat Med*. 2022 May;28(5):1031-1041). The perplexed researchers cited “high immunity” in the volunteers to explain these results, rather than come out and admit that the so-called virus is a nothing-burger that doesn’t make people sick at all. . . and for which health professionals administered toxic injections to over half the world’s population, imposed lockdowns, closed schools and mandated breathing barriers in the form of face masks.

PLASTIC IN THE LUNGS

Wearing face diapers during the Covid-19 “pandemic” would save lives, health officials assured us. Except that they didn’t. A study published in the journal *Medicine* analyzed data from counties in Kansas, comparing the death rate in counties that imposed a mask mandate with counties that allowed their citizens to breathe freely. After accounting for confounding factors, the study author, Dr. Zacharias Fogen, found that the mortality rate was 52 percent higher in counties that mandated masking. One explanation—aside from the fact that masks block oxygen—is inhalation of microplastics from the masks. A team of scientists from Hull York Medical School found that the microfibers tended to lodge in the lower part of the lung; the most abundant types were polypropylene (PP) and polyethylene terephthalate (PET), the most common types of fiber found in surgical masks. One study found that re-using the masks (which most people do) increased the risk of inhaling microplastic particles. Microplastics also turn up in the blood and, in babies, at very high levels in meconium, baby’s first stool. The amount of PET in infant

Caustic Commentary

stool is ten times higher than found in adult samples. This suggests that the fetus is absorbing microplastics from the mother, and if the mother wears a mask during pregnancy, then her offspring will start life overloaded with microplastics (*Mercola.com*, May 25, 2024).

FEAR MONGERING

“New Evidence Supports Fear That Drinking Raw Milk Containing Bird Flu Viruses May Be Dangerous. . . mice that were fed milk from H5N1-infected cows became very ill. . . . After mice drink raw H5N1 milk, bird flu virus riddles their organs,” writes journalist Helen Branswell (*STAT*, May 24, 2024). In another Internet article, Beth Mole declares (*Ars Technica*, May 24, 2024): “Despite the delusions of the raw milk crowd, drinking unpasteurized milk brimming with infectious avian H5N1 influenza virus is a very bad idea, according to freshly squeezed data published Friday in the *New England Journal of Medicine*. . . H5N1 bird flu virus [was found] in their respiratory tracts, as well [as] their hearts, kidneys, spleens, livers, mammary glands, and brains.” Let’s make a few things clear. The researchers never “found” any virus through properly carried out isolation in the milk or other secretions of cows; they only “detected” various strands of genetic material, assumed to be “clades [ancestors]” or “resortments [mutations]” of the “virus” through worthless PCR testing. The “very ill” mice suffered from lethargy and ruffled fur. According to the Branswell article, the mice were euthanized on day four of the study “because we did not want to see mice die before [tissue] sampling. . . [and because] studies that involve exposing animals to potentially lethal pathogens do not allow them to experience lingering deaths.” Oh really? Lingering deaths from ruffled fur? Or maybe the researchers euthanized them to prevent them from recovering. Then they used the same bogus testing methods to find the pesky virus in all their organs. Based on this worthless research, officials have concluded that “mammary tissues of dairy cattle appear to be highly susceptible to the virus, with infected lactating cows shedding extraordinarily high levels of virus in their milk.” Fortunately, raw milk drinkers are not listening. Since March 25, when health officials began their fear-mongering about bird flu in dairy cows, sales of raw milk have increased 21 percent to as much as 65 percent compared with the same periods a year ago (*AP*, May 14, 2024).

GRAVY VINDICATED

Collagen is the glue that holds us together, comprising about one-third of all the protein in the body, and forming a major component of hair, bones, skin, digestive tract, joints and tendons. The amino acid glycine makes up about 28 percent of collagen, and glycine plays many additional roles in the body. Accumulating research indicates a myriad of benefits from glycine: extending life span, reversing the effects of aging, suppressing tumor growth, enhancing bone mineral density, improving blood sugar levels, improving sleep, reducing stress, supporting gut health, accelerating wound healing, supporting neurological function and—best of all—reducing wrinkles (*mercola.com*, October 2, 2023). As a result of all this research, we’re seeing well-muscled body builders touting the benefits of glycine supplements. Much better to follow the advice of jolly chefs and make gelatinous bone broth as a weekly routine. Then use it liberally in soups, sauces and gravies.

BORON BLESSING

Each age has its toxins. During the nineteenth century, the main toxin was arsenic (used in medicines, wallpaper, cosmetics and metal alloys); in the twentieth century it was mercury (used in medicines, amalgam fillings and vaccines). Today the primary toxin has to be aluminum, used in vaccinations, packaging and occurring at very high levels in infant formula, particularly in prescription formulas designed for infants with allergies and intolerance. The list of aluminum’s toxic effects is a long one: desquamative interstitial pneumonia, pulmonary alveolar proteinosis, granulomas, granulomatosis and fibrosis, toxic myocarditis, thrombosis and ischemic stroke, granulomatous enteritis, Crohn’s disease, inflammatory bowel diseases, anemia, Alzheimer’s disease, dementia, sclerosis, autism, macrophagic myofasciitis, osteomalacia, oligospermia and infertility, hepatorenal disease, breast cancer and cyst, pancreatitis, pancreatic necrosis and diabetes mellitus. One good antidote to aluminum toxicity is boron (*Toxics*. 2022 Aug; 10(8): 428), which helps remove aluminum from the body and protects against aluminum-induced damage. Moreover, the remedy costs pennies. Simply dissolve one teaspoon borax powder in a quart of water, and take one teaspoon of the borax solution every day.

Caustic Commentary

OK TO SALT

And be sure to flavor your gravy with salt! While the Internet is rife with warnings about the dangers of salt, a 2021 study published in *Nutrients* (2021 Jan 19;13(1):269) finds that such advice should be taken. . . with a grain of salt. “Higher Intakes of Potassium and Magnesium, but Not Lower Sodium, Reduce Cardiovascular Risk in the Framingham Offspring Study” looked at the dose-response relations of sodium, potassium, magnesium and calcium intake with cardiovascular disease (CVD) risk. What they found was that higher intakes of potassium, magnesium and also calcium were associated with lower cardiovascular risk (the calcium association was non-statistically significant), but lower sodium intake was not associated with a lower risk of CVD. Those who consumed 3500 mg sodium (about 9 grams salt) per day were no more at risk for cardiovascular disease than those who consumed the recommended 2500 mg sodium (about 6 grams salt) per day. Another recent study published in the *Annals of Internal Medicine* (2021 Jun;174(6):764-772) used the Veterans Health Administration databases. Researchers found that the lowest cardiovascular risk was associated with an estimated sodium intake of 3500 mg per day, which is close to the average salt consumption in the U.S.—just under two teaspoons. In fact, the study results suggest that aggressive salt reduction is potentially hazardous.

BEWARE THE FALSE POSITIVE

Women are supposed to have a mammogram every two years starting at age forty until the age of seventy-four, on the premise that early detection is the best way to reduce the number of deaths from breast cancer. However, false positives from mammograms are common (estimated at 11 percent of all screenings), and new research published in *JAMA Oncology* (2024 Jan 1;10(1):63-70) has found that women with a false-positive result had an 84 percent higher rate of breast cancer death than those without. What this means is that the diagnosis of breast cancer, plus the treatment—biopsy, surgery, chemotherapy and radiation—is worse than the disease itself.

WHAT'S WRONG WITH FAKE MEAT?

A new documentary, *Beyond Impossible—The Truth Behind the Fake Meat Industry*, by Gravitas Documentaries reveals that just about everything is wrong with them. They have the wrong amino acids, for one thing, which do not meet our

protein requirements for muscle maintenance; some of these proteins—up to forty-five—are “novel” meaning we have no idea of their effects on the body. Fake meats are high in polyunsaturated, omega-6 fatty acids, not the saturated fats the body is expecting when we eat meat. There's no collagen in fake meat. Collagen accounts for about 30 percent of the total protein in your body and ordinarily accompanies muscle protein when you eat meat—especially as a long-simmered stew. Then there's a slew of flavorings, one of which will be MSG, and of course a list of synthetic vitamins, which are uniformly hard to absorb and unlikely to provide any nourishment. Fake meat is an ultraprocessed food, and according to a 2024 systematic review (*BMJ* 2024;384:e077310), the higher your intake of processed food, the higher your risk of adverse effects.

SPEEDING UP THE PROCESS

Polyethylene terephthalate (PET), a major polymer found in most consumer packaging, does break down thanks to an enzyme called PETase that allows bacteria to degrade PET plastics—but very, very slowly. Engineers and scientists at the University of Texas at Austin have created a variant of PETase that can degrade these polymers in a matter of hours to days. Calling the new enzyme “FAST-PETase,” for “Functional, Active, Stable and Tolerant,” the new enzyme variant has the advantage of working at less than 50 degrees C, making it portable, affordable and energy-efficient. Alternative industrial processes for degrading plastics are highly energy-intensive (*Nature*, 2022).

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.

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THREE DAY REGISTRATION includes sessions and lunch each day, Friday dinner and Saturday banquet. **Please circle the price you are paying: *EARLY BIRD ENDS AUG. 31ST**

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Thursday Real Milk Celebration Dinner\$65

Breakfast: 1 day \$25: Fri Sat Sun 3 days \$70

Friday Dinner and Evening Sessions\$65

Saturday Evening Awards Banquet.....\$85

Lunch \$35/each Pick day(s): Friday Saturday Sunday\$50

DISCOUNTED ITEMS

Annual Membership: Renew or new with registration: \$30 (regularly \$40/\$50)

Recordings with registration by Oct 18: \$126 Streaming OR

\$156 (regularly \$279) Select format: USB DVD-ROM

CHAPTER LEADER DISCOUNT

\$50 discount for chapter leaders for three-day rate (not for the volunteer rate) -\$50

CEUs FOR RNS & LACs

RN LAc – All 3 days \$65 or Friday \$25 Saturday \$25 Sunday \$25

Certificate of Attendance \$5 (for RD or nutritionist and anyone else)

CHILDREN'S PROGRAM (For children 3-12 years old and potty trained.)

_____ @ \$250 per child for Friday - Sunday with conference meals except Saturday dinner is not the banquet.

_____ @ \$150 per child, includes no meals.

Child's Name(s) _____ Age(s) _____

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Registration amount: _____ Additions _____ **Total Due: \$** _____

Credit Card Check/Money Order (payable to WAPF)

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By submitting this form, I authorize Wise Traditions to charge the applicable registration fees. If you cannot attend, substitutions will be permitted at any time.

CHAPTER LEADERS

I'm a chapter leader. (\$50 discount on 3-day)

I plan to attend the Chapter Leader Meeting

Thursday, Oct. 24, 12:30-4:30 PM

How did you hear about the conference?

WAPF journal WAPF email

Friend/colleague WAPF flier

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LOCATION AND HOTEL

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CANCELLATIONS

Requests for refunds must be submitted by October 4, 2024. No refunds after October 4. A \$50 processing fee will be charged.

EXHIBITING

wisetraditions.org/exhibit

Contact Paul Frank (240) 481-3755

paul@ptfassociates.com

Wise Traditions 2024

Orlando Schedule

THURSDAY, OCTOBER 24

~SCHEDULE IS SUBJECT TO CHANGE~

12:30-4:30 Chapter Leader Meeting with Lunch (For current chapter leaders-free)
6:00-9:00 PM Raw Milk Celebration Dinner (not included with conference registration)

FRIDAY, OCTOBER 25

7:15-8:45 Farm-to-Table Breakfast **8:00-5:30** Exhibit Hall Open
7:30-8:30 Movement

9:00-10:15 Sophia Nguyen Eng: Nourishing Asian Cuisine Reimagined
 Briah Anson: The Transformative Power of Roling® Structural Integration
 Natasha Campbell-McBride: All Diseases Begin in the Gut, Part 1

10:15-11:00 *Break and Visit Exhibits*

11:00-12:15 Adam Parker: The Fundamentals of Detoxification: A Step-by-Step Guide to Detoxing
 Texas Slim: Shake Your Ranchers Hand
 Natasha Campbell-McBride: All Diseases Begin in the Gut, Part 2

12:15-1:45 *Lunch and Visit Exhibits*

1:45-3:00 Celeste Longacre: How to Grow a Fabulous Garden
 Timothy Weeks: Sacred Breath
 David Brownstein: Salt Your Way to Health

3:00-4:00 *Break and Visit Exhibits*

4:00-5:15 Will Harris: White Oak Pastures – One Family, One Farm, Six Generations
 Kate Birch: Homeopathy Stories from the Field
 Griffin Cole: Root Canals: The Deadly Truth

6:00-7:30 *Dinner*

7:30-9:00
 Panel Ask The Practitioner Panel with Kate Birch, Natasha Campbell-McBride, Stephen
 Hussey, Lee Meritt and Pam Schoenfeld with moderator Sally Fallon Morell
 Talk Mary Ruddick: Gender Roles and Hormones: Ancient Solutions to Dead Bedrooms,
 Broken Families, Infertility and Teen Suicide
 Film “A Farewell to Virology” with Tom Cowan

SATURDAY, OCTOBER 26

7:15-8:45 Farm-to-Consumer Fundraiser Breakfast **8:00-5:45** Exhibit Hall Open
7:30-8:30 Movement **7:30-8:15** Sponsor Presentation

9:00-10:15 Sally Fallon Morell: Nourishing Traditional Diets, Part 1
 Kate Birch: Homeoprophylaxis for Normal Childhood Development
 Lee Merritt: TBD
 Manel Ballester-Rodés: A New Look at the Circulation: The Helical Heart and the Microvascular Flow

10:15-11:00 *Break and Visit Exhibits*

11:00-12:15 Sally Fallon Morell: Nourishing Traditional Diets, Part 2
 Bruce Rind: Adrenal Thyroid Connection
 Mandy Blume: From Bliss to Risk: Unveiling the Complex World of Marijuana
 Stephen Hussey: The Biophysics of Heart Disease and Covid Injection Clotting

Wise Traditions 2024

Orlando Schedule

SATURDAY, OCTOBER 26 (continued)

- 12:15-1:45 *Lunch and Visit Exhibits*
- 1:45-3:00** Sandeep Agarwal: Kitchari: India's Nourishing Comfort Food
Bruce Rind: Mold Solution
Pam Schoenfeld: Vitamin A: Key to Fertility
Tom Cowan: Why We Need a New Biology
- 3:00-4:00 *Break and Visit Exhibits*
- 4:00-5:15** Rachel Shuck: Inflation Nation: Balancing Blood Sugar to Eliminate Pain, Obesity and Chronic Disease
Tom Cowan and others: The New Biology Medicine Panel
Griffin Cole: The 5 Biggest Lies in Dentistry: What You Need to Know to Protect Yourself
Zen Honeycutt: Food Supply Exposed and What You Can Do
- 5:15-5:45 *Break and Visit Exhibits*
- 6:30-9:30** **Awards Banquet Keynote:** Congressman Thomas Massie

SUNDAY, OCTOBER 27

- 7:15-8:45** Farm-to-Consumer Fundraiser Breakfast
7:30-8:30 Movement
- 8:00-1:30** Exhibit Hall Open
7:30-8:15 Sponsor Presentation
- 8:45-10:00** Isaac Chilton: Move or Die
Nourishing Our Children from Preconception Onwards Panel - Christine Muldoon, Zen Honeycutt, Pam Schoenfeld, Sandrine Perez with Hilda Gore as moderator
TBD
Christopher Shaw: Aluminum Adjuvant Toxicity in the Age of Covid-19: A Comparison
- 10:00-10:45 *Break and Visit Exhibits*
- 10:45-12:00** TBD
Health Freedom Panel: Mary Holland, Kim Mack Rosenberg, Leslie Manookian
Leslie Klevay (by telecast): Ischemic Heart Disease: The Copper Deficiency Theory
Sally Fallon Morell: The Oiling of America
- 12:00-1:30 *Lunch and Visit Exhibits*
- 1:30-2:45** Austin Durant: Sauerkraut and the Alchemy of Fermentation
Kim Overton: Forging Our Own Path: Healthcare Reimagined
Timothy Weeks: Sacred Surrender
Manel Ballester Rodés: Field Dynamics to Understand the Body and the Soul in Medicine
- 3:00-4:00** **Closing Ceremony:** TBD

MONDAY, OCTOBER 28

- 6:30 am-6:30 pm** Will Winter and Steve Campbell: Professionally Guided Farm Visit

The Curse of Cottonseed

By Joan McGovern Tandler, M. Arch.

The risk of [cottonseed] toxicity has aroused worldwide attention due to the consumption of agricultural by-products such as cottonseed oil, milk, and meat from the affected animals.¹ Products derived from cottonseed (oil, cellulose, flour and meal), and meat and milk from farm animals fed cottonseed, have served as food since the 1800s. However, the seeds of the cotton plant² are very toxic. They can produce acute poisoning, as well as cumulative effects over weeks or years of eating very small amounts. Cottonseeds are so toxic that nineteenth-century laws prohibited dumping them near rivers. Yet by the 1860s, cottonseed oil was commonly mixed into lard or olive oil and eaten by both humans and animals,³ and by the early 1900s, both people and animals were consuming straight cottonseed oil.

Cottonseed poisoning produces a wide-ranging list of symptoms in humans and animals, including fatty liver, arterial plaques, anemia, labored breathing (from pulmonary edema), depression, anxiety, kidney disease, poor vision and infertility.⁴ Given this lengthy list, it is somewhat ironic that a famous 1977 commercial for Chiffon margarine, made from 100 percent cottonseed oil, scolded, “It’s not nice to fool Mother Nature!” It is consumers who are fooled, because few have made the connection between cottonseed consumption and the ensuing symptoms of cottonseed toxicity; instead, “experts” have blamed the symptoms on bacteria, genes, stress or overconsumption of red meat and saturated fat—anything but the true culprit. As a result, most people and farmers don’t realize that they should be making a concerted effort to avoid cottonseed in human and animal food.

In humans and animals, gossypol binds to lysine, and this is a serious problem.

In this article, I will describe the main poisons in cottonseed and their effects, discuss cottonseed poisoning in farm animals and review the association between human exposure to cottonseed poisons and infertility, atherosclerosis, dementia and violence. I will also discuss a profitable alternative product for cotton farmers.

COTTONSEED POISONS AND SOME OF THEIR EFFECTS

The major poison in cottonseeds is gossypol, a yellow polyphenol pigment that serves as the cotton plant's natural pesticide. In a 2020 paper, Chinese researchers acknowledged that "[e]xcessive intake of gossypol induces severe pathological signs of toxicity in livestock and wildlife."¹ The same group of researchers also discussed gossypol toxicity in humans via the food chain and has sounded the alarm about potential adverse impacts on fetal neurodevelopment.⁵

In humans and animals, gossypol binds to lysine, and this is a serious problem. As I wrote in my article titled "Why We Need a High-Lysine Diet" (*Wise Traditions*, Summer 2023),⁶ lysine activates so many enzymes, hormones and other proteins that researchers titled a 2015 study, "Why Always Lysine?"⁷ Describing lysine as "one of the most modified amino acids," those researchers argued that lysine is probably the "major means" by which signaling pathways modify protein molecules.⁷

Lysine is critical for cardiac muscle strength and energy; strong arterial walls; a healthy liver; healthy cholesterol; absorption of calcium, iron and zinc; production of hormones (including sex hormones, insulin, thyroid, cortisol, blood pressure hormones and IGF-1); collagen; antioxidants; and much more. Lysine is also anti-inflammatory and is important for pain relief, autophagy, anti-aging and cancer prevention. Importantly, lysine limits problems associated with the amino acid arginine,⁶ including excessive inflammatory nitric oxide, which is a driving force of cell death.⁸ Thus, by binding to lysine, gossypol causes far-reaching destruction.

Gossypol also causes harm by binding to the essential amino acids threonine (needed for collagen production) and methionine (which plays many roles in metabolism and oxidative

stress). In addition, it binds to vitamins A and D, several minerals (iron, calcium and zinc) and the circulating protein albumin.

One major example of the damage caused by gossypol involves its interference with red blood cells and oxygen-carrying hemoglobin. When gossypol binds to lysine and iron in hemoglobin, breaking apart the red blood cells, this releases the iron. The iron is oxidized to ferric iron, which forms hydroxyl radicals—the most dangerous type of free radical. Additionally, the freed-up iron feeds pathogens. Bilirubin, an end product of red blood cell and hemoglobin breakdown, can lead to jaundice if it accumulates in excess.

As gossypol binds to lysine and iron in the hemoglobin and breaks apart the red blood cells, depleting oxygen, it sets into motion a cascade of effects that can lead to non-cardiogenic pulmonary edema (build-up of fluid in the lungs). The immune response is to make more blood via bradykinin (a mediator of inflammation). Ordinarily, angiotensin-converting enzymes (ACE and ACE2) control how much blood is made by breaking down bradykinin, but gossypol blocks ACE. As a result, bradykinin makes too much blood, which leaks from the capillaries into the alveolar spaces of the lungs, causing a dry cough with no mucus to cough up—a condition often blamed on smoking. This form of pulmonary edema is distinct from both cardiac pulmonary edema and bacterial pneumonia.

Gossypol also interferes with a wide range of other enzymes, including lactate dehydrogenase enzymes, which supply energy during hypoxia (low oxygen levels in the tissues); aldehyde dehydrogenase enzymes, which detoxify alcohol and formaldehyde; HMGCR enzymes, which break down cholesterol; and enzymes (sialyltransferase and 5-alpha reductase [5AR]) and luteinizing hormone, which are important for fertility. Additionally, gossypol disturbs the thyroid, sex hormones, infection-fighting lymphocytes, GLUT1 (a glucose transporter that recycles vitamin C), potassium balance and the important antioxidant glutathione. It also causes mitochondrial dysfunction!

Another example of gossypol-linked harms is related to a sialic acid called Neu5Gc, ordinarily not found in humans. If humans end up with

free Neu5Gc in their body, it causes problems. In animals, in normal circumstances, sialic acids (which are acidic monosaccharides) are incorporated into proteins in the animal's flesh via the sialyltransferase enzyme; for this reason, even though meat contains Neu5Gc, it is not a problem. Recently, free Neu5Gc has been linked to and used as an argument against meat-eating, but it appears that the real culprit is consumption of meat from animals fed cottonseed; people who eat meat from cottonseed-fed animals are likely ingesting free Neu5Gc that has not been safely incorporated into proteins, because gossypol has blocked the animal's sialyltransferase.⁹

In addition to gossypol, cottonseed contains another major poison: foul-smelling fats called cyclopropene fatty acids. The only other food source of these fats are the pits of lychee fruit. Cyclopropene fats block three critical fat- and cholesterol-metabolizing enzymes: stearoyl-CoA desaturase (SCD), lecithin-cholesterol acyltransferase (LCAT) and delta-6 desaturase (D6D). Cyclopropene fats also break down apolipoprotein A1 and A2, which are needed for HDL cholesterol. All of this causes high LDL and VLDL—but low HDL—cholesterol, the type of lipoprotein that clears cholesterol out of

the cells. Cholesterol then accumulates throughout the body in red blood cells, bone marrow, the cornea, the spleen (enlarging it) and the liver, causing liver damage and inflammation. Liver problems, low oxygen, pulmonary edema and infections are all signs of cottonseed poisoning in animals. I will return to the problems associated with cyclopropene fats when I discuss heart disease and dementia. Notably, cottonseed also contains a high level of the unstable omega-6 fatty acid, linoleic acid, which forms the free radicals found in nearly all diseases and blocks ketosis, critical for a healthy heart.

In addition to the poisons already discussed, there are chemical solvents in cottonseed oil. The oil was formerly extracted using a chlorinated compound (trichloroethylene), found to cause heart defects. Now, it is extracted and bleached by hexane. Cottonseed oil—like other seed oils—is also genetically modified.^{10,11}

COTTONSEED POISONING OF FARM ANIMALS

As early as 1899, a veterinarian noted that cows given too much cottonseed suffered from signs of pulmonary edema and anemia, displaying symptoms such as labored breathing,

As early as 1899, a veterinarian noted that cows given too much cottonseed suffered from signs of pulmonary edema and anemia.

DOCUMENTED SYMPTOMS OF COTTONSEED POISONING IN FARM ANIMALS

GASTROINTESTINAL: Fever, abdominal pain, intestinal inflammation (gastroenteritis), vomiting, bloody diarrhea, nasal discharge

RED BLOOD CELLS: Leaky capillaries, pulmonary edema, hemorrhage, red blood cell fragility, disseminated intravascular coagulation, petechiae, breakdown of hemoglobin/free bilirubin (jaundice), anemia/oxygen deficiency, shortness of breath, dry cough, respiratory failure

HEART: Atherosclerosis, heart failure/heart attack, myocardial breakdown, necrosis

LIVER: Fatty liver, damaged liver, necrosis (with red-brown spots), bloody vomit

GALLBLADDER: Damaged bile ducts (bile needed to absorb the fat-soluble vitamins A, D, E and K)

KIDNEYS: Kidney damage, hemorrhage, tubule degeneration, blood in urine, interstitial nephritis

EYES: Red eyes, watery eyes, blindness from corneal opacity, optic nerve damage

INFERTILITY: Both sexes (blocks steroid synthesis)

MENTAL HEALTH: Depression, dementia

ENERGY: Listlessness, disruption of energy metabolism, thyroid dysfunction

GROWTH AND DEVELOPMENT: Cachexia (wasting syndrome), breakdown of muscle, bone and fat

INFECTIONS: Low lymphocytes (white blood cells)

POTASSIUM-SODIUM BALANCE: Imbalance (low potassium and high sodium), arrhythmia, lameness, convulsions, flaccid paralysis

BONE MARROW: Reduction in bone marrow cells

JOINTS: Swelling

Even very small amounts of these poisons accumulate in the liver, kidney, heart, other muscles, nerves and the spleen, since one of gossypol's effects is to hinder detoxification.

internal bleeding, convulsive movements, swollen legs, corneal lesions and ocular discharge—with the optic nerve one of “the most seriously and frequently affected organs.”¹² Yet over one hundred years later, not only are cattle still dying from cottonseed poisoning, but the incidence of gossypol toxicity has increased.¹³

The sidebar on the previous page lists the many symptoms of cottonseed poisoning that occur in farm animals.^{4,12-18} Studies show that cottonseed poisoning can affect a wide variety of organ systems and organs, including the heart and circulatory system, liver, kidneys, gallbladder and thyroid gland, as well as metabolism, oxygenation, fertility, vision and more.

Mature ruminants are less susceptible to gossypol poisoning than other farm animals.¹³ This is because, during digestion, the gossypol is detoxified as it binds to lysine; however, the cyclopropene fats in cottonseeds still end up in the milk.¹⁹ Moreover, even very small amounts of these poisons accumulate in the liver, kidney, heart, other muscles, nerves and the spleen, since one of gossypol's effects is to hinder detoxification.

Hundreds of studies conducted over the past century have sought to determine how much cottonseed ruminants, pigs, poultry and fish can eat before they show symptoms of poisoning, and countless numbers of animals have died in this process. Nonetheless, cottonseed meal is still included in feedstuff designed to fatten animals, including young beef cattle in feed lots, dairy cows, sheep and goats in large dairy operations and farmed fish. Mature ruminant animals, fish and shellfish can consume large quantities of cottonseed meal before they show ill-effects, possibly because lysine is also an ingredient in their feed.

Some advise against giving cottonseed to pigs or poultry, which suffer the same—or worse—symptoms of gossypol toxicity as ruminants.¹⁶ According to a physiological chemist writing in 1921, “of all the farm livestock these animals [pigs] are the most sensitive to the deleterious effects of cotton seed meal.”²⁰ A 2016 report by Polish researchers argued that poultry can be fed cottonseed meal as long as lysine and iron are included in the feed.²¹ However, lysine

and iron supplementation serve to ameliorate only the effects of gossypol and not the other toxic ingredients in cottonseed.

There is no test for gossypol toxicosis, so making a diagnosis of illness in animals requires a veterinarian to test the exact feed the animals were eating. However, symptoms occur several weeks to a month after feeding cottonseed, and by then, the exact feed is already eaten. As a result, vets are unlikely to diagnose cottonseed poisoning—even if the animal had been eating cottonseed and then died from typical cottonseed poisoning symptoms!

In 1989, Oklahoma veterinary scientist S E Morgan acknowledged the frequent misdiagnosis of cottonseed poisoning.²² She wrote:

“Field necropsies in which pulmonary congestion and edema were attributed to shipping-fever pneumonia, failure to examine the heart either grossly or microscopically, failure to believe that 200 ppm free gossypol could kill a calf, failure to believe that any age of sheep could suffer gossypol toxicity, and failure to believe that just because you fed the same thing last year, it will not cause a problem this year, all were factors in causing the misdiagnosis of this toxicity.”²²

Importantly, the conditions labeled as “bovine respiratory disease,” “avian cholera,” “swine flu” and “bird flu” all have symptoms that match cottonseed poisoning. Bovine respiratory disease (BRD) and bovine congestive heart failure (BCHF) are described as the most common and costly diseases affecting beef cattle. BRD is blamed on the stress of shipment to a feedlot, and because bacteria such as *Pasteurella multocida* are found with BRD, vets treat it with antibiotics and vaccines. Notably, the hypoxia caused by cottonseed suppresses the immune system and lowers lymphocyte levels, which allows bacteria to accumulate. Symptoms of BRD—such as labored breathing, coughing, ocular and nasal discharge and depression—correspond closely to symptoms of cottonseed poisoning. BRD and BCHF affect calves weeks after they arrive at a feedlot, where

many are given cottonseed meal. In young cattle with an immature rumen, there is ample reason to suspect cottonseed as the cause of pulmonary edema with follow-on bacterial infection, which leads to death in many. BRD survivors, interestingly enough, have permanent lung damage. Ironically, a 2020 study investigating BRD fed the cattle both cottonseed meal and cottonseed oil!²³

The same *Pasteurella multocida* bacteria are found with a similar bird respiratory disease called “avian hemorrhagic septicemia” or “avian cholera.” Symptoms include green and yellow diarrhea, lung lesions, hemorrhage, a spotted, enlarged and necrotic liver and spleen, lameness, depression, anorexia, infertility and eye discharge. Although avian cholera is said to be “highly contagious,” the gastrointestinal symptoms could indicate food poisoning. Despite the declared contagiousness, chicks under six weeks old are actually less susceptible²⁴—and six weeks is when they become old enough to eat cottonseed.

The first case of avian cholera reported in the U.S. occurred in 1867, and Louis Pasteur isolated his first bacterium (*Pasteurella multocida*) in 1880—the exact same time period during which animals were first getting cottonseed in America. Avian cholera is also called “Indian cholera,” and substantial amounts of cottonseed have poisoned animal feed in India for centuries. In some areas of India, cattle receive cottonseed as 100 percent of their protein requirement, which could render Indian beef very high in cottonseed poisons. This practice may have influenced the decision by some in India never to eat beef. In fact, the Indian state of Gujarat—the state that produces the most cotton—has attempted to legally turn Gujarat into a “vegetarian state,”²⁵ including through implementation of the toughest cattle slaughter ban in the country,²⁶ although in practice, many people still eat meat.

“GOOD HEAVENS, WE’RE ALL EATING COTTON!”

Humans consume cottonseed in a variety of forms, including as cottonseed oil and fiber. It’s unknown how much gossypol occurs in modern cottonseed oil, which today is processed to par-

tially remove it. However, gossypol is likely to still remain at toxic levels because, as recently as 2012, a toxicologist recommended fortification of cottonseed oil with vitamin A, which gossypol depletes, to protect against its toxic effects.²⁷ Notably, early-twentieth-century studies showed that large amounts of vitamin-A-rich cod liver oil helped protect against gossypol.²⁸

Thirty-five percent of the cottonseed oil produced in the U.S. goes into baking and frying oils,²⁹ so it is essential to check labels. Cottonseed oil appears in products as varied as granola, salad dressings and honey-roasted peanuts, and in the blended oils and shortening in which doughnuts, French fries and chips are fried. If a product lists cottonseed oil grouped with other oils, it’s safe to assume that it contains cottonseed oil, which is the least expensive of all the industrial seed oils. An early hydrogenated cottonseed-oil shortening that rivaled Crisco, called Kream Krisp, likely served as frying oil for the first Krispy Kreme doughnuts, which are still fried in cottonseed oil today.³⁰ Tragically, cottonseed oil may have contributed to the heart attack death of a man running in a marathon sponsored by Krispy Kreme to raise money for a local hospital; the runners had to eat twelve doughnuts in sixty minutes—while jogging!³¹

Unfortunately, you can’t always read labels to identify cottonseed oil in your food. For example, cottonseed oil is commonly used in fast food restaurants—even Olive Garden, a higher-end restaurant chain, uses cottonseed oil in some of its food. In addition to its use in restaurants, cottonseed oil is likely included as a prominent ingredient in deli and food truck food.

Much of the fiber in foods may also come from cotton; cotton has the “virtue” of containing 90 percent cellulose (versus 40 percent for wood). Thus, cotton fiber regularly serves as an additive to stabilize, emulsify and thicken, and for anti-caking purposes. Food manufacturers also add cottonseed fiber to sausages (and their casings!) and other processed meats and meat patties, as well as to sauces, soups, gluten-free baked goods, seasoning mixes, meatless products, cheese, yogurt, ice cream, high-fiber diet foods, beverages and even pet food. In addition, pharmaceutical companies often add cottonseed fiber to laxatives, pain relievers (such as oxyc-

Importantly, the conditions labeled as “bovine respiratory disease,” “avian cholera,” “swine flu” and “bird flu” all have symptoms that match cottonseed poisoning.

done), amphetamines and other drugs.

Microcrystalline cellulose (MCC) is a cellulose powder produced by acid hydrolysis of (mainly) cotton linter. Manufacturers use it in processed foods to control viscosity, texture and consistency, as well as to replace fat; it also functions as a preservative. Manufacturers add MCC to vegetarian capsules for supplements and drugs. Fast food chains depend on MCC to create the right consistency in buns, cheese, shakes, sauces, fries, onion rings and meats—in other words, in just about everything. Discussing one MCC product, the PharmaCentral website explains that the “native cellulose. . . is completely indigestible, and its hydrolysis during the production of microcrystalline cellulose does not alter its behaviour in the intestine.”³² Sounds like a recipe for gut problems!

Hydroxypropyl methylcellulose (HPMC), also shortened to hypromellose, is a vegetarian substitute for gelatin and gluten used in plant-based vegan meats, gluten-free foods and many other products. Scientists explain that in processed foods, HPMC functions “as a film former, emulsifier, stabilizer, or thickening agent”; for the pharmaceutical industry, it provides a “drug delivery matrix.”³³ In both applications, manufacturers appreciate HPMC for “its ease of use, wide availability, superior film-forming capability, good biocompatibility and biodegradability.”³³ HPMC also serves as a fat replacer (acting as a lubricant to provide a creamy mouthfeel) and extends shelf life.

COTTONSEED POISONS IN MEAT AND MILK

Chinese researchers have reported that gossypol “has a strong tendency to accumulate in animal tissues” and “is not easily cleared from the animal body,” generating “considerable concern” about the safety of cottonseed meal.³⁴ They describe research dating back to the 1960s showing that “levels of gossypol in pig organs were directly related to the level of gossypol in the diet and to the length of time the diet was fed,” with “[l]arger amounts of gossypol. . . found in the liver, kidney, heart, and spleen,” and “lesser amounts found in brain and muscle.”³⁴ In trout fed cottonseed meal, researchers have detected gossypol in body tissues twelve months later, mainly in the liver and kidneys.³⁵

According to a website that markets cottonseed feed to dairy farmers, “Typical rations include up to 15% cottonseed on a dry matter basis,”³⁶ amounting to eight pounds of cottonseed per day. In a 2012 study assessing the effects “of different sources and levels of dietary gossypol on gossypol residues in plasma and milk of lactating cows,” Chinese researchers reported that at the 15 percent dry matter level, “gossypol was detected in plasma and milk,” but, they alleged, “not at harmful levels.”³⁷ However, just as gossypol builds up in the tissues of cows eating cottonseeds, gossypol also builds up in human body tissue. Bound gossypol found in heat-treated cottonseed oil byproducts is less toxic than the free gossypol found in whole cottonseed, but in recent years, cattle rations have increasingly included whole cottonseed, especially in feed lots and larger dairy operations. The Weston A. Price Foundation is working with a lab to measure gossypol in milk.

As mentioned, cyclopropene fats are also found in conventional

milk.¹⁹ The explanation generally offered is that this is the result of feeding cows silage, because lactobacilli (which play a role in silage fermentation³⁸) produce cyclopropene fats.³⁹ However, cottonseed also contributes to cyclopropene fats in milk. In an interesting 1985 study of two groups of cattle—in which both groups ate silage, corn and soybeans, but only one group was fed cottonseed—no cyclopropene fats were found in the non-cottonseed group, despite the silage, but the fatty acids were detectable in the milk of the cottonseed-fed cows.¹⁹ As the researchers cautioned:

“Total lipid in plasma, total serum cholesterol, serum gossypol, and apparent liver gossypol concentrations were greater in cows fed whole cottonseed. Gossypol and cyclopropenoid fatty acids appeared to be absorbed from the gut of cows fed whole cottonseed. Small amounts of gossypol in serum and liver tissue and small amounts of cyclopropene fatty acids in adipose tissue lipids and milk fat indicate a need to elucidate the significance of these physiologically active compounds in the human diet and their biological effects on lactating dairy cows.”¹⁹

When, in 2017, the European Food Safety Authority (EFSA) assessed the human health implications of feeding cottonseed to farm animals, it claimed there were almost no quantitative data available regarding “carry-over into animal derived products,” even though elsewhere the authors admitted that “gossypol is transferred to edible parts, muscle and offal of ruminants and poultry, and is probably transferred to cow’s milk.”⁴⁰ Nevertheless, they concluded that feeding cottonseed to farm animals did not pose a health risk for humans!

COTTONSEED AND INFERTILITY

Over the decades, public and private entities have displayed considerable interest in the antifertility effects of cottonseed. In the first half of the 1980s, China, the Rockefeller Foundation and the World Health Organization (WHO) studied the use of small doses of gossypol for

male contraception.⁴¹ In 1986, after some study participants reported a lack of reversibility and others developed low blood potassium levels (hypokalemia), China discontinued the research.⁴² Products containing cottonseed meal are currently fed to feral pigs for contraceptive purposes.⁴³

Gossypol causes infertility in farm animals and humans by blocking luteinizing hormone (needed for synthesis of all sex hormones) and, as mentioned earlier, the enzymes 5AR and sialyltransferase. 5AR converts a percentage of testosterone in males into dihydrotestosterone (DHT), which is needed for genital maturation and facial hair. Blocking 5AR thus causes infertility while also increasing testosterone, which increases sex drive and erections, bone length, muscle strength and acne, and deepens the voice. Sialyltransferase, for its part, is what attaches the sialic acid *N*-acetylneuraminic acid to its acceptor to enable the union of sperm with egg.

Gossypol also interferes with female sexual development, causing infertility and “irregular and longer estrous cycles, lower levels of estradiol, reduced number of ovarian follicles, and decreased pregnancy rate.”⁴⁴

COTTONSEED AND ATHEROSCLEROSIS

As noted above, small amounts of the cottonseed poisons gossypol and cyclopropene fats—even tiny doses—accumulate over time in the heart, liver, kidneys and spleen (which produces both red and white blood cells and recycles our iron), damaging the cardiovascular system and causing fatty liver and atherosclerosis. It is an interesting fact that coronary artery disease first appeared in the U.S. after Americans began to eat Crisco and Wesson oil, both of which would have contained a significant amount of these poisons (see timeline, next page). As early as 1954, researchers noted that feeding chickens cottonseed oil, along with 2 percent cholesterol, would cause atherosclerosis!⁴⁵

How do chronic small doses of cottonseed poisons cause atherosclerosis? First, cyclopropene fats cause fatty liver and necrosis, which weakens heart muscle and leads to arrhythmia, the main risk factor for strokes. Second, cottonseed, as noted, is high in linoleic acid, which “drives” heart disease. Third, gossypol-created

lysine deficiency causes calcification in the arteries and excessive inflammatory nitric oxide (NO), which is “the major driving force for cell death” in the inflammatory cell death pathway.⁴⁶ Nitric oxide (as made in the body from citrulline) is essential for artery health, but lysine deficiency causes the production of inflammatory NO from arginine. Low lysine also causes low niacin, and gossypol depletes vitamin C. This may be why Linus Pauling found that vitamin C plus lysine brought rapid relief from angina, and why some practitioners recommend niacin to lower cholesterol.

Finally, gossypol blocks HMGCR, the enzyme that degrades cholesterol (thus raising cholesterol levels). Lysine is one of the catalytic, or regulating, amino acids of HMGCR. Because gossypol binds to lysine, it also binds to the lysine on HMGCR, which disables the enzyme. Notably, it is this lysine that is the target of statin drugs.⁴⁷ In familial hypercholesteremia, HMGCR is faulty, so fetal exposure to gossypol (which is mutagenic) could cause this condition. Gossypol may also block human Niemann-Pick cholesterol transporter, which allows macrophages to dispose of damaged cholesterol. In a study of moths, gossypol blocked this transporter by binding to lysine; it may also do so in humans. Notably, in a 1983 study discussing gossypol's potential use for male contraception, the researcher mentioned “the fear of atherosclerosis in the longterm.”⁷⁹

Cyclopropene fats are found with heart disease, kidney disease, high triglycerides and pancreatic cancer—and all of these problems are related to atherosclerosis. The cyclopropene fats block the SCD enzyme that is needed to convert excess carbohydrate into fat, thereby raising cholesterol, causing fatty liver and liver damage and contributing to osteoarthritis. Cyclopropene fats also block the D6D enzyme necessary for converting linoleic acid to gamma-linolenic acid (GLA), which has downstream effects on the heart. Under ordinary circumstances (that is, if D6D is not blocked), GLA (via D5D) is converted into arachidonic acid (ARA), the precursor to prostacyclin, a “powerful cardioprotective hormone,”⁴⁸ which lowers high blood pressure and inhibits the progression of atherosclerosis.⁴⁹ D6D regulates conversion of the omega-3 fat alpha-linolenic acid (ALA) to EPA (eicosapentaenoic acid) and, via D5D, to DHA (docosahexaenoic acid). DHA is low in people with heart disease.

The very high amount of linoleic acid (55 percent of total fats) contained in cottonseed oil compounds the problems already described. Phosphatidylcholine, cells and LDL—which normally would contain ARA (for prostacyclin) and/or anti-inflammatory DHA—now instead contain linoleic acid and ALA, fats that are very unstable and easily oxidized (damaged). Inflammation from toxins causes LDL that contains linoleic acid to become oxidized LDL (oxLDL). A macrophage then engulfs the oxLDL and, normally, the enzyme lecithin-cholesterol acyltransferase (LCAT) removes the cholesterol for disposal. However, cyclopropene fats also block LCAT, and if LCAT is blocked, the over-filled macrophage turns into a stationary foam cell in the artery as arterial plaque. This is the basic problem in atherosclerosis.

People with LCAT deficiency have hemolytic anemia (caused by red blood cells breaking apart), kidney failure, atherosclerosis, enlarged liver and spleen, enlarged lymph nodes and corneal opacities.⁵⁰ It should

TIMELINE OF COTTONSEED OIL USE AND HEART DISEASE

In the early years, cottonseed oil was probably more toxic than today because the cottonseed was not as heavily processed to remove the gossypol. It also had a bad odor from the trichloroethylene solvent, the rancid linoleic acid and the “foul-smelling” cyclopropene fats. For these reasons, manufacturers did not initially sell it as straight cottonseed oil but instead secretly added it to olive oil or lard, selling it in the U.S., Europe and Russia.

1899: David Wesson invents a deodorization process, and manufacturers begin selling straight cottonseed oil.

1911: Using a hydrogenation process invented in Germany, Procter & Gamble markets Crisco as a “pure” product (as opposed to lard adulterated with cottonseed oil!).

1913: *The Story of Crisco: 615 Tested Recipes and a Calendar of Dinners* becomes a popular cookbook, first marketed to Jewish people who keep kosher.⁷⁷ Around this time, genetic diseases that may be connected to the cholesterol and bleeding effects of cottonseed (such as familial hypercholesteremia, Niemann-Pick disease, hemophilia A and anxiety) begin to affect many Jewish people.

1930s: My mother told me about shopping for Crisco when she was growing up during the Depression, describing shelf after shelf filled with large canisters of Crisco, with just a small section for lard. A clipping in the recipe box of my grandmother reads: “Don’t waste your deep-frying Crisco. Strain it clear and use it for frying again and again.”

1939: Cottonseed oil sales fall when soybean oil takes over the market thanks to a new process that made a better hydrogenated product from soybean oil.

1948: A Crisco ad campaign—a contest that airs on *Truth or Consequences*—generates \$1.7 million for the American Heart Association (AHA). This donation by Procter & Gamble enables the AHA to become nationally recognized as the source of heart disease expertise, even though that “expertise” likely is influenced by Procter & Gamble. Cottonseed oil is now made by Cargill, and Cargill is on the Nutrition Forum of the AHA, along with McDonald’s, PepsiCo, Mars (chocolate), the United Soybean Board, Canola Info and General Mills.⁷⁸

1954: The first tub-style margarine, Chiffon, is manufactured, containing 100 percent partially hydrogenated cottonseed oil and thus, containing trans fats in addition to other poisons.

1956-1957: The AHA goes on television to present the “diet-heart hypothesis,” telling Americans that saturated fat is unhealthy because it increases cholesterol, which clogs arteries, thus causing coronary artery disease. Consumption of meat, eggs and butter goes down, and cottonseed oil consumption increases. Importantly, the opposite of what the AHA expects occurs: deaths from coronary artery disease skyrocket.

1959: In a study of hens, the animals are given what is called an “atherogenic diet,” consisting of 5 percent cottonseed oil and 2 percent cholesterol, revealing the fact that researchers already know that cottonseed oil causes “clogged arteries.”

1969: Crisco consumption in the U.S. peaks and then decreases rapidly. Interestingly, deaths from heart disease also peak in 1969 and then rapidly decrease. This decline is attributed to statins. However, because statins increase all-cause mortality, the fewer deaths from heart disease may be the result of lower Crisco consumption.

come as no surprise by now to learn that these symptoms of low LCAT are also symptoms of cottonseed poisoning. Low LCAT, together with vitamin A depletion, may be the mechanism behind the vision problems linked to cottonseed poisoning.

The high linoleic acid content of cottonseed oil adds to the problem of blocking D6D. Moreover, linoleic acid is oxidized only into unstable free radicals, including lipid derivatives called HODEs, rather than into cardioprotective prostacyclin. HODEs are found in large quantities with fatty liver and heart disease, diabetic kidney disease, cataracts and Alzheimer’s and also play a major part in diabetes. In fact, HODEs from linoleic acid are so prevalent in diabetes that they have been flagged as early biomarkers of the disease.⁵¹ HODEs are also found with chronic pain, asthma, pancreatitis, rheumatoid arthritis and various cancers.^{52,53}

Destructive aldehydes are associated with many of the same chronic conditions as HODEs.^{54,55} Thus, it is a major problem that gossypol blocks

the enzyme (aldehyde dehydrogenase) that detoxifies aldehydes,⁵⁶ because when heated, cottonseed’s linoleic acid forms a toxic aldehyde called acrolein. Acrolein can become a leukotoxin (exerting toxic effects against the white blood cells called leukocytes) and, in sufficient quantity, will cause acute respiratory distress syndrome (ARDS),⁵⁷ disseminated intravascular coagulation (tiny blood clots) and death. Disseminated intravascular coagulation is found with farm animals.

Consumption of cottonseed products likely makes people more vulnerable to a brain parasite called *Toxoplasma gondii*. This is because cottonseed oil contains not only cyclopropene fats

but also another rare fat called arachidic acid, both of which occur in the parasite’s membranes. *Toxoplasma* also requires arginine for growth, which is excessive with the lysine deficiency created by gossypol. *Toxoplasma* is found with autism (in one study, in up to 81 percent of blood samples),⁵⁸ Alzheimer’s and mental health conditions such as obsessive-compulsive disorder (OCD), anxiety, schizophrenia and dysphoria. Researchers report that “serologic evidence of previous *Toxoplasma* infection is present” in up to 70 percent of the U.S. population!⁵⁹ It is, therefore, vital to avoid both cottonseed and *Toxoplasma* for mental health.

COTTONSEED’S HIDDEN ROLE IN HEART DISEASE

Interestingly, deaths from heart disease peaked in the late 1960s concurrently with the peak in Crisco consumption. When Crisco consumption fell (Figure 1), heart disease deaths also fell. In the U.S., the death rate from coronary heart disease (CHD) declined from two hundred sixty-two deaths per hundred thousand people in 1970 to just over one hundred sixteen deaths per hundred thousand in 2009.⁸⁰ So, the 2009 death rate was 44 percent of the death rate in 1970, which was near the height of Crisco consumption. The drop in the death rate from CHD in the UK was even more striking, as Figure 2 illustrates.

In a 2018 article describing five decades of researcher “confusion” and incorrect “orthodoxy” about the causes of coronary heart disease, a Canadian researcher suggested that

the role of saturated fat had been “much exaggerated”⁶⁰ and that high-carbohydrate diet plays a role in heart disease. In a study that measured blood levels of saturated fat in people eating either a high-carbohydrate diet or a high-saturated-fat diet, the group on the high-carbohydrate diet had higher levels.⁶¹ This is because when you eat a low-carbohydrate diet, saturated fat is made into ketones to be burned for heart energy, whereas excess carbohydrates, in any form, are converted into the saturated fat palmitic acid and triglycerides for energy storage. Rather than conversion into energy, these fats accumulate in the blood, liver and body fat.

Decreased cigarette smoking often receives the credit for the decline in heart disease deaths.⁶² Interestingly, cottonseed oil may encourage smoking. This is because gossypol lowers lysine, and low lysine causes anxiety. Lysine plus methionine are also components of acetylcholine, which is critical for the heart and nervous system, regulating heartbeat, blood pressure and heart contractions. Nicotine relieves anxiety by binding to an acetylcholine receptor. Low acetylcholine—from low lysine—and the anxiety that this causes could create a desire for nicotine.

Smoking increased significantly starting in 1920, after the introduction of Crisco in 1911. Stated another way, the desire for nicotine began its increase with Crisco and then went down when Crisco consumption went down. Even if smoking cessation did have an effect on deaths from heart disease, lowering Crisco consumption likely lowered the desire and need

In both animals and humans, depression and dementia are symptoms of cottonseed poisoning.

FIGURE 1. U.S. Cottonseed Oil Consumption

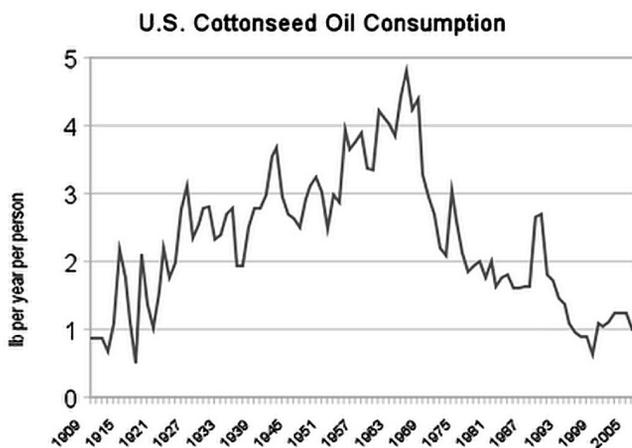
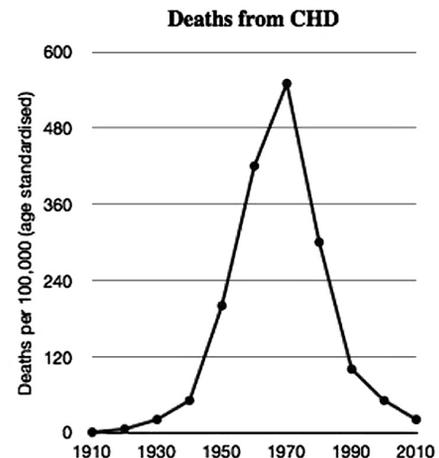


FIGURE 2. Deaths from Coronary Heart Disease, UK



to increase the effects of acetylcholine by smoking cigarettes.

DEMENTIA AND VIOLENCE

In both animals and humans, depression and dementia are symptoms of cottonseed poisoning. Gossypol blocks production of DHT, and low DHT is linked to depression, anxiety and schizophrenia. Studies also indicate that the effects of gossypol are passed on to the next generation. When researchers fed gossypol to pregnant mice, the offspring's brainstem cells were faulty; the gossypol also caused hippocampal hemorrhage, changes in membrane permeability and interference with microtubule assembly.¹ Even though the mothers showed no symptoms, the offspring, with fewer neurons, displayed anxiety, depression, and behavior and learning abnormalities. The cyclopropene fats in cottonseed also play a role in dementia by blocking APOA 1 and 2.⁶³ In addition, fatty liver, as caused by cyclopropene fats, is linked to anxiety and depression.

Cottonseed poisons cause strokes, and stroke is the main risk factor for Alzheimer's. In contrast, lysine protects against stroke. Gossypol blocks the cholesterol transporter NPC1, which is impaired in Alzheimer's, and Alzheimer brains display calcification and neuron growth that is unprotected by myelin.⁶⁴ Also, the lysine in the tau protein is modified with Alzheimer's, preventing autophagy and causing the accumulation of the tau protein. Lysine activates the glucose and vitamin C transporter in the brain, GLUT1. Some doctors suggest that a diet higher in lysine than arginine may prevent Alzheimer's.⁶⁵

Furthermore, gossypol crosses into the brain. In rodent studies, mice and rats fed tiny amounts of gossypol developed the tangles of Alzheimer's⁶⁶ and "Swiss cheese" holes in their brains.⁶⁷ Wisconsin physician Dr. Bruce Semon argues that small amounts of cottonseed poisons, accumulated throughout the years, may be a major cause of Alzheimer's and other psychoses.⁶⁷

With adequate lysine, tryptophan can be made into metabolites such as niacin and serotonin, but even a simple lysine deficiency

can lead to anxiety and depression. With lysine deficiency, there is less tryptophan and, therefore, less niacin and serotonin. Low serotonin is linked to dementia, with research suggesting "serotonin loss may be a key player in cognitive decline, rather than a side-effect of Alzheimer's disease."⁶⁸ Low serotonin also means low melatonin (the sleep hormone), and people with Alzheimer's are low in night-time melatonin.

The human brain is nearly 60 percent fat, so potentially harmful dietary fat can affect brain function in a number of ways. Researchers have linked high consumption of linoleic acid to violent behavior.⁶⁹ Widespread consumption of cottonseed oil, especially in the South, may partly explain why, in the early 1900s, the South was plagued with unrest and violence in the form of lynchings and other atrocities. Notably, the Ku Klux Klan revival occurred in 1915 in Georgia, where Wesson Oil first came on the market (in 1900) and four years after Crisco made its first appearance; this is also where pellagra dementia was first diagnosed, in 1902. The cause of pellagra is niacin deficiency, but lack of lysine can result in niacin deficiency and cause pellagra. Pellagra was endemic in the cotton mill villages, where residents ate substantial amounts of cottonseed oil mixed into lard, and even consumed extremely toxic, fresh unprocessed cottonseed oil.^{70,71} In fact, the way scientists induce pellagra is to feed an animal corn or peas and—cottonseed oil!^{72,73}

Cottonseed oil hydrogenation, used for both Crisco and cottonseed oil margarine, was invented in Germany, and the first Alzheimer's diagnosis occurred in Germany in 1901. In impoverished post-WWI Germany, cheap cottonseed oil from the U.S. was substituted for the large amount of lard Germans had previously consumed.

In the *Atlanta Constitution* in 1917, one read:

"Germany and Austria have suffered hunger more on account of their separation from the cotton fields of the United States. . . than from the lack of bread. . . Oleomargarine was all the 'butter' that many Teutons knew, and vegetable fats the only 'lard' many of them used, and 'olive oil' made from. . . cotton seed. . . most of the 'olive oil' they consumed."⁷⁴

Certainly, Adolph Hitler and Benito Mussolini, who were both vegetarians, would have eaten a considerable amount of cottonseed. Thus, a combination of toxins and unusual fats in cottonseed oil likely contributed to "the most violent century."

OTHER CONTRIBUTORS

Although Crisco and Wesson Oil no longer contain cottonseed oil, and our consumption of cottonseed oil has fallen, infertility, heart disease and dementia persist. Saturated fat, grass-finished beef and high-quality cured meats are not to blame. Instead, these conditions likely result from a combination of excessive carbohydrates; meat, processed meats and milk containing a significant amount of cottonseed poisons; and pesticides on fruits and vegetables.

Many pesticides currently in use are associated with infertility, heart disease and dementia. These include organophosphates, which bind to lysine, and chemicals that act as estrogens, contributing to infertility. Discussing implications for the heart, the authors of a study published in 2020⁷⁵ described increased heart disease risks associated with a wide variety of pesticides:

- Chlorpyrifos, coumaphos, carbofuran, ethylene bromide, mancozeb, ziram, metalaxyl, pendimethalin and trifluralin: Increased risk of acute myocardial infarction (1.8–3.2)
- Primaphos, fenitrothion, malathion and deltamethrin: Risk of increased blood pressure
- Tetrachlorodibenzo-p-dioxin: Increased cardiovascular disease risk (1.09–2.78)
- Organochlorine: Increased cardiovascular disease risk (1.19–4.54)
- Heavy metals and arsenic: Increased risk of atherosclerosis and arterial hypertension

A WAY FORWARD

Cottonseed purveyors continue to promote cottonseed as an inexpensive and healthy source of protein and fat for both humans and animals, even as the cottonseed given to humans and animals has directly caused or indirectly contributed to untold suffering, death and economic hardship. At the same time, the cotton industry is under fire for major pollution and water use at every stage of production, from cotton processing to the finished product. Mountains of cotton clothing are also thrown away every year—largely the result of greatly increased cotton production since 2000 and from “fast fashion” clothing companies, which feature many new styles every month.

The time has come to acknowledge that no matter how it is processed or how small the quantity, foods that contain cottonseed come with very dangerous poisons. Therefore:

1. We need to stop thinking of, and using, cottonseed as food for humans and animals.
2. As consumers, we must carefully avoid foods containing cottonseed. This requires public education, and it requires testing for gossypol and cyclopropene fats in milk, meat and fish.
3. We also need limits placed on the use of cottonseed oil and other cottonseed food additives, which, moreover, should be clearly labeled.
4. When humans or animals show signs of cottonseed poisoning—whether infertility, heart disease or mental illness—and they have been exposed to cottonseed poisons, they need to be treated for cottonseed poisoning. For example, it’s critical to replenish the many nutrients that cottonseed depletes. These include lysine, iron (ferrous sulfate), vitamins A, C and D, zinc, copper, calcium, potassium, selenium (sodium selenite), arachidonic acid, DHA and the amino acids threonine, methionine and glycine.

Also recommended is a higher-protein diet, with emphasis on foods that are high in lysine, methionine and zinc, such as organic dairy, wild-caught fish and grass-finished meat.

In addition, whenever possible, we need to transition land that produces cotton to real food production instead. Todd Boykin, a former cotton farmer, offers one example.⁷⁶ After Boykin, seeded land destroyed from cotton farming to grass, and fenced it for managed grazing, he reported “dramatic evidence of change. . . in the years soon after the conversion.” There was a big rain followed by strong wind. Boykin reported, “despite the fact that it had just rained—the neighbor’s cotton ground was blowing a huge cloud of dust across the field onto our grass. But where we were standing, no soil was moving.”⁷⁶ This is a solution that could and should be implemented because, according to Boykin, “The profitability of grazing cattle on converted ground runs neck and neck with growing cotton.” In short, Boykin’s switch from cotton farming to cattle ranching shows that there is a way forward—out of some of the most devastating illnesses of our time to healthy food production! ☺☺

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How to Stay Out of the Emergency Department

By Andrew Kaufman, MD

The medical establishment often seems to have the goal of keeping you dependent and afraid. However, if you empower yourself with knowledge, you can develop the confidence to handle many injuries and acute medical conditions on your own and avoid heading to the emergency department. It is possible to deal with a wide range of emergency situations at home using natural materials and methods.

There are at least six types of situations that you can learn to address on your own: bites and stings (including those involving venom); bleeding emergencies; cuts, lacerations and other wounds; accidental poisoning (whether from industrial chemicals and pharmaceuticals or poisonous mushrooms and plants); gastrointestinal distress, such as severe vomiting, diarrhea and dehydration; and high fevers, including febrile seizures. Many of these are situations that might affect children, so it is helpful for parents to learn how to handle them.

Of course, there will still be situations when you should consider going to the hospital. In that case, how do you prepare in advance? And once you arrive, how do you assert your rights and make sure that you're not railroaded and steered toward interventions that you don't want? It's important to learn how to advocate for yourself and protect your self-sovereignty.

BITES AND STINGS

There are many types of bites and stings—from insects (spiders, ticks and stinging insects like bees, wasps and hornets), sea creatures (such as jellyfish, Portuguese man-of-war and venomous sea snails) and snakes, as well as bites from animals and even humans. Regardless of the type of bite or sting, there will be contamination in the wound of some kind—whether venom or just whatever kind of toxic substances may be in that organism's mouth parts. For example, ticks are known to harbor arsenic because they're unaffected by it and can store it up.¹ When they bite you, they may inject some of that arsenic into your blood, which could cause toxicity to you. With human bites, there can be toxic substances in a person's saliva, especially if they are very unhealthy.

Stock bentonite clay powder at home, and if you are going on an outing or vacation in the woods or at the beach, take a small amount (a few tablespoons) in a little satchel in your pocket, purse or knapsack. If you apply bentonite clay within a very short time period—almost immediately after a bite or sting—you generally can reverse any potential problems, even if you get bit by a rabid animal. The clay has amazing adsorbent properties that will essentially suck whatever contaminating substance is there right out of the wound and into the clay.² In general, you want to apply the clay powder (either dry or mixed into a thick paste with a small amount of water) directly on the bite or sting. If the wound is more of a puncture, you will want to press it in there as much as possible. Leave it on for a minute and then rinse it off with water and apply more, until you are fairly certain that you have removed all of the contamination. This even works if you get sprayed by a skunk; first, treat it locally as just described, and then take a bath with the clay—it will get rid of all of the

smell—unlike other remedies you might read about on the Internet!

If for some reason this approach is unsuccessful (for example, you forget to bring your satchel of clay and there's a time delay, or if the wound is so deep and contaminated such that you can't get the clay on there fast enough or apply enough of it to penetrate), what you will probably notice is some redness or other discoloration developing around the wound, or burning or stinging or itching that tells you that the toxin has spread beyond the wound margins. In that situation, you can help your body process and detoxify the contaminant by placing a healing solvent on the skin.

There are several options as far as topical healing solvents go. One of them, found in many homes, is castor oil; castor oil packs can be very useful. A second option, turpentine, is my personal go-to healing solvent. Apply a few drops around and over the area of the skin where the symptoms are and gently rub them in with your fingertip. Most of the turpentine will penetrate the skin, and some will evaporate. A third excellent option is DMSO (dimethylsulfoxide),³ which is easily absorbed by the skin. You can either blend it with castor oil or turpentine—both will penetrate the skin very well when mixed with DMSO—or use DMSO by itself, diluted to a 50 percent solution with distilled water. Any of those will help dissolve the toxin through the skin and take it to the liver for elimination. You might also follow up with an enema⁴ or some other way to stimulate a bowel movement.

What if you are very unfortunate and the reaction has spread beyond the local area, causing generalized symptoms? This might be a situation involving a serious bite or sting from, for example, an extremely venomous snake or scorpion. At this point, you might decide to go to the hospital, or, depending on the severity of the situation, you could consider systemic therapy—doing enemas or stimulating a strong bowel evacuation (for example, by taking one teaspoon of turpentine with a quarter to half a cup of castor oil to get whatever is dissolved by the turpentine completely out of your body). Something like chlorine dioxide could also be useful. However, if you always have bentonite

Ticks are known to harbor arsenic because they're unaffected by it and can store it up. When they bite you, they may inject some of that arsenic into your blood, which could cause toxicity to you.

Situations involving bleeding can seem scary. One of the most important things is staying calm.

clay at hand and are able to use it right away, you are likely to avoid this scenario and probably will have an easy time of things.

People have asked me whether it is possible to manage an anaphylactic reaction to a bee sting without resorting to an EpiPen. It is definitely possible, and I would note that EpiPens are not magic bullets, in any case. As a doctor, I observed a case of full-blown anaphylaxis in a woman whose pathologist was administering plasma exchange; she had an anaphylactic reaction to the pooled plasma, and her blood pressure dropped to almost nothing. It turned out that all she needed was fluid resuscitation; after she received a liter and a half of fluids, her pressure came back up, and she was fine. We didn't need to give her epinephrine at all. If it is truly anaphylaxis, getting fluids in is probably the most important thing to do. This can be achieved by drinking copious amounts of water or via enema if the individual is unconscious.

SITUATIONS INVOLVING BLEEDING

Many people are uncomfortable at the sight of blood, so situations involving bleeding (beyond ordinary cuts and scrapes) can seem scary. One of the most important things is staying calm. An adult has about a gallon and a half of blood, and they can lose at least half of that—three-quarters of a gallon—before there is even any risk of them going into shock. So, if you see a lot of blood, don't panic, because there is a lot more in there!

The essential thing to ascertain right away is whether there is arterial bleeding. This is not very difficult to figure out, because the blood will be pulsing or spurting out with each heartbeat. I have only ever seen one person have an arterial bleed, and it was a very old person who was fragile and had skin atrophy. Other situations where you might be at risk of an arterial bleed involve serious injuries where a part of your body is severed or there is a stab or other violent wound.

If you determine that it is arterial bleeding, it's very important to get control of the bleeding as soon as possible and then seek further attention from a surgeon. With a severed artery, you will need to cut off blood flow to prevent further blood loss. If it's in an extremity (a hand, finger,

arm, leg, foot or toe), you can apply a tourniquet. If the bleeding artery is not on an extremity, you will need to pack the wound with zeolite and apply a pressure bandage as described below. You will need to apply manual pressure as well to ensure that the bleeding is slowed or stopped until you can get surgical treatment. Alternatively, you can try applying direct pressure with a finger or hand, but that will be difficult unless the artery is very small; you will have to remain vigilant and keep up the pressure until you can get additional help—this is not something you can just wrap and leave alone.

For an arterial bleed on an extremity, always apply a tourniquet as soon as possible. Many kinds of tourniquets are available at outdoor supply and military surplus stores. Emergency tourniquets are small; soldiers carry them in their medical kit. In a pinch, there are also ways to make an improvised tourniquet pretty easily—the important thing is to learn in advance how to do it. The tourniquet must be closer to the heart than the bleeding artery. After you tie it off, seek medical attention from a surgeon, who will be able to suture up the artery and then take the tourniquet off. If you can't get to a hospital, you will save the person's life by leaving the tourniquet on and preventing them from bleeding to death, but anything further away from that tourniquet may have to be amputated later. Fortunately, these are rare situations.

In most cases, you will encounter venous (or perhaps capillary) bleeding rather than arterial bleeding. Even in serious situations, you can control this type of bleeding yourself; you don't need a surgeon or tourniquet except for rare situations, such as severe injuries or bleeding disorders. Again, the first step is always to assess the type of bleeding and where the bleeding is coming from. It's not often that even a gunshot wound will hit an artery (and if it hits an artery inside the abdomen or chest, most likely the person won't survive), so if the person is alive and they're bleeding, most likely it is this other type of bleeding, which you can control.

You should have wound packing materials on hand—plain gauze and some kind of elastic pressure bandage. You can use any kind of elastic bandage, or you can get special elastic adhesive tape for pressure dressings,

available at online outlets or medical supply stores. Basically, you want to press the packing material down with your hand, arm or body to get control of the bleeding; once you feel the bleeding stop, put the pressure bandage on to keep it from bleeding more. At that point, you might consider going to the hospital, or you can manage the wound at home using some of the protocols that I describe below.

If you are unable to stop the bleeding with direct pressure, and if the wound is deep (for example, a deep gunshot wound), something you can use from the get-go is clinoptilolite zeolite,⁵ a mineral. Zeolite is very good at stopping bleeding (hemostasis), and it's very safe; in fact, if there are any toxic contaminants in the wound, it will absorb them. To use zeolite for this purpose, put a liberal amount of the powder right down deep in the wound; then put the packing material on top and apply pressure on top of that. If it's a superficial cut (like a kitchen knife cut) in the fingers, that area has a rich blood supply, and it can be difficult to stop the bleeding with pressure. Instead, put the zeolite right on the cut and press, or put some in a bowl and press your finger to the powder in the bowl. Applying zeolite powder and pressure should stop the bleeding quickly, and then you can manage the wound.

WOUND MANAGEMENT

You can do quite a bit at home related to managing a wound, even if you think it needs sutures. After you have gotten control of the bleeding, you need to clean and irrigate the wound. (If there is only a little bleeding, you can clean it first and then put pressure on it afterwards to get the bleeding to completely stop.) By cleaning, I mean flushing the wound copiously with water. Purified water (such as distilled or reverse osmosis) is preferable, but if only tap water is available, it will still work and shouldn't cause much harm.

After you clean the wound, assess it more carefully. The first thing to assess is whether you did a good job cleaning it. Make sure there is no debris, dirt or contamination visible to the naked eye. If there is, take steps to remove it; if you have to pull pieces out, then re-irrigate

the wound afterwards. Don't worry about using a large quantity of water—just make sure the wound is fully clean and washed out.

Part of your assessment will also be to evaluate whether the wound is superficial or deep. If it is deeper (for example, if it goes below the fat that is right under the skin) or if it is on a vulnerable area of the body where there is not a lot of tissue (such as the hands or feet), then you will want to look even more carefully. You might need to squirt some water to clear away the blood and see more clearly. Make sure nothing is cut beneath the skin, like a tendon or muscle, and that no organs are exposed. If everything looks fine, then don't worry about it; even if something underneath is cut, it still may be able to heal on its own.

The next thing to assess is function. Let's say it looks like the muscles in your calf are cut. Pick up your foot and try to move it around in all directions to see whether you can move it effectively. Even if there is pain, if you can move it functionally, then you don't necessarily need to have a surgeon look at it. On the other hand, if there is significant damage—for example, if a muscle is cut fully through or an organ is nicked, bleeding or damaged—then you might want to seek expert assistance.

The next step is to approximate the wound margin and possibly to put a dressing on it. There is also a decision to be made: Does the wound need to be closed in some way? You might be surprised to learn that if you don't close a wound (sometimes referred to as “secondary intention wound healing”), you can actually have quite good cosmetic results—sometimes even better than stitches—depending on the wound and how you care for it. Don't feel like you absolutely need stitches in every situation.

If the wound margins are close together, so that you can push them together fairly easily, you can use adhesive wound closure strips (“Steri-Strips”). You can put these strong little strips of tape across the wound on both sides. If you put a row (just like you might have a row of stitches), they will keep the wound margins closed and allow the wound to heal.

Where there is some destruction of the skin or the cut is so big that you can't easily pull the

You can do quite a bit at home related to managing a wound, even if you think it needs sutures.

Three remedies can cover almost every type of accidental poisoning that you might encounter in your day-to-day life, including some life-threatening situations.

two sides together, you might think stitches are the best way to go. You can learn how to do stitches yourself, and actually, it's not hard. Lots of farmers stitch their animals and even family members. There are many videos that can help you learn, and you can buy suture materials intended for veterinary use without any kind of license. It's up to you if you would like to learn that skill. Although I specialized in psychiatry, I invested time in practicing this skill; I was one of the only psychiatrists who was suturing up people at the psych hospital.

You can also heal well without stitches, even if the wound margins are far apart, with the help of an aloe dressing. The slimy gel matrix of the aloe plant, which is largely made of structured water, provides a great healing matrix for wounds—it gives good results, especially compared to the man-made dressings that doctors use. I have a bunch of aloe plants at home so that I can cut fresh leaves off a living plant and give gratitude to that plant if this situation comes up. Cut off the appropriate-length leaf and slice it open lengthwise with a knife; then fold it open and put the slimy side down right on the wound. If the wound is really big, you may need to use more than one leaf, or cut a thicker leaf in sections and place the sections side by side. After you get the aloe on the wound (which is often soothing), wrap it with a thin layer of gauze. I then recommend putting a couple of pads around it because some of the gel will leak around the margins; the gauze pads will help soak it up. I like to use a self-adhesive wrap on top of that. You can also use tape, but self-adhesive wrap is convenient because it stretches and sticks to itself (no need for metal pins of the type used with ACE bandages). After you wrap it, that dressing will be good for at least twenty-four hours before you need to change it, and after you change it at twenty-four hours, it might be good for up to two days. When the surface looks intact—either it has scabbed over or there is no exposed tissue deep to the skin—you can discontinue the dressings.

If you develop any signs of what might be referred to as a wound infection, such as redness, heat, tenderness or discomfort, you can remove the dressing and place some drops of turpentine (pure gum spirits of turpentine) right

over the skin that is red and inflamed (i.e., right around the wound). Do that three to four times a day, and that should resolve it. In that scenario, you will have to remove and change the dressing each time, until the symptoms resolve.

People are concerned about tetanus with open wounds, but I have never seen or even heard of an actual case of tetanus; nor have any of the infectious disease doctors that I have asked. It's the same story with rabies, by the way. It is helpful to know that these conditions are, at most, quite rare, because a lot of parents, in particular, are very scared of them.

ACCIDENTAL POISONING

The first thing to know when dealing with poisoning situations is that some poisons have unique or specific antidotes. For example, the antidote for carbon monoxide poisoning is pure oxygen (or as close to it as you can get); this type of poisoning is recognizable because the person will turn cherry red in certain parts of their body. (Oxygen may be administered at home, but only if you already have a tank or oxygen concentrator. Every ambulance has those and can provide treatment on the spot.)

Milk thistle⁶ or NAC (N-acetylcysteine)⁷ are the specific antidotes for acetaminophen (Tylenol) overdose or ingestion of certain poisonous mushrooms that can cause liver failure.

Sometimes a poison is an antidote for another poison that is even more poisonous. For example, if you accidentally ingest methanol (wood alcohol), which is a neurotoxin and can cause blindness, seizures, other neurologic problems and even death, you can displace it with regular alcohol (ethanol, like the kind of alcohol found in alcoholic beverages). However, there would need to be a calculation of how much alcohol you would have to drink, depending on how much methanol was ingested. With serious poisonings, it is not a bad idea to call your poison control center and find out if there is a specific antidote for whatever poison you are dealing with. Perhaps you have the antidote on hand, or you can go to a medical facility, which usually has antidotes for the most common types of poisoning.

With that said, three remedies can cover almost every type of accidental poisoning that

you might encounter in your day-to-day life, including some life-threatening situations. First, for anything that you are exposed to by mouth, activated charcoal—which has adsorbent properties similar to bentonite clay—can suck it up.⁸ Emergency departments use this, too, but they often deliver it by putting a tube down your nose into your stomach. Instead of this unpleasant experience, just drink it in a glass of water—a full tablespoon of the charcoal in a tall glass of water—and take it as soon as possible. You can repeat that dose every thirty to sixty minutes for no more than about ten doses—but you probably will not need that many, because if the activated charcoal is going to be effective, the symptoms should resolve after a few doses.

Vitamin C is a second compound that has powerful properties in poisoning situations.⁹ In one study, researchers gave laboratory animals fatal doses of formaldehyde (embalming fluid), which is very poisonous. Then, some of the animals were given a moderate (not super high) dose of vitamin C, while the others received no vitamin C. In the group that got no vitamin C, 100 percent died, whereas none died in the group that got vitamin C, and most didn't even have any symptoms. I suggest taking vitamin C to bowel tolerance (that is, until you develop diarrhea) if taken by mouth. If you are taking ascorbic acid (the vitamin C supplement you normally would get from a chemical or pharmaceutical company), I suggest taking one thousand milligrams every thirty minutes until you get diarrhea. Sources of “vitamin C” obtained from nature consist of more than one compound and are more potent. Acerola cherries are one of the fruits with the highest content of these compounds. If you take acerola cherry powder, I recommend two teaspoons in a tall glass of water every thirty minutes until you get diarrhea.

The third poisoning antidote is milk thistle, which is an amazing way to boost your liver's detox function into overdrive. Milk thistle can also save you from substances that are highly toxic to the liver. Right after the poisoning, take one teaspoon (or three capsules) of ground-up milk thistle seeds four times, about every four hours, until you have taken four doses. If poisoning symptoms remain the next day, take another

four doses of milk thistle spread throughout the day. You can use NAC instead, which is very similar to milk thistle, or you can combine them. If you use NAC for this purpose, follow the published dosing regimen for a Tylenol (acetaminophen, paracetamol) overdose.

It goes without saying that all three substances (activated charcoal, vitamin C and milk thistle) will also help in situations involving self-inflicted poisoning or overdoses.

GASTROINTESTINAL DISTRESS

How do you deal with gastrointestinal (GI) emergencies—nausea, vomiting or diarrhea that, when severe, may put you at risk of dehydration? Generally, these symptoms have to do with a toxin somewhere in the gut. It may have been delivered to the gut from somewhere else in your body, or it may be food poisoning from something that you recently ate. You probably won't feel like eating anyway, but I like to emphasize that you should always listen to your body when you have no appetite. In this situation, I recommend water fasting, but even drinking water can be difficult if you are experiencing nausea. Try to sip water as much as possible and stay hydrated.

For GI situations, activated charcoal once again comes to the rescue. Whatever is causing your gut to want to throw up and expel copious liquids will be bound up by the charcoal.¹⁰ Taking it in capsule form may be easier, or you can put charcoal powder in a glass of water. With intense nausea, you may feel that you can't get the charcoal down, but even if you're vomiting, there is usually a window where the nausea subsides, and that is the perfect time to take the charcoal.

If you are not vomiting but are too nauseous to get the charcoal down, try some ginger and/or fennel. Raw ginger is best, although it can feel a bit intense in the mouth. Take a thin sliver of ginger and simply chew on it. Alternatively, you can make tea out of fresh, powdered or dried ginger. There are also ginger chews marketed for morning sickness. Some form of ginger is a good thing to have in your medicine cabinet. Fennel seeds are also good for this purpose. Chew dried fennel seeds and swallow them; they have a slightly sweet licorice taste that is not too unpleasant and helps relieve nausea. If one of these relieves the nausea enough for you to get some activated charcoal down, then you're moving in the right direction.

If you have so much vomiting and diarrhea that you are getting dehydrated—to the point where you think you might need IV fluids at the hospital—here is what you can do at home. First, rehydrate yourself orally. When you are dehydrated, your body can absorb more water than normal without peeing it out, so you can drink a pint or quart of fluids every thirty minutes. In a dehydrated state, fluids with a high sugar content, like Gatorade, get absorbed a little bit more quickly. I am not a fan of Gatorade, but in this situation, if you want to drink something sweet, it is not the worst thing you can do. [*Editors' note: An easy homemade electrolyte drink can be made with one and a half to two cups water, the juice of half a lemon, one-fourth teaspoon sea salt and two teaspoons raw honey or maple syrup.*¹¹]

Keep up the fluids every half hour until you have reversed the de-

hydration and are feeling relatively stable. A sensitive way to test how dehydrated you are is to lie down for about three minutes and then sit up. If you sit up and don't feel lightheaded, then stand up, and if you stand up and don't feel lightheaded, your hydration is probably decent. However, if you feel even a hint of lightheadedness when you stand up, then you need to drink more.

If you are unable to drink more, or you are helping someone else who is unconscious, you can deliver quite a lot of fluids through an enema—something like seven liters a day. This is an excellent way to rehydrate. Saline or salt water or actual filtered seawater (probably not available to most of us) are good to use in this situation. If seawater, you would want to dilute it to the concentration of normal saline (0.9 percent). You can find recipes on the Internet on how to make saline and how much salt to use¹²; use a good-quality salt like you would use for cooking. It does not have to be sterile pharmaceutical-grade salt. Alternatively, you can purchase bottles of sterile saline from medical supply stores and keep some on hand; that will get absorbed more readily than pure water.

With an enema, you can do up to two and a half liters at a time. Leave the enema tube in and refill the bag or bucket when it's empty until you get to two and a half liters. Try to run the enema water in slowly; take your time and let it absorb. If the body is in a very dehydrated state, it is going to absorb a lot of that water; whatever comes out is going to be far less than what you put in. In this situation, try to keep lying there;

if you have the urge to go, resist it as long as possible before you sit on the toilet and let any out. Even if you make a mess, it is better to get the water in if you are dehydrated.

FEVER

How do you recognize a fever? First, you experience chills as your body temperature goes up. Once it hits the peak, it changes direction, and then you start to feel hot as your body cools down; that's when you start sweating. If you have those symptoms, check your temperature and see where it's at.

Fever may be uncomfortable, but in general, try to look at fever as a positive thing. A fever is a way that your body is trying to heal. Increasing the body's temperature helps denature and solubilize any toxins that are floating around that might be involved with the illness that your body is trying to get rid of. Sweating is another way that your body gets rid of things. Your sweat glands are like mini-kidneys, and they can get rid of waste products and toxins just like your kidneys can.

Admittedly, many of us get nervous if our temperature starts climbing, but a fever does not become potentially dangerous until around 105 degrees Fahrenheit (a little over 40 degrees Celsius). Moreover, there is really no reason to be nervous because there are simple ways that you can bring the temperature down if you need to. First, keeping in mind that fever is an indication that the body is trying to dump toxins, you can do enemas with distilled water. In this situation, you need to use only one liter of water because you are doing the enema to cleanse or detox, not for rehydration. Enemas help reduce fever and also prevent the need for further fevers because the body can complete the process of dumping out whatever it is trying to get rid of.

If you need to get someone's temperature down really quickly, get some blankets or sheets sopping wet with cold water. Sandwich the person between the wet fabrics and then turn on a big, powerful fan; they will cool down quite precipitously. That is a good way to handle a really high emergency fever at home. (Notice that I did not mention Tylenol or Advil at all in this process; they are not necessary.)

When it comes to fevers in children, about 2 to 5 percent of children

FEBRILE SEIZURES AND VACCINES [By the Wise Traditions editors]

The medical literature acknowledges that certain vaccines and vaccine combinations are risk factors for febrile seizures.¹⁶ As Children's Health Defense (CHD) pointed out in a 2018 article about vaccines as a trigger for early childhood febrile seizures, the incidence of initial and recurrent febrile seizures is highest in the same developmentally critical time period when young children receive multiple vaccines.¹⁷ Vaccines associated with increased febrile seizure risk include mRNA Covid shots; measles-mumps-rubella (MMR) and measles-mumps-rubella-varicella (MMRV) vaccines; combination vaccines for diphtheria, tetanus, acellular pertussis, polio and *Haemophilus influenzae* type b (DTaP-IPV-Hib); pneumococcal conjugate vaccines (PCV); flu shots administered with other shots; and the diphtheria, tetanus, and whole-cell pertussis (DTP) shots still given in many lower-income countries.^{17,18}

CHD adds: "In the past, child health experts regarded febrile seizures as mostly benign, but this relaxed attitude is now undergoing reconsideration as atypical 'febrile seizure syndromes' become more common. In a study reported in the *Annals of Neurology*, almost one-fifth (18 percent) of children who experienced their first febrile seizure had prolonged seizures lasting, on average, 40 minutes. These more complex febrile seizures, when prolonged and/or recurrent, greatly increase the risk of subsequent neurological disorders," including developmental delays, Tourette syndrome, temporal lobe epilepsy and hippocampal sclerosis.¹⁷

between roughly six months and five years of age will experience a febrile seizure. This is a seizure that occurs when a child has a fever greater than around 100.4 degrees Fahrenheit (38 degrees Celsius) and does not have any kind of central nervous system disorder (e.g., multiple sclerosis, brain tumor, meningitis, encephalitis) that could explain the seizure. Febrile seizures usually occur in the form of a generalized tonic-clonic seizure with repeated contraction and relaxation of the muscle. Children who have one febrile seizure are more likely to then have recurrences. However, according to the American Academy of Family Physicians (AAFP), “Febrile seizures are not associated with increased long-term mortality or negative effects on future academic progress, intellect, or behavior.”¹³ [Editors’ note: See sidebar on p. 38 for another perspective on febrile seizures.]

Febrile seizures can be scary to parents. How should they handle this situation? Once again, it is important to stay calm; recognize that this is not a fatal situation and, in all likelihood, will last only a minute or two (though it might seem longer to the concerned parent). The most important thing to know is that you must not restrain someone who is having a seizure or hold them down; you or they could get injured. Instead, carefully create a cushion around or under them, for example, by putting a pillow under their head or wedging pillows between them and the floor. If they have something in their mouth, see if you can get it out by turning them or gently shaking them (or whatever you can do without risking injury to yourself) so that they do not accidentally swallow it or cut the inside of their mouth. Stay with them and get some help when you can. Do the best you can to keep them free from injury during the seizure.

When it’s over, get them in the first-aid position called the recovery position (on one side with one knee over the other).¹⁴ At this point, they may be unconscious or in a “postictal state”—the altered state of consciousness or confusion that follows seizures. That state can last anywhere from seconds or less than a minute up to several minutes or an hour at the most. Check the heartbeat and breathing to make sure that nothing more serious is going on, but know that this is a normal post-seizure state. Don’t panic. After you put them in the recovery position, wait for them to either wake up (if they are unconscious) or to become fully oriented

(if they are confused). Be comforting, loving, reassuring and patient.

Afterwards, check for any injuries that may have occurred. Did they bite their tongue? Did they bang their head or something else? Make sure nothing hurts and that there are no scrapes or bruises. It is also important to get them as hydrated as possible. All that muscle contraction can cause a little breakdown in the muscle, and toxic metabolites like myoglobin can end up going to the kidneys; they need to be flushed out with good hydration so that the patient doesn’t end up with any kidney damage. Kidney problems are a low risk, but it is still recommended to be aggressive with replenishing water. Because of the risk of future recurrences, also remember enemas as a tool to bring down fever.

WHEN TO CONSIDER GOING TO THE HOSPITAL

In situations where you might want to go to the hospital, I have two caveats. The first is a reminder that if you have cultivated the necessary skills and have the right supplies, it is entirely possible for you to handle many of these events at home. The second is that for truly life-or-death situations, you might not survive anyway; in other words, it might be a moot point whether you go to the hospital.

One situation where a trip to the hospital might be indicated involves displaced fractures—where the bones are broken and not lined up properly to heal. You may not know how to get them back in place, or it may be very difficult. Though you can learn how to do this, it has to be done carefully; otherwise, you could risk further injury. An open fracture is when the bone is sticking out of your skin, and you would probably also want to have a surgeon deal with that. Dislocated joints, too, can be difficult to deal with on your own. I once helped, and we needed four men to reduce someone’s dislocated hip.

With very severe burns that cover a large surface area of the body, you would probably need to get pain medicine at the hospital because it would be so excruciating and would be difficult to manage on your own. However, burns that affect a smaller surface area can definitely be managed at home, even with full thickness



RECOVERY POSITION

When you walk into a hospital, you have to walk in with the attitude that this is your life and your body; you are in charge of what happens.

or what used to be called third-degree burns.

Severe chest wounds (for example, pneumothorax, hemothorax or a sucking chest wound) can be managed at home if you know how to put in a chest tube, but barring that, you would definitely want to go to the hospital. In this situation, air or blood collapses your lung and gets between your lung and the chest wall so that you can't inhale and expand your lung and breathe properly. A knife wound or a gunshot wound to the chest would put you at risk for that complication.

If a body part got partially or fully severed or crushed, you would want to see a reconstructive surgeon, who hopefully could reattach that part of your body or at least make sure that you preserve as much functionality as possible. In this rare situation, it's important to keep the severed body part clean and chill it on ice to preserve it until you can get to a surgeon. Other situations indicating a visit to a surgeon occur when a part of your body is dead (for example, from severe frostbite); if there is gangrene or necrosis, that could give rise to the need for amputation, and you probably would want a surgeon to do that. (Using maggots could be a very effective at-home strategy in some of those situations because maggots will eat only dead tissue and leave healthy tissue behind, preventing gangrene or blood poisoning from the anaerobic bacteria that are eating up the dead tissue.)

Other situations where a trip to the hospital probably would be indicated are arterial bleeding (as already discussed), a throat and neck injury involving the trachea or esophagus that disrupts your breathing or swallowing, or bleeding inside your head. With kidney stones, it is only in rare cases that hydronephrosis occurs (swelling of one or both kidneys due to the urine being unable to drain), and this does not happen suddenly—there is time for intervention. Two clients who were being evaluated in the hospital asked me for emergency consultation related to kidney stones. I simply gave instructions to drink one liter of water every thirty minutes until the stone passed. In both cases, the stone passed before the nephrologist came for the consultation, and they went home. There are certainly other scenarios, such as trauma to the

eye or joint dislocations, where one might receive helpful services at the emergency department, but fortunately, most of these situations are quite rare.

NAVIGATING HOSPITALS

Here is a brief anecdote. A client went to the hospital, having developed an out-of-the-blue symptom that he perceived to be serious and distressing. He was not sick before. At the hospital, they quickly were able to do a simple procedure to relieve the symptom, but after conducting some tests, they told him he had metastatic cancer and out-of-control blood pressure. At home, his blood pressure had never caused a problem, but they went ahead and administered IV blood pressure medication and were about to transfer him to a cardiac unit—and that is when he talked to me. He had to kick the nurses out of the room to have this conversation. I told him quite frankly, “You may not want to consult with me because if you are going to go into a higher level of care in the hospital, you won't be able to use the information that I might provide—they won't allow you to do things that would help, unless it is something they suggest.” Much to my surprise, this brave gentleman made the decision to leave the hospital. He had to face nurses and doctors trying to scare him and convince him otherwise, and the police even came into his room at one point, but they couldn't stop someone in their right mind from leaving. He walked out of there, went home and decided he was going to use natural methods to take care of his health. And he never looked back. This story shows that it is possible, even in difficult situations, to be brave and do what you think is right for you. When you walk into a hospital, you have to walk in with the attitude that this is your life and your body; you are in charge of what happens.

Commerce governs hospitals, and everything in commerce works by contracts. When you walk in the door, hospitals are going to want to have you enter into and sign one or more contracts. A contract might pertain to financial arrangements related to medical treatment, or to how they will handle your personal health information. In situations involving children, contracts sometimes give guardianship to the

hospital—this has been seen in some prenatal care consent contracts. A typical patient registration “consent to treat” form shows exactly what they will ask you to agree to and sign in order to receive care at the emergency department or anywhere in the hospital. Here is what one form says:

“I consent to examination, diagnosis and general medical care and treatment (including, but not limited to, physical examination, administration of medications and vaccinations, recordings, and photographs for diagnosis and/or treatment, diagnostic tests, laboratory tests, and other minor procedures) to be performed by my physician, advanced practice provider, or any other associates of [hospital name].”¹⁵

In this single form, you are telling them that they can provide whatever treatment or diagnosis they want, including giving you any medicines they want, shooting you up with any vaccines they want, making recordings and photographs of your body parts, doing any diagnostic tests they want (including imaging studies, biopsies and lab tests) and doing procedures such as lumbar puncture or catheterization. The consent basically extends to almost anything but full surgery or full radiation therapy—but it could include chemotherapy because that is

considered a “medication.” With one signature, you have approved all that! They could come in and give you a Covid shot based on this type of consent. They could do it while you are sleeping without even telling you—and they do. I once experienced this myself, before I knew about natural healing. I was in the hospital for appendicitis. A nurse came in and put morphine in my IV without telling me in advance. I didn’t even want it—and I only found out when I felt the “takeoff.”

The next part of the form says, “I understand that I am responsible for payment for all services rendered.” In other words, they do what they want, and then you are obligated to pay for it, even though they don’t provide you with a price list and you don’t know what they are going to do. They are asking you to pay an unknown amount that could be half a million dollars if you have complications and need surgery or intensive care. How can you enter into such an unreasonable agreement? Would you go to buy a car and sign a contract that said, “I’ll pay whatever amount you want to charge me?” That is essentially what you are agreeing to when you sign a hospital form like this. Obviously, it is not in your best interest. I recommend that you take the time to read through these types of consent forms so that you understand what they really say.

Instead, use alternative language, crossing

Take the time to read through these types of consent forms so that you understand what they really say.

A WORD ABOUT THE UNIFORM COMMERCIAL CODE

The Uniform Commercial Code (UCC) governs commercial transactions, including hospital contracts because hospitals are in commerce. UCC Section 1-304, “Obligation of Good Faith,” states, “Every contract or duty within the [UCC] imposes an obligation of good faith in its performance and enforcement.”¹⁹ What this means is that there has to be honesty and the observance of reasonable standards of fairness or fair dealing. If a hospital is asking you to agree to pay any possible sum, that’s not fair—you don’t have to agree to that.

To reserve your rights to not agree with something that is unfair or not in good faith, there is UCC Section 1-308, “Performance or Acceptance Under Reservation of Rights,” which states, “A party that with explicit reservation of rights performs or promises performance or assents to performance in a manner demanded or offered by the other party does not thereby prejudice the rights reserved. Such words as ‘without prejudice,’ ‘under protest,’ or the like are sufficient.”²⁰ This “Reservation of Rights” clause “allows individuals and businesses to reserve certain rights that may not be explicitly stated in a contract of agreement,” and it “allows parties to reserve the right to take legal action” in the event of a dispute.²¹ If you sign and reserve your rights in advance—for example, your human rights, your natural rights, your constitutional rights—then whatever you agree to can’t violate your rights or it’s invalid. Basically, you are saying, “I agree to these terms as long as they don’t violate my rights.”

To specify that reserving your rights is what you intend, you can write, “I reserve all rights without prejudice” and then reference this section of the law. Now imagine that the hospital tells you, “If you don’t sign this document or this contract, you can’t get treatment in this hospital.” That is clearly duress, and that invalidates the contract. If you note in your signature that it’s “under duress” or “under protest” and you reference Section 1-308 of the law, then essentially that contract cannot be enforced.

In the event that you are unconscious or otherwise unable to make medical decisions yourself, it is very important to have a designated person who will make these decisions for you.

out whatever is on their consent form and writing in the alternative, or printing it out ahead of time and bringing it with you. You can also handwrite it, and handwriting might even be better because there is a law that says that when there is both handwriting and typewritten information on a contract, the handwritten information takes precedence. Although many hospitals provide these contracts on a computer screen, it's well within your rights to ask them to print out the documents for execution. After you modify and sign, they can scan it into their system. Here is some alternative language you can use:

"I do not consent to any procedure except for history-taking and routine physical examination. I do not consent to any pharmaceutical drugs, vaccinations, laboratory studies, bedside or other non-surgical procedures, surgery, imaging studies or other interventions. I do not consent to sharing my personal health information with any parties aside from my immediate health providers. I reserve all rights to make health care decisions independently and provide informed consent according to my will and timeline. I will provide or refuse consent for each and every proposed medical procedure, diagnostic or therapeutic, on a case-by-case basis. If you administer any diagnostic or therapeutic intervention without my express consent, you will be held liable for any and all damages, civil and criminal, I may incur."

What they are really supposed to do in the first place is tell you about the risks and benefits

of whatever they are proposing, the risks and benefits of the alternatives and the risks and benefits of not doing anything—and then you are supposed to decide whether you want to do that thing or not. So, all you are doing is exerting your natural right to provide informed consent for each medical procedure. And when you go into the hospital without signing the consent form in the regular way, you might even discover that the hospital treats you more respectfully and becomes more accommodating, letting you do things they normally wouldn't allow, such as bringing in your own food.

In the event that you are unconscious or otherwise unable to make medical decisions yourself, it is very important to have a designated person who will make these decisions for you, and of course, it should be someone who knows and respects your wishes. Obviously, you need to select and talk with them in advance. You can create and sign a legal form that says, "If I should become incapacitated or unable in any way to make my own health decisions, I designate [specify Name, Phone Number, Relationship] as my health care proxy and power of attorney to provide consent to all proposed medical procedures and interventions per the terms above." Another alternative is to prepare a living will where you put all your health care decisions in advance, or everything you can think of in every contingency. This is a legal document, and you can file it with all the hospitals in your area ahead of time (or even with the public health department if you so choose), or give a copy to your next of kin to deliver in this kind of situation. Living wills are definitely worth looking into.

AT-HOME MEASURES FOR POSTPARTUM MUSCULOSKELETAL ISSUES

A woman's musculoskeletal system goes through many changes during pregnancy. In order for her pelvic bones to stretch out and let the baby through the birth canal, a special hormone called relaxin circulates in a pregnant woman's blood and changes the elastic properties of the ligaments, joints and muscles. Her whole musculoskeletal system is pulled and stretched in unusual ways during the pregnancy. After she has the baby, her body starts to slowly recover, but sometimes problems manifest during that period. For example, if her body has a lot of toxicity, as it is readjusting it may deposit that toxicity in the muscles and joints, which could create pain. There may also be mechanical issues that persist for various reasons.

In general, excellent nutrition is going to be important, and especially collagen-rich foods, which a woman needs to recover from pregnancy anyway. This means foods like bone broth will really help. For detoxification, postpartum mothers will want to limit themselves to gentle methods, such as water enemas, bentonite clay baths or infrared saunas, that will not interfere with milk supply.

CONCLUSION

Medical emergencies present a stressful situation. Truth seekers may have to rely on hospitals to manage common emergencies and submit to allopathic strategies if they are unprepared with the right knowledge. While the majority of the population will remain dependent on allopathic facilities for urgent health crises, the educated natural healing advocate can learn simple techniques and strategies to manage most medical emergencies at home. In fact, even emergencies such as seizures, poisoning and heart attacks can have superior outcomes with appropriate natural healing protocols compared to expensive and dangerous hospital interventions.

Hospitals utilize legal strategies to usurp your decision-making sovereignty when it comes to emergency and inpatient medical treatment. Typical consent forms bind you contractually to waive your informed consent so that the doctors can decide for you. As mentioned, some consents for prenatal care even award guardianship of the newborn to the hospital! Financial contracts bind you to pay whatever price the hospital deems profitable, such as eighteen dollars for a fifteen-cent acetaminophen tablet. Although there are some rare occasions when the hospital can be life- and limb-saving, you must carefully navigate these legal documents to protect your rights.

Ultimately, making the commitment to take responsibility for your own health and become independent from emergency departments, hospitals and the allopathic system as a whole is a process that can be very rewarding. It helps to seek fellowship and support with others who are like-minded. Now is the perfect time to learn this information and become your own health authority. 

Dr. Andrew Kaufman is a self-proclaimed “recovering physician” who broke all the rules to leave a privileged career in mainstream medicine. Dr. Andy became more and more skeptical of the allopathic paradigm until he finally blew germ theory wide open and became a Covid whistleblower. Since then, Dr. Andy has been speaking and teaching the truth about medicine, viruses, natural healing and other important

subjects such as economics, law, education and science. Dr. Andy received his B.S. in Biology at MIT and his M.D. from the University of South Carolina, and did his psychiatric residency at Duke University. Dr. Andy has served on medical school faculty, has been a leader in academics and professional organizations, and has conducted and published original research. He patented a medical device and ran a start-up company. He testified as an expert witness in local, state and federal court. For free access to Dr. Kaufman’s video masterclass, “How to Stay Out of the Emergency Department,” sign up at <https://andrewkaufmanmd.com/emergency>. You’ll also receive an exclusive invitation to his one-of-a-kind membership community, True Living Fellowship, a one-stop shop for myth debunking, natural healing and connection with like minds claiming their health sovereignty.

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Contagion in Jewish Law

By Akiva Friedman

Somewhere in Europe around the year 1560, two men entered into a rental agreement. Subsequent to the rental agreement—but before the renter and his family had actually moved in—the renter’s wife developed a case of jaundice. The landlord tried to break the contract and block the renter’s family from moving into his apartment because the landlord lived nearby and he was afraid of catching jaundice from the renter’s wife. The renter claimed this was not a sufficient reason to break the contract.

As was common in cases of this type between religious Jews throughout the centuries, the landlord and would-be tenant decided to take their dispute to one of the great rabbinic Judges of their day. In this instance, they turned to a man named Rabbi Moshe Isserles. Rabbi Isserles’ prestige and greatness cannot be overstated. He was a leader of the Krakow Jewish community in the sixteenth century and one of the greatest rabbis of the period. Up to the present day, his works are studied as some of the most authoritative on Jewish Law. He is affectionately known in the Jewish community as “the Rama,” which is simply the acronym formed from the first letters of his name.

“COMPLETE NONSENSE”

After a brilliant analysis of the parameters of rental contract law, in which he sided with the renter, the Rama responded specifically to the issue of contagion:

“And that which he says—that the disease is contagious—is complete nonsense and only someone whose heart pushes them (to rationalize their unreasonable decision) would say such a thing. God makes us sick and heals. If it was like the words of the landlord (that Jaundice is contagious) it would disqualify all the Torah laws of visiting the sick: because we never find in any place that [the Talmud] differentiated between infectious diseases and non-infectious diseases except by *raasan* regarding which [the Talmud said] that it’s prohibited to sit next to him. The proof for this is from the Talmud (*Tractate Kesubos, Chapter HaMadir, folio page 77b*) which states that the only disqualifying condition for a potential marriage partner is *nichfeh*, which is a form of *raasan*.”¹

In plain language, he said that the only disease that is “contagious” is “*raasan*.”

The word *raasan* requires explanation. *Raasan* is actually a family of diseases the Talmud discusses a number of times, which don’t easily correspond to any diseases we have nowadays. The Talmud describes a number of features of this illness. First, it states that the illness is spread by contact with a certain parasitic flying bug and that these bugs are often found near a person afflicted with *raasan*. Were someone to cut open the skull of someone afflicted with *raasan*, according to the Talmud, they would find this parasite feeding on the person’s brain.

The Talmud describes the main symptoms of *raasan* as including a form of epilepsy or related neurological disorder; skin deterioration and abnormalities such as rashes or boils; and/or watery eyes, runny nose and drooling. One could protect oneself from getting this disease by eating nutritious foods—especially beets and beer—and taking other precautions, such as not overexerting oneself or putting too much

pressure on the body, thereby weakening the immune system.

“STICKING” FROM AN OUTSIDE SOURCE

As far as *raasan* being “contagious,” the Hebrew word used for “contagious” literally means “that sticks.” The meaning is *not* that the illness “sticks” from one human body to another, but rather that it “sticks” onto a person from an outside source. Although this linguistic phenomenon is found in basically every classic rabbinic source on this topic and can generally be seen from the context, I think the clearest confirmation comes from the acclaimed kabbalist Rabbi Avraham Azulai who, about four hundred years ago, discussed the spiritual underpinnings for the cause of plague. He said, “And among these you learn that plague is *not an infectious disease from the spoilage of the air*” [emphasis added].² Here, he clearly used the same word “infectious” or, more literally, “sticking” to refer to infection from a toxic environment.

Now we can begin to understand, superficially at least, the Rama’s position based on the Talmud. He said that *raasan*—a disease caused by a parasite—is the only disease “stuck” onto a person from outside his own body. This seems to imply that all other instances of a disease afflicting a person are caused by something built by the body inside the body, independent of the occurrence of that disease in other people.

This was a pretty radical position from one of the greatest rabbis in the last thousand years. Jewish Law (or *halacha*) touches every aspect of life, so a position like this has very definite, far-reaching ramifications in many areas of Jewish Law—and not only tenant law. Interestingly, though, his position actually didn’t cause as much of an uproar as one might expect. In fact, it was received fairly well by scholars for several hundred years, with Rabbi Chaim Beneviste (1603–1673), one of the great Sefardic rabbinic authorities, codifying the Rama’s position straight into law.³

The most well-known rabbi to take issue with the Rama’s position was Rabbi Chaim Palacci (1788–1868), the chief rabbi of Turkey.⁴ His main reason for disagreeing was based on the following passage from Nachmanides’

The meaning is *not* that the illness “sticks” from one human body to another, but rather that it “sticks” onto a person from an outside source.

“And we see, truthfully, regarding many, many illnesses that the doctors once said were contagious that nowadays they’re certain that they’re not contagious at all.”

(1194–1270) Commentary to the Torah:

“There is yet another matter. Looking upon the atmosphere of a plague and all contagious diseases is very harmful, and they may stick to him. And thinking of them is harmful. . . . It was for this reason that Lot’s wife turned into a pillar of salt⁵: for the plague entered her mind when she saw the brimstone and salt which descended upon them from heaven, and it stuck to her.”⁶

Rabbi Palacci deduced from this passage that illness can sometimes spread through psychological channels. He also mentioned, more than once, “If it were true that plague isn’t ‘contagious,’ one would need to understand why so many people run from it?” This is not only a proof from the common practice of fleeing a plagued city (which many great rabbis—including Rabbi Palacci⁷ and the Rama⁸ himself—did at some point), but it is actually a proof from the Rama’s own stated position on the requirement, in certain cases, to flee a city at the time of plague to ensure one’s own safety.⁹ This requirement is well documented in Jewish Law.¹⁰ So, Rabbi Palacci was leveling a very powerful attack against the Rama’s opinion as we currently understand it.

“NOT CONTAGIOUS AT ALL”

Why did the Rama flee the plague if he didn’t think it was contagious? Rabbi Eliezer Waldenberg (1915–2006) addressed this question. Rabbi Waldenberg was one of the previous generation’s greatest Judges of Jewish Law and especially well regarded in the field of medical *halacha*. He was the rabbi of a synagogue adjacent to one of Jerusalem’s main hospitals. In that capacity, he received many inquiries on Jewish medical law and ethics. He compiled his responses into an extraordinary, many-volume encyclopedic work, *Tzitz Eliezer*, which covered many topics, chief among them his medical *halacha* writings. In 1976, he won the Israel Prize in Literature for the publication of this work. He eventually sat on the Jerusalem Religious High Court.

In *Tzitz Eliezer* 9:17:5, written in the mid-1960s, Rabbi Waldenberg discussed whether a

doctor has the obligation, under Jewish Law, to treat a patient with a contagious disease. In his responsum (a written decision from a rabbinic authority), he gave a number of reasons why a doctor would be obligated to put himself at risk—if there is any—in order to heal the patient. The brunt of his analysis, however, centered on the Rama and Rabbi Palacci as quoted above—and whether or not diseases are contagious at all. He explained:

“It seems the understanding of the Rama regarding this question was since we only have the words of our Sages (upon which to rely) and in the Talmud there’s only mention of contagion with regard to *raasan*, therefore we should not concern ourselves with what they (medical authorities) say nowadays that other illnesses are also contagious. And we see, truthfully, regarding many, many illnesses that the doctors once said were contagious that nowadays they’re certain that they’re not contagious at all like, for example, epilepsy (see *Responso Chasam Sofer Eh*”E 1:116). And regarding the very illness that the Rama was discussing, Jaundice, also the doctors today say it isn’t contagious.”

Later on, in the same responsum, Rabbi Waldenberg summed up his own position on this matter:

“And according to my differentiation stated above it comes out that what was spoken about in the responsum of the Rama was a contagious disease of a single person who got sick, and the environment is not filthy (with toxins). But where the environment is filthy (with toxins), then the Rama would also agree that it is prohibited to visit the sick, rather he should be careful not to enter into the filthy environment, as we find from the Rama himself who says to flee a city at a time of plague.”

Rabbi Waldenberg explained that there is a difference between a single person getting sick and a plague affecting an entire city. The Rama was only discussing the former situation when

he said the only contagious disease is *raasan*. In other words, if the disease was caused by a *raasan* parasite, there would be reason to be concerned that the parasite would reproduce or that there could be other parasites in the same vicinity—whether one person or multiple people became sick. However, his reasoning was different for the example of a so-called “viral” disease, the cause of which he attributed to toxins (filth) in the environment. If only one person became ill, it would indicate that either the toxins were not plentiful enough to sicken the other people around him, or he happened to have had access to them but the general air wasn’t filthy and there was no concern with being in the vicinity of the sick person. Conversely, in a situation where the toxins in the environment had shown their strength and sickened many people, then one would be required to maintain his distance and try to escape the city, if possible, so as not to be sickened.

Rabbi Waldenberg went on to express his bewilderment that Rabbi Palacci thought he was disagreeing with the Rama, given that Rabbi Palacci limited his whole discussion to the scenario in which disease was actively spreading through a city—a situation that the Rama would also have considered “contagious” due to the toxins present in the environment. In the end, Rabbi Waldenberg contended, all would agree that there is no cause for concern about going near a single individual who just happens to come down with a non-parasite-based disease.

BRING BACK REASON

Recent events have shown how shockingly accurate the Rama’s analysis was all those years ago: “Only someone whose heart pushes them would say such a thing.” We’ve seen a form of science ruled by agendas, fear and widespread anxiety.

I remember, nostalgically, just a couple of years ago when people were still only considered “contagious” if they had some kind of illness. There was a certain measure of sense in that. But then people started testing “positive” for Covid-19 without any symptoms. Suddenly, we’re mostly at a point where the healthier someone is, the more he or she is to be avoided at all cost. People are thought of as walking repositories of illness and death for no other reason than that they exist. In the current environment, almost no one ever considers simply reexamining the testing process.

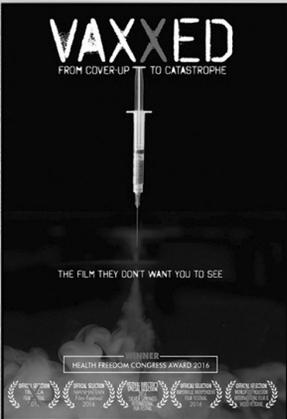
This is not the way of reason. A look back at the great men of faith in the past can remind us, ironically or perhaps expectedly, to commit ourselves to a truer science—one that is not distorted by fear. 

Akiva Friedman is a chicken farmer, although he currently works as a data analyst. He lives in New Jersey with his lovely wife, adorable children, and seven chickens. Akiva is passionate about studying Jewish law and uncovering the truth on many topics, including physical health. He is very thankful and proud to be a member of WAPF. He can be reached at friedmanakiva@gmail.com.

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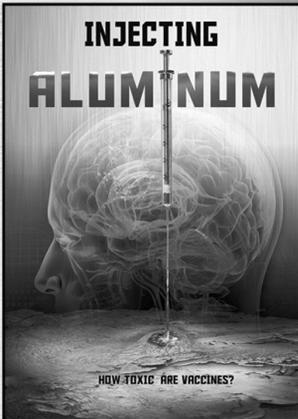
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Reading Between the Lines

By Merinda Teller

Prenatal and Newborn Interventions—It’s an Onslaught

The Commonwealth Fund, a private foundation, regularly issues dismal report cards about health rankings in the United States compared to those of its global peers. In a January 2023 report, headlined as “Accelerating Spending, Worsening Outcomes,” the foundation lamented that for years on end, the U.S. has had “the worst health outcomes overall of any high-income nation,” including the highest infant mortality rate and the lowest life expectancy at birth.¹ Whereas countries like Norway and Japan document 1.6 to 1.8 infant deaths per thousand live births, in the U.S., the infant mortality rate is three times higher on average (5.4 per thousand) and nearly five to six times higher in states like Arkansas and Mississippi.² Nor do outcomes improve after birth—U.S. children retain a “morbidity disadvantage” compared to peers in other wealthy nations throughout childhood and adolescence.³

Ironically, the U.S. spends significantly more of its gross domestic product on health care than other high-income nations—at last count, over 18 percent, which is nearly double what other Western countries spend.⁴ Where do those dollars go? For pediatric spending, according to a study that examined U.S. health care data through 2013, the largest category of expenditures was for “well-newborn care in the inpatient setting” (referring to hospital interventions within the first few days of life); per-child spending was greatest for infants under one year of age.⁵ Experts use such figures to buttress the health system party line that if infant deaths are occurring, it is not for lack of trying.

“WELL-NEWBORN CARE”

What does inpatient “well-newborn care” consist of? In hospital settings, a flurry of tests and interventions greets babies within their first minutes, hours and days. As Cleveland Clinic explains, “When your baby is born, there are many firsts: a first breath, a first touch. If your baby is born in a hospital, they’ll also receive their first series of health screenings.”⁶ At one and five minutes of life, this process starts with Apgar scoring—the “baseline for all future observations”—to assess heart rate, respiratory rate, muscle tone, reflex irritability and color.⁷ Although Apgar scores generally have stood the test of time since Dr. Virginia Apgar came up with the system in 1952, observers note that factors such as maternal sedation or anesthesia and gestational age can falsely lower the score, and they also comment that a “low score doesn’t predict morbidity and mortality for any individual infant.”⁸

The infamous heel prick (blood test), usually done about twenty-four hours post-birth, checks for metabolic abnormalities such as phenylketonuria (PKU) and measures bilirubin levels to assess risk for jaundice.⁹ Reflecting health system pessimism about humanity’s innately perfect

design, the newborn panel screens for roughly three dozen different conditions (with some state-to-state variability): nine “organic acidemias” (a class of inherited metabolic disorders), five “fatty acids oxidation disorders,” six “amino acid disorders,” three “hemoglobinopathies” (genetic diseases of hemoglobin), two “other inborn errors of metabolism,” two endocrine disorders, as well as “hearing loss, severe combined immunodeficiency, lysosomal storage disorders, congenital heart disease using pulse oximetry, and cystic fibrosis, and. . . spinal muscular atrophy” (and a partridge in a pear tree).¹⁰ Most states also require providers to smear the baby’s eyes with antibiotic ointment as soon as possible after birth (see “Making Eye Contact” on page 50).

The hearing test referred to in the above list involves either placing an earbud in the baby’s ear containing a microphone and earphone, or placing “sticker electrodes” on the baby’s head along with small earphones “in or around the child’s ear.”¹¹ (The American Academy of Audiology notes that some babies may be “noisy or restless during screening” and that “this can influence the results.”¹¹)

Injections—including aluminum-containing vitamin K¹² and hepatitis B¹³ shots—represent the most invasive newborn interventions. From the Centers for Disease Control and Prevention’s (CDC’s) perspective, there are almost no contraindications for newborn or subsequent infant vaccines.¹⁴ Inadvertently, however, the Covid lockdowns of 2020 highlighted the glaring possibility that rather than sparing baby deaths, vaccines and other iatrogenic (doctor-caused) factors contribute to them. In 2020, infant vaccinations—and family interactions with health care more generally—plummeted dramatically, and lo and behold, when researchers then analyzed adverse event reports submitted to the Vaccine Adverse Event

Reporting System (VAERS), they observed a corresponding and precipitous decline in cases of sudden infant death syndrome (SIDS).¹⁵ SIDS is one of the top three causes of infant deaths overall,¹⁶ and 2020 marked “the lowest yearly number [of SIDS deaths] recorded in the history of VAERS.”¹⁵ Beyond the VAERS data, the U.S. also experienced a reduction in infant mortality overall; as researchers Amy Becker and Mark Blaxill discreetly put it, “something mysterious was saving the lives of children.”¹⁷

If one exposes the ever-growing barrage of newborn and prenatal medical interventions to close scrutiny, U.S. babies’ poor standing internationally does not seem “mysterious” at all. In fact, it would be naive not to take iatrogenesis into account as a likely and major culprit. The remainder of this article considers what we know (and don’t know) about some of the most irksome forms of newborn medical interference.

IT STARTS IN UTERO

Before turning to post-birth interventions, we should remember that medical interventions affecting babies’ future well-being start in utero. Maternal vaccinations and ultrasounds¹⁸ constitute some of the most significant prenatal intrusions, particularly in light of their ability to cause harm synergistically.¹⁹ Kendall Nelson has extensively described the alarming proliferation of maternal vaccine recommendations in past issues of *Wise Traditions*—with pregnant women now advised to get not only flu and Tdap (tetanus, diphtheria and acellular pertussis) shots but also the newer Covid and respiratory syncytial virus (RSV) products.²⁰⁻²³ With the floodgates open, other maternal vaccines are on the horizon.²⁴ Discussing the fetal and infant harms caused by Covid shots, Etana Hecht wrote on Substack in May 2022:

“The topic of pregnant and nursing moms getting vaccinated under encouragement and coercion is painful. It’s painful to research, painful to write about, and painful to learn how carelessly the most precious among us are being treated.”²⁵

As for ultrasound, medical websites claim that the “typical” ultrasound schedule involves

“at least” two ultrasounds—one each in the first and second trimesters, with the possibility of more in the third trimester.²⁶ However, a decade-old analysis of ultrasound data suggests that the average may be much higher—it was already over five ultrasounds per delivery as of 2014.²⁷ The advent of non-medical boutique businesses that provide “keepsake” ultrasounds in 3D and 4D,²⁸ and portable (wireless) ultrasound technologies,²⁹ are some of the factors encouraging women blithely to get additional ultrasounds. (For a fascinating discussion of prenatal ultrasound’s potential impacts on the baby, see the article by Anke Zimmermann in this issue of *Wise Traditions*; Zimmermann suggests that it is not unusual for some women to have up to ten ultrasounds per pregnancy and describes a client who received two 3D ultrasounds in one day!)

Warnings about adverse impacts of ultrasound are not new. Decades ago, researchers compared the “high-intensity audio sound” to which fetuses were exposed³⁰ through ultrasound to “the sound of a subway train entering a station.”³¹ In 1993, a study linked prenatal ultrasound to speech delays,³² and a 2001 study used left-handedness as a proxy to hypothesize effects on the fetal brain.³³ As a health science consultant told *HuffPost* back in 2011, ultrasound affects the migration of neurons and has the potential to “change basic brain functionality”; she further explained, “[t]his migration of neurons is one of the most delicate, complex and critical processes during fetal development.”³¹ In light of the literature (vociferously denied by the obstetrics community) linking ultrasound exposure to autism and other neurodevelopmental disorders,³⁴ it is somewhat alarming that researchers are now promoting ultrasound as a tool to “identify early signs of autism.”³⁵ Knowing that ultrasounds produce false-positive fetal anomaly results in at least 8.8 percent of cases (and “misclassification of potential anomalies” in 9.2 percent of cases) is a further reason why a subset of parents-to-be prefers to avoid the stress and opt out.²⁷

Beyond ultrasound and vaccination, prenatal care also comes with a bewildering array of prenatal screening tests, described on the website of the Office on Women’s Health within the U.S. Department of Health & Human Services

If one exposes the ever-growing barrage of newborn and prenatal medical interventions to close scrutiny, U.S. babies’ poor standing internationally does not seem “mysterious” at all.

(HHS).³⁶ Tests that may be proposed include:

- Ten to thirteen weeks: Chorionic villus sampling (CVS), in which “a needle removes a small sample of cells from the placenta” to diagnose birth defects—a test often pushed on mothers who are age thirty-five or older.
- Eleven to fourteen weeks: Screen involving a blood test plus ultrasound to look for chromosomal disorders and problems such as heart defects.
- Fourteen to twenty weeks: Amniocentesis (a thin needle “draw[s] out a small amount of amniotic fluid and cells from the sac surrounding the fetus”).
- Fifteen to twenty weeks: A “maternal serum screen (also called quad screen, triple test, triple screen, multiple marker screen, or AFP)” used to detect risk of chromosomal disorders and neural tube defects.
- Twenty-six to twenty-eight weeks: A glucose challenge screening, possibly followed up by a glucose tolerance test, to assess risk or diagnose gestational diabetes.
- Third trimester: “Biophysical profile” (ultrasound plus “nonstress test”).
- Thirty-six to thirty-seven weeks: A Group B *Streptococcus* (GBS) test (a swab from the vagina and rectum).

All of these interventions come with risks, which, even if disclosed, are rarely heeded by anxious parents. Cleveland Clinic admits, for example, that CVS introduces a one in three hundred to five hundred risk of miscarriage as well as infection risks and “rare” cases of limb deformity.³⁷ Discussing limb malformations, a 2003 study described the “absence of the distal portion of the third finger, with tapering and stiff joints,” as a “distinctive effect of exposure to CVS.”³⁸ A 1999 study reported a significantly increased frequency of clubfoot as well as serious intestinal malformations in children exposed to CVS.³⁹ A European study published in 2020 found that “CVS seems to increase the risk of miscarriage by about three times above the patient’s background risk,” with the authors deeming this “a substantial increase in relative terms.”⁴⁰ Amniocentesis, too, poses miscarriage and preterm labor risks as well as risking other potential complications.⁴¹

Nor is the glucose challenge test to screen for gestational diabetes as benign as it may sound. A midwifery practice in New Jersey warns pregnant women against imbibing “toxic” glucose testing drinks, noting that the commonly used product called Glucola contains preservatives as well as a “‘natural’ flavoring ingredient which can actually be a combination of up to 100 additives”; they suggest that a fifty-gram carbohydrate breakfast consisting of two pieces of toast, two eggs, one cup of cow’s milk and one-half cup of fruit juice can serve the purpose equally well.⁴² Describing other glucose drinks, Katie Wells of the Wellness Mama website states that commonly used glucose drinks contain “food dyes, brominated vegetable oil (BVO), dextrose from corn” and other ingredients that she “would not normally consume while pregnant (or

ever!).”⁴³ Wells also notes the high rate of false positives, particularly in women who do not ordinarily consume sugar in the large amounts (fifty grams or about twelve teaspoons) present in the test beverages.

In her “Guidelines for a Healthy Pregnancy and Optimal Health for Your Baby” PowerPoint presentation, Weston A. Price Foundation president Sally Fallon Morell discusses the downsides of testing for GBS—noting that the test frequently leads to unnecessary antibiotics and downstream adverse effects on both mother and baby.⁴⁴ Disturbing the baby’s microbiome can trigger short-term effects, such as newborn thrush and yeast infections,⁴⁵ as well as longer-term “metabolic consequences.”⁴⁶ Morell suggests that coconut oil and probiotic foods during pregnancy are preferable measures for ensuring a healthy bacterial balance. Unfortunately, the alternative to antibiotics being floated by the pharmaceutical industry is a GBS vaccine, with Pfizer currently running clinical trials with pregnant women.⁴⁷

MAKING EYE CONTACT

The mandate to apply erythromycin ointment (or, formerly, silver nitrate drops) to newborns’ eyes within one to two hours of birth offers a case study of many of the perils and pitfalls of an overly zealous and medicalized post-birth environment. First is the fact that the measure dates back to the nineteenth century, when a tiny percentage of infants (estimated at 0.3 percent) developed blindness that a scientist, in 1879, hypothesized was due to *Neisseria gonorrhoeae* bacteria.⁴⁸ In a 2023 publication, two female researchers at SUNY Downstate Medical Center in Brooklyn made the case that the practice of universal “prophylaxis” which took hold both domestically and globally on the basis of this shaky hypothesis—a practice now over one hundred forty years old—is “not literature-supported” and, for multiple reasons, should be discontinued.⁴⁹

A number of European countries have already adopted this advice. Italian researchers who object to their country’s status quo policy have reasonably lobbied in favor of pronouncing the mandatory measure “obsolete,” given that they were able to find only one possibly

relevant case of infant conjunctivitis among nearly two hundred thousand neonates born over a three-year period.⁵⁰ For their part, the two SUNY researchers also characterize as pointless the addition of *Chlamydia trachomatis* to the list of declared bacterial risk factors for newborn blindness (this took place in the 1990s when the low prevalence of gonorrhea could no longer satisfactorily justify the prophylaxis policy), because the 0.5 percent erythromycin ointment used in the U.S. “is ineffective against *C. trachomatis*.”⁴⁹

Dr. Sam Bailey raises even more fundamental points in a video questioning claims that *N. gonorrhoeae* bacteria are responsible for the symptoms labeled as “gonorrhea” or that “gonorrhea” is transmissible.⁵¹ Among the variety of revealing historical tidbits she uncovers is an animal study that supposedly documented mother-to-baby transmission. The researchers forcibly injected a substance into a pregnant rat’s abdomen, calling it “infection” and then documenting fetal death, but this unnatural “physical violation,” as Bailey remarks, “can hardly be seen to implicate *Neisseria* as a pathogen in normal settings.” She also describes 1940s-era experiments in Guatemala that failed to produce syphilis in male prisoners who were amply supplied with alcohol and artificially “infected” prostitutes. Another American study of the era turned to “deep inoculation of the penis,” namely, “the painful procedure of traumatizing the penis by inserting a toothpick wrapped in bacteria-soaked cotton into the urethra.” The CDC used that experiment to claim a gonorrhea

“transmission rate” of 33 percent, but Bailey’s more logical conclusion is that “if you stick a toothpick into a penis, there will be unpleasant repercussions.”⁵¹

The fact that newborn eye intervention is a legal requirement set out in most U.S. states’ “Regulations for Disease Reporting and Control,” with providers required to record it in the infant’s medical record,⁵² points to another significant problem with most newborn protocols—one that has become more obvious with the overt rise in medical tyranny since 2020. As a non-profit legal advocacy organization put it in late 2023, not only do “[l]aws governing the care of newborns abound” but they interfere with parents’ right to make independent health care decisions for their baby.⁵³ Fortunately, some states have loosened their laws, acknowledging parents’ right to opt out of the eye treatment and no longer slapping providers who fail to administer the intervention with a Class C misdemeanor charge.⁵⁴

In the face of strangely persistent shortages of erythromycin ointment, the American Academy of Pediatrics (AAP) and health authorities are now advising a more aggressive protocol. They recommend testing any mother for gonorrhea who is “at risk for exposure to *N. gonorrhoeae* or who had no prenatal care,”⁵⁵ using one of the very same types of bogus testing methods—nucleic acid amplification testing (NAAT)⁵⁶—that helped gin up the ostensible Covid crisis.⁵⁷ Even those who believe that these artificial sequencing tests mean something have criticized NAAT testing for gonorrhea as being prone to “false-positives,” particularly in settings where gonorrhea is uncommon.⁵⁸ Nevertheless, if the mother tests NAAT-“positive” for “gonorrhea,” the AAP’s recommendation—where topical erythromycin ointment is unavailable—is to *inject* the poor baby with up to two hundred fifty milligrams of another antibiotic called ceftriaxone. The drug is contraindicated for newborns with a high bilirubin level and premature infants,⁵⁹ and breastfeeding mothers are advised to use it “with caution” because of its ability to cause bilirubin-induced neurological damage.⁶⁰

The persistent mucking about with newborns’ eyes reveals how little concern is generally lent toward the baby’s experience. In the days of the acidic silver nitrate drops initially used as “prophylaxis,” the drops were “extremely irritating to the eye” (including burning the cornea) and could

ONE FAMILY’S EXPERIENCE

The following is a lightly edited reader comment posted in response to a September 2022 article at Children’s Health Defense titled “Prenatal care, American style—a Trojan horse for harmful interventions?”⁷⁵

“In 1977, our daughter was a few weeks old and my wife’s breast milk seemed to be inadequate for her. We went to her doctor at the time to see what should be done. He recommended a soy type of milk. This almost did [our daughter] in. A couple of days later. . . I was over at the book aisle and came across a book by Adelle Davis [and] I started reading it, as my wife was shopping. It [piqued] my interest right away, and we bought it. [We] went home and started to do everything possible that was recommended. Raw milk, brewer’s yeast, different vitamins, etc. Within days, [our daughter] improved immensely. My wife went in for the next visit with the doctor, and he noticed that our daughter was doing well, and stated. . . ‘keep doing [what I recommended].’ My wife said, ‘What you recommended almost did her in.’ She told him what we were doing based on Adelle Davis’s book, and he lost it. [He] slammed his fist down on the desk, and said we were going to kill her with what we were doing. My wife (furious by now) got up and left. That started our search for ways that worked (in the past or present) and [we] kept doing it, the best we could. I knew some people in the past who were into this kind of health, and they seemed to be in somewhat better shape than most.”

cause “severe pain, chemical pink eye. . . and temporary vision problems.”⁴⁸ Early on, doctors used 2 percent silver nitrate, but because it so frequently triggered “chemical conjunctivitis,” the consensus later converged on a reduced concentration of 1 percent.⁵⁰ Children’s Hospital of Philadelphia (CHOP) admits that even the antibiotic ointments that became the standard of care beginning in the 1950s can cause newborns’ eyes to become “very irritated with redness or swelling”—but, untroubled by the fact that blurry eyes also interfere with mother-child bonding, CHOP sternly tells distressed parents to hang tight and make no attempt to wash the goop out.⁶¹ Rebecca Dekker of Evidence-Based Birth has reasonably pointed out that there are gentler ways to prevent newborn eye infections, including the simple measure of using mother’s first milk (colostrum) as eye drops.⁶² Some countries have embraced povidone iodine as an alternative.⁵⁰

GENETIC SCREENING GRAVY TRAIN

Medicine presents genetic screening as a net-positive, but the fact is that prenatal and newborn screening for “a rapidly expanding list of. . . potential genetic flaws”⁶³ comes with psychosocial and other risks. Discussing newborn testing, one group of authors notes, “uncertainty in the science of predictive testing and treatment combines with issues of privacy and religious and cultural beliefs,” creating a “fuzzier. . . balance of interests.”⁶⁴

False-positive results bring many of these issues to the fore. A Chinese study that assessed false-positives in response to expanded newborn screening for metabolic disorders found that not only were parents who received false-positive results more stressed out, children with false-positive results “were triple as likely” as children with normal results (27 percent versus 9 percent) to experience subsequent hospitalization!⁶⁵ U.S. researchers, too, have examined these issues, noting that early experiences with PKU screening “showed poor parental understanding of false-positive results and a tendency for parents of such children to perceive their children as medically vulnerable.”⁶⁶ Some studies link false-positive results to “long-lasting psychological stress” in the parents.⁶⁶ As states

continue to add “multiple independent diseases of low prevalence” to their screening panels, this increases the likelihood of false-positives, with estimates suggesting that, already by 2005, the U.S. may have been generating over fifty-one thousand such results annually.⁶⁷

The complexities surrounding false-positives also touch on the long-simmering ethical debate over the “right not to know.” In an article published in 2016 in *BMC Medical Ethics*,⁶⁸ a Norwegian researcher noted that the explosion of “omics” branches of science (such as genomics) is leading to ever more “incidental findings of uncertain significance” (IFUS), raising pressing “right not to know” questions. Whereas “genetics professionals appear to think that to know is [always] better than not to know,” he concludes:

“[T]o know or not to know, that is not the question. The question is: can I trust the test results and will they make any difference? I.e., will I become diseased and can anything be done? IFUS cannot answer these questions. Accordingly, if I cannot trust a test result, and/or (if the result is accurate but) nothing can be done to improve my health, there appear not to be any compelling reason [sic] that I should be informed, if I do not want to be. Correspondingly, one could claim a right not to be given inaccurate and/or inactionable information. In the case of IFUS, ignorance is bliss.”⁶⁸

Medicine’s fixation with genetic screening raises questions about the direction in which “old biology” is taking us—versus what Dr. Tom Cowan and others are calling the “new biology.”⁶⁹ In Cowan’s 2019 book, *Cancer and the New Biology of Water*,⁷⁰ he suggests that the very concept of DNA “as masterminding the life of the cell, controlling its every move, is wrong.” Discussing cancer, he continues: “Rather, DNA is one aspect of the complex life of the cell and the life of the organism. It is essential to rethink science’s obsessive focus on DNA and genetic determinism if we are ever to make real strides in the prevention and treatment of [cancer].”

Unfortunately, mainstream science is moving in the opposite direction of the “new biology,” embracing genomics as a major new frontier and opportunity.⁷¹ Genomics claims to study all of a person’s genes—the complete set of DNA called the genome⁷²—and “genomic medicine” promises that once it identifies genes “involved in disease aetiology,” it will be able to “develop better treatments and cures.”⁷³ “Whole-genome sequencing” (WGS)—a sequencing process said to translate “all of the 3 billion DNA base pairs that make up an entire human genome into a file made up of letters”⁷⁴—is poised to replace tandem mass spectrometry, the most recent fancy technology used to detect congenital diseases following an infant heel prick.

As described by Children’s Health Defense (CHD), Harvard geneticist and “molecular engineer” George Church has played a lead role in marketing WGS to the public.⁷⁵ CHD describes Church as “the ‘godfather’ of the Human Genome Project, co-founder of multiple genomics-focused companies, one-time close associate of Jeffrey Epstein and on record as describing as ‘feasible’ the assembly of Neanderthal DNA into an embryo

and implantation in a woman. Church has been at the forefront of efforts to normalize synthetic biology, gene editing and. . . transhumanism” and “has been accused of promoting eugenics as well as unethical human experimentation.”⁷⁵ Church’s Veritas Genomics company began offering WGS services in 2016 but, as CHD notes, he has remained silent about privacy and ethical issues, including “what it means for a for-profit company to stockpile babies’ genetic blueprints” or, in Corey Lynn’s words, to build a “global marketplace for genomic and healthcare data.”⁷⁶

In a nod to some of the implications, the BBC reported on a partnership between DNA testing company 23andMe and pharmaceutical giant GlaxoSmithKline (GSK), announced in 2018 as a way to combine “23andMe’s genetic research with GSK’s drug development expertise.”⁷⁷ 23andMe’s top legal and regulatory officer explained the deal as a win for her customers (“giv[ing] customers more information they can use to inform their health decisions”), but even the tame BBC wondered, “has the company changed its focus to monetising its genetic database”?

Another cautionary tale comes from the HHS Inspector General’s Office, which in 2019 warned the public about “nationwide genetic testing fraud.” Although the scam in question affected the Medicare system, not newborns, it showed that genetic testing can be a fruitful avenue for fraud. In the scheme, fraudulent recruiters would get Medicare beneficiaries to take a genetic test and get a doctor’s sign-off allowing a lab to process the test; in return, the doctor would get a kickback, Medicare would reimburse the lab and the lab would share the proceeds with the recruiter.⁷⁸

OTHER INVISIBLE AND UNRECOGNIZED THREATS

In addition to the obvious interventions, there are many other ways that hospitals and conventional newborn settings may expose babies to harm. For example, a growing body of literature describes the high exposures to electromagnetic fields (EMFs) that can occur in the hospital environment.⁷⁹ A study dating back to 1994 assessed the occupational exposures of neonatal intensive care unit (NICU) nurses and found that “the vast majority of observed peaks. . . occurred while [nurses] were in close proximity to infant bed units” called isolettes, where the magnetic field levels measured were comparable to levels detected in worksites “related to electrical occupations.”⁸⁰ Because the study focused on nurses’ exposures, the authors said little about the fields’ impact on the premature or critically ill newborns in the isolettes, other than a one-sentence recommendation to investigate the “health consequences of long-term infant exposure to such field levels.” Nowadays, in addition to the electronic soup generated by ubiquitous medical devices and smartphones, large hospitals also brag about their “infant security” measures, which may include attaching an electronic security sensor to the baby’s umbilical cord clamp, as well as twenty-four-hour video surveillance.⁸¹

University hospitals pose another subtle threat to newborns and their families—the research dragnet. For example, describing itself as a “premier research institution,” Brigham and Women’s Hospital “offers interested families the option to participate in research studies ranging from the evaluation of tools to measure jaundice to studies on genome sequencing of newborns.”⁸² Given the decimation of meaningful in-

formed consent we have witnessed in recent years, even the most altruistic of individuals may wish to consider the tradeoffs of research participation. As the Informed Consent Action Network (ICAN) has reported, FDA pushed through a rule change in December 2023 that “solidifies that scientists are allowed to conduct human experiments without informed consent, as long as the research poses ‘minimal risk’ and includes ‘appropriate safeguards.’”⁸³

Aspirin represents a recent addition to the list of possible prenatal interventions. In 2021, the U.S. Preventive Services Task Force and others began recommending low-dose aspirin use beginning at twelve weeks gestation for pregnant women at high risk of preeclampsia.⁸⁴ The USPSTF recommends determining “high risk” primarily on the basis of a history of preeclampsia in a prior pregnancy, chronic hypertension or type 1 or type 2 diabetes, but also furnishes a long list of other risk factors: multifetal gestation, conception using assisted reproductive technology, autoimmune disease, kidney disease, nulliparity, high prepregnancy body mass index, family history of preeclampsia, being age thirty-five or older and being Black. Though aspirin sounds as innocuous as apple pie to most Americans, Tom Cowan has shown that its toxicity is underestimated and that “it is far from a safe or effective medicine.”⁸⁵

Parents’ preconception health status is an important and underestimated determinant of a baby’s subsequent health, but it is somewhat worrisome to see the medical community setting its sights on beefing up “preconception care,”⁸⁶ a trend that promises more interventions. Unsurprisingly, those advocating for more attention to the preconception period leave unaddressed one of the most important preconceptional influences—a nutrient-dense diet.⁸⁷

In late 2022, CDC reported that home birth levels had risen to their highest level in thirty years, with a 19 percent rise in the number of home births from 2019 to 2020, and another 13 percent increase between 2020 and 2021.⁸⁸ Overall, only 1.5 percent of U.S. women delivered at home as of January 2021, but the CDC’s report highlighted large percentage increases in some states.

In early 2024, a Commonwealth-Fund-sup-

ported report by *STAT* indicated that home birth looks set to continue its upward trajectory, propelled by “a community of women who feel that they are going to make their own decisions.”⁸⁹ Childbirth researcher Eugene Declercq told *STAT*, “This is about dissatisfaction with care at the hospital. This is about a lack of trust in that care.” Although Declercq’s research suggests that hospital bullying contributes significantly to lack of trust, one wonders whether families are also trying to spare their newborns the trauma of running the medical gauntlet. ☯☯

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Homeopathy Journal

“A DARK FORCE IS PENETRATING ME”: ULTRASOUND AS A HOMEOPATHIC REMEDY

By Anke Zimmermann, BSc, FCAH

Disclaimer: The information presented in this article is intended for educational purposes only and is not intended to diagnose, treat or prevent any disease or condition. Always consult with a health care professional if you are concerned about any specific disease or condition.

Say what? A homeopathic remedy made from ultrasound? Yes, it exists, and its development and use open up a giant can of worms, especially in regard to children affected with the conditions labeled as attention-deficit/hyperactivity disorder (ADHD) and autism. Not only can homeopathic ultrasound be helpful to many of these children, but the fact that the remedy works can also help us understand just how damaging the routine use of prenatal ultrasound really is. This remedy has become a go-to in my practice, which is focused on helping children with ADHD, autism and many other developmental and behavioral challenges.

“CAN’T SIT STILL”

It all began on a bright spring morning in early 2015, when I saw a cute seven-year-old girl with suspected ADHD and her family in my office.

“Caitlin is always moving,” her dad shared. “She can’t sit still at dinnertime; she has never been able to sit through a meal. She will fall off the chair from moving so much. We get upset because she just can’t sit still at all. When she gets fidgety, she also can’t stop talking. It’s non-stop. We can see it coming—it’s like a wave of restlessness. She has a big personality and is very emotional and dramatic. If she eats any food dyes, everything gets ten times worse, and she becomes so fidgety that she almost loses control of her body.”

Caitlin explained the situation from her

perspective. “Sitting still is so hard. I feel like I just *have* to move; I can’t stay still. I *have* to move, or I feel very frustrated. Waiting for something is very hard as well, like waiting for an appointment somewhere. And I’m always twirling and moving and tripping over things, kicking the table.” Her mother added, “If she comes into our bed at night, she will kick us; we’ll get a knee in the gut or back, or get smacked in the face with an arm.”

Caitlin had showed severe restlessness and excessive irritability and reactivity from birth. Her parents reported, “She was born with a scowl and was a very unhappy baby. It was hard to make her smile. It took us two years to really make her laugh. She also could not settle to sleep; she was up crying throughout the night.” They confessed, “The first few years were horrible!” Caitlin also used to freak out when her mom went out. She had severe temper tantrums from eight months old and would bang her head against the wall in frustration, even before she could walk.

Because Caitlin had experienced problems from birth, I carefully asked for more details about the pregnancy and delivery. Her mother reported having had several ultrasounds—“a couple of standard ones and then a 3D ultrasound.” She added that Caitlin “was trying to get away” during the 3D ultrasound, making it difficult to ascertain the sex, so at seven months they did another 3D ultrasound at a private clinic. According to Caitlin’s mom, “We had two sessions in one day, because again she got away and they could not tell the sex, so we went back later in the day.”

Uh-oh—two sessions of 3D ultrasound in one day? The baby tried her best to “get away” but could not escape. Maybe this was where the problems started?

At the time, I had only recently discovered that there was a homeopathic remedy made from ultrasound. The remedy is prepared by treating some water with an obstetric ultrasound transducer at the 3,500 mhz used for routine prenatal ultrasounds; it is then prepared into a remedy by a homeopathic pharmacy.

Homeopaths call remedies like these “imponderables”¹ as a way of describing remedies made from unseen, powerful forces or energies that can profoundly affect living systems.² Think about x-rays, magnets or radioactivity—all of which are invisible and not immediately felt but which can have significant effects on our health, and not generally for the better. Our modern world is brimming with technical devices emitting such energy, which in addition to ultrasound include cell phones, computers, microwaves, televisions, and MRIs. Thankfully, we now also have homeopathic remedies prepared from these and other energies, which can be invaluable in today’s homeopathic practice.

***“For my ally is the Force,
and a powerful ally it is.
Life creates it, makes it grow.
Its energy surrounds us and binds us.
Luminous beings we are,
not this crude matter.”***
Jedi Master Yoda, *Star Wars*

HOMEOPATHIC PROVING INFORMATION ON ULTRASOUND

A homeopathic proving is a process in which healthy volunteers take or prepare a homeopathic remedy and carefully monitor and record their experiences, including physical, mental and emotional symptoms. They may experience both negative effects and healing symptoms from the substance being tried. Both sides of the equation are expressed.

When I mentioned Caitlin’s case to my colleague Dr. Roland Guenther, he told me about a proving, both fascinating and disturbing, that he had conducted to find out what an unborn baby might experience from prenatal ultrasound.³ In the early stages of the process, the provers experienced a lot of irritation as well as feelings of helplessness, fear and being invaded and exposed. As described in Guenther’s online account of the proving,³ these were typical reactions:

- “I feel restless and in a hurry.”
- “I am overstimulated like after too much coffee, I need to rock back and forth on my chair. I am impatient.” (This sounds very much like Caitlin’s state.)
- “I had little patience with my family.”
- “I am irritated by the presence of others.”
- “I feel invaded, disrespected, raw and exposed.”
- “This energy creates fear.”
- “I hear children screaming in silence.”
- “I have a sense of great vulnerability and I feel helpless.”
- “I feel helpless and hopeless.”
- “A dark force is penetrating me, it reminds me of *Star Wars*.”

Caitlin, too, reported anxiety. She said, “I worry a lot. I feel as if I’m missing something. I need to know where everything is. I get up

and recheck to make sure my things are in the right place. I worry that something I love and might never get again will get lost. Then I feel very sad, and I’ll be freaking out, looking for it everywhere. I get really anxious and will look for it like crazy. It’s a horrible, sad feeling.”

According to Guenther, “Participants expressed that the destruction of the inner space of darkness, stillness and safety felt as if it could not be healed again. The sense was not as if this inner space was only threatened or somehow affected negatively, the experience was that this space had been destroyed irreversibly. Something seemed to have entered [their] being and altered [them]. ‘I will never be the same again. I will never be myself.’”³

***“Once you start on the dark path,
forever will it dominate your destiny,
consume you it will.”***

Jedi Master Yoda

This was Caitlin’s exact feeling: “I worry that something I love and might never get again will get lost.” However, two weeks after Caitlin received homeopathic *Ultrasound 200C*, her parents excitedly reported: “The restlessness is much better! She has way more control over herself now. She can actually sit at the dinner table now. She has never been able to sit through a meal in her life! She is also worrying less and gets less upset if she can’t find something. She is still a bit fidgety, but since the ultrasound remedy she is about 80 percent better.”

I thought it was very interesting that the worry had also improved; the remedy was healing the feeling of irretrievable loss. Caitlin had a few more doses of the *Ultrasound* remedy, and after that, there were no more complaints.

AUTISM, BOYS AND GIRLS AND THE BLOOD-BRAIN BARRIER

Over the past fourteen years, I have seen about eleven hundred children on the autism spectrum in my practice, but only about thirty of them (less than 3 percent) have been girls. Then I noticed that about 80 percent of the girls had received between eight and ten prenatal ultrasounds.

Boom. There *had* to be a connection be-

There *had* to be a connection between prenatal ultrasounds and autism.

Perhaps in girls whose mothers received many ultrasounds, that additional exposure could increase the girls' autism risk to the level of boys?

tween prenatal ultrasounds and autism—not only for the girls, but also for the boys, of course.

In the 1970s, autism rates were around one in ten thousand. The autism epidemic started to kick into high gear around 1991. At present, the official numbers cited are one in thirty-six or possibly even higher, especially in boys. As for the boy-to-girl ratio, officially it is five to one,⁴ but the ratio I see in my practice is much worse.

What happened around 1991? There were three major changes. First, the vaccine schedule doubled and then tripled after the federal government granted vaccine makers liability protection through the 1986 National Childhood Vaccine Injury Act. Second, glyphosate started to be used on a much more widespread scale. And third, the Food and Drug Administration (FDA) allowed the output of ultrasound devices to be increased by eight-fold.^{5,6} A number of research studies have linked prenatal ultrasounds with autism and other developmental conditions.^{5,7}

It is known that girls are less susceptible to autism and that their symptoms tend to be milder, maybe due to the protective effects on the developing brain of baby girls' high levels of estrogen. I had pondered the question of whether extra ultrasounds might cause a disruption of the blood-brain barrier (BBB); perhaps in girls whose mothers received many ultrasounds, that additional exposure could increase the girls' autism risk to the level found in boys?

Indeed, while doing research for this article, I discovered that it has been known for over twenty years that ultrasound can open the BBB.⁸ Although creepy to me, medical researchers posit that this may have some therapeutic value; it is generally difficult to get drugs into the brain, but disrupting the BBB can help. In fact, researchers are fitting people's heads with ultrasound-emitting helmets to treat depression, brain tumors and Alzheimer's, cleverly smuggling drugs past the BBB in just this way.⁹

This technology can also be used to open the tight junctions in the gut, allowing medications to reach the gut lining to treat conditions like Crohn's disease or to force larger molecules directly into the bloodstream through the back door (pardon the pun). The start-up company Suono Bio, for example, is researching and

patenting the use of ultrasound technology to supercharge medicated enemas.^{8,10} This conjures up a disturbing image, especially considering that almost all children on the autism spectrum suffer from gastrointestinal problems.

Is it possible that prenatal ultrasounds somehow open these barrier membranes, allowing whatever toxins are in the system to pass through? And for how long? What if mom gets a flu shot or DTaP vaccine around the same time as a prenatal ultrasound? Or eats a tuna sandwich? Even without those effects, research has already established that ultrasound heats tissue, creates audible sound and even causes genetic damage.⁵ In fact, targeted ultrasound is now being studied for its potential to destroy tumors with heat and aid in genetic engineering.¹¹⁻¹³

On that note, I just had a follow-up for a five-month-old baby who developed both eczema and constipation within two weeks of birth. He did not receive any vaccines but did get the vitamin K shot and was exposed to more than ten prenatal ultrasounds. He is now able to have a bowel movement if he gets homeopathic vitamin K and homeopathic *Ultrasound* on the same day, but not on separate days. Oh, and the homeopathic vitamin K cleared up his eczema pronto! Food for thought.

THE "TASMANIAN DEVIL"

In December 2022, I saw Sawyer, a nine-year-old boy with an ADHD diagnosis, very poor focus, lack of impulse control and trouble controlling his body. He had also been diagnosed with a speech and articulation disorder and a sensory processing disorder.

His mother shared, "We call him the 'Tasmanian Devil' because he never stops moving, running, jumping and climbing. And he is always in a hurry. He also has trouble controlling his body and often runs into people and accidentally hurts them. He puts his clothes on backwards, his shoes are on the wrong feet, he hates taking the time to brush his teeth, he can't wait to get to the next thing. He is also argumentative and must have the last word or tries to make up the rules or gets very silly and makes silly noises."

Sawyer also had issues with fine-motor skills, and of course, he was in too much of a

hurry to write neatly. His mother showed me some of his writing samples, which looked like chicken scratch. I was able to observe him on camera during the appointment, and he was constantly on the go, including jumping and swinging in a large playroom and running laps between rooms. His mother added, “Sawyer was very fussy and demanding as a baby and was always vocalizing, although his speech was delayed. He just made a lot of noise, constantly. The toddler years were tough, too; he was into everything, everywhere, always running off, getting into people’s cars.”

I felt a bit flummoxed by the fact that apparently, he had only had two prenatal ultrasounds—until mom confessed in an email afterwards: “I was working as a physiotherapist for dogs when I was pregnant with Sawyer, as was one of my colleagues at the time. We often would ultrasound ourselves quickly at work on the veterinary ultrasound to see our babies. I forgot until today!” Aha!

Sawyer received homeopathic *Ultrasound*, of course. In a two-month follow-up report, his mother stated: “With *Ultrasound*, he immediately seemed more content, less on the go and not needing to be told multiple times to get his shoes on. In the morning, he can now get dressed and brush his teeth by himself; this never used to happen. I watched him write the other day, and his writing was much better and more legible; he took his time more. And he has only put his clothes on backwards once since taking the remedy!” Sawyer has continued to do very well on *Ultrasound* and some other remedies since then.

CREATIVITY UNLEASHED

Malia was two years and ten months old when her mother first consulted with me in January 2022. She had been diagnosed with autism and pervasive developmental delay. She had only just started to point and was very delayed with her speech, using only one word to express her needs occasionally. Her eye contact was poor, she had sensory issues around noise, became easily overstimulated and frustrated and hated having her hair brushed. She did not interact with other children at daycare at all.

She was also very hyperactive and restless

and hated being constrained in a stroller. Her mother commented, “She is moving all the time. She only spends one or two minutes on an activity and then quickly moves on. It’s very hard for her to learn if she will not sit still and listen or look at our mouths when we talk to see how we are forming words. She has trouble following two-step instructions.” In addition, she had a history of constipation and was not yet potty trained or even aware of stool in her diaper. She was a very picky eater and had difficulties chewing and swallowing.

During the consultation, mom followed Malia with her phone, and I was able to observe just how restless this child was, aimlessly wandering from room to room, touching this, picking up that for a moment, then moving to another place again. This went on throughout the entire hour of our visit.

Malia’s mother reported that her pregnancy with Malia had been healthy. Mom had received a DTaP shot and “a few” ultrasounds—she could not remember how many. The baby received vitamin K and hepatitis B (HepB) shots at birth and continued with the regular vaccine schedule thereafter. As her mother recounted, “Within two hours of being born the problems started. She could not stop crying, could not be soothed, could not sleep and was nursing all the time. At six months, constipation started and after her shots at twelve months [MMR and Pedvax Hib], her mouth hung open with her tongue out, and she was drooling. Her development stopped between twelve to eighteen months.”

To me, the restless wandering really stood out. Thus, Malia received *Ultrasound* as her first remedy, although she also had obviously been affected by her vaccines. Two weeks later, her mom happily reported: “She is repeating words more and saying new words. She has been calling us ‘mama’ and ‘daddy.’ She looks more awake. She has been going to the potty and saying ‘potty’ and is now aware of poop in her diaper. And she is wandering around much less.”

A month later, Malia had taken *Ultrasound* in both 200C and 1M potencies. The 1M remedy initially caused loose stools with a “terrible smell” (a detox reaction of note), but then her mother reported that Malia was “much calmer.”

The restless wandering really stood out. Thus, Malia received *Ultrasound* as her first remedy.

It seems likely that prenatal ultrasounds have the potential to destroy the sacred space of darkness and safety in a mother's womb, overstimulating the senses and potentially creating a need to shut down and disconnect.

She observed, "Today Malia played with playdough for thirty minutes; this would have been unthinkable earlier. Her eye contact is much better, and she is much more connected to us. She will request things and answer questions now."

I have seen this increased level of awareness and connection in other children after taking *Ultrasound*, sometimes within minutes. One autistic nine-year-old boy under my care, who had been exposed to at least ten prenatal ultrasounds, went over to his five-month-old baby brother and hugged and kissed him tenderly within half an hour of his first dose of *Ultrasound 200C*. Previously, he had ignored his brother or even tried to hurt him. Disconnection is a key feature in children with autism. They are generally not that interested in interacting with others.

As Malia continued with *Ultrasound*, I next added a remedy made from the HepB vaccine she had received at birth. After this, Malia suddenly started painting! Her mother sent me photos of Malia's artwork and it was astounding, demonstrating a wonderful sense of shape and color in a such young child, then barely three years old. From then on, her mother noted that when Malia stopped painting, she needed a higher dose of *Ultrasound* again. It was amazing! It was also interesting that the combination of the ultrasound *and* HepB vaccine remedies is what helped, as of course the HepB vaccine is usually the first vaccine given after birth.

It has been a little over two years since I first started working with Malia, and I'm happy to report that she is now by all accounts a healthy, happy, creative and absolutely brilliant neurotypical child. She just turned five, is social and talkative, and is already excelling in math.

Her mother recently messaged me: "She is so smart. She took one look at a page with isolated shapes of different countries and knew every single one! I have no idea how, we don't go over that at home or in school. She does have a globe she loves, though, and is very interested in geography." Mom sent me a photo of the page with the shapes, and I only recognized half of the countries! Although Malia had a lot of different remedies to help her recover step by step, the *Ultrasound* remedy was one of the most important ones for her.

"AT HOME WITH MYSELF AGAIN"

What is it with the epidemic of what is called ADHD? Perhaps many cases of ADHD are at least partially ultrasound injuries. And, of course, almost all children on the autism spectrum are also hyperactive, often severely so.

Based on the proving information, research studies and my own clinical experience and that of others, it seems likely that prenatal ultrasounds have the potential to destroy the sacred space of darkness and safety in a mother's womb, overstimulating the senses and potentially creating a need to shut down and disconnect. In sensitive babies, or with frequent and extended ultrasound exposure, this may trigger or contribute to symptoms of ADHD and autism. Girls are more protected against developing autism, but extra ultrasounds may negate that protection.

As a participant in Guenther's proving stated, "In my core there is usually a quiet place of peace and safety. This peaceful core of stillness is destroyed here."³ Guenther describes what the unborn might be thinking when subjected to ultrasound:

"Boy or girl? What does it matter? Quit looking! You see but a shadow. I will reveal myself to you in time. Let me be! Your poking and prodding and untimely seeing can only disappoint. Am I what you want?"³

Guenther's exploration of what the unborn go through with ultrasound also suggested that "As the painful influence could not be avoided, the only option was to shut down."³ Four of the proving participants expressed a desire to be alone, stating "I only want to be alone and to meditate" or "I want to disconnect, to curl up into a ball, tighter and tighter, in order to keep the light and the noise out." Again, the experience points to what the unborn might say:

"This is how a soul is taken, the heart of a living being sacrificed on the altar of technology. But now we reclaim our soul, we rage, we scream. You will hear us until you return what belonged to us. We are asking for the return of our sacred, innermost place. Give us sanctuary, give us quiet!"³

Following the proving, the participants shared comments about feeling “grounded” and “calm” again and feeling “strong and safe.”³ One person commented, “I am home with myself again. Now I can reconnect with others, this was not possible before.” Another stated, “I go to the deepest and darkest part of the ocean. This is the womb of creation. My heart is opening and expanding. I touched the core of life.” And also, “I hear angels whisper and giggle. Their message is love.”

“The Force will be with you. Always.”

Obi-Wan Kenobi, *Star Wars*

Homeopathic *Ultrasound* may become an indispensable remedy to help heal children with ADHD and autism and, hopefully, contribute to protecting them from the harms caused by such unnecessary exposures, returning creation of human life to the sacred wisdom of nature. ☯☯

Anke Zimmermann, BSc, FCAH is a professional homeopath who works and lives on beautiful Vancouver Island in Canada. She has a special interest in helping families affected by autism and similar challenges. You can learn more about her by visiting ankezimmermann.net. The homeopathic Ultrasound remedy can be purchased from several homeopathic phar-

macies and distributors, including Helios Homeopathic Pharmacy in the UK and I&E Organics and PS11 Collective in the U.S. Anke would like to give special thanks to Roland Guenther for introducing her to his ultrasound proving.

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The Wise Traditions Pantry

TOXIC TATERS: PRACTICAL LESSONS FROM TRADITIONAL POTATO PROCESSING

By Dr. Bill Schindler

Instead of removing entire categories of food from our diet—whether potatoes, meat, plants or dairy—we should rethink our approach to foods like this by connecting with the methods still used in traditional societies.

Just like most American kids growing up in the 1970s and 1980s, potatoes were a regular part of my life. One of my favorite ways to eat potatoes was baked with plenty of butter, salt and pepper. I would devour the starchy, salty, buttery flesh and, if I ate fast enough, the hollowed-out skins were still warm enough to melt yet another huge pat of butter that I would fold up like a package and devour with golden melted butter dripping down my smiling face.

Of course, like everyone else my age at the time, I also loved potato skins at TGI Fridays, French fries at Friendly's and potato chips at parties. Mashed potatoes were one of my favorite parts of the Thanksgiving dinner, and pierogies filled with potatoes were a special treat in my house. One of my fondest potato-related memories as a kid was when my mother entered a tuna fish recipe contest and developed super-cute "tuna boats." Her creations were made from half of a baked potato; she removed its center and replaced it with a mixture of tuna fish salad, mashed potatoes and cream of mushroom soup finished off with a cheddar cheese "sail" secured with a toothpick "mast."

Potatoes were even a part of my curriculum in high school history class. I learned how early European explorers who arrived in South America encountered indigenous cultures that

had between three and five hundred different varieties of potatoes under domestication.

Though I loved eating potatoes, I always felt guilty about the butter I added or the cheese I melted on top. I never would have guessed that the real danger was found in the potato itself.

POTATO TOXINS

Wild potatoes and many ancient heirloom varieties contain high levels of toxins such as glycoalkaloids.¹ Even low doses of glycoalkaloids can result in abdominal pain, diarrhea and bloating, while high doses can result in paralysis and death. Although it is true that selective pressure reduced the glycoalkaloids in the potato over time, they were not eliminated,² and even the modern varieties in our grocery stores continue to contain toxins. That's why some people have adverse reactions to eating potatoes, and why some diet gurus advocate completely removing potatoes from our diet.

However, this sort of extremism flies in the face of thousands of years of human evolution and food-processing technologies. Instead of removing entire categories of food from our diet—whether potatoes, meat, plants or dairy—we should rethink our approach to foods like this by connecting with the methods still used in traditional societies. We can learn a lot from

BEST POTATO PRACTICES

1. Store potatoes in a cool (NOT COLD), dry, dark place—ideally between 41-46°F.
2. Handle carefully so as not to damage the potatoes.
3. ALWAYS peel potatoes and discard the peels.
4. Cut and discard minor areas of damage such as cuts and bruises. Discard completely if the potato is severely damaged, rotten and/or there is evidence of any green coloring whatsoever.
5. Ferment potatoes if desired (see Fermented Potato Chips recipe).
6. ALWAYS cook potatoes—never eat a raw potato. Cooking at high temperatures may do more to reduce glycoalkaloids.
7. Keep an eye on your oxalate consumption; while all of these steps will help with some of the toxins in the potato, they do not reduce the potato's oxalate content.

traditional and ancestral approaches to food preparation—and this is especially the case when it comes to plants, because to optimize the safety and bioavailability of plants, they must first be processed.

THREE TRADITIONAL METHODS

Traditional societies that have coexisted with plants for thousands of years have tremendous insights into the best practices for including those plants in the human diet. This is exactly why I flew to South America—traveling through four different countries and enduring a terrible bout of altitude sickness—to live, prepare food and share meals with two indigenous groups: the Aymara Indians of Bolivia and the Quechua Indians in Peru. I purposefully planted myself smack dab in the middle of where archaeologists believe the potato was first domesticated, somewhere between eight and ten thousand years ago, because I figured that the people who had spent the most time with this plant probably had the best chance of understanding the safest and most nourishing ways to include it in their diet.

My primary objective for this research was to learn everything I possibly could about three traditional potato detoxification strategies, including the practical aspects of how to process the potatoes and also how the strategies fit within the groups' larger cultural systems. Initially, the flavors, textures and aromas of the dishes prepared from these potatoes were strong and unfamiliar to me. However, preparing and consuming them alongside the people who relished these foods was simply beautiful

and nourishing in so many ways. In addition to learning about potatoes, I learned how to make *charque* (the original jerky), how to prepare guinea pig using a complete nose-to-tail approach (we ate practically EVERY part!), how to detoxify and prepare amaranth and quinoa and even how to make a traditional regional cheese.

What follow are brief descriptions of the three different potato processing strategies (*p'asa*, *chuño* and *tocosh*) that I observed.

P'asa is the practice of dipping cooked potatoes in clay before each bite during consumption. This is a form of geophagy, or intentional consumption of earth. The clay binds with the potato toxins into a form that is unrecognizable to the digestive system and passes through the body.³

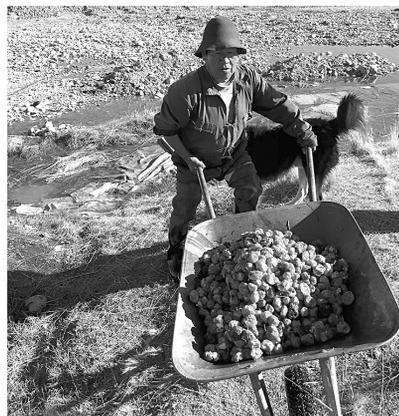
Chuño is made by leaching potatoes in rivers for months, freezing them overnight and then removing the skins by stomping on them with bare feet, and finally freeze-drying them using the unique climate of the Altiplano⁴—a low atmospheric pressure, the cyclical nature of freezing temperatures at night followed by direct sunlight that induces minimal thawing, and wind to support moisture evaporation. These factors all allow the water to move directly from a solid state to a gas state (sublimation). *Chuño* is very valuable because it is storable and easy to transport.

The *tocosh* method involves fermentation of potatoes in in-ground pits filled with a massive amount of potatoes submerged in water. Whole potatoes are fermented in this anaerobic environment for anywhere from six months to two years. When they are exhumed from the

I believe that in moderation, potatoes can be part of a nourishing human diet, provided a few basic rules are followed.



P'asa is the practice of dipping cooked potatoes in clay before each bite.



Tocosh ferments potatoes by submerging them in water.

ground, they are peeled and used as the basis of traditional dishes such as *mazamorra*.⁵ *Tocosh* is valued for its many medicinal uses, including penicillin, which is produced during fermentation.

BEST PRACTICES

My observations of the three traditional practices, combined with additional academic research and years of experimentation, solidified my current approach to potatoes. I believe that in moderation, potatoes can be part of a nourishing human diet, provided a few basic rules are followed.

First, it is imperative to recognize that all potatoes are toxic. Proper handling, storage and processing are essential for minimizing the toxins in potatoes. Glycoalkaloids continue to increase during the handling and storage of potatoes, but they can be decreased through proper processing. It should be noted that potatoes create the toxins as protective mechanisms; this means that mishandling actually causes accumulation of higher levels of toxins where the potatoes have been bruised, cut or otherwise damaged. Always remove and discard damaged areas of potatoes before using.

Second, understand that storage conditions can have a profound effect on the levels of toxins in potatoes. Potatoes should be stored in the dark at between 41° and 46° Fahrenheit. If potatoes are stored with access to light, two independent reactions occur. One reaction produces chlorophyll, resulting in a greenish coloring in the skin, and the other reaction increases glycoalkaloids.⁶ Because these reactions occur simultaneously, the greenish color is a clue that the potato is too toxic to consume. Resist the urge to simply cut the green part of the potato away; if any part of the potato is green, discard the whole potato. The green color indicates the presence of the toxin but is not indicative of the entirety of the dangerous area of concern.

One also should resist the urge to store potatoes in the refrigerator. Refrigerator temperatures are too cold and promote the enzymatic conversion of sucrose into fructose and glucose. This can create issues during cooking because both fructose and glucose are “reducing sugars”; when heated, they react with amino acids to produce carcinogenic acrylamides during the chemical process known as the Maillard reaction.

Finally, when preparing potatoes, there are several important steps that must always be followed. First and foremost, ALWAYS peel the po-

tatoes. For all of the thousands of potatoes that I witnessed being prepared and consumed during my time in South America, there was only one situation where the potato was not peeled. That was when we were eating the potatoes with clay (*p’asa*), and I believe that speaks to the power of clay’s detoxification properties. ALL other potatoes were peeled—no matter what variety, how toxic or whether they were leached and freeze-dried, fermented, roasted, boiled or fried. I must have sounded like an annoying broken record because I incessantly asked everyone why they peeled the potatoes, and the reply was always the same—because “the skin is where most of the toxins reside and it is, therefore, the most dangerous part.”

They were right. The concentration of glycoalkaloids in the skin of a potato is three to ten times higher than on the inside of the potato.⁷ I can hear you all saying, “Stop! I always thought the most nutritious part of a potato was the skin!” It is true that the potato skin contains protein, free amino acids, free organic acids, phenolic compounds and antioxidant compounds,⁸ but any nutrition the skin may provide it is not worth the danger.

After peeling, it is also important to remove all injured or bruised sections of the potato, along with eyes and sprouts, because glycoalkaloids will concentrate there.^{6,9}

LEVEL UP SAFETY AND FLAVOR WITH FERMENTATION

Ultimately, the goal of my field research was to identify ways to incorporate one or more traditional techniques into our offerings at my Maryland eatery, the Modern Stone Age



With *chuño*, one removes the skins by stomping on them with bare feet.

Kitchen, and also to identify techniques that people can use at home in modern kitchens. I found the answer in fermentation. I began experimenting with fermenting potatoes after I returned from South America. If you want to add one more level of safety and flavor, ferment your potatoes!

Currently, we ferment all of our potatoes at home and at the Modern Stone Age Kitchen. In addition to helping mitigate the toxins in the potatoes, the bacteria responsible for the fermentation feed on the sugars in the potato, reducing the carbohydrates in the final product; this results in less acrylamide creation when the potatoes are cooked.¹⁰ Even the U.S. Food and Drug Administration (FDA) recommends “using treatments to reduce sugar levels,”¹¹ and the fermentation process does just that. I have included our recipe for fermented potato chips fried in lard to get you started!

Dr. Bill Schindler is the author of Eat Like a Human: Nourishing Foods and Ancient Ways of Cooking to Revolutionize Your Health and is an internationally known archaeologist, primitive technologist and chef. He founded and directs the Eastern Shore Food Lab with a mission to

preserve and revive ancestral dietary approaches to create a nourishing, ethical and sustainable food system. Along with his wife Christina, he operates the Modern Stone Age Kitchen (modernstoneagekitchen.com), a restaurant designed to provide nourishing food created using ancestral approaches maximizing safety, nutrient density and bioavailability. In 2016, he co-starred in the National Geographic Channel series The Great Human Race, which aired in one hundred seventy-one countries. For more information, visit Dr. Schindler’s website (eatlikeahuman.com).

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FERMENTED POTATO CHIPS

Ingredients: Potatoes, salt, water and lard or tallow for frying

1. Peel the potatoes, making sure to cut away and remove any areas that have been damaged. Discard any potatoes that have any green coloring whatsoever.
2. Place a container on a scale and tare to zero.
3. Cut potatoes into thin slices and place in the container on the scale.
4. Fill the container with fresh water until all slices are submerged.
5. Take the combined weight of the contents of the container (water and potatoes) and multiply by 2.5 percent. The result is the amount of salt required.
6. Weigh the salt, add to the potatoes and water and stir gently to dissolve.
7. Cover with a lid or cloth and set in a cool place for three to five days.
8. Pour the animal fat into a deep fryer or large, heavy pot and heat to 300°F.
9. While the fat is heating, drain the potato slices in a colander and rinse thoroughly several times. Discard all brining liquid.
10. Spread the slices in a single layer on a cooling rack or dish towel so that the moisture evaporates from the surface. If necessary, blot the tops with a towel. It is important to remove as much moisture as possible from the surface of the potato slices to prevent splattering when frying.
11. Once the fat is at 300°F and the surfaces of the potato slices are relatively dry, deep-fry in batches for five to seven minutes, until the desired crispiness is achieved. (Do not expect them to brown as much as regular potato chips.)
12. Transfer the chips to a wire rack, crumpled-up brown paper or paper towels, immediately sprinkle with salt and toss to distribute.
13. The chips can be eaten as soon as they cool or stored in an airtight container at room temperature for up to one week.

Wise Traditions Podcast Interviews

INTERVIEW WITH ELZE VAN HAMELEN

PHARMA FOOD

Wise Traditions



Hilda Labrada Gore is the producer and host of WAPF's Wise Traditions podcast and a Washington, DC WAPF co-chapter leader. An ancestral health advocate, Hilda is a certified health coach who travels the world (Mongolia, Peru, Ethiopia, Ecuador, Kenya, Australia, etc.) exploring and lifting up traditional health practices. She shares the best of what she has gleaned on her Holistic Hilda YouTube channel, on Instagram (@holistichilda) and at conferences and retreats. Hilda has energy to spare because she keeps her feet on the ground and her face to the sun.

HILDA LABRADA GORE: Dutch researcher and journalist Elze van Hamelen covers the topic of “pharma food,” which is her term for the takeover of our food supply by the tech industry, resulting in pseudo foods like lab-grown meat and “milk without a cow.” Elze writes for publications that include the Solari Report, which sponsored Elze’s thorough research on this topic and in 2023 published her tour de force report for Solari subscribers, titled *Pharma Food: Biotech on Your Plate: The Next Chapter in Big Money’s Battle to End Food Sovereignty*.^{1,2} Here, Elze unveils what pharma food looks like, who’s backing it financially and why. She also offers insights into what we can do to defend our food freedom and what to watch out for when it comes to these problematic and toxic “novel foods,” which not only threaten our health but also the future of small farms.

Elze, what does “pharma food” mean?

ELZE VAN HAMELEN: That was an interesting discovery. Catherine Austin Fitts of the Solari Report had asked me to investigate lab-grown meat and I wanted to know how this is made. I started researching it and what I found out is that lab-grown meat uses the same production methods that are used to produce biotech pharmaceuticals.

Biopharma basically uses two processes. One is cell cultures. They say they grow meat in a petri dish. I thought that was weird because if I go to the supermarket and buy a piece of meat, I cannot grow a cow out of it. So, how do you “grow” meat? I thought that was so odd. I wanted to know how it was made and found out they use cell cultures. You culture it in some substance that is blood or resembles blood, and these cells proliferate. In biotech pharmaceuticals, they use these cell cultures to produce biotech medicines. In that setting, the cell culture itself is the waste product.

HG: Are you saying that the cell culture that they use—in which they try to make the cells proliferate to make something that looks like meat—is included in the end product, when in the biotech pharmaceutical industry, they discard it as waste?

EvH: Yes. Biotech pharmaceuticals use cell cultures to test their products on or to grow their products or for vaccines. But for lab-grown meat, they proliferate these cells, and they want to make more and more. That cell culture is the product that they eventually make the meat from. Reading this, you doubt that it can be real. You read it three times over because it’s so insane.

HG: Tell me about the second biopharmaceutical process.

EvH: This is called precision fermentation. In some ways, it’s a bigger concern because it’s already in the supermarkets. People don’t know that they’re eating it. If you’re eating “dairy” products where the manufacturers say, “This is milk without cow” or “This is butter without animals,” you’re probably eating precision-fermented products. In the 1980s, they found out how to produce insulin that’s very similar to human insulin. They take *E. coli* bacteria and they insert the human gene that codes for human insulin; then they ferment these genetically modified bacteria, and these bacteria then produce insulin. That’s a biotech pharmaceutical process that’s been on the market for decades.

HG: It’s insulin that is similar to what the body produces, but it’s been synthetically produced.

EvH: Exactly. Now, they believe that this same production process can replace most materials and foods—a lot of the foods in the supply

chain. In 2020, McKinsey had a forecast that they called the “Bio Revolution.” They said, “We can make so many materials in this way. We can make wood fibers, for example, but also a lot of foods.” Let’s take the example of cow’s milk. They insert the gene that codes for some substance that is in cow’s milk, and these bacteria start to ferment, and they will produce a component of the cow’s milk. Because cow’s milk itself is a complex product, they cannot produce regular complex milk, so they synthesize something called human milk oligosaccharides (HMO), and they put this in infant formula. [Editors’ note: A group of German researchers stated in a 2022 publication, “We consider the use of terms such as ‘human milk oligosaccharides’ and corresponding abbreviations such as ‘HMO’ in any advertising of infant formula to be an inappropriate idealization of infant formula. Manufacturers should stop this practice [and] [p]ediatricians should inform families that infant formulas supplemented with synthetic oligosaccharides do not resemble the complex oligosaccharide composition of human milk.”]

HG: It’s sneaky because we don’t expect these things to be in the food supply, and we’re not aware of the recent technologies that the industry has developed.

EvH: So why the term “pharma food”? The answer is that as I was reading about all these technologies and trying to understand how lab-grown meat works. I thought it’s not ‘lab-grown.’ These are pharmaceutical production processes. This is pharma food. That was my line of reasoning. That’s how I coined the term.

HG: Our readers are well-informed, and they’re already saying no to some synthetic meats and the pseudo foods. We avoid ultraprocessed foods, but is the pharma food that you’re describing already in our food supply, and we’re not aware of it?

EvH: The first lab-grown meat product had many difficulties in the production process and was approved in Singapore. Apparently, I just read, it’s not on the market anymore. In the U.S., the FDA has approved one type of lab-grown

meat, but I believe the company is having so many issues that it’s not yet on the market. When you read their reports, you understand that there are so many difficulties—not just technical—that you don’t have to be too concerned that the market will be flooded with this any time soon. Right now, we should be more concerned with not just the plant-based and soy burgers, but the Impossible Foods products supported by Bill Gates, because those are made with precision fermentation.

HG: I’ve heard that a product that looks like chicken has been approved for the supermarket refrigerated section. It’s gone through the same process, and unless someone reads the fine print, they might not realize that it’s a biotech-driven food product.

EvH: The last time I looked, one type of lab-grown meat had been approved, but as far as I know, it’s not being sold yet. But there are a lot of precision-fermented foods on the market already. In the European Union (EU), it’s very tricky. They say, “We have this strict GMO regulation,” but with precision fermentation, they say, “The actual product is not genetically modified, it’s the bacteria,” and the EU calls the bacteria “processing agents.” It’s not approved under the GMO regulations, but it’s approved under the “novel food” legislation, which nobody knows about. “Novel food” is anything that people didn’t recognize as food before 1997. It’s all this weird synthetic stuff—even nanomaterials.

HG: Even the term “precision fermentation” sounds like a good thing. The Weston A. Price Foundation is all about fermented foods. It’s an ancient way of preserving and making the nutrients in food more bioavailable. But this is something different.

EvH: You see something very tricky here. They’re searching for the words to make something that is very technological sound natural. First, it was “lab-grown” meats, but people don’t like the term. Then it was “guilt-free” or “clean” meat. Then, in the Netherlands, “cellular agriculture.” Who can be against agriculture?

You see something very tricky here. They’re searching for the words to make something that is very technological sound natural.

With fermentation, wine is fermented, and as you said, a lot of fermented foods are healthy. They're testing out these types of words. Or they will say, "it's a culture." Yogurt is a "culture"—what's wrong with a "culture"? But it's a *cell culture*. They are trying to find these words that make it sound normal for us.

That's interesting, too, because with all this wording, it's tech venture-capital businesses that invest in this. These people are technocrats. They like certain types of wording and that gets them excited to put money into this. The type of wording that the consumer likes is very different. That's very clear.

HG: Who is behind this? You have just mentioned the tech world, because it's about technological advances, and I imagine there are some environmentalists who think this is better for the planet, and others who think it's better for our health. Who are some of the main drivers?

EvH: There is a lot of money behind it—billions of dollars—which is very odd because there is not a market demand. The consumer is not interested in it, but a lot of money is pouring in. Why this is weird, too, is that when you think about the tech firms, they can have a hockey stick curve. Once a lot of people sign up for an app, and it harvests a lot of data, then you can make a lot of money. If you sell a product, though, you can never have this growth curve. So, it doesn't make sense why they are investing this much money in it.

The other line of reasoning is the policy reasoning. They say at the UN level, "There's a climate crisis, that's what we need to solve. For the climate crisis, we need to change agriculture. We need a radical overhaul." They are not referring to traditional agriculture, they say it's industrial agriculture that needs to change—and we agree on that—but the way they want to do it is to put farmers out of business. They say, "If we change agriculture, people need to change their diets. They need to change their protein consumption." That is another change in wording—"protein" is no longer meat.

HG: This hasn't been studied. We don't know how people would thrive or decline on these kinds of pseudo foods.

EvH: If you look at how this is made, it's toxic. It's artificial. They say, "There's a lot of antibiotic resistance. This is 'clean' meat." However, look at the amount of disinfectants they need to keep a cell culture "clean" so that it won't become a bacterial culture. In addition, they use fetal bovine serum—blood from cow fetuses—to get the cells to grow.

HG: It doesn't sound appetizing.

EvH: That's a problem for the so-called "clean" meat, so they need a synthetic alternative. But again, these synthetic alternatives are genetically modified; there are hormones, growth factors and all kinds of weird stuff in it. If you have the cells—like a piece of "meat" in your body—it's part of a lot of tissue, and you have veins, and your blood drains, kind of like pulling garbage out of your cells. It becomes clean. But with the regular cell culture, if you grow it, there is no system to remove the waste products out of the cells. There's a necessity there. They need to add all this stuff to make this stuff grow.

You also need to grow it in a structure, which is often nanomaterials that, again, are usually not edible. I even read one patent for a nylon that would disintegrate on your tongue.

WISE TRADITIONS PODCAST CONTINUES TO GAIN STEAM

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HG: At least fetal bovine serum is natural; it's from the cow and its offspring. Vegetarians or vegans or others would say, "We need to make something synthetic that's similar." This is where we get into trouble when we're trying to improve upon what nature has to offer us. The case in point is this disintegrating nylon idea.

EvH: But even the fetal bovine serum—should you eat a cow fetus like a regular adult cow? They pump this blood from a living fetus. Interestingly, after studying all this, it made me eat meat again after being vegetarian for many years! I came to the point where I thought, "This is all so weird and artificial." If I can speak to a farmer who takes care of his animals well, and I know he's normal and doesn't do weird stuff to his food, there's a cycle of life and death. Death is part of it. There's a lot of meat-eating in nature. I like that a lot better than all this insane, unnatural, non-food.

HG: Do you mean to say that before you dived into this, you thought it was healthier for you and maybe healthier for the planet to avoid meat altogether?

EvH: I was a vegetarian for a long time. Not purely for the environment. That was part of the story that I bought, but also because I thought, "I don't know if I can kill an animal, so why should I eat it?" I came to a point where I saw that so many unnatural things were happening, and I was trying to eat everything clean, not processed, and without pesticides, so it seemed more natural for me to start eating meat again. All the insanity with the food was part of it; I wanted just "back to basics," normal farming.

There is also another part of the story. The EU has asked all the member states to develop a "protein strategy." The idea is that farmers need to grow more of their proteins on their land, and people need to eat less meat and more plant-based proteins. They basically want to take the animals off the land. What they don't tell all the environmentalists—of which I was one before—is that regular vegetables won't grow without manure! Also, a lot of land is not suitable for growing vegetables. The most perfect way is that you have cows or other animals on

the land, they graze the land and plow it a bit, and you get a very good cycle of biodiversity. Land and animals go together. You cannot separate them. They are trying to replace animals and meat with all this plant-based stuff and weird synthetic stuff. It doesn't add up. The land and nature will become very unhealthy and people as well.

HG: I want to go back to something you said earlier. Apparently, pharma food is coming at us from a lot of different directions. What are some of the terms on labels we should look for when we are shopping or that might be on the horizon? You said some things have been approved and haven't shown up yet at the grocery store. How can we be on the lookout for these pharma foods?

EvH: I'm thinking about the U.S. labels. Officially, they're bioengineered labels, but they have made the labeling process so cumbersome, and different rules apply in different cases. In other words, you really don't know. What I would recommend if you want to have good fresh food is to find a direct link to a farmer. Buy directly from a farmer or find an intermediary. In the Netherlands, we have people who buy from the local farmers in the region. You can order online, and they will deliver your groceries once a week. That can be a nice startup, too. If you are in the city and you see there is nothing nearby, that can be a great opportunity.

If you look at all the ways that they're basically adulterating our food—in the EU, they approved insects. They can be used as ingredients in cupcakes or breads. It's on the ingredient list, but who looks at that? Who knows? There's not a large bug on the package.

HG: They know that wouldn't be good for marketing. Recently I bought some sourdough bread. It looked like it had all the good things and I assumed it was really fermented. Unfortunately, after I served it, I saw in tiny print at the bottom, "This product includes bioengineered ingredients." I was shocked because there was no big label. There was nothing that indicated to me that this product contained something that had been produced in a lab.

The EU has asked all the member states to develop a "protein strategy." They basically want to take the animals off the land.

EvH: Exactly. They're doing so much weird stuff with our food. You can try to learn about all the labels. In the U.S., it's great that you have the Non-GMO Project.⁴ That's a little bit more expensive, but they are on top of what are GMOs, and about precision fermentation—for them, that's a GMO. In Europe, we are dependent on the EU legislation. People are eating GMOs and they think they are protected against this. They have no idea. The Non-GMO Project uses their own labeling scheme; you know it has gone through a good vetting process there.

For me, the best thing is not just reading the labels, but knowing a farmer. Speak to your farmer and know how they're taking care of the land and how they deal with their animals. Here in the Netherlands, if you have "organic" cows, they still can have the mRNA vaccinations. You have to talk to your farmer to know how they think about what they do.

HG: All around the world, the Weston A. Price Foundation has volunteer chapter leaders, and their role is to help people find local sources of real food. But we are a small nonprofit; we can't go through and vet every farm, so your advice is perfect for people to find out if their farmers are using vaccination on any level and if they are injecting their animals with mRNA. We have to be bold enough to ask. Hopefully, the farmer will be transparent enough to give us answers. I want to back up to ask about the cell culturing process. I believe the pharmaceutical industry uses human fetal cell cultures in vaccinations. Is that right?

EvH: Yes, in a lot of the vaccinations. There are a couple of pro-life organizations in the U.S. that have studied this and published about it. That's described in my *Pharma Food* report published by Solari, which includes all the references. Sometimes, the vaccines are *grown* on these cultures, and sometimes they're just *tested* on them. But that is very common. They manipulate cell lines that were made from human fetuses in a way that keeps on proliferating, and these are still in use.

HG: You mentioned earlier about the impetus behind some of these movements. Are there global policies in place that support this pharmaceutical agenda?

EvH: It's a policy pyramid. They say that we need this for the climate and that's why you have the farming policies. That's why they're pushing synthetic food. Then, you have the venture capitalists, and the big food corporations like Cargill and GBS, which have their own "alternative protein" departments. A lot of countries started but said they need an ecosystem to get this off the ground. They organized consortia to combine the startups with the corporations and the universities. They started this with government money to bring these parties together to get this off the ground.

You see what is happening in the investment world. You have the ESG—environment, social and governance—ratings. Basically, they say, that regular traditional agriculture uses too much land. It uses too much water, pesticides and antibiotics. We need to quit all this. They say these synthetic methods are "clean," so you get a better ESG score. That's a

way to shift the investments.

HG: I saw a clip of Bill Gates celebrating some of this biotech or bioengineered food. He said, "All of this food has been made without photosynthesis." The people in the room practically stood up and cheered. I thought, was this a good idea?

What do you say to the person who says, "You're behind the times. You want to hold on to how things were a hundred years ago. Don't you see that this is the way to feed the world and the way of the future?" What would you say to that naysayer?

EvH: The way to feed the world is the way we fed the world in the last couple of thousand years. We as humans are part of the environment and part of nature. We work best if we work together with the earth and with the animals. That's how we fed the world all the time. The industrial agriculture experiment is pretty recent. It started after World War II, and it has failed. It has destroyed the soil. It's bad



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for animal health and look at our health. You sometimes see old pictures of people on a beach in the '60s; compare those people to people on a beach now who are often obese and sick. This experiment with artificial food that they're now pushing even further ahead has already failed. It's clear that it has failed.

There's also the important issue of the freedom to choose the food you eat. If you look at the direction in which all the policies are headed, it's toward getting people off the land. The land and the capacity for food production will be in the hands of big corporations that have no allegiance to the people. You will have no oversight of food safety anymore. It should be a free choice. Do you want to eat that synthetic stuff? Fine, but we want to do it the proven way it's been done all this time.

HG: It makes a lot of sense to realize what freedoms may be taken away, even subtly. We need to be on our toes! How can we be activists advocating for food freedom in this realm?

EvH: As consumers, the most important thing is to vote with your dollars. If you're buying your food at the supermarket, you're financing the people who are poisoning you. Buy from a farmer or buy from local people or from an intermediary, but try to boycott the supermarket. That's very important. It's very basic.

If you have money to invest, invest in your farmers. I had the thought that we should get some farmers' investment funds that could buy up the land from farmers who are struggling—especially if it's a piece of industrial agricultural land—and have a real long-term plan to make it viable again and have some smaller farmers on it. It should be like a transition. That's the investor part.

Then, there is the political part. I'm in Europe, so I'm less aware of the situation in the U.S. The current situation is created by policy, and it can be changed by policy. You can advocate for better policies. Here, I would look at the website of Catherine Austin Fitts, the Solari Report,⁵ because she's done a lot of work on this and you can find a lot of good information there.

HG: In your investigation, what surprised you

the most as you were digging into this pharma food movement?

EvH: That is a difficult question because I went from one amazement to the next, even shaking my head thinking that this is not possible. The weirdest thing was that the first lab-grown meat project was a NASA project to investigate if they could grow meat in space. You cannot take a herd of cows on your spaceship. For a long time, a couple of researchers worldwide were trying to make something out of this, but it wouldn't get off the ground.

The movement was basically kickstarted by an NGO, New Harvest, which was led by a man named Jason Matheny. They organized a conference where they secured funding for the researchers and connected the researchers. Because of this New Harvest work, it started to become a movement. If you look at the resume of Jason Matheny, he has degrees from Duke University and Johns Hopkins University. He has had a career at DARPA [Defense Advanced Research Projects Agency] and IARPA [Intelligence Advanced Research Projects Agency]. He is currently the CEO of the RAND Corporation. I looked at that list and wondered, why would creating a market for this product be a priority for the intelligence community? If you look at his resume, that's an intelligence operation. Why would they want to kickstart lab-grown meat?

HG: That's a great question. What do you suspect?

EvH: First, you have to recognize that it's not just lab-grown meat, it is also precision fermentation and vertical farming. These are all cases where you have to grow food indoors. This was a pivotal moment in my research. I was reading all this insane stuff and thinking it cannot be possible. At some point, I asked myself, under what conditions would this be rational? I remembered that the same Jason Matheny had also been research director at the Future of Humanity Institute at Oxford University. He wrote a very long article about possible cataclysms that could wipe out humanity. He said, "If there is a cataclysm that endangers the earth, there are

The way to feed the world is the way we fed the world in the last couple of thousand years.

At some point, I asked myself, under what conditions would this be rational?

basically two ways that you can survive that. One is to build underground bunkers. The other one is to become a multiplanetary civilization.” That’s his article. I thought back to what I had read about NASA and lab-grown meat.

If you believe this, then you start thinking about circumstances where you cannot grow food outdoors—because there’s a nuclear holocaust or a Maunder Minimum or a comet hits the earth and you have to grow everything in underground bunkers—then I can understand that you would start to invest in processes and also have these insane investment streams for products. The business case doesn’t make sense, but if you think that it’s about survival, then I could understand it.

In the report, I also go into a few other scenarios. I don’t have the answer, but the official story is not right. What is the real story? I don’t know, but I have a couple of ideas. We presented that in the Solari Report.

HG: What you’ve revealed already helps us start to connect the dots. I have to say, I understand why when people hear you or read these reports, they get scared. You’ve told me that your objective is not for people to be afraid, but to be empowered.

EvH: I often do deep dives, and people will sometimes respond saying that they can’t read it anymore because it scares them and they just want to live their life. They ask, “How do you do it? Are you not becoming depressed?” I am not becoming depressed. All this stuff is going on as we speak. They’re herding us into a corner. If you don’t see it, it will happen to you—and you won’t have any choice. If you start looking and putting the pieces of the puzzle together, then

you can make much more informed choices. These choices can save you. When you hear this type of information for the first time—and for myself, too, sometimes I hear pieces or read things—you’re shocked. You have to process your emotions. But in the end, it’s happening. It’s not something new. Now you see it, now you know, and now you can choose. It’s always better to have a choice. That’s empowerment.

HG: Sally calls it “survival of the wise,” and it will happen. This information that you’re bringing to the fore is helpful for us to be empowered in a profound way. Now, this is the question I always pose at the end: If readers could do one thing to improve their health, what would you recommend that they do?

EvH: The one thing I already said is to buy from your farmer. The other one, especially in the U.S., is to filter your water because there’s a lot of lead piping and other stuff in your water systems. Next to food, your water is one of the most important things that you ingest. There are other things, of course, but I would start with that. Your food and water, then you’re a long way ahead. ☯☯

This was Wise Traditions Podcast episode 467 (March 25, 2024).

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All Thumbs Book Reviews

Eating Locally & Seasonally:
A Community Food Book for Lopez Island
(and All Those Who Want to Eat Well)
By Elizabeth Simpson and
Henning K. Sehmsdorf
S & S Homestead Press

With an emphasis on local, seasonal eating, this book follows the Weston A. Price Foundation's plea for everyone to "strengthen your commitment to support local farms by spending at least 50 percent of your food dollar purchasing raw milk and raw milk products, eggs, poultry, meat and produce directly from local farmers and artisans." As WAPFers know, eating locally is better for our community because it fosters a relationship with our local farmers who are using organic and sustainable methods for growing and raising our food. It also helps secure their livelihoods, as well as our continued access to diverse and healthy options for our families. And it's better for us because food that doesn't travel long distances and has a shorter time from the soil to our table retains more nutrients (and tastes better, too). According to the authors, "We should never eat foods that are better traveled than we are."

Filled with helpful explanations about the nutritional benefits of and ways to use different types of foods, *Eating Locally & Seasonally* will be an interesting read for any real foodie. It's chock full of helpful hints and delicious recipe suggestions that will keep you cooking and learning new and interesting facts about your food. It easily serves as a companion to the two authors' larger book, *Fifty Years of Biodynamic Farming: Essays from the Field* (a must for gardeners, farmers and those who dream of homesteading), and it is a helpful guide for those wanting to eat more local, seasonal and sustainably grown foods. Although it may be especially pertinent to those living on Lopez Island, this book's usefulness stretches far beyond the beautiful island found north of Seattle.

Chapters cover topics such as why to eat locally and sustainably and how to preserve your harvest, with sections on vegetables, herbs, wildcrafting, tree fruits and berries, dairy, eggs, poultry, seafood, meat, bread and grains. The short chapter on wildcrafting alone is worth the purchase of this book, with information that preppers will especially appreciate.

Because eating locally and sustainably means eating seasonally, the authors include a seasonal calendar that tells you which projects to attack when, as well as when to plant certain seeds and which specific recipes to make in a given season. It's all about timing! During the quieter and darker winter months, the authors suggest, you can rest and plan for the upcoming days when everything will be much busier. All along, they encourage you to celebrate the seasons and be present in each moment.

The only negative to point out is that a few recipes recommend grapeseed oil for its milder flavor. However, this is not a WAPF-recommended oil because it is very high in omega-6 fatty acids and is industrially processed with hexane and other carcinogenic solvents. Instead, you could substitute olive oil and small amounts of sesame oil.

As you read this book, you might be reminded of *Nourishing Traditions*. *Eating Locally & Seasonally*, too, is much more than a cookbook, with interesting and entertaining nutritional and historical foodie information sprinkled throughout each chapter. If you not only enjoy eating good food but also love talking, thinking and reading about food like I do, you'll enjoy this book! Thumbs UP.

Review by Kelly Moegenborg
(KellytheKitchenKop.com)



According to the authors, "We should never eat foods that are better traveled than we are."

All Thumbs Book Reviews



THE WISE TRADITIONS BASICS: THREE THUMBS-UP BOOKS TO GET YOU STARTED

Healthy 4 Life: Dietary Guidelines from the Weston A. Price Foundation for Cooking and Eating Healthy, Delicious, Traditional Whole Foods

By the Weston A. Price Foundation

This colorful booklet is a treasure for anyone getting started with a Wise Traditions diet, and a great tool for others (WAPF chapter leaders, especially) who want to share information about the goodness of nourishing foods and the vibrant health that follows! It's even a good reminder for seasoned travelers on the Wise Traditions eating journey.

In eighty-four pages, *Healthy 4 Life* succinctly communicates the wisdom of the WAPF dietary guidelines. With bright and quaintly engaging illustrations and color-coded tabs to designate different sections, it is easy to navigate and understand. It starts with a single page for each of the four Wise Traditions food groups: “Animal Foods” (in red), “Grains, Legumes & Nuts” (orange), “Vegetables & Fruit” (green) and “Fats & Oils” (blue). A very useful two-page spread specifies “Foods to Avoid” and “Healthy Choices.” (My one small critique is the use of the color red for “Healthy Choices”—my initial reaction was that red meant “stop” or avoid.)

Sections focus on the why, what and how of each food group, with clear preparation instructions and simple starter recipes to make it easy to incorporate them in your diet. The Animal Foods section covers WAPF “superstars” (e.g., bone broth, stews, organ meats, whole raw dairy), with a short section on vegetarianism. Grains discusses wise preparation techniques (soaking or sprouting), gluten issues and soy dangers. Vegetables & Fruits discusses cooked versus raw and highlights how adding good fats

and lacto-fermenting improves nutrient availability. Finally—saving the best for last—the “crème de la crème” section addresses the all-important topics of saturated fats, cholesterol and cod liver oil.

The last ten pages offer valuable tips on beverages, seasonings, sweeteners, cookware, meal plans, healthy children, pregnancy and nursing, and finding healthy foods. For those new to WAPF, this inexpensive booklet (\$10!) serves an important role by providing a truly healthy alternative to the USDA's heavily promoted “MyPlate” (successor to the Food Pyramid). *Healthy 4 Life* gets an enthusiastic thumbs up; order a few dozen copies to share!

Review by Kathy Frisch

Nourishment Made Simple: A Concise Beginner's Guide

Self-published by Amy De Vernon, NTP

This forty-five-page booklet gives practical advice for transitioning to a Wise Traditions diet. Written by a WAPF chapter leader and nutritional therapy practitioner, it closely aligns with WAPF's dietary guidelines; however, as De Vernon states, it is her “own personal take on implementing [WAPF's] principles.” That said, many will find it a useful and encouraging supplement to WAPF's *Healthy 4 Life* booklet.

De Vernon speaks from personal experiences improving her fertility and her family's health, and draws on the experiences of her clients. She sets the stage with a short overview of “Four Powerful Mindset Shifts” and four key takeaways. First, the quality of soil influences the quality of nutrients in food. Second, pay attention to how food is produced; is it in a whole, natural form or is it processed and packaged? Third, look for foods that are grown locally, organically and by farmers who care. Fourth, don't depend on the government, the food industry or Google for health advice!

In eighty-four pages, *Healthy 4 Life* succinctly communicates the wisdom of the WAPF dietary guidelines.

All Thumbs Book Reviews

The main section covers eleven steps to living a nourished diet lifestyle, including “why” to choose specific foods (e.g., grass-fed meats, raw milk) and filter water, and the “what and where” of specific food choices, with recommended websites or stores. The final few pages offer “Cliff Notes” instructions for her top ten traditional food preparation techniques.

The booklet could be improved with an edit to eliminate typographical errors, but even so, the wisdom shared from De Vernon’s decade-plus of experience makes it worthwhile. Order *Nourishment Made Simple* at her website, barefootinthegrass.org. Thumbs up.

Review by Kathy Frisch

Stay Well: Misinformation?

The Facts Revealed

By Elizabeth Shelley

Independently Published (United Kingdom)

In this information-rich yet compact compilation of her own articles, titled with a cliché, Elizabeth Shelley masterfully succeeds in conveying the WAPF principles and tenets in less than two hundred pages.

Discussing the population’s slide into physical degeneration, Shelley starts with comments about consumption of the “white loaf”—“not even fit to give away”—instead of “real bread.” Her perspective closely aligns with Dr. Weston Price’s principles, but she also credits many other wise voices that have echoed the same wisdom; in reading, I lost count of how many. One of them, a Dr. Yellowlees, liked to visit his patients at mealtimes, as there was “no better way of knowing what a sick person eats.” How many of us can relate to that statement?

Shelley provides a schematic that is the best intestinal depiction of diverticulosis (by one Dr. Frone) that I have seen thus far. Every clinic exam room should have a flow chart that shows how important it is to avoid constipation

to prevent diseases of all sorts—plus a Bristol stool chart (which was not a part of any nursing class I took).

Shelley’s stance on cholesterol will not be news to any bona fide WAPF follower. Interestingly, she posits that the low-cholesterol diets recommended for pregnant women result in a “thalidomide fetal response.” She also dubs diabetes a “gold mine” for processed food companies, pharma and even transplant teams. Commenting on obesity, she describes how the appetite is “deceived with unnatural concentrations” and suggests that if we consume appropriate foods at their natural “dilution,” we can expect our appetite to regulate our intake.

Shelley also condemns as “medical procrastination” the medical community’s non-use of vitamin C, linking needless sepsis deaths to this euphemistic construct. As for aggression in today’s youth, she suggests that chemical precipitation of testosterone surges combined with sugar results in mineral deficiencies that are as volatile as striking matches to nitroglycerin and gunpowder!

Stay Well closes with Shelley’s discussion of grasslands and forests, as well as an SOS to “Save our Soils” and a few other important things. I didn’t think any book could be so concise yet so complete, but she accomplishes this feat. To prevent this review from being longer than the book, I will close. Suffice to say that you will learn something new if you read this book. And you will know just the person (or people) who need to read it afterwards. Two thumbs up for sure!

Review by Mary Walkes



As for aggression in today’s youth, she suggests that chemical precipitation of testosterone surges combined with sugar results in mineral deficiencies that are as volatile as striking matches to nitroglycerin and gunpowder!

All Thumbs Book Reviews



Tell Your Children: The Truth about Marijuana, Mental Illness, and Violence
By Alex Berenson
Simon & Schuster

This was the hardest book I've ever reviewed. It's not that the information was too heady or difficult to grasp. No, the book was a challenging read because the information was so heart-breaking. Although I found the book heavy and disheartening at times, I believe its message is absolutely critical to communicate.

The Weston A. Price Foundation is committed to highlighting what shores up our health and what destroys it—and marijuana decidedly falls into the latter category. It was Tara Couture, a Canadian homesteader at Slowdown Farmstead, who first brought this book to WAPF's attention. Marijuana incited her daughter's descent into mental illness, addiction and, ultimately, suicide. (See Tara's article, "What Happened to Our Daughter," in the Winter 2023 issue of *Wise Traditions*. Tara discussed "Slow Diet in a Fast World" on *Wise Traditions* podcast episode 175 in 2019.)

In *Tell Your Children*, Alex Berenson adopts a somber, no-nonsense tone, presenting factual, clear and convincing information based on studies, science and case after case illustrating the issues marijuana brings about. Not everyone will want to hear or believe his message. After all, marijuana seems so benign. Most of us have heard (and been swayed by) marijuana propaganda, along the lines of, "Marijuana is safe. Way safer than alcohol. Barack Obama smoked it. Bill Clinton smoked it, too, even if he didn't inhale. Nobody ever died from smoking too much pot." That first "marijuana is safe" sentence may very well remind you of other propaganda we've had drilled into us from 2020 on, but we know that just because a statement is endlessly repeated does not make it true.

Berenson makes a strong case for why marijuana is actually the opposite of safe. Kicking off with a bit of history, he starts by reviewing the use and sale of marijuana in Mexico and India. He then shifts the spotlight to the U.S., where in 2012, Colorado and Washington became the first states to legalize recreational use. In 2018, those two states were joined by seven more, including California, as well as Washington, D.C. Sixty percent of Americans now support legalized cannabis.

Some may ask, "Doesn't marijuana offer medical benefits?" Not so fast, says Berenson. There are indeed some studies that point to the *possible* medical benefits of CBD (cannabidiol), which is not psychoactive (meaning it doesn't make you "high"). However, most cannabis today has almost no CBD and lots of THC (delta-9-tetrahydrocannabinol), the problematic compound that "can induce euphoria, enhance sensation, distort the perception of time, and increase hunger." Proponents of marijuana use capitalize on the public's confusion about the difference between CBD, THC and cannabis to promote this dangerous drug.

Facts that Berenson cites to highlight marijuana's dangers include a sharply increased risk of heart attacks and a strong link with psychosis and schizophrenia. Marijuana also has a "gateway effect," leading to future abuse of heroin, opiates and cocaine. In countries where marijuana use is on the rise, there has been a corresponding surge in mental illness, and states with legalized marijuana have seen steep increases in murders and assaults. Marijuana users are three times as likely to be violent as those who drink alcohol. The chapter titled "Study after Study after Study" and the book as a whole provide many more specifics. (Note: The squeamish may wish to avoid Part Three titled "The Red Tide.")

The opioid crisis has garnered a lot of at-

The opioid crisis has garnered a lot of attention, but Berenson argues that marijuana is a crisis of greater magnitude.

All Thumbs Book Reviews

Many Hands Make a Farm: 47 years of Questioning Authority, Feeding a Community, and Building an Organic Movement
By Jack Kittredge and Julie Rawson
Chelsea Green Publishing

Reading *Many Hands Make a Farm* is like peeking through the window at the journey that authors Jack Kittredge and Julie Rawson made while developing their regenerative farm in Massachusetts. Although they begin by sharing details about their respective upbringings, the majority of the book focuses on the milestones they experienced while creating “Many Hands Organic Farm.” Kittredge and Rawson take you through their process of finding the right land, designing a house that makes use of the sun and the seasons, incorporating their children into everyday farm life, finding labor, expanding to farmers markets and creating their own CSA (community-supported agriculture) program.

Readers learn about the struggles and successes the authors experienced on the farm as well as the importance of relationships and community throughout the entire process. The farm has seventeen “Rules of Engagement” and specific “Operating Principles” that aim to foster an environment that is productive and nourishing to the land, promotes healthy interactions among staff and makes their farm a pleasant place to work. “Know your help,” “Make it fun” and “Never ask someone else to do something

you wouldn’t do” were among my favorite rules of engagement.

This is not a “how to farm” book, but it does provide minor insights on some farming techniques, such as how to improve soil quality by avoiding tilling and instead using blended organic fertilizers, calcium, lime and large amounts of mulch. Rawson also lightly explains how she approaches freezing herbs, meat products, vegetables and fruits as well as how she dries herbs and makes tinctures, soaps and salves. She proves that with a well-thought-out approach, it is possible to utilize everything throughout the year.

A bonus of reading this book is learning about how the authors helped build the non-profit Northeast Organic Farming Association. In addition to describing their leadership responsibilities and the organization’s accomplishments, they also consider the challenges that inevitably arose.

Many Hands Make a Farm will motivate readers to realize the power each of us has to make a difference in this world. Reading about all of the beautiful effects that Kittredge’s and Rawson’s years of work have had on their land, their community and the organic movement is delightful. Thumbs up!

Review by Anya Adams



(*Tell Your Children* continued.)

tention, but Berenson argues that marijuana is a crisis of greater magnitude. Because it’s more of a “slow-motion problem,” it may go unnoticed. Psychosis doesn’t often occur during first-time use; psychotic breaks tend to show up roughly six years later. Nonetheless, law enforcement officers recognize the connection between marijuana use and crime, and “cannabis-related presentations”

are flooding emergency rooms. Psychiatrists see more and more patients who are struggling with marijuana-induced mental health issues.

Convincing the public of the dangers is not easy. As a Denver psychiatrist states, “We’ve put it out there, and the community is not receptive.” I hope and pray that the readers of this review will be receptive and read the book. Our future depends on it. This is just one reason why this book merits a thumbs up.

Review by Hilda Labrada Gore

All Thumbs Book Reviews



The Dorito Effect: The Surprising New Truth About Food and Flavor
By Mark Schatzker
Simon & Schuster Paperbacks

We have heard of the “placebo effect,” the “nocebo effect,” the “side effect” and many others. This book answers that burning question I’m sure you have always wondered about: What is the “Dorito effect”?

Studies done with chickens, cows and other animals have looked at what they eat and why, examining why animal tastes change from one day to the next. Researchers have found that cravings for certain foods correspond to nutritional status. If an animal is deficient in phosphorus, for example, it may pig out on high-phosphorus plants today and then avoid those same plants tomorrow because that nutritional shortage has been corrected.

Do humans have this same ability? The answer is a very qualified “yes.” Sometimes those instincts work, and sometimes they go horribly wrong. Before you conclude that you have a severe deficiency in Ben & Jerry’s and run off to slam down a half-gallon in one sitting, you might want to read a little further.

The animals in these studies were fed real food. Much of the human food supply is not real. This book goes into some detail about the kinds of artificial flavors and appetite enhancers that manufacturers have added to fake food. The frequent side effect of these chemicals is a badly scrambled metabolism and feedback system. If you eat these pseudo-foods, you will not be able to depend on your innate nutritional wisdom to steer you right. This is the dreaded “Dorito effect.”

Author Mark Schatzker illustrates this point using Doritos, explaining that once they start munching on these chips, most people have a hard time stopping, even when they are not hungry any more. They will keep eating until their blood runs orange. This is a little strange to me

because I find Doritos to be the most disgusting food-like substance on the planet. Just the smell of them makes me want to launch my lunch. Yes, I’m weird, but we all know that.

The economic incentives here are obvious, however. These addictive chemicals are cheap, and junk food produces a secure and loyal base of food zombies who can’t get enough of the product. That works great until the zombies die—but then the funeral services cash in. They not only need more coffins, but supersized coffins. Win-win. Unless you’re the one in the coffin. The economics work only for short-term thinkers.

We have become a little too impressed with ourselves and think we can do things better with our techno-whiz-bang methods. Many entities have put a lot of effort into making fake snacks, meat and milk. We might even get the government to subsidize fake food, making it look cheaper, but there is a minor downside—customers really will drop dead. Producing truly healthy food synthetically, without fake economics, would be ridiculously expensive, if it can even be done. The real economic winner is to get as much food as you can from good, local sources. That will save you on medical bills, too.

This book came out in 2016, so it is not new. I would not take every detail of nutritional advice in this book too seriously, but the main point about what has happened to the food supply is very good and the book is entertaining and well-written. The thumb is UP. ☺☺

Review by Tim Boyd

If you eat these pseudo-foods, you will not be able to depend on your innate nutritional wisdom to steer you right. This is the dreaded “Dorito effect.”

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All Thumbs Book Reviews

Children's Books

Thunder Cake

By Patricia Polacco (Penguin Young Readers)

Patricia Polacco loves to write stories that draw on events from her childhood. Set on a farm in Michigan on a “sultry summer day,” a Russian grandmother lovingly called “Babushka” helps calm her granddaughter’s fears of an impending storm by preparing all the ingredients to bake a cake. Together they collect eggs from the hen and milk from the cow, fetch dry goods from the cellar and pick freshly grown tomatoes and strawberries (the secret ingredients)—all demonstrating the satisfaction of living on a self-sufficient farm. The colorful illustrations and the constant encouragement Babushka provides create a warm and loving vibe for the reader. Find out how Babushka turns a frightening storm into a celebration, and look to the back for the actual recipe!

Mr. Crum’s Potato Predicament

By Anne Renaud, Illustrated by Felicita Sala
Kids Can Press

Based on a true story, this fun tale is about George Crum who loved cooking up concoctions for his customers and was known as the best cook in the county. One day, a haughty

gentleman comes to the restaurant demanding “just potatoes.” Undaunted, Crum fries a delicious plate of potato wedges in lard, but the dissatisfied customer sends the plate back, stating that they are too thick. Crum tries several times to create potatoes fried in lard and sprinkled with salt, but each time, the customer sends them back. Finally, Crum creates the thinnest possible fried potato. The customer absolutely loves the crunchy snack. . . which becomes known as the potato chip! An author’s note gives the history of the New York town where the chip was created. The combination of historical accuracy, a funny tale and the incorporation of cooking principles such as frying in lard make this a well-rounded read that can be enjoyed by the whole family.

The Farm Summer 1942

By Donald Hall, Illustrated by Barry Moser (Dial Books)

In the summer of 1942, nine-year-old Peter is sent to New Hampshire to live on his grandparents’ farm while his father fights in the war and his mother helps with the war effort. From San Francisco, Peter has never experienced farm life before; milking cows, cutting hay, collecting eggs. Initially, he is timid about performing these chores, but it isn’t long before he takes pride in doing the hard farm work alongside his grandfather. He also begins to relish the warmth and comfort of sitting by the radio in the evenings with his grandparents, drinking fresh milk and eating homemade gingersnaps. Hall expertly describes what life was like on a small New England farm; the full-page illustrations by Moser beautifully highlight the 1940s time frame. Children will get a taste of the hard work and satisfaction of operating a family farm, an art which sadly has become almost non-existent and yet seems to be making a comeback in the form of homesteading. ☺☺

Reviews by Katy Vander Woude

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.

Tim's Video Reviews



Sacred Cow: The Nutritional, Environmental and Ethical Case for Better Meat

Produced and directed by Diana Rodgers

<https://www.sacredcow.info/>

Almost the first thing that we see in this film is a European butcher preparing and cooking up some delicious-looking red meat. It is well-marbled and has a lot of fat, which he does not trim. Good man. Later, we are introduced to a couple who run a local butcher shop in the U.S. After the vegan lobby pressures them to put a sign in their window proclaiming how unethical it is to eat meat, they temporarily give in, and the vegan-influenced news release that follows goes viral. You would think that would be bad for business, but their business hits an all-time high in the months following that press release. That might tell you something about strong basic human instincts. It might be better to go with those instincts than with the politically correct fad of the day. We should not be too quick to let lightweight thinkers impose their fanaticism on the rest of us.

We see more evidence of the shortcomings of political correctness on a farm in Indiana that, for decades, grew corn and soy, mostly GMO. The result was not only nutritionally disastrous, but an environmental and economic failure. Those failures are repeated on similar farms all over the world. All of those factors turned around when the Indiana farmers converted to pastured animal-based farming.

A common criticism of animal-based agriculture is that cows require too much land, too much water, yada yada. Water and ice cover most of the surface of the earth, and most of what is left is too cold, too hilly or too dry to grow anything but grass. We can't eat grass. Cows can. The only option for a few billion people on the planet is livestock-based agriculture.

Lierre Keith and others in the film spill the dirty secret that healthy animals and plants need healthy pasture, and healthy pasture does

not happen without animals. If you look at the ingredients of a good fertilizer, there are animal products in it. Sorry, there is no way around it. No animal can live without the death of another. That becomes less obvious as we get more separated from the source of our food. Joel Salatin, in classic form, says we are experiencing devolution into disconnectedness. His Polyface Farm is a well-known model of how to do things right. Other familiar faces also make an appearance in this well-done video.

Actor and comedian Nick Offerman is the perfect narrator for this video. He played a very funny TV series character (Ron Swanson) who is all about red meat and real food in general. He is famous for classic quotes like, "There's only one thing I hate more than lying: skim milk. Which is water that's lying about being milk," or "You had me at 'Meat Tornado.'" The thumb is UP.

Climate: The Movie (The Cold Truth)

Written and directed by Martin Durkin

Produced by Tom Nelson

<https://rumble.com/v4k2ij6-climate-the-movie-the-cold-truth.html>

This film features a couple of my favorite scientists, Steven Koonin and William Happer. Dr. Koonin is often accused of being a "science denier." He replies that his claims are all based on the most widely recognized, authoritative data from the Intergovernmental Panel on Climate Change (IPCC). He asks what, exactly, is he denying?

Dr. Happer makes a point I have harped on many times and am happy to further belabor. Consensus is not science. The truth is not up to a vote. News media propaganda and hysterics from a teenage drama queen ("How dare you!") are not science.

Both of these men, along with other good scientists, present the data in the form of graphs and charts that speak for themselves. Anyone

“There’s only one thing I hate more than lying: skim milk. Which is water that’s lying about being milk”

Tim's Video Reviews

not suffering from cranial rectitis can see it.

Graphs that map out the temperature for the last five hundred million years show that our climate currently is significantly colder than it has been in most of that history and almost as cold as it has ever been. Carbon dioxide levels are also at near all-time lows. The data show no correlation between CO₂ levels and temperatures. The lowest CO₂ levels occurred about twenty thousand years ago. During that time, almost all life on the planet nearly went extinct. If you doubt the accuracy of data from millions of years ago, that's fine. Let's look at twentieth-century data. CO₂ rose steadily through the century, but temperatures did not. If you are old enough to remember the 1970s (yes, I'm that old), you know temperatures went down during that period. I can tell you from personal experience it was bloody cold.

Koonin brings up the critical point that climate models are all demonstrably wrong and yet serve as a basis for alarmism. I have ranted elsewhere about this, so I will spare you any redundant rants here. Climate models are based primarily on land-based data that are strongly influenced by large urban heat islands. Even those data are weak, but ocean and satellite data show even less of a temperature rise. We are panicking about a little over a one degree Celsius rise in temperature over the last one or two centuries, when year-to-year variation can be as much as three degrees. No matter how you look at it, honest science shows no emergency.

So why are they doing this? Gerry Spence wrote an interesting book many years ago, titled *How to Argue and Win Every Time*. He was a lawyer who often took cases representing the little people against big government and big business. One might assume, understandably, that he experienced a lot of failures going up against those deep pockets and fleets of shark lawyers, but at least up to the time he wrote the book, he had never lost a case. How did he manage that? He emphasizes that twisting the

truth to suit your agenda is not the key to success. Quite the opposite. You must be strictly honest but also understand how the other side thinks and what they care about. And here is the major point I remember from the book. What does big business care about? Money\$\$\$\$. What does big government care about? Power.

If you get that, you understand the underlying motivation of most of what goes on in the world today. The U.S. government spends obscene amounts of money funding climate "science," creating an entire industry that benefits from all this money. The fake science fuels the fear needed to convince the public that there is a problem so big that it requires a super-powerful world government to solve, or else we will all die. Corporations get their money. Governments get their power. If the climate emergency were ever to evaporate, revealing the scam behind it, a lot of people would not only look felony-stupid but would lose their jobs. Then they might have to go out and get a useful, productive job. Oh, the horror!

If the consequences of this scam were purely academic, I might shrug it off, but the implications are dead serious. Farming and other basic necessities are being choked off as I write this. Raising cattle and other livestock is being made far more difficult in the name of "climate change." You will eat bugs. There is a lot of chatter about other draconian measures being considered. No more backyard gardens. Every chicken registered with the government. No gas stoves.

The poorest populations will not survive these anti-human policies. It may be a toss-up whether you will freeze before you starve, but at least the grandchildren you will never have will be grateful that you were so concerned about the environment. Fortunately, many people are waking up and seeing through the nonsense. This film does a great job of looking at reality and the thumb is UP.

Vegans in Danger

Lierre Keith and Ken Berry, MD

<https://www.youtube.com/watch?v=nvzU08Ka-Z4>

Lierre Keith was sixteen years old when she met a vegan friend who sold her on changing to a vegan diet. This appealed to her because she is a very caring person. She believed this was the path to better health and a better planet and was more humane to animals. Those are all commendable basic values that everyone should have.

Lierre was extremely conscientious—in other words, she was not an Oreo/potato chip vegan. She ate real food, just no animal products whatsoever. In a matter of months, she started to pay the price with her health. Her menstrual cycles stopped completely, and then she experienced severe depression and spinal degeneration.

It took these increasingly severe health problems a long time to drag

Tim's Video Reviews

her kicking and screaming to face reality. She was particularly disturbed by the idea that anything had to die for her to eat. She tried growing her own lettuce, but the slugs ate it. What to do? If she relocated the slugs to a different area, she was likely overpopulating that area, and they would die anyway. She also learned that fertile soil only happens with the components of dead animals. Mice, deer, birds and other animals make their home in fields of grain and soy. When those big harvester machines make their rounds, the slaughter is considerable. They often have to stop to clean all the dead bodies out of the machine. There is simply no way to produce our food without killing something. There is a cycle of life that will not be cheated.

Her health continued to deteriorate until she encountered a kindly traditional Chinese medicine practitioner who non-judgmentally and sympathetically broke the news to her. Her health would only get worse unless she ended the moratorium on animal foods. She started with eggs and noticed an immediate difference, but eggs were not enough. When she added tuna, the improvement was dramatic. She knows permanent damage has been done, and she does what she can to warn others from a position of experience and compassion, including in her 2009 book *The Vegetarian Myth: Food, Justice, and Sustainability*. The thumb is UP.

Something Ain't Right with Kevin Sorbo
Executive Producer/Director: Susan Downs
<https://rumble.com/v49p0m9-something-aint-right-with-kevin-sorbo.html>

Many have noticed information and videos disappearing from YouTube, Facebook and other media. YouTube removed this video, and you must now go to Rumble to see it. One thing these vanished videos all have in common is that they presume to disagree with the establishment

narrative. Journalists with that same flaw also are being canceled. Cancellation isn't confined to one political side, either.

The rationale for censorship is always safety—people might get hurt if you give them “wrong” information. But who decides what is wrong and what is right? Rachel Maddow sternly insists we should trust the likes of the FDA, NIH and WHO. When you look at their track record of handling Covid, and this video does, we see an ongoing disaster. Demanding that we not question agencies that are politically motivated and corrupt is not scientific, and it isn't even how politics are supposed to work in the U.S. Making a god out of government and its agencies should offend everybody, including atheists—especially atheists.

We see telling examples of people contradicting themselves in their effort to justify censorship. Senator Cruz speaks to Jack Dorsey about Twitter blocking political speech. Dorsey tries to argue that such censorship did not influence anything. Cruz quickly asks, “If it has no influence, then why block it?” YouTube and Facebook community standards apparently claim that you cannot boost the immune system with, for example, vitamin C, but both companies religiously follow Dr. Fauci, who in 2016 in *Washingtonian Magazine* recommended taking one thousand mg per day of vitamin C to strengthen the immune system. Zuckerberg, Facebook's founder, says, “We do not want to become arbiters of truth.” He immediately follows that up with specific examples of where he does want to be the arbiter of truth.

People with no medical expertise are censoring very competent doctors, and the doctors who are most successful are attacked the most. This problem has emerged all over the world. Censorship is the first sign of dictatorship. More people are waking up to that, which is good news. Thumbs-up for this wake-up call. 

People with no medical expertise are censoring very competent doctors, and the doctors who are most successful are attacked the most.

Vaccination Updates

TURBOCHARGED CANCERS: INVESTIGATING UNCOMMON TRENDS FOLLOWING COVID-19 INJECTION

By Kendall Nelson, Director, *The Greater Good*

When President Nixon launched the War on Cancer in 1971, he raised hopes that a cure for cancer was on the horizon. More than fifty years later, however, it is clear that the war has failed.¹ Cancer diagnoses continue to surge, accompanied by a troubling new phenomenon—that of accelerated cancers nicknamed “turbo cancers.” This term, though not medical, has gained traction, with observers using it to describe the rapid growth and aggressive nature of cancers in individuals who received at least one dose of a Covid-19 injection. Such cancers appear to be particularly prevalent among recipients of the Pfizer and Moderna products.²

Skeptics argue that turbo cancers are merely cancers detected at advanced stages due to pandemic-related delays in cancer screening and disruptions in non-emergency medical services; they estimate around ten million missed cancer screenings from January to July 2020 alone.³ Setting aside the many questions some experts have raised about the value and risks of cancer screening,⁴ the delayed-screening explanation does not hold much weight, given the significant time elapsed since the 2020 lockdowns and the much more recent explosion of turbo cancers.

Dr. Harvey Risch, emeritus professor of epidemiology at Yale, describes turbo cancers as a novel and distinct medical phenomenon, particularly in younger adults.⁵ Formerly, cancers might take several years to several decades to progress, depending on the type. Citing the alarming explosion of colon cancers in young people, Risch observes, “That’s basically impossible along the known paradigm for how colon cancer works. Because these cancers have been occurring in people who are too young to get them. . . compared to the normal way it works, they’ve been designated as Turbo Cancers.”⁵

DOCTORS SPEAK OUT

A headline-making study from Japan,

published in April 2024 in *Cureus*, has added depth to the debate about the Covid shots’ contribution to fast-growing cancers.⁶ The researchers examined age-adjusted mortality rates for twenty different types of cancer for the 2020–2022 period, using official death statistics and data on uptake of the injections. The authors note that Japan boasts some of the highest Covid vaccination rates in the world, with the population currently receiving their seventh dose. The analysis revealed that while Japan experienced no excess cancer mortality in 2020, the trend shifted markedly in 2021, concurrent with the rollout of the mRNA lipid nanoparticle shots. By 2022, after over two-thirds (68 percent) of the Japanese population had received at least three doses, a significant increase in cancer mortality in those individuals became evident. The 2022 rise in cancer mortality was especially significant among the elderly and particularly pronounced for ovarian, prostate, lip/oral/pharyngeal, pancreatic and breast cancers and leukemia.⁶

Stephanie Seneff, a senior research scientist at MIT for more than five decades, has also interpreted data showing a potential link between the Covid shots and cancer. Her research indicates that after the introduction of the shots in 2021, there was a surge in reported cases of cancer far in excess of cancer’s association with any other vaccine.²

Researchers continue to document the troubling trend of turbo cancers emerging shortly after Covid shots. At least twenty-six papers have been published in the medical literature, with six papers on accelerated cancers published in April 2024 alone.⁷ This research shows that a majority of turbo cancers are diagnosed at Stage 3 (locally advanced) or Stage 4 (metastatic), with symptoms often manifesting so quickly (days or weeks before diagnosis) that there is little time to explore possible treatment.⁸ As the Japanese study indicated, rapid-growing cancers include a wide range of cancers, including types that previously were extremely rare.⁹

When Dr. Pierre Kory and writer Mary Beth Pfeiffer analyzed provisional Centers for Disease Control and Prevention (CDC) data on cancer deaths for the period from 2019 to 2023, they found “a cancer pattern that appears to have gone from slow simmer to rapid boil in the heat of a pandemic.”¹⁰ They have called attention to a number of disturbing trends:

- First, while noting a 2 percent increase in cancer deaths across all age groups, they highlight an even more worrying 4 percent increase in cancer mortality in adolescents and younger adults between the ages of fifteen and forty-four.
- The CDC data show that colorectal cancer deaths among the same younger demographic (ages fifteen through forty-four) are surging, with a 17 percent increase over the four-year period—four

times more for that age group than for the population as a whole. In May 2021, the U.S. Preventive Services Task Force lowered its recommended age for colorectal cancer screening from fifty to forty-five.¹¹

- Kory and Pfeiffer also note a 37 percent spike in uterine cancer deaths in the twenty-five to forty-four age group over the four years, more than double the 15 percent rise overall.
- Likewise, liver and pancreatic cancer deaths have increased disproportionately in young adults from 2019 to 2022.
- For the catch-all category that the CDC calls “all other and unspecified malignant neoplasms” (denoting cancers where the primary locus of the cancer cannot be determined before death), there was an 11 percent increase across all age groups over the four years, an even higher 18 percent rise in the thirty-five to forty-four age group and a shocking 16 percent increase among children ages five to fourteen.¹⁰

Kory and Pfeiffer also drew attention to a preprint published in March 2024, which analyzed trends in U.S. cancer deaths, again for the age group of teens and younger adults aged fifteen through forty-four years.¹² According to the preprint, excess cancer mortality “accelerated substantially” in 2021 (5.6 percent) and even more so in 2022 (7.9 percent); the findings were so highly statistically significant that the authors characterized the increases as “extreme events.” After concluding that from 2021, “a novel phenomenon leading to increased neoplasm deaths appears to be present in individuals aged 15 to 44 in the US,” the preprint authors hypothesized that a variety of “pandemic related factors,” including exposure to the Covid shots, could be involved.¹²

In Sweden, pathologist, researcher, physician and breast cancer specialist Dr. Ute Krüger observed “unusual features” in pathology

samples sent to her beginning in 2021.¹³ Those atypical features included a demographic shift among cancer patients toward younger ages, particularly individuals in their thirties, forties and fifties; dramatically larger tumor sizes; more occurrences of multiple tumors in multiple organs; and an uptick in “aggressive” recurrences.^{13,14} Dr. Charles Hoffe, an experienced family physician in British Columbia, noticed similar patterns. Before the introduction of Covid shots, only a small proportion of Dr. Hoffe’s cancer patients received a Stage 4 diagnosis, but after the shots rolled out, this proportion rose to approximately two-thirds of his cancer patients.¹⁵

IMPACT ON WORKING-AGE POPULATION

In their 2024 article, Kory and Pfeiffer make passing reference to data analyses carried out by the U.S. Society of Actuaries (SOA). Among a variety of recent reports produced by SOA, a cause-of-death report describes “higher than expected” cancer deaths in 2021, “usually in the range of 102% to 105% of expected.”¹⁶ The implications for working-age adults aged thirty-five to sixty-four—for whom cancer is one of the top two causes of death—are significant,¹⁷ and cancer deaths may even be contributing to the unprecedented decline in U.S. life expectancy since 2019—from seventy-nine to roughly seventy-six years.¹⁸

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In another SOA report sharing “key observations” about U.S. mortality in 2021,¹⁹ SOA emphasized premature mortality trends, commenting that “some younger ages were harder-hit with respect to mortality in a relative sense than older ages were” in 2021; this “had some repercussions in insurance products that covered working-age Americans.” SOA added, “For life insurance, having such large relative increases in mortality levels can have outsize effects”—and “large effects” indeed were observed in 2021 due to a “relatively large increase in working age mortality.”¹⁹

Ed Dowd, former BlackRock fund manager and author of “*Cause Unknown: The Epidemic of Sudden Death in 2021 and 2022*,”²⁰ has also shed light on these troubling patterns. By spring 2024, Dowd estimated that the Covid injections had led to over one million excess deaths in the U.S., while permanently disabling another four million Americans and injuring another twenty-eight million—affecting roughly thirty-three million Americans in all.^{21,22} When Dowd first began to raise concerns about excess mortality, he noted the disproportionately high mortality rate among Millennials—sixty thousand deaths between March 2021 and February 2022—and likened the excess deaths to another Vietnam War.²⁰

TURNING A BLIND EYE

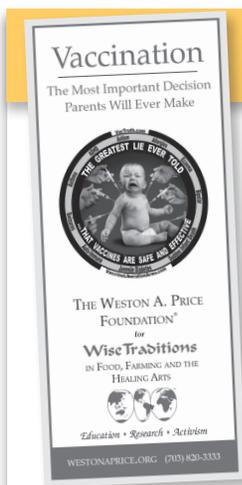
In February 2024, the International Agency for Research on Cancer (IARC)—the World Health Organization’s (WHO’s) cancer agency—released estimates forecasting a 77 percent

increase in cancer cases globally by 2050.²³ Currently, according to WHO, two out of ten people worldwide develops cancer in their lifetime, but in the U.S., that figure was double (four out of ten) even before 2021.²⁴ IARC attributes rising cancer rates to factors such as aging populations, tobacco and alcohol use, obesity and air pollution, but it conspicuously overlooks the phenomenon of turbo cancers, especially in the younger age groups.⁹

The blind eye turned by officials toward the phenomena of excess mortality and turbo cancers is of a piece with their refusal to acknowledge the wide range of other injuries and fatalities linked to the Covid injections, documented in staggering numbers in the Vaccine Adverse Events Reporting System (VAERS). According to documents obtained by Children’s Health Defense, former National Institute of Allergy and Infectious Diseases (NIAID) director Anthony Fauci was “well aware”—within days of the rollout of Covid shots in December 2020—that the injections were causing serious injuries such as myocarditis, neurological conditions and death, but he did not alert the public.²⁵ Through mid-June 2022, Pfizer itself documented nearly five million cumulative adverse events (Appendix 2.2), affecting virtually all “system organ classes.”²⁶

With numerous studies to back up the connection, health authorities have been forced to admit to the Covid shots’ capacity to trigger cardiac issues, but they still minimize these occurrences as “rare” and “mild” and continue to claim that the benefits of vaccination outweigh the risks. Characteristically, a methodologically flawed study published in April 2024 by CDC authors with blatant financial conflicts of interest denied any link between Covid shots and sudden cardiac deaths in young people, instead upholding the CDC recommendation to administer the shots to “all persons aged ≥ 6 months.”²⁷

A 2024 report funded by the Department of Health & Human Services (HHS) and published by the National Academies of Sciences, Engineering, and Medicine (which received \$18 million from HHS in 2022) accepts the fact that the mRNA Covid shots may cause myocarditis but dismisses any causal link between the shots and various other widely reported adverse effects, including heart attacks, female infertility, Guillain-Barré syndrome, Bell’s palsy and thrombosis with thrombocytopenia syndrome (TTS).²⁸ Meanwhile, AstraZeneca has initiated a global withdrawal of its



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Covid-19 injection, Vaxzevria. Though citing a “surplus of available updated vaccines” as the reason behind its decision,²⁹ the timing coincides with legal acknowledgment that the shots can lead to vaccine-induced TTS, a condition also associated with J&J’s shots.³⁰

Doctors raising concerns about a potential link between the Covid injections and cancer have faced even stronger rejection not just from the media but also from some fellow physicians. Both groups dismiss “turbo cancers” as a term coined by “anti-vaxxers,” effectively stifling any productive discourse. Even for those who suspect a link, there is a strong professional disincentive to submit studies “claiming the possibility of a COVID-19 vaccine-induced cancer.”³¹ Nevertheless, unusual cancers—particularly among the categories of professionals who were subjected to vaccine mandates, such as health care workers, police officers, teachers and military personnel—seem increasingly commonplace,³² and population and economic data point to “ongoing widespread excess cancer incidence, morbidity and mortality, especially in highly vaccinated countries.”³¹

Disturbingly, doctors are finding that a significant proportion of aggressive cancers in younger populations are occurring in college-age youth between the ages of eighteen and twenty-one. College students and athletes were among the groups most heavily subjected to mandates.³³ Leukemia and lymphoma are some of the more common cancers appearing in young people, but doctors also are encountering soft tissue cancers like angiosarcomas (cancers of the lining of the blood and lymph vessels), which used to be extremely rare. Young individuals with no family history of cancer are presenting with advanced-stage breast, colon, lung and brain cancers and other malignancies.²

Worse yet, according to Dr. Joseph Mercola, analysis of CDC data suggests that in April 2021, CDC may have begun “filtering and re-designating cancer deaths as COVID deaths to eliminate the cancer signal.”³⁴ Mercola posits that as many as 20 percent of deaths attributed to “Covid” could be jab-related cancer deaths, with the signal “hidden by swapping the underlying cause of death with [the] main cause of death.”³⁴

THE VACCINE MERRY-GO-ROUND

Ignoring the chorus of concerned experts and the mountain of evidence linking the Covid shots to a variety of serious short- and long-term adverse effects that include cancer, a fervent push is underway to advance modified-RNA “therapies” and expand the scope of so-called mRNA “vaccines.” Moderna, for instance, is actively pursuing mRNA formulations targeting purported viral threats such as respiratory syncytial virus (RSV), HIV, Zika and Epstein-Barr, while BioNTech is setting its sights on mRNA formulations targeting tuberculosis, malaria, shingles and influenza as well as HIV.³⁵

In the lucrative model in which the response to pharmaceutical poisoning is to offer further poisons, researchers at both firms as well as other companies have declared their intent to harness mRNA technology for cancer treatment.³⁵ One mRNA-based therapy for glioblastoma, a common and aggressive form of brain cancer, is already undergoing trials, with the intervention labeled as a “vaccine.” The mRNA brain cancer biological, which like the Covid shots features dangerous lipid nanoparticles,³⁶ is supposed to “‘teach’ the immune system to attack tumors.”³⁷ However, as the Covid shots have amply demonstrated, the anything-but-precise mRNA-lipid nanoparticle technology is prone to generating “off-target” immune responses and “unintended immune reactions.”³⁸

As discussed in my *Wise Traditions* article titled “What’s in that Jab? Disclosed Ingredients May be the Tip of the Iceberg” (Spring 2024),³⁹ there are many concerns about admitted as well as undisclosed ingredients in vaccines generally, and in the novel mRNA shots more specifically. The issue of the Covid shots’ alleged DNA contamination has attracted particular attention, including from South Carolina scientist and cancer specialist Dr. Phillip Buckhaults⁴⁰ and from Florida Surgeon General Joseph Ladapo, who addressed his concerns to the Food and Drug Administration (FDA) commissioner in a December 2023 letter.⁴¹ Ladapo speculates that the risky lipid nanoparticles could be an “efficient vehicle for delivering contaminant DNA into human cells,” triggering the process whereby healthy cells become cancerous.⁴¹

Over and over again, we observe a disturbing pattern. Companies create vaccines that cause injuries; then they develop drugs to manage those injuries, often leading to a cycle of compounded health issues. The cycle is simply diabolical, as it perpetuates a troubling spiral of medical intervention for problems created by the vaccines themselves. 

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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TAKING RESPONSIBILITY FOR MIND AND BODY

Mainstream and even some alternative explanations of cancer generally encourage people to embrace one-size-fits-all treatment protocols, but it is important to recognize that each individual’s illness and their journey toward a healthy mind and body are unique. Examining personal beliefs and lifestyle choices can be a beneficial starting point; prioritizing well-being, minimizing or eliminating harmful exposures and cleansing the body are also crucial steps.

For individuals who took the Covid shots and are now grappling with so-called “turbo cancers,” it is essential to recognize the fact that vaccination is a malign form of poisoning, not a benign prevention strategy. This realization will likely be pivotal in helping those individuals navigate future challenges, make informed health decisions and introduce new energetic influences into their life. At that point, a wide range of detoxification and purification strategies can be explored, such as dietary changes, homeopathy, sound healing and hyperthermia approaches such as saunas and sweat lodges. Mistletoe therapy and turmeric can also aid in the body’s cleansing process and serve as medicinal tools against toxins.



A Restaurant Rating Guide

highlighting the dietary principles of the Weston A. Price Foundation

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Members: if you rate 3 restaurants, let us know and we'll renew your membership for 1 year as a small thank you!

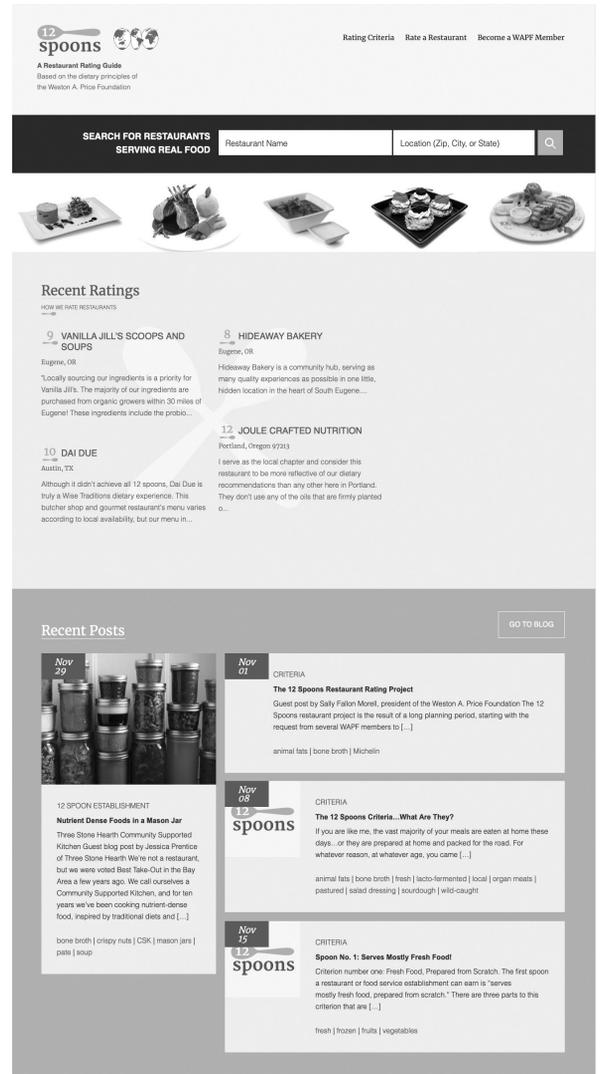
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Going out to eat? Find a restaurant that uses the WAPF dietary principles.

Rate Restaurants:

Found a restaurant using our principles?

It's easy to rate it on 12spoons.com



How We Rate Our Restaurants

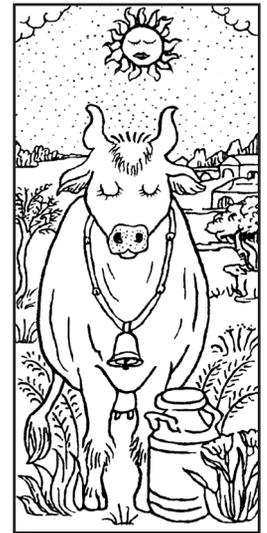
Restaurants can earn up to 12 spoons; one spoon for each of the following criteria.

- 1 Serves mostly fresh food prepared on site from scratch.
- 2 Offers some local, organic, or wild-caught food.
- 3 Offers some pastured meat, eggs, or dairy.
- 4 Serves some organ meats (liver, pate, sweet-breads, etc.).
- 5 Uses natural fats for cooking (butter, lard, tallow, duck fat, olive oil, etc.).
- 6 Makes bone broths/stocks for soups, stews, gravies, sauces.
- 7 Makes own seasoning mixes (no MSG or flavoring packets).
- 8 Makes own salad dressings using olive oil or cold-pressed sesame oil.
- 9 Offers genuine sourdough bread.
- 10 Offers lacto-fermented beverages such as kombucha or kvass.
- 11 Offers lacto-fermented condiments.
- 12 Serves naturally sweetened desserts (using raw honey, maple syrup, date sugar, etc.).

A Campaign for Real Milk

RAW MILK AT THE CROSSROADS. . . AGAIN

By Sally Fallon Morell



Few of us were born when the forces for milk pasteurization launched the first major attack on Nature's perfect food. In 1945, a magazine called *Coronet* published an article, "Raw Milk Can Kill You," blaming raw milk for an outbreak of brucellosis in a town called Crossroads, U.S.A., killing one-third of the inhabitants. *Reader's Digest* picked up the story and ran it a year later.

Just one problem with this piece of "reporting." There was no town called Crossroads and no outbreak of brucellosis. The whole story was a fabrication—otherwise known as a lie. And lies about raw milk have continued ever since. Unfortunately, the fictitious Crossroads story paved the way for laws against selling raw milk, starting with Michigan in 1948.

Here's another example of lies against raw milk (which I referenced in an earlier article,¹ but it is worth repeating). John F. Sheehan, BS (Dy), JD, US Food & Drug Administration, Center for Food Safety & Applied Nutrition (USFDA/CFSAN), Division of Dairy and Egg Safety, prepared a PowerPoint maligning raw milk; it was presented to the 2005 National Conference on Interstate Milk Shipments (NCIMS) by Cindy Leonard, MS.²

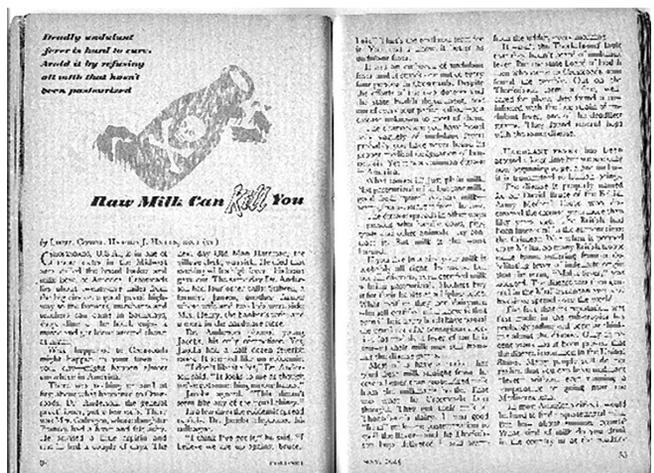
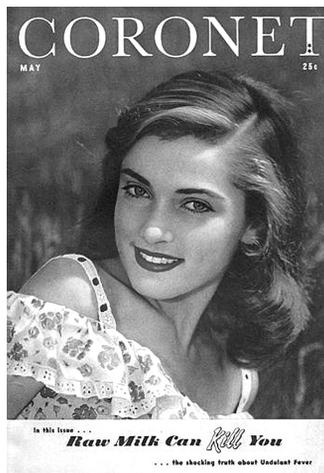
As shown in Table 1 (page 90), all of the fifteen reports associating outbreaks of foodborne illness with raw milk that Sheehan cited were seriously flawed. For example, in two of the fifteen, the study authors presented no evidence that anyone consumed raw milk products and in one of them, the outbreak did not even exist. Not one of the studies showed that pasteurization would have prevented the outbreak.

Fast forward to the present and the ruckus about bird flu in dairy cows—more lies, very clever lies, but lies nevertheless.

In a press release dated March 25, 2024,³ the U.S. Department of Agriculture (USDA), Food and Drug Administration (FDA) and Centers for Disease Control and Prevention (CDC), as well as state veterinary and public health officials, announced investigation of "an illness among primarily older dairy cows in Texas, Kansas, and New Mexico that is causing decreased lactation, low appetite, and other symptoms."

The agencies claim that samples of unpasteurized milk from sick cattle in Kansas and Texas have tested positive for "highly pathogenic avian influenza (HPAI)." Officials blame the outbreak on contact with "wild migratory birds" and possibly from transmission between

1945: *Coronet* Magazine publishes "Raw Milk Can Kill You" blaming raw milk for the death of one-third of the population of Crossroads, U.S.A., a town that didn't exist. *Reader's Digest* republishes the same article one year later.



cattle. The press release specifically warns against consumption of raw milk, a warning repeated in numerous publications and Internet postings.

According to the press release, national laboratories have confirmed the presence of HPAI through testing, but it does not reveal the type of test used to detect this so-called viral illness.

THE FIRST LIE: Researchers have found HPAI virus in the milk of sick cows.

Officials have NOT found any viruses in the milk or any other secretions of the sick cows. The CDC has yet to reply to repeated requests for proof of finding the isolated HPAI virus in any fluid of any sick chicken or other animal.⁴ Nor have health and agriculture agencies in Canada,⁵ Japan,⁶ the UK⁷ and Europe⁸ provided any proof of an isolated avian influenza virus.⁹

As for all the studies you can find in a PubMed search claiming “isolation” of a virus, not one of them shows the true isolation of a virus, any virus, from the fluids (phlegm, blood, urine, lung fluids, etc.) of any animal, bird or human.

The truth is that “viruses” serve as the whipping boy for environmental toxins, and in the confinement animal system, there are lots of them—hydrogen sulfide, carbon dioxide, methane and ammonia from excrement, for example.¹⁰ Then there are toxins in the feed, such as arsenic added to chicken feed, and mycotoxins, tropane and β -carboline alkaloids in soybean meal.¹¹ By blaming nonexistent viruses, agriculture officials can avoid stepping on any big industry toes without adding to the increasing public disgust with the confinement animal system.

Way back in 2006, researchers Crowe and Englebrecht published an article entitled, “Avian flu virus H5N1: No proof for existence, pathogenicity, or pandemic potential; non-H5N1’s causation omitted.”¹² Nothing has changed since then.

Here’s your homework assignment: Contact USDA at Aphispress@usda.gov and ask them to provide proof of the isolation of the HPAI virus or any virus in the milk of the sick cattle.

SECOND LIE: National laboratories have confirmed the presence of HPAI through testing.

They don’t say anything about the kind of test they used, but it almost certainly is the PCR (polymerase chain reaction) test. The PCR test detects genetic material from a pathogen or abnormal cell sample

and allows researchers to make many copies of a small section of DNA or RNA. The test was not designed to determine or diagnose disease; it was designed to amplify or increase a certain piece of genetic material.

Each “amplification” is a doubling of the material. If you amplify thirty times you will get a negative result; amplify thirty-six times or more, and you will get a positive. At sixty amplifications, everyone will “test positive” for whatever bit of genetic material you believe can cause disease. If you want to show that you have a pandemic brewing, just amplify, amplify, amplify. Folks, this is not a valid test, not good science by any stretch of the imagination—especially as there was no virus to begin with.

How many times did our health officials amplify the samples they obtained from the milk of the sick cows? Be sure to ask them when you email Aphispress@usda.gov for proof of the virus.

THIRD LIE: The “virus” is highly pathogenic.

According to the *Wall Street Journal*, one—just one—person working in the dairies got sick and tested positive for avian influenza after exposure to dairy cattle presumed to be infected with the H5N1 bird flu.¹⁴ The person reported eye redness, or conjunctivitis, as his only symptom—a symptom that can be explained by exposure to any of the many airborne toxins in confinement dairies. (How are they treating the illness? With vitamin A and herbal eyedrops? No, the poor sod is getting treatment with a toxic antiviral drug.)

According to the CDC, the disease in humans ranges from mild infections, which include upper-respiratory and eye-related symp-

TABLE 1: Examples cited in FDA PowerPoint Presentation Against Raw Milk

No Valid Positive Milk Sample	12/15	80%
No Valid Statistical Association with Raw Milk	10/15	67%
Findings Misrepresented by FDA	7/15	47%
Alternatives Discovered, Not Pursued	5/15	33%
No Evidence Anyone Consumed Raw Milk Products	2/15	13%
Outbreak Did Not Even Exist	1/15	13%
Did Not Show that Pasteurization Would Have Prevented Outbreak	15/15	100%

toms, to severe pneumonia. If the “virus” is so highly pathogenic, we’d expect a lot of workers working around these sick cows to end up in the hospital. . . but we’ve heard of none so far.

FOURTH LIE: You can get avian flu from drinking raw milk, but pasteurized milk is safe.

According to medical biologist Peg Coleman,¹⁵ “Recent risk communications from CDC, FDA, and USDA regarding transmission of highly pathogenic avian influenza virus or HPAI (subtype H5N1) to humans via raw milk include *no supporting evidence of viral transmission from raw milk to humans* in the peer-reviewed literature. . . *An extensive body of scientific evidence from the peer-reviewed literature. . . does not support the assumption* by these US government agencies that [non-existent] *HPAI transmits to humans via milk-borne or foodborne routes and causes disease*. Nor does the scientific evidence support the recommendation that consumers should avoid raw milk and raw milk products [emphasis in the original].”¹⁶

Coleman notes the suite of bioactive components in raw milk, including bovine milk, that destroy pathogens and strengthen the gut wall. “Many of these bioactive components of raw milk are . . . sensitive to heat and may be absent, inactive, or present in lower concentrations in pasteurized milks. . . Cross-disciplinary evidence demonstrates that raw milk from healthy cows is not inherently dangerous, consistent with the CDC evidence of trends for 2005-2020

and evidence of benefits and risks. There is no scientific evidence that HPAI in raw milk causes human disease.”

And while USDA, FDA and CDC assure the public that pasteurization will make milk safe, they note that “Milk from infected animals is being diverted or destroyed,” implying that pasteurization alone does not guarantee safety. In any event, sales of industrial pasteurized milk continue their relentless decline.

Fortunately, raw milk drinkers are already skeptical of government pronouncements and are skilled at seeing through lies. Both large and small raw milk dairy farms report that sales are booming. The current bird flu fracas is just another Crossroads, U.S.A., a bunch of lies fostered by a dishonest dairy industry taking aim at the competition. ☹️

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NATIONAL - BIRD FLU PROPAGANDA AGAINST RAW MILK NOT WORKING

Since March 25 when avian influenza was “confirmed” in U.S. cattle for the first time, government agencies and the media have unleashed a nonstop barrage of propaganda against raw milk, warning people not to drink raw milk because it may contain bird flu which may make them sick. The media have engaged in round-the-clock fearmongering to scare people into stopping their consumption of raw milk. So far, their campaign is not working.

A May 14th story on the Public Broadcasting System (PBS) website reported on just how big a failure the campaign has been. The article, titled “Raw Milk Sales Spike Despite CDC’s Warnings of Risk Associated with Bird Flu,” reported—according to market research firm NielsenIQ—that since March 25th, weekly sales of raw cow’s milk had gone up anywhere from 21 percent to as much as 65 percent compared with the same period a year ago.¹

Mark McAfee—the owner of Raw Farm, the largest raw milk dairy in the U.S.—told PBS, “People are seeking raw milk like crazy. Anything that the FDA tells our customers to do, they do the opposite.”¹

Sally Fallon Morell, president of the Weston A. Price Foundation (WAPF), estimates there are now around twenty million raw milk drinkers in the U.S. The warnings from FDA, CDC and other government agencies about the dangers of bird flu in raw milk have considerably increased what was already a booming demand for the product.

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WEST VIRGINIA - RAW MILK RETAIL SALES NOW LEGAL

On March 9, House Bill 4911 (HB 4911) became law; the bill provides, in part, that “raw milk may be sold by a seller in West Virginia to a consumer in West Virginia.” The new law went into effect June 7th.

The bill legalizes the sale of raw milk in retail stores; there is a labeling requirement that includes the warning statement, “Consuming unpasteurized raw milk may increase your risk of foodborne illness, especially for children, elderly, immunocompromise individuals, and persons with certain medical conditions.”

Under HB 4911, the Commissioner of Agriculture may issue regulations “in compliance with raw milk dairy industry standards.” HB 4911 initially had a clause providing that producers weren’t liable for illness attributed to milk consumption unless they intentionally contaminated the milk, but a Senate amendment to the bill cut out that provision. Courts don’t favor liability waivers for foodborne illness.

A decade ago, West Virginia had the most strict raw milk laws in the country, banning sales both for human consumption and for pet consumption as well as prohibiting herdshare agreements. In 2016, the state legislature passed a bill legalizing herdshares, but that new law never took hold with raw milk producers; the law had costly testing requirements and also required farmers to file copies of each herdshare contract they had with the Commissioner of Agriculture.

HB 4911 passed through the House and Senate by big margins and became law when Governor Jim Justice did not take action on the bill (state law requires the governor to veto the bill within fifteen days from the time it reaches his desk).

Congratulations to the bill’s lead sponsor, Delegate Michael Hornby (R) and West Virginia raw milk producers and consumers. Soon the Real Milk Legal Map will reflect this change for West Virginia.

PENNSYLVANIA - PROPOSED REGULATIONS TO LEGALIZE RAW BUTTER SALES

On June 15, the Pennsylvania Department of Agriculture (PDA) issued proposed regulations amending the state dairy code, including legalizing sales of raw butter by permitted dairies. Under current law, the only raw dairy products permitted farmers can sell are milk and cheese (aged 60 days).

For the permitted raw dairies, the proposed regulations are a mixed bag. They contain a clause that would mandate dairy producers to comply with the FDA Food Safety Modernization Act’s (FSMA’s) onerous food safety plan requirements for food processing plants. Under federal law, there is no food safety plan requirement if either

a producer's sales are under one million dollars or more than half of the producer's gross revenue is from sales that are direct-to-consumer.

For the state's unpermitted raw milk farmers, there is an amendment in the proposed regulations that was intended to strengthen PDA's claim of jurisdiction over their dairy operations. Current regulation prohibits the sale of raw milk by unpermitted dairy farms; an amendment in the proposed regulation expands on the current definition of the term "sale," stating that term "includes selling, exchanging, and delivering to a consumer who is a member of a 'buyers club,' cow herdshare agreement or other type of membership purchasing group."

It's estimated that the proposed rules will go into effect in June 2025. The public will have an opportunity to comment on and attempt to amend the rules this summer.

OREGON - CAFO REQUIREMENTS FOR MICRO DAIRIES

One of the more original ways to shut down raw milk dairies ended on March 21st when the Oregon Department of Agriculture (ODA) withdrew its policy to require a small dairy to obtain a Confined Animal Feeding Operation (CAFO) permit. In Oregon on-farm sales of raw milk are legal as long as the dairy does not have more than two lactating cows, nine lactating goats or nine lactating sheep;¹ the application of the CAFO permit rule would have required these dairies "to install expensive drainage systems, put in wastewater holding tanks, keep daily records and pay annual fees starting at \$125, on top of a \$100 application fee—or face fines up to \$10,000 if they didn't comply."²

Oregon regulation defines CAFOs "as the concentrated feeding or holding of animals or poultry, including. . . dairy confinement areas. . . where the surface has been prepared with concrete, rock or fibrous material to support animals in wet weather."³ In 2023 ODA changed its interpretation of that definition to apply it to small dairies. The drivers for the new interpretation were dairy industry lobbyists who complained that the small dairies had "an unfair competitive advantage over bigger dairy farms that had to follow state regulations and pay annual fees."²

As raw milk farmer Christine Anderson explained, even if a couple cows were on pasture for most of the day and only brought indoors to a barn for milking for fifteen minutes, once the cows walk on the concrete floor the farm meets the definition of a CAFO.²

On January 24, the Institute for Justice (IJ) on behalf of Anderson and three other raw milk farmers filed a complaint in federal court arguing that the CAFO permit requirement should not apply to small farms since they conduct a completely different business than those operations the definition has traditionally applied to.⁴

Despite ODA's withdrawal of its policy, IJ's lawsuit against the department will continue in federal court. Bobbi Taylor, an attorney for IJ, said that in ODA's press release on the withdrawal, "They've [ODA] stopped short of saying that they would never enforce this policy against small farms. . . or disclaiming that they had the authority to do so in the first place, which is what we're challenging in the lawsuit. . . . So there's a fight still to be had and we're gonna continue to have that fight."²

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LOUISIANA - RAW PET MILK BILL PASSED

On June 4, House Bill 467 (HB 467) went to Governor Jeff Landry's desk; if he takes no action by June 24, the bill would become law, allowing the sale of raw pet milk by dairies that register with the state Department of Agriculture and Forestry (DAF) and making Louisiana the 47th state to legalize the sale or distribution of raw milk.

The sponsor for the bill was Representative Kimberly Landry Coates from the state's 73rd District, Coates skillfully navigated opposition from DAF and the Louisiana Department of Health and Hospitals (DHH) in getting the bill to the governor's desk. The original version of the bill provided that licensed dairies could sell up to five hundred gallons of raw milk a month for human consumption; wanting a fallback, Coates proposed amendments on raw pet milk sales to HB 467 in a House committee hearing, which were adopted. Shortly after a Senate committee hearing on HB 467 (the bill passed out of both the House committee and House floor unanimously), DHH tried to kill the legislation by attaching a fiscal note of \$900,000 to the bill. A fiscal note is an estimate of what additional expenses the government will incur if a bill passes into law; DHH's inflated figure was designed to convince legislators that the bill was not worth passing with the expenses that the department would have incurred by investigating all the foodborne illnesses raw milk consumption supposedly would cause.

Rep. Kim Coates countered DHH by submitting another amendment removing raw milk sales for human consumption from HB 467; this took DHH and the fiscal note out of the picture since DHH does not have jurisdiction over pet food. When Agriculture Commissioner Mike Strain indicated DAF no longer opposed the bill, HB 467 passed out of the legislature easily.

Coates had seen the devastation the dairy industry had suffered in her own district and knew legal raw milk sales were the way to stop the loss of dairies. She testified at the House committee hearing on the bill that in 1940, Louisiana had 105,000 dairies and as late as 1987 there were still 1,500 dairies in operation; today that number stands around fifty. Passage of HB 467 gives the state a chance to reverse the decline in dairies.

Coates had widespread support for HB 467. There was an overflow crowd at the Senate hearing before the committee on Agriculture, Forestry, Aquaculture, and Rural Development; committee chair Stewart Cathey received over five hundred emails on the bill.

Congratulations to Rep. Coates for getting the bill into law and to others helping with its passage, including veterinarian/dairy farmer Dr. Hue Karreman, microbiologist Peg Coleman, (both supported by the Weston A. Price Foundation and dairy farmer Miles Sinagra, who all provided testimony before the committees.

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3. **Are you a dairy farmer? Advertise for free on our site, RealMilk.com.** (At the bottom of the homepage is a link to add a listing.)

For a list of how we can help farmers and food producers, go to: westonaprice.org/farmhelp



info@westonaprice.org

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

Spring 2014	Dr. Price's Scientific Approach; Weston Price and the Fluoridationists; Cows and Climate; Economics of Raw Milk.
Fall 2014	What Causes Heart Attacks? The Myogenic Theory of Heart Disease; Thrombi in Heart Disease.
Winter 2014	Effects of Smart Phones on the Blood; Dangers of Smart Meters; Protection Against EMR; U.S. Dietary Guidelines.
Spring 2015	Cleansing Myths and Dangers; Toxicity and Chronic Illness; Gentle Detoxification; Great Nutrition Pioneers.
Summer 2015	Vaccination Dangers Issue.
Winter 2015	Water Issue: The Fourth Phase of Water; Sewage in a Glass; Water Stressors; Teaching WAPF to College Students.
Spring 2016	Folic Acid and Glyphosate; Why We Need Saturated Fats; Cod Liver Oil Testing; Flint, Michigan Cautionary Tale.
Fall 2016	Recovery from a Low-Carb Diet; Why We Need Carbs; Salt; Nutritional Yeast; Big Box Stores; Addictions.
Spring 2017	Type 2 Diabetes; Couch Potato or Marathon Runner?; Weight Loss; Costa Rica; Moving Heavy Loads; MSG.
Winter 2017	The HPA Axis; A Primer on the Thyroid; Recovery from Bioidentical Hormones; WAPF in Peru.
Spring 2018	Mercury Issue: Mercury as Anti-Nutrient; The Thimerosal Travesty; Poisoning Our Children; The Cutler Protocol.
Summer 2018	Treating GERD; Gallbladder Health; Herbal Bitters; Hidden Histamine Problems; Constipation.
Fall 2018	Seniors on Drugs; Chronic Hyperinsulinemia; Dangers of Daily Aspirin Use; Incontinence; Nepal.
Spring 2019	Surviving in the Aluminum Age; The Cannabis Craze; Fluoride Dangers; Risks from Tablet Use.
Summer 2019	Rancidity Testing of Cod Liver Oil; Getting Informed about 5G; The Ketogenic Diet; Ukraine's Traditional Foods.
Fall 2019	Why We Cook; Mitochondria and Health; Prenatal Ultrasound, Not So Sound; Dissecting Fake Burgers.
Winter 2019	Dietary Support for the Alcoholic; Vitamin B6 and Nutritional Dependencies; Switzerland's Sourdough Bread.
Spring 2020	Vitamin A-Mazing; Sunlight and Vitamin D; Vitamin K2 MK-4, Dr. Price's X Factor.
Summer 2020	Is Coronavirus Contagious? Air Pollution, Biodiesel, Glyphosate and Covid-19; The Current Health Crisis.
Fall 2020	Toxic Iron, Arsenic and Anthrax, Traditional Foods of Morocco; Modified Food Starch.
Spring 2021	Bringing Up Baby; MSG-Glyphosate Connection; Advice for the EMF-Sensitive; Colonoscopy Risks.
Summer 2021	Hidden Food Ingredients; Glyphosate and the Gut; Questioning Covid; Foodways of the Australian Outback.
Fall 2021	Sound Frequency Therapy; Covid Vaccine Shedding; Outlawing Meat in India; The Batwa Pygmies of Uganda.
Winter 2021	Money and Public Health Policy; Cell Phones and Thyroid Cancer; DIY Covid Treatment; Low-Fodmap Diet.
Spring 2022	The Great Virus Debate; Solving the Mystery of TB; RFK, Jr. Speech; Covid and Mechanical Ventilation.
Summer 2022	Devil in the Garlic; MSG and Obesity; Sunscreen Dangers; Reducing EMF Exposure; Mediterranean Diet.
Fall 2022	Salt, Dopamine and Health; Gallbladder Health; Lung Health; A Soy Prison Saga.
Winter 2022	Optimal Hormonal Development in Your Child; Living in the Plasticene; Gender Surgery; Scottish Porridge.
Spring 2023	What Makes Us Sick?; Transcending the Narrative; The Kazakh Eagle Hunters; Medical Testing.
Fall 2023	Vitamin A for Fertility; Vitamin K ₂ , MK-4; Dr. Price's Remedy; Weight-loss Drugs; Adrenal Fatigue.
Winter 2023	An Update on GAPS; A Cannabis Suicide; The Lyme Disease Lie; Dangers of Stevia.
Spring 2024	The Gut Microbiome, Oxalate and Your Kidneys; Reducing Anemia in India; Snapshots from Omo Valley Tribes.

HEALTHY BABY ISSUE: Traditional Remedies for Childhood Illness; Baby Food and Formula; Vitamins for Fetal Development; Wrong Advice in Baby Books; Vaccinations; Baby Food; Gut and Psychology Syndrome.

HEART DISEASE ISSUE: What Causes Heart Disease? Benefits of High Cholesterol; Oiling of America and more.

All articles from all journals are posted at westonaprice.org.

Back issues are \$12 (includes shipping). Discounts: \$8 for 10-49; \$5 for 50 or more.

FREE JOURNAL COPIES: Request a free issue from between 2015-2020 on the westonaprice.org homepage.

Members willing to share the journal, may request copies (1, 2, 5 or 19 copies) by emailing info@westonaprice.org

HEALTHY 4 LIFE DIETARY GUIDELINES AND RECIPE BOOK in English, French, Spanish and Italian
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2024 SHOPPING GUIDE 99-page booklet listing 2,000 products in categories: *Best, Good, Avoid*
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TRIFOLD FLYERS

Suggested donation for flyers is 25¢ each (includes shipping), 15¢ each for 50 or more

The Dangers of Industrial Fats and Oils	Cod Liver Oil, Our Number One Superfood	Butter Is Better
Dangers of Vegan and Vegetarian Diets	How to Protect Yourself Against Cancer with Food	Soy Alert!
Myths & Truths About Cholesterol	Nutrition for Mental Health	Sugar Alert!
A Campaign for Real Milk	A Message to Grandparents	Vaccination Dangers

Covid-19: Contagious Virus or 5G Microwave Technology?

Order online at westonaprice.org or by phone (703) 820-3333 OR send checks to The Weston A. Price Foundation.

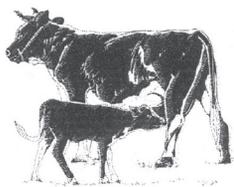
Healthy Baby Gallery



Meritt was born at home in March 2022, and though our household practices the eating habits of Weston A. Price to the best of our abilities in suburban southern California, she had a hard time from the start. Issues that plagued us during her entire first year included being underweight (a whole pound less than any of her four siblings), tongue-tied and diagnosed with a parasite infection, feeding issues and allergies. When she turned one and we were able to start her on whole raw milk and cod liver oil, her health made a 180° turn! She gained five pounds in one month, and her eczema immediately cleared! She is now a healthy and thriving toddler who consumes plenty of raw milk and butter! We are so thankful for the wisdom of Weston A. Price and how it has helped her. The two photos show her at eight months (underweight and struggling to thrive) and five months later—chubby and vibrant!

Caring for Fresh Milk Consumers Guide

Preserving the Qualities of Unprocessed Whole Milk



by Peggy Beals, RN

Caring for Fresh Milk Consumer Guide Preserving the Qualities of Fresh Unprocessed Milk

By Peggy Beals, RN

Thorough but short guide to enjoying raw milk including:

Milk Quality and Selection; Choosing, Preparing and Filling Containers; Transporting, Storing and Preserving Milk Quality at Home; Taste and Getting Started

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Local Chapters

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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CONTRA COSTA TRI-VALLEY, CALIFORNIA

Member Ezechi Wachuku brings wonderful homemade ginger beer to our chapter meetings. We invited Ezechi to share with us how he makes ginger beer.



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WASHINGTON, DC

The DC chapter offered a sourdough workshop led by co-chapter leader Emma Wise, known as the Wise Baker. Attendees benefited from Emma's instruction in this hands-on workshop and left happy and with a loaf-in-process of their own, courtesy of the starter that Emma shared.

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PRINCETON, MNINNESOTA

Princeton chapter leader Robin Suhsen and Kari Moldenhauer man a booth at the Regenerative Agriculture Conference in Braham, Minnesota in April.

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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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CHESTER/LONDONDERRY, PENNSYLVANIA

A February chapter meeting at the Chester town hall, which included a potluck and fall journal discussion, was a celebration of knowledge, new and old friends, and delicious, wholesome, homemade dishes that brought smiles and hugs. The chapter is grateful that WAPF creates a platform for health, freedom, food and farming. Our circle is growing, and we know that strength in numbers is how we build a better world and thrive together.

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SAN ANTONIO AND SAN ANGELO, TEXAS



Who is the Pottenger in “Price-Pottenger,” and what did he do? San Antonio chapter leaders Debra Roach and Danielle McIntosh had special guest speakers Jeff Pottenger and Stephanie Pottenger—Dr. Francis Pottenger, Jr.’s own grandson and great-granddaughter. They introduced his most famous work, *Pottenger’s Cats*, and shared how his research paralleled that of Dr. Price and can be applied to human health today. We served the “Pottenger Liver Cocktail” as featured in *Nourishing Traditions*.



San Angelo chapter leader Marcella Welch brought beet kvass (recipe on WAPF website) to share. Some had never heard of or tried beet kvass before. Everyone loved it and asked how to make it. It is so easy to make that one member made a batch that day, and another a few days later!

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VIRGINIA

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WEST RIVER, VERMONT

The chapter met for four hours to review the Winter 2023 *Wise Traditions* journal, enjoyed a potluck lunch and had the opportunity to purchase farm products from Larson Farm. People, including many first-timers, found a way to join despite quite a snowstorm! Thank you for keeping the journals in print, as people take notes and the journals are a handy reference.

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WASHINGTON

Bellevue and Eastside: Kristina Paukova (425) 922-4444, kpaukova@gmail.com
Bellingham: Linda Fels (360) 647-8029, gr8fels@msn.com bellinghamrealfood.com
Clark County: Madeline Williams (360) 687-4578, clarkcountywapf@gmail.com
Gig Harbor/Key Peninsula: Lisa Roddy (253) 318-7625, mrsroddy@hotmail.com
Jefferson County: Nala Walla (360) 643-3747 nala@bwellnow.org
Lincoln and Stevens Counties: Madison Throop (509) 359-0895, madisonthroop@gmail.com
North Kitsap: Keri Mae Lamar (360) 633-5008, kerimae@protonmail.com & Dr. Thomas Lamar, D.C.
Sequim: Nicholas Wasierski (907) 231-9807, nicholas@wanderingbearwellness.com
Snohomish County, West: Rene Munday (805) 428-3771, mindbodybloomu@gmail.com & Tara Cameron
Spokane: Cheryl Fagras (509) 981-6779, clfagras@comcast.net
Tacoma/Olympia: Rebeka Vairapandi rebeka@vairapandi.com
Tri Cities: Rachel Davis (207) 554-0142, rachelmdavis2018@gmail.com
Walla Walla County: Kali Lambert (801) 600-4241, wallawallawellness@protonmail.com
Whidbey Island: Sandra Rodman (425) 214-2926 rightbrain2@protonmail.com

WISCONSIN

Ashland/Washburn/Bayfield: Julie Casper (715) 779-3966 westonprice@healthelite.org chapters.westonaprice.org/ashlandwi/
Chippewa Valley: Rachel Tambornino (715) 379-9448, rtambornino@yahoo.com
Clark & Wood Counties: Elizabeth Schlinsog (715) 389-1013 liz.walkabout@gmail.com
Dane & Sauk Counties: Richard & Vicki Braun (608) 495-6117 richbraun70@gmail.com
Fremont: Ruth E. Sawall (920) 850-7661
Green Bay: Aimee Hamilton (630) 441-2305, draimeehamilton@gmail.com gbwapf.com
Madison & Surrounding Areas: Saritah chapter@WAPFMADison@org, WAPFMADison.org
Milwaukee: Joan McGovern Tendler (414) 828-3637, tendler5@sbcglobal.net
Ozaukee/Washington County: Susan Wichman (262) 853-8000 wapfozwash@gmail.com & Laurie Meyer facebook.com/ozwashwapf/
Sheboygan County & South Manitowoc: Emily Matthews (920) 286-0570 realtoemilyrn@gmail.com & Cassie Wild wildc115@gmail.com
facebook.com/groups/1042122412592106/

DANE & SAUK COUNTIES, WISCONSIN

Rich and Vicki Braun participated in the 18th annual Food Fair at Sacred Heart Gym in March in Reedsburg. Over three hundred people attended the four-hour event, with two becoming members on the spot and many other attendees leaving with WAPF brochures.



International Chapters

Viroqua: Laura Poe Mathes (816) 309-8708, laurapoerd@gmail.com
Waukesha: Jamie Kernen (262) 244-6324, jamie@nourishingwellness4u.com

WYOMING

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Casper: Amanda Willis (770) 630-6446, amandafaywillis@lavabit.com
Laramie: BJ Edwards (307) 399-4893, BJ@tasteofthewind.com

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Stuart Town: Hal & Sally Harris 0268 468 261 merrimount@hotmail.com

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Sunshine Coast & Noosa Region: Jennifer Steinhardt (07) 5488 6952, freedomorganics@gmail.com
Tamborine Mountain/Mudgeeraba: Kyle Grimshaw-Jones 0423 647 666 kyle@conscioushealing.com.au

WA

Albany: Mike and Barbara Shipley 0414 351 304 shipleysorganics@bigpond.com
Bunbury: Susan Galea (045) 219-1665, dekmatt@outlook.com
Nannup: Bee Winfield 61 + 0897 561 408, beewinfield@westnet.com.au
Perth (East Metro): Denise Curtis 044 75 66662, deecurtis20@gmail.com

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BELARUS

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BELGIUM

Oudenaarde: Sofie De Clercq 32 496 93 39 89, info@sofiedeclercq.be, holisticnutrition.be

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Peace Country: Peter & Mary Lundgard (780) 338-2934 plundgard@telus.net & Levke Eggers (780) 568-3805, levke@telusplanet.net

BC

Powell River, Sunshine Coast: Dirk De Villiers 6044890046, dirkdevilliers@telus.net

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 434 local chapters:
375 serve the District of Columbia and every state in the U.S.
except West Virginia and 59 serve 25 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.

International Chapters

Sooke: Linda Morken (250) 642-3624, SookeWAPF@protonmail.com sookewapf.org/
Vancouver: Sonya McLeod (604) 677-7742 LMhomeopath@gmail.com facebook.com/westonapricefoundationvancouverbcchapter/
groups.io/g/WAPFVancouver, chapters.westonaprice.org/vancouverbc/
Victoria: Andrea Dam (250) 661-8275, GratefulLiving@protonmail.com

MB

Interlake Region: Debbie Chikousky (204) 202-3781, debbie@chikouskyfarms.com, facebook.com/groups/347912590282481

NB

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SK

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Surrey and Hampshire: Diana Boskma +44 1252 510 935 dboskma@gmail.com facebook.com/groups/336421596766813/

Sussex: Lyann Kemal (0) 447 310 601143, lyannkemal@gmail.com



KENT, UNITED KINGDOM

West Wales chapter leader Naomi and a friend attended “Traditional Foods for Healthy Families” in London, hosted by the Kent chapter and attended by about sixty people. The fantastic speakers included Sally Fallon Morell on WAPF principles, Jodi Cahill on homeopathy, Jane Lloyd on bio-resonance, Janey Lee Grace on traditional foods and sobriety and Keli Herriott-Sadler on ways to improve digestion. Sonia cooked a delicious lunch of ancestral foods. Many described the day as “brilliant”!

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CO

Meadow Maid Foods, 100% grass-fed, grass-finished beef. On pasture year-round at the family ranch in WY. Production practices detailed on our website. Custom beef, Farmers markets, and food co-op in Fort Collins. meadowmaidfoods.com, (307) 534-2289.

Rafter W Ranch, Simla, CO. A family-owned ranch, practicing regenerative agriculture, bringing you nutrient-dense food. Our animals are **100% certified American Grass-fed**. Our beef is 30-day dry-aged. We also offer pasture-raised lamb and broiler chickens. Bones, offal (liver, tongue, oxtail, kidney, cheek, heart) and other choice cuts available. Bulk and piece orders. *We are part of the Harvest Host*. Pick-up locations along the Front Range and **NOW shipping** in CO. (719) 541-1002, rafterwranch.net.

GA

Broad River Beef, LLC, tender, flavorful Angus beef, 100% grass-finished, toxin-free and mineral rich. Cuts you actually use available in sizes that actually fit in your refrigerator. Produced seasonally with nature. Delivery available from Atlanta through northeast Georgia. broadriverbeef.com, (706) 310-8060.

ID

Idaho Food Coop specializes in providing pasture raised meats and wild caught fish. Beef and lamb are grass finished and our poultry is pasture raised. Pastured meats, organs and bones are available. Pickup locations are located throughout southern Idaho. idahofoodcoop.com.

IL

Honeysuckle Farm, Morris, Illinois is a family-owned and operated small-scale, pasture-based farm. We offer pastured eggs, chicken, turkey, and pork, raw honey, syrup, and raw A2 milk. Locally milled non-GMO feed, antibiotic and chemical-free. Order online at honeysucklefarm.net.

ORGANIC, HEIRLOOM, GRAINS, FLOURS, BAKED GOODS AND MEATS. Small family farm using heirloom varieties and growing methods then processing grains in a traditional manner. We accomplish this by doing everything on our farm in Dwight, Illinois. www.qualityorganic.net (815) 584-1850.

IN

DEVON BEEF, 100% grass fed, no antibiotics, no growth hormones. Full cow, 1/2 cow or individual cuts from my ranch in St. Leon, Indiana. Pastured pork, 100% antibiotic free, fed minimum amount of organic corn, 100% outdoors on pasture and woods. All meat USDA inspected. Information on how we raise our beef and pork plus important

health links at abundantgreenpastures.com or Mike at (513) 646-8739.

Providence Pastures produces and shares pasture-raised, regenerative, nutrient-dense food through long-term relationships with customers. We raise grass-finished beef, pasture-raised poultry and organic eggs, pasture-raised sheep and Mangalitsa lard pigs, organic maple syrup, produce, wheat and fruit. Sullivan, Indiana (812) 572-4293. pasturesofprovidence.com.

MD

Nick's Organic Farm, since 1979 offering quality products to Washington, DC, suburban MD, No. VA, Baltimore and Frederick areas. 100% grass-fed beef (no grain ever), pastured chicken, turkey, eggs. Using a regenerative 12 year crop rotation, we constantly move our livestock to fresh pastures to build our soils. Our animals receive only organic feed raised on our farm, no hormones, no antibiotics, no animal by-products, no GMOs. Beef and poultry liver, organ meats, fat, and bones, chicken/turkey feet, beef sausage and jerky. Hay, straw, poultry feeds, food grade grains, popcorn, stone ground heirloom cornmeal (301) 983-2167; nicksorganicfarm.com; nicksorganicfarm@comcast.net. **JOIN our mailing list** to receive **order forms** and an invitation to our annual **Buckeystown Farm Tour**.

100% soy-free chicken, eggs, pork and beef. Chicken livers, chicken feet and heads. Bacon and sausage. Raw pet milk. Raw milk blue and cheddar cheese by cheesemaker Sally Fallon Morell. **Will ship** whole cheese wheels. Southern Maryland, within 1 hour of downtown Annapolis and Washington, DC. Saturday farm tours. Store open Thursday and Friday 10-6, Saturday 10-4 and by appointment. P. A. Bowen Farmstead, 15701 Doctor Bowen Road, Brandywine, MD. (301) 579-2727, pabowenfarmstead.com.

MN

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

MO

1984Farms.com - Regenerative farm in Atlanta, Missouri, providing pastured-raised/finished beef, lamb and pastured corn/soy-free pork. Shipping weekly nationwide. No synthetic or toxic chemicals used. Order online and read more information on our values and methods. Kerissa info@1984farms.com, (435) 224-4593

NY

Dutch Meadows brings you the finest in high-quality grass-fed meats and organic dairy products, raised in harmony with the land. Order online and choose from hundreds of farm products, **WE SHIP**. Convenient pick-up locations in NYC. (717) 442-9208 info@dutchmeadowsfarm.com - DutchMeadowsFarm.com.

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.

Farm fresh brown eggs. Chickens are free range on organic pasture and are fed non-gmo feed. Verdant Lea Farm, 5320 Pre-emption Road, Dundee, New York 14837 Samuel: (607) 243-5816.

OH

COPIA FARM, Dan & Caitlin, Short drive from Columbus, Johnstown Ohio. Farm store open daily, 9 am-7 pm. Raw milk herdshares, grass-fed meats, pasture-raised eggs, organic produce, organic sourdough bread & more! Regenerative, GMO-free, organic, paleo. (614) 915-9269, CopiaOhio.com.

Sugar-tree Ridge Grassfed Herdshare/PMA, located 60 miles east of Cincinnati in Highland County. We deliver 100% grassfed A2-A2 milk, pasture raised eggs, and many other products to sixteen delivery sites in Cincinnati. Farm and contact address is: Scott Richardson Family, STRG Herdshare, 6851 Fair Ridge Road, Hillsboro, OH 45133-9548.

OR

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

PA

100% grassfed organic A2A2 raw milk and dairy products plus beef, pastured soy-free pork, chicken, turkeys, eggs, beef and chicken stock, fresh and fermented vegetables. Mount Tabor Farm. New Holland, PA (717) 354-3753.

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.

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(717) 442-9208 info@dutchmeadowsfarm.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) 706-5961 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.

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 all-purpose flour mixes. **We ship.** Call or text (717) 656-0423. beyondglutenfreemichellesmixins.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.

TN

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.

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. Multi-

generational 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 forage-based rabbits. Near Staunton. **Nationwide delivery available.** Call (540) 885-3590, polyfacefarms.com.

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!!

APPRENTICE/EMPLOYMENT

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.

Off-grid self-reliant Permaculture Homestead in northern CA offers room and board plus stipend/income opportunities to hand milk and process dairy products from our Jersey/Guernsey heifer plus garden and help host at Humboldt Experience Farmstay @hipcamp.com, Humboldt.org. PLEASE TEXT (707) 572-8200. If outside of the US use WhatsApp.

Temple-Wilton Community Farm in Wilton NH has an opening for an experienced biodynamic vegetable grower who wishes to farm in and for community. Can start 2024 or 2025. Competitive salary, housing, and food from the farm, including vegetables, milk, yogurt, cheese, bread, and meat. Arrangements can be made for your children to attend High Mowing Waldorf School: <https://www.highmowing.org/> Your partner can explore local work options close to the farm. Must have the ability to work and collaborate with our other farmers (dairy and creamery) to cover the needs of the farm and its members and must have long term experience in growing high quality biodynamic vegetables. We work according to the needs of the farm rather than by the clock! Contact Anthony Graham at agramham@tellink.net.

CRAFTS & CLOTHING

Beautiful crafts by local artists. Keep your gift-giving dollars in the USA. Alpaca blankets, socks and yarn; hand painted decorations, paintings by award-winning artist David Zippi; handmade quilts. Exclusive source of Nourishing Traditions posters. Saturday farm tours. Store open Thurs-Sat 10-6 or by appointment. P. A. Bowen Farmstead, 15701 Doctor Bowen Road, Brandywine, MD. (301) 579-2727, pabowenfarmstead.com.

Nest Handmade - Home of the mason jar sized kraut tamper! We are a family of artists making handmade cherry kitchen tools, bentwood boxes and baskets and other all-natural goods for home and body. www.nest-handmade.com

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!**

For sale: 67 Wise Traditions journals; 2001-2020 in good to excellent condition. Will sell all for \$400 including shipping (OBO). Missing W2003, Su2005, W2007, Su2009 and F2012. (540) 626-5287, ldt.pwp@gmail.com.

View all UK & Irish WAPF conference videos, many European speakers never seen in the USA, in our large and growing video library that will host and fund future events. Subscribe for just £2 a month. (about \$2.50). <https://westonaprice.london>.

FARMING VENTURE/LEASE/SALE

ISO organic/biodynamic/regenerative farm lease. We are a WAPF family of 5 seeking to manage/lease a working organic farm which includes animals. We have extensive experience in both Costa Rica and the Northeastern United States where we have owned large farms. Please contact us at crgreatestescape@gmail.com if interested. THANK YOU!

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.

SC VEGETABLE FARM EQUIPMENT SELL-OUT. Sold as a package only. IH 531 plow, IH 574 Tractor, only 300 hrs., Pico 10/20 disk cultivator, Lely spreader, 6' scrape blade, 6' lift arm, older Cole planter/cultivator w/

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seed plates, 5' Bushog, IH Farmall Super "A" tractor with front cultivator, \$35,900. (864) 292-5001.

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/>.

FLUORIDE FREE AMERICA Mission: Enhancing communication between individuals and organizations to exchange information and create strategies to end water fluoridation. facebook.com/waterliberty * [Twitter.com/FluorideFreeAmerica](https://twitter.com/FluorideFreeAmerica) waterliberty.org * 70% of Americans are fluoridated. JOIN IN THE EFFORT TO END FLUORIDATION - You have the right to safe drinking water.

SERVICES

Seeking adoption connection. We wish to welcome a baby into our family and rural Wisconsin homestead. We follow WAPF health practices and are looking for a birth mother or adoption agency with similar values. Please send responses or suggestions to Gabby at wiseadoption@gmail.com.

TRAVEL/LODGING

Book your stay at Mulberry Lavender Farm and B&B in Tennessee to experience a simpler life and watch heritage animals thrive. Visit the farm store or stay in the Historic Farmhouse or Cottage, with all-organic farm breakfast. Book online at mulberrylavender.com.

Holiday in beautiful English countryside - 18th Century Quince Tree Cottage is in a quiet village in the Chalke Valley in Wiltshire, sleeps five. Local supplies of pasture raised meat, organic vegetables and raw milk. Contact and more details: quincetree.uk.

SOUTH CAROLINA RENTAL - Waterfront Lake Hartwell with spectacular view. Fully furnished 2 bedrooms, 1 bath, kitchen, great room, screen porch and large patio. Adults only, no pets. Short term 3-6 months. \$1890/month, security deposit. Rural area with raw milk close by, near Anderson, SC. Call (864) 292-5001 Leave Message.

SOUTH CAROLINA RENTAL - N. Myrtle Beach. Saltwater view, channel-front home, 5 minute walk to beautiful beach. Fully furnished 2 bedrooms, 1 bath, kitchen, great room. Adults only, no pets. Short term 3-6 months. Dock, boat ramp. \$1890/month.

Security deposit. Call (864) 292-5001 and leave message.

WEST MICHIGAN Couples retreat set on 35 wooded acres. 5 contemporary, luxury suites in a relaxed, romantic setting. All suites have a king size bed, whirlpool tub and glass block enclosed shower. For online videos go to <https://www.pigeoncreekinn.com/> (616) 836-4088.



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- Complete Pre-K to Gr. 12 curriculum
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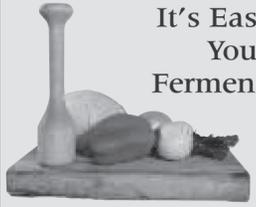
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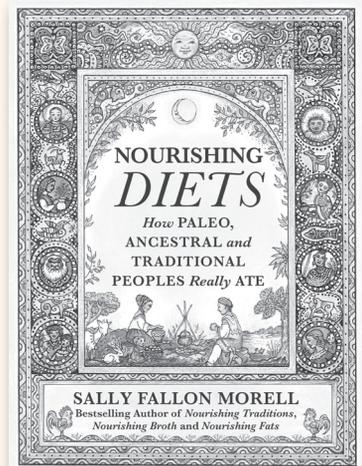


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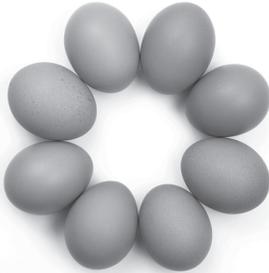
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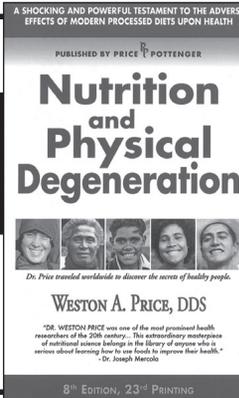
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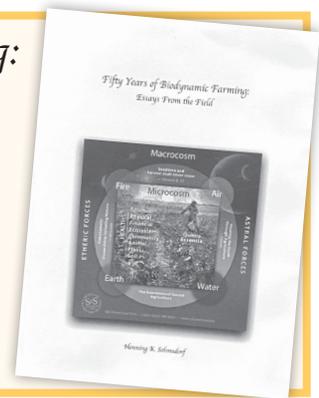
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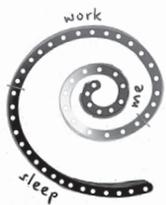
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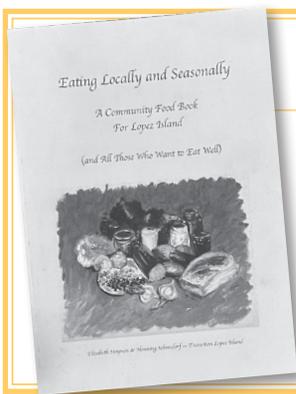
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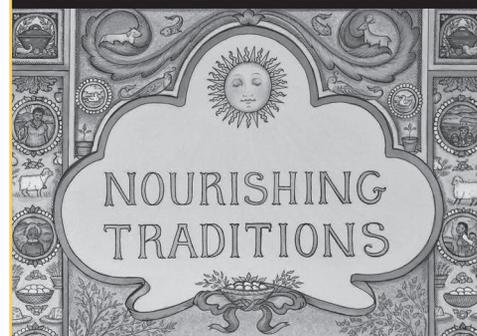


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Foreword by Mike Ramsey, MD
 Chairman, Department of Anesthesiology and Pain Management
 Duke University Medical Center

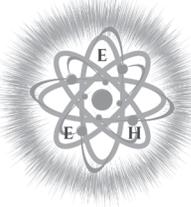


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Calendar

2024

- AUGUST 3-6** **SAN MARCOS, TX:** Southern Family Farmers and Food Systems Conference with pre-conference workshop: Profiting from Pastured Poultry. Main conference (August 5-6) details are coming soon. **INFO:** southernfamilyfarmersconference.org
- AUGUST 25** **BRANDYWINE, MD:** Pasture-Based Farming with Will Winter, DVM, and Steve Campbell. **INFO:** westonaprice.org/pabowen

Wise Traditions 2024

24th Annual Conference of the Weston A. Price Foundation
Orlando, Florida • October 25-27

KEYNOTE ADDRESS by Congressman Thomas Massie

FEATURING

Lee Merritt, MD, Manel Ballester-Rodés, MD, Tom Cowan, MD,
Chris Shaw, PhD, Stephen Hussey, DC, Sally Fallon Morell,
Will Harris, Natasha Campbell-McBride, MD, Griffin Cole, DDS,
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Last words of Dr. Weston A. Price, January 23, 1948



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