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Wise Traditions

IN FOOD, FARMING AND THE HEALING ARTS

A PUBLICATION OF THE WESTON A. PRICE FOUNDATION®



Education ♦ Research ♦ Activism

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Volume 19 Number 2

Summer 2018

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THE WESTON A. PRICE FOUNDATION®


Education ♦ Research ♦ Activism

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

The Foundation is dedicated to restoring 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

Compared to other animals, the human digestive tract is simple—as one scientist put it, humans have less disk space devoted to digestion so that more disk space can be devoted to the brain and nervous system. This explains why all primitive societies take steps to render their foods more digestible—especially plant foods like grains, legumes and green vegetables. Soaking, sprouting, fermenting, consumption of bitter foods, copious use of salt, daily consumption of broth—all these are examples of using our brain disk space to help our digestive disk space.


It's no secret that Western societies are suffering from an epidemic of digestive disorders these days, and the reason is easy to explain—we've abandoned the food preparation traditions of our ancestors and opted for hard-to-digest processed foods instead.

In this issue, some talented practitioners and authors focus on key digestive problems. Dr. Christopher Amoruso tackles GERD (gastro-esophageal reflux disease), often blamed on high stomach acid but actually a condition of low stomach acid. No wonder acid-lowering drugs don't work for this condition! Amoruso lays out a sensible plan based on easy-to-digest, nutrient-dense foods, including broth and lacto-ferments, and interesting chiropractic adjustments.

Dr. Sally Boyd Doughtrey addresses liver and gall bladder issues that plague so many people these days. Key to success is the elimination of all industrial seed oils, along with plenty of unrefined salt and "liver tonic" foods.

From Guido Masé we learn the importance of bitter foods for digestion and overall health. Masé supplies us with a wonderful example of how science can validate traditional foodways—researchers have discovered that we have bitter receptors all over the body!

Improved digestion can help those who suffer from an overproduction of histamine, as described in this issue by Jill Cruz. She offers a diet that eliminates the worst histamine offenders. And Merinda Teller tackles the subject of chronic constipation—something that afflicts millions of modern people but was unknown among primitive people.

Please take a look at pages 10-13 for information on Wise Traditions 2018, this year in Baltimore, Maryland. We will have a Sunday track on digestive issues, but the key focus this year is on cancer and environmental toxins. We try to make our conference affordable for everyone. Thanks to a generous grant from the Forrest and Francis Lattner Foundation, we are able to offer forty scholarships. We also can arrange work scholarships, room share and ride share. Check our conference page, wisetraditions.org for details. We are looking forward to seeing many of you there! 

Letters

AUTISM SERVICE DOG

I am grateful for the education I have gotten from the Weston A. Price Foundation. I highly value information that helps us be healthier and more connected to our food and our bodies. My family lives in central Virginia with our two young children, ages four and eight. Our eight-year-old is on the autism spectrum and has suffered from many digestive issues. Just two years ago, our child could not eat eggs, nuts, seeds or many fruits. We made drastic changes to her diet with the help of information from WAPF and are very happy to announce that our eight-year-old now is eating all of those foods and more. I attribute much of our success to bone broth alone—we started almost every meal with it and always gave it to her before reintroducing foods. Now that her gut is on its way to recovery, we have a new goal: to bring home a service dog to help ease our child's severe social anxiety, increase her confidence and reduce overall stress. ECAD, the non-profit organization that is training a service dog for our child, asks that each family raise twenty-five thousand dollars to cover the cost of breeding and training. Our fundraising is underway, and we would be so grateful to have support from Weston A. Price Foundation members. Here is a link to our donation page if anyone is able to help out: ecad1.org/mudge_wasser. Thank you so much for everything you are doing to bring healthy foods into our lives and the lives of so many.

Davene Wasser
Central Virginia

BIOIDENTICAL HORMONES

Let's not throw out the baby with the bath water! Kim Schuette's article "Recovery from Bioidentical Hormones" (Winter 2017) has some important information in it. However, it also has some misinformation that the readers deserve to have corrected. After twenty years of working with women and men using bioidentical hormones, I



have learned a lot about what is helpful and healthful and what is not.

Hormone replacement therapy (HRT) for menopause has gotten a bad reputation. Much of the blame can be laid on the doctors who prescribed HRT for years without ever checking a woman's hormone levels—either before or during treatment. This cavalier attitude is appalling and dangerous. It also doesn't follow good medical protocols. No doctor would think of prescribing thyroid hormone, for example, without checking hormone levels both before prescribing and while the patient was taking the hormone.

In my experience, most women, probably 80 percent or more, can sail

through "the change" (that is, the seven years of perimenopause and after) with only minor discomfort. They may have the occasional broken sleep or hot flash but their life is able to stay on course. For some women, herbs provide adequate help and support for the perimenopausal period.

However, there are some women whose perimenopausal symptoms are life-disrupting. Their problems aren't resolved with good diet, adequate fats, homeopathy or herbs. For these women, bioidentical hormones can be helpful.

Schuette's statement: "A hormone packaged at a compounding pharmacy is in reality no different than those formulas obtained from a mainstream pharmacy" fails to make the key distinction between compounded bioidentical hormones and pharmaceuticals. Bioidentical hormones contain only the estrogens (estradiol, estrone, estriol) and progesterone that women make themselves. They are synthesized, yes, but they are identical molecularly—just as Synthroid and Levothyroxine are synthesized identical molecules of thyroxine (T₄), the thyroid hormone our thyroid makes.

The real bad actor in the Women's Health Initiative study was the combination of Premarin (a hormone composed from pregnant mare's urine containing at least seventeen different estrogens) and Provera (a synthetic progestin). Progestins are not bioidentical molecules to the progesterone women make when they ovulate. Those in the study taking Prempro (Premarin and Provera combined) experienced increased strokes, heart attacks, breast



Letters



cancer and other problems. However, neither group in the study using estrogen alone, nor the many studies on bioidentical hormones have found any increased health risks for women.

The key to safe and sane use of bioidentical hormones is to check levels before and during their use in order to keep them in a safe physiological range. Is there a need for “Recovery from Bioidentical Hormones”? Not in my experience. My patients tend to discontinue BHRT as soon as they no longer need it. They simply stop taking them without any problems.

Marianne Rothschild, MD
Mount Airy, Maryland

Response from Kim Schuette: Thank you for your input. We certainly respect your training, observations and experience as a medical physician. As you rightly assert, many women are not properly monitored when placed on bioidentical and/or synthetic hormones, including thyroid hormones. It is the experience of many practitioners that this occurs far too often. It is those women, especially, who need recovery options.

SLEEPLESS NIGHT

My husband Dragoş and I own two and one-half acres in Wilders, North Carolina, where we raise as much of our own food as possible. We have several small gardens, and we raise turkeys, ducks, chickens and guineas for meat and eggs, hogs for pork, and goats for raw milk. We process all of our meat animals by ourselves on our property.

I didn’t sleep well last night. In comparison, my husband fell asleep

early and stayed asleep until morning. We all deal with things differently—he needed rest to recover, and I needed to organize my thoughts to recover.

We took eight lives yesterday: five guineas and three turkeys. Our birds, our beloved birds. Four of those guineas showed up at our place last week and decided to stick around. We had grown to love them even in that short time. We enjoyed watching them carve out a place for themselves among our flock. Those four were easier, but taking a life is never easy.

The fifth guinea and the three turkeys, though—those were our babies. That was tough. They have been here on the homestead since they were little peeping fluff balls. We have taught them to eat and drink. We have protected them from predators. We have provided them shelter and provided them freedom. We have watched them learn and grow. Their plumage has changed from soft fuzz to mature, beautifully colored feathers. We have learned each of their personalities and fed them from our own hands.

Killing them is not something that we wanted to do. It is what we feel we have to do. The longer we live this lifestyle—homesteading or traditional living or farming or whatever you want to call it—the more difficult we find it to eat meat from the store. Those animals are tortured—packed into small houses with no grass and no sunlight. They live in filth and eat who knows what—definitely not grass and seeds and bugs like ours eat.

I can’t imagine letting any of my animals live like that. That is no life at all. Ours live the good life, the best

life we know how to provide for them. And in return for their good life, they provide us with nourishment for us and for our family.

No, I don’t enjoy killing animals. I’d rather watch them dig for worms and jump up in the branches of trees and chase squirrels. But they have a purpose to serve. And I have a purpose, too. I have to feed my family, and I feel called to do it in the most connected way possible. I also feel a strong calling to share what that means with as many people as I can reach.

Raising and processing animals for food is not normal these days, but it used to be. It used to be necessary. It used to be that people could rely on themselves and the folks in their community. Nowadays, most everyone is out of touch. We don’t know where our food comes from. We don’t know whose hands have touched it, what conditions it lived in, what it ate, or how it died. It’s just a slab of pink or red stuff in a package at the store, or more often, some brown stuff on a plate (or in a Styrofoam take-out box).

But I’ll tell you what. I know where my food comes from, and that’s what keeps me up at night. No, not the nightmare of the animal’s circumstance, but the beauty of it all. I sit up remembering all the happy moments my animals have spent while under my care. And I sit up wondering how I can make it even better for the animals that join my homestead in the future.

So now I ask you—what will you do to grow the connection between yourself and your food? What goals do you have for this year or this decade? What will you do to ensure your food



Letters



is well taken care of before and after it leaves your care? I'll give you a hint—it never gets easier. You just have to work harder. Do the best you can, to do the best you can. Make a difference.

Emily Popa, Wilders Homestead
Wilders, North Carolina

WISDOM FROM OLD MOVIES

Last night I watched a movie *Five Little Peppers* from around 1938. I thought it was interesting when an older man was on bed rest recovering from a heart problem, his caregiver gave him water every morning—alternating one day water with lemon, and the next water with sauerkraut juice!

Also, in the 1939 film *Wuthering Heights* starring Merle Oberon and Laurence Olivier, the doctor prescribed “plenty of butter” for Cathy when she is recovering from illness. Old movies and novels are a good way to glean some of the wisdom of our ancestors!

And for wisdom from the more ancient past, I attended an exhibit of items related to Sir Thomas More, from the 1500s. One beautiful illuminated book from that time was a “conversation” between a man named Henry and his “spiritual doctors”—who were Jesus and Mary. The large book happened to be open to a page where he asked his “doctors” what to do about depression, and Mary advised him to consume bone broth! What a surprising resource for nutrition and health!

Kathy Kramer
Cottage City, Maryland

SOUR MILK FOR ANIMALS

I am not related to this site or product, epicorimmune.com/what-is-epicor/

the-epicor-story, but the paragraph on fermented foods and health reminded me of WAPF and I thought you might find it of interest. “In the late 1800s C.W. Bloomhall, a young boy who lived on a family farm, noticed that animals fed table scraps fermented with sour milk seemed to be healthier than animals fed simple grains alone.” So fermented foods are good for animals as well as for humans!

Chris Young
Albany, NY

WORK SO DIFFERENT

My work is so different now as I reflect back to the 1990s when I taught WAPF to all my patients. It took hours per person. Now, most patients have already heard of WAPF and many are already eating as recommended. For others, I just send them to the website and then offer a bit of guidance. This is really an enormous change, at least in my smaller circle of homeopathic patients. I am thankful every day for your tireless work.

Now I am awaiting the restoration of our farms to pasturing!

Roy Ozanne
Two Rivers, WI

BOLIVIAN PARADISE

I write from a farming region in Bolivia with Samaipata the nearest town. For three years, I have been reveling in waterfalls, condors swooping down to greet me and monkeys cavorting in this sanctuary—plus parrots, toucans and many varieties of bees.

Bill Mollinson (co-founder of permaculture) says cows and poultry are forest animals. I see this every day with

cows chomping tree leaves, bushes, some ground stuff and then to the trees again in this semitropical forest. The hens and chicks forage all day until it is time to roost. The result is the most delicious eggs, farm cheese, yogurt and meat I have ever tasted. All this happens under chemtrail- and emf-free skies, pure air, mountain spring water and richly mulched earth.

To loosely quote Mr. Mollinson again, I stick the seeds, plants, trees in the ground and “stand back.” Everything flourishes in this “abonosol” soil and microclimate.

Ecological farming is protected by the Bolivian constitution, and I enjoy sharing seeds with my eco-neighbors. Most families have been here for generations, and I appreciate being invited to their festive lunches with game or domesticated meat processed there with their own homegrown vegetables and chicha, a fermented corn elixir made with cinnamon and cloves. I have taught them the WAPF kefir and yogurt recipes and plan to become a Bolivian chapter leader once my permanent residency status is granted.

My kind neighbors give me weekly fresh milk, eggs and artisan bread made in huge wood fired ovens. Plus, I can buy the vegetables I do not grow, like corn and yucca. I grow on thirty-three hectares of fabulous land—sweet limes, mandarins, loads of greens and herbs. Yacon and medicinal plants are here in abundance. I must step on medicinal plants in order to walk, there are that many medicinal plants here. I am happy to give more information by contacting me at soulful.renaissance@gmail.com and will respond in a timely fashion.



Letters



Remember to actualize your dreams.
All is possible!

Rosemary Duma
Samaipata, Bolivia

BONES AND MARROW

You probably already know this, but I was just chatting with a Ghanaian co-worker about his white teeth, and he says that he eats not only the fat, but also the bones of the meat. He is teaching his children to do the same. He tells them it is to strengthen the teeth. He said when he first arrived in London, people would stare at him because of his white teeth. He also said licorice root was used to clean the teeth.

I should also add that last evening I was reading *Sapiens: A Brief History of Humankind* by Yuval Harari, PhD, and the book states that the first tools used by *Homo sapiens* were for the purpose of cutting animal bones to retrieve the marrow.

Carol Hopson
London, UK

COFFEE'S DARK SIDE

After seeing thousands of coffee addicts come through my clinic, I have some concerns about this beverage. Most of our clients come to us for help with sugar cravings and are appalled at our suggestion that they let us relieve them of cravings for coffee as well. As described in my new book, *The Craving Cure*, there are good reasons why we so often suggest that our clients eliminate coffee altogether.

Coffee temporarily ruins our appetite for real food, leaving our natural feeding instincts in the dark. Not eating real food makes us prey to cravings and fatigue. When the caffeine wears off,

our blood sugar has typically plunged and we tend to grab the first Techno-Karb that comes along—along with more coffee.

Skipping breakfast is a particular problem as it robs us of our morning intake of naturally energizing amino acid-rich foods. Because of that we need more caffeine throughout the day to keep going. This can add up to over three cups a day. Consuming more than three cups a day on a regular basis increases our risk of premature death by 50 percent.

Cad Lavie, MD, in *The Obesity Paradox*, describes the research that went into this study of coffee's lethal potential. The caffeine in coffee, like all stimulant drugs, is addictive. It's often combined with sugar or chocolate, thus becoming a double or triple addictor and adding damaging calories. Caffeine suppresses our calming neurotransmitters—serotonin, GABA and adenosine—by overstimulating adrenaline. Too much adrenaline compromises cardiovascular and adrenal functions, increases stress and anxiety, and diminishes our overall sense of wellbeing. It consequently interferes with sleep, which weakens health generally and contributes to unneeded weight gain.

Furthermore, caffeine reduces the levels of our naturally energizing amino acids phenylalanine and tyrosine as well as our naturally energizing, calorie-burning thyroid hormones. By suppressing the insulin response, caffeine can accelerate our progression toward diabetes.

See chapter 10 and page 397 in *The Craving Cure* for more (including references). Perhaps most important, chapter 10 includes what my clinic has

learned about how we can raise energy naturally and withdraw comfortably from coffee (or from colas, diet sodas, or energy drinks).

Julia Ross, author
The Craving Cure

HOMEMADE FORMULA

We adopted our daughter at birth. She was born at thirty-six weeks, underweight at five pounds nine ounces. With the homemade formula alone, including fermented cod liver oil, she was into normal percentiles by four or five months later, then had (seemingly) very early onset verbal ability. Since then she has been absolutely flourishing. It is amazing to see her verbal development and thought process—I absolutely think that fermented cod liver oil provided the essential nutrients.

Gladden Pappin
Dallas, TX

BEST LOOKING WEBSITE!

The new WAPF website is the best looking website I have ever seen! Beautiful both artistically and in the nutrient-dense content. Great job on the WAPF site (WOW), and now I will go back to explore it more.

David M. Augenstein, MSc, PE
Louisville, Ohio

Have a look at our new landing page at westonaprice.org/health-topics/yes-you-can/! 

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

DANCE WITH THE SUGAR MONSTER

An alert member sent us an article about Kellogg's New York City Café, a five-thousand-square-foot store in Union Square where millennials can pay up to seven dollars fifty cents per bowl of cereal (containing a few cents worth of ingredients). "It would be hard to make up this sort of thing," was her comment. Indeed, it would be difficult to think of a more disgusting way for young people to eat. The menu features highly sugared cereals—many dyed with coal tar dyes—plus toppings like marshmallows, pop tart crumbles, white chocolate chips and caramel sauce, moistened with "dairy options" (1%, skim, chocolate or whole), soy milk or almond milk. One dish, called the Unicorn, consists of pink and blue Cheerios, pink cotton candy and "cotton-candy flavored pop candy" (kelloggsnyc.com). Oh my, America! What future can we expect from a nation that sees nothing wrong about this dance with the Sugar Monster? What kind of tragedy lies ahead for young people who eat this way?

LONG-TERM CONSEQUENCES

"Healthcare providers consider acetaminophen (Tylenol) the safest over-the-counter pain reliever and fever reducer to take when you're pregnant," says pharmacist Gerald Briggs at babycenter.com. "Acetaminophen has been widely used for decades, and extensive research shows that it's safe to take during pregnancy." Not so fast! Studies have shown that taking the pain killer acetaminophen (also called paracetamol) can inhibit the development of testosterone in male fetuses, thus increasing the risk of testicular malformation in infants. A recent animal study from the University of Copenhagen goes further. According to the researchers, "We have demonstrated that a reduced level of testosterone means that male characteristics do not develop as they should. This also affects sex drive. In a trial, mice exposed to paracetamol at the fetal stage were simply unable to copulate in the same way as our control animals. Male programming had not been properly established during fetal development and this could be seen long afterwards in their adult life." In fact, with behaviors such as territorial marking, the males acted more like female mice. And mice exposed to acetaminophen had half as many neurons in the area of the brain that controls sex drive (*Reproduction* 2017 Aug;154(2):145-15). But instead of demanding an immediate black box warning

on this commonly used painkiller, what do the researchers recommend? Pregnant women should continue to follow the guidelines given by their country's health authorities. "If you are ill, you should naturally take the medicine you need. After all, having a sick mother is more harmful for the fetus" (EurekAlert! Science News, June 22, 2017).

THE HARD FOOD THEORY

In a recent post (January 27, 2018) dentist James R. Trexel expounds on the so-called "hard food" theory of dental palate development. The reason many modern people don't have room for their wisdom teeth, he claims, is that they are no longer eating the "coarse food" of our ancestors. Because they ate coarse food, our ancestors "experienced an increase in tooth wear, or attrition. Attrition causes a reduction in the height of the crown, or top of the tooth. If this reduction progresses far enough, it actually creates more space in the dental arch, space that can allow for wisdom teeth to erupt normally. . ." In addition, he claims that the effort to chew coarse food "causes the bones of the jaw to become larger and more robust" (answersingenesis.org). This is sort of like arguing that stretching exercises for teenagers will cause them to grow taller! In fact, we can tell the moment a child is born his likelihood for having a wide face and large dental palate—long before he has eaten any food at all. And most foods consumed by primitive people were far from coarse—soaked porridges and organ meats come to mind. Except for the Eskimos, the native peoples with wide palates that Weston Price photographed did not have worn teeth. The hard food theory may seem silly but unfortunately it steers parents away from proper preparation for pregnancy, and vectors moms into fads like baby-led weaning, where babies without molars gum on hard foods like meat and raw carrots.

IMMORAL?

Those concerned about the use of genetically engineered crops (GMOs) have been called all sorts of names—old-fashioned, naïve, anti-science, to mention a few. But a recent article in *The Washington Post* ups the ante: people against GMOs are immoral! The author, Mitch Daniels, is the president of Purdue University, an educational institution that has sponsored many GMO initiatives. According to Daniels, as far as GMOs are concerned, "there are no credibly conflict-

Caustic Commentary

ing studies, no arguments about the validity of computer models, no disruption of an economic system nor any adverse human health or even digestive problems, after five billion acres have been cultivated cumulatively and trillions of meals consumed.” Daniels sneers at those who buy organic food and non-fluoride toothpaste, claiming that “This is the kind of foolishness that rich societies can afford to indulge. But when they attempt to inflict their superstitions on the poor and hungry peoples of the planet, the cost shifts from affordable to dangerous and the debate from scientific to moral.” According to Daniels, in Africa “you won’t

find the conversation dominated by anti-GMO protesters.” Consumers and farmers in Africa “are eager to share in the life-saving and life-enhancing advances that modern science alone can bring.” Yet the photo posted with the article shows a Kenyan woman protesting GMO food during a Kenya Biodiversity Coalition event in Nairobi (*The Washington Post*, December 28, 2017). Small farmers in developing countries are becoming increasingly aware that genetically engineered crops are no blessing, but lead to more debt, more dependence on world market prices, more toxic chemicals, more heartache and more suicide.

NO CREDIBLY CONFLICTING STUDIES?

In fact, several studies that Daniels should know about do in fact point to real damage from GMOs. All three took place in Egypt and compared the effects of a local species of corn with the genetically modified (GM) version of that species. Rats fed the GM compared to non-GM corn developed distorted and flattened intestinal villi—in one of the studies after only ninety days. Said the researchers, “Consumption of GM-corn profoundly alters the jejunal histological [microscopic] structure.” The other two studies found differences in organ and body weights, abnormalities and fatty degeneration of liver

cells, congestion of blood vessels in the kidneys, and necrosis of the cells that create sperm (theinternationalreporter.org, January 4, 2017). So opposition to GMOs is not superstition, not the ravings of befuddled Luddites, but genuine concern based on careful science.



YES, IMMORAL

We can think of nothing more immoral than the pharmaceutical industry targeting infants in their lust for sales of psychiatric drugs. An article published in *The New York Times* (December 10, 2015) documents increasing use of antipsychotics (such as Risperdal and Seroquel) and antidepressants (such as Prozac) in children under the age of two—twenty thousand prescriptions for antipsychotics

and eighty-three thousand prescriptions for Prozac in 2014. The report notes that legally, doctors are free to prescribe any medicine for any reason, so there is nothing to stop them from recommending that infants take these drugs—drugs that can profoundly influence infant brain growth and have side effects such as agitation, mania, aggressive or hostile behavior, seizures, hallucinations and even sudden death. Dr. Martin Drell, former president of the American Academy of Child and Adolescent Psychiatry, said he was “hard pressed to figure out what the rationale would be” for the prescriptions—but we can. When children are off the wall with constant crying and temper tantrums, desperate parents will agree to almost anything. During the famine years in Europe, parents gave their babies opium to keep them from crying, and the current practice of medicating difficult youngsters is similar. These children are starving too—starving for vitamins, minerals and healthy fats that only real foods can give.

THE SLOW MARCH TO VICTORY

Progress often comes in small steps. The Fluoride Action Network (FAN) has sued the EPA to end the deliberate addition of fluoride to the public water supply, and on February 7,

Caustic Commentary

2018, a ruling from federal Judge Edward M. Chen allowed FAN to submit evidence published after the date of their petition, November 2016. The study is an important one since it was funded by three U.S. agencies: the National Institutes of Health, the National Institute of Environmental Health Sciences and the EPA. Researchers followed over three hundred mother-child pairs in Mexico City for a twelve-year period. They found a strong relationship between the mothers' exposure to fluoride, as measured in their urine, and lowered IQ in their offspring at age four and again at six to twelve years of age. The urine levels of the pregnant women in the study were the same as those found in pregnant women in the U.S. At these levels, the authors reported a loss of six IQ points. To donate to FAN's court case, visit fluoridealert.org.


HPV VACCINE AND INCREASED CERVICAL CANCER

In 2006, when the human papillomavirus (HPV) vaccine was introduced in the U.S., cervical cancer rates had been in steady decline over several decades. Trends were similar in Europe, including Scandinavia. Sweden stood out as having the lowest levels of cervical cancer. However, in 2017, Sweden's Center for Cervical Cancer Prevention reported that the incidence of invasive cervical cancer was climbing, with a particularly steep increase between 2013 and 2015. In a study published in *The Indian Journal of Medical Ethics* (April 30, 2018), an independent Swedish researcher (publishing under a pseudonym) proposed that the HPV vaccine may be causing rather than preventing cervical cancer. The researcher noted that by 2012-2013, most young girls in Sweden had been vaccinated, and it is this age group most afflicted by the resurgence of cervical cancer. Said the researcher: "The increased incidence among young females, the possibility of virus reactivation after vaccination, the increase in premalignant cell changes shown by the FDA for women who were already exposed to oncogenic [tumor-inducing] HPV types and the time relationship between the start of vaccination and the increase in cervical cancer in Sweden could support the view that the HPV vaccine is caus[ing] an increase in invasive cervical cancer instead of preventing it among already infected females." Studies have already noted that the HPV vaccine has an adverse event rate of one in fifteen, and a death rate among the vaccinated (fourteen per ten thousand) that far exceeds the risk of dying from cervical cancer. (worldmercuryproject.org, May 15, 2018.)

THE PROPAGANDA CONTINUES

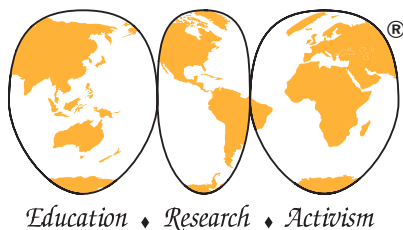
According to Harvard scientists, "at least one-third of early deaths could be prevented if everyone moved to a vegetarian diet." Dr. Neal Barnard, president of the Committee for [Ir] Responsible Medicine, claims that this is an underestimate. "I think people imagine that a healthy diet has only a modest effect and a vegetarian diet might help you lose a little bit of weight. But when these diets are properly constructed, I think they are enormously powerful. A lowfat vegan diet is better than any other diet I have ever seen for improving diabetes. With regards to inflammatory diseases like rheumatoid arthritis, we are seeing tremendous potential there too. Partly because of things we are avoiding like cholesterol, but also because of the magical things that are in vegetables and fruits." These meat-demonizing folks never mention the 2014 study which found that vegetarians have more cancer, more allergies, more mental illness, need more health care, have a poorer quality of life and suffer from more tooth decay (*PLOS One*, February 7, 2014).

WE ARE NOT MAKING THIS UP

An article on soybean checkoff research in the February 27, 2018 issue of the *Delmarva Farmer* describes the following research project at Penn State University: "Enhancing Rumen By-Pass of Extruded Soybean Meal Protein: The research will evaluate the rumen by-pass value of soybean meal extruded at different temperatures. This project builds on previous research that demonstrated increased dry matter intake, and consequently increased milk yield, in dairy cows fed diets in which solvent-extracted soybean meal was substituted with extruded soybean meal." 

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.



Wise Traditions 2018

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NURTURING THERAPIES FOR CHRONIC DISEASE

Friday, November 16 – Monday, November 19

Chapter Meeting and Fundraiser Reception on Thurs., Nov. 15, Hilton Baltimore Hotel

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WISE TRADITIONS 2018



TRANSFORMING OUR HEALTH

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CONFERENCE SPEAKERS

Sandeep Agarwal, expert on ghee
Hilary Andrews, ND, of the Vaccine Balancing Act course
Amy Berger, author of *The Alzheimer's Antidote*
Hilary Boynton, author of *Heal Your Gut Cookbook*
Natasha Campbell-McBride, MD, Gut & Psychology Syndrome (GAPS)
Paul & Ellen Connett, of the Fluoride Action Network
Monica Corrado, MA, CNC, traditional food chef
Tom Cowan, MD, author of *Human Heart, Cosmic Heart*
Sabine El Gemayel, producer of *Generation Zapped*
Sally Fallon Morell, MA, author of *Nourishing Traditions*
Linda Isaacs, MD, expert on individualized nutritional protocols
Anthony Jay, PhD, stem cell and epigenetics researcher
Season Johnson, of KICKcancermovement.org
Dan Kittridge, founder of Bionutrient Food Association
Chris Knobbe, MD, expert on age-related macular degeneration
Ted Koren, DC, author of *Cancer is Natural, So is the Cure*
Kiran Krishnan, expert on intestinal flora
Brandon LaGreca, CAC, MACOM, acupuncturist
Thomas Levy, MD, JD, author of *The Toxic Tooth*
Carlo Litano, DMD, holistic dentist
Mel Litman, MD, orthomolecular medicine, integrative cancer treatment
Forrest Maready, author of *Crooked: Man-Made Disease Explained*

Chris Masterjohn, PhD, chrismasterjohnphd.com nutrition blog
Leigh Merinoff, of Meadows Bee Farm
Tom Naughton, director of *Fat Head*
Ronda Nelson, PhD, expert on thyroid health
Sally Norton, expert on oxalates and pain relief
Elizabeth Plourde, PhD, author of *EMF Freedom & Sunscreens-Biohazard*
Forrest Pritchard, author of *Growing Tomorrow*
Matt Rales, grass-based livestock farmer
Bruce Rind, MD, expert on metabolic therapy & brain trauma treatment
Julia Ross, MA, author of *The Craving Cure*
Marianne Rothschild, MD, holistic and integrative medicine
Pam Schoenfeld, RD, co-director Healthy Nation Coalition
Kim Schuette, CN, nutritional & biotherapeutic drainage therapies
Stephanie Seneff, PhD, expert on glyphosate
James Strick, PhD, author of *Sparks of Light*
Kim Thompson, RYT, movement instructor
Louisa Williams, MS, DC, ND, author of *Radical Medicine*
Lindsea Willon, expert on insulin resistance
Will Winter, DVM, expert on pastured livestock
Nasha Winters, ND, LAC, co-author *The Metabolic Approach to Cancer*

LOCATION AND ACCOMMODATION

The conference hotel is the Hilton Baltimore at 401 West Pratt St., Baltimore, Md. A special conference room rate of \$199 per night plus taxes for single or double occupancy is available until October 11, 2018 or until all rooms are sold. You may make reservations by phoning Hilton Reservations at (800) 445-8667 and mention the Wise Traditions Conference.

You may also book on line at book.passkey.com/go/WiseT2018

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PRE-CONFERENCE AND POST-CONFERENCE ACTIVITIES

THURSDAY, NOVEMBER 15
6:00 – 9:00 pm

**RAW MILK CAMPAIGN
FUNDRAISER RECEPTION**

MONDAY, NOVEMBER 19

Will Winter, DVM: Guided Farm Visit to PA Bowen Farmstead

Julia Ross, MA: *The Craving Cure*

Chris Masterjohn, PhD: A Master Seminar on Nutrition

WISE TRADITIONS 2018 REGISTRATION FORM

First Name

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☐ Check here if you are interested in donating food.

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☐ This is my first Wise Traditions conference.

☐ Check here to reserve gluten- & casein-free conference meals. OR ☐ Gluten-free only. OR ☐ Casein-free only. Register for GF and/or CF children's meals below.

MEMBERSHIP: become a member of the Foundation and receive a conference registration discount.

☐ \$40 US Annual Membership ☐ \$25 US Reduced (financial hardship) ☐ \$50 Canadian/International

FULL REGISTRATION* includes conference materials, Friday sessions, lunch and dinner, Saturday sessions, lunch and Awards Banquet, Sunday sessions and brunch (except for no-meal option). Does **not** include Monday.

	By Sept 20	After Sept 20
<input type="checkbox"/> Full Registration Member	\$475	\$525
<input type="checkbox"/> Full Registration Non-Member	\$515	\$565
<input type="checkbox"/> Full Registration Student/Senior Member	\$400	\$450
<input type="checkbox"/> Full Registration Student/Senior (62+) Non-Member	\$440	\$490
<input type="checkbox"/> Full Registration Adult with Child in Kid's Program	\$400	\$450
<input type="checkbox"/> Full Registration No-Meal Option (<i>meals not included</i>)	\$350	\$400

***ADDITIONAL FEE: SATURDAY COOKING CLASS WITH SALLY FALLON MORELL**

☐ Cooking Class - must be registered for full or Friday \$30 \$30

WEEKEND REGISTRATION includes sessions with lunch and banquet on Saturday and lunch on Sunday.

☐ Weekend Registration \$330 \$360

DAILY REGISTRATION includes conference materials, sessions and lunch (no dinner).

<input type="checkbox"/> Daily Registration <input type="checkbox"/> Friday* <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday	\$145	\$165
<input type="checkbox"/> Saturday Traditional Diets Seminar, Sally Fallon Morell	\$75 (limited to 200)	\$95
<input type="checkbox"/> Monday Guided Farm Visit 7-6 (includes lunch)	\$115	\$115
<input type="checkbox"/> Monday: <input type="checkbox"/> Julia Ross or <input type="checkbox"/> Chris Masterjohn	\$115	\$115

EVENING EVENTS

<input type="checkbox"/> Thursday Fundraiser Reception	\$75	\$75
<input type="checkbox"/> Friday Dinner and Events	\$60	\$60
<input type="checkbox"/> Saturday Evening Awards Banquet	\$85	\$85

Please select the sessions you plan to attend. This helps us plan but you can change your mind.

Friday seminar choice – ☐ GAPS ☐ Thyroid Health ☐ Self Healing ☐ Farming ☐ Cooking Class (additional fee)

Saturday Choice – ☐ Cancer ☐ Nourishing Traditional Diets ☐ Cooking/Practical ☐ Wellness ☐ Farming

Sunday Seminar Choice – ☐ Gastrointestinal ☐ Aging Gracefully ☐ Toxic World ☐ Dental ☐ Cancer

CHILDREN'S PROGRAM (Child must be age 3-12 and potty trained.)

Child's Name(s) _____ Age(s) _____
 @ \$250 per child for Friday - Sunday includes Friday lunch & dinner, Saturday lunch, Sunday brunch
☐ GF/CF meals OR ☐ GF only OR ☐ CF only for ____ children OR ____ @ \$150 per child, includes no meals.

CEUs FOR RNS & LACs. A \$5 certificate of attendance is available. It suffices for RDs & nutritionists.

☐ RN ☐ LAC – ☐ All 3 days \$65 ☐ Friday \$25 ☐ Saturday \$25 ☐ Sunday \$25// ☐ RD or nutr. ☐ Cert of Attend. \$5.

PAYMENT PROCESSING

Total Due: _____ ☐ MasterCard ☐ Visa ☐ Check Payment/Money Order (make payable to WAPF)

Full Name _____

Card Number _____

Exp. Date _____

Security Code (3 digits on back of card) _____

By submitting this form, I authorize Wise Traditions to charge the applicable registration fees. I understand that all cancellations must be submitted in writing and must be received by October 20, 2018 to be eligible for a refund, less a \$25.00 administrative fee. All refunds will be issued following the conference. Substitutions will be permitted at any time. Registration packets will not be mailed and must be picked up on-site at the conference registration desk at the Baltimore Hilton Hotel.

CHAPTER LEADERS

☐ I am a chapter leader.
☐ I plan to attend the Chapter Leader Meeting Thursday, Nov 15, 10 am - 4 pm

How did you hear about the conference?

☐ WAPF journal ☐ WAPF email
☐ Friend/colleague ☐ WAPF postcard
☐ Blog ☐ Twitter or FB
☐ Web advertisement ☐ WAPF website
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What is your current occupation?

☐ Medical practitioner ☐ Farmer
☐ Nutritionist ☐ Homemaker
☐ Massage therapist ☐ Student
☐ Chiropractor ☐ Retired
☐ Nurse ☐ Teacher
☐ Agriculture professional ☐ Journalist
☐ Artisan worker ☐ Chef
☐ Other, please specify _____

THREE WAYS TO REGISTER:

1. **PHONE** (540) 722-7104

2. **FAX** (540) 301-3536

3. **MAIL**

WAPF Wise Traditions Conference
 1900 Jones Rd
 Winchester, VA 22602

PLEASE NOTE:

One adult registration per form, please. Forms submitted without payment will not be processed.

FOR FURTHER INFORMATION

wisetraditions.org
 registrar@ptfassociates.com

NO REFUNDS will be issued after December 31, 2018.

Wise Traditions 2018

Baltimore Schedule

THURSDAY, NOVEMBER 15

10:00-4:00 Chapter Leaders Meeting

6:00 pm-9:00 pm Raw Milk Fundraiser Reception (*not included with conference registration*)

FRIDAY, NOVEMBER 16

6:45-7:30 Kim Thompson: Gentle Movement

7:45-8:30 Kim Thompson: How to Sit Comfortably

Track I: Gut & Psychology Syndrome – Natasha Campbell-McBride, MD

9:00-3:00 Gut & Psychology Syndrome

3:45-5:00 Vegetarianism Explained

Track II: Nourishing Your Thyroid: The 7 Key Principles for Optimizing Thyroid Health – Ronda Nelson, PhD

9:00-10:15 Part I: Understanding How Your Thyroid Works

11:00-12:15 Part II: Understanding How Your Thyroid Works

1:45-3:00 Part III: Bridging the Nutritional Gap

3:45-5:00 Part IV: Proper Testing, Support and General Recommendations

Track III: Self Healing – Ted Koren

9:00-5:00 All-Day Seminar: Self Healing With Koren Specific Technique

Track IV: Cooking Class – Sally Fallon Morell (additional fee; limited seating)

9:00-5:00 All-Day Seminar: Comfort Foods Cooking Class

Track IV: Farming – Dan Kittridge

9:00-5:00 All-Day Seminar: Nutrient-Dense Farming

Friday Evening Activities

7:30-9:30 Ask the Practitioner Panel with Sally Fallon Morell, Kim Schuette, CN, Tom Cowan, MD, Ronda Nelson, PhD and Pam Schoenfeld, RD

7:30-9:30 Hilary Boynton: A Wise Traditions School Lunch Program

7:30-9:30 James Strick, PhD

7:30-9:30 Film *Generation Zapped* followed by Q&A Session with producer Sabine El Gemayel

SATURDAY, NOVEMBER 17

6:00-6:45 Kim Thompson: Gentle Movement 7:00-7:45 Kim Thompson: Release Low Back Tension

Track I: Plenary Session: Cancer

9:00-10:15 Nasha Winters: Metabolic Diet for Cancer

11:00-12:15 Anthony Jay, PhD: Starve Cancer and Heal Your Epigenetics

1:45-3:00 Linda Isaacs, MD: Cancer, Enzymes, and Diet

4:00-5:15 Ted Koren, DC: Cancer is Natural, So is the Cure

Track II: Nourishing Traditional Diets – Sally Fallon Morell, MA

9:00-12:15 Introduction to Weston A. Price and Characteristics of Healthy Diets

1:45-3:00 Know Your Fats

4:00-5:15 How to Change Your Diet for the Better

Track III: Cooking/Practical

9:00-10:15 Sandeep Agarwal: Cooking with Spices

11:00-12:15 Lindsea Willon: Making the Transition

1:45-3:00 Monica Corrado: Broth is Beautiful

4:00-5:15 Monica Corrado: Ferments Made Easy

Wise Traditions 2018

Baltimore Schedule

SATURDAY, NOVEMBER 18 (continued)

Track IV: Wellness

9:00-12:15 Stephanie Seneff, PhD: Glyphosate: How a Simple Molecule Can Cause So Much Destruction

1:45-5:15 Tom Cowan, MD

Track V: Farming

9:00-10:15 Forrest Pritchard

11:00-12:15 Matt Rales

1:45-3:00 TBD

4:00-5:15 TBD

6:30-10:00 pm Awards Banquet with Keynote - Tom Naughton: Fat Head

SUNDAY, NOVEMBER 18

6:00-6:45 Kim Thompson: Gentle Movement 7:00-7:45 Relieve Neck and Shoulder Tension

Track I: Gastrointestinal

9:00-10:15 Brandon LaGrecia: Small Bowel Obstruction

11:00-12:15 Kiran Krishnan: Microbiome

1:30-2:45 Sally Norton: Oxalates

3:30-4:45 Marianne Rothschild: The Rhythm of Digestion

Track II: Aging Gracefully

9:00-10:15 Amy Berger: Nourish Your Neurons: Protection Against Alzheimer's with Good Nutrition

11:00-12:15 Elizabeth Plourde: Hormone Health & Hysterectomy Options

1:30-2:45 Hilary Andrews, ND: Protection Against the Flu

3:30-4:45 Chris Knobbe, MD: Macular Degeneration

Track III: Surviving in a Toxic World

9:00-10:15 Paul & Ellen Connett: Fluoride

11:00-12:15 Anthony Jay, PhD: Insidious Artificial Estrogens: Our Top 10 Hidden Exposures

1:30-2:45 Forrest Maready: Aluminum/Mercury

3:30-4:45 Elizabeth Plourde: Surviving in a Toxic World: Sunscreen & EMR (Electromagnetic Radiation)—Unrecognized Hazards

Track IV: Dental

9:00-10:15 Thomas Levy: The Toxic Tooth (Root Canals)

11:00-12:15 Chris Masterjohn, PhD: Nutrition for Good Dental Health

1:30-2:45 Louisa Williams, ND, DC: Safe Removal of Amalgams

3:30-4:45 Carlo Litano, DMD: Keeping the Wisdom Teeth

Track V: Cancer

9:00-10:15 Season Johnson: Support for Childhood Cancer

11:00-12:15 Bruce Rind, MD: Thermography

1:30-2:45 Mel Litman:

3:30-4:45 TBD

Closing Ceremony (4:55-5:45): Leigh Merinoff: Inspiring the Next Generation—On-Farm Education in the Mountains of Vermont

MONDAY, NOVEMBER 19 (not included in full registration)

7:00-6:00 Will Winter, DVM: Guided Farm Visit to PA Bowen Farmstead

9:00-4:00 Julia Ross, MA: The Craving Cure

9:00-4:00 Chris Masterjohn, PhD: A Master Seminar on Nutrition

Gastroesophageal Reflux Disease: A Straightforward, Drug-free and Effective Solution

By Christopher J. Amoruso, DC, MS, CNS, CGP

Gastroesophageal reflux disease, better known by its catchy acronym GERD, is a growing health epidemic in the United States and worldwide. GERD costs U.S. taxpayers billions of dollars each year and accounts for hundreds of deaths.¹

Historically, the very first “blockbuster” drug was Tagamet (cimetidine), developed in the 1960s by researchers looking for a “solution” for heartburn. Currently, the proton pump inhibitors (PPIs) often used to treat GERD are one of the best-selling classes of drugs in the U.S., with sales of nine and a half billion dollars in 2012. Nexium, one of the more well known PPIs, was the top-selling of all drugs that year, raking in nearly six billion dollars.² Americans also spend over two billion dollars annually on liquid and tablet antacids. In 2016, U.S. private-label sales of antacids reached almost eight hundred and sixty million dollars, and sales of Nexium 24HR and Zantac totaled over half a billion dollars more.³

Think about these facts for a moment and let them sink in. Then consider the fact that in my small private practice in Bergen County, New Jersey, I see on average two new patients a week with GERD symptoms. These patients range in age from as young as twenty to the elderly. Almost all have sought medical treatment before coming to me, and one after the other ends up on my office doorstep looking for a better answer for their problem than the prescription medications and over-the-counter (OTC) antacids they have come to rely on.

One glaring problem with the status quo is that most patients are very unsuspecting when it comes to the risks associated with long-term use of the various OTC and prescription drugs recommended for GERD. For all that these patients know (or are told by their physicians), their problem is caused by too much stomach acid, and neutralizing that acid with OTC antacids or shutting down acid production (as is the case with PPIs and H2 antagonist medications) just seems to make logical and harmless sense. What I hope to prove in this article is that the standard allopathic medical approach to the treatment of GERD is not only fundamentally flawed, it actually makes the problem worse, not better, and can set a person up for a lifetime of health problems. But before I expound further on the dangers presented by the allopathic medical treatment of GERD, let's take a look at what exactly GERD is.

OVERVIEW OF GERD

The esophagus is the tube that carries food from the mouth to the stomach. GERD occurs when the stomach contents move retrograde back up through the esophageal sphincter up into the esophagus and, at times, all the way back up into the mouth. GERD symptoms vary widely in both presentation and severity, from a subtle chronic cough or pain in the abdomen to ulcers and even erosion of the esophagus.

A discussion of the stomach's anatomy and function can provide a better understanding of just what is occurring in GERD. The stomach is a muscular organ, somewhat J-shaped, which lies in the upper left quadrant of the abdominal cavity. It is closed off at the uppermost section from the esophagus by the lower esophageal sphincter (LES), a muscular ring responsible for opening and closing to allow passage of food into the stomach and prevent it from moving back up into the esophagus. The esophagus must first pass through the diaphragm in order to enter the abdominal cavity. It does so with the help of the LES, which forms the "door" between the esophagus and the stomach (Figure 1, left).

The stomach's lining is made up of specialized cells known as goblet cells, which secrete a protective coating of mucous. This smooth lining is interspersed with millions of deep gastric pits where specialized glands produce the gastric juices. Within these pits are parietal cells and chief cells. The parietal cells pump

The standard allopathic medical approach to the treatment of GERD is not only fundamentally flawed, it actually makes the problem worse, not better.

ARTICLE SUMMARY

- Western allopathic medicine blames GERD on the flawed and outdated theory of stomach acid overproduction, but GERD is actually due to a *lack* of stomach acid, which can arise in response to multiple triggers.
- Hydrochloric acid plays a critical role in maintaining the stomach's pH, which enables the first phase of digestion to occur efficiently.
- GERD symptoms vary widely in both presentation and severity.
- Incorrectly addressing the early stages of GERD as a problem of too much stomach acid turns it into something far more deleterious.
- Antacids, histamine 2 (H2) antagonists and proton pump inhibitors (PPIs) all have serious long-term risks and side effects.
- Factors that can trigger GERD include gut dysbiosis, medications, hiatal hernias, the standard American diet (SAD) and stress.
- Diagnosis of GERD requires a thorough health history and assessment of digestive function and inflammation.
- Treatment of GERD may involve correction of hiatal hernias, enzymes, selected supplements and a healing diet that emphasizes bone broth and lacto-fermented foods.

I've yet to see proof of how the stomach, whose job it is to produce acid for digestion, suddenly and without warning begins producing "too much."

hydrogen ions (H⁺) and chloride ions (Cl⁻) into the lumen (cavity) of the stomach, making hydrochloric acid (HCl), a very strong acid that helps to liquefy the ingested food and begin the digestion of protein. It does the latter by creating the strong acid environment needed to convert inactive pepsinogen into the powerful protein-digesting enzyme pepsin. (The chief cells have primary responsibility for production of pepsinogen.) Protein digestion, therefore, is initiated in the stomach and is essentially the only type of enzymatic digestion that occurs there.⁴ Hydrochloric acid plays a critical role in maintaining the stomach's pH between 1.8 and 3.5, which not only enables the first phase of digestion to occur efficiently, but also helps kill any bacteria we are exposed to through the oral route. Parietal cells also produce intrinsic factor, a carrier protein responsible for ensuring that vitamin B12 is picked up and carried to the small intestine, where it is absorbed.

Generally, three distinct stimuli regulate gastric secretions. Although the three vary in mechanism and location, all three target the stomach either to stimulate or inhibit gastric secretory activity. The first is the *cephalic reflex/phase*, whereby the mere smell, taste, sight or thought of food triggers neural reflexes (via input from the olfactory nerve, optic nerve, taste, etc.) to the hypothalamus (a portion of the brain whose most important function is to link the nervous system to the endocrine system via the pituitary gland). The hypothalamus then relays these "digestive" signals to the medulla, causing motor impulses to be transmitted via the vagus nerve (the fifth cranial nerve) to the parasympathetic (stimulatory) enteric ganglia.⁴ This creates a stimulatory effect on the glands in the stomach and, therefore, an increase in gastrin and hydrochloric acid production.

The second stimulus, known as the *gastric phase*, is characterized by food entering the stomach and initiating local neural and hormonal mechanisms. This phase is responsible for the bulk of gastric juices stimulation. The two most important factors here are the stretching of the stomach wall as food enters and the rising pH created by the food. Stretch receptors in the wall of the stomach are triggered as the stomach fills with food. These receptors initiate

reflexes that culminate in the increased production of gastric juices. The presence of partially digested protein, combined with a rising pH (created by protein in the meal entering the stomach and binding up free H⁺) trigger the gastrin-secreting enteroendocrine cells found in the gastric mucosa. Gastrin then stimulates the release of enzymes (pepsinogen) and the production of hydrochloric acid. Interestingly, anything that triggers the "fight or flight" sympathetic response—including emotional upset, fear or anxiety—will inhibit gastrin production, thereby halting or slowing digestion in the stomach.

The third and final phase, known as the *intestinal phase*, is characterized primarily by the inhibitory effects set in motion when partially digested food begins to enter the duodenum (the first section of the small intestine connected to the stomach). As the intestine begins to distend with chyme (the liquefied food produced by the stomach), this triggers the enterogastric reflex, the result of which is inhibitory to the stomach's production of gastric juices. Furthermore, the intestinal distention triggers the release of intestinal hormones collectively called the enterogasterones—made up of secretin, cholecystokinin (CCK), vasoactive intestinal peptide (VIP) and gastric inhibitory peptide (GIP)—all of which further inhibit gastric secretion.⁴

ALLOPATHIC TREATMENT CASCADE

Western allopathic medicine blames GERD on two theories that are, in my opinion, flawed and outdated—the main one being the production of too much stomach acid. Interestingly, I've yet to see proof of how the stomach, whose job it is to produce acid for digestion, suddenly and without warning begins producing "too much." The second faulty theory states that certain foods can "relax" the LES, thereby allowing stomach contents to enter the esophagus. Top on the list of apparent offenders are tomatoes, citrus fruits, garlic, onions, "deadly" animal fats, coffee or other caffeinated products, alcohol and peppermint. Smoking also is considered a contributor to GERD. Aside from three items on that list (alcohol, caffeinated beverages and smoking), you're going to be hard pressed to convince me that the blame for GERD's rise

is due to garlic, oranges or, for that matter, animal fats. However, these theories do fit perfectly with the pharmaceutical industry's agenda to sell you antacids, PPIs or H2 receptor antagonists—to the tune of billions of dollars each year.

Let's take a closer look at what happens when the average person faces GERD (or the early stages leading up to GERD) and its varying symptoms. Unfortunately, many people with GERD symptoms choose to self-medicate with antacids like Rolaids, Tums or the like. In my opinion, it is here that the first mistake is made by addressing a straightforward problem incorrectly and turning it into something far more deleterious. For the most part, all of these products serve one purpose, neutralizing the hydrochloric acid inherent in the stomach and relieving the "burn" of heartburn. I've met people who pop these acid-sopping medications like they're candy without even thinking twice.

Sadly, most people I encounter in my practice have self-medicated with antacids for years and sometimes decades, damaging their digestive system immensely, before seeking further help. Because the antacids initially seem to ameliorate their symptoms, they never think

that anything more serious is occurring or that they are making a simple problem far worse. The reality is that antacids are doomed to fail and, over time, stomach symptoms inevitably will worsen.

It is at that point—often after years of OTC antacid use—that a person may visit their medical doctor with more pronounced symptoms of GERD. Because on the surface the problem logically seems to be one of *hyperacidity*, the doctor will continue on the same treatment path, recommending a protocol centered around nullifying the acid, even though hydrochloric acid is a crucial part of the stomach's normal function.

Often, the next class of drugs along the conventional GERD treatment pathway will be the H2 (histamine 2) antagonists, named for their ability to bind to and block the type-2 histamine receptor site. Common H2 antagonist brand names are Axid, Pepcid, Tagamet and Zantac. These drugs work by reversibly blocking the H2 receptors of the gastric parietal cells responsible for acid secretion and, in doing so, preventing the production of hydrochloric acid.

They accomplish this through two mechanisms. First, histamine released by enterochromaffin-like cells in the stomach is blocked

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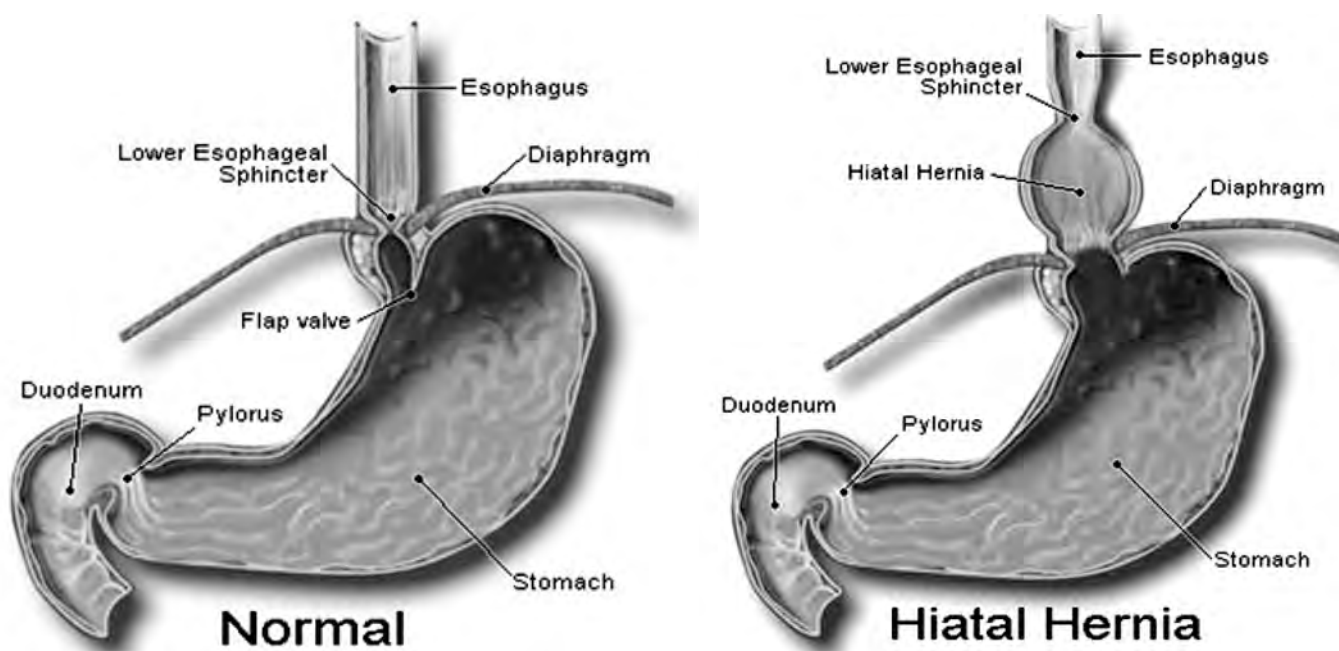


FIGURE 1: Normal esophageal opening versus opening with hiatal hernia.
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The reality is that antacids are doomed to fail and, over time, stomach symptoms inevitably will worsen.

from binding on the parietal cell H₂ receptors that stimulate acid secretion; secondly, when the H₂ receptors are blocked, other substances that promote acid secretion (such as gastrin and acetylcholine) also will have a reduced effect on parietal cells.⁵ According to the National Institutes of Health, H₂ receptor blockers decrease stomach acid secretions over a twenty-four-hour period by 70 percent.⁶ Any hope of actually digesting your food with these bad boys is slim to none—but hey, at least your heartburn and reflux will be gone.

One very serious problem with H₂ antagonists is that they have been shown, albeit in rare instances, to be toxic to the liver. This is bad news if you value your liver (and I'd say that most of us should). The H₂ antagonists also can cause diarrhea, muscle pain, fatigue, drowsiness, constipation and headache. Even worse, they can react with other drugs to cause more deleterious effects.

Researchers from as far back as the 1990s have questioned the safety of long-term H₂-receptor antagonist therapy, stating that it needs to be considered in relation to the potential consequences of prolonged acid suppression. These include the risk of proliferation of gastric flora and the risk of developing enterochromaffin-like cell hyperplasia, which could, theoretically, lead to gastric malignancy.⁷ Yes, you read that correctly—not only can these drugs interact in unknown ways with other medications, they also can lead to proliferation of bacteria in your stomach, which is normally a sterile environment. In fact, the normal highly acidic environment of the stomach is our body's first line of defense against any pathogens we are exposed to through the oral route. Bacterial proliferation in the stomach and the potential

for gastric malignancy do not sound to me like reasonable solutions for GERD.

When H₂ antagonists no longer work, or if the person's GERD symptoms are more severe, PPIs will be the last option before more invasive surgical procedures. PPIs work by irreversibly blocking the hydrogen-potassium adenosine triphosphatase enzyme system (the H⁺/K⁺ ATPase, or, more commonly, the gastric proton pump) of the gastric parietal cells.⁸ Stated another way, PPIs essentially shut down the pumps that make hydrochloric acid for the stomach. In doing so, however, PPIs can lead to bacterial overgrowth just like H₂ antagonists. One trial of the very popular PPI Prilosec (omeprazole) showed that the drug blocked stomach acid production so effectively that a majority of the subjects developed significant bacterial overgrowth as compared to the control group.⁹

MEDICATION RISKS

The truth is that PPIs and other medications used to treat GERD all come with long-term risks and side effects, which are all too often brushed under the carpet. Numerous studies have reported that the use of PPIs is associated with negative health effects that include kidney disease; decreased calcium, iron and vitamin B12 absorption; magnesium deficiency; fractures of the wrist, hip and spine; pneumonia; dementia; life threatening *Clostridium difficile* infections; and cardiovascular disease. An October, 2015 article in *The New York Times* emphasized these very facts, quoting a Harvard Medical School doctor as saying that PPIs "are not the benign drugs the public thinks they are."¹⁰

A 2016 study published in *JAMA Neurology* found that PPIs were associated with an

WHAT'S IN THAT ANTACID?

Most people don't know what is in their over-the-counter candy-like antacids. The active ingredients in Rolaids, as one example, are calcium carbonate (550 mg) and magnesium hydroxide (110 mg); the inactive ingredients are dextrose, flavoring, magnesium stearate, polyethylene glycol, pre-gelatinized starch, sucralose and sucrose. Nothing like a dose of chalk, artificial sweeteners, refined sugars, aluminum and other Franken-gredients to start one's day right! Moreover, antacids come in many varieties and cool "flavors," many of which contain artificial colorings like FD&C lake #6 (aluminum), which imparts a reddish-yellow color to medicines and foods (because, let's face it, it has to have a cool color, doesn't it?). The frightening fact is that this very same aluminum may play a role in Alzheimer's disease as well as some forms of cancer.²⁴ Further discussion of the myriad harmful ingredients in over-the-counter antacids is beyond the scope of this article, but much of this information is easily available to those willing to search it out.

increased risk for dementia in older patients.¹¹ The study used data from the largest mandatory public health insurer in Germany, which covers roughly one-third of the population and includes information on both diagnoses and drug prescriptions. The analysis included over seventy thousand elderly subjects (aged seventy-five or older) who, at the outset of the study, did not have dementia. After following the subjects from 2004-2011, nearly 60 percent of the subjects had dementia, but there was a significantly higher risk of dementia in the nearly three thousand patients who regularly used PPIs, compared to patients not taking any PPIs. This is very important information if we consider that PPI usage has been steadily increasing, not just in the elderly but in an ever growing population of younger people who potentially will take these drugs for decades.

An even more recent observational study published in 2017 in *The British Medical Journal Open* found that PPIs increased the risk of premature death. Compared to individuals exposed to PPIs for a month or less, the risk of death increased by 17 percent for those using the drugs for three to six months, by 31 percent in people on the drugs for six months to a year and by 51 percent in those using PPIs for more than a year.¹²

Where can we turn if we hope to avoid the pitfalls of Western medicine's dangerous approach to GERD? First, we must understand what is really going on in the stomach (and in the intestinal tract as well) that creates this problem in the first place. As laid out above, mainstream medicine considers GERD to be a problem of *hyperacidity* (too much acid) and treats it accordingly, but in fact, it is almost always the complete opposite. I am certainly not the first to put forth the notion that GERD is actually a problem of *hypochlorhydria* (lack of stomach acid), which can arise in response to multiple triggers.

THE GUT FLORA

The first causative factor linked to GERD—supported in the medical literature yet seldom discussed—is dysbiosis (abnormal intestinal flora). Disruption of the human intestinal tract's normal healthy flora is a well known link to

irritable bowel syndrome (IBS), and research has concluded that there is a “higher prevalence of IBS in subjects with GERD compared with subjects without GERD.”¹³ A study published in *Digestion* likewise has noted that GERD, dyspepsia and IBS commonly overlap in the general population.¹⁴ Interestingly, these overlaps are most likely to occur in individuals with anxiety.¹⁴ One reason for this may be the fact that protein breakdown cannot occur properly without correct stomach function and adequate hydrochloric acid—and without proper protein digestion, we cannot liberate and absorb the amino acids needed to build neurotransmitters like dopamine and serotonin. Symptoms like insomnia and anxiety (as well as many others) can result from improper protein digestion, sometimes even before any major symptoms of GERD appear.

Jonathan V. Wright and Lane Lenard have come to similar conclusions in their book, *Why Stomach Acid is Good for You*, a must read for anyone having symptoms or facing a diagnosis of GERD.¹⁵ I will take it one step further and note that when dysbiosis is present, proteins that are not digested serve as “dinner” for many opportunistic bacteria. The caustic fermentation products produced when these bacteria break down protein then lead to further stomach and intestinal (colon) irritation.

Current research highlighted by Dr. David Perlmutter in his book *Brain Maker: The Power of Gut Microbes to Heal and Protect Your Brain—for Life* describes how our gut microbiome develops from birth and evolves, for better or worse, based on our diet and lifestyle choices—and discusses how this microbiome can even affect our brain.¹⁶ Perlmutter makes a point that is even more critical to the GERD discussion when he states:

The research is clear: your gut's bugs may as well be considered an organ in their own right. And they are just as vital to your health as your own heart, lungs, liver and brain. The latest science tells us that the intestinal flora that take up residence on the delicate folds of your intestinal walls aid in digestion and absorption of nutrients [and] create a physical barrier against potential

A Harvard Medical School doctor was quoted as saying that PPIs “are not the benign drugs the public thinks they are.”

Whether the diagnostic label is dysbiosis, IBS or small intestine bacterial overgrowth (SIBO), we know that there is a link between the changes in the natural flora of the intestinal tract and our digestion, specifically with regard to GERD.

invaders such as bad bacteria (pathogenic flora), harmful viruses and injurious parasites.¹⁶

A simple search on PubMed will produce a bevy of research papers that speak to this point. Whether the diagnostic label is dysbiosis, IBS or small intestine bacterial overgrowth (SIBO), we know that there is a link between the changes in the natural flora of the intestinal tract and our digestion, specifically with regard to GERD.

MEDICATIONS

In some patients, another common causative factor for GERD can be, at least in part, taking prescription medications that delay gastric emptying (gastroparesis).¹⁷ Gastroparesis leads to an overall reduction in gastric acids and a rise in pH, which allows for fermentation of ingested food from the bacterial proliferation that occurs now that the stomach's pH is no longer low enough (due to the hypochlorhydria) to inhibit the overgrowth. (Remember, bacteria are not supposed to grow in the stomach.) The classic example of this is overgrowth of *Helicobacter pylori* (*H. pylori*), often blamed for causing ulcers. This bacterium normally cannot grow in the highly acidic environment of the stomach, but when the stomach becomes hypochlorhydric for any of the reasons outlined throughout this paper, *H. pylori* can thrive. The sinister part of this problem is that *H. pylori* has the ability to further shut down stomach acid production. The resultant fermentation of foods in the stomach then leads to gas production (and the bloated or full feeling with which many GERD sufferers are familiar), as well as production of caustic organic acids. As a result of these gases, which naturally want to rise, pressure builds in the stomach, putting further pressure on the LES and opening the door for reflux.

The many drugs known to cause GERD include anticholinergics, bronchodilators for asthma, calcium channel blockers for high blood pressure, dopamine-active drugs for Parkinson's disease, progestin for abnormal menstrual bleeding and birth control, sedatives for insomnia and anxiety, and tricyclic antidepressants.¹⁸ The culprit also can be more common "everyday" medications that directly damage the gastric

lining, including aspirin, naproxen, ibuprofen and other anti-inflammatory drugs. With all of these, the end result is the same—damage to and spasm of the stomach wall and refluxing of food back up into the esophagus, which weakens the stomach's ability to produce acid and digest food effectively. The pressure from the spasm and fermentation also weakens the LES, as noted previously, setting the stage for passage of acids up into the esophagus. Therefore, the first variable I rule in or out when examining a patient with GERD is medication. I believe this should be standard protocol because without it, any intervention to assuage the GERD will be negated by medication side effects.

HIATAL HERNIAS

A third variable when examining a GERD patient is evaluation of whether a hiatal hernia exists. A hiatal hernia occurs when the uppermost portion of the stomach, termed the fundus, herniates up through the LES (Figure 1). According to the Cleveland Clinic, the most common cause of hiatal hernia is an increase in the pressure in the abdominal cavity. Pressure can come from coughing, vomiting, straining during bowel movements, heavy lifting or physical strain.¹⁹ It is my opinion that the increased intra-abdominal pressure caused from SIBO and bacterial dysbiosis and the resultant gas production also is a leading cause of LES weakening, increasing the likelihood of hiatal hernia formation. This condition will often create the feeling of fullness that patients with GERD complain of, or the inability to eat even a modest amount of food without becoming full very quickly. The most common allopathic medical tests used to confirm hiatal hernia are a barium swallow followed by an X-ray or endoscopy. It is always prudent for the physician to consider this when evaluating a patient with GERD.

In my clinical practice, I use a very special chiropractic adjustment approach (see Figure 2) combined with a manual adjustment of the stomach to treat a hiatal hernia when it is involved in GERD. Yes, you read that correctly—I manually adjust the stomach. In fact, I have seen cases of hiatal hernia where, despite strict dietary changes and compliance, a patient could not get off of their medication (without exacerbation of

symptoms) until this adjustment was performed to pull the stomach back down through the LES into its natural abdominal position.

The adjustment is done with the patient upright. I use my adjustment table, which can be raised to a near vertical position, and the patient simply lies back while in a somewhat standing position (Figure 3). I position myself on the patient's left side and gently place my hands (using the first four digits of each hand aligned from left to right horizontally and in the shape of an upside down "V") just lateral to and below the xiphoid process (lower sternum) and rib cage. I then tell the patient to follow my instructions regarding breathing so that we are in sync with each other. This is very important, because the adjustment can be a bit uncomfortable, and tenseness in a patient can prevent the procedure from being effective.

As the patient breathes diaphragmatically in through their nose and releases the air out through their mouth, I begin to apply firm pressure from anterior to posterior and cephalad to caudad (down toward the floor with the patient vertical). I then hold this firm pressure for approximately thirty seconds while instructing the patient to continue breathing with his diaphragm. I will often instruct the patient as he is breathing to attempt to push the abdomen out as if to push my hands off of the abdomen. Doing so will encourage patients to breathe with their diaphragm (something most people do not do anymore) and help to squeeze or push the fundus of the stomach back down through the LES. It works remarkably well and is usually only necessary one or two times to achieve success. Many times during this procedure, the patient and the practitioner will feel the stomach release back down into the abdomen.

STANDARD AMERICAN DIET

Most Americans, whether they know it or not, are eating a diet of "dead" foods. The caustic, highly processed standard American diet (SAD) is overloaded with refined, highly processed pseudo-foods that are devoid of the natural enzymes present in whole, unadulterated foods. This lack of life-giving enzymes places a larger burden on the entire digestive tract, and especially the stomach, gallbladder, small intestine

and pancreas. When someone consuming the SAD also overuses antibiotics, birth control pills, cortisone or other medications and thereby alters the natural probiotic flora that inhabit the human intestine, these two factors go hand-in-hand to create the perfect GERD storm. An altered gut flora, combined with overconsumption of refined carbohydrates, creates the ideal environment for fermentation, leading to bloating, distention of the abdomen and a weakening of the abdominal wall, which limits the patient's ability to breathe diaphragmatically. The toxins and organic acids produced by opportunistic bacteria also further damage the stomach and intestinal lining.

Although practitioners rarely discuss food combining when treating gastrointestinal problems like GERD, I have found it to be very effective and have used food combining principles in my practice for many years to simplify the digestive process for my patients (see sidebar). The reason for streamlining digestion is to minimize the likelihood that foods will irritate the gastric lining. By paying attention to the foods one puts together at any one meal, it is possible to avoid putting extra demands on the stomach, enabling it to function more efficiently and with ease.

Another consideration when treating a patient with GERD should be to limit the consumption of water and other beverages with meals. Drinking copious amounts of water during meals serves to dilute the stomach's hydrochloric acid, thereby raising the stomach's pH. In much the same way as the other factors described above, this creates relative hypochlorhydria and, therefore, poorly digested food. Ultimately, this can aggravate the stomach lining and lead to GERD.

STRESS AND GERD

Stress (especially emotional upset) is another variable that cannot be overlooked as a causative factor in GERD. Stress activates the sympathetic nervous system, and in doing so overrides parasympathetic control of digestion, signaling the stomach to decrease stomach secretory activity.⁴ In today's modern world, stress is everywhere we look, in the way we drive, the way we rush to work and even in

Stress (especially emotional upset) is another variable that cannot be overlooked as a causative factor in GERD.

To diagnose GERD properly and to treat it naturally, we must start by taking a thorough history, one that includes a patient's habits.

the words we use. Stress causes us to rush our meals, lose sleep, hardly take the time to chew our food (certainly another factor in and of itself since chewing signals the stomach to increase gastric juices) and eat on the run instead of sitting down with our families to enjoy our meal and our time together. Having patients work on stress reduction using meditation and other techniques can be very helpful in eliminating this contributing factor. I also encourage all of my patients to take time to sit down for at least thirty minutes and enjoy each meal in a peaceful, calm environment.

DIAGNOSING GERD

To diagnose GERD properly and treat it naturally, we must start by taking a thorough history, one that includes a patient's habits. Does she smoke? Drink alcohol? Rest adequately? Eat on the run? Eat fast food often? Take medications? Getting a complete history of the individual's symptoms and habits can go a long way in identifying her particular causative factors with regard to GERD. For some, stress will be a big factor, while for others, medication or diet may be the main culprits. More often than not, it is a combination of these and other factors.

Secondly, we must examine overall diges-

tive wellbeing. For this, I rely on a test known as a Complete Digestive Stool Analysis (CDSA). There are many labs that now offer some variation of this test. I use Genova Diagnostics' GI Effects Stool Profile,²⁰ which offers a look at what the company calls the four functional pillars of gastrointestinal health: infection, inflammation, insufficiency and imbalance. Although a detailed discussion of the test is beyond the scope of this article, I would like to highlight the main factors that this particular test allows us to assess.

First, and perhaps most importantly, it gives us the opportunity to screen for dysbiosis using a PCR (polymerase chain reaction) DNA analysis of the microbiome. We can then evaluate some of the major flora that constitute a healthy gastrointestinal tract, like the different lactobacillus and bifidobacterial species. Conversely, it also allows us to test for common pathogens as well as more nefarious critters like clostridia or *H. pylori*. From here, we get a glimpse of whether or not a condition of dysbiosis is present. The test also affords the opportunity to see drug and botanical resistance based on any pathogens present so as to customize our natural antibiotic approach using the most potent botanicals for that particular pathogen. We can also assess the

- The patient is positioned in an upright position to maximize gravity's effect on the stomach and to facilitate the adjustment of the stomach downward into the abdomen.

- Proper contact is essential and should be just below the Xiphoid Process with the **Left Hand** and just below the right ribcage with the **Right Hand**



- Hands are placed in an upside-down "V" and aligned horizontally in order to enable the clinician to "grab" the stomach and pull it down through the esophageal hiatus

- Positioning of the Hands Illustrating the Proper Angle and Contact for the Hiatal Hernia Adjustment

FIGURE 2: Manual adjustment for hiatal hernia patients: hand positioning

need for probiotics and what type of probiotic is best suited for the particular patient.

A second feature of the CDSA is the assessment of the patient's digestive function by looking at carbohydrate, protein and fat breakdown products present in the stool. This allows us to glean information about specific enzymes that may be necessary to support their particular situation. Most GERD patients will need a form of hydrochloric acid known as betaine hydrochloride to increase the acidity of the stomach (that is, to lower pH) and ensure proper protein breakdown. In many cases, pancreatic support is also necessary for fat and carbohydrate digestion. Thus, a quality comprehensive digestive enzyme is preferable in most cases of GERD.

The GI Effects Stool Profile assesses inflammation (one of the four pillars) using several well studied markers, including eosinophil protein X (EPX), calprotectin and fecal secretory IgA. Along with these inflammatory markers, we can use the serum zonulin test to assess the integrity of the intestinal tight junctions and screen for leaky gut. When combined, all of these markers (and more) give us a look at the severity of the situation for each person, allowing the treatment plan to be tailored to the individual.

TREATING GERD NATURALLY

The protocol I use to treat GERD is common sense, straightforward and effective. My first step is to prescribe a digestive enzyme based on the patient's test results and specific needs. At a minimum, the enzyme must contain betaine hydrochloride as well as pepsin. However, a more complete enzyme offering digestive support for a full range of foods is almost always needed.

Secondly, I typically prescribe Gastrex by Standard Process. Gastrex is a whole food supplement consisting of okra, chlorophyll, bentonite and *Tillandsia usneoides* (Spanish moss), along with other synergistic ingredients to support digestion and the body's normal tissue repair process. The dose is two capsules, fifteen minutes prior to meals, two to three times per day. I often combine Gastrex with a product by Designs for Health called GastroMend-HP, especially if the patient has tested positive for *H. pylori* or has an active gastric or peptic ulcer. GastroMend-HP contains deglycyrrhizinated licorice root (excellent at helping heal the mucous lining of the stomach); "vitamin U" (methymethionine sulfonium chloride), a cabbage extract useful for healing ulcers; and zinc carnosine (effective at killing off *H. pylori*).

My first step is to prescribe a digestive enzyme based on the patient's test results and specific needs.

1. The first movement of the Clinician is to push into the abdomen from anterior to posterior (up underneath the xiphoid process and ribcage on the left) as the patient is breathing out and relaxing the abdomen
2. The second movement of the Clinician is to "grab" the stomach with both hands and pull it caudally at approximately 30°
3. This adjustment is held by the clinician for 30 seconds while the patient is directed to breathe diaphragmatically from the abdomen.
4. At the end of the 30 seconds the Clinician gives a high velocity low amplitude thrust in the direction of pull



- The angle of "pull" on the stomach should be directed anterior to posterior and roughly 30° off of vertical caudally
- The Patient is instructed to breathe in through the nose and out through the mouth diaphragmatically.
- The Clinician should be cautious not to push directly on the xiphoid process or ribcage, but rather to get his fingertips placed just below them and push in and up behind them prior to "grabbing" the stomach.

FIGURE 3: Manual adjustment of the stomach for hiatal hernia patients

I usually start the patient off the first week on nothing but cups of healing broth and ample amounts of meat, skin and marrow from making the broth.

The diet for GERD uses the traditional healing foods outlined in Sally Fallon Morell's classic book *Nourishing Traditions*. It must be kept somewhat bland (nothing hot or spicy for now!) and should be focused around two key components: homemade bone broth (chicken or fish to start) and lacto-fermented foods, especially sauerkraut. Meals should be eaten in smaller portions more frequently, perhaps up to six smaller meals throughout the day. Bone broth is rich in gelatin; as Fallon Morell notes, it is "an aid to digestion and has been used successfully in the treatment of many intestinal disorders, including hyperacidity, colitis and Crohn's disease."²¹ Lacto-fermented foods are a rich source of probiotics as well as enzymes, vitamins and minerals.

I usually start the patient off the first week on nothing but cups of healing broth and ample amounts of meat, skin and marrow from making the broth. Vegetables should be cooked when making the broth and preferably should be non-fibrous at first. Too much fiber can cause gas and bloating in patients who have dysbiosis or leaky gut, as most GERD patients do. One must have good intestinal flora to digest fiber-rich vegetables. Typically, I will have patients blend the meat or fish, marrow, vegetables and broth into a puréed soup to aid digestion. Puréeing the soup increases the surface area of the food for contact with enzymes, while liquefying it makes it easier to digest. I also instruct them to add ample amounts of sauerkraut juice and eventually the sauerkraut itself to provide probiotic bacteria, vitamins and enzymes. Sau-

erkraut is well known for its wonderful healing qualities for stomach dysfunction. Adding ghee and fermented raw dairy (goat or sheep is best for GERD patients) to the soups after they have cooled to lukewarm also provides nourishing fats, which are critical to the healing process.

Breakfast will often consist of stewed apples or pears, cooked in raw ghee and sprinkled with some Celtic sea salt and a touch of cinnamon. They can alternate these fruits throughout the morning with soft cooked eggs cooked in ghee or lard and vegetable omelets. It is very important that a digestive enzyme is taken with each meal, although not with stewed fruit.

Once the healing process has begun, usually within the first two weeks, we begin teaching the patient the principles of the Weston A. Price Foundation's Wise Traditions diet. Doing so allows the patient to slowly introduce more and more foods, properly prepared and rich in nutrition. Getting patients back in touch with the spiritual connection to their food and the world around them can go a long way toward promoting the healing process.

LONG-TERM HEALTH

What are some of the consequences of living with GERD? According to the Mayo Clinic, GERD can lead to a long list of symptoms, including chronic coughing, asthma, recurrent sore throat, recurrent laryngitis, dental enamel loss, globus sensation (the feeling of having a lump in your throat), subglottic stenosis (narrowing of the airway above the trachea and below the vocal cords), chest pain, pounding

FOOD COMBINING PRINCIPLES FOR GERD PATIENTS

Three main rules form the foundation of proper food combining:

1. Because starches and proteins are the two more complex and difficult foods to break down, they should be kept separate when planning meals. In other words, GERD patients should not eat animal proteins with starches. These foods generally take three hours to empty from the stomach.
2. Non-starchy vegetables combine well with either starches or proteins. These include green vegetables, salads and many others.
3. Ripe fruit, which is digested and leaves the stomach very quickly (usually in under an hour), should be eaten alone. This can either be an hour or so before a meal or three to four hours after meals.

of the heart (especially when reclining) and many others.²² GERD also can affect a person's ability to sleep (as symptoms are often worse while reclining) and can severely impair normal day-to-day functioning.

When untreated and allowed to progress, GERD can lead to dysphagia (difficulty swallowing); odynophagia (painful swallowing); gastrointestinal bleeding; iron-deficiency anemia; pernicious anemia; folate, calcium and zinc deficiency; vomiting; early satiety; erosions of the esophagus; and weight loss. About 10 percent of people with chronic symptoms of GERD go on to develop Barrett's Esophagus, where the normal tissue lining the esophagus changes to tissue that resembles the lining of the intestine.²³ This increases the risk of developing esophageal adenocarcinoma, which is a serious, potentially fatal cancer of the esophagus.²³ Overall, this is quite a list of problems.

Interpreting GERD as a problem of too little (rather than too much) stomach acid makes it a far different problem that actually has a much easier and more common sense solution. I watched my father treat GERD effectively in this manner over his more than fifty years of practice. I have done so myself with great success—and for far less cost to my patient's pocketbooks and to their long-term health. ☯

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from bowel diseases to autoimmune conditions. In 2016, son and father coauthored A Legacy of Healing: The Role of Nutrition, Chiropractic and Other Alternative Therapies in Self-Healing. For information about Dr. Amoruso's practice, visit dramoruso.com. Dr. Amoruso resides in New Jersey with his wife, three beautiful children and two dogs.

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Choleric Dispositions: How Your Gallbladder Can Sabotage Your Weight, Emotions, Food Plan and Life!

By Sally Boyd Daughtrey, ND

Casey, age forty-one, slumped in the consulting room chair. Her skin was rough and coarse, with shadows under her eyes. Her breath was often sour, as was her general attitude about life. Her twenty pounds of extra fat were centered uncomfortably around her belly and hips.

“Can’t you help me, doctor? It feels like my body is betraying me. All I want to do is eat sweets! I have tried and tried to diet and exercise, but sooner or later I cheat and eat sugar! I wake up with a sour stomach every day and can’t even eat until hours later. I have so much gas and burping. I know I’m supposed to eat this great grass-fed butter and take cod liver oil every day, but I get stomach cramps when I eat anything fatty and even the smell of them makes me nauseous. I make bacon and eggs for the kids’ breakfast, but I just eat toast or have tea—and I still keep gaining weight! My skin is aging and I have hard white bumps on the backs of my arms. And I can’t even stand to be in the same room with my husband and kids for long. I love them, but I am so irritated by them that I just want to go into my bedroom and lock the door so I don’t snap at them. What is wrong with me?”

I see a “Casey” in my practice almost every day. Why? The answer has to do with the liver and

its trusty but sometimes tricky sidekick, the gallbladder. Unfortunately, gallbladder problems can affect every aspect of a person's life, including food choices, weight, mineral absorption, hormone balance, emotional balance, family dynamics and intimate relationships. I've seen divorces related to faulty gallbladder function, even involving otherwise wonderful people!

THE ALL IMPORTANT LIVER

The liver—which traditional Chinese medicine views as the seat of emotion and intelligence¹—is a miraculous organ with an unbelievable number of functions. I am going to focus on just two aspects of this organ: fat digestion and hormone management. Both of these functions are incredibly important in determining how we feel and what we can successfully eat.

A healthy liver produces over a quart of bile daily, which is supposed to be a thin, slippery, yellowish alkaline enzyme complex that breaks down fats for absorption in the small intestine. However, a variety of conditions can set the stage for bile to change into a thicker, stickier, creamier and more acidic fluid. Further metabolic problems (often related to stress and resultant low stomach acid production) and nutritional deficiencies (including deficiencies of vitamin A, lecithin, choline, methionine and essential fatty acids) can cause the bile ducts to contract poorly so that the bile is retained too long in the liver and gallbladder. When this happens, the bile will congeal, forming a “sandy” or “gravel-like” sludge made of cholesterol and bile salts—and eventually forming hard and sometimes mineral-based gallstones and liver stones.² These stones further limit bile flow and therefore reduce fat digestion, causing the fat in food to sit around in the stomach and small intestine and basically go rancid. Problems with bile production also impair some of bile's other important roles, including removing fat-soluble toxins from the body and preventing the development of food allergies.

Congested bile has also long been known to have emotional repercussions, including causing irritability. In fact, the terms “choleric,” “melancholic” or “of a bilious nature” have been used to refer to an irritable, moody or angry person in writings even from before the time of Christ.

CAUSES OF GALLBLADDER DYSFUNCTION

Although classic medical gallbladder cases are inelegantly said to be “4F”—female, fertile, fat and forty—the problem is occurring in ever younger people of both genders, in large part due to our increasingly toxic foods and lifestyles.

Low (not high!) stomach acid is a primary direct cause of “liver congestion” and gallbladder dysfunction, but there are a number of other risk factors. These include dietary factors such as diets high in simple carbohydrates, low in fiber, low in traditional fats or high in “fake fats” such as margarine; excessive protein intake; overconsumption of fried foods; a history of a vegetarian or vegan diet; deficiencies of phosphorous and magnesium (related to calcium stone formation); low dietary choline, methionine and/or lecithin (common in those who avoid egg yolks); and overeating or obesity.³ There are also medication-related risk factors,⁴ including a history of use of birth control pills (women), synthetic hormones or statin drugs. Women with high estrogen levels (estrogen dominance) are particularly prone to gallbladder problems and the emotional chaos that results. Individuals with symptoms or lab results indicative of hypothyroidism⁵ or a history of chronic dehydration also can be at risk of gallbladder dysfunction, as can those with lifestyles high in stress or anger-creating situations.

THE WISDOM OF THE “FAULTY” BODY

Here is why Casey does not like to eat her grass-fed butter and bacon: her body is wise. It knows that it cannot properly digest that fat, and it does not want to add removal of rancid fat to its burden. As a result of this bodily wisdom, Casey gets the message from her gut not to eat these otherwise healthy foods. This can appear as either nausea, not feeling hungry (especially in the morning) or having strong cravings for carbohydrates (because she can still digest those—for now). Inability to digest fats is a primary reason for sugar and carbohydrate cravings, making mood and weight stability very challenging.

In a vicious cycle, once Casey stops digesting fats well, not only will she develop an aversion to good fats and proteins, but the fat-soluble

Inability to digest fats is a primary reason for sugar and carbohydrate cravings, making mood and weight stability very challenging.

We need fat-soluble vitamins for myriad reasons, one of which is proper liver and gallbladder function.

vitamins (the noble vitamins A, D, E and K) will pass right through her bowels as well. Unfortunately, she needs those fat-soluble vitamins for myriad reasons, one of which is (you guessed it) proper liver and gallbladder function!

SIGNS AND SYMPTOMS

The signs and symptoms of gallbladder problems are many and diverse, and range from mild to incapacitating (see below).

Severe or advanced gallbladder inflammation (cholecystitis) can lead to sharp, urgent pain on the right side (often felt as a sharp band of pain around the middle) and/or pain in the mid-shoulder blade area that can be severe enough to lead to an emergency room (ER) visit. These pains may come and go, depending on diet and stress levels.

DIAGNOSING GALLBLADDER PROBLEMS

Imaging (such as an x-ray) often misses gallbladder congestion issues, as many gallstone symptoms are caused by thickened bile, not mineral-based stones. Unfortunately, the modern set of typical lab tests also can easily miss a chronic gallbladder problem. This can lead practitioners astray if they are “treating by paper” (lab results) rather than “treating by patient” (signs, symptoms and physical exam).

Standard lab tests are valuable for indicating whether there is another problem in the area, such as an infection, but only sometimes—and *not always*—can they point to liver and gallbladder stasis (congestion). Tests include a complete blood count (CBC) as well as tests to assess levels of bilirubin (a marker of liver function), albumin (a protein made by the liver) and various enzymes: ALP (alkaline phosphatase), AST/SGOT (aspartate aminotransferase/serum glutamic-oxaloacetic transaminase) and GGT (gamma-glutamyl transferase). It also may be wise to run some thyroid tests—thyroid-stimulating hormone (TSH), free T3, reverse T3 and free T4—because low thyroid function is a significant factor in gallbladder issues.

During the medical visit, it is prudent to ask for an abdominal exam, which should include palpation of the gallbladder reflex point (mid-right rib border) and a “Murphy’s Sign” test (also called a “Murphy’s Rebound” test). With the latter, pain or tenderness in the gallbladder area gets worse after the pressure is abruptly removed (that is, the “rebound” pain is worse than the direct pressure pain). This usually means trouble. An oral pH test can also be a good idea; a pH of under 7-7.2 can be related to low stomach enzyme production, low fat absorption and subsequent low bile output. Primarily, however,

SIGNS AND SYMPTOMS OF GALLBLADDER PROBLEMS

Gallbladder troubles may include some (or many) of the following signs and symptoms:

- MOOD: irritability, anxiety and/or moodiness (traditionally “melancholy”).
- ENERGY: insomnia, fatigue.
- CRAVINGS: persistent sugar or carbohydrate cravings.
- AVERSIONS: fat or protein avoidance or intolerance; side pain or shoulder blade area pain, aversion, belching or nausea after eating eggs, dairy, onions, pork (especially bacon), chocolate, corn, citrus, beans, nuts, processed foods or any fats.
- DIGESTION: burping after meals, gas, bloating, reflux/gastroesophageal reflux disease (GERD).
- ELIMINATION: light-colored, clay-like or pasty stools that may come and go; stools that float; diarrhea (especially diarrhea that changes with the fat content of the diet); alternating diarrhea and constipation.
- WEIGHT: persistent obesity.
- SKIN: fat-soluble vitamin deficiency symptoms like persistent white “bumps” on the outer upper arms or around the eyes; thick callouses on the heels; dry skin.
- FOOD ALLERGIES
- THYROID PROBLEMS
- OTHER: shadows under eyes, bad breath (especially after fatty meals), thick coating on tongue, suboptimal cholesterol ratios.

diagnosis of gallbladder problems should be based on what patients tell their doctors—none on which tests are ordered.

CONVENTIONAL TREATMENT

When a serious gallbladder problem is diagnosed, the usual medical solution (undergone by over half a million Americans per year) is surgical removal of the gallbladder; other “standard” medical treatments (such as drugs and a procedure involving high energy shock waves called lithotripsy) are not very effective. Typically, practitioners carry out gallbladder surgery via laparoscope, considered easier on the patient. Unfortunately, laparoscopic gallbladder surgery has a dramatically increased rate of damage to the bile ducts⁶ as well as other complications.⁷

In addition, gallbladder surgery sets patients up for a lifetime of reduced ability to digest fat (while failing to improve mortality rates from

gallbladder disease) because the ongoing “liver congestion” problem continues. Thick, sludgy bile continues to get stuck in the liver, resulting in ongoing digestive problems, fussy eating and pain in the liver area. Those who have had gallbladder surgery are not, therefore, off the hook for dealing with this problem! In fact, people who have had gallbladder surgery should consider taking a bile-based digestive enzyme—for life—with any meal that contains fat, because they cannot effectively store and release enough bile at the proper times.

THREE COMMON SENSE THERAPIES

Naturopathic physicians equate the surgical solution to removing the light bulb of the “check engine” light on a car dashboard rather than repairing the engine. Fortunately, there is a better way. It is possible to combine good lifestyle habits and common sense therapies into effective prevention and rehabilitation of gallbladder problems. Ironically, parts of the very best prevention—a Wise Traditions diet—can be intolerable in the short term for those who have serious gallbladder problems. Like Casey, those with gallbladder issues often exhibit significant fat or meat intolerance, indigestion or aversion, making some of the Weston Price dietary guidelines frustrating to follow. Rather than avoiding good

LOVE YOUR LIVER AND GALLBLADDER: PREVENTION AND SAFE INTERVENTION

There are many safe and effective dietary and lifestyle steps that one can take to support the liver and gallbladder and prevent gallbladder issues:

1. **NOT OVEREATING:** It is important to avoid overeating, particularly in the evenings after 6:00 pm when bile flow is naturally at its lowest. Most people digest optimally a meal size of about two (of their own) cupped hands full of food per meal. Older folks often do well with two meals a day rather than three. Sticking to two to three meals a day—with no snacks—helps create the proper pH and transit time in the intestine.
2. **GOOD FATS:** Most of us need a minimum of about ten grams (two teaspoons) of good fat per meal (ninety calories worth) to stimulate the gallbladder to release bile. However, if fat consumption causes nausea, abdominal pain, right-sided discomfort, diarrhea or pain around the shoulder blades, it's time to seek medical care.
3. **STOMACH ACID:** It is the pH of the stomach contents that triggers the message to the gallbladder to contract and release bile, so *low* stomach acid is a set-up for low bile flow. Avoid antacid drugs but recognize that low stomach acid is very common after prolonged stress or stressful events and as a feature of aging.⁸ A person whose doctor does not know how to check stomach acid carefully should find a knowledgeable functional, integrative or naturopathic doctor.
4. **DIETARY AND OTHER RISK FACTORS:** Cut down on sugar, processed foods, fried foods, vegetable oils and trans fats as well as drugs and stress.
5. **PROTEIN INTAKE:** Protein is critical, but consuming much more than one needs or can digest causes multiple problems. Unfortunately, guides for protein intake are all over the map and require tailoring to the individual. For example, one guide for adults recommends dividing one's “ideal body weight” by fifteen to ascertain the number of ounces of protein needed in a day.⁹ Some medical guidelines recommend multiplying one's weight (in pounds) by 0.36 to get grams of protein per day.¹⁰ (A more specific protein calculator is available on my website, vitalitymedicine.org.)
6. **WEIGHT:** Avoid fad and yo-yo dieting or rapid weight loss (and regain). Slow and steady weight loss (if needed) helps the most.
7. **SALT:** Don't skip the salt. We need salt (chloride) to make stomach acid. Sea salt is the ideal type of salt to consume.
8. **“LIVER TONIC” FOODS:** It is helpful to increase one's intake of beets, beet greens, artichokes, burdock, fennel, parsley, cilantro, salad dressings containing lemon juice or vinegar, high-fiber foods and fermented foods. Vegetable fiber helps bind and pull “toxic” bile out rather than having it recycle back to the liver.
9. **BOWELS:** Treat constipation seriously. A healthy person should have one to three bowel movements a day.
10. **HYDRATION:** It is important to hydrate well. “Sticky” blood and thick bile do not work well.

healthy fats over the long term, those folks need serious, educated help to rehabilitate the gallbladder and liver safely.

There are three simple and safe things that everyone can do to help support the gallbladder. (See sidebars for other safe and effective measures for both prevention and treatment.) As an important first step, one should consider the various factors (listed earlier) that commonly contribute to liver and gallbladder problems and strive to eliminate or reverse them.

A second easy step is to consume real, naturally fermented apple cider vinegar. There are several reasons why this old folk medicine

standby helps. First, it lowers the pH of the stomach contents, which helps gently trigger bile release with food. It also contains malic acid and phosphorous, which help slowly thin bile. Finally, real apple cider vinegar contains good probiotics. I suggest taking two teaspoons in an ounce of water before meals. Honey is optional. If apple cider vinegar causes any concerns such as stomach pain, a visit to a holistic physician

MORE ASSERTIVE INTERVENTIONS FOR GALLBLADDER ISSUES

There are additional interventions that can help with gallbladder issues. However, those with acute pain or significant gallstones should consult a physician *before* undertaking any of these more active interventions so as not to provoke or exacerbate the problem. An intervention that someone is not personally ready for can trigger a healing crisis.

1. **INTERMITTENT FASTING:** This can be very helpful and can be as simple as skipping dinner or breakfast one to three times a week and replacing the meals with fresh vegetable juice or skimmed bone broth to “rest” the digestive system. Many traditional cultures incorporated some kind of fasting as an important element of their religion, customs or lifestyle. To adopt aspects of traditional diets without acknowledging and incorporating the fasting component is a set-up for conditions of “excess” such as obesity and cholestasis (problems with bile flow). Pregnant women should not fast.
2. **BITTERS:** Pre-digestive tonics are popular in many cultures and include angostura bitters, bitter or sour aperitifs, bitter salads and Swedish bitter herbal tinctures and teas. These bitter flavors stimulate healthy stomach acid production and healthy bile flow.
3. **LIVER TONIC HERBS:** Safe herbs for most (non-pregnant) folks include dandelion root, burdock, berberine (Oregon grape root), artichoke (*Cynara scolymus*) and milk thistle (*Silybum marianum*). Peppermint, chamomile and fennel, gentle herbs that support stomach and liver function (such as in tea), are generally recognized to be safe during pregnancy.
4. **MINERAL DEFICIENCIES:** Deficiencies of key minerals such as magnesium should be corrected.
5. **CLEANSSES:** There are many forms of liver cleanses or “spring cleanses” out there (and it is beyond the scope of this article to describe them all). Traditionally, European and American medicine included a cleanse in the spring that involved a combination of fasting and/or vegetarian fare, bitter herbs, laxative herbs, castor oil packs on the liver, saunas or sweats, movement therapy, sunbathing, colon hydrotherapy (such as coffee enemas) and local or whole-body contrast hydrotherapy (see #6). However, cleansing should not be adopted as a “lifestyle”; that is, cleansing strategies (such as a juice fast or temporary vegetarian diet) can work well in the short term but should not be continued indefinitely or other imbalances will occur. Working with an experienced healer is ideal to help create a cleanse that fits each person’s individual needs. Pregnant and nursing women should not do cleanses.
6. **CONTRAST HYDROTHERAPY:** Contrast hydrotherapy, an ancient technique that moves stagnant fluids, is a technique that fits almost everyone. It can be used in one area (such as over the liver) or as a whole-body treatment (such as in the bath or shower). To start, simply immerse (or put a hot pack on) the liver area—as hot as is comfortable—for three minutes; then change to cold water or an ice pack—as cold as one can tolerate—for thirty seconds. Repeat three times and be sure to always end with *cold*. If carried out correctly, one should feel invigorated, not chilled!
7. **OLIVE OIL FLUSHES:** Olive oil flushes have become somewhat famous—or infamous. A casual Internet search for gallbladder issues will uncover endless variations of this old standby for flushing “stones” out of the gallbladder. Most of the “stones” flushed are actually not stones but a congealed mix of cholesterol and bile purged from the liver and gallbladder, mixed with the olive oil. Although the procedure does not flush actual stones, it does remove some bile that would otherwise recirculate. Conventional doctors consider olive oil flushes as dangerous heresy because of the theoretically possible risk of flushing a stone into the bile duct and causing an impaction (which would be a medical emergency). I have never seen a case of this in my twenty-five years of practice, but I do not usually recommend olive oil flushes as a first-line therapy without adequate medical support, in part because of the possible risk of impaction. Other reasons that I do not typically encourage them include the potential for nausea from the big quaff of olive oil and the basic fact that more prudent actions are often enough to make lasting improvements. Individuals who choose an olive oil flush should be cautious and seek the help of a physician to make sure it is safe. Individuals likely to have active gallstones or an infection (such as those with a positive Murphy’s Sign test) should not do an olive oil flush!

is important, as there could be an underlying stomach condition such as an ulcer.

A third simple action is to make sure that the diet includes beets in all their glory (see recipe). Beets are liver and gallbladder allies in many ways. They contain helpful minerals, amino acids, galacturonic acid, lactulose and a variety of organic acids that help thin bile, such as citric, malic, tartaric and malonic acids and others.

BACK TO BUTTER

What happened to Casey? Fortunately, Casey is a member of the Weston A. Price Foundation! Because fats (in the short term) were making her worse, she went on a *temporary* high-vegetable and lowfat food program. She was able to follow the rest of the WAPF dietary guidelines (increasing broth-based soups and eating some fruit, fish, properly prepared whole grains and homemade kefir). She also stopped taking oral contraceptives, halted her statin drug, ate beet salads (see recipe in sidebar) and started taking apple cider vinegar before each meal. After one week, she felt better and was able to test and then correct her low stomach acid levels. She also went through a gentle liver and gallbladder detox program. Casey now enjoys grass-fed butter and bacon with the rest of the family, and her marriage is better, too! ☺☺

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BEET SALAD TO SUPPORT THE LIVER AND GALLBLADDER

The following recipe is for a tasty liver and gallbladder tonic food that is appropriate for most people.

- 4 cups shredded beets
- 2-4 cups beet greens, steamed and chopped
- 2 cups shredded carrots (optional)
- 1/3 cup vinegar or lemon juice
- Olive oil (to taste)
- Garlic to taste (optional)
- Freshly grated ginger to taste (optional)
- Sea salt and pepper

Clean and shred the fresh beets and optional carrots. Combine beets, carrots and beet greens with vinegar or lemon juice and add olive oil to taste (if fats are tolerated). Add optional garlic and ginger, sea salt and pepper to taste. Let mixture rest in the fridge for an hour, stir and eat. Keeps for one week in the fridge.

Herbal Bitters: As Crucial as Salt in the Modern Kitchen

By Guido Masé

Bitter herbs are woven through our cultural heritage, from the Passover Seder to the modern cocktail bar. Their flavor, although exotic nowadays, is an echo of a long story of connection between plants and people, from the days when our foraging lives required daily exposure to bitters, through the centuries when these herbs were considered essential tonics and antidotes to poison.

Many plants, especially those from outside the garden gate, taste somewhat bitter. People may use gentle bitters like dandelions (*Taraxacum officinale*); the docks (burdock, *Arctium lappa*, and yellowdock, *Rumex crispus*); parsley family plants (the *Apiaceae*); or any of the infinite varieties of mugwort (*Artemisia vulgaris*). Over the years, herbalists also have identified the plants that are consistently the strongest and most effective—the nasty tasting stuff! These include gentian (*Gentiana lutea*), with its pure bitter, lingering taste; wormwood (*Artemisia absinthium*), which is overlayed with a camphorous quality; bitter melon (*Momordica charantia*), added to sweet chutneys to round out a meal; the cold, devastatingly bitter and sooty kalmegh (*Andrographis paniculata*); quinine (the alkaloid obtained from *Cinchona officinalis*); and even the leaves of artichoke (*Cynara scolymus*) which, at full strength, would make anyone's face pucker.

TWO TALES

Bitters really tell two tales. The first is a story steeped in alchemy, spirit and the kitchen table; the second is the fascinating account of how bitters work in our bodies through ubiquitous bitter taste receptors. Herbalists turn to bitters to stimulate digestion and expel worms and parasites, and bitters have been very successful for these purposes. Most are blended into formulas that marry the bitter flavor with the right mix of warming, aromatic plants and just a trace of sweetness to improve their taste and enhance their medicinal effects.

In the Western world, perhaps the first bitters formula on record came over two thousand years ago from King Mithridates VI of Pontus (now northern Turkey). Blending strong bitter herbs with spices and resins from Persia and Egypt, he developed a fabled remedy thought to have the power to cure any poisoning.^{1,2} Modern research, having traced the remedy back through the works of Celsus and Galen, shows that many of its herbs improve digestion, protect the gut's mucous membrane and enhance the liver's detoxification powers. The king consumed his potion daily; worried about conspiracies against his crown, he wanted to make sure he could handle any poison slipped into his meal by a traitorous servant.

Over the centuries, variations on the remedy became part of daily culture around the Mediterranean basin, where they are still used around mealtime (though, one hopes, for health and wellbeing rather than suspected poisoning). The basic template has remained the same: one or more strongly bitter herbs; a resin or gel-forming plant to protect the gut lining; pungent, aromatic herbs for flavor, character and relaxation; and just a trace of sweetness.

BITTERS AND DIGESTION

Flavor and mouth feel define herbal bitters, but they also frame the chemistry that explains bitters' effects. Why, for example, are bitters preparations always used around mealtimes, either before or after food? It turns out that the bitter note at the root of these formulas has the ability to activate digestive secretions powerfully—from saliva and digestive enzymes to bile from the liver—by engaging a network of

nerves that connect the tongue to the stomach, pancreas, liver and gallbladder. These same nerves also contract the valves between the “compartments” of the gut. The valves between esophagus and stomach, and between stomach and small intestine, close up in just the same way as one's face puckers when tasting artichoke leaves—and at the same time. The closing of the valves helps keep food where it belongs, addressing reflux and heartburn issues beautifully. Together, the improved secretions and longer digestion time ensure that the food we eat is broken down completely, rather than fermented in our intestines or causing irritation and inflammation. It is no wonder that the old-timers, sitting at small round tables in the late afternoon light, sip their bitters while cursing at the soccer scores: they're priming their digestion for the meal ahead.

The ancient and vast record of digestive bitters use relies on a specific template and focuses on optimizing digestion, soothing and healing the lining of the gut and banishing feelings of pressure and discomfort around mealtime. Many swear by bitters as a way to stay regular while traveling, because bitters stimulate the release of bile (our own natural laxative). Others use them to indulge in large, extravagant meals without experiencing bloating, indigestion and heartburn, or simply enjoy them as a taste of a forgotten but important flavor.

BITTER TASTE RECEPTORS

Modern research, through the work of Catia Sternini (professor of medicine at UCLA) and others,³ has characterized just how deeply linked to the bitter taste humans really are. Cells all along our digestive tract, from the tongue to the colon, are tuned to bitter-tasting molecules (such as lactones and iridoids) from the plant world. Most researchers agree that these bitter taste receptors (known as T2Rs) are a way for us to detect poison and to activate strategies of detoxification and protection.⁴ (Maybe old King Mithridates knew what he was doing!) This enhanced detoxification begins in the gut and continues in the liver, where the clearing of potentially harmful chemicals is improved and we see less harmful material escaping into the bloodstream. The result is a decreased

The ancient and vast record of digestive bitters use focuses on optimizing digestion, soothing and healing the lining of the gut and banishing feelings of pressure and discomfort around mealtime.

Consuming
herbal bitters
makes us
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overeating
and
counteracts
insulin
resistance.

inflammatory burden across the body, which can help with everything from acne to arthritis. This is a remarkable and important benefit for those living in modern Western culture, where the presence of pro-inflammatory irritants is widespread.

Cells that carry T2Rs on the gut side are also connected to the bloodstream on the other side, and here they have the ability to secrete powerful hormones that affect our whole system. Slavo Komarnytsky, at North Carolina State University's Plants for Human Health Institute, has documented how T2R-bearing cells secrete hormones like cholecystokinin, polypeptide YY, or glucagon-like-protein 1 (GLP-1) when stimulated by a bitter taste.⁵ The first substance helps to increase the secretion of bile, but the second and third play a deeper and perhaps more important role: they help to increase feelings of fullness and satisfaction, reduce appetite and make us more sensitive to the hormone insulin. In short, consuming herbal bitters makes us feel full more quickly, reduces overeating and counteracts insulin resistance.

This is precisely what a new clinical trial by a group of physicians in Naples, Italy has documented.⁶ Participants consumed 20 percent fewer calories at an all-you-can-eat meal when they had been exposed to a strong bitter taste

before eating.⁶ Beyond our historical linkage to bitter plants, we may in fact need them to function properly, eat in a balanced way and metabolize our food effectively.

Recently, T2R research has uncovered the ability of bitter flavors to activate a powerful innate immune response. Scientists have known that bitter taste receptors are found in weird places, like the sinuses, bronchial passages and even immune cells, but why this is the case has remained somewhat of a mystery. Researchers like Noam Cohen at the University of Pennsylvania are converging on an answer.^{7,8} T2Rs in the sinuses, for example, are waiting for the bitter-tasting secretions of infection-causing bacteria. When they sense them, they activate immunity, open the airway and release powerful antibacterial and antiviral molecules known as defensins. This new understanding gives us a broader picture of the benefits of regularly consuming bitter-tasting plants: they can protect us not only from the effects of poor digestion, irritating food, poison and toxicity, but perhaps also from infection and harmful bacteria.

THE NEED FOR BITTERS

Overall, bitter taste receptors and their associated digestive, metabolic, hormonal and detoxification functions direct our response to

BASIC FORMULA FOR HERBAL BITTERS


1 tablespoon strong bittering agent (such as gentian root or wormwood)
1 tablespoon soothing herb (such as burdock or calendula)
2 tablespoons citrus notes (lemon balm and orange peel)
1-2 teaspoons warm spice, if desired (allspice or ginger)
1-2 teaspoons sweetness (honey or maple syrup)
12 fluid ounces alcohol solvent (one-hundred-proof vodka)

Take all the herbal ingredients, which should be in dry and chopped form, and place them in a pint-sized mason jar. Add the sweetener and vodka, then cover, seal and steep for at least two weeks. Strain through a muslin cloth, squeezing the herbs well to extract all the fluid possible. Bottle and store in amber dropper bottles to make for easy dosing.

The formula can be modified to suit specific tastes (see "Other Bitters Ingredients"). For example, use a cooling spice like peppermint instead of ginger for a more refreshing feeling, or replace the citrus with vanilla for a rich, warm blend. Herbs like fennel seed or anise (instead of, or alongside, citrus) can help dispel gas and bloating. A light, fragrant floral blend can be made by replacing the citrus with herbs like linden or chamomile.

Bitters are best taken regularly, especially if there are digestive concerns present, at a dose of about thirty drops once or twice a day. In a cocktail, use fifteen to thirty drops, add thirty to sixty drops to sparkling water before meals as an aperitif or add up to two teaspoons to an equal volume of water as an after-meal digestive aid. Bitters mix well with almost any cocktail but are featured mostly in classics like the Old Fashioned, the Manhattan, the Sazerac and the Negroni. Bitters work well in sour cocktails, too—though one may want to keep the citrus and decrease the strong bittering agents a bit.

substances that might be harmful or challenging as we come across them in our daily lives. Without the bitter taste, this crucial directive function is missing and our gut becomes disengaged; we experience indigestion, irregularity and discomfort when we eat; our detoxification processes suffer; and we become more sensitive to environmental triggers, harmful chemicals and the general pollution of modern life. In turn, our off-balance metabolism leads to struggles with weight gain and wildly fluctuating blood sugar levels. Diabetes, obesity, poor digestion and other metabolic problems—at epidemic levels in the Western world—might indeed be expressions of what herbalist James Green calls “bitter deficiency syndrome.”⁹ Bringing herbal bitters back to the table may help promote a correction in these symptoms.

In the end, the powers of herbal bitters aren’t really a mystery. We evolved in an environment rich in bitter plants and our physiologies are stacked with sensitive detectors for all that bitter chemistry. With today’s lifestyles, where information overwhelms us at light-speed, our brains are always “on” and our bodies often seem incidental, it is essential that we care for our physiology by restoring a more biodiverse, wild and bitter operating environment. Fortunately, the answer lies in herbal remedies—classic bitter preparations that are simple to make, rich in history and effective medicine. Homemade bitters at meals can lead to better digestion, reduced inflammation and enhanced immunity. Herbal bitters also can help with sugar cravings, turning off that insistent desire and supporting healthier choices. Embracing the bitters habit can help us restore our ecological connections, rediscover true tonic herbalism and develop a mature relationship with the forgotten bitter flavor. 

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OTHER BITTERS INGREDIENTS

A number of other ingredients can support bitters’ digestive mission, including soothing herbs to help heal damage along the digestive tract while the bitter herbs restore optimal function. In addition, aromatic notes serve to relax away spasm and cramping, relieving gas and bloating; these can be pungent, strongly aromatic, floral, citrusy or minty.

SOOTHING: aloe (*Aloe spp.*), burdock (*Arctium lappa*), calendula (*Calendula officinalis*), meadowsweet (*Filipendula ulmaria*), myrrh (*Commiphora spp.*).

PUNGENT: ginger (*Zingiber officinalis*), turmeric (*Curcuma longa*).

STRONGLY AROMATIC: allspice (*Pimenta dioica*), clove (*Syzygium aromaticum*), fennel (*Foeniculum vulgare*).

FLORAL: lavender (*Lavandula officinalis*), linden (*Tilia spp.*).

CITRUSY: lemon balm (*Melissa officinalis*), lemongrass (*Cymbopogon spp.*), orange peel (*Citrus sinensis*).

MINTY: basil (*Ocimum basilicum*), peppermint (*Mentha x piperita*).

Hidden in Plain Sight: Histamine Problems

By Jill Cruz, MS, CNS

In my functional nutrition practice, I often hear the following: “I am having allergic reactions, but the doctor says I don’t have any allergies.” People come in with hives or red itchy bumps or breathing troubles, but with no identifiable true allergies.

In such cases, we explore food sensitivities, autoimmune conditions and other gastrointestinal (GI) issues. In addition, we know that there could be an underlying histamine problem. It’s not the first thing we investigate because many of those other issues can cause or exacerbate histamine problems. We like to start with the basics and move to considering complex conditions like histamine overload or mold toxicity only after we have optimized nutrition and GI function.

HISTAMINE AND ALLERGIES

Most people have heard of histamine because it is known to “cause” allergies. In fact, the body’s defense reaction to foreign proteins in the blood is what causes allergies. Part of that reaction includes the release of histamine from mast cells (a type of white blood cell that releases histamine and other substances). Although mast cells also release many other pro-inflammatory substances, histamine gets a particularly bad rap.

Histamine becomes problematic when people have too much histamine in their blood or tissue even though no allergic reaction is occurring. In the absence of true allergies (immunoglobulin E [IgE] reactions), there are essentially two major scenarios in which this can take place. The first and probably most common scenario, typically known as “histamine intolerance,” is when someone either absorbs too much histamine from the GI tract or does not break it down well in the liver (or both). Many foods contain histamine, and if the histamine is not successfully broken down in the gut, it can get absorbed in excessive amounts. Proper liver function is required to break down the histamine to be excreted as waste. When one or both of these functions is not working properly, histamine builds up in the blood.

In the second, much more complex and insidious scenario, called “mast cell activation syndrome” (MCAS), dysfunctional mast cells release too much histamine. In some people, of course, both things are happening, and there are other factors that can affect histamine levels as well. Any serious conversation about histamine “overload” thus needs to address the origin of the excess histamine. When the overload is due to improper breakdown of histamine in the gut or liver, the protocol will differ from when it originates from the mast cells.

HISTAMINE INTOLERANCE

There are at least two possible reasons why someone would absorb excess histamine from the gut. First, dysbiosis (or a disordered microbiome), so common these days, can certainly contribute to this problem and, in fact, is the leading cause of histamine intolerance. Microbial imbalance can inhibit the body’s ability to

break down histamine in the gut.

Another confounding issue can be low levels of the enzyme that we naturally produce to break down histamine. This enzyme, called diamine oxidase (DAO), is responsible for breaking down histamine in the gut, the liver and other tissues. Some people are low in this enzyme due to genetic variations. Others may be low due to GI disorders such as small intestine bacterial overgrowth (SIBO), hormonal imbalances or any kind of persistent inflammation. Excess estrogen levels also can increase circulating histamine because estrogen suppresses DAO activity and stimulates mast cells.

In addition to the breakdown by DAO, histamine needs to be methylated in the liver before excretion by the kidneys. Methylation refers to the process of any molecule being transformed by the addition of a methyl group (CH₃)—three hydrogen atoms bonded to a carbon atom. Histamine is methylated to a molecule called methylhistamine, which renders it much less toxic and ready for disposal through the urine.¹

Low DAO activity in the GI tract and liver due to genetic variants, combined with gut inflammation, excess estrogen and insufficient levels of methyl groups can create a perfect storm for some people, causing major histamine overload. The approach to deal with this situation must be multifaceted.

MAST CELL ACTIVATION SYNDROME

When mast cells are activated, they release histamine, tryptase and other pro-inflammatory mediators. This is great when the mast cells are protecting us from pathogens or are involved in healing wounds. Sometimes, however, mast cells show up in excess (a rare condition known as mastocytosis), or, as in MCAS, they overproduce these pro-inflammatory molecules, flooding the system with them and mimicking an allergic response.

MCAS is not fully understood, and its treatments are even less clear. I like to think of MCAS as akin to an autoimmune condition because it involves mast cells (immune cells) that are overactive and somewhat trigger-happy in releasing their contents. Unfortunately, this can really wreak havoc in the body. Dr. Lawrence Afrin and Dr. Theoharis Theoharides

Histamine becomes problematic when people have too much histamine in their blood or tissue even though no allergic reaction is occurring.

are leading experts in MCAS, and their websites are excellent sources of information about this complex condition.^{2,3,4} However, individuals seeking to heal with a predominantly food-based approach will need additional help.

WHICH ONE?

Symptoms of MCAS and the less complex histamine intolerance are not always clearly distinguishable. It can be challenging, therefore, to determine conclusively whether someone is suffering from MCAS or histamine intolerance or both.

In our functional nutrition practice, our initial approach focuses on improving the GI tract and liver function while supporting hormones, methylation and overall health. In this way, we are able to minimize histamine intolerance; if someone truly has MCAS, we will see some improvement but also will be able to recognize that more work needs to be done. We also will have set the stage for that person to do better on the pharmaceutical treatments that are so often necessary with MCAS.

SYMPTOMS AND TREATMENT

A first step is to be aware that both MCAS and histamine intolerance can coexist with other conditions, making it very difficult to parse out exactly what is going on. Next is the question of how they should be treated. A major component of the treatment for either condition is to reduce the dietary intake of histamine foods as well as histamine “liberators” (see below). We also use the DAO enzyme in a supplement form,⁵ in conjunction with a formula called NeuroProtek,⁶ which contains the bioflavonoids luteolin, quercetin and rutin. We have used both of these products with many patients over the past three years, and they have had a very high success rate in our clinical practice. There is research showing that DAO supplementation reduces histamine levels,⁷ and quercetin and luteolin reduce the release of histamine and tryptase from mast cells.⁸ More research is forthcoming in this area, including the results of a just-completed clinical trial.⁹

Histamine intolerance symptoms can include rashes, hives, itching, headache, migraine, anxiety, depression, fatigue, insomnia, vertigo and GI disorders. When treating histamine intolerance, we always try to address the GI disorders first, while supplementing with DAO and NeuroProtek. We also address methylation and, if needed, will supplement with vitamin C, additional B vitamins, copper, zinc and magnesium.

The dietary recommendations for individuals with histamine intolerance call for a diet rich in folate, vitamin B₁₂, glycine and flavonoids such as quercetin and rutin. We also recommend juicing homemade pea sprouts (which are rich in the DAO enzyme) as well as eating rice bran

(in “forbidden rice” or black or purple rice), which has been shown to reduce the release of histamine from mast cells. We exercise caution with probiotics, which can worsen the symptoms of histamine overload. We recommend only using the following bacterial strains: *L. reuteri*, *L. rhamnosus*, *L. casei* and *B. bifidum*.

Because people often have multiple food sensitivities due to intestinal permeability, or they have other food restrictions (such as low FODMAPs for SIBO), we do not recommend implementing a strict low-histamine diet; we do not want to be the ones telling people that they can only eat air from now on! However, we do encourage such people to limit or avoid the biggest offenders among histamine foods, which include alcohol, fermented foods, smoked or cured meats, citrus fruits, shellfish, canned fish or meat, fish and seafood in general (except salmon, cod and tuna frozen on the boat), vinegar, strawberries, nuts, tomatoes and cacao. This approach, coupled with addressing the major GI disorders, usually works very well.

For MCAS, the situation is much more complex. Symptoms can include rashes, hives, itching, flushing, fainting, headache, abdominal pain, nausea, vomiting, gastroesophageal reflux disease (GERD), fatigue, chronic pain, trouble breathing and many more. The conditions associated with MCAS are often complex in their own right. Related conditions may include allergies, autism, autoimmune disorders, cancer, diabetes, Ehler-Danlos syndrome, postural orthostatic tachycardia syndrome (POTS), fibromyalgia, Lyme disease, mastocytosis, migraines and obesity. When one adds MCAS symptoms on top of those conditions, the person may be extremely ill with twenty to thirty symptoms.

Unlike with histamine intolerance patients, it is imperative that MCAS patients implement a strict low-histamine diet (provided their diet is not already too restricted) and otherwise employ the same interventions that we use for


HISTAMINE “LIBERATORS” TO AVOID

- | | |
|-----------------------|---|
| • Most citrus fruits | • Cocoa and chocolate |
| • Nuts | • Papaya |
| • Tomatoes | • Wheat germ |
| • Alcohol | • Black tea energy drinks |
| • Green tea, mate tea | • Additives (benzoate, sulfites, nitrites, glutamate and food dyes) |

histamine intolerance. However, due to the complexity of MCAS, it often requires much deeper investigative work (it is challenging even to get a diagnosis) and pharmaceutical interventions.

IMPLEMENTING A LOW-HISTAMINE DIET

The detailed low-histamine diet (next page) is as strict as they come. Individuals who are not sure about the extent to which histamine is affecting them might first want to try the less strict list described in the previous section, keeping in mind that many people do better with the stricter diet. We usually recommend following the stricter diet for six weeks before deciding whether it has helped or not, because sometimes it takes that long to reduce the body burden of histamine significantly. In most people, using the DAO enzyme and NeuroProtek will speed up the process.

Low-histamine food lists on the Internet may not be very reliable because they often derive from the author's subjective experiences. This can make the whole subject very confusing. I recommend sticking to just one list and observing one's body. Over time, it will become easier to identify foods that are particularly problematic. It helps to start off more strictly to establish some sort of baseline, experimenting with more variety as one starts to feel better. 

Jill Cruz is a certified nutrition specialist with an M.S. in human nutrition. In 2008 she discovered the work of Weston A. Price and the power of using food as medicine, which sparked a passion for a new career in health and nutrition and for improving her and her family's health. She has worked in the Hudson Valley Functional Medicine practice since 2011. Jill believes that for people to reach their full health potential, they must acquire the skill of listening to and respecting their bodies and use their knowledge to take their health into their own hands. Jill works with a wide variety of conditions and specializes in healing diets such as the ketogenic diet, the Patricia Kane membrane stabilizing diet and the SIBO diet. Her recommendations vary based on the individual's unique needs, circumstances, likes and dislikes, genetic predispositions and financial and lifestyle requirements. For more information, visit bodywisefoodsmart.com/.

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FOODS TO ENCOURAGE

VEGETABLES: Add the following to dishes as much as possible: artichokes, basil, broccoli, celery, chives, cilantro, dill, garlic, onions (either cooked onions or spring onions in small amounts), oregano, parsley, rosemary, snap peas, watercress, and ancho, serrano and chili peppers. These are all high in quercetin and other phytonutrients, which help reduce the body burden of histamine. Capers are particularly rich in quercetin, but one should use only salt-dried capers (not capers in vinegar).¹⁰ Be sure to rinse the capers before using.

FRUIT: Apples and cranberries also are high in quercetin.

GRAINS: Rice bran (especially from black rice) reduces histamine. Heirloom black rice can be found in health food stores (often called "forbidden rice") or online.¹¹

PEA SPROUTS: Although consumption of pea sprouts is optional, it is encouraged when possible. Pea sprouts can be used liberally as they are high in the DAO enzyme, which helps break down histamine. The easiest way to use them is to juice or blend them and drink with meals. Sprouting peas to get the highest amount of DAO takes about ten days. The best time to drink pea sprout juice is with any meal containing meat or fish.

ALLOWED FOODS AND FOODS TO AVOID

The information below is adapted from the list provided in the book, *Is Your Food Making You Sick?* by James L. Gibb.¹² Among the sources used by Gibb to compile the list are Dr. Janice Jones, Allergy UK, the Swiss Allergy Centre and the Swiss Interest Group Histamine Intolerance. Gibb's list offers the strictest interpretation of what may constitute a problematic food for histamine; I have loosened it up a little to allow some sprouted beans. I also provide careful instructions on how to eat meat and fish.

VEGETABLES

ALLOWED: All fresh vegetables (except those on the “avoid” list). Water chestnuts can be used to make a starchy flour.
AVOID: Bell peppers, eggplant, onion (raw), pumpkin, purslane, spinach, tomatoes, winter squash, fermented vegetables (sauerkraut, pickles, etc.), overripe or rotten vegetables, all pickled vegetables (or anything that contains vinegar), pre-packaged salad or other vegetables. Use caution with kale (small amounts only) due to its oxalate content.

FRUIT

ALLOWED: Apples, coconut, fig, goldenberries, longans, loquat, lychees, mango, melon, passionfruit, persimmon, pomegranate, quince, rhubarb and starfruit.
AVOID: All other fruit, especially strawberries, dried fruit that contains sulfur, overripe or rotten fruit, olives and avocado.

GRAINS/BAKING

ALLOWED: Millet, oats, oat bran, rice (black, brown, purple, red or “regular”), rice bran, teff and wild rice. For baking, agar-agar, arrowroot, baking powder, baking soda, coconut flour, cornstarch (although this one is questionable in terms of general nutrition), guar gum, potato starch, rice flour, sago and water chestnut flour.
AVOID: Amaranth, buckwheat, quinoa and all wheat products. Avoid baked goods made with carrageenan, gelatin, tapioca starch, xanthan gum and yeast.

FISH/MEAT/POULTRY

Histamine is present in small amounts in animal flesh but after death, histamine increases quickly (especially in fish that retain the guts). These foods may be problematic for extremely sensitive individuals and may need to be avoided completely. However, I encourage everyone to try consuming fish, poultry and red meat according to the guidelines below.

ALLOWED: Maximum one serving per day, or avoid altogether if symptoms do not subside within four to six weeks.
AVOID: All shellfish, fish that has not been cleaned and frozen immediately, canned fish. All processed meat, aged meat, meat that has been cooked and not immediately frozen, leftovers from the fridge, meat that is not fresh, fermented meat and canned meat.

GUIDELINES: Fish should have the guts cleaned out on the boat and be frozen immediately. Salmon, snapper, Chilean sea bass, squid and octopus are commonly sold this way, but one should always check at the fish market. (When buying fish from a local market, make sure that the vendor is trustworthy and the fish is of the best quality.) Vital Choice is a good source of seafood because their king salmon, silver salmon, tuna and cod are guaranteed to be cleaned and frozen immediately on the boat, and they ship the fish frozen to the customer's home. For meat and poultry, grass-fed is best. Small farms often will freeze meat and poultry immediately after processing and can be good places to purchase meat. Buy in bulk and do not defrost until ready to cook. If buying from a butcher, only buy on the day the meat is processed. Do not buy already ground meat; instead, ask the butcher to grind the meat, place it in a cooler and rush home and cook or freeze. (Note: Freezing halts the bacteria-induced multiplication of histamine in animal flesh, but refrigeration does not. Cooking does not reduce or take away histamine, so once it's there, it's there.)

LEGUMES

ALLOWED: Properly sprouted beans (except red beans and soybeans).
AVOID: All legumes that have not been sprouted, red beans, soybeans in any form and peanuts.

DAIRY

ALLOWED: Mascarpone, panir, quark, salted ricotta cheese (not the typical American kind that contains vinegar but the kind made in Italy, which may be hard to find, but is well worth the effort), fresh mozzarella, fresh cream, uncultured butter and buttermilk and fresh, raw milk. Some people tolerate any super fresh cheese such as non-aged chèvre and feta.

AVOID: Any cheeses not listed above, such as cheddar, Monterey Jack, processed cheeses, aged cheeses of all kinds, fermented dairy of any kind (yogurt, kefir, some types of cheese, sour cream, creme fraiche, etc.) and cottage cheese.

EGGS

ALLOWED: Fresh raw and cooked egg yolks. If eating raw egg yolks, be sure to only use fresh, pasture-raised eggs from a known and reliable farmer; do not eat raw eggs from the supermarket. Many people tolerate cooked egg whites but some don't, so use caution. If using as a protein source, make sure to use the whole egg. Pasture-raised eggs are ideal.

AVOID: All raw egg whites, raw commercial egg yolks and stale eggs. Use caution with cooked egg whites.

NUTS

ALLOWED: None.

AVOID: All nuts (coconut is a fruit and is allowed), but especially almonds, pecans and walnuts.

SEEDS

ALLOWED: Soaked chia seeds, freshly ground and soaked flax seeds and their oils, and properly sprouted seeds. "Raw" is a good brand for sprouted seeds.

AVOID: Unsprouted seeds and sesame seeds.

HERBS AND SPICES

ALLOWED: Salt, pepper, fresh curry leaves, wasabi, fresh herbs and freshly ground spices (except those on the "avoid" list). Some allowed herbs and spices include: allspice, basil, bay leaf, caraway, cardamom, chives, coriander (cilantro), fenugreek, garlic, ginger root, marjoram, mint, myrtle leaf, oregano, parsley, peppermint, pimento leaf, rosemary, sage, savory, sumac, tarragon and turmeric. Black cumin seed (but not regular cumin) has antihistamine properties and is encouraged. Alcohol-free vanilla and other extracts are also allowed.

AVOID: Alcohol-based flavors, anise, artificial flavors, brewer's yeast, cayenne pepper, chili, chocolate, cinnamon, cloves, cocoa, curry, mace, mustard seed, nutmeg, smoke flavor, soy sauce and all soy products, tamari, tamarind (fermented), thyme, vinegar of all kinds and any food containing vinegar.

BEVERAGES

ALLOWED: Coffee, fresh raw milk, mineral water, fresh water, chamomile tea, peppermint tea, dandelion tea, ginger tea, rooibos tea, coconut water and coconut milk.

AVOID: Soft drinks, all alcohol (but in particular wine and beer), anything fermented (such as kombucha and kefir), black tea, green tea, red raspberry tea, nettle tea, mate tea and energy drinks.

FATS AND OILS

ALLOWED: Cold pressed and unrefined seed and nut oils (Flora is the only brand I recommend), extra virgin olive oil, pure uncultured butter and cream, coconut butter and coconut cream, duck fat and goose fat.

AVOID: Vegetable oils, heat-treated or refined nut and seed oils, fried foods, processed foods, partially hydrogenated oils and fats, fish oil, avocado, olives, margarine and spreads such as Earth Balance and other fake fats.

SWEETENERS

ALLOWED: Pasteurized honey (or raw honey from a reliable source), maple syrup, brown rice syrup, coconut sugar, treacle, molasses, jaggery, palm sugar, pure jams, jellies and marmalade.

AVOID: Flavored syrups, prepared desserts and icings and dried fruit; high fructose corn syrup and agave. Caution with sugar alcohols such as xylitol (which can cause gas in those with compromised gut health).

Reading Between the Lines

By Merinda Teller

Uptight and Out of Sight: The Global Constipation Epidemic

Although constipation rarely makes the front page, its prevalence levels rival or exceed the levels of more highly publicized chronic conditions such as diabetes and asthma.

In the penultimate volume of J.K. Rowling's famed Harry Potter series, when the dark forces led by "you-know-who" (aka Lord Voldemort) seem to be unstoppable in their takeover of the magical world, visitors to the mischievous Weasley twins' joke shop get a little comic relief. In an otherwise somber neighborhood, the shop window prominently features "a gigantic poster...emblazoned with flashing yellow letters" that asks, "Why are you worrying about you-know-who? You should be worrying about u-no-poo—the constipation sensation that's gripping the nation!"¹

Intentionally or not, Rowling had her finger on the pulse of the "constipation sensation" that is gripping many nations around the (non-magical) world, including the United States. Chronic constipation affects up to 27 percent of Americans² (sixty-three million as of 2004),³ with prevalence apparently higher in women and the elderly.⁴ Although constipation rarely makes the front page, these prevalence levels rival or exceed the levels of more highly publicized chronic conditions such as diabetes and asthma.⁵

Older adults may suffer disproportionately from constipation, but the condition is also common in children. Two recent systematic reviews of studies from around the world found that the prevalence of functional constipation ranged from 0.5 to 87 percent of children and adolescents⁶ and 1 to 31 percent of infants and toddlers.⁷ Moreover, pediatric bowel problems frequently are underdiagnosed.⁸ Children with chronic constipation may go on to develop encopresis, a negative cycle of impaction, distention, pain and fecal incontinence.

Pediatric constipation also has an economic impact. U.S.-based studies report that children with constipation use more health services and generate three times more health care costs than children without constipation (\$3430 versus

\$1099 annually per child).⁹ In a study in British Columbia, 2.1 percent of visits to a pediatric emergency department (ED) over a one-year period were constipation-related, and the ED visits often led to overutilization of tests and invasive treatments.¹⁰

NORMAL VERSUS DYSFUNCTIONAL

Defecation is a "sophisticated" process that requires "rectal filling, awareness of rectal filling and the ability to propel the stool and relax the pelvic floor muscles in a coordinated fashion."¹¹ Normal bowel function depends on both sensory perception and physiological coordination; if the need to defecate happens to arise at an inconvenient time, the rectum will relax and "allow more stool to be accommodated" until a more opportune moment.¹¹ Disregarding the body's signals is not an advisable habit, however, because "when the urge to defecate is ignored, stool gets dehydrated and small, the rectum gets used to being stretched and fails to respond normally, and feces then back up into the colon, causing discomfort."¹²

When the basic process continually goes awry and an individual chronically experiences infrequent stools, difficult stool passage or other symptoms indicative of "a sufferer's difficulty with the act of defecation,"¹³ conventional gastroenterologists classify the problem in one of two ways. If the clinician is unable to identify any known causes or detectable abnormalities, the chronic constipation is "idiopathic" or "functional." Researchers have identified various risk factors associated with this type of constipation—including low socioeconomic status, low education, stressful life events and low levels of physical activity—but they caution that there is no guarantee that addressing these risk factors will improve bowel function.¹⁴

The colon is physiologically complex—

“modulated through several separate systems, including neural, endocrine and [intestinal] luminal factors”¹⁵—and a disturbance in any of these systems can contribute to constipation. So-called “secondary” constipation is the result of organic or systemic disease—including neurological disorders—or medications (see Table 1) or more than one of these.^{11,13} Many central nervous system disorders are associated with constipation in adults, including Parkinson’s disease, Alzheimer’s disease and multiple sclerosis.¹⁶ In children, autism spectrum disorders (ASDs) and their gastrointestinal (GI) component have garnered particular attention. Clinicians report that ASDs are “an order of magnitude more common in the constipation clinic than in the general population.”¹⁷

NEUROLOGICAL DISORDERS

The explosion of neurological disorders in both adults and children in recent decades—which is likely due to environmental factors—is especially pronounced in the United States.¹⁸ Adults in the U.S. ages fifty-five to seventy-

four years old have the second highest rate of total neurological deaths across twenty Western countries, and the death rate increased by 82 percent from 1989 to 2010.¹⁸ Parkinson’s disease (PD), for example, is not only the second most common neurodegenerative disease in American adults but is expected to double by 2040.¹⁹ As many as 50 to 80 percent of individuals with PD experience constipation.²⁰ In fact, constipation often precedes PD and may even be predictive of PD occurrence.²⁰

Meanwhile, ASD and other pervasive developmental disorders (PDDs) are exacting a heavy toll on children. In the U.S., ASD is about eighty-five times more common in today’s middle-school children than it was in their parents’ generation,²¹ with recent reports estimating that ASD affects one in fifty-nine children²² or even as many as one in thirty-six.²³ Many children with ASD suffer from GI symptoms, with a prevalence of constipation ranging from 4.2 to 45.5 percent, depending on the study.²⁴ Those numbers may be underestimates, given that clinicians reportedly fail to recognize constipa-

Many central nervous system disorders are associated with constipation in both adults and children.

TABLE 1: MEDICATIONS ASSOCIATED WITH CONSTIPATION

Class of medication	Subcategories and/or examples
Analgesics	Opiates, nonsteroidal anti-inflammatory agents
Anticholinergic agents	Antidepressants (tricyclic), antiparkinsonian drugs, antipsychotics, antispasmodics, antihistamines
Anticonvulsants	Carbamazepine
Antihypertensives	Antiarrhythmics, beta-adrenoceptor antagonists, calcium channel blockers, centrally acting (e.g., Clonidine), diuretics
Bile acid sequestrants	Cholestyramine, colestipol
Cation-containing agents	Aluminum- and calcium-containing antacids and supplements, bismuth, iron supplements, lithium
Chemotherapy agents	Alkylating agents, vinca alkaloids
Endocrine medications	Pamidronate and alendronic acid
5-HT ₃ receptor antagonists	Ondansetron
Miscellaneous compounds	Barium sulfate, oral contraceptives, polystyrene resins
Other antidepressants	Monoamine oxidase inhibitors
Other antiparkinsonian drugs	Dopamine agonists
Other antipsychotics	Clozapine, haloperidol, risperidone
Other antispasmodics	Mebeverine, peppermint oil
Sympathomimetics	Ephedrine, terbutaline

Adapted from: Bharucha et al. American Gastroenterological Association technical review on constipation. *Gastroenterology* 2013;144(1):218-238.

Constipation,
whether in
children or
adults, is
“always a sign
of deficient
gut flora.”

tion in up to one-third of children with autism.²⁵ Treatment can exacerbate the problems; for example, children suffering from both autism and constipation who receive medication (for either their behavior or the constipation) are more likely to exhibit “rigid-compulsive behavior” than their medication-free counterparts.²⁶

THE BROADER DIGESTIVE CONTEXT

Constipation, fundamentally, is a problem of digestion. Dr. Tom Cowan identifies three principal factors underlying the epidemic of modern digestive disturbances.²⁷ First, he points out that “most of what we put in our mouths today is not really food.” Industrial dairy products, chemically treated vegetables, hormone- and antibiotic-laced meats and MSG-laden packaged concoctions are incapable of “calling forth the forces of digestion” because the body does not recognize them as food and cannot properly break them down.

Second, the glands and organs that are supposed to supply pancreatic and liver enzymes for digestion often fail to do so in adequate amounts, in part due to the lack of dietary trace minerals that are key molecular building blocks of digestive enzymes. Magnesium, for example, is a component of over three hundred enzymes in the human body,²⁸ including those needed for digestion, and low magnesium intake is associated with increased prevalence of constipation.²⁹

The third contributing factor—one that has achieved a considerable degree of awareness in both the lay press and the scientific literature—is that many of us have a “polluted” bowel ecosystem that lacks the beneficial microorganisms needed to support digestion. As Cowan notes, the small and large intestine ecosystem is “full of a wide variety of interdependent organisms” that “interact with each other, ...with their host, and...with the larger world around them.”²⁷ In this scenario, “dietary constituents and the colonic microbiota interact to generate biologically active molecules that influence gut motility and secretion.”¹³ When the gut microbiota are imbalanced or dysfunctional, this “may contribute to aberrant gut motility and, consequently, symptoms of constipation.”³⁰

In plainer terms, Dr. Natasha Campbell-McBride explains that constipation, whether in

children or adults, is “always a sign of deficient gut flora.”³¹ As she elaborates in her book, *Gut and Psychology Syndrome* (GAPS):

The beneficial bacteria that normally populate the bowel play a crucial role in proper stool formation and elimination. The most numerous species of friendly bacteria in a healthy bowel are *Bifidobacteria* and physiological strains of *E. coli*. These microbes produce a whole host of enzymes and other active substances, whose action is essential in proper stool formation. They stimulate the wall of the bowel to produce mucus for lubricating the stool and for passing it out as soon as it is ready.

CORRECTIVE MEASURES

Conventional medicine typically recommends short-term interventions such as bulking agents, stool softeners and osmotic, stimulant or combination laxatives, but these often produce “mixed or even unsatisfactory results” despite “frequent interventions.”³⁴ One longitudinal study found that 89 percent of patients with constipation reported no change in their condition after a year.³ Occasionally, clinicians admit that laxatives can provoke “abdominal cramping, distension, and vomiting, without producing bowel movements”; in these cases, the patients apparently are out of luck and considered “non-manageable.”³² Among individuals who seek care for constipation, many are dissatisfied with the currently available treatment options.³³

Probiotic supplements have become one increasingly trendy response to address the gut microbiome depletion that contributes to constipation. Although the American College of Gastroenterology remains unwilling to endorse probiotics for constipation,³⁴ many other researchers and clinicians point to promising results from both animal and human studies, even if the supplements’ mechanisms of action on gut motility and constipation remain unclear.³⁰ Research and commercial interest in probiotics is at an all-time high. Plugging the search terms “probiotics” and “constipation” into PubMed’s search engine pulls up three hundred and sixty-eight articles spanning the twenty years from 1998 to 2018; over four thousand six hundred

articles dating back to the early 1980s come up using the broader search terms “probiotics” and “gastrointestinal disorders.”


Clearly, some individuals with constipation find probiotics useful. However, Drs. Cowan and Campbell-McBride concur that the single most important step one can take to reestablish and support healthy digestion—and, therefore, healthy elimination—is to eat a clean and digestively friendly diet, which essentially means a Wise Traditions diet.³⁵ Key components include lacto-fermented foods and particularly beet kvass (which supply digestive enzymes and beneficial bacteria), unrefined sea salt (a terrific source of trace minerals, including magnesium) and bone broths, which enhance digestion and also are rich in easily absorbed minerals. Some individuals also may wish (or need) to temporarily adopt a gut-healing diet such as the GAPS diet or its close cousin, the Specific Carbohydrate Diet (SCD).

While waiting for dietary improvements to kick in, some cases of constipation may require more immediate measures. Rather than relying on the unhealthy and often ineffective arsenal of laxatives and stool softeners pushed by mainstream medicine, Campbell-McBride recommends enemas in the privacy of one’s home. She notes that enemas can safely clear out toxic fecal compaction while providing quick and effective relief. In addition, an enema is an excellent way to reintroduce probiotic bacteria

“directly into the bowel” (see “Recolonizing the Bowel” below).³¹

Home-based enemas are preferable to a surgically-initiated procedure widely used in adult and pediatric patients with refractory (untreatable) constipation; the procedure, called an antegrade continence enema (ACE), involves insertion of a catheter through an opening (called a “stoma”) in the abdominal wall to enable “long-term enema therapy.”³⁶ The ACE procedure comes with a 20 percent failure rate and a risk of potentially serious postoperative complications.³⁷ The most common complication is stomal stenosis (constriction of the opening), which occurs in up to 30 percent of patients and often leads to repeat surgery.³⁷ In one study, stomal stenosis occurred in 49 percent of young patients who had undergone the ACE procedure, with obesity representing a significant risk factor for this complication.³⁸

HEALTH AND QUALITY OF LIFE

As Natasha Campbell-McBride cautions, constipation should not be ignored. It is in fact extremely harmful, laying the groundwork for digestive disorders and producing toxins that “poison the whole body.”³¹ Whether idiopathic or secondary to another serious health condition, constipation is a red flag signaling the need for prompt attention to digestion and overall health. 

Among individuals who seek care for constipation, many are dissatisfied with the currently available treatment options.

RECOLONIZING THE BOWEL

In discussing enemas, Dr. Natasha Campbell-McBride recommends introducing probiotic bacteria directly into the bowel by dissolving a probiotic in the boiled enema water that has cooled to warm. The probiotic should be pure (without additives) and therapeutic strength, and it should contain predominantly *Bifidobacteria* species. If a suitable probiotic is unavailable, one can also add a few tablespoons of homemade yogurt or kefir to the enema water. Campbell-McBride also suggests following up enemas with a warm bath containing one-half to one cup of either Epsom salts, apple cider vinegar, baking soda or sea salt, and then rubbing the abdominal area with castor oil, cold pressed extra virgin olive (or sunflower) oil, Udo’s oil or hemp oil, which “absorb quite well through the skin and will help to relieve constipation in the long run.”³¹

Dr. Louisa Williams, author of *Radical Medicine: Profound Intervention in a Profoundly Toxic Age*, points out that whereas most tissues in the body burn glucose, the large intestine is “relatively unique” in being dependent on butyric acid (a short-chain fatty acid found in butter) for energy.³⁹ The body produces butyric acid through “the fermentation of fiber by *Bifidobacteria* and other beneficial bacteria.” In individuals with depleted or altered bowel flora, butyric acid production suffers and the colon cells are unable to function normally. In recognition of these facts, Williams developed a unique rectal butter oil protocol with the aim of supplying energy to the colon cells, “which has a positive feedback mechanism to the population of *Bifidobacteria* and the health of the large intestine overall.” The protocol involves inserting a small amount of butter oil (derived from grass-fed high butterfat-producing cows) into the rectum three times a week or so, for three weeks. For nearly all of Williams’ patients, this protocol resulted in “significantly improved” bowel symptoms.

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The Wise Traditions Pantry

REAL FOOD SNACK IDEAS

By Kelly the Kitchen Kop

When making the switch to real food, it's normal to feel overwhelmed as you figure out what is or isn't healthy, and to worry that after spending time finding better options, no one will like them. I've had the same feelings myself! Snacks can be especially tricky because you just want something fast, but now that I've been eating real food for well over a decade, I've compiled a list of simple snack ideas to share with you.

Sadly, with the slick advertising everywhere, many kids think the only tasty foods are those that come in a box or bag or have a cute character on the package. But real food tastes *so* good, we just have to show them! In fact, to protect the health of our families, we should run as fast as we can in the other direction from such products. They're filled with toxic fats, chemicals, processed sugar and food dyes, which will cause our families to eat more, as they crave the true nourishment their bodies need. Not to mention the way these fake foods will cause hyper kids who struggle with learning and behaving. Well-nourished kids are not just healthier, they're so much easier to raise!

Actually, we don't do a lot of snacking since

we switched to real food, but there are times you just need healthy options to carry you through to dinner, or maybe you need some quick foods for when you're on the go. Many of these ideas are also great for car trips, soccer games, field trips and school lunches.

By the way, just being real here, I do still get the kids what we call "organic junk food snacks" from the store once in a while. Not often though, because as I tell them, "Those will fill you up, and they usually don't have ingredients that will hurt you since they are organic, but they aren't going to nourish you."

Snacks don't have to be unhealthy! With a little bit of thinking ahead, your family can have snacks between meals that are tasty, nourishing and keep their belly full until dinner. Be sure to check out the WAPF Shopping Guide (realfoodmobileapp.com) for ideas. Once you get started making real food, you'll find it isn't as overwhelming or time consuming as you first thought. Just take the food you love and simply replace the rotten ingredients with grass-fed, pastured or organic ingredients. And don't forget to add some satisfying healthy fats to everything you make!

RECIPES

FAST AND EASY MINI PIZZAS

Organic English muffins

Butter

Organic pizza sauce

Mozzarella cheese

Your favorite meat or vegetable toppings

DENTAL **FARMING**
BROTH **MAKING THE TRANSITION** **CANCER** **MACULAR DEGENERATION**
FOOD CRAVINGS **ENVIRONMENTAL TOXINS**
NURTURING THERAPIES FOR CHRONIC DISEASE
WISE TRADITIONS 2018 | NOVEMBER 16-18 | BALTIMORE HILTON
COMFORT FOODS **TRADITIONAL** **DIETS** **DIGESTIVE DISORDERS**
LACTO-FERMENTATION **FERMENTS** **ADRENAL**
THYROID **STROKE** **ALZHEIMERS**

REAL FOOD SNACK IDEAS

CHEESE: Preferably raw, but if you cannot find raw, it is okay as long as it's not a lowfat version.

NATURAL SALAMI: Sliced thin or in chunks.

SUPERFOOD SMOOTHIES: See my blog, "Kitchen Kop Superfood Smoothies".

YOGURT: You could make your own or find organic, whole-milk, grass-fed yogurt in some grocery stores.

VARIOUS FRUITS AND VEGETABLES WITH HOMEMADE RANCH DIP: Remember that organic is best!

LACTO-FERMENTED VEGETABLES LIKE PICKLES OR SAUERKRAUT.

PLAIN PORK RINDS: Avoid the flavored kinds, they are full of MSG.

HARD-BOILED EGGS

EGG SALAD WITH ORGANIC CRACKERS OR CELERY

TUNA OR SALMON SALAD WITH ORGANIC CRACKERS OR CELERY

SALAMI, JERKY OR BEEF STICKS: I can get these at our butcher (who makes them using pastured meats) and sometimes from our farmer.

CRISPY NUTS: See recipes in *Nourishing Traditions*.

BONE BROTH: Serve in a mug with a pinch of sea salt. You can whisk in beaten egg or add a poached egg dropped in.

SOURDOUGH TOAST WITH PLENTY OF BUTTER OR NUT BUTTER

ORGANIC CRACKERS: Serve with guacamole or organic cream cheese.

ORGANIC CORN CHIPS: Serve with organic or homemade salsa or homemade guacamole.

POTATO OR SWEET POTATO CHIPS COOKED IN LARD

ORGANIC BANANAS FRIED IN BACON GREASE: Yum!

MEDLEY: Organic grapes, apple slices, crispy pecans and fresh shredded parmesan.

SLICED APPLES: Serve with fresh-squeezed orange juice and cinnamon.

HOMEMADE CRISPS: Make yourself with pita bread or tortilla triangles, brushed with butter and baked in the oven.

BRAUNSCHWEIGER OR HEAD CHEESE: Check the WAPF Shopping Guide.

CRAB MEAT DIP: Use only fresh crab meat and serve with crackers or homemade crisps.

LIVERWURST: Check the WAPF Shopping Guide; serve with crackers or homemade crisps, topped with thinly sliced onion.

HAM AND CREAM CHEESE ROLL-UPS: Spread organic cream cheese on a piece of ham from your farmer or trusted butcher and roll it up with green onions or pickles.

POPCORN WITH COCONUT OIL: See recipe.

PEANUT BUTTER DIP: See recipe.

HOMEMADE POTATO CHIPS: See recipe.

FAST AND EASY MINI PIZZAS: See recipe.

CHILI LIME ALMONDS: See recipe.

RAW APPLESAUCE: See recipe.

KOMBUCHA AND WATER KEFIR: Delicious and healthy alternatives to sodas.

COCONUT WATER: Another delicious and healthy alternative to sodas.

WHOLE RAW MILK: A complete meal in a glass.

Slice the English muffins, butter and lay out on a cookie sheet, lightly broil in the oven to toast the top. Once toasted, spoon the pizza sauce onto the muffins. Assemble the toppings and cheese and bake until cheese is bubbly and toppings are hot. These can be made ahead of time and frozen before baking. I keep the above ingredients on hand for quick snacks or even a fast dinner when needed. These are also a hit for kids' parties or sleepovers—you can let each person make his/her own.

EASY PEANUT BUTTER DIP

8-ounce package organic cream cheese, softened (never buy lowfat)

1 cup organic peanut butter or almond butter (organic soaked nut butters are best)

1/2 cup organic coconut sugar

1/4 cup milk or cream (never buy ultra-pasteurized dairy)

Mix all ingredients together until creamy. Serve with apple slices, organic crackers or homemade crisps.

POPCORN WITH COCONUT OIL

2 tablespoons organic virgin coconut oil

1/2 cup organic popcorn

Melted butter

Sea salt to season

Scoop coconut oil into your heated stove-top popper. Add popcorn and cook. After popping, add plenty of real, melted butter and toss to coat—about 4 tablespoons per batch or so (it's difficult to have too much butter, right?), use more or less to your taste preference, then add sea salt and toss around again. Be careful adding the salt, you'll want to add some, test, and add more 'til it's dreamy.

CHILI LIME ALMONDS

5 cups crispy almonds

1 tablespoon sea salt

Juice from 3 organic limes

Zest of 2-3 limes

1 pastured egg white, slightly beaten

2 tablespoons butter, melted

3 tablespoons organic coconut sugar

1 tablespoon organic chili powder

Mix everything but the almonds together, then brush over the nuts. Spread onto a parchment paper-lined cookie sheet. Dry in a warm oven or dehydrate until they're as crispy as you like.

HOMEMADE POTATO CHIPS FRIED IN BEEF TALLOW

Organic potatoes—2 or more per person because they're so good!

Beef tallow, enough to fill your deep fryer about half full

Sea salt for sprinkling on chips

Your favorite spices if you want flavored chips

Clean and cut off the bad spots from your potatoes. Use a mandolin slicer or your food processor to slice the potatoes so you can get chips with a uniform thickness which will be evenly cooked. Soak potatoes for a half hour in cold water, change the water and soak another half hour. (This helps to lower the starch content in the potatoes.) Dry well.

Bring your tallow to 350 degrees. Fry potatoes in small batches, flip around part-way through as needed and cook until lightly golden brown.

Drain on paper towels and shake on sea salt. Keep hot in a 325-degree oven until it's time to serve. Make sure to bring the tallow back up to 350 degrees before cooking the next batch of potato chips or they'll be soggy.

Optional: Try shaking on some spices to make flavored potato chips!

RAW APPLESAUCE

About 9 medium organic apples, washed

Juice from 3 organic lemons

1/2 cup real maple syrup

1 cup water or kombucha tea

1 teaspoon ground cinnamon

1/4 teaspoon ground allspice (optional)

1/2 teaspoon ground nutmeg (optional)

Dash of sea salt

Core, remove any bad spots, and quarter 3-4 of the apples, but do not peel. Put them in your blender with the lemon juice, syrup, spices and sea salt. If it's too thick add some water or kombucha—this will depend on the type of apples. Blend until the pieces of peel are really tiny. Pour the blended apples into a glass bowl. Peel, core and quarter the rest of the apples and blend with more water if needed. Blend until your desired consistency. I like to leave this batch chunkier because the first batch gets quite thin when trying to get the peels very small. Stir the second batch of apples with the first batch. Serve with whipped cream. You could freeze this too! ☺☺

Kelly the Kitchen Kop is the author of KellytheKitchenKop.com and of Kitchen Kop Real Food for Rookies. Visit her website for a Grocery Cheat Sheet to help you replace the bad ingredients with the good, along with other free and helpful printable lists. Need more ideas? Be sure to check out her blog where there's lots of health information plus real food recipes for every craving: main dish ideas, breakfast, more snack ideas, and even dessert recipes that are a little better for you.

Homeopathy Journal

HOMEOPATHIC DETOXIFICATION WITH CEASE THERAPY

By Cilla Whatcott, HD RHom, CCH, PhD

Beverly (not her real name) was the child of chiropractors and a healthy twenty-year-old who was about to attend medical school. She was rarely ill as a child and had never been vaccinated. When she came to me, looking shaky and pale, something had changed. She had not slept for weeks, and although she had sought answers from multiple doctors, no one could diagnose anything wrong.

They tried all the usual tools of the trade to come up with a diagnosis—spinal taps to search for bizarre microbes lurking in her cerebrospinal fluid, blood work, urine analyses and more. They prescribed antibiotics, antifungals, steroids and antidepressants. Nothing worked. Beverly's persistent pain, stiff neck, sleeplessness, vomiting, anxiety and mouth sores continued unabated. One by one, the doctors sent her home with instructions to rest, always with a tone of voice suggesting that this was just due to stress or anxiety.

In their search for a cause, the doctors disregarded vaccination because of the assumption that vaccines are safe. They paid no attention to the fact that Beverly had just received a full set of vaccines—a prerequisite for medical school—all of them within a period of about two months: measles, mumps, rubella, pertussis, tetanus, diphtheria, hepatitis A, hepatitis B, meningitis and a flu shot for good measure. She had begun to decline almost immediately. When Beverly came to see me, this was clear etiology, and I set to work to analyze the case. I determined that Beverly was a candidate for CEASE therapy.

OVERVIEW OF CEASE THERAPY

CEASE stands for "Complete Elimination of Autistic Spectrum Expression"¹ and was devised by the late Tinus Smits, MD, a Dutch physician deeply touched by the suffering

of children. Hundreds of practitioners (homeopaths, naturopaths and medical doctors) throughout the world have successfully used his method after receiving training and becoming certified. (Note: CEASE therapy cannot be learned from a book, nor is it within the scope of this article to provide the necessary instruction. Those interested in pursuing this form of homeopathic therapy should seek out a certified and experienced practitioner by visiting cease-therapy.com.)

CEASE therapy engages the vital force in such a way as to elicit organic healing on a very deep level. It primarily addresses obstacles to cure, but these may be of varying origin. Although many people associate CEASE therapy solely with the reversal of vaccine injury, it also can successfully remove obstacles to cure such as environmental poisonings, chronic allergies or damage caused by allopathic medications. CEASE therapy is not about treating symptoms alone, nor is it an overnight, quick fix. Time and patience are requirements. I have seen some cases move very quickly in a matter of weeks or months, while others take much longer to obtain the same progress.

COMPONENTS OF CEASE THERAPY

The CEASE method consists of three components that the practitioner must understand and use in relationship to each other in a balanced and dynamic way. The three components draw on orthomolecular therapy, isotherapy and a variety of other homeopathic modalities, including an approach developed by Dr. Smits called Inspiring Homeopathy (IH).

"Orthomolecular medicine" (a term coined by Linus Pauling in the late 1960s) describes "the restoration and maintenance of health through the administration of adequate amounts of substances that are normally present in the body."² The orthomolecular therapy component of CEASE therapy recommends just a few high quality orthomolecular supplements. The practitioner dynamically adjusts the dosage up or down based on the individual's response.

Within the context of CEASE therapy, isotherapy refers to the use of potentized homeopathic remedies made from the same toxic substances suspected of causing damage. In many cases this is a vaccine, but not in every case. Medications, anesthesia or environmental exposures all can result in continued toxicity and ill effects. The administration of isotherapeutic remedies supports the body's natural ability to detoxify.

The third component of CEASE therapy primarily uses Inspiring Homeopathy. Dr. Smits devised IH after observing that "the therapeutic possibilities of homeopathy were used only to a very restricted extent" and perceiving the need "for a deepening of this marvelous medicine."³

He postulated that individuals possess seven shared “universal layers” or archetypes focusing on self-confidence, self-love, incarnation to a human body, protection, victimization, duality and connection with one’s soul. IH remedies, which are made from nine animal, mineral and vegetable substances, can address imbalances in these universal layers. Given intermittently, the IH remedies result in much-needed support of individual evolution.

In addition to the IH remedies, the CEASE practitioner may also choose to use classical homeopathic remedies or other specialized classes of homeopathic remedies. These may include sarcodes⁴ (homeopathic remedies derived from healthy tissues or secretions) and bowel nosodes⁵ (remedies made from human intestinal flora). This component may shift and change over time as needed.

A DYNAMIC BALANCE

The art and science of applying CEASE therapy depends on careful observation of an individual’s response and subsequent adjustment of the three components. CEASE is not about applying a rigid protocol but instead requires sensitivity, finesse and sharp clinical skills. Tinus Smits said, “The birth of a child is a miracle; keeping a child healthy is an art.” It is this process—part miracle and part art—that imbues CEASE therapy with such success.

Initially, the CEASE practitioner takes an in-depth history, paying careful attention to when the symptoms began, along with every nuance of the child’s emotional and physical constitution. Information about the parents is also important. What was the mental state of each parent during the time of conception? Were any drugs taken regularly, prior to or during pregnancy? What was the labor and delivery like? These questions and more comprise the initial case-taking session.

The practitioner then constructs a thorough timeline, identifying the chronological order of symptoms, complaints, behavioral changes and developmental milestones or delays. Next, the practitioner develops a plan, addressing what is being expressed in the case. In some cases, this may begin with an IH remedy or often with the simple addition of some orthomolecular supple-

ments. At times, the need for an isopathic remedy comes across “loud and clear” and will provide the starting point. If a specific pharmaceutical is identified as a culprit, that particular drug can be obtained in a homeopathic dilution to be used isopathically to clear the obstacle that is preventing healing. At some point an IH remedy may be called for, or an increase or decrease of the orthomolecular supplements.

No two cases are alike. Along the way, practitioners may add or change a component—one at a time, slowly and carefully. The child is the guide. As each dose is given, careful evaluation determines where the child is in the process. Open communication between parent and practitioner as well as astute observation will guide the course of treatment forward.

BACK TO BEVERLY

In working with Beverly, I began by determining what should be cleared first. I learned that Beverly had received a combination tetanus-diphtheria-pertussis shot commonly administered to adults and decided on the tetanus vaccine. The vaccine also contained polysorbate 80, a surfactant that has the ability to penetrate the blood-brain barrier. Due to this feature, polysorbate 80 delivers a fast track to the brain for any other chemicals in the vaccine. Additionally, the particular tetanus vaccine that Beverly received is grown on a medium containing a bovine (cow) extract.

Within one week of starting treatment, Beverly began to improve. Her sleep became more regular, she found that she could eat without vomiting and the blisters in her mouth began to heal. By week three of treatment, she was 80 percent improved. Her parents had no doubt that vaccines had been the cause of her illness.

CEASE WITH AN INFANT

Troy (not his actual name) was a preemie, born about two weeks early, weighing barely five pounds but alert and healthy. His parents were proud and relieved. An enthusiastic young nurse, committed to fulfilling her responsibilities, gave Troy a hepatitis B vaccine when he was less than twenty-four hours old. All seemed to progress well and Troy’s parents took him home when he was chubby enough to be discharged. He was a good feeder, mom had an ample milk supply and he continued to thrive.

At two months, Troy was taken to the pediatrician, who gave him another round of vaccines: hepatitis B, polio, diphtheria-tetanus-acellular pertussis (DTaP) and rotavirus. Suddenly, something was different. Troy no longer made eye contact during feedings. He fussed and cried excessively for no apparent reason, clenching his hands into tight little fists all the time. In his mother’s words, there was something about him that felt like “he was just not there.”

Troy’s mother waited until Troy’s four-month well-baby checkup to bring him back to the doctor. She even thought she might be imagining things, but the doctor confirmed that something wasn’t quite right and decided to “hold off” on the next round of shots. He also mentioned the word “autism,” which terrified Troy’s mom. She halted all vaccines at that time.

It was almost a year later when I met with Troy. Taking a careful


case history, I determined that the hepatitis B vaccine needed to be cleared first. We started immediately, and after his first dose, Troy began to scream. His mom was amazed, saying, “This is how he sounded when he got his shots.” He had a rough few hours of agitation and red-faced crying. We quickly introduced the correct orthomolecular supplements to ease the detoxing that was taking place. Troy settled down and sailed through the following doses of the clearing remedy. Within a few weeks, he was back to his old self, making good eye contact, giggling and responding to mom and siblings in an appropriate way. His fists unclenched and he was back to being sweet baby Troy. (Note: No child under the age of one year should undertake detox unless under the experienced and watchful eye of a certified CEASE therapist, licensed physician or naturopath.)

PATIENCE AND PERSEVERANCE

CEASE therapy is not required in every case. For children on the autism spectrum, some respond beautifully to classical homeopathy and nutritional support. Parents who decide to pursue CEASE therapy should carefully do their research and locate a practitioner with whom they feel comfortable. Parents should not attempt to employ CEASE therapy on their own.

In the cases of Beverly and Troy, neither had any further symptoms and both continue to thrive. However, not every case is as straightforward nor as quickly responsive. Some cases are more challenging to understand from the beginning, and some are layered with many different offending agents that must be carefully unpeeled and balanced with supplemental

support, IH and other homeopathic remedies and parental tenderness, patience and perseverance.

Although advertising would have us believe otherwise, health is not a destination where we arrive and remain, never to be sick again. Healing is a dynamic and lifelong process. A healthy child is the child who is adaptable—able to get sick and get better. As Tinus Smits reminded us, “Keeping a child healthy is an art.” 

Cilla Whatcott, HD RHom, CCH, PhD is a board-certified classical homeopath with a diploma from Northwestern Academy of Homeopathy and a PhD in homeopathy. Cilla is executive director of Worldwide Choice, an organization that undertakes evidence-based research on homeoprophylaxis (HP) and trains medically licensed providers to administer HP. She also offers individualized HP programs for adults and children. She has organized three international HP conferences with leading researchers from around the world and has lectured in North America, Europe and Asia. Cilla is the author of There Is a Choice: Homeoprophylaxis; co-author of The Solution: Homeoprophylaxis: The Vaccine Alternative; was featured in Episode 7 of the docu-series The Truth about Vaccines; and has published numerous articles in natural health publications. In 2016, she received a public service award from the Weston A. Price Foundation for her work with HP. Most recently, Cilla produced and directed Real Immunity, a film about the intelligence of life and how to build real immunity. As the mother to children adopted from Russia, Taiwan and China, and one biological child, Cilla's deepest desire is to see families everywhere heal and thrive.

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REAL IMMUNITY

The two-part *REAL IMMUNITY* documentary series presents interviews with doctors, researchers, scientists and parents. Part One, the feature-length *Quest for Real Immunity*, explores the fear surrounding fevers, germs and benign childhood illnesses; identifies the power of intuition; and takes a close look at the practices of leading-edge pediatricians who respect the needs of their patients. *Passage to Real Immunity*, the second film in the series, examines various ways to support natural immunity. Included are interviews with practitioners of gemmotherapy, chiropractic, Chinese medicine, naturopathy, homeopathy and functional medicine. This segment also explores the two-hundred-year-old method of homeoprophylaxis through interviews with families who use it, doctors from India (which recognizes homeoprophylaxis as a legal alternative to conventional vaccines) and homeopaths who have long understood the power of energetic medicine. Rich with imagery and punctuated by the passion of true thought leaders, *REAL IMMUNITY* opens the door to raise awareness about the deeper meaning of immunity as our birthright. Learn more and be part of the evolution of real immunity by visiting realimmunity.org.

Technology as Servant

PROLIFERATING PROTEIN SUPPLEMENTS: ANIMAL, VEGETABLE AND...OTHER

By John Moody

Americans love convenience. From consuming fast food at the drive-through to substituting convenience foods for the family meal, the amount of time people put into food preparation continues to decrease.

Over the past five or so years, this love of fast-and-easy has exploded into the area of protein supplements, especially drinks and powders. Once a fringe food consumed mainly by athletes, protein supplements have gone mainstream, both as meal replacement (or complement) and as a food additive. Instead of the massive tubs of product that sat on the counters and fridge tops of bodybuilders and high school and college boys, we now have designer drinks and slickly packaged canisters marketed to males and females of every age.

The sports nutrition category in the U.S. is worth almost seven billion dollars, with sports protein powders accounting for 70 percent of that market.¹ Sports drinks and energy bars, many of which contain protein fortification or supplementation, total almost another ten billion, creating a combined market worth over sixteen billion dollars.¹ About two-fifths of Americans say they regularly consume protein supplements. These products also are popular outside the U.S. The worldwide market for protein supplements is anticipated to balloon past twenty-one billion dollars by 2025.²

Extracting protein from grains, seeds, vegetables and other plant matter was once unthinkable and impossible but is now an unsurprising industrial process. (This is similar to what happened with the edible oil industry.) While not all protein supplements are plant-based, many are, including many of the most problematic. Let's look at these supplements and explore three reasons that we should be concerned about adding them to our diets—especially as replacements for real food.

AMINO ACID IMBALANCE

The modern American generally suffers from a skewed protein intake and a related amino acid imbalance. Whereas our ancestors consumed not just the muscle meat but the skin, bones and organs of animals, the average American does not. Instead, we consume large amounts of muscle meats—an average of over two hundred and fifty pounds per person per year.

This modern, muscle meat-heavy diet—and especially a diet marked by lots of skinless chicken breast, lean ground beef and other such cuts—will commonly result in excess methionine. This causes glycine depletion and contributes to numerous health issues. On the other hand, bones, skin, organs and certain cuts rich in connective and other tissues that generally require long, slow cooking (such as the shanks) contain lots of glycine and far less methionine. Generally, if you are eating “nose to tail” and consuming all the animal, including stocks and broths, you will achieve an adequate balance between methionine and glycine.

Chris Masterjohn, PhD, explains why most modern diets fail to achieve the proper balance:

Successful traditional diets provided muscle meats together with organ meats and gelatinous materials such as bones, gristle and other connective tissue. These combinations provided a healthy balance between the methionine found in muscle meats, the B vitamins found in organ meats and the glycine found in connective tissue. Modern diets, by contrast, provide abundant quantities of methionine-rich muscle meats while organs and connective tissue have fallen by the wayside. The result of this imbalance is that methionine is unable to fulfill its proper cellular functions and generates

Once a fringe food consumed mainly by athletes, protein supplements have gone mainstream, with designer drinks and slickly packaged canisters marketed to males and females of every age.

One of the first considerations with protein supplementation is to ask whether such supplements worsen or improve the amino acid imbalances characteristic of the American diet, and specifically the methionine-to-glycine ratio.

toxic byproducts instead, while the supply of glycine is depleted. Together, these changes are likely to contribute to reduced longevity and chronic disease.³

In her book, *Death by Food Pyramid*,⁴ Denise Minger notes, “High methionine intake increases your need for vitamin B₁₂, vitamin B₆, folate, choline and betaine, which help neutralize homocysteine, one of methionine’s most noxious byproducts.... What’s more, methionine can drain your body’s glycine stores.”

One of the first considerations with protein supplementation is to ask whether such supplements worsen or improve the amino acid imbalances characteristic of the American diet, and specifically the methionine-to-glycine ratio. Most do nothing to address this particular imbalance, and some may make it worse, especially whey- and egg white-based food substitutes and supplements.⁵ Protein supplements typically use pea and/or rice protein as their main ingredient because they are low-cost and relatively easy to extract. Paired, pea and rice protein create a more balanced and complete protein profile.

Although few of these supplements, if any, provide a breakdown of their amino acid composition on the product label, we can use information about pea and rice proteins to estimate the general amino acid composition of protein supplement products. Unfortunately, the more balanced combination of pea and rice does not appear to improve the low glycine levels that typify modern, muscle meat-heavy diets (Table 1). Soy proteins further exacerbate the imbalance.

Is there a protein supplement that does help balance our amino acid intake? Yes. Collagen

or gelatin can serve this purpose—but few to no protein supplements on the market use them as ingredients. On a positive note, it is worth pointing out that soy no longer appears to be the processed protein supplement of choice. Although there are still many products that contain or use soy, the majority of the most popular products do not list soy on the label in almost any form, save the occasional inclusion of soy lecithin.

CONTAMINATION

Another concern regarding protein supplements involves their contamination with heavy metals and other toxins and chemicals.⁶ A recent study found that vegetable-based protein supplements were contaminated with numerous heavy metals—arsenic, lead, cadmium and mercury—and also other modern chemicals such as bisphenol A (BPA).⁷ On the other hand, the animal-based protein supplements—those made from bone, cartilage, egg and dairy—came back as the cleanest in testing.

A troubling but not entirely unsurprising finding of the study was the fact that organic certification was no guarantee of product purity for the plant-based options. As discussed by *Consumer Reports*, “Buying a product with an ‘organic’ label did not reduce the chances of getting a contaminated product. In fact, organic protein supplements had higher levels of heavy metals, on average, than nonorganic.”⁸ For some of the organic products, this wasn’t a first-time issue either. In previous tests, other independent labs found elevated levels of heavy metals in many organic products. In response, the companies promised change,⁹ but it is unclear whether their newer results show any progress.

TABLE 1: AMINO ACID PROFILE OF SELECTED PROTEINS

TYPE OF PROTEIN	METHIONINE-TO-GLYCINE RATIO (APPROXIMATE)
Beef, most cuts	1:2 to 1:3
Rice protein ⁵	2:3
Pea protein	1:4
Whey ⁵	1:1
Gelatin	1:20
Eggs	1:1
Soy protein	1:3

Where does the contamination come from? First, protein supplements—especially the vegan varieties—are generally highly processed. Protein isolates are not natural, and many plant-based sources are not overly willing to give up their protein fraction without a fight. Some require the use of heat, pressure, hexane and other chemical and industrial processes to separate out the protein.¹⁰ Manufacturers even admit that high heat is a part of processing for most isolates and that it has a negative impact on the products.¹¹ Sometimes, the process involves multiple rounds of exposure to temperatures over one hundred sixty degrees.¹² All this heat and processing increases the likelihood that contaminants will make it into the product.

Second, packaging may play a role that many consumers don't expect. The risk of BPA, BPA alternatives and other chemicals leaching into liquid, semi-liquid and other foods is well known. Although many consumers associate these risks primarily with plastic packaging, studies show that BPA and other chemicals are present in foods packaged in glass, metal and even paper!¹³ In addition, it now appears that even dry goods have risks—some that are so

significant that they have forced recalls.¹⁴ Moreover, foods are not just exposed to these chemicals in the packaging. Many parts and pieces of processing equipment, along with the residual chemicals that were used to make those parts and pieces, come into contact with food. Thus, the more processed a food is, the more exposure it has to possible contaminants and the higher the final levels of accumulated contamination. Given that vegetable-based proteins tend to require far more processing than animal-based proteins, it is no surprise that the plant-based protein products test higher in contaminants than the animal-based alternatives.

Third, many protein supplements contain a wide array of other ingredients, including artificial colors, preservatives, fillers and sweeteners. In general, the lower the price, the more additional ingredients of dubious quality and value you will find in the final product. Supplemental ingredients also appear to play a key role in determining which types of products test higher for heavy metals. Products that use particular plant-based ingredients (such as rice or soy) or chocolate (instead of vanilla or other flavoring options) tend to have higher levels of heavy met-

Products that use particular plant-based ingredients (such as rice or soy) or chocolate (instead of vanilla or other flavoring options) tend to have higher levels of heavy metals.

Chocolate

Nutrition Facts

Serving Size 2 Scoops (46g)
Servings per Container 27

Amount Per Serving	
Calories 150	Calories from Fat 40
% Daily Value*	
Total Fat 4g	6%
Saturated Fat <0.5g	2%
Trans Fat 0g	
Cholesterol 0mg	0%
Sodium 200mg	8%
Potassium 160mg	5%
Total Carbohydrate 15g	4%
Dietary Fiber 7g	28%
Sugars 0g	
Erythritol 5g	
Protein 21g	42%

Vitamin A 0% • Vitamin C 0%
Calcium 10% • Iron 20%

*Percent Daily Values are based on a 2,000 calorie diet. Your Daily Values may be higher or lower depending on your calorie needs.

	Calories	2,000	2,500
Total Fat	Less than	65g	80g
Sat Fat	Less than	25g	25g
Cholesterol	Less than	300mg	300mg
Sodium	Less than	2400mg	2400mg
Total Carbohydrate		300g	375g
Dietary Fiber		25g	30g

Ingredients:

Orgain Organic Protein Blend™ (Organic Pea Protein, Organic Brown Rice Protein, Organic Chia Seed), Orgain Organic Creamer Base™ (Organic Acacia Gum, Organic High Oleic Sunflower Oil, Organic Inulin, Organic Rice Dextrins, Organic Rice Bran Extract, Organic Rosemary Extract), Organic Erythritol, Organic Natural Flavors, Organic Alkalized Cocoa, Natural Flavor, Sea Salt, Organic Acacia Gum, Organic Guar Gum, Organic Stevia, Xanthan Gum

Vanilla

Nutrition Facts

Serving Size 2 Scoops (46g)
Servings per Container 27

Amount Per Serving	
Calories 150	Calories from Fat 40
% Daily Value*	
Total Fat 4g	6%
Saturated Fat <0.5g	2%
Trans Fat 0g	
Cholesterol 0mg	0%
Sodium 180mg	8%
Potassium 60mg	2%
Total Carbohydrate 15g	4%
Dietary Fiber 5g	20%
Sugars 0g	
Erythritol 5g	
Protein 21g	42%

Vitamin A 0% • Vitamin C 0%
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Peanut Butter

Nutrition Facts

Serving Size 2 Scoops (48g)
Servings per Container 27

Amount Per Serving	
Calories 160	Calories from Fat 45
% Daily Value*	
Total Fat 5g	8%
Saturated Fat 0.5g	3%
Trans Fat 0g	
Cholesterol 0mg	0%
Sodium 380mg	16%
Potassium 190mg	5%
Total Carbohydrate 16g	5%
Dietary Fiber 6g	24%
Sugars 1g	
Erythritol 5g	
Protein 21g	42%

Vitamin A 0% • Vitamin C 0%
Calcium 6% • Iron 10%

*Percent Daily Values are based on a 2,000 calorie diet. Your Daily Values may be higher or lower depending on your calorie needs.

	Calories	2,000	2,500
Total Fat	Less than	65g	80g
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Typical ingredients in protein powders.

als. All of this points to a simple fact: companies need to implement routine testing and publicize their results so that consumers can make informed decisions and the companies producing cleaner products can capture a greater market share for their efforts. My recommendation is not to purchase a product unless the company in question provides independent, third-party test results that show low-to-no levels of heavy metals and other contaminants.

RICE: A FAVORITE HOME FOR HEAVY METALS

One reason plant-based protein supplements are showing up with higher levels of heavy metals is their growing reliance on rice. Over the past few years, I have written extensively about rice's propensity to accumulate heavy metals. This traditional food brings with it immense arsenic and lead risks, especially for children. More and more foods, including organic ones, use rice as a primary ingredient—especially rice syrup, rice flour and rice protein. Organic rice has no advantage over non-organic when it comes to heavy metal contamination.

As I have cautioned elsewhere, it is very easy to consume too much rice, given the various forms in which it is present in the food chain.¹⁵ If you eat a few organic energy bars (rice protein and rice syrup), have a few gluten-free muffins at a local café (rice flour), consume a protein drink one or two days of the week to supplement or replace a meal (rice protein), pop a couple of organic breath mints (rice syrup) and eat actual rice as a side once or twice a week, your exposure to rice (and the heavy metals it contains) may be far higher than you realize. In addition, many protein supplements that contain rice protein also contain brown rice syrup—a double dose for heavy metal exposure. Cau-

tion with these pseudo-foods is even more important when children are involved.

ADDED AND UNNECESSARY EXPENSE

The above two issues—amino acid imbalances and contamination with heavy metals and other chemicals—are troubling enough on their own. However, when one also factors in the cost of protein powders, it becomes clear that in general protein powders (especially the vegetable-based ones) are not just a risk to our health but also are an unnecessary expense. On average, organic protein supplements, whether animal- or plant-based, run over a dollar per serving. If consumed just a few times per week, this can quickly add up to five hundred or more dollars per year for even a small family, when this money could instead be going toward real food and real farmers.

Even if the processed protein itself ends up slightly cheaper than other options, the absence of other complementary nutrients (such as those found in whole-food protein sources like eggs) more than offsets any cost savings that the highly processed proteins may seem to afford. Although there are some people who may benefit from or actually need protein supplements, overall they are a poor substitute—nutritionally and economically—for whole foods and the protein and vital nutrients that whole foods offer (Table 2). Real foods provide ample protein along with important nutrients, while many supplements create large expenses with low nutritional value and lots of additives.

DON'T FORGET THE BUGS!

While not yet very common, bug-based protein powders are a more traditional—and promising—way to provide a minimally processed, whole-foods-based protein boost when needed. For generations, Native American tribes and many other groups and cultures around the world have turned insects into flours and other nutritious (and tasty!) foods. Cricket flour, for example, is made by lightly roasting and then grinding up whole crickets. It tests high in numerous vitamins and minerals—especially vitamins B₁₂, riboflavin and phosphorus. Independent testing also shows that cricket flour would rank as one of the cleanest protein supplements in terms of heavy metal contamination. Although more research is needed, it appears that cricket flour has the additional bonus of being very low in methionine.¹⁶

The biggest drawback of bug-based products, currently, is the high price: bug-based flours and protein powders run at about the same cost

HEAVY METALS EVERYWHERE, HEAVY METALS IN MY HAIR

Almost all modern foods will test positive for heavy metals. The metals' natural occurrence, coupled with the release of large amounts into the environment since the onset of the industrial age, means that even organically-raised foods will contain small but measurable quantities. However, the fact that almost everything tests positive for heavy metals does not mean that we shouldn't care about lessening our exposure to them or that all products are equal. Some foods and supplements consistently test higher—and sometimes much higher—than others. Over time, the total accumulation caused by these small differences can be quite substantial. Our priority should be to minimize our total exposure, especially for our children or for people who, for whatever reason, already show elevated levels.

per serving as the best organic supplements on the market. Over the next three to five years, however, the price is expected to come down as greater demand creates more efficiencies and opportunities for such operations.

RECOMMENDATIONS

As I shown, there is more to consider regarding protein supplements than meets the eye.¹⁷ In general, the best option is to get one's protein from whole foods, especially those that are properly prepared and traditionally raised: pastured eggs, sausages that include organ meats, cultured dairy products, soups, stocks and stews. It is also important to try to break the American reliance on low-nutrition but high-convenience muscle meats. Learn to prepare and enjoy the entire animal, including the skin and bones. Many of the most nutritious cuts—like shanks, legs, soup and neck bones—are also some of the cheapest.

Second, for those who need to supplement protein or make a meal replacement, try yogurt or coconut milk smoothies with added raw egg yolks (especially valuable for their vitamin and nutrient content!) along with added gelatin or collagen to help balance amino acid intake. Note, however, that while gelatin and collagen have many benefits, they are not complete pro-

teins, so I do not recommend using them alone.

Given the low cost of high quality protein in America, it isn't difficult to cover protein needs through real foods. As an added bonus, you will help good farmers at the same time! ☺☺

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TABLE 2: REAL FOODS VERSUS PROTEIN SUPPLEMENTS: PROTEIN AND COST PER SERVING

TYPE OF PROTEIN	PROTEIN PER SERVING	COST PER SERVING	NOTES
Great Lakes gelatin or collagen	6 grams	\$0.31	Add to stocks, soups, smoothies or other drinks
Vital Proteins beef gelatin	17 grams	\$1.00	Same as above
Lithic cricket flour	17 grams	\$2.10	
Whey proteins	18-22 grams	\$0.65-\$2.50	
Garden of Life organic protein powder	22 grams	\$1.20-\$1.70	Tested high for contaminants
Melaleuca Ultra-Performance Protein	30 grams	\$1.50-\$1.80	
US Wellness liverwurst (2 oz.)	10-12 grams	\$1.25-\$1.50	Contains 50 percent organ meats
Cottage cheese, organic (1/2 cup)	14 grams	\$1.00-\$1.50	
Beef jerky, organic (1 oz.)	11 grams	\$1.20-\$1.80	
Eggs (2)	12-16 grams	\$0.60-\$1.00	
Yogurt (1 cup)	25 grams	\$0.50-\$1.20	

Wise Traditions Podcast Interviews

INTERVIEW WITH JODI LEDLEY



Hilda Labrada Gore is an enthusiastic communicator, health coach and fitness professional. She is the producer and host of the Wise Traditions podcast, which to date has over one million downloads, and also is the Washington, DC, co-chapter leader for WAPF. She is passionate about wellness on every level, which is why she is known as “holistic Hilda” (holistichilda.com). She is a blogger, speaker and consultant for those who want to launch their own podcasts. She lives in Washington, D.C., with her husband, children and dog and cat.

Hilda Labrada Gore: Jodi Ledley is the author of *Adventures with Jodi: How One Girl Stopped Migraines and Chronic Pain and Accidentally Improved Her Family's Health!* Her story is riveting. She saw nineteen doctors and endured medical treatment after medical treatment before she got to the root cause of her debilitating migraines. Jodi, I understand that you suffered with migraines for most of your life. Can you tell us that story? When did they begin, and what was that like?

Jodi Ledley: I've actually had migraines since puberty. A lot of women have that problem. They diagnose you as having “menstrual migraines” or “hormonal migraines” or something like that. But at some point, something triggered what I called my “normal” migraines into becoming severe, debilitating migraines.

HG: Can you describe the difference to us?

JL: Any migraine is bad, but sometimes what people call a “migraine headache” is not really a migraine. A true migraine involves loss of peripheral vision and vision disruption (which they call an “aura”); this leads very quickly to severe pain, which in turn quickly leads to severe vomiting—and maybe after that, lying on the floor for three days. It is severe.

HG: For those who have never had a migraine, you could think that the person just has a headache, but when you say debilitating, you're not kidding around, are you?

JL: No, these are emergency room migraines, and that is only if you can make it there. I've gone to the emergency room so many times. You hear people say that they stuck it out and never went to the ER—well, maybe they didn't have

severe ones. You fear you've had an aneurysm or something has gone terribly wrong in your head. A lot of times I couldn't even make it to the ER because I was throwing up too hard to get in the car. I remember my husband once taking me in the middle of the night and I was throwing up so hard that I smacked my face on the front of the car. There is no way to understand that type of pain unless you have endured it. It is unreal.

HG: When you got to the ER, what would they do for you?

JL: They have something they call the migraine cocktail. Interestingly, the migraine cocktail includes Benadryl and other pain medications. It would just calm me down and stop the vomiting, but I still felt terrible for days. It involved a three-day recovery time. When these became debilitating, it was pretty constant. There would be really bad episodes and I would feel unlike myself for days, followed by more really bad episodes. Migraines are very closely related to seizures, so you're just not yourself at all. The ER visit wasn't a fix—it was just a little temporary pain relief, if that.

HG: You're reminding me of a woman I know who's in college. She has found no relief whatsoever from migraines. They pop up unexpectedly and she is sidelined for days. It seems like she hasn't found any answers. Is that how most migraine sufferers experience them?

JL: That is everyone's problem. There is no help for migraine sufferers. I can say that because I saw nineteen doctors and racked up seventy thousand dollars' worth of medical bills trying to find the cause and some relief. I was getting to the point where I was going to have to be on disability. It was that bad. One reason I wrote

my book us that I found the cause. People say they've got all sorts of triggers—the weather, heat, certain foods—but really, you have one trigger. You have sensitive nerves. A lot of different things can become triggers, and you can't really pinpoint what the trigger is.

HG: So for each person, it might be a different thing that triggers it, but the common root that everyone has are these sensitive nerves?

JL: The root is excitotoxicity. That was the main lightbulb moment. After I had been through weeks' worth of doctors' appointments, I went to a world-renowned medical facility that had eight-hour doctor appointments for fifteen hundred dollars out of pocket fees. They didn't have any additional suggestions beyond what I had already done. I had done all of the regular migraine medicines and even Botox for migraines, getting thirty shots in the head and neck every three months for two and a half years. It helped a little, keeping away the big ones, and I was kind of functional. But then it started to wear off. My last appointment was with a pain doctor. He said that he thought that I was getting to the place where I couldn't tolerate the pain. He wanted to put an implant in my spinal cord called a neurostimulator. I was sitting in the office listening to him and looking at the surgery pamphlet. It showed a lady jogging with her dog, but I knew that if I had that surgery, that was not how it was going to be for me. Luckily, I didn't get the surgery. When I left there that day, I was so upset. Here I was, young, with the perfect family and everything going right, but I just couldn't get control of my health—it was a sinking ship. When I got home, I was so upset, I didn't even tell my husband what the doctor had said. I couldn't even talk about it. I started searching for things on the Internet because the doctor said, "Your nerves are all firing and I don't know why. They are rapid firing." When I typed that in, I got the word "excitotoxins."

HG: And until that time, you hadn't heard about excitotoxins?

JL: I hadn't heard that word before. Excitotoxins are substances that make nerves rapid fire. Most of the time, they are a food additive, but they also are in perfumes and different chemicals. A lot of people who have migraines have trouble being around fragrances. It is not in their head, and it is not that they dislike the fragrance—it is that the fragrance

is physically hurting them. Anyhow, I found the word "excitotoxin" and its meaning, and I had some hope. I thought, "this is one more thing I can try."

Two weeks later, at one of our local Weston Price meetings, we had a talk by Dr. Wayne Feister from Rawson, Ohio. He was talking about chronic fatigue and fibromyalgia. I took note because the doctors were trying to give me fibromyalgia drugs. Dr. Feister talked about monosodium glutamate (MSG) and mentioned that it goes by about seventy different names. I had no idea! But I remembered that when I went to that world-renowned medical facility, their list of migraine triggers included MSG. I already had been looking for "MSG" on ingredient lists, but I had not realized that it was in 95 percent of processed foods under *other* names, including yeast extract, soy protein, and protein isolates.

The doctors had already told me to avoid it. I didn't think that food was my problem since as far as I knew I had been avoiding MSG and it hadn't helped me at all. I didn't realize all the other names for MSG. I was eating tons of it, all the time! The difference between a good day and a bad day was dosage. I've seen cakes that have thirty of these disguised ingredients in them. That's a lot of MSG. And the thing that made finding the cause more difficult was that my reactions were severe but delayed. They'd occur up to thirty-six hours later.

HG: So that makes it difficult to make the association?

JL: It makes it very hard. The doctors would tell me to keep a food diary. The normal person will write down "cheeseburger," "cake" and so

THE WISE TRADITIONS PODCAST CELEBRATES ANOTHER MILESTONE (OR TWO)!

The Wise Traditions podcast hit the nice round number of *one million* downloads in January, right around the two-year mark of the show's launch! We are thrilled that more and more listeners are checking out the podcast.

The second milestone we hit just recently is that the Wise Traditions podcast is ranked as number thirty among all podcasts in the "alternative health" category in Apple Podcasts. In fact, the Wise Traditions podcast is ranked ahead of the People's Pharmacy podcast. There are hundreds if not thousands of alternative health shows. Apple only lists the top two hundred and we are number thirty! Not one but two great reasons to start listening.

Join the thousands who are benefiting from the Wise Traditions podcast. You can listen to these episodes directly from our website, westonaprice.org. We hope you will use these episodes to impart information to friends and loved ones. Just send them the information by cutting and pasting the link to the show from the podcast page of our website.

Do you want to listen on the go? Every episode can be accessed pretty much wherever you get your podcasts: on YouTube, Spotify, Google Play, tunein, Overcast, Stitcher, Apple Podcasts and iHeart Radio.

Every member of my household has resolved their health issues by getting rid of those food additives and chemicals around us.

forth, but that tells you very little about bakery cakes that have hundreds of ingredients. A food diary isn't going to help unless you actually read every label. And then there is something else—high levels of free glutamate, the “G” in MSG, can be formed when you heat something to an unnatural temperature. For instance, if you heat broth to a super high temperature, and it releases more free glutamate which could cause problems.

HG: This is important to know because a lot of us try to eat healthy by following a Wise Traditions diet. We often consume broth which may cause problems for sensitive people. Is that what you are saying?

JL: Yes, it can affect anyone with a neurological problem—someone who has sensitive nerves. For those people, it can help to cook bone broth for only three hours.

HG: What would you say to the person who says, “just because you read something on the Internet doesn't make it true”? Did anyone dismiss you when you started talking about excitotoxins? Are there skeptics out there asking, “What are you talking about? What does this have to do with your migraines?”

JL: Anyone who's seen me during a migraine would not be a skeptic, that's for sure, because I was not well. As it turns out, and as more proof, every member of my household has resolved their health issues by getting rid of those food additives and chemicals around us. For instance, my daughter was three at the time and was starting to have what I could call ADD or ADHD symptoms. I couldn't understand why she was acting the way she was. That was all resolved when we went to real food, used simple ingredients and got the chemicals out of our food. My son had asthma and, looking back,

HERE'S WHAT LISTENERS ARE SAYING

The Wise Traditions podcast is going strong! It's all of the quality health information you have come to expect from WAPF in a new form. You can listen directly from our website or from your favorite podcast app. It's truly one of the simplest ways to access (and share) our valuable content. (We even have episodes that recap our journals—so if you run out of time to read the entire journal, you can listen to a summary bonus show.)

Feedback is overwhelmingly positive. Right now, on iTunes, we have over 250 five-star reviews and we remain solidly in the top 50 of alternative health podcasts! This is QUITE an accomplishment for an independent podcast (not tied to any of the big players like NPR, Gimlet or WNYC, for example). So start listening today. Here are quotes from recent podcasts and listeners:

“Mercury is a true poison. The number one source of exposure is dental amalgams/silver fillings. The amalgams are 50 percent mercury and we know that they are always off-gassing in the mouth. Then we have the vaccines. They say that the mercury is out of the vaccines, but many still have thimerosal, the mercury-containing preservative. The flu shot, for example, contains a wallop of mercury.” ~Sally Fallon Morell, #135 Mercury: the hidden toxin (journal highlights)

“95% of all of the organic eggs and chicken and stuff in the country is factory farmed! They just use organic feed.” ~Joel Salatin, #136 Joel Salatin: worldwide to hyperlocal

—
“[The indigenous diet] is basically this really wonderful, low-glycemic diet, with lots of plant diversity, really good fats, lots of seeds and nuts, lots of really healthy proteins and it's just like a perfect diet—it's just like almost what all the diet fads are trying to mimic today.” ~Sean Sherman, #137 “The Sioux Chef & indigenous food wisdom”

Educational and interesting “This podcast is the perfect blend to help you learn, but also to keep you listening. This is my go-to podcast for health and wellness.” ~Rachel1532, on iTunes

Good for newbies & veterans of the health world “Whether you're new to what true nutrition means or you've been around a while, this podcast is great for both types of people!” ~Starry1111111111, on iTunes

I trust this podcast “In this day and age when unreliable and downright false info is peddled by so many entities both inside the government and out, this podcast is a breath of fresh, trustworthy air. Thanks Hilda and crew!” ~takamine98, on iTunes

he also was overweight, although at the time he seemed normal to me. When we changed our diet, he dropped the weight and the asthma was gone. We started doing 5Ks together, which he couldn't do before. He couldn't make one lap around our house without feeling unwell; he would just sit down and he wouldn't exercise at all. My husband had high blood pressure and sinus problems. His sinus problems went away. I since have discovered that people who lack certain bacteria get chronic sinus infections. I think all of our fermenting and other changes have eliminated so much.

HG: Is this why your book has the subtitle, “How one girl stopped migraines and chronic pain and accidentally improved her family’s health”? In other words, you didn’t expect the side benefits to happen for your family, did you?

JL: I didn’t expect it, and I really thought all of their problems were “normal.” Recently, I found a nebulizer in the closet. It’s a machine to administer Albuterol to people who have asthma. I thought, “Well, there’s my machine, and I haven’t used it in years.” But when I opened the box, there were prescriptions with both of my kids’ names on it—I had forgotten that they were both using it, too. They also were on antibiotics all the time. My daughter had strep eleven times one summer. After we made our changes, she never had strep again. All the changes with the kids—it is so obvious to me now—were food-related. Before, we lacked quality food. I wrote my book because I can’t

stand the thought of someone else suffering with migraines like I did. The changes I describe in the book are ones anyone can easily try to see if they would get rid of their migraines. It has helped many of the people around me. Another thing that I talk about in my book is that a lot of the drugs that doctors give—especially to teens—for ADD, ADHD and anxiety—block glutamate as their mechanism of action. I just want to shout from the rooftops: “Just get this stuff out of your food instead of blocking it, and you will feel so much better!”

HG: That is a key point. The people that are on these meds think that the little pill is the solution, but you’re saying there’s a way around that if we simply get rid of the glutamate ourselves instead of relying on the medicine to do it.

JL: Right. The sad thing is that a lot of these young people with anxiety—a lot of them are girls—think there is something wrong with them, but there is not. It is what is being done to them through our food system.

HG: I want to back up a bit. When you described excitotoxins, you said it was like your nerves were “rapid firing” all the time. Are you saying that glutamate and other things in our diet are causing those nerves to rapid fire? And when you pull them out, it solves the problem?

JL: Right, but specifically free glutamate. The body actually needs glutamate and has glutamate receptors. Regular glutamate is bound, so it absorbs really slowly—which is good—and doesn’t affect nerve function. Free glutamate, on the other hand, comes along in mega-doses and the body can’t tell the difference, so it really disrupts your nerve function. It can even make nerves rapid fire until they die. Going back to just good quality food that is not processed is everything as far as neurological function goes.

HG: What foods should avoid the most? Let’s say someone has a problem with anxiety or ADD, what are the foods that are the biggest triggers? Which ones contain the most free glutamate?

QUOTES FROM RECENT PODCASTS

#121 LOW-CARB HIGH-FAT DIET ON TRIAL with Professor Tim Noakes

“If you cut out sugar it’s like if you stop smoking or remove alcohol. . . you feel terrible for a period. [But] once you get over that first week or two and start to adapt, it’s amazing.”

#118 THE STORY BEHIND “KALE V. COW” with Diana Rodgers

“The idea of the film is to basically de-vilify animal products, specifically beef. Red meat is one of the most nutrient-dense foods possible and one of our best chances at mitigating climate change. Every time a new study comes out talking about how bad meat is, I like to point out the fact that most of these studies are looking at epidemiology. Correlation doesn’t prove any cause at all. Cancers take a long time to develop, and it’s ridiculous to pinpoint meat as the sole cause of that.”

#116 CHEMICALS THAT WREAK HAVOC WITH YOUR HEALTH with Dr. Anthony Jay

“There are all these artificial estrogens that I’ve become more and more aware of, and people aren’t talking about them. Breast cancer is up 250 percent since 1980. . . the solution is recognizing these [estrogenic] chemicals and avoiding them. The estrogenic paradox: these chemicals store in your fat, and they signal your body to store more fat.”

JL: This is what people don't like to hear, but it is pretty much all of the foods at certain restaurant chains, or products with "natural" ingredients. You look up the ingredients and there's twenty things in one soup that mess with your nerves. It just boils down to looking at every single ingredient. An easy way to eliminate a lot of the excitotoxin ingredients is to buy foods with only five ingredients. That'll eliminate a lot. It is helpful also to learn all the names for MSG, which I eventually did. One of the easiest ways to know whether to eat something or not is to see whether it contains "natural flavors." Different food additives have different levels of free glutamate in them. It is getting pretty easy to find foods without the main types of MSG, but the very last one that is hardest to get rid of is natural flavors, because they are in everything.

HG: "Natural flavors" sounds so good.

JL: You would think so, but it is actually a legal loophole. Companies don't have to disclose what is in natural flavors. Many times, natural flavors consist of things that have been highly processed, and this is the case even in organic food and in organic natural flavors. You have to worry about the formation of excessive levels of free glutamate. If you make everything at home, you will not have a problem.

HG: For the people who don't want to memorize all the names of MSG, they would have to buy their ingredients from a farm or other good source or grow their own food and make most of their own food at home. You can control what is in it that way.

JL: Yes, you can. And buying locally is a lot better choice. I was at a major retail grocery store that I love, and I noticed they were putting natural flavors in their fresh ground beef. You would assume fresh ground beef would be okay, but you can't assume anything anymore. With the ground beef, luckily, they actually have to put it on their label. Most people wouldn't think to read the label on fresh ground beef, but you have to because they are cutting corners everywhere. But here's the silver lining: it has been about five years since I discovered the cause of my migraines, and in that time, it has gotten so much easier to find foods. There are many prepared foods in the grocery store, especially Krogers—I can get everything there. I used to have to go to Whole Foods, which was an hour and a half drive. These foods are now in demand. People are wanting their foods to be real food, not with all the chemicals and additives.

I went five years without eating in any restaurants, which is shocking, but last week I found that I could eat at Chipotle without incident. They were close last year, but their tortillas still had xanthan gum in them. For people who are gluten-free, there is xanthan gum in gluten-free tortillas or bread-like products. Xanthan gum and other gums are on the list for MSG. If you have a gluten problem, you would want to avoid xanthan and other gums in gluten-free products. Recently, Chipotle removed that, and the tortilla now contains regular, basic ingredients, flour and water. It was so nice that I was actually able to have one meal out with my family. I checked all of their ingredients and I couldn't find any dish


that had any form of MSG. A restaurant like that is really hard to find.

HG: Absolutely. You know, the Weston A. Price Foundation is working on its 12-Spoons Restaurant Rating Project, which will help people find restaurants without a lot of these additives. Chapter leaders in the U.S. are working on identifying and compiling restaurants that they would recommend. In your case, your health was at risk so you pushed yourself to do some of that research on your own. For those of us who are not willing to take that time, I suggest keeping your eyes peeled for that 12-Spoon Restaurant app. We really want to help people find places where they can find great food.

As we conclude, I want to ask you what I often ask my guests and I'm curious to see what you will say. If listeners could only do one thing to improve their health, what should they do?

JL: Read ingredient labels. That will steer you in the right direction every time.

HG: That is fantastic. I applaud you for all that you've done and for getting the word out.

JL: Yes, I'm excited to share my story. There are so many people, women in particular, who have the same problems as I do. They go about their day on migraine medications, just trying to make it. If I could just morph them into my body and they could feel the absence of pain, they would see how wonderful and possible it is. It is hard work looking at ingredient lists, making your own food and buying it locally from trusted vendors, but it is 100 percent worth it. 

Look for Jodi on Facebook and find out more about Jodi at adventureswithjodi.com. To listen to the podcast, go to westonaprice.org, click on the Blogs & Podcasts tab and click on podcast episode 89.

All Thumbs Book Reviews

A New Path

By Arthur Haines

V.F. Thomas Co.

Modern humans who are immersed in Western civilization are getting weaker. This is a somewhat controversial statement, so the author, Arthur Haines, reviews a broad range of evidence. For those who don't remember back to fifty years ago, you may be interested to know that chronic disease rates were much lower. Type 2 diabetes was a rare condition that occurred mainly in older adults (it was called adult-onset diabetes). AIDS, severe acute respiratory syndrome (SARS) and West Nile virus did not exist. Autism was a new and very rare malady. Obesity was also rare, especially among children. In my school class of approximately four hundred students, maybe one or two were obese. Cancer rates were considerably lower.

The pat answer put forward by critics is that we are living longer. Haines quickly buries that assertion by pointing out that cancer is now the number one or number two cause of death in children, depending on which study you look at, and childhood obesity and diabetes are rampant. One website article provides more statistics than you want to know about the explosion of learning disabilities in children today (worldmercuryproject.org/news/the-special-ed-epidemic-what-is-happening-to-our-children/). Put that together with increasing obesity, bad eyesight and braces, and it is clear that we are seeing a complete breakdown.

It is easy to compile a list of reasons why our civilization is circling the drain. We have permeated our environment with toxic chemicals, radiation and genetically modified crops. We have replaced real food with artificial substitutes. The subject of nutrition is one area that Haines nails particularly well. He is very familiar with the work of Weston A. Price and accurately explains why poor nutrition leads to narrowed facial structure, thinner bones, weakened bodies and weakened minds. He goes on to talk about

not just a diet that will keep adults healthy but what it takes to keep the next generation healthy.

There are many reasons many people don't realize what is happening. Younger generations simply don't remember far enough back to notice the long-term trend. Older generations either don't think about it or don't remember—because we are not just getting physically weaker but mentally weaker. Emotional fragility seems to be at an all-time high, too. I know a lot of people who have trouble sleeping. I can't help wondering if they spend all those sleepless nights finding new things to be offended by. Never before have so many been offended by so little.

The book contains some references, but there are no footnotes or long lists of references in the back of the book. I won't argue whether that is good or bad, but Haines makes a good point: science is not objective. You can write a book about anything and scientifically back it up. You can find a long list of references to support a vegan diet, an Atkins diet, a raw food diet or a frugivorous diet. Readers will either be open-minded enough to consider the points in the book carefully or they won't. A million references won't change a mind that is already made up. Weston Price came to his conclusions based on first-hand observations from all over the world. His conclusions were consistent with what had worked for many generations of very healthy people. They were not just based on lab experiments carried out in an ivory tower and disconnected from reality. His conclusions were not funded by big industry interested in dollars rather than health or truth.

One study mentioned in the book (by Vom Saal and Welshons) is about other studies on bisphenol A (BPA) toxicity. Eleven out of eleven industry-funded studies found BPA to be safe, whereas one hundred and nine out of one hundred and nineteen independent studies found BPA to be toxic. Outlawing industry or government-funded studies alone might change the world.

Continued on page 64.



Eleven out of eleven industry-funded studies found BPA to be safe, whereas one hundred and nine out of one hundred and nineteen independent studies found BPA to be toxic.

All Thumbs Book Reviews



Sustainable Medicine: Whistle-Blowing on 21st-Century Medical Practice

**By Dr. Sarah Myhill
Chelsea Green Publishing**

A few times a year, I have to do something that I don't look forward to—take one of our kids in for an annual checkup. We spend two hours in an infection-laced waiting room, listening to endless pharmaceutical commercials, followed by two minutes of interaction that are laced with a bunch of bad advice and outdated information. Sigh. I often wonder, “What if we had a different doctor?” A like-minded doctor. A doctor like the United Kingdom's Sarah Myhill.

Her book is aimed primarily at people like me, who for whatever reason can't find a good doctor to work with and want assistance in helping sort out their personal health issues. Myhill says, “Everyone's an expert in their own bodies and minds and, given the right clues, can work out these mechanisms for themselves. This is the point of this book.” At the same time, Myhill would love for her book to find its way into the hands of other medical professionals.

The book lays out Myhill's approach to helping her patients, which starts with attention to symptoms. Sadly, she points out, doctors use symptoms mostly to push pills and other costly and often ineffective interventions rather than actually using them to help patients. For those

of us who want to restore our health, however, symptoms are the clues that allow us to figure out why we lost it and how to go about regaining it. Myhill provides insights into what we can learn from various symptoms. After that, she moves on to mechanisms and tests. Here is one place where modern medicine could really help people. The testing now available can give all sorts of additional information and insights into why we have the symptoms we do.

The section called “tools of the trade” covers Myhill's seven-part “basic package” health program to maintain good health. Overall, this section offers excellent basic advice and is full of lots of good information. Although some was familiar, there were many new points that I had not considered or seen before. Components of the seven-part basic package include a “Stone Age diet,” appropriate supplementation, sleep and exercise, proper sunshine and light exposure and a reduced chemical burden (both through detoxification and other measures). Another element involves avoiding infections while learning how to treat the infections one is unable to avoid. The last of the seven—and one I was very happy to see—was love, care and community. Myhill understands that wellness is more than just minerals and movement; it is also found in meaningful, mutually beneficial relationships. True health cannot be achieved if we are nutritionally poor, but it also can't be achieved if we are relationally poor.

A New Path, continued from page 63.

Haines makes many recommendations and has a lot of good ideas for recovering the health of the human race. Almost no one will be able to adhere to all of his recommendations, but they could be good starting points for making some changes. Some ideas might be debatable. For example, I might not draw the line exactly where he draws it when it comes to abandoning technology, although I definitely agree that

some of the technology being used today is a nightmare that will only get worse. What will happen in the long run? Predicting the future is like telling a joke nobody will get for at least twenty years. This is just a guess based on personal opinion, but I doubt that the human race will give up advanced technology and return to the wild. This could make everyone in 2040 laugh, but there it is, I said it. However, if we don't recover the traditional wisdom of our ancestors, even if they were a little wild, the future looks grim. My thumb is UP for this book.

Review by Tim Boyd

All Thumbs Book Reviews

Myhill's discussion of treatments and case histories lays out specific protocols for dealing with a wide array of chronic degenerative diseases. The protocols cover additional supplementation, integration with very limited but sometimes useful modern medicines and more. The case histories help readers take the treatment protocols and see them painted onto a living person. Individuals looking for a guide to regaining health will find these sections useful, as will practitioners who want to compare their own approaches to those of another holistic and like-minded doctor.

Myhill peppers her entire work with WAPF-compatible views on a host of issues—fat, cholesterol, refined and high-carbohydrate diets, vaccines and so much else. She also mentions the work of Andrew Wakefield; given that Dr. Wakefield is generally treated with scorn in the U.S., it is somewhat refreshing to hear a professional in England talk about him in a positive light. She also discusses low-dose naltrexone (LDN), chelation, glutathione, far-infrared saunas and a host of other alternative therapies, supplements and support protocols as they apply to particular health conditions.

Myhill's Stone Age diet appears to be similar to the GAPS diet on many levels. One difference is that the GAPS approach uses the GAPS diet as a stepping stone to transition to a traditional, properly prepared whole foods diet, whereas Myhill's Stone Age diet remains the standard over time. Nonetheless, Myhill recommends fermented foods, fatty foods, lard, ghee and many other good things. Of the modern edible oil industry, she states: "As a nation we have been brainwashed into believing that fat is bad for you. This suits the food manufacturers well because fats are expensive and it is difficult to profit from them except cooking oil and margarine, which they have erroneously convinced us have health benefits." She also warns about the dangers of vegetarian and vegan diets along with the dangers of factory-farmed

meats and seafood. Another recommendation is to avoid "drugs and medications," which often contain highly processed fillers that have a negative impact on our digestive systems. Finally, she does not neglect to tell her readers to obtain high quality food that is "free from toxins" (that is, grown organically), "fresh and unprocessed," locally grown and seasonal—and grown in proper soil to produce nutrient-dense food. Overall, food and diet actually are only a small part of the book and not a major focus; it would be interesting to sit down and speak with Myhill more on these issues.

Myhill deserves credit for her willingness to stand up to the health-powers-that-be in the UK. A number of years ago, she was nearly barred from practicing medicine, perhaps because of her warning that "doctors are dangerous" and her website describing the dangers of contraceptive drugs and breast cancer screening—"no-no's" from the perspective of the pharmaceutical industry and big medicine.

How much heat has Myhill taken, trying to practice medicine in a way that seeks to shrug off the pharma/food sickness machine and actually find solutions that help her patients? "Dr. Myhill has been the subject of complaints to the [UK's] General Medical Council [GMC]. A recent Freedom of Information Act request confirmed that Dr. Myhill is *the most investigated doctor in the history of the GMC* [emphasis added]. She has been subject to in excess of 30 investigations in the last 15 years. None of the complainants against Dr. Myhill were patients. All complaints against her have been dropped and she practices with a full unrestricted medical license." Take note—it isn't her patients (who constantly praise her all over the Internet) who find her approach problematic; it is the powerful vested interests who are seeking to silence her. Thankfully, she has withstood their onslaught and continues to share her unique clinical and medical wisdom for others' benefit. Thumbs up!

Review by John Moody

Myhill deserves credit for her willingness to stand up to the health-powers-that-be in the UK.

All Thumbs Book Reviews



GAPS Stories: Personal Accounts of Improvement and Recovery through the GAPS Nutritional Protocol

**By Dr. Natasha Campbell-McBride
Medinform Publishing**

Do you need encouragement to continue on the tough road to healing, or want a friend or loved one to try a healing diet? If yes, Natasha Campbell-McBride's collection of *GAPS Stories* may help. Whether for infants, small children, college students, people in the prime of their careers, stay-at-home moms, workers in the trades or older individuals, the *GAPS Stories* show that real foods and healing protocols like GAPS can help anyone who is willing to give them a try. The problem might be indigestion, reflux, allergies, asthma or a hundred other possible health issues—all may find help through traditional foods and lifestyles. Stories from across the globe—Australia, Hong Kong, France, the U.S.—show that regardless of where someone is, a healing diet is available to them.

The book is divided into two parts. In both, Dr. Campbell-McBride provides brief reflections and commentary at the end of each story. The first part covers families who went on the GAPS diet adventure, motivated by health problems in their children, and discovered benefits for all involved. Many adults in these stories experienced unexpected and surprising results after going on GAPS to support their struggling child. Gabriela, for example, suffered from severe lifelong health issues that modern medicine could not address and found healing after adopting GAPS because of her children's health issues.

The second half covers stories of individual adults. Something that stands out are the number of stories that involve chronic fatigue. Although much of mainstream medicine considers chronic fatigue untreatable, GAPS allowed these adults to experience healing.

The stories remind us that "all disease

begins in the gut." The book also records how healing isn't always easy. The harm we've done to our bodies, individually and collectively, can't be fixed overnight. Nor does the book minimize the struggles and challenges involved in transitioning to real foods. Real food is an investment, and it takes time and resources to learn the skills and find and prepare the foods. Healing takes time as well. The stories make it clear, however, that the end results are worth the investment, which pays off again and again. Despite the pain of healing, the costs and the difficulty of changing old habits and learning new ones, many people say they will never go back to their old ways.

The stories show that people who have undergone healing want to help others experience healing, and many go on to become GAPS practitioners. Isn't that the story of so many of us who joined WAPF? We have a burning desire to fulfill Dr. Price's famous words, "You teach, you teach, you teach!"

Campbell-McBride captures the essence of the book in the introduction, stating: "Many of these stories are humbling: the kinds of horrific problems that people have had to deal with are hard to imagine for the majority of us. Yet, these wonderful people tell their stories with such humor and such grace." The stories may make you laugh or cry. They may convince a friend or loved one to try something other than conventional medicine, or they may help you stay the course when the going gets tough.

On a practical note, the book comes with a helpful index so that if you want to read stories specific to particular health issues, you can quickly find the ones that are pertinent. Each story also begins with key words that let the reader know exactly what the story covers. The book is both user-friendly and inspiring—an added bonus. Thumbs up!

Review by John Moody

Many adults
in these
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experienced
unexpected
and
surprising
results after
going on
GAPS to
support their
struggling
child.

All Thumbs Book Reviews

Silvopasture: A Guide to Managing Grazing Animals, Forage Crops, and Trees in a Temperate Farm Ecosystem
By Steve Gabriel
Chelsea Green Publishing

Our farm consists of thirty-five acres. Some of the land is in pasture, but much is mixed scrublands or poorly managed woods—the leftovers of previous owners and their misdeeds or misplaced priorities. Thus, almost half of our farm is unproductive and unused. This isn't uncommon. Many farms suffer from a severe divide between field and forest—between where food and animals are raised and where trees and hunting are good. But what if these things need not be in opposition? What if these arbitrary distinctions limit not only our farm's potential, but that of our livestock and land as well? This is where the concept of silvopasture and the book *Silvopasture* shine. There are very few books and little information available for those interested in integrating pasture and forest, so Steve Gabriel's well-organized and easy-to-read book is a welcome addition to what I hope will become an important subject for regenerative and sustainable farmers.

The book's first chapter, which defines silvopasture, is helpful in light of the American approach to farming, which has set up false divisions among crop land, pasture land and forest. Gabriel discusses the many economic, ecological and other benefits of breaking down those divisions. For instance, many farms, like my own, have as much as 20 to 30 percent of their land in poorly managed forest, scrub or other marginal landscapes. These spots make perfect places to unleash the power of silvopasture to reclaim and regenerate the ecosystem and also to increase short- and long-term revenues. Silvopasture offers these benefits in abundance for all parts of the system. Not only is silvopasture a boon to farms, it is a blessing to birds, bees and other creatures.

The second chapter gives an overview of the ecological differences between forest and pasture systems and explores historical examples. Sustainable silvopasture systems have been around for hundreds of years, and their combination of beauty, productivity and profitability is impressive. Perhaps you have heard of the famed Iberian pigs from Spain and Portugal, but did you know that the pigs are only one part of a complex silvopasture system dating back hundreds (if not thousands) of years that also produces cork and sheep? Such systems abound all over the world, delicately balancing the inclusion of animals into ecosystems that produce a number of short-, medium-, and long-term products. I also was happy to see the book discuss many traditional forestry techniques—including the pruning techniques of coppicing and pollarding—that for the most part have been lost in America.

The third chapter moves from theory to practice, discussing specifics of animals, fencing and other introductory issues. While much of the information is basic, even an experienced farmer will find it useful because Gabriel applies the basics to a new context and approach to pasturing animals. I appreciated Gabriel's discussion of many different tools that can help people understand and then apply silvopasture approaches to the management of their farms. It was especially useful to see how many ways a piece of property can and should be mapped—in relation to wind, water, light, soil types and quality, pasture species, tree species and more. This can help guide decisions, allowing farmers to understand what their farm is, what they want it to be and how to get there.

The next two chapters get to the “meat” of bringing meat into the tree mix or trees into the meat mix. Chapter Four deals with bringing animals into woodlands, while Chapter Five covers bringing trees into pasture. Which animals and which species? How to train them to new foodstuffs? What trees? What plant-



Sustainable silvopasture systems have been around for hundreds of years, and their combination of beauty, productivity and profitability is impressive.

All Thumbs Book Reviews

ing patterns? These chapters show how to begin applying silvopasture principles. Gabriel points out that many properties have low-risk and low-cost areas (hedgerows and other brush and scrub lands) suited to initial experiments—because they need remediation anyway. Converting these to silvopasture also can provide shelter and sustenance for animals, making this sometimes difficult and time-consuming task far more enjoyable and economical. Chapter Five, an excellent guide on “how to tree,” covers almost every issue, including planting, weeds, water and unwanted animal pressure.

Throughout the book, Gabriel emphasizes the importance of good planning before planting, pruning or plowing. Chapter Six delves into planning in greater depth for those ready to take the jump into converting some land to silvopasture. To increase the odds of success, he offers a comprehensive outline and tools to use or adapt before starting to apply silvopasture techniques, including some helpful financial forecasting tools.

Why should traditional food people care about silvopasture? First, silvopasture moves us back toward what traditional systems looked like, in terms of how animals were raised and what ecosystems produced to feed, heal, clothe, shelter and heat us. Second, it increases the nutrient density of our foods. I have written a lot about this problem, and silvopasture is one way to remedy it over time. Third, for many species of animals, silvopasture is a way to reduce reliance on bagged and bought modern, industrial feeds—helping farmers get further away from the corn, soy and other annuals that do so much damage to our soils and ecosystems. Tree fodder is an excellent, historical and too long overlooked way to provide food to our animals. Pasture alone isn’t sufficient for most animals, and even if a farm has excellent pastures, the benefits of turning them into silvopasture are numerous. Silvopasture can make an immense difference

for our farms by increasing their resilience and reducing our reliance on outside inputs.

“A society becomes great when people plant trees under whose shade they will never sit.” This slightly modified quote encapsulates one of the greatest challenges of silvopasture: the need for patience. Such systems take years to establish and may take a decade or more to become fully functioning and fruitful, financially and otherwise. Although there are many short-term benefits, these systems’ real value won’t be fully enjoyed by those who start them. This does not mean that we shouldn’t pursue silvopasture, however, but those of us who do need to understand that we are investing in a gift to those who will come after us.

Hopefully, *Silvopasture* will encourage many farmers who may not see the full benefits in their lifetime to plant a tree (or two thousand), reclaim thousands of acres of hedgerows and turn scrub land into pasture forests, so that future farmers may enjoy more fruitful and financially viable farms, and future eaters may have access to more nutrient-dense, traditional foods. Two trees (or more) up!

Review by John Moody

BOOK REVIEWS IN *Wise Traditions*

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

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

All Thumbs Book Reviews

Hippie Food: How Back-to-the-Landers, Longhairs, and Revolutionaries Changed The Way We Eat

By Jonathan Kauffman

William Morrow and Company

When my family take our normal Sunday drive to and from town, my kids' favorite post-church activity is listening to food shows on the radio. One Sunday, the radio announced an interview for a new book on the history of health food in the U.S. I was intrigued because, while there is plenty of material on the history of U.S. farming and nutrition over the past fifty years, I hadn't seen too many books about this aspect of history.

A few days later, I found myself sitting down to enjoy Jonathan Kauffman's *Hippie Food*, a briskly paced, beautifully written and bounteously researched book on the history of the U.S. health food movement since the middle of the twentieth century. It starts with a good introduction, covering the rapid changes in Americans' dietary habits that took place in the sixties and seventies, touching on farming, food and finances in a few pages. Kauffman brings these data to life with historical examples from primary sources. For example, the sudden drop in America's spending on food—from around 25 percent of income to about 15 percent—is apparent in the cookbooks and convenience stores of the time.

Against this backdrop of a nation quickly moving to "the displacing foods of modern commerce" (as Dr. Weston A. Price called them), the countercultural forces of the sixties and seventies, along with increasing wealth, created a window of resistance. From food co-ops to the first organic farms, all sorts of people and groups sought an alternative to the homogenization of food and culture that was taking place. Kauffman makes an important comment at the book's beginning, stating, "I have no interest in telling you why you should be eating it. Rather

I want to know why so many other people did." His work isn't an endorsement or argument in favor of any particular dietary philosophy but instead an exploration of the brief but important part of our nation's history that helps us understand the health food movement today.

Kauffman structures his exploration in three parts. The first three chapters cover pre-1968 figures and forces that set the stage for the revolutionary period of 1968-1974. This latter period, while culturally important and consequential, was brief and gave way to the rise of the post-1974 baby boomer lifestyle revolution. These three historical periods provide the overall structure to Kauffman's story of our nation's eventual embrace of some aspects of "hippie food."

The first chapter alone is worth the price of admission. Kauffman's colorful but concise writing quickly moves the reader across a cadre of individuals whose health teachings, almost seventy years later, still influence the American diet. He doesn't waste words or time and in thirty-some pages provides an excellent overview of the antecedents of what would become the alternative health movement. Almost every page of this and subsequent chapters is full of useful information, helping fill in many gaps in my understanding of how we ended up with the food system we have today. From the American fitness pioneer Gypsy Boots (born Robert Bootzin) to "death by mucus," the fifties, sixties and early seventies marked a raucous time culturally, economically and politically in the U.S.—and especially in southern California, where health food's roots run deep. That period also marked a time of increasing degenerative disease and desperation as people sought ways to protect their health.

Some of the diets and teachings from this era would cause modern people to cringe. For example, much of the early health food movement was anti-meat and anti-fat, leaning toward raw foodism and veganism—but at least these



Kauffman's work is an exploration of the brief but important part of our nation's history that helps us understand the health food movement today.

All Thumbs Book Reviews

Food movements are cultural movements.

Any time the culture is shifting or changing also presents an opportunity to change how people think about food.

folks were thinking about and trying to figure out what kind of food resulted in health and what kind of food actually deserved to be called “food.” Kauffman quotes Paul Bragg, who stated, “I have helped thousands of hopeless sufferers back to new life and health by teaching them the cause of all disease—a poisoned bloodstream resulting from the popular diet of unnatural, demineralized and devitalized foodless foods.” Bragg no doubt was engaging in a bit of hyperbole, but we have to nod and agree that much of America’s declining health can be traced to the “foodless food” that overtook the nation.

In southern California, the growth of Hollywood helped health and beauty take center stage, spreading (via television and other media) to the entire U.S. and beyond. What Bragg, Boots and others began teaching and selling in So-Cal eventually found its way into almost every kitchen. This burgeoning health food movement was not without its detractors, however. Many of the same players who today continue to attack healthy food and farming got an early start coming out against what they called the “food fad-dists,” telling people that so-called health foods “won’t do you any special good.” Fortunately, the critics did little to slow the movement’s success. Even with the health food movement’s many imperfections and problems, it was hard for early converts to take mainstream health authorities seriously when they saw first-hand how little the critics had to offer.

Kauffman includes too much material to describe in a short review. *Hippie Food* is as dense as the early loaves of unrisen, unyeasted whole wheat and whole grain breads, yet it never loses its palatability or appeal. Nonetheless, I found several elements of Kauffman’s fine work especially important. First, food movements are cultural movements. Any time the culture is shifting or changing also presents an opportunity to change how people think about food. Second, a powerful force for help-

ing people change their food habits involves providing a community—a tribe—for them to join. You can’t separate food from community. Third, food movements have always been led by enigmatic, engaging and enlightening people. I am sure that the Aajonus Vonderplanitzs, Sally Fallon Morells and Joel Salatin of today will someday find their way into the books of tomorrow. *Hippie Food* also makes it clear that some of the movement’s leaders were egregiously flawed but shows that without these mavericks and rogues, healthy food could well have become almost fully extinct and unavailable.

In short, the book reminds us that history is messy. Kauffman doesn’t gloss over the fact that mistakes can be costly and that some people suffered (or even died) chasing alternative diets and ideas. The zeal with which some people embrace alternative diets, mediated through gurus instead of traditional wisdom, can sometimes cause great harm. At times, the health food movement also has imported and embraced other cultures’ health foods without paying attention to how those cultures actually raise, prepare and consume them.

Last but not least, *Hippie Food* makes it clear that there is no health food without healthy farming. Sadly, some sectors of the health food movement have started to drift from a commitment to healthy farming, which especially means local farming. Early health foodists worked tirelessly to support and protect local and truly organic farms. Without their labor, we likely would have little organic agriculture today.

Overall, while recognizing that there is more to glean from the story of health food in America, *Hippie Food* reminds us to value the good while we continue to pursue the better. While we are at it, it helps to have a sense of humor and an appreciation of history. Two thumbs up. ☺☺

Review by John Moody

Vaccination Updates

VACCINES AND PREGNANCY

By Kendall Nelson, Director, *The Greater Good*

Dr. Kelly Brogan, author of *A Mind of Your Own*,¹ has written about the medicalization of pregnancy in her blog, suggesting that “the modern woman has handed over her inner compass” when it comes to maternal vaccination. I couldn’t agree more. Proponents say vaccination during pregnancy is a vital preventive measure in routine obstetric care that serves to protect mother, fetus and infant; however, one need read only the information provided in vaccine manufacturers’ package inserts and on the websites of the Food and Drug Administration (FDA) and the Centers for Disease Control and Prevention (CDC) to find a blatant lack of safety testing, a long list of toxic ingredients and admission of efficacy problems.

The truth is that vaccines recommended for pregnant women have *never* been properly studied, nor have they been proven safe, yet women all over the world are accepting these medical interventions without question. It is as though women are under the spell of those in white coats, unconsciously suppressing or relinquishing part of the same nurturing instincts that naturally make women want to protect their unborn babies from things like cigarette smoke, alcohol and other toxic exposures.

It’s easy to see why women have, in Dr. Brogan’s words, “permitted doctors and pharmaceutical companies privileged access to their fierce and primitive drive toward protecting a pregnancy.” After all, we’ve been taught not to question the safety and efficacy of vaccines. We’ve been spoon-fed the fairytale that vaccines have successfully eradicated and reduced “vaccine-preventable diseases,” when statistics from the past two hundred years actually reveal that infectious diseases declined at least 90 percent before vaccines were ever introduced.² As Sally Fallon Morell (founding president of the Weston A. Price Foundation) points out in her book *The Nourishing Traditions Book of Baby*

& Child Care³ (with Thomas Cowan, MD), “experts attribute the cessation of epidemic diseases not to mass vaccination, but to a major sanitation reform movement that swept Europe and America during the late 1800s and early 1900s.”

We have also been sold on the idea that vaccines have directly increased life expectancy in the U.S. But is this true? Statistics show that America has the highest first-day infant death rate of all industrialized countries,⁴ ranks number thirty-one among nations in infant mortality⁵ and is number fifty worldwide in maternal mortality.⁶ Ours is the first generation of children who will not outlive their parents. Over fifty percent of all American children are chronically ill with asthma, allergies, epilepsy, autism (one in thirty-six) and other learning and behavioral disabilities.⁷ These are dismal statistics considering that the U.S. spends over three trillion dollars per year on health care (over ten thousand dollars per person in 2016)⁸ and that we are the most heavily vaccinated population on earth.

TARGETING PREGNANT WOMEN

One way in which these health care monies are spent is by vaccinating pregnant women with influenza and Tdap (tetanus-diphtheria-acellular pertussis) vaccines. The first of these vaccines is given to prevent the flu and the second primarily to prevent pertussis, more commonly known as whooping cough. Medical trade organizations including the American College of Obstetricians and Gynecologists (ACOG) and the American Academy of Pediatrics (AAP) endorse both vaccines for pregnant women.

Are these endorsements sound? As stated by Barbara Loe Fisher, president of the National Vaccine Information Center (NVIC), “With these recommendations, the time-honored rule of avoiding any potential toxic exposure that might interfere with the normal development

America has the highest first-day infant death rate of all industrialized countries, ranks number thirty-one among nations in infant mortality and is number fifty worldwide in maternal mortality.

Women vaccinated with the inactivated influenza vaccine in the 2010-11 flu season had a 3.7-fold greater chance of experiencing a spontaneous abortion within twenty-eight days compared to women not receiving the vaccine.

of the fetus has been suspended and replaced with an assumption that vaccination during pregnancy is safe.”

INFLUENZA VACCINE RECOMMENDATIONS AND EVIDENCE

In the past, clinicians generally considered it too risky to vaccinate pregnant women. Obstetricians largely ignored CDC recommendations introduced in the 1970s advising them to give influenza vaccines to pregnant women in the second or third trimester of pregnancy. In 2006, CDC officials strengthened their recommendations, directing doctors to give all pregnant women—healthy or not—a flu shot during any trimester. Today, the CDC’s website advertises in bold print, “Protect yourself and your baby by getting a flu shot!” Not advertised in bold print is the fact that influenza vaccines have never been properly studied, carry a high rate of side effects, are made from toxic ingredients and have a terrible efficacy rate.

In addition to its overt advertising campaign, the CDC assures the public that flu vaccines are safe by stating, “The flu shot has been given to millions of pregnant women over many years. Flu shots have not been shown to cause harm to pregnant women or their babies.” The problem with this statement is that it is not based on anything scientific. How can the CDC make such claims when vaccine manufacturers themselves readily admit that their vaccines were not studied in pregnant women before they were licensed? Package inserts for flu vaccines clearly read: “*Safety studies and effectiveness have not been established in pregnant women or nursing mothers.*” In fact, no flu vaccine (or any other vaccine) has ever undergone a gold standard, double-blind, placebo-controlled study in any population. Whereas it takes years for a new drug to be clinically tested and approved,⁹ the seasonal influenza vaccines that manufacturers create each year are exempt from this lengthy process. Every year, after the influenza vaccines are tested in several hundred people at most, the FDA grants them automatic approval, skirting around the need to demand more than a few safety or efficacy tests by defining the new vaccine formulations as “manufacturing supplements” instead of new products.¹⁰

Although there may not be any worthy pre-licensure studies, there have been some notable studies on flu vaccines post-licensure. The CDC published a study in 2017 titled, “Association of spontaneous abortion with receipt of inactivated influenza vaccine containing H1N1pdm09 in 2010-11 and 2011-12.”¹¹ The study showed that women vaccinated with the inactivated influenza vaccine in the 2010-11 flu season had a 3.7-fold greater chance of experiencing a spontaneous abortion within twenty-eight days compared to women not receiving the vaccine. It also showed that for women who received the H1N1 flu vaccine in the previous flu season, their odds of spontaneous abortion within twenty-eight days of receiving a flu vaccine were 7.7 times greater. Another study, conducted in 2009 by the Canadian government, found additional fault with H1N1 vaccines. Researchers reported evidence that seasonal influenza vaccination actually increased the risk and severity of pandemic influenza type A (H1N1) illness.¹²

At a presentation at Belhaven College in 2008, Russell Blaylock, MD said, “I cannot think of anything more insane than vaccinating pregnant women.”¹³ Dr. Blaylock explained that the campaign to administer the flu vaccine to pregnant women arose out of the observation that women who get the flu during their second trimester of pregnancy have children with a higher incidence of subsequent schizophrenia or autism. But is the flu virus responsible for the increased neurological damage? According to Dr. Blaylock, it’s not. Blaylock explains, “It is when the mother’s immune system reacts to the virus. The immune chemicals called cytokines transfer through her placenta into the baby, and it’s the cytokines—the immune reaction of her body—that causes the destruction in the baby’s brain and the altered development of the baby’s brain.”

A paper published in *The Journal of Neuroscience* in 2006 supports Dr. Blaylock’s statement.¹⁴ Titled “Maternal infection and the offspring brain,” the author wrote, “Cytokines released by the maternal immune system can cross the placenta and enter the fetal circulation. It is well known that cytokines can modulate neuronal proliferation, survival, differentiation and function. Thus, cytokines released by the

natural immune system (and/or the placental or fetal immune system) in response to infection may be responsible for the interaction between maternal infection during pregnancy, altered neuronal development and mental disorders.” According to Dr. Blaylock, “We are probably going to see a tremendous increase in schizophrenia and autism in children because we are stimulating the immunity of every pregnant woman with the flu shot.”¹³

INFLUENZA VACCINE

SIDE EFFECTS AND INGREDIENTS

Influenza is by definition a viral infection of the respiratory passages that may cause mild to severe illness. Symptoms include fever, chills, sore throat, cough, runny or stuffy nose, headaches and muscle aches. Although the CDC says you cannot get the flu from the flu shot, influenza vaccine package inserts list many of these same symptoms as potential vaccine side effects. Other possible “side effects” of flu shots include but are not limited to allergic reaction causing serum sickness, Bell’s palsy, brachial plexus nerve disorder, cellulitis, decreased blood platelets, disorder of nerve, disorder of brain, giant hives, Guillain-Barré syndrome (GBS), inflamed spinal cord, life-threatening allergic reaction, Stevens-Johnson syndrome, sudden blindness, difficult breathing and death.

Influenza vaccines also contain ingredients that should concern pregnant women. Although the ingredients vary somewhat by vaccine formulation, a flu shot typically includes at least some of the following toxic substances: thimerosal (with twenty-five micrograms of mercury found in the vast majority of flu shots), formaldehyde, chicken egg proteins, polysorbate 80, squalene, gelatin, antibiotics and canine kidney cells. Additionally, flu shots contain viruses (and/or retroviruses) of both human and animal origin.

Recent research from Italy also found inorganic, foreign nanoparticles—not declared in the manufacturers’ inserts—in all human-use vaccines studied, including a variety of metallic particles.¹⁵ According to the Italian authors, “The inorganic particles identified are neither biocompatible nor biodegradable, that means that they are biopersistent and can induce effects

that can become evident either immediately close to injection time or after a certain time from administration. It is important to remember that particles...are bodies foreign to the organism and they behave as such. [...] For that reason, they induce an inflammatory reaction.”¹⁵ The foreign bodies included lead particles found in the cervical cancer vaccine Gardasil (which was originally given to pregnant women) as well as in flu and meningitis vaccines. Other detected metals included stainless steel, iron, chromium and nickel. GlaxoSmithKline’s Fluarix vaccine for children featured eleven different types of metallic particles.

In 2016, Moms Across America presented disconcerting evidence to the FDA showing that the advocacy group detected cancer-causing glyphosate (the active ingredient in the weed killer Roundup) in all five childhood vaccines they tested.¹⁶

INFLUENZA VACCINE EFFECTIVENESS

There are also recurrent problems regarding the effectiveness of influenza vaccines. Public health officials are willing to admit that flu vaccines in general fail more than 50 percent of the time, but an independent gold standard Cochrane Review published in 2018 reported that flu shots have an astounding 98 to 99 percent failure rate.¹⁷ For the 2017-18 flu season, the CDC reported that the vaccine for the most prevalent strain, influenza A (H3N2), was only 25 percent effective.¹⁸ Canada¹⁹ and Australia²⁰ reported just 10 percent effectiveness for that strain in adults. This means that the U.S. vaccine had a 75 percent failure rate. Of course, this was better than 2016, when the inhaled FluMist vaccine went from an originally championed 90 percent effectiveness to a realistic rate of 3 percent (meaning that “no protective benefit could be measured”); this finding led to its removal from the 2016-17 recommendations.²¹

It is important to note that, by the CDC’s own admission, over 80 percent of all flu-like illnesses that occur during “flu” season are not influenza²² and, therefore, cannot be prevented by a flu shot. In fact, the CDC is notorious for exaggerating influenza mortality. The agency does this by misleadingly lumping influenza and pneumonia deaths together and trumpeting

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them as the eighth leading cause of death.²³ However, as shown in the CDC's own National Center for Health Statistics figures, only 9 percent (n=5,251) of the 57,062 reported "influenza and pneumonia" deaths for 2015 were attributable to the "flu,"²⁴ whereas 91 percent (n=51,811) had pneumonia as their cause of death.²⁵ Moreover, 4 percent or fewer of respiratory specimens typically test positive for influenza virus.²²

PERTUSSIS VACCINE RECOMMENDATIONS AND EVIDENCE

The CDC began recommending Tdap vaccines to all pregnant women in 2011. Current recommendations involve giving the vaccine after twenty-seven weeks' gestation, regardless of any individual considerations or risk-benefit analysis. The Tdap recommendation applies to each pregnancy, no matter how little time has elapsed between pregnancies.

It is puzzling that the CDC deems the Tdap vaccine "necessary" for all pregnant women, when it presented facts to the contrary in a 2008 report titled, "Prevention of pertussis, tetanus, and diphtheria among pregnant and postpartum women and their infants."²⁶ The CDC admitted that no evidence exists demonstrating whether Tdap in pregnant women harms the fetus or increases risk for adverse pregnancy outcomes. Nor was evidence available to the agency to indicate whether transplacental antibodies induced by Tdap administered during pregnancy actually will protect infants against pertussis, or conversely whether Tdap-induced transplacental maternal antibodies will have a negative impact on an infant's protective immune system response to later-administered routine pediatric vaccines (such as DTaP and various conjugate vaccines) containing tetanus toxoid or diphtheria toxoid.

The CDC's main justification for vaccinating pregnant women with Tdap, despite its own abysmal report, is that the majority of children who are hospitalized and who die from whooping cough are under two months of age and are therefore too young to be vaccinated themselves. Rather than worry about the vaccine's potential lack of safety and effectiveness, the CDC chooses to promote the theory of neonatal or maternal immunization as well as the so-called "cocooning strategy"—a strategy that aims to create a "circle of protection" around newborn infants by administering Tdap vaccines to mothers, family members and any individuals who come into close contact with the newborn.²⁷

The cocooning theory has been seriously challenged, however. One observational study (again by the Canadian government) suggested that cocooning is not only "almost impossible" but also comes with a heavy price tag. The researchers estimated that to prevent one infant death from whooping cough in Quebec or British Columbia, "at least one million parents would have to be vaccinated," at twenty Canadian dollars per shot.²⁸ Another staggering government study from Scandinavia, not focused on cocooning, found that babies in Africa who received DTP (diphtheria-tetanus-pertussis) vaccines were five to ten times more likely to die than their unvaccinated peers.²⁹

TDAP SIDE EFFECTS AND INGREDIENTS

As with the influenza vaccines, recipients of Tdap vaccines are subject to a large list of potential side effects and toxic ingredients. Side effects

include but are not limited to severe allergic reactions (anaphylaxis), brachial neuritis, coma, encephalopathy, epilepsy, GBS, long-term seizures, permanent brain damage and death.

Toxic ingredients in Tdap include aluminum phosphate, polysorbate 80, formaldehyde, bovine serum albumin, glutaraldehyde and 2-phenoxethanol. Studies show that neurotoxic aluminum crosses the placenta and accumulates in the brain.³⁰ I have written previously in *Wise Traditions* (Spring 2018) about the dangers of aluminum in vaccines.³¹

PERTUSSIS VACCINE EFFECTIVENESS

The CDC promotes Tdap and other vaccines with a pertussis component not just for pregnant women but for people of all ages. The first set of recommendations (for the DTaP vaccine) is that babies and children get vaccinated at two, four and six months, at fifteen to eighteen months and again when they are four to six years old. In addition, CDC recommends a Tdap booster at eleven or twelve years of age. Why so many shots? The answer is simple: waning protective immunity is a serious problem with pertussis vaccines.

Another serious problem is that pertussis vaccines do not necessarily prevent the transmission of pertussis and, at best, simply may prevent vaccinated individuals from displaying symptoms of whooping cough. Therefore, vaccinated persons may be asymptomatic carriers and as such, may largely contribute to outbreaks. A 2015 study published in *BMC Medicine*, titled "Asymptomatic transmission and the resurgence of *Bordetella pertussis*," made this very point.³² A 2014 study also supported this theory, demonstrating that giving baboons whole cell or acellular pertussis vaccines prevented them from developing severe symptoms of whooping cough themselves but did not prevent infection or ready transmission of pertussis to their contacts.³³ Commenting on these findings, the FDA admitted that FDA-licensed acellular pertussis vaccines may prevent disease among those vaccinated but "may not prevent infection...in those vaccinated or its spread to other people, including those who may not be vaccinated."³⁴

A third problem with the widespread use of pertussis vaccines is that they seem to have cre-


ated strains of pertussis bacteria that are more resistant to vaccination and—believe it or not—actually favor vaccinated individuals! CDC researchers have found that most strains now in circulation in the U.S. are “*prn*-deficient,”³⁵ a form of pathogen adaptation, and vaccinated individuals are at higher risk of infection from *prn*-deficient strains than unvaccinated individuals. Jeremy Hammond sums up “the ugly untold truth about the pertussis vaccine” in a 2015 article, stating, “Now—ironically thanks to public vaccine policy—vaccinating children for pertussis not only places any infants in the family at risk of getting the disease, but also places at greater risk *the vaccinated children themselves*” [emphasis in original].³⁶ This, of course, applies to vaccinated adults, too.

A HEAVY TOLL

In the National Vaccine Injury Compensation Program (NVICP), influenza vaccine-related injuries and deaths are the most compensated claims for adults, while pertussis vaccine-related injuries and deaths are the most compensated claims for infants and children. This means that, according to our government’s compensation system, influenza and pertussis-containing vaccines are the most dangerous vaccines on the market, yet the National Childhood Vaccine Injury Act of 1986 shielded vaccine manufacturers, government regulators, policymakers and health care providers from any liability.

Laura Hayes from *Age of Autism* recently wrote,³⁷ “Because not one vaccine has ever been tested properly (not to mention the myriad haphazard combinations in which they are most often administered), and because not one vaccine has ever been proven to be safe, effective, or needed...not one vaccine should ever have been approved, recommended, sold, or administered,” including, I would add, to pregnant women.³⁸ The FDA and CDC should be overseeing the proper and ethical regulation and recommendation of vaccine products and services, but sadly both agencies seem to care more about protecting the interests of manufacturers than those of the public. Simply consider the fact that the agencies still allow mercury-laden thimerosal as an ingredient in the vast majority of flu vaccines, despite thimerosal only

ever having been tested in humans once, in 1929, in a study in which all twenty-two subjects died shortly after receiving it.³⁹ Likewise, the FDA has never clinically approved the aluminum-based adjuvants present in Tdap vaccines,⁴⁰ but the agency allows them to remain in use. These facts are evidence that the actions of both agencies are unconscionable.

Truth be told, the only ethical measure is an immediate moratorium on all vaccines. In addition, to protect, maintain and enhance the health of pregnant women and their babies, we need education campaigns dedicated to time-proven, common sense and risk-free practices versus a policy that pushes risk-laden vaccines at all costs. Safe and effective practices include covering one’s mouth when coughing, avoiding contact with infected individuals, staying home and resting when sick, staying hydrated with filtered and non-fluoridated water, eating organic and nutrient-dense foods (especially those rich in vitamin A), reducing stressors and getting plenty of sleep. It is also critically important that women take charge of their health, their children’s health and their family’s health. To accomplish this, women must listen to their maternal instincts, question all medical recommendations and make time to do their own research. It is impossible to overemphasize the importance of doing so. 

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JULY 16 - AUGUST 31, 2018

June 2018

Dear Friends of the Weston A. Price Foundation,

It's time for our annual fundraising campaign, and we don't think the Foundation has ever been busier. Here are some of the efforts that we are currently involved in:

- **SOY HEART HEALTH CLAIM:** This case is warming up again, thanks to the efforts of WAPF General Counsel Jim Turner. After a recent favorable ruling to allow the case to go forward, we are getting ready to present our evidence on the toxicity of soy. The industry now wants a "qualified" health claim, not only for soy protein but also for soybean oil. We are preparing expert evidence for our case. But legal fees and expert witnesses don't come free—it will be quite an investment to see this case to the finish.
- **A CAMPAIGN FOR REAL MILK:** We are focusing on Louisiana and New Jersey this year in our campaign to have raw milk legalized in the last seven states (see page 85). Pete Kennedy is directing this campaign for us and is also on call to provide information to members about state laws, regulations and policies including food freedom legislation and issues regarding consumer access to raw milk, cottage foods and on-farm meat and poultry processing—all areas in which he has had considerable experience.
- **RESEARCH INTO THE FAT-SOLUBLE VITAMINS** with Dr. Martin Grootvelt in the UK will be continuing throughout the year. Working with board member Sylvia Onusic, PhD, Dr. Grootvelt will also be analyzing various soybean oil products to help fight a qualified health claim for soybean oil.
- **WAPF OVERSEAS:** Finances permitting, we will continue to send members overseas to share the WAPF message. We are looking into a trip to the Philippines.
- **RAW BUTTER PETITION:** We are supporting a petition to allow the sale of raw butter across state lines. Our general counsel Jim Turner will be spearheading this effort.
- **VACCINATIONS UPDATE:** We provide funds for two consultants to prepare Action Alerts tailored to individual states. As an organization, we keep very thorough tabs on vaccination legislation.
- **GENERAL EDUCATION:** Your donation helps support our day-to-day activities, including our lively quarterly journal, print materials, website updates, the Wise Traditions podcast, the Nourishing Our Children educational initiative, dozens of exhibits throughout the country and extensive local chapter activities.

While WAPF is a membership-based organization, our affordable membership fees do not cover our many activities, all of which are geared to teaching our dietary principles and making nutrient-dense food available worldwide to people from all walks of life.

Have you benefited from the WAPF teachings? Are you and your family enjoying better health due to the activities of WAPF? If so, we ask that you give back with a donation, ideally between now and August 31. You can use the envelope attached here or donate online at westonaprice.org/donate.

Donations of any size are appreciated and used well. Our goal is to raise \$100,000 by August 31—and it will be easy if everyone pitches in! So please send in your donation (or donate online) as soon as you can.

Gratefully,
Sally Fallon Morell, President
Kathy Kramer, Executive Director

Legislative Updates

HOUSE FARM BILL FAILS. . . FOR NOW

By Judith McGeary, Esq.

In a surprising development, on May 18th, the House of Representatives voted down the Farm Bill, 198-213. This is only the second time that a farm bill has been voted down on the House floor since the bill was first adopted in the 1930s. This unusual course of events is due partly—although not entirely—to the unusually partisan nature of this year’s House version of the Farm Bill. The Farm Bill has traditionally been bipartisan in its development, but this year, the Republican majority on the Agriculture Committee developed a draft Farm Bill without reaching any compromises with their fellow committee members from the Democratic party.

FOOD STAMPS CONTENTION

The single biggest issue in contention is SNAP, commonly referred to as food stamps. The House Agriculture Committee’s version of the bill included provisions that require able-bodied adults without children under the age of six to prove that they are working or participating in a work training program for twenty hours each week in order to qualify for assistance, with only one month allowed between losing a job and sanctions. The first strike would mean losing benefits for a year; additional strikes mean even longer benefit losses.

Work requirements are already part of the SNAP program, but the new proposal would eliminate exemptions for people with young children (over the age of six, but still too young to be left at home alone), and it relies heavily on training programs that are not yet in place in many areas of the country. The last farm bill funded ten pilot projects for training programs, to identify best practices as well as to identify and address funding and implementation challenges. The results of the pilot projects aren’t done yet, so many people have raised concerns

that it’s not clear how to implement these programs in a feasible manner. In addition, by changing to a per-week requirement (as opposed to the per-month work requirement under the current program), the new requirements could disqualify many part-time workers, from waitresses to seasonal farm labor, who don’t have control over their hours.

The press coverage focused on the SNAP debates, but there are other very significant issues with the House’s version of the Farm Bill, ranging from eliminating conservation programs to the gutting of local control over agriculture and food.

CONSERVATION

For decades, the Conservation Stewardship Program (CSP) has provided funds to help farmers who choose to implement practices on their farm that promote long-term sustainability. This funding has enabled farmers to help promote healthy soil, water, air and wildlife habitats that benefit everyone—and, at the same time, improve the profitability of their operations. CSP funds have been used by livestock producers to build cross-fencing, install water lines and take other measures to improve their grazing operations, among many other projects.

Another program, the Environmental Quality Incentives Program (EQIP) has also benefited many farmers in implementing stewardship practices. Unfortunately, it has also been used to provide government subsidies to the largest and most environmentally damaging operations, particularly confined animal feeding operations (CAFOs). Contrary to the original intent of EQIP, these factory farms have been able to use our tax dollars to build “manure management systems,” subsidizing their harmful production practices.

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

The House Farm Bill would eliminate CSP and replace it with vague “stewardship contracts” inside the EQIP. But these “stewardship contracts” retain very little of the important core elements of the CSP, such as comprehensive whole farm conservation approaches and the eligibility requirement to reach certain environmental stewardship levels before enrolling. The bill also allows “stewardship contracts” for use by CAFOs. At the same time, the bill cuts total conservation funding by nearly one billion dollars. Bottom line: less funding overall for conservation, no funding at all for many important projects and the funding that is provided will more often go to factory farms.

LOCAL CONTROL OF AGRICULTURE AND FOOD

Representative King (R-IA) has been trying for several years to strip local control of food and agriculture. While his provision was blocked in the last Farm Bill, this time it made it into the House’s version of the Farm Bill. The provision would prohibit any state or local government from adopting any standard or condition on the production or manufacture of any agricultural product that is sold in interstate commerce.

The bill mandates a one-size-fits-all approach that would eliminate laws adopted by local communities to address problems like Dicamba pesticide drift, to set standards for food quality and animal welfare (such as cage-free eggs or crate-free veal), and even laws that simply allow consumers to know whether their purchases support their local farming communities. State and local laws that would be negated include:

- Labeling and sale criteria for maple syrup, farm-raised fish and many more.
- Farm production standards related to the transport of commodities and livestock, farm labor safeguards and agriculture chemical use standards.
- Farmer and rural community protections like bans on importing diseased products (firewood, bee colonies, etc.), fertilizer application standards and fencing requirements.
- Consumer protection such as BPA-free

baby food containers, perishable food labeling, and labeling of consumer chemicals known to cause birth defects.

PROGRAMS TO SUPPORT LOCAL FOOD PRODUCTION

Farmers and consumers across the country have taken the farm-to-table movement from an unknown concept to a vibrant, growing movement that generated almost nine billion dollars in revenue in 2015, according to the USDA. This rapid growth is primarily driven by the farmers’ own hard work and by groups like the Weston A. Price Foundation, which have educated consumers on why they should seek out this food—but the connection between farmers and consumers has been helped in many cases with two government programs funded under the last farm bill.

One is the Farmers Market and Local Food Promotion Program, which provides important support for farmers’ markets as well as local food hubs.

The other is the Value-Added Producer Grant Program, which helps farmers increase the size of their businesses and bring in new sources of income. The House bill leaves the programs in place, but removes what is known as mandatory funding—leaving the funding up to Congress each year. In practical terms, this most likely means no funding for these programs for the next five years.

GIVEAWAYS TO LARGE AGRIBUSINESSES

One of the best-known problems with the Farm Bill is its subsidy system for commodity crops. The House version of the Farm Bill amplifies the problem by abolishing a thirty-year-old rule that prevents corporations from receiving unlimited commodity payments. Lucrative loopholes in the bill for the largest, wealthiest agribusiness operations would allow most corporate farms to receive multiple payments, rather than being limited to a single payment under a single payment cap, which is currently the case. And corporate entities would be exempt from the current limitation that no person or legal entity with an adjusted gross income exceeding nine hundred thousand dollars (effectively almost two million dollars

The provision would prohibit any state or local government from adopting any standard or condition on the production or manufacture of any agricultural product that is sold in interstate commerce.

LOST OPPORTUNITIES FOR REFORM

The House Farm Bill not only made several bad changes (discussed in the main article), but it also missed the opportunity to make several good changes that had been proposed to help sustainable and independent livestock producers.

THE PRIME ACT

As we have discussed in multiple articles in *Wise Traditions*, the PRIME Act would help address a critical problem for local meat producers: lack of inspected slaughterhouses. The lack of reasonable access to a slaughterhouse keeps some farmers from selling their meat at all. For many more, the distance they must travel to the slaughterhouse means significantly increased costs, as well as stress on the animal and lost time on the farm—all of which means less supply and higher prices for consumers.

Current federal law prohibits the sale of meat from “custom” slaughterhouses, which are regulated by the states independently of USDA regulations. The PRIME Act would empower states to allow the sale within their state of custom-slaughtered beef, pork, lamb and goat to consumers, restaurants and grocery stores under standards established by each state.

Representative Massie proposed an amendment to add the PRIME Act to the Farm Bill, but the Rules Committee did not allow a vote on it. Since Senator Rand Paul has a Senate version of the bill (S. 1232), we still have another opportunity to advocate for its inclusion in the Farm Bill.

INTERSTATE TRANSPORT OF RAW MILK

Representative Massie also filed a bill that would legalize the interstate shipment of raw milk and raw milk products for human consumption between states in which the sale or distribution is legal, reversing the FDA’s current regulations that prohibit the interstate transport of raw milk for human consumption.

Some form of distribution of raw milk—whether through sales or cow shares—is legal in most of states. But there are still many areas where access to raw milk is severely limited, and consumers would be better able to get this nutritious food if they could buy from a producer in a neighboring state.

The Rules Committee did allow a vote on Representative Massie’s amendment H. Amdt 627 to the Farm Bill, but it was soundly defeated, 331-79. You can see how your Rep voted at clerk.house.gov/evs/2018/roll201.xml. Although Senator Rand Paul has also introduced a Senate version of the bill, it is unlikely that the Senate leadership would allow a vote on it after such a lopsided vote in the House.

CHECKOFF REFORM

Under federal law, farmers of certain commodities (including pork, eggs, beef and milk) are required to pay a portion of their sales into Checkoff funds. These mandatory fees are intended to be used to research and promote demand for those products. Campaigns such as “Got Milk?” and “Pork, the other white meat” are paid for by these taxes on farmers. Checkoff programs collect tens of millions of dollars from America’s farmers and ranchers every year.

Nothing in the Checkoffs promotes local, organic or sustainable production. To the contrary, the basic message is that all the foods are interchangeable commodities; conventional CAFO beef, imported beef and the grass-fed beef from the farmer in your town are all rolled into “Beef, it’s what for dinner.” Even worse, the dairy checkoff has used its funds—some of which are paid by raw milk farmers—to do public ad campaigns and “educational programs” for dietitians who actively oppose raw milk access.

Moreover, these funds often wind up in the pockets of industrialized agriculture trade organizations. While they can’t use the money directly for lobbying, the funding helps them grow by underwriting their overhead, travel costs, etc.—and then they are free to use their other funds to lobby against the interests of family farmers, such as by opposing country-of-origin (COO) labeling.

Two bills were filed in the House and Senate to reform the Checkoff program. The best option would be to make the Checkoffs voluntary (S.740/ HR 1752). The next best option is to reform the programs to rein in conflicts of interest and stop anti-competitive activities that harm other commodities and consumers (S 741/ HR 1753). The latter bill was introduced as an amendment on the House floor but withdrawn before the vote was taken. There is a good probability that one or both of these bills will be proposed as an amendment to the Senate version of the Farm Bill, and with enough support from the grassroots, they have a realistic chance of success.

Check out the main article for more information on how to take action to support these reforms. Your voice matters!

for many couples) is eligible for commodity or conservation payments. In other words, mega-farms would not only be able to get subsidies but would be able to get far more than the true family farms.

COALITION

This wide-ranging list of concerns drew an equally wide-ranging coalition together to oppose the House Farm Bill. Various groups representing conservatives, taxpayer advocates, environmentalists, sustainable agriculture and anti-hunger advocates all urged Representatives to vote “no.”

But before you assume that these substantive problems were why the House voted the Farm Bill down, think again. The leadership still had enough votes to pass the Farm Bill, but for an unrelated debate over immigration. The House Freedom Caucus wanted a vote on a tough immigration plan before a vote on the Farm Bill and would not settle for promises that the immigration bill would get a vote in the summer. The defeat of the Farm Bill was due to the combination of the Democrats, moderate Republicans (who generally voted no because of the SNAP issues) and the Freedom Caucus.

To quote the film, *The Princess Bride*, though, the bill is only “mostly dead.” The House has until June 22 to reconsider the bill in its current form, and the Speaker has announced that he will bring it up for a vote again by that date. He has committed to bringing the Freedom Caucus’ preferred immigration bill to the floor for a vote in the interim. But that delay gives the broad-based opposition to the House Farm Bill the opportunity to try to change other Republicans to “no” votes, so the ultimate outcome is still far from certain.


In the meantime, the Senate Agriculture Committee chair has made it clear that the Senate will move forward with its own version of the bill in the more traditional, bipartisan fashion. There were reports that the chairman would release his draft of the Farm Bill at the end of May, but

that did not happen. It is still expected that the Senate draft will be released before the House takes its vote of reconsideration, however.

WHAT NOW?

Since no new amendments would be proposed on the vote to reconsider, the only question on the House side is a simple “yes” or “no.” There is more potential to have an impact on the Senate side, since their version of the bill is still being shaped.

The best action to take at this time is to call both of your U.S. Senators to urge them not to make the same mistakes as the House. You can find out who represents you by going to www.senate.gov/senators/contact or by calling the Capitol switchboard at (202) 224-3121. Keep your discussion short and simple. Don’t try to cover everything that is wrong with the bill! Pick the two or three issues that matter most to you, whether that’s conservation, local food programs, or the PRIME Act and other reforms mentioned in the sidebar to this article.

Some readers may raise concerns that the Farm Bill is fundamentally flawed—that, even if all these issues were fixed, it’s still not a good bill. And I agree. The basic structure and programs of the Farm Bill promote large-scale, consolidated agriculture, mono-cropping of commodity crops, feedlots for livestock, and many other problems. But changing these fundamentals will take time. The current Farm Bill is effective until September 30, and if Congress doesn’t agree on a replacement for it, they will simply pass a short-term extension of the last bill. One way or another, the current structure will be perpetuated for the next few years. Our best hope is to keep the bill from getting worse, make what improvements we can (such as by adding the PRIME Act or Checkoff reform), and keep working to build the strength of the local, sustainable food movement so that we have the political muscle to make more fundamental changes in the next round. 

ANNOUNCEMENTS

NEW FILM

Diana Rodgers is a real food nutritionist living on a working farm. She is making a documentary called *Kale vs. Cow* that will defend the nutritional, environmental and ethical case for better meat. The film is endorsed by WAPF, the Savory Institute and is Animal Welfare Approved. Contributions are tax-deductible. For further information visit Sustainabledish.com/film.

ERRATA

We regret that we misspelled the name of author Rebecca Rust Lee on the cover of the Spring journal. Rebecca wrote the excellent article on the Cutler Protocol.

SHOPPING GUIDE UPDATES

New phone number for Fab Ferments (513) 562-7531

Contact Carolyn Graff at shoppingguide@westonprice.org with updates and additions to the Shopping Guide.

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

Fall 2010	Essential Fatty Acids; Magnesium; Healthy Skin; Sacred Foods for Children; Tale of Two Calves.
Winter 2010	Joel Salatin on the Politics of Food; Saving the Polish Countryside; Biological Farming; Glutathione in Raw Milk.
Summer 2011	Sulfur Deficiency; The Importance of Salt; The Senomyx Scandal; Why We Crave; Raw Milk Safety.
Fall 2011	Pork - Live Blood Analysis Study; Pork Recipes; The Accumulated Wisdom of Primitive People; Protein Primer.
Winter 2012	Vitamin A Synergies; The Story of Zinc; Natural Skin Cream; Slovenian Soups and Stews; Soy Infant Formula.
Spring 2013	Nutritional Roots of Violence; Glycine for Mental Stability; Pork Study; Homeopathy for Mental Illness.
Summer 2013	Our Broken Food Supply; The Marketing of Crisco; GMOs in Europe; Insights of a Meat Processor; Natto.
Fall 2013	GMO Dangers; Roundup Dangers: Culinary Traditions in Romania; The Battle for the People's Milk.
Winter 2013	Beyond Cholesterol; Cancer as a Healing Strategy; Grain Traditions in Russia; Push to Pasteurize Breast Milk.
Spring 2014	Dr. Price's Scientific Approach; Weston Price and the Fluoridationists; Cows and Climate; Economics of Raw Milk.
Summer 2014	Nutrition for the Elderly; A New Look at Alzheimer's Disease; In Defense of Wheat; Dangers of Vegetable Oils.
Fall 2014	What Causes Heart Attacks? The Myogenic Theory of Heart Disease; Thrombi in Heart Disease.
Winter 2014	Effects of Smart Phones on the Blood; Dangers of Smart Meters; Protection Against EMR; U.S. Dietary Guidelines.
Spring 2015	Cleansing Myths and Dangers; Toxicity and Chronic Illness; Gentle Detoxification; Great Nutrition Pioneers.
Summer 2015	Vaccination Dangers Issue.
Fall 2015	The Scandal of Infant Formula; Vitamin D in Cod Liver Oil; Cod Liver Oil Controversy; Fermented Fish Foods.
Winter 2015	Water Issue: The Fourth Phase of Water; Sewage in a Glass; Water Stressors; Teaching WAPF to College Students.
Spring 2016	Folic Acid and Glyphosate; Why We Need Saturated Fats; Cod Liver Oil Testing; Flint, Michigan Cautionary Tale.
Summer 2016	Vitamin A; Healthy Fertility; Recovery from the Pill; The Concussion Epidemic; EMR and the ADHD Child.
Fall 2016	Recovery from a Low-Carb Diet; Why We Need Carbs; Salt; Nutritional Yeast; Big Box Stores; Addictions.
Winter 2016	Men's Health; Protein Powders; Fueling the Modern Athlete; Restoring Male Fertility; Glyphosate in Collagen.
Spring 2017	Type 2 Diabetes; Couch Potato or Marathon Runner?; Weight Loss; Costa Rica; Moving Heavy Loads; MSG.
Summer 2017	Cholesterol Sulfate and the Heart; Vitamin D Dilemmas; Five Obstacles to Cure; The Adrenal-Heart Connection.
Fall 2017	Why Do We Get Cancer; Support for Pediatric Cancer; The Tijuana Clinics; GCMAF and Raw Milk; Black Salve.
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

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A Campaign for *Real Milk*

ORGANIC DAIRY WAS A GREEN NICHE. . .

THEN CAME CAFOs AND LAWYERS

By Mark McAfee, Chairman, Raw Milk Institute
CEO, Organic Pastures Dairy Corporation, Fresno, California

When I first started our organic dairy twenty years ago, I was mentored by Tony Azevedo. He operated an organic dairy near Merced, California, and had been in the dairy business his entire life. He was also a member of the CROPP Co-op at Organic Valley and was on a mission to get more organic milk for the emerging organic market. It was 1999 and he mentored me on ways to start and run an organic dairy, and it was Tony who provided me with an Organic Valley CROPP co-op contract. We were so excited. I listened to and leaned on his every word. There was one sentence that he repeated to me several times when we walked through his pastures. He said, "Mark, if there ever comes a day when the USDA does not enforce the one hundred twenty-day pasture rule, organic dairies will be done and the niche will be lost. The pasture is the only thing that stands between organic dairies and the fifteen thousand-cow CAFO [confinement animal feeding operation] next door."

Tony explained that the pasture is nature's acreage-stocking-rate ratio; it acts as a natural quota and limits production. If there is no pasture rule that requires pasturing of the cows, then anyone can buy organic feed and confine a huge number of cows and call it organic! Well, that day has come. It is here, and it is now.

Since Christmas 2017, California has lost 12 percent of its one hundred nineteen organic dairies, and more are being lost every week. Wisconsin has lost untold numbers of family organic dairies and so has Pennsylvania. A friend of mine shared with me the sad news that in one Mennonite church alone, six Horizon organic contracts had been cancelled, leaving the organic dairymen with no place to sell

their organic milk. Here in California, Horizon has cancelled 80 percent of all of their organic dairy contracts and told the dairymen that their organic milk was no longer needed because cheaper milk could be bought from dairies in Texas and Colorado. Organic processors in Wisconsin are now obtaining their organic milk from Colorado and paying five dollars per hundred weight just to ship it in, which displaces local organic dairies. Wallaby Yogurt in Northern California cancelled its organic milk dairy contracts and moved out of state because it was cheaper to buy organic milk elsewhere. The surviving and remaining Horizon organic milk contracts in California have been reduced to receive prices below cost of organic production. We all know what that means; that some organic dairymen will start cheating to survive or go out of business. That could be cheating by reducing the amount of time feeding their cows on pasture or feeding conventional GMO feeds at cheaper prices.

CAFOs WIN OUT

So what is going on? Years ago, back in 2005-2007, Cornucopia Institute, the consumer watchdog group, sued several large CAFOs because they had discovered that these large operations were cheating under the organic regulations. These CAFOs confined up to fifteen thousand cows each and also held organic certifications. The lawsuit alleged that the CAFO operations did not comply with the USDA-mandated one hundred-day pasture grazing rule (following the 30 percent dry matter intake standard), and that they failed to follow many of the other USDA organic standards. The judge agreed and mandated that the operations change



A Campaign for *Real Milk* is a project of the Weston A. Price Foundation. To obtain some of our informative *Real Milk* brochures, contact the Foundation at (202) 363-4394. Check out our website, RealMilk.com for additional information and sources of *Real Milk* products.

It appears that our secretary of agriculture, Sonny Perdue, does not believe it is important to pasture cows, and has not made compliance with the pasture rule an important issue.

their production processes. In addition, a seven-and-one-half-million-dollar consumer fraud claim was assessed, and it was paid. The courts found that these CAFO dairies had “willfully violated fourteen standards” under the USDA organic regulations. The CAFO operation in Pixley, California was immediately shut down by State of California Organic Enforcement (CDEA) and was not allowed to continue in operation. However, the Colorado operations were placed on probation and continued selling organic milk with protective lobbying in Washington, DC, thanks to plenty of legal maneuvering and behind-the-scenes negotiations.

How different the state of California acted versus the state of Colorado. The state of Colorado was permissive and passive, whereas the state of California was ethically decisive. The Colorado CAFO operations were able to champion the political conditions in Washington, and even more so under our current administration. They continue to operate with impunity against the USDA-mandated organic pasture rules. Experts and compliant organic farmers know that it is impossible to pasture ten to fifteen thousand cows at one facility and have them receive 30 percent of their dry matter from pasture with the amount of available pasture these dairies have. It is also impossible to take this number of cows back and forth from pasture to the milking parlor two or three times a day. Cows

cannot walk that far to reach the green pastures. Additionally, the five-thousand-foot elevation where these dairies are located will not allow regrowth of the pastures fast enough to allow for a one-hundred-twenty-day pasture feeding season, yet the CAFOs are issued a valid organic certificate from their local inspectors.

The Washington Post sent an investigator to Colorado years ago for week-long observation to verify that the cows were being pastured. They reported seeing only a small number of non-milking cows (dry cows and heifers) on some pasture, but not the thousands of milk cows as ordered by the courts. It was also found that this CAFO invites its organic inspectors to perform their audit during winter months, which is the non-pasture season. Now that this CAFO in Colorado has been able to get away with willful non-compliance, other CAFO operations in Texas and Idaho have taken notice and followed their example. The “CAFO green light to violate” is shining brighter than ever.

It appears that our secretary of agriculture, Sonny Perdue, does not believe it is important to pasture cows, and has not made compliance with the pasture rule an important issue, although publicly stating that organic enforcement is a top priority. The policy at USDA is that “pasturing is overly prescriptive and hard for the larger dairies to perform.” Clearly, this is one federal law that they don’t like. The founders of the

NEW INFORMATION RESOURCE FOR WAPF MEMBERS

Pete Kennedy is now working for the Weston A. Price Foundation (WAPF) as a consultant on policy and legal matters. Pete is a past president and original board member of the Farm-to-Consumer Legal Defense Fund (FTCLDF). There is no charge for consultations with him for anyone who is a WAPF member.

Pete can provide information to members about state laws, regulations and policies, including food freedom legislation and issues regarding consumer access to raw milk, cottage foods and on-farm meat and poultry processing, all areas in which he has had considerable experience. Pete cannot give individual legal advice or recommend support for or opposition to pending legislation. He is also available for consultation on any effort to change state administrative regulations and policies. Pete will be responsible for drafting information alerts for members on legislation, policy initiatives and other matters on the state level. Raw milk laws will be a focus of his work.

Pete will be consulting with members on legal issues pertaining to the rights of consumers to have access to nutrient-dense foods and the rights of farmers and artisans to produce those foods. He will be available to work at the administrative level with members having an issue with regulators in federal, state or local government agencies.

In the past, Pete has worked on numerous matters involving FDA and USDA, state agriculture and health departments and local health departments on nutrient-dense foods. Work he has done at the federal, state and local administrative levels includes protecting farmers against threatened enforcement actions; handling food seizure, embargo and recall cases; and right to farm/zoning issues regarding the people’s right to grow their own food.

He will also be available for consultation with WAPF members on herdshare contracts and buyer’s club agreements; he has worked with hundreds of farmers around the country on herdshare contracts.

You can reach Pete by phone at (941) 349-4984 or by email at pete@realmilk.com.

organic movement clearly had this on their minds when they created the pasture rule in the first place.

It appears that the USDA pasture rules must be followed by everyone except for big CAFOs, resulting in a devastating and drastic loss of many small organic dairy farms across the United States. The added eighty thousand cows from the non-compliant CAFO operations have become the cheap “one-stop shopping source” for Group Danone, which owns Horizon Organic Milk, Stonyfield and other big box brands. These eighty thousand CAFO cows are roughly equivalent to most of the California organic dairies put together! It is no wonder that organic dairies are being shut down. There is a massive national oversupply of organic milk and there are no supply limitations now that nature’s natural pasture rule limits have been removed.

When the founders of the organic movement originally designed the organic rules, the pasture rule ensured many benefits. Cows on green pastures made better milk with high CLA and good omega-3 fatty acid ratios. Cows on pastures sequester carbon and save our air from the ever-increasing burdens of carbon dioxide. Cows in CAFOs with their huge manure lagoons are part of the problem, while cows on pastures are part of the solution.

The pasture rule is also critical because of sustainable supply management. If there are no limits to production of organic milk, then it will become over-supplied and prices will drop, just like in the conventional dairy system with its chronic oversupply problem and below-cost-of-

production prices. Several years ago, most organic dairies received thirty-five to forty dollars or more per hundredweight for their milk. Now that price is dropping and in many places is twenty-two dollars per hundredweight with some areas left with no market or buyers at all. Then the milk goes into the conventional markets at less than fifteen dollars per hundredweight. The break-even cost for production of organic milk is roughly twenty-eight to thirty dollars per hundredweight if organic inputs are used.

REAL ORGANIC PROJECT

As a consumer of organic dairy products, you are left wondering what to do and whom to support? Organics should be about fair rules and evenly enforced regulations. As it stands today, it’s not fair and it’s not evenly enforced. When you have no enforcement of standards, you have no organic market.

There is now a movement to place an add-on label on organic products. One of the most popular is the Real Organic Project (re-

OUR GOAL: RAW MILK DISTRIBUTION LEGAL IN ALL FIFTY STATES

A long-term goal of the Weston A. Price Foundation has been the establishment of legal access to raw milk in all fifty states. When the WAPF project, A Campaign for Real Milk, started in 1999, the sale or distribution of raw milk was legal in twenty-seven states; today that number stands at forty-three. The only states that still prohibit any form of raw milk sales or distribution are Delaware, Hawaii, Iowa, Louisiana, Nevada, New Jersey and Rhode Island. Recognizing that the day of legal access to raw milk is getting closer, WAPF has embarked on a drive to help legalize raw milk sales and distribution in the remaining seven states.

A Campaign for Real Milk will be devoting more resources to legalization efforts; this could be through paying a lobbyist, paying for experts to testify at hearings, paying for expenses of WAPF members working on legislation, consulting on legislation, networking with other groups or organizations or helping with the drafting of raw milk bills. Legal raw milk access can be established through regulation, court decision, legislation or policy. A Campaign for Real Milk will focus on

legalization primarily through legislative and policy work.

The main goal of A Campaign for Real Milk will be to legalize raw milk sales or distribution in the remaining seven states, but the campaign will also support efforts to expand raw milk access in the other forty-three states; in some of those states, access is very limited. The campaign also supports work to legalize access to other raw dairy products such as cream, butter, yogurt, kefir and cheese. These products, other than raw cheese aged sixty days, are legally available only in a minority of states. The drive for expanded raw dairy access could include efforts to legalize the commercial sale of raw butter and unaged raw cheese. Most states only allow the sale of raw milk and raw milk products directly from the producer to the consumer.

A Campaign for Real Milk has set a goal of legalizing raw milk access in all fifty states by 2020. WAPF, long the leading raw milk advocacy group in the country, is excited to step up efforts to make this happen.



J.I. Rodale, one of the founders of the modern organic movement, said that “It is not organic to produce organic milk and then pasteurize it.”

alorganicproject.org). Its founders are some of the central and most important leaders of original organic movement. They founded the USDA organic program and now have grown disgusted by it, as the program sold out to the big business interests. Organic is supposed to be about vital living soil, plants, animals, the environment and humanity. Large CAFO corporate interests owned by Wall Street have no soul and are about one thing—making money and eating up all others.

Look for the Real Organic Project label and vote for it with your dollars. It means real organic and it means local.

REAL ORGANIC IS RAW

So far, this story has been all about the train wreck of ultra-high-temperature-pasteurized, ultra-dead, CAFO-produced “organic” milk; the deep throes of corruption, cheating and fraud in the current organic dairy markets; and the loss of family organic dairies all across America. But now let’s shift gears and briefly discuss real organic milk. The most important dairy product you can bring into your life is the “organic milk that still has the organic in it.” This milk is alive, vital, *raw*, pasture-fed, biodiverse, enzyme-rich, non-denatured, probiotic and straight from the farmer.


J.I. Rodale, one of the founders of the modern organic movement, said that “It is not organic to produce organic milk and then pasteurize it.” Taken in this context, it is no wonder that the pasteurized organic milk markets are falling apart. Those markets are based on long shelf life and not gut life. They are based on a race to the bottom and a market disconnection between farmers and consumers. They are based on processors making money while cheating farmers and denying consumers the whole food they need for good health.

In the final assessment, if you cheat Mother Nature, you will pay a dear price. That price is being paid by organic dairymen who thought they had a profitable and green niche product, but really did not have much of anything at all when processors dropped them in favor of huge CAFOs.

When desperate organic farmers call me for help, I counsel them to start making a

farmstead cheese or start studying raw milk, reading the Raw Milk Institute food safety website resources, Weston A. Price Foundation information (realmilk.com) and learning about the gut microbiome—because if you are going to produce and sell raw milk, you will need to become an expert in raw milk food safety, how whole food is medicine, the gut microbiome, and the principles of good nutrition. You will need to start teaching and educating consumers to create a market for your products. When the teaching is done and the safe milking is done, you will have created a highly value-added market that will be hard to take away from you. No processor can take that away from you. Consumers will love you and be glad to pay you well. Being loved by consumers and being paid well are concepts foreign to the consumer-disconnected, processor-centric dairy industry. Consumer connected—that’s a real organic dairy!

Twenty years ago, our organic dairy left the deadly grip of the pasteurization-loving processors and went raw! All of my thanks go to the consumers who came to our farm and told me what they wanted. I listened! Real organic is raw organic. Our contract with Organic Valley only lasted a short time before all of our milk was flowing directly to consumers. In fact it was Organic Valley that kicked us out of the co-op when they saw our raw products sitting next to theirs on stores all over California.

The science of milk genomics and human health is just catching up to what we have always known: raw milk and other raw dairy products are medicine for the human condition and always have been. The last words of Dr. Weston A. Price were, “You teach, you teach, you teach.” Let’s gather friends to teach and build that market. With thriving raw milk sales, the world becomes a greener and healthier place for all. 

RESOURCES

1. milkgenomics.org/news-and-events/newsletter-archive/
2. www.washingtonpost.com/business/economy/why-your-organic-milk-may-not-be-organic/2017/05/01/708ce5bc-ed76-11e6-9662-6eedf1627882_story.html?utm_term=.1eabbf3e2745
3. realmilk.com

MINNESOTA – RAID ON LOCAL FOOD BUYERS CLUB

In the continuation of an eight-year government assault on freedom of food choice, officials from the Minnesota Department of Agriculture (MDA), the Minneapolis Department of Health (MDH) and city police have shut down the physical location for the private buyers club, Uptown Locavore, embargoing thousands of dollars of nutrient-dense food in the process, including raw dairy products and grass-fed meats. The Locavore connects farmers and club members, enabling consumers to obtain foods they would not be able to purchase at a retail store.

On May 3rd, MDA and MDH officials along with a police officer executed an administrative search warrant to inspect the property that served as a distribution point for the buyers club; the official's visit turned into more than just an inspection. The officials embargoed every food product they came across, including the personal food items of Will Winter, longtime leader in the Twin Cities local food community and owner-manager of the Locavore. The embargo notices MDH left at the location stated that the buyers club could not conduct business until "conditions set forth are met and the embargo is lifted."

City officials also posted an "Unlicensed Business" notice on the property stating that the Uptown Locavore is unlicensed and that "further operation of this business is a criminal act and subject to criminal complaint and/or arrest." The catch-22 for the Uptown Locavore was that, if it did get licensed, it would not be able to provide many of the nutritious foods it currently makes available to club members.

Winter responded to the enforcement action by going to the media to get out his side of the story. He pointed out that the search warrant was given by a judge merely to determine whether the buyers club was operating an unlicensed business; nothing was mentioned in the warrant application about confiscating food or shutting down the Locavore. Winter explained to the media that his private club should not have to obtain a business license because it does not sell or distribute any food to the general public; his location is not open to the public but only to club members.

Winter remarked that all transactions were between consenting adults and were done between a farmer or artisan producer and informed consumers. He emphasized that there had been zero complaints about the Locavore. He commented that the government "instead of using their resources to pursue real criminals and real crime.... waste their day trying to destroy people they don't understand and then seem to hate... this unjustified persecution of people doing the right things makes me very unhappy to be American."

The May 3rd raid wasn't the first time the food police had shut down a private food distribution facility established by Winter. In 2010, state and city officials raided and permanently shut down the Traditional Foods Warehouse in Minneapolis, a devastating loss for the local food community. The Traditional Foods Warehouse had rapidly become an institution in the Twin Cities; at one time it boasted eighteen hundred members. There has never really been anything like it anywhere in the U.S. before or since its demise.

The year 2010 also was when MDA stepped up its enforcement campaign against farmers distributing to informed consumers, foods that the department claimed were "illegal," targeting dairy farmer Mike Hartmann and poultry farmer Alvin Schlangen. MDA raided both farmers in 2010 and subsequently had both criminally prosecuted.

MDA went after Hartmann because it suspected dairy products the farmer produced were responsible for eight cases of foodborne illness in the Twin Cities area. The state's initial testing indicated there was a match between the pathogenic bacteria responsible for the illnesses and bacteria found on the Hartmann farm but the Minnesota Department of Health did many subsequent tests to strengthen its assertion that Hartmann farm dairy products were the cause of the illness. There was no match in any of these tests.

Hartmann pled guilty to two charges of violating the Minnesota food and dairy code, but only to stop MDA from criminally prosecuting his wife as well as a sixty-eight-year-old woman on disability who was helping his farm. The lowest point in MDA's enforcement tactics came when two MDA officials, three plainclothes policemen and two Bloomfield city officials executed a search warrant at the private residence of Rae Lynn Sandvig whose driveway served as a drop site for Hartmann. The policemen met Sandvig at her bedroom door shortly after 8 AM telling her to go downstairs to her kitchen. Policemen went into the bedroom of Sandvig's children ordering them to do the same. When Sandvig arrived in her kitchen she found the two MDA officials and the two city employees peering into the family's refrigerator; the family kept no foods from Hartmann's farm in their refrigerator or freezer other than those for personal consumption. MDA considered prosecuting Sandvig but subsequently dropped her case.

MDA prosecuted Schlangen twice for criminal violations of the state food and dairy code; a jury acquitted him of all charges. Hartmann and Schlangen remain in business continuing to provide nutritious food to informed consumers.

Hartmann is suing MDA over an illegal search and seizure the department conducted on his delivery truck

during a 2013 stop on a Minneapolis highway; the department confiscated dairy products and equipment during the raid.

For the past five years, MDA has been investigating Dave Berglund, a dairy farmer in northern Minnesota who sells raw milk and other dairy products to his loyal customers on his farm in Grand Marais. Berglund concluded a long court battle against MDA last year, with the courts ruling that the department had jurisdiction to inspect his farm. Berglund is contending he has a right under the state and federal constitutions to sell a product like raw butter directly to consumers, while the department is claiming those sales are illegal. MDA's investigation of Berglund appears to be continuing.

The Minnesota state constitution has a provision allowing farmers to “sell and peddle the products of the farm” without licensing. The constitutional provision should include the distribution of farm products through a private buyers club like the Uptown Locavore that facilitates farmer-to-consumer commerce. Regardless of how MDA interprets the law, what it and other government agencies cannot escape is the fact that eight years of heavy-handed enforcement haven't deterred consumers from seeking healthy food that the state declares is illegal. People continue to demand food from farmers like Hartmann, Schlangen and Berglund; they continue to join buyers clubs like Winter's Uptown Locavore to have access to high quality food that they cannot find in retail stores.

Increasing numbers of consumers want to opt out of the industrial food-vaccine-pharmaceutical drug paradigm. If these enforcement actions against real food are all about protecting the public health, here's a challenge to the state and local government agencies in Minnesota who are harassing Winter: do a survey of Uptown Locavore members and then do a survey of other random people to determine what each group demands in terms of medical services (for example, doctor visits and prescription drug use). Government officials would find that the buyers club members demand much less in the way of medical services, saving the taxpayers and insurance companies money. The state of Minnesota could be spending the savings on expanding farm-to-school programs but instead spends millions persecuting those who are making people healthier.

The government should be honoring Winter instead of dumping nutritious food confiscated at the Uptown Locavore into a landfill. It should recognize farmers like Berglund, Hartmann and Schlangen as frontline healers instead of trying to shut them down. This is about control and preserving industrial ag's market share by denying freedom of choice. MDA can recognize this freedom by exercising its enforcement discretion not to take action against people like Winter who are actually helping to make others well. One day there will be a court ruling affirming that there is a legal distinction between the public and private distribution of food. Until that time, MDA and the other agencies can best protect and promote the public health by allowing people to obtain the food of their choice from the source of their choice regardless of whether that source is regulated by the government.

A good way to begin the departure from the failed policies of the past would be for the Minneapolis Health Department to lift the embargo on the food at the Uptown Locavore and allow the buyers club to resume operations. Unfortunately, Daniel Huff, an official for the department, has indicated the city will seek a condemnation order to destroy the dairy products embargoed at the Locavore. Short of a legitimate accusation against the club the food is responsible for foodborne illness, Winter and its members should have the right to be left alone.

WISCONSIN – RAW MILK SALES NEEDED TO SAVE DAIRY FARMS

Wisconsin organic dairy farmer Chaz Self is the face of the crisis confronting milk producers across the country. Self's cooperative recently dropped him as a member, leaving him scrambling to find another buyer for the milk produced on his farm, Grassway Organics. Self could be making up for some of the lost sales by selling raw milk; Wisconsin law allows the sale of raw milk on an “incidental basis.” The Wisconsin Department of Agriculture, Trade and Consumer Protection (DATCP) could be helping farmers like Self by using its enforcement discretion to let him sell raw milk. DATCP, however, recently served the farmer with a summary special order threatening the loss of his Grade A milk permit if he sold any raw milk for human consumption.

The farmer is currently dumping hundreds of gallons of high quality raw milk. Self's case provides a great look at the unprecedented emergency dairy farmers are facing and how selling raw milk is a potential way to help keep thousands of them in business.

Self maintains a herd of around one hundred cows on a four hundred-acre farm where he lives with his wife Megan and their three young children. His Jersey herd is 100 percent A2. The Selfs sell poultry, eggs, pork and beef to their customers on the farm and at farmers markets.

Last year Self appeared in the Netflix documentary, *Rotten*, a series of episodes uncovering fraud and corruption in the industrial food system. Self appeared in the episode “Milk Money,” which discussed the production and sale of raw milk. Self never stated that he sold raw milk but the narrator of the episode implied that he did. Shortly after the episode aired, DATCP started investigating Self; the investigation wound up with the department

issuing an order allowing him to keep his Grade A permit on the condition that he stop selling raw milk. This was an unjustified move, given that DATCP based its decision solely on what the narrator said he was doing; there was no other evidence mentioned in the order about Self selling raw milk.

To compound matters, on April 1 Self's cooperative, Westby Creamery, terminated his membership; on April 18 DATCP sent Self a "notice of deadline to change assigned dairy plant," stating the farmer has until April 30 to find a processor to pick up his milk. With the current state of the dairy industry, that is not an easy task, yet if he fails to do so, DATCP will revoke his Grade A permit.

The American dairy sector has been in a decades-long decline that is currently accelerating. In 1992 there were more than one hundred thirty-one thousand licensed dairies in the U.S.; at the end of 2017 there were just over forty thousand.² The number of dairies closing shop has increased substantially since the beginning of the year. In 1992 the average herd size for farms was seventy-four cows; by 2017 it had risen to over twenty-three hundred, highlighting the consolidation in the dairy industry and the exit of small farms from the commodity milk system.

Wisconsin went from about twenty-nine thousand dairy farms in 1995 to a little over nine thousand at the end of last year.¹ Two particular recent developments have accelerated the decline of conventional and organic dairies in Wisconsin. First, more conventional milk is being shipped into Wisconsin from other states. In 2017, more than one hundred trailer loads of milk per day³ were coming into Wisconsin from states such as Michigan, Indiana and Ohio; frequently this milk was being sold for less than the price that conventional fluid milk would normally sell for.

Secondly, this year certified organic CAFO dairies in Texas have increased shipments of milk to Wisconsin. According to a March 24 *USA Today* story by a *Milwaukee Journal Sentinel* writer, six certified organic dairy farms in Texas produced about 23% percent more milk than all of Wisconsin's four hundred fifty-three organic dairy farms combined in 2016.⁴ The greater supply of organic milk has led to more quotas for producers and co-ops cutting back on members; in addition to Self, Westby Creamery recently terminated the contracts of seven other members.

The commodity milk system is becoming more untenable than ever for small farms. Recent prices around the country for conventional milk have been as low as one dollar eleven cents per gallon; while there are some organic producers who are still doing well, prices overall have declined substantially for organic milk. And farmers wanting to sell cows are finding little or no market. Oversupply and lower pay prices mean a race to the bottom for commodity milk. One way for producers to escape or survive the commodity milk system is to sell raw milk for direct consumption; prices farmers can get for raw milk sales to the consumer are much higher than what they can receive for either conventional or organic milk intended for pasteurization. In Wisconsin the law is there for dairies to sell raw milk and improve their bottom line; the problem has been DATCP and its interpretation of what an "incidental sale" is.

The legislature passed the incidental sale law in 1957. The original intent of the law was that any sale of raw milk for human consumption was an incidental sale. At the time the law went into effect, there were over one hundred thousand dairies selling raw milk intended for pasteurization in the state;⁵ for all of them, sales of raw milk for direct human consumption were likely a very small percentage of total sales.

At one time DATCP interpreted the incidental sales law as meaning only one sale of raw milk per customer ever. In 2008 the department changed that, issuing a regulation that stated, "a sale is not incidental if it is made in the regular course of business, or is preceded by any advertising, or solicitation made to the general public through any communications media." There is nothing in the statute legalizing incidental sales that prohibits advertising or solicitation.

DATCP's interpretation of "not in the regular course of business" has been unfavorable to raw milk producers and consumers. It's time for that to change; America's dairy land is in an emergency situation. Dairies are going out of business every day in the state. DATCP can help Wisconsin dairy farms by either adopting a more liberal interpretation of what constitutes "not in the regular course of business" or by waiving enforcement against dairies selling raw milk direct to consumers in the regular course of business. For precedent on the latter step, DATCP needs only to look at the bordering state of Michigan.

Michigan law prohibits the sale or distribution of raw milk for human consumption; nevertheless in 2013 the Michigan Department of Agriculture and Rural Development (MDARD) adopted a written policy in which it would not take action against dairy farms distributing raw milk through herdshare agreements. MDARD set parameters that had to be in place, such as a written contract between the farmer and consumer for it to waive enforcement; DATCP could take a similar tactic in Wisconsin.

DATCP is charged with promoting Wisconsin agriculture; one way it can do that with the current dairy crisis is to change its enforcement or interpretation of the law to one that benefits raw milk producers and consumers. Producers like Chaz Self have the quality raw milk and the potential demand to succeed. DATCP shouldn't be preventing Self from selling raw milk. DATCP has an opportunity to help dairy farms stay in business. Ultimately, it would be great to pass a bill taking the word "incidental" out of the Wisconsin raw milk statute; but with the accelerated decline dairy

is going through, there is no time to waste. The department should either adopt a new interpretation of the raw milk law or exercise its enforcement discretion now.

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UTAH – RAW MILK AND HOMEMADE FOOD BILLS NOW LAW

On March 21 Governor Gary Herbert signed the Home Consumption and Homemade Food Act (House Bill 181 – HB 181) into law, making Utah the fourth state after Wyoming, North Dakota and Maine to adopt food freedom legislation. Utah, with a population over three million, is the most populous state to pass a food freedom bill so far. The population of the capital, Salt Lake City, is a little under two hundred thousand; the Salt Lake City metro area population is over one million.

Two days prior, on March 19, Herbert signed Senate Bill 108 (SB 108), legislation increasing opportunities for the permitted sale of raw milk as well as expanding consumer access to the product. It was a great week for supporters of local food in the state. The mother-daughter team of farmers Symbria and Sara Patterson were the driving force behind both bills. Both pieces of legislation go into effect immediately.

HB 181 allows the unregulated sale of all foods within Utah except raw dairy and meat products direct from the producer to an "informed final consumer." There are two exceptions to the prohibition on the unregulated sale of meat products. Producers can sell poultry and poultry products under the bill as long as they slaughter fewer than one thousand birds a year. Producers of domesticated rabbit meat are also able to sell direct to consumers without regulation "pending approval from the United States Department of Agriculture that the state's role in meat inspection is preserved"—approval that shouldn't be more than a formality.

Sales under the bill can be made at a farm, ranch, "direct-to-sale farmers market," home, office or any location agreed upon between the producer and consumer. The only requirement for producers is that they inform consumers that the food sold has "not been certified, licensed, regulated or inspected by state or local authorities." If producers are selling at a farmers market, they must display a sign indicating this information; producers selling without regulation at the farmers market must be separated from other vendors at the market.

SB 108 allows producers with a permit to deliver and sell raw milk "from a mobile unit where the raw milk is maintained through mechanical refrigeration at 41 degrees Fahrenheit or a lower temperature." Under prior law licensed dairies could sell raw milk only on the farm or at a retail store if the dairy had a majority ownership interest in the store—only two of the state's ten permitted dairies meet this requirement.

SB 108 also allows unpermitted dairies to sell up to one hundred twenty gallons of raw milk per month direct to the consumer on the farm. Producers selling under this exemption must comply with labeling, recordkeeping, animal health and milk testing requirements; producers must also notify the Utah Department of Agriculture and Food (UDAF) "of their intent to sell raw milk."

Symbria and Sara Patterson have taken time off from the farm each of the last four legislative sessions to lobby for the legislation they have developed promoting unregulated producer-to-consumer direct trade. The Pattersons are respectful but persistent. In 2015 they were successful in getting micro-dairy herdshare legislation passed despite opposition from the Utah Farm Bureau, the state dairy industry, and UDAF. In 2016 and 2017 they worked on food freedom legislation, which did not make it out of committee, showing the tremendous progress they have made in a short period of time. As the session went on, opposition to HB 181 and SB 108 steadily decreased; HB 181 passed unanimously in the Senate and SB 108 did the same in the House.

The Pattersons have put together a formidable team to work on local food legislation consisting of Representative Marc Roberts, lobbyist Royce Van Tassell and farmer/analyst Paula Milby. Roberts has been the champion of food freedom in the Utah legislature the past four years, patiently staying the course when the opposition to the bills he introduced looked to be overwhelming. He, the Pattersons, Van Tassell and Milby showed a knack this past session

for crafting legislation that would minimize opposition while not compromising what they were trying to accomplish. Connor Boyack, the president of the non-profit Libertas Institute, has helped significantly since 2015.

The Pattersons received earlier funding to help their legislative work from the Farm-to-Consumer Legal Defense Fund and the State Policy Network but thanks to their formation of the non-profit Red Acre Center (RAC, redacrecenter.org), they are now able to pay for lobbying and other expenses related to legislative efforts through donations to RAC. Among expenses is paying a farm manager when the Pattersons are away lobbying in Salt Lake City. Their Red Acre Farm in Cedar City operates a thriving vegetable CSA and sells meat and poultry products as well. The RAC is an education and advocacy nonprofit center that holds an annual conference in January. RAC has quickly become part of the conversation about who the influential organizations are in Utah food and agricultural policy. The Pattersons are building Red Acre Center for the long haul to be part of the political and educational landscape of food and agriculture in the state.

An interesting dynamic in SB 108 was that the bill likely would not have passed without the support of the Utah business empire, Redmond Inc. Redmond is primarily known for its manufacture of salt but it also has a raw milk operation, Redmond Heritage Dairy, which sells raw milk in several stores Redmond owns throughout Utah. Redmond wanted SB 108 to pass so it could deliver around the state. The company was the driver behind the 2007 legislation that banned herdshares while allowing the sale of raw milk in retail stores by a permitted producer that held a majority ownership interest in the store selling the raw milk. The Pattersons partially rectified the ban on herdshares with the 2015 legislation legalizing micro-dairy herdshare programs; they worked with officials from Redmond on the passage of SB 108.

RAC has joined Redmond, the Utah Farm Bureau, the conventional dairy industry and UDAF as a player in Utah food and agriculture legislation. Red Acre Center's efforts show the success that can result when you have a few dedicated individuals who don't take "no" for an answer.

RAW MILK EVENTS IN SWITZERLAND



Judith Mudrak, Bern chapter leader and event organizer, with speakers at the Raw Milk Day, April 2, in Basel, Switzerland: Sally Fallon Morell, President, the Weston A. Price Foundation; Roland Braendle, President, EM Associates; and Dr. Konstantina M. Vanevski, clinical pharmacologist with her daughter Agnija Tanevska.



Berthe Darras (right), event organizer, with speakers Andre Muller, raw milk farmer, and Sally Fallon Morell. The event was April 5 in Lausanne, Switzerland.

Healthy Baby Gallery



Baby Cambria was born via natural birth and received all of mom's friendly bacteria during the process. Breastfeeding difficulties led to Cambria being exclusively bottle-fed with pumped breastmilk from birth. She also received cod liver oil and probiotics. At eight weeks, she was sleeping soundly through the night for eight hours, and at three months she was sleeping twelve-plus hours through the night. At five and a half months, her first foods were egg yolk and grated liver, along with fish roe, ghee and pasture-raised meats. At nine months, mom was unable to continue to pump breastmilk and transitioned Cambria to the WAPF raw milk formula, which allowed her to continue to thrive. Now thirteen months old, she has remained in the ninety-fifth and eighty-fifth percentiles for height and weight, respectively, with a sturdy build. Despite being in day care, she's had no ailments other than a brief cold. Cambria now enjoys a bottle of homemade bone broth before bed each night, along with solid food that includes egg yolk, organ meats, bison, chicken, beef, fish, ghee, coconut oil, sauerkraut and organic fruits and veggies.

Cassius, a second-generation WAPF baby, is enjoying the view from his new chair. Born on August 14, 2017, he is Brian and Maria's first child. He is also the first grandchild for Dan and Nancy, who have been chapter leaders since WAPF chapters were created. Maria was raised on pastured meats, eggs and raw milk from their farm, and Cassius is growing happy and healthy on that same diet.



Aviva Lettie Ocner was born full-term at five pounds, four ounces and eighteen inches. Nurses at the hospital said they had never met such a small healthy and strong baby. Aviva amazes everyone she meets with her strength and alertness, considering she's so petite. Now a perfectly healthy six-month-old, Aviva is thriving, weighing in at twelve pounds, ten ounces. She's been taking cod liver oil since four and a half months and has an egg yolk almost daily. She also absolutely loves her chicken liver! Aviva turned over at three and a half months and at six and a half months is crawling, sitting up and trying to stand. This picture was not staged—Aviva took the magazine from her mom while her mom was reading it! Her mom thanks the Weston A. Price Foundation for all of its information and for helping her raise a healthy daughter.

Please send your healthy baby photos and text to journal@westonaprice.org.

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SAN DIEGO/EAST COUNTY CHAPTER

Nancy Teas-Crain hosts an outdoor meeting of the chapter at her home in beautiful Alpine, along with co-chapter leader Brenda Reynolds.

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CALIFORNIA'S SAN MATEO COUNTY CHAPTER

Chapter leaders Elissa Hirsh and Shelley Lane hand out WAPF flyers at an area farmers market.



San Mateo co-chapter leader Shelley Lane enjoying a kimchi workshop at Three Stone Hearth in Berkeley, CA.

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SOUTH MIAMI/DADE COUNTY
 Chapter leader Mary Palazuelos-Jonckheere pounds sauerkraut and also demonstrates yogurt making.



WAPF AT LIVEAWARE EXPO
 Sally Fallon Morell with Denise Smith of the Concord/Pleasant Hill/Walnut Creek chapter.

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WESTFORD, MASSACHUSETTS, GATHERING

The Westford, Mass., chapter and Kathy Lynch, chapter leader, participate in a tour of a newly licensed raw dairy farm, Clover Luck Farm Dairy, in Pepperell, Mass. About sixty people attended the successful event.



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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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BONE BROTH GALORE

At Virginia's Eastern Shore chapter's bone broth seminar in February 2018, chapter leader Karen Gay and participants enjoy making beef broth and three types of chicken broth (from previously roasted chickens, whole chickens and chicken bones).



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 Jackson: Martha Berkesch (307) 690-1502, martha@mothernaturenutrition.com, chapters.westonaprice.org/tetonswy/

CHAPTER RESOURCES

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

LOCAL CHAPTER LIST SERVE

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

International Chapters

ARGENTINA

Buenos Aires: Madeleine Barrera 549 1132 3458 93, madbarrera@gmail.com

AUSTRALIA

NSW Bega Valley: Emily Stokes 0407 192 899, thewordgarden@hotmail.com
Lismore: Deborah Sharpe 042 978 1392, australianwildfood@gmail.com
Milton/Ulladulla: Rhonda Baker 04 2709 6050, woman.rhonda@gmail.com
Port Macquarie: Rachael Wells 04 1203 4305, aquamarlin28@gmail.com
Sydney: Sally Walsh 0416 277 607, sally@sallywalsh.com.au
QLD Brisbane: Julie Phillips 0417470799, mail@wisefood.com.au & Edie Wicker 0404 56 1880, edie@nourishingecology.com.au
Cairns & Atherton Tablelands: Tina Taylor 0488 040 242, tina@thebreathingclinic.com, thebreathingclinic.com
Guanaba/Mudgeeraba: Kyle Grimshaw-Jones 0423 647 666, kyle@conscioushealing.com.au
Sunshine Coast/Conondale/Mary River Valley: Sven & Karen Tonisson (07) 5435 0041, gaia@ozemail.com.au
Sunshine Coast: James Cutcliffe (07) 5446 9299, jamescutcliffe@gmail.com
Toowoomba: Elspeth Haswell-Smith 0404 002 771, elspeth@foodforlifecoach.com.au
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WA Albany: Mike & Barbara Shipley (08) 9845 1609, Shipleysorganics@bigpond.com
Warren/Blackwood: Abbie Fetter 0897614764, wbwapf@yahoo.com.au
Australia WAPF Email Chat Group: health.groups.yahoo.com/group/westonapriceaus/. Moderated by: Filippa Araki filippa91@yahoo.com.au

BELGIUM

Heusden-Zolder: Kristien Metten 0495990855, Kristienmetten@live.be

BULGARIA

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Peace Country: Mary Lundgard (780) 338-2934, plundgard@telus.net or Levke Eggers (780) 568-3805, levke@telusplanet.net
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chapters.westonaprice.org/vancouverbc/, facebook.com/westonapricefoundationvancouverbcchapter/
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facebook.com/groups/wapf.victoria.bc/, alternativeboomerlegacy.com/



SYDNEY CHAPTER, AUSTRALIA

The Sydney chapter holds regular events and has partnered with the Mindd Foundation, an integrative health organization focusing on brain-immuno-gut disorders. The chapter has a great team of enthusiastic volunteers and a comprehensive local resource list that includes raw milk suppliers. Event details are on the chapter's Facebook page (Weston A Price - Sydney Chapter).

International Chapters

MB Winnipeg: Kenny Keating & Sarah Popovitch (204) 990-7711, keating7711@gmail.com
NS Annapolis Valley: Shirley Scharfe (902) 847-1736, glscharfe@eastlink.ca
ON Grey-Bruce: Elisa Vander Hout (519) 369-3578, glencoltonfarm@gmail.com
Hamilton: Ken & Claire Dam (905) 580-1319, kenandclaire@gmail.com
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CROATIA

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NEW ZEALAND

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Tauranga: Natasha Lucas 02 1047 1501, nlucas@mykolab.ch
Wellington: Ian Gregson 64 04 934 6366 wapf@frot.co.nz & Deb Gully (04) 934 6366, deb@frot.co.nz, wapfwellington.org.nz
NZ Resource List: Ian Gregson and Deb Gully, frot.co.nz/wapf/resources.htm

International Chapters

NORWAY

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PERU

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Malaga: James Fehr & Craig Chanda, 0034 622506214, jamiefehr@fastmail.es

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SWITZERLAND

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UNITED KINGDOM

ENGLAND

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Derby: Russell Davison 01332 737216, Russell@davisonproperty.co.uk

Herefordshire: Sally Dean 01432 840353, sally.dean@myphone.coop

East London: Deborah Syrett 020 8518 8356, medical.herbalist@ntlworld.com

London: Philip Ridley philridley@hushmail.com, westonaprice.london

Wise Traditions London, Festival for Traditional Nutrition Phil Ridley, westonaprice.london@gmail.com, westonaprice.org/london, meetup.com/westonaprice-london

Nottingham, East Midlands: Jessica Taylor 0044 79 8046 2874, clairebackhouse78@gmail.com

Surrey and Hampshire: Diana Boskma 44 1252 510 935, dboskma@gmail.com, facebook.com/groups/336421596766813/

JOEL SALATIN OF POLYFACE FARM KEEPS BUSY!



LEFT: Salatin (middle front row) and Doniga Markegard, author of *Dawn Again: Tracking the Wisdom of the Wild* (2nd row wearing hat) and friends enjoy a “lunatic tour” and farm-fresh meal and discuss ranching the right way at Polyface in early May.

RIGHT: Chapter leaders Mónica Fernández Perea (Girona), Duarte Martins (Lisbon), Hugo Dunkel (Porto), Salatin and Ana de Azcárate (Madrid) at Salatin's masterclass in Toledo, Spain in April.



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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, Colorado. A family-owned ranch in Simla, practicing regenerative agriculture, bringing you nutrient-dense food. Our animals are 100% certified American Grass-fed and are 30-day dry-aged beef along with pasture-raised lamb. Bones, broth, and offal and other choice cuts of beef available. We also offer pasture-raised broiler chickens. Bulk order and/or pieces. Several pick-up locations along the Front Range or at the ranch. (719) 541-1002, www.rafterwranch.net

IN

100% grass-fed raw butter, cheese, and other dairy products, **will ship.** Also available in Indiana only: 100% grass-fed beef, veal and whey/skim fed pork. Check out our online store for other local products available at <https://thefarmconnection.grazecart.com>. Alan & Mary Yegerlehner, Clay City, Indiana (812) 939-3027.

Spring River Dairy (Fry Farms Co-op) has raw milk and milk products including 5 raw milk cheeses from healthy Jersey cows grazed on organically managed pasture and hay. Available to herd-share members. Delivery to Fort Wayne and Columbia City. Fry Farms Co-op (260) 704-0132.

MA

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

MD

100% soy-free chicken, eggs, pork and beef. Chicken livers, chicken feet and heads. Bacon and sausage. Raw pet milk. Raw milk blue and cheddar cheese by cheesemaker Sally Fallon Morell. **Will ship** whole cheese wheels. Southern Maryland, within 1 hour of downtown Annapolis and Washington, DC.

Saturday farm tours. Store open Thursday to Saturday 10-6 or by appointment. P. A. Bowen Farmstead, 15701 Doctor Bowen Road, Brandywine, MD. (301) 579-2727, pabowenfarmstead.com.

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

MI

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

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

MN

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

NY

Raw milk, cheese, butter, etc. from 100% grass-fed Jersey cows. 100% grass-fed beef and lamb. Pastured pork, chicken and turkey (soy-free options available). Fermented veggies and more! Have dropsites in select areas or **can ship.** Call for details. Pleasant Pastures (717) 768-3437.

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 – www.DutchMeadowsFarm.com

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

OH

Heritage Devon beef, 100% grass fed, no antibiotics, no growth hormones. Selling full cow, 1/2 cow or individual cuts from my ranch in St. Leon, Indiana (5 miles off I-74) or at "Lettuce Eat Well Farmers Market" in Cheviot, Ohio (western suburb of Cincinnati, OH – www.lewfm.org) first Friday of every month. Also pastured pork, 100% antibiotic free, fed minimum amount of non-GMO grain, 100% outdoors on pasture and woods. Pigs use small huts for shelter and farrowing. All meats USDA inspected. To see how we raise our beef and pork plus important health links visit our website www.abundantgreen-pastures.com. For more information call Mike at (812) 637-3090.

Soaptown Poultry. Fresh eggs from chickens pastured on high omega-3 forage, supplemented with organic, non-GMO, soy-free feed (including kelp and probiotics). The richest yolks you have ever seen. Raised responsibly in Lordstown, Ohio (halfway between Cleveland and Pittsburgh). (330) 550-9745.

Sugartree Ridge Grassfed Herdshare/PMA, located 60 miles east of Cincinnati in Highland County. We deliver 100% grass-fed milk, optional A2-A2 milk and many other products to twelve delivery sites in Cincinnati. Farm and contact address is: 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

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

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RAW CHEESES made from milk from our herd of 100% grassfed cows on our organically managed farms. Prices start at \$5.25/lb. and also ground beef at \$4.25/lb. **WE SHIP.** Oberholtzer at Hilltop Meadow Farm. (570) 345-3305.

Thousand Hills Grazing (in Central PA) is taking orders for nutrient dense pastured poultry (soy free and non-GMO) and grassfed beef moved daily to fresh pasture. Contact Cassie Seppanen at (717) 636-0299 or visit bcseppanen.wixsite.com/thousandhillsgrazing for more information.

Raw milk cheese from our grass-fed Jerseys, made on our family farm with Celtic sea salt. No grain feed. Also grass-fed beef and pastured chickens, turkeys and eggs. All soy-free, no hormones or synthetics. On-farm sales, **will ship cheese.** Wil-Ar Farm, Newville, PA (717) 776-6552.

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

VA

Salatin family's Polyface Farm has salad bar beef, pigaerator pork, pastured chickens, turkeys and eggs, and forage-based rabbits. Near Staunton. Some delivery available. Call (540) 885-3590 or (540) 887-8194.

Raw milk, cheese, butter, etc. from 100% grass-fed Jersey cows. 100% grass-fed beef and lamb. Pastured pork, chicken and turkey (soy-free options available). Fermented veggies and more! Have dropships in select areas or **can ship.** Call for details. Pleasant Pastures (717) 768-3437.

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!

HEALTHY PRODUCTS

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) * 70%

of Americans are fluoridated. JOIN IN THE EFFORT TO END FLUORIDATION - You have the right to safe drinking water.

TRADITIONAL HEALTH FIRST. Offering all Green Pasture's products including Blue Ice Fermented Cod Liver - Fermented Skate Liver Oil - X Factor Gold High Vitamin Butter Oil both in liquid and capsules, Infused (with FCLO) Coconut Oil and Pure Indian Foods Ghee. Prescript Assist Probiotics, **free shipping.** Email or call for information about shipping, referrals, auto resupply, and any general questions or information about these superfood products. Visit THF on Facebook. To order: email John@TraditionalHealthFirst.com or call John Delmolino, Amherst, MA. (413) 210-4445.

CRAFTS

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.

DVDS

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

EMPLOYMENT OPPORTUNITIES

PERMACULTURE FARM near Tampa FL seeking farming partners. We grow vegetables (in dirt), perennials, and manage a small herd of water buffalo for milk and meat. 54 acres with wetlands and pasture, small orchard, building, equipment, solar systems, housing, and our interests are community, sustainable living, promoting the Weston A Price Foundation, regenerative farming, ecology, social activism, etc. We are a older couple that want to continue farming. Contact Jon at 813-708-3179 or e-mail ecofarmfl@yahoo.com.

A wonderful WAPF-inspired fine dining restaurant is now recruiting talent. Farmageddon filmmaker, Kristin Canty is hiring

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

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

We are seeking a middle aged couple to move into our log home and care for our small herd of dairy cattle. Knowledge of organic farming, animals and cheese making helpful. Does this look like something you could enjoy? Come give it a try! - Commit to 6 months or longer if both couples find a good fit. Couple mid 60's due to health reasons need a sabbatical from our new and fast growing A2 raw milk micro-dairy in Wyoming. For more information send email w/ resume diamondsretreat@gmail.com; diamondsretreat.com.

HEALING ARTS

DIAGNOSIS+NUTRITION HEALTH COACH TRAINING for health care professionals and the general public; this "no pressures" integrative program is available online and in-person. Learn diagnosis techniques to create the best diet/lifestyle program for yourself and others. John Kozinski MEA, (413) 623-5925 www.macrobiotoic.com.

GLUTEN OR DAIRY INTOLERANT? Trying to heal your gut without special diets? Or have an allergy to dust, pollen, pets? Learn the 5 Biological Laws discovered by a doctor 36 years ago. Get healthy faster. Former WAPF CL and speaker, Andi Locke Mears, teaches you how. www.biohealthworksinstitute.com/wapf.

VIROQUA NUTRITION COUNSELING is a traditional foods-based practice in Southwest Wisconsin. Laura Poe, RD is a holistic dietitian, culinary instructor and WAPF

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member. In-person or distance consultations available. Email Laura at laurapoerd@gmail.com for more information or to schedule an appointment. Initial consults are \$100, \$75 for follow-ups.

HOMES & LAND SALE

4-BED FARMHOUSE HOMESTEAD W409 Foundry Rd, New Holstein, WI 53061 on 2.5 acres; more acreage available! 165K. Contact Emily Matthews 920-286-0570 RE/MAX Universal Realty, 614 Broadway, Sheboygan Falls, WI 53085. Office (920) 208-9500 <http://www.sheboygan.tothemax.com>

BUSINESS AND FARM IN OREGON LOOKING FOR A BUYER AND OR INVESTORS. The farm is a turn key operation. It has a 30 cow 30+ heifer herd share dairy, with over 100 members. Includes cheese room, greenhouse, underground fodder container and green room, smaller greenhouse, and orchard that haven't been completely developed for revenue. 30 head of ewes and their lambs for milking on one side of the parlor. A large walk-in freezer and milk equipment for milking sheep and cows. Deliveries to Portland, Medford, Ashland, Dalles, Bend, Redmond, and on-farm sales. See pictures windyacresdairy.com. Call (541) 613-5239.

HISTORIC HOUSE and property for sale, walking distance to Sally Fallon's P A Bowen Farmstead and farmstore selling raw milk and pasture-raised products. 5 bdr, 5 bath, 78

acres, \$775,000. 16002 Doctor Bowen Rd, Brandywine, MD. Phone: 443-256-3773.

SERVICES

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TRAVEL/LODGING

SOUTHERN MARYLAND – Farm stay at P A Bowen Farmstead. Living room with kitchenette, 1 bedroom, plus cots, to sleep 4, even 6 total. Barbeque, pool, private entrance. Tree house for children. Walks, farm activities. 1 hour from downtown Washington, DC and Annapolis. Listed at AirBNB or contact Lindsay at farmstay@pabowenfarmstead.com. 15701 Doctor Bowen Rd, Brandywine, MD.

NEW FILM

Diana Rodgers is a real food nutritionist living on a working farm making a documentary called Kale vs. Cow that

will defend the nutritional, environmental and ethical case for better meat. Endorsed by WAPF, Savory Institute, Animal Welfare Approved. Contributions are tax-deductible. SustainableDish.com/film.

WAPF RESEARCH

ONGOING PROJECTS SHARING THE BENEFITS OF A WAPF DIET FOR GROWING CHILDREN: Johanna Keefe, PhD, RN, GAPS/P, has completed her doctoral research through the California Institute of Integral Studies (CIIS) revealing, through in-depth interviews, the lived experience of mothers as they describe their lifestyle following a real food diet based on the principles of the WAPF. Please consider contributing to her post-doctoral project to collect a more robust sample of mothers who are finding positive outcomes over time for their children and teenagers on a traditional diet. You can begin by offering your story to the research blog www.growingsuccessstories.org, which may serve to seed other doctoral studies, and also contribute to her forthcoming project: a published photo-essay leading to an uplifting film to inform and inspire our next generation of parents. If you would like to find out how to contribute to these projects, please contact Johanna through email at jmkeefe@endicott.edu or by phone at 978-290-0266.



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(Scroll down the page to the Northwest Arctic section, you'll find the link there.)

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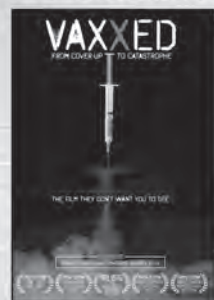
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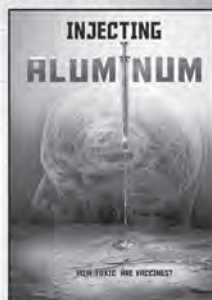
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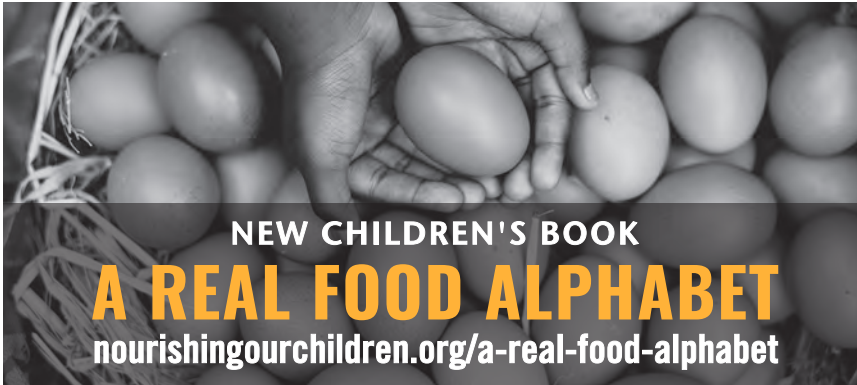


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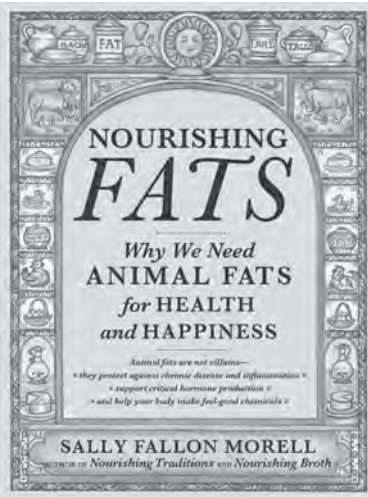


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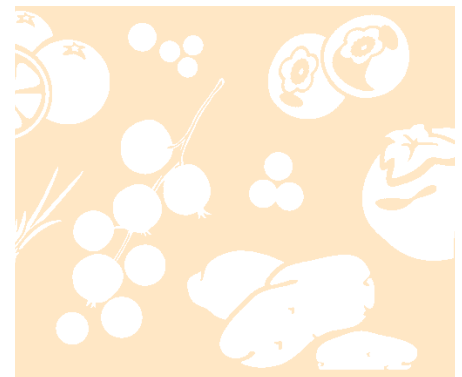
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- Aug 11-13** **Amherst, MA:** NOFA Summer Conference. Speakers include Don Huber, Michael Phillips and others. **Contact:** www.nofasummerconference.org.
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