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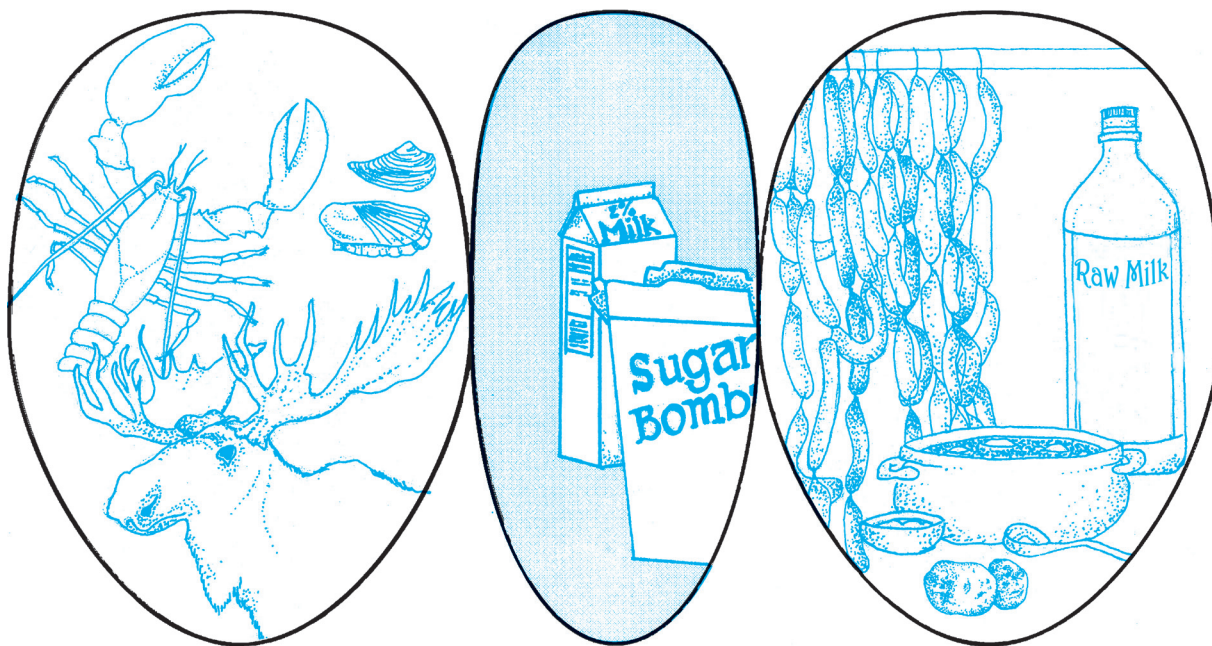
NURTURING THERAPIES

Wise Traditions

IN FOOD, FARMING AND THE HEALING ARTS

Volume 10 Number 4

Winter 2009



Holistic Cancer Treatment
Live Blood Cell Analysis of Individuals on the WAPF Diet
Child-Led Weaning
Inside the Minds of Raw Milk Regulators

A PUBLICATION OF
THE WESTON A. PRICE FOUNDATION®

Education ♦ Research ♦ Activism

TECHNOLOGY AS SERVANT

SCIENCE AS COUNSELOR

KNOWLEDGE AS GUIDE

Wise Traditions

IN FOOD, FARMING AND THE HEALING ARTS
Volume 10 Number 4
Winter 2009

EDITORS

Sally Fallon, MA
Katherine Czapp

SCIENCE EDITOR

Mary G. Enig, PhD

ARTISTIC EDITOR

Lynda Smith Cowan

COVER DESIGN

Lynda Smith Cowan

COPY EDITORS

Janice Orion
Roger Windsor
Kaayla Daniel, PhD

Wise Traditions is mailed quarterly to members of the Weston A. Price Foundation
PMB 106-380
4200 Wisconsin Avenue, NW
Washington, DC 20016
Phone: (202) 363-4394
Fax: (202) 363-4396
Email: info@westonaprice.org
Website: www.westonaprice.org

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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

THE USDA 2010 DIETARY GUIDELINES COMMITTEE: REARRANGING THE DECK CHAIRS ON THE TITANIC

Every five years, the United States Department of Agriculture convenes a group of university and industry “experts” to update the Dietary Guidelines for Americans. Congress gave USDA the mandate for telling us how to eat in 1980, and the original guidelines recommended a “well-balanced diet” that included fruits, vegetables, grains, legumes, dairy products and meats, and avoided “too much” sugar, salt, alcohol, saturated fat and cholesterol. The emphasis on carbohydrate-rich foods began in the late 1980s and became enshrined in the Food Guide Pyramid—with its base of six to eleven daily servings of bread, pasta, crackers and cereals—in 1992.

The most recent guidelines—published in 2005—put more emphasis on fruits and vegetables than grains, while limiting calories to 2300 per day, saturated fats to 10 percent of calories, total fat intake to 25-30 percent of calories, and cholesterol to less than 300 milligrams per day. Meats should be lean and dairy products lowfat or fat-free—horrid and inedible. You aren’t permitted any butter or cream on all those fruits and vegetables—you have to choke them down dry to avoid exceeding your limit of saturated fat. And on this starvation fare you are supposed to engage in “moderate-intensity physical activity” sixty to ninety minutes per day.

Let’s put the cards on the table: these guidelines are not based on science but were designed to promote the products of commodity agriculture and—through the back door—encourage the consumption of processed foods. For while the USDA food police pay lip service to reducing our intake of refined sweeteners, *trans* fats, white flour and salt, this puritanical lowfat prescription ultimately leads to cravings and indulgence in chips, sweets, sodas, breads and other empty food-and-beverage-like products just loaded with refined sweeteners, *trans* fats, white flour and salt.

Coupled with the USDA-sanctioned industrialization of agriculture, which resulted in a huge reduction in nutrients and increase in toxins in the American diet, the guidelines have caused an epidemic of suffering and disease, one so serious that it threatens to sink the ship of state. But is the 2010 Guidelines Committee concerned? Are they going to abandon their Frankenstein creation and scurry to the lifeboats before it’s too late? Not at all. Rather than chuck out the food pyramid and their horrendous strictures as a tragic and failed experiment, they are merely fiddling with some of the details, such as how to get Americans to eat more tomatoes. Some committee members are actually proposing reduction of the saturated fat allowance to a mere 7 percent of calories and

cholesterol to 200 mg—for reference, one large egg contains about 245 mg cholesterol—based on the following tortured logic: restriction of cholesterol and saturated fat has not caused heart disease to decline, *ergo*, the current guidelines are not restrictive enough.

Actually, we are not being fair. Some of the committee members—mostly women members—have expressed concern during committee meetings (available to the public via webinars) about widespread deficiencies in the American diet, noting the fat-soluble vitamins A, D, K and E as “nutrients of concern.” But there is no way for Americans to consume sufficient quantities of these critical vitamins while confined to the low-fat, low-saturated fat, low-cholesterol, low-calorie cage of the USDA dietary guidelines. Further, the committee admits that many Americans are also deficient in calcium, magnesium, potassium, iron, phosphorus, B₁₂, folate and choline. Their solution is to eat more “nutrient-dense” fruits and vegetables. I’ve got news for the committee: fruits and vegetables are not nutrient-dense foods. If you don’t believe me, just check the data tables and compare the nutrients in plant foods with those in eggs, whole milk, cheese, butter, meat and organ meats.

Research into the role of choline in human development casts a glimmer into the dark corners of the current paradigm. Choline is critical for good health and is especially necessary for growing children. If choline intake is too low during pregnancy and growth, brain connections cannot form. And if choline is abundant during developmental years, the individual is protected for life from developmental decline. The National Academy of Sciences recommends 375 mg per

day for children nine through thirteen years of age, 450 mg for pregnant women and 550 mg for lactating women and men aged fourteen and older. These amounts are provided by four or five egg yolks per day—but that would entail consuming 800-1000 mg cholesterol, a crime by USDA standards. The committee referred to this as the “choline problem”—I kid you not! Chicken liver and beef liver are also excellent sources of choline, but to get enough of this brain nutrient from liver, you would “poison” yourself by exceeding the maximum recommended allowance for vitamin A. So while we watch in horror the blighting of our children’s lives with failure to thrive, learning disorders, attention deficit disorder, autism and mental retardation, the committee is sticking to its anti-cholesterol guns. Truly, we have sacrificed our children on the altar of Baal, and the USDA has wielded the knife.

Putting the USDA in charge of the dietary guidelines is like letting the devil teach Sunday school. A growing number of Americans now recognize the devil’s food and have learned to avoid it. But millions of others have no choice—those in hospitals, nursing homes, prisons and schools. Yes, the most serious repercussion of the USDA Dietary Guidelines is the fact that our children no longer get real food—not even whole milk—at the breakfasts and lunches served in schools. By two o’clock in the afternoon, they are starving and head for the vending machines, where they can load up on junk food filled with refined sweeteners that weaken their bones and make them fat, filled with additives that addle their brains, filled with the kinds of industrial fats that prevent the girls from later having a normal, healthy pregnancy—or any pregnancy at all—and that hinder the boys from normal sexual performance, in short, nothing but misery and suffering, suffering and misery for the rest of their lives.

The solution? Rescind the mandate, withdraw the funding, disband the committee. Let your elected officials know that the USDA Dietary Guidelines are destroying America. Then return to the kitchen and prepare real food—including your children’s lunches—using the products of grass-based farms and artisan processors. Eat lots of butter, cook with lard, drink whole raw milk, enjoy forbidden foods like paté, bacon and rich sauces. Good food, nutrient-dense food, will keep you out of hospitals, nursing homes and prisons—will allow you to live longer and happier lives than the government “experts.” Short of arresting the committee for crimes against the state, it’s the only way to get your revenge. . . . because, after all, the best revenge is living well. ☯☯

REFERENCES AND CORRECTION ABOUT FLU VACCINES

Several astute readers have asked for references about statements on flu vaccines (Fall, 2009, page 15). The Cochrane review of fifty-one studies published in 2006 can be found at http://mrw.interscience.wiley.com/cochrane/clsysrev/articles/CD004879/pdf_fs.html. We erred in stating that the flu vaccines worked no better than a placebo for all 260,000 children. The flu vaccines worked no better than a placebo only for children under the age of two. The 2008 report which found that flu vaccines in young children made no difference in the number of flu-related doctor and hospital visits was published in *Archives of Pediatric and Adolescent Medicine* (2008, 162, 943-51, <http://www.ncbi.nlm.nih.gov/pubmed/18838647>). A more recent study found that children who had received the flu vaccine had three times the risk of hospitalization compared to children who had not received the vaccine (<http://www.sciencedaily.com/releases/2009/05/090519172045.htm>).

Letters

SOY ATTACK

My thyroid didn't bother me at all my whole life. Then my doctor recommended soy milk because of my love for milk. I was at Costco and saw that they had soy milk so I decided to give it a try. I started getting pains in my heart, chest and neck almost right away but I didn't associate it with my thyroid or my soy milk. I decided my problem was too much cholesterol and so I cut out meat, butter and milk completely and drank more soy for protein intake. I got worse and worse until I had two heart attacks that I now think were thyroid attacks—but the heart doctors saw it as a great opportunity to use me for their next boat payment and I got three stents.

But the pains didn't go away. I tried blaming it on my Crestor for keeping down my cholesterol but I kept drinking my soy, faithfully. I was in Hawaii when, after five years of thinking I was about to have a heart attack every day and becoming a couch potato, a friend told me to try sea weed or kelp. I did and the pain went away. I would still have times when my thyroid caused me stress, pain and sluggishness but now I realize that that was when I would have soy milk.

When my wife heard that soy could be the problem, we cut out the soy and the pains started getting better almost right away. I have lost five years of my precious life and suffered fear of heart attack and pain in my neck, throat, chest and armpits, and I truly believe soy is the culprit. Help me find a way to stop the soy industry from hiding the truth.

Mark Rush
Lincoln, Nebraska

MIRACLE BIRTH

A few years ago, I was told I had a very slim chance of ever getting pregnant and only about a 30 percent chance of keeping a pregnancy. This was due to having PCOS, endometriosis, fibromyalgia, mild lupus and Sjogrens syndrome. Most of my doctors told me there was nothing I could do but to go on drugs for the rest of my life! Instead, I changed my diet, lifestyle and used al-



ternative Japanese wellness products in our home. I soon found myself pregnant, and more important, my pregnancy was so smooth and easy!

Our sweet baby girl, Sofia Shea Stankey, was born safely at home after a 100 percent drug-free and natural delivery. She weighed over seven pounds and is in perfect health. She was amazingly alert from birth and nursed within ten minutes of coming into the world. I've attached a precious picture of her after she finished nursing where she

just gazed at me. It was the most amazing moment in my life! She continues in good health, has gained back all the weight she initially lost, and is a nursing pro. She is a very content and happy baby. We are really blessed!

My traditional diet, local organic foods, and organic raw supplements during pregnancy have sure paid off. Thank you to our local farmers and the Weston A. Price Foundation for the priceless work, research, education and advocacy for healthy traditional diets. We are truly grateful.

Mary Stankey,
biochemist and WAPF chapter leader
Darrington, Washington

DEVIL IN THE DETAILS

I am writing in response to the book review of *Devil in the Milk* (Fall, 2009). I am very confused! Are you saying that raw milk is very harmful to humans unless we have a strong GI tract? And that only milk from Jersey cows, or maybe not even those cows, because of the modern breeding, have milk that is safe for humans?

Where do we find old-fashioned A2 cows? I have finally found a reliable source for raw milk. It is from Jersey cows, but is that milk the safe milk from an A2 cow, or would it be wise to start drinking goat milk because BCM 7 is not found in goat milk?

Susan Chrzan
Alpena, Michigan

Raw whole milk from pasture-fed cows is safe and wholesome for most people. The significance of the A2 findings is that it may explain why some people



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do not do well even on this kind of milk—and why some people do better on goat milk. We are not suggesting that farmers and consumers worry about whether their milk is A1 or A2. What we are suggesting is that those who have trouble with raw cow's milk seek out and try A2 milk, or switch to goat milk. We also suggest that pure A2 milk may be the answer for those with very serious conditions like autism. We predict that over the years, A2 milk will become more and more available, perhaps eventually the only type of milk available. But this transformation will be gradual and will take a long time. Meanwhile, we don't want farmers to worry about their current herd, nor consumers to worry about the milk they are drinking if it agrees with them.

RECOVERY WITHIN ONE WEEK

Back in the fall of 2002, I fell prey to anorexia, which turned into bulimia a few years following. After much anxiety, I went inpatient for help in 2007. Their efforts were disastrous—I fell even deeper into the eating disorder, only to be told I needed “more time inpatient.” There followed three more hospitalizations until this year (the most recent being this past May). I am in debt twenty-one thousand dollars to hospitals whose low-fat diet regimes did nothing for me. For example, I have always loved vitamin D whole milk. (I'm lucky now to have it raw!) They didn't even supply it in the hospital! The best I could get was 2% milk. Everything was lean, lowfat, high-carb—we were on dietician-approved meal plans, guaranteed to help us gain weight but “not make you fat.” And

yet many of us were forced to eat two desserts a day (usually hospital cake or Little Debbie or some concoction of that ilk). If we refused to eat, we were forced to drink Ensure. And if we didn't drink that, it was tubed into us. In retrospect, how horrifying! Eating disorder centers are the diet dictocrats personified!

When released from my most recent stay, the urges were still with me. I was depressed, antsy, and sleepless (despite having tried various antidepressants, antipsychotics and sleep meds). In desperation, I decided to “take the plunge” into real food. I was familiar with Weston Price's research and principles. It had always made sense to me—but until this past June hadn't really clicked. The “clicking” was thanks to Nina Planck's book, *Real Food*. And so it was, that June day, that I poured myself a glass of raw milk, literally closed my eyes, and drank. I haven't looked back.

Within one week, my mood had improved. In two weeks, I was sleeping like a babe. By July, I had totally switched my diet around. Instead of toast in the morning, it was sautéed veggies and pastured eggs. I allowed myself fat, good fats, animal fats, the cracklings of bacon in the pan; I delved into grass-fed beef like a long-lost daughter. It was like I had finally woken up!

Now, after several months, I have had no impulses to return to the eating disorder. I can't imagine starving myself now! My cravings for sugar are gone. I don't even want Starbucks! I love the fact that I finally am able to eat. I relish it, I enjoy it. But the most astonishing thing about this recent change has been that after going for years with amenor-

rhea, in hospitals and out, after only three weeks of grass-fed beef, fresh CSA veggies, raw milk and sprouted grains, my period returned!

I look forward to learning more (and more and more!) about these forgotten traditions! I hope one day to help others recover from their eating disorders in the true, traditional way. Thank you everyone at the Weston A. Price Foundation for all your hard work!

Lindsey DeLallo
Twin Cities, Minnesota

GOAT MILK HEALS!

I know firsthand the value of raw goat milk. Years ago, my husband suffered for a long time from diarrhea. Nothing seemed to help. His doctor put him on Lomotil pills, which he rarely took. He was then put on a baby food diet for two years.

The Lord must have told him to go on raw goat milk. His GI system healed completely and since then he has eaten anything he wants. I tell people to get goat milk, but it seems like no one is smart enough to listen. That is really sad.

Susan Fay
Marshall, Texas

CRADLE BOARDS

With each new issue I find myself intrigued and informed. I find it hard to pull away until I have read every page. I love the depth of your articles; even after six years of following WAPF principles and founding a local chapter, I am never bored. The most recent journal carried a fascinating article about the American Indians of the Midwest region a hundred



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years before Price. I was interested to learn of the possible value of sleeping with the head tipped forward and have been experimenting with this. The photos were also fabulous.

There were some statements in the article which I believe are inaccurate. One of these concerned the “universal” use of cradleboards among American Natives of North and South America. I’d love to see more research. However, I do know that at least some groups of native people in the Arctic carried their babies close to their bodies inside their parkas for warmth. Also, the Yequana people of South America carried their babies on their hips, passing them around in order to work, and slept entwined with them, according to the fascinating book *Continuum Concept* by Jean Liedloff.

Ms. Leidloff lived at length with the Yequana before they were otherwise exposed to western culture. While sadly ignoring their diet, she recorded at length the child-rearing practices to which she attributed their deeply fulfilled natures. In many other parts of the world, native people carried their babies in a great variety of carriers that enabled them to be held close while adults worked. In addition to the scholarly works to this effect, a terrifically illustrated children’s book, *A Ride on Mother’s Back* by Emery Bernhard, covers some of these tribes.

Binding a small child to a board for two years such that even the arms are constrained does not strike me as a practice to emulate. Rather than a positive and universal practice such as a nutrient-dense diet, it may be a regional idiosyncrasy more akin to foot-binding

or child genital mutilation. Perhaps the tribes that used cradleboards simply had not invented a way to carry their babies against their bodies, much as they did not invent wheels or weaving. With baby-carrying the infant’s mobility is increased and their balance improved while the all-important bonding to the mother is enabled. The baby is kept safe and the mother can work and everyone wins. The physical beauty and strength of the adults of the cradle-boarding population does not necessarily mean that cradle-boarding was a positive influence on the individuals in question. As we all know, there are invisible ways to be harmed.

I was disappointed that the “Advice for Today’s Mothers” sidebar discouraged mother-infant bed sharing. Millions, if not billions, of people for millions of years have slept cuddled with their babies, as do primates and all other mammals born helpless and naked. The possible exception of the Midwestern American Indians and the current phobias of the medical-industrial-government complex do not change that. For scientific support for the numerous benefits and high degree of safety of proper bed sharing please see the work of Dr. McKenna at the University of Notre Dame’s Mother-Baby Behavioral Sleep Laboratory, as frequently profiled in *Mothering Magazine*.

Leah Mack
Knoxville, Maryland

As described by George Caitlin and other observers of American Indians, and recorded in numerous photographs, the use of cradle boards seems to have

been a near universal practice on the North American continent. These observers did not visit Arctic climates, where practices were necessarily different, and it seems that in South America practices were mixed. As we pointed out, the cradle board seems cruel to modern parents; light swaddling in a blanket for a small infant during sleeping is all that we recommend today. The Weston A. Price Foundation takes no official stand on bed sharing with infants. The advice about keeping the baby’s head elevated can be followed with the baby in bed with her parents or sleeping in a crib.

SWADDLING CONCERNS

Each issue of *Wise Traditions* provides wonderful nutritional advice for raising healthy babies. The advice concerning the swaddling of babies and its alleged health and respiratory benefits, however, is something we disagree with (Fall, 2009).

Kicking legs, wiggling bodies and expressive arms and hands are not only a joy for babies; they are deeply pleasurable actions that, developmentally speaking, play a healthy role in the child’s physical and emotional integration and coordination. These movements, denied the swaddled infant, mute a baby’s emotional responses, rendering the child docile and obedient. We believe that extended periods of swaddling are traumatic, steering the infant toward an attitude of excessive emotional restraint coupled with hopelessness against external pressures. This statement is supported in the article itself where Ms. Henderson, quoting Mr. Caitlin



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himself, describes the deeply ingrained emotional restraint of the Indians that were studied; an artificial restraint that was revealed in the face of emotionally charged circumstances both joyous and tragic.

This fact is more thoroughly documented with extensive cross-cultural evidence in the book *Sahasasia: The 4000 BCE Origins of Child Abuse, Sex-Repression, Warfare and Social Violence in the Deserts of the Old World* by Dr. James DeMeo. Here it is demonstrated that, far from being an innocuous and independent child-rearing practice, the social institution of swaddling developed as part of a much wider, functional social matrix that included many other biologically traumatic child-rearing practices. Swaddled infants may in fact appear calm, but this is often a consequence of the swaddling wraps causing a compressive reduction in respiration, after which they eventually resign to their confinement.

The negative psychological effects of swaddling may be carried into adulthood as an emotionally immobilized character structure. Such submissive people, for example, are unable to express the necessary outrage at authorities who try to take away their individual rights and freedoms. We urge parents to do their research before deciding on the practice of swaddling.

Joseph Heckman, Ph.D.
New Brunswick, NJ
James DeMeo, Ph.D.
Ashland, Oregon

George Caitlin did not observe the very cruel practice of head deformation, as

described in the book Saharasia, which apparently was practiced in a few traditional cultures. As noted, the main reason given for swaddling in cradle boards was to protect the infant. The point of the article was the great emphasis the American Indian placed on preventing mouth breathing. Obviously we do not recommend the practice of continuous swaddling today, although many mothers have found that light swaddling in a blanket can be useful in calming a very young infant. The premise that swaddling during the first two years of life resulted in the emotionless demeanor of the American Indian is an interesting one; but to claim that the Native Americans lacked the will to resist the incursions of the Europeans into their territories does not stand up to the recorded evidence. Quite the contrary, European Americans had to go to great lengths to break the spirit of the American Indian. The allegation that the American Indians practiced child abuse and were sexually repressed seems far-fetched. In fact, in the early days of the American colonies, one of the greatest "problems" encountered by the settlers was the fact that many Europeans ran away to live with the Indians, because they found the Native American society less stressful than their own.

BUTEYKO BREATHING TECHNIQUE

Thank you for printing Nancy Henderson's fascinating article about George Caitlin. My interest in the WAPF started after I was taught the Buteyko Breathing Technique by Roger Price (whom Henderson refers to in the ar-

ticle). He made a number of comments about jaw development and how it related to asthma. This technique "cured" my lifelong asthma. I am thirty-six now and have been off all asthma medication (most recently Pulmicort and Bricanyl) for several years. I say "cured" because my symptoms would soon return if I didn't maintain good breathing habits.

To manage my asthma I do the following: breathe quietly through my nose while awake; tape my mouth closed at night with micropore tape (fold a tab on one side so it can be easily removed); breathe only through my nose while exercising, such as running.

I can now get up on a cold morning to run without fear of symptoms, and I no longer carry an inhaler with me. In 2007 I ran the Sydney and Auckland marathons breathing only through my nose. I wake up in the morning feeling calm and relaxed, and the tape prevents any snoring.

Most of 2008 I spent milking cows on an organic dairy farm in New Zealand—somewhat ironic after supposedly being allergic to cow's milk as a baby (asthma/eczema) and being told as a child that I was allergic to grass. While on asthma medication I never thought I would be able to work in an environment like that. (I suspect that I may be allergic to hard work though!)

Konstantin Buteyko, the Ukrainian physician who invented the technique, made a couple of important discoveries. First, that healthy people breathe air at around six liters per minute. Most of us breathe far too much all the time (chronic hyperventilation). Second, that overbreathing results in insufficient CO₂

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levels in the lungs and blood. Henderson's article mentions "vital capacity," but don't be fooled into thinking that a large capacity means we should be bel-
lowing air in and out! The reason we have a large reservoir of air is so that we can maintain a higher level of CO₂ within it (ideally around 6 percent).

My experience is not unique. The Bowler Trial published in the *Medical Journal of Australia* showed a reduction in minute volume and beta agonist use for the Buteyko group, with no significant change for the control group (www.mja.com.au/public/issues/xmas98/bowler/bowler.html). These results were duplicated a few years later in another trial published in the *New Zealand Medical Journal* (www.nzma.org.nz/journal/116-1187/710/). They also published a case series showing children were able to reduce their beta agonist usage (www.nzma.org.nz/journal/119-1234/1988/).

Scottish nurse Jill McGowan's trial results were presented to the British Thoracic Society Winter Conference in 2003. She found that 384 of the initial 600 participants (64 percent) who completed the trial, asthma symptoms decreased by an average of 98 percent while use of reliever inhalers decreased by an average of 98 percent. Use of preventor inhalers decreased by an average of 92 percent (www.members.westnet.com.au/pkolb/jill_mcg.htm).

In my opinion, asthma symptoms are caused by chronic hyperventilation, and can be "cured" by learning to breathe correctly—that is, nasal breathing closer to ideal volume of around 6L/min.

Simon Daniel
Sydney, Australia

BREAST HEALTH

Personal health is a passion of mine

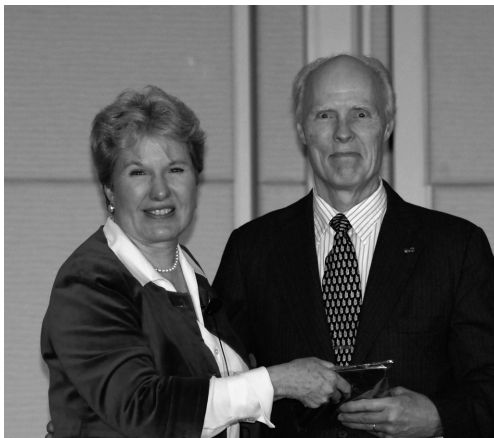
as one of my health goals is to prevent cancer—three of my mother's sisters died from breast cancer and my mother had a prophylactic mastectomy. I therefore have been on a quest of finding the healthiest diet for over thirty years.

Unfortunately, until I began eating a traditional diet eight years ago, I was probably on the cancer track without knowing it. I had followed a very "healthy" high-fiber, low-fat diet for many years eating lots of salads, fruits and vegetables, whole grains and only a little meat, eggs and dairy—and no butter of course. I became very malnourished and developed a severe digestive disorder. Luckily, I learned about the work of Weston A. Price and have recovered. I feel this nutrient-dense diet is clearly the cancer protection that I had been seeking.

However, in terms of breast health, I have learned that there is an important

WISE TRADITIONS 2009: HONORING THE SACRED FOODS

Chris Masterjohn (left) describes the medicinal use of cod liver oil, going back hundreds of years. Sally Fallon Morell with Ted Beals, MD (center), winner of the 2009 WAPF Integrity in Science Award. Kaayla Daniel, PhD, discusses the sacred foods for fertility.





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component that I had left out. I recently found a painful lump in my breast that really frightened me. How could this be happening with my diet? Through research, what I now understand is that most women get these lumps and that they are cysts. I also learned that doing regular breast lymphatic self-massage will help these cysts drain, improve breast health and help prevent them from forming in the future. Within three days of following the massage protocol, the cyst disappeared by 80 percent! What a revelation! Unfortunately, because of the media attention to breast lumps, most women are scared to death when they find a lump, and then they panic. I was so thankful to have learned this holistic, caring information from a project called “The Breast Health Project.”

Here is the site on breast self-care: www.breasthealthproject.com. It says that “Women find that this massage reduces breast pain, breast swelling, PMS breast symptoms, cystic issues, calcifications and even fear of breast cancer” and that “The Breast Health Project has created a new model of breast care based on holistic medicine, using the best of eastern and western therapies.”

Paired with a nutrient-dense, traditional diet, lymphatic massage sheds a refreshing light on the possibilities of truly taking charge of our health.

Marion Davidson
Chicago, Illinois

GOOD NEWS

I am writing to say a sincere thank you for your advice and wisdom. Feeling very desperate, I wrote to the Foundation requesting advice. I had been bleed-

ing for one-and-one-half months. The bleeding started on holiday and I had to make an emergency trip to a doctor who gave me oral progesterone. That helped for a few days but didn't stop the flow. I returned from holiday and went straight to my gynecologist, who told me to go back on the contraceptive pill. As that didn't help either, I was given progesterone by injection. Again three weeks after, I was back at my doctor, still bleeding, to be told the next step was a D and C (dilation and curettage, or scraping of the uterus), which would be followed by another procedure.

I followed your suggestions to take three tablespoons of cod liver oil each day along with plenty of butter. So for the next five days I began each day with buttered toast and cod liver oil, all washed down with a glass of juice! I was really wondering whether it was going to work. On day five the bleeding stopped for a few hours and I started to feel hope again. On day six my bleeding stopped completely and I haven't had any since!

Thank you for what you do. I am sharing my good news with all my friends.

Pam from Singapore

TOOTH DECAY HALTED

I would like to thank you for your clear direction regarding my son's tooth health. I was very concerned when the dentist confirmed widespread tooth decay in his baby teeth. Based on your advice, he has been having raw milk and taking the cod liver oil and high-vitamin butter oil for three months now, and already I can see an improvement in his

teeth. On a recent trip to the dentist, the dentist confirmed that the active decay in his baby teeth has changed colour in the last week or so. I believe that the decay is beginning to become inactive. It is such a relief for me as a mother to know that we are treating his decay using natural foods and that his long term health is so much safer.

Alice Carr
Melbourne, Australia

ATOMIDINE

Regarding your article on iodine (Summer, 2009), at least two websites advise that the current product marketed as Atomidine has not been manufactured in accordance with the Cayce recommendations for many years now. See Phil Thomas at www.iodinesource.com and John Brookshire at www.magnascent.com. Note that they each offer an alternative version of “detoxified iodine” which they present as based on the Cayce protocol.

I have been using the Detoxified Iodine from Phil and am going to try John's version. One of my close friends, age seventy-eight, had been on Synthroid for years and was able to discontinue it the first week she tried Phil's iodine.

Richard J. Fitts
Virginia Beach, Virginia

HELP FOR THYROID PROBLEMS

I really enjoyed the articles about iodine in *Wise Traditions* (Summer, 2009), especially Dr. Rind's article about thyroid and adrenals. These issues have been serious health problems of mine which I have been able to manage



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well only recently with the help of my physician and members of the yahoo forums which I follow. I would like to recommend several yahoo forums which have been the greatest help to me on my journey of discovery and recovery. People with similar experiences share their stories, treatments, talk about MDs, and post good research articles. All in all it is well worth the time.

NaturalThyroidHormonesAdre
nals@yahoo.com

NaturalThyroidHormones@
yahoo.com

RT3_T3@yahoo.com

Iodine@yahoo.com

To find these groups and join, just Google yahoo groups and you are on your way. Subscribe to the Daily Digest which will give you an efficient and orderly outline of all subjects discussed in that forum. The Weston A. Price Foundation is often idiscussed.

Sylvia P. Onusic, PhD,
Nutrition Therapist
Portage, Pennsylvania

ANOTHER THYROID VICTORY

Thank you so much for your wonderful publication and especially for the archives that you keep posted on your website. The 2001 article by Dr. Tom Cowan about hypothyroidism saved my life. I am seventy-one years old and for the last year and a half, my health deteriorated so much that I could hardly get out of bed or walk. I had total exhaustion, vertigo, and many food allergies. I was gasping for air, with shooting pains all over my body. I was unable to sleep at night because of the pain but had to discontinue my pain pills because they

caused leaky gut and candida overgrowth.

I probably saw at least ten different doctors during that time and they all said that all my tests were normal. The last doctor, an allergist, said that there was nothing more she could do for me except to stabilize me as I was. I thought that I might as well die, and I was sure that I would. That's when I found Dr. Cowan's article on your website and decided to try his protocol.

I would like to add that I've been a WAPF subscriber since 2001 and have had a very healthy diet during this whole time. I've also been trying to detox in my far infrared sauna, but I hardly sweat.

On July 20, 2009, I started taking one each of Standard Process Prolamine, Iodine, Cataplex F and Thyrotropin PMG. In rapid succession the improvements were increased energy, no longer gasping for air, stabbing pains gone, pain in kidney and gallbladder area decreased, vertigo gone and hand tremors gone. Then I found I could walk without slouching, climb stairs without pulling myself up, think clearly and have regular bowel movements. I was no longer cold all the time and I was finally able to gain weight. I now have boundless energy and enthusiasm.

Thank you, thank you, thank you!

Mary Williamson
Attica, New York

THE GREAT FLU EPIDEMIC

Regarding the comments on the swine flu in the Fall 2009 issue, my grandfather, Dr. Irving Ozanne, of Neenah, Wisconsin, was a medical doctor during the 1919 flu. He was known

ever afterwards as the doctor who didn't lose a single patient to the flu. He was trained in homeopathic medicine, but always said the key to surviving influenza was to respect the body's need for fever. "Never interfere with a fever," he said, "and you will come through the flu just fine."

Also, in a simple medical practice of almost fifty years, he never lost a mother in childbirth. I wish he had not died before my time!

Roy Ozanne
Langley, Washington

TETANUS FOLLOWUP

I was excited to see an article by Dr. Thomas Cowan on tetanus (Fall, 2009). As a family doctor in New Zealand I have to work hard to get balanced information so that my patients can make informed decisions about vaccination. I found the article very good but with one concern.

Dr. Cowan states, "As I said, you are protected if you have had three vaccines at any time in your life, even fifty years ago." He was referring to an earlier statement about National Institutes of Health research claiming no one who has received all three shots for tetanus has contracted clinical tetanus.

Reading the epidemiological study (www.medscape.com/medline/abstract/9665156), the findings actually indicate that 13 percent of cases of tetanus between 1995-1997 had reported that they had received the full primary series of tetanus vaccinations. Admittedly we are talking very small numbers here (roughly a one-in-fifty-million chance per year) and as a result, Dr.



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Cowan's statements remain in essence true, especially as 9 percent of those 13 percent had had four or more vaccinations for tetanus—it seems as though those people were probably going to get tetanus no matter how much they were vaccinated. It might seem nit-picky but I believe that integrity and transparency are vital if we are to rise above the rhetoric and propaganda.

I have to mention that I greatly respect Dr. Cowan's stand for health and get a great deal of value out of *Wise Traditions*. I am a staunch advocate of the WAPF philosophy and continue to try and influence my practice with its truisms. Many thanks indeed.

Dr. Mark Edmond, MB ChB
Christchurch, New Zealand

Thank you so much for this correction! We will post your letter after our article on the website.

REAL FOOD FOR REAL BABY

The review of *Real Food for Mother and Baby* is littered with errors and distortions about my diet, my pregnancy, and my little boy.

The reviewer's claim that I didn't follow a pre-conception diet of traditional foods is false. As a would-be mother of 35, I prepared myself for my first pregnancy with care. That diet included raw milk from a trusted source, as the book makes clear, as well as other traditional foods Price called for. Your reviewer calls me complacent about the few chemicals we used on our farm in my early childhood. The claim is ignorant and false. I followed a clean diet long before attempting to conceive, in

order to replace toxins which might have wound up in my fat.

The reviewer insinuates that I suffered damage from my vegan and vegetarian years. This too is mistaken. My reproductive health has always been excellent; I got pregnant on the first try. The reviewer's cynical remark about my lacking moral support for good prenatal nutrition is offensive as well as unfounded. Julian's father Rob Kaufelt (a nationally-known champion of raw milk cheese), my mother (who fed us on traditional foods and gave me my first copy of *Nourishing Traditions*), and (yes) my friends at the local WAPF chapter were champions of my good nutrition.

The suggestion that my Cesarean section was caused by poor nutrition is baseless. My pelvis—where Julian got stuck, head sideways—is ample. For that, I can thank my mother's excellent prenatal diet, generous breastfeeding, and good baby-feeding practices. There is no evidence from midwifery or nutrition that diet could have changed his birth. As for post-partum weepiness, I ate a superb traditional diet during Julian's first weeks. As any mother knows, tears have many causes. They soon subsided. I stand by my statement that some cases of post-partum depression cannot be cured by food alone. I am lucky my baby blues were not so severe.

The reviewer's suggestion that I was not sufficiently concerned by Julian's low iron and thinning-out around age one is outrageous. I arranged a phone consultation with Weston Price expert Dr. Tom Cowan. I interviewed iron ex-

perts. True, I ignored our then-pediatrician, who ordered me to wean Julian and give him inorganic iron. Instead, I fed Julian his regular diet of real food, which included a near-daily dose of grass-fed ground beef. He also had cod liver oil and Dr. Ron's grass-fed Organic Organ Delight daily. We were, as always, generous with butter and cream. Happily, real food worked. Julian's weight gain and iron levels bounced right back.

The reviewer's presumptions about my travel with Julian are odious and unfounded. For nearly one year, Julian did not have a babysitter; we were home together. I seldom traveled. When I did, Julian was in my arms and in my bed. When I spoke at book events, Julian was right there—safe in my mother's arms.

Your reviewer finds my book insufficiently purist. How myopic! I describe the ideal diet with care and I describe how I eat with candor. More than 50,000 people have bought my books. Scores have written to thank me for saving them (as I was saved) from the low-fat and vegetarian wilderness. They appreciate hearing how I square an excellent diet with real life. My readers include many Weston A. Price Foundation members and chapter leaders. "Your books are accessible and fun to read, and I have recommended both to countless people," writes one chapter leader who found the review baffling.

Meanwhile, since *Real Food for Mother and Baby* came out, our family has been blessed again. Today, I'm nursing newborn twins. Jacob and Rose were born vaginally at full term. (Attention obstetricians: A 38 year-old mother can have VBAC twins.) I owe their good



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health and mine to the work of Weston Price.

Let me be clear about where I stand. I stand with Weston Price, in spirit (humanism) and substance (traditional foods). I stand with every mother who wants to reform her diet and feed children properly, no matter how far from perfection she is.

Nina Planck
New York, New York

We are so pleased to learn of the care that Planck took with her pre-pregnancy, pregnancy and early nursing diet. Unfortunately, these details were not communicated in her book Real Food for Mother and Baby as they should have been, so as to encourage mothers to take the same care during their own pregnancies. We are glad that Planck has found the work of Weston Price helpful to her; however, the book itself dismisses our careful guidelines on cod liver oil, pregnancy diet and homemade infant formula as too difficult or "impossible." In fact, Planck places cod liver oil in the "if you must" column of her charts on diet and supplements during pregnancy. The treatment of other important subjects, such as vaccinations, folic acid supplements, introduction of grains to infants and even raw milk is equally confusing and contradictory. Especially serious is the recommendation to take fish oil during the later part of pregnancy; this can lead to overdosing with omega-3 fatty acids and to numerous health problems including rashes, allergies and suppression of the immune system. The reason we recommend high-vitamin cod liver

oil is to obtain adequate vitamins A and D without overdosing on omega-3 fatty acids. Important details like these need to be carefully explained to expectant parents. We urge Planck to issue a second edition with more attention to consistency and accuracy. There is a very great need for books that help mothers produce healthy babies with confidence and good humor, but the best way to combat nervousness and stress is to provide clear and consistent guidelines, with carefully explained alternative suggestions for those who cannot follow those guidelines to the letter.

SOY AND HEART DISEASE

I have reviewed with great interest your web site. I agree with almost 100 percent of what is posted. However, several things struck me as missing. For example, you note that "soy phytoestrogens disrupt endocrine function and have the potential to cause infertility and to promote breast cancer in adult women." You also talk a great deal about coronary heart disease (CHD) and its possible causes.

However, you have missed an important connection. One of the most serious factors of soy as an endocrine disruptor involves the hypothalamic/pituitary axis and the production of human growth hormone.

It just so happens that phytoestrogens, and any oral estrogen or "estrogen-like" compound goes to the liver and directly affects the enzyme system hepatic tyrosine phosphorylation, which is the system that produces IGF-1 from growth hormone. The oral estrogens or phytoestrogens affect this same system,

making your IGF-1 lower than it should be. IGF-1 has multiple actions in the body, especially in the bone, heart and brain. IGF-1 maintains the integrity of the organ, without it the volume of the organ is lost. That is why the Women's Health Initiative studies are important, because the oral estrogen used in the study resulted in THE higher risk of heart disease and breast cancer. It would be nice if the National Institutes of Health would look again at those women and measure their IGF-1 while on or off their oral estrogen.

One study published in the *Journal of Endocrinology and Metabolism* showed receptor sites for IGF-1 being highest in the heart, strongly suggesting the importance of IGF-1 to the integrity and health of the heart. As one researcher said at an international conference I attended in Brussels, Belgium, "We have the medical know how and ability to eliminate the number one killer of developed nations, coronary heart disease, but only France and the United States has embraced the use of recombinant human growth hormone [rHGH] which will eliminate coronary heart disease." The use of rHGH in adults has gotten a really bad rap in the United States. Why? Because it would eliminate many drugs used to treat CHD, especially the statins.

You are clearly on the right track of soy and CHD, you are just missing a very big element that I believe your subscribers and readers of your web site would find most interesting and up to date. I agree with the WAPF philosophy that it is best to support the body nutritionally to make its own growth hormone, but if

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someone has pituitary damage, it cannot make growth hormones and needs a replacement. For more information, visit www.centerforhormonescienceandeducation.com.

Jackie Springer, MD
Overland Park, Kansas

THE IKARIA PARADOX.

Regarding Caustic Commentary on an NPR-aired report by Dan Buettner on longevity on the Greek island of Ikaria (Fall, 2009), it seems Buettner failed to take into account the demographics of the island, or was fed inaccurate information by locals, perhaps only intended for tourist consumption.

According to various sources, in the early 20th century, Ikaria had a population of about twenty to twenty-five thousand, which declined steadily to the current level of six to eight thousand, due to emigration to mainland Greece, the US and other destinations in the world. So, the one-third of today's residents on the island said to have reached 90 years of age, is about twenty-two hundred to twenty-seven hundred people. That's not one-third of the population of which they were part at the time they were born. Today's super-annuated Ikarians on the island are at best only 2-2.7 percent of their generation. Is that an amazing longevity feat? I don't think it is much different from longevity figures for other parts of Greece and, probably, many other parts of the world.

Some of that generation have emigrated to the Greek mainland or abroad, some may still be alive elsewhere, and some may have died elsewhere, but there is no reliable, verifiable, comprehensive information about their longevity or about some identical lifestyle or a uniform nutrition regimen they maintained, regardless of where in the world they had moved. Was the nutrition of their generation better or worse than that of subsequent generations? It's hard to say, but there are historical and cultural

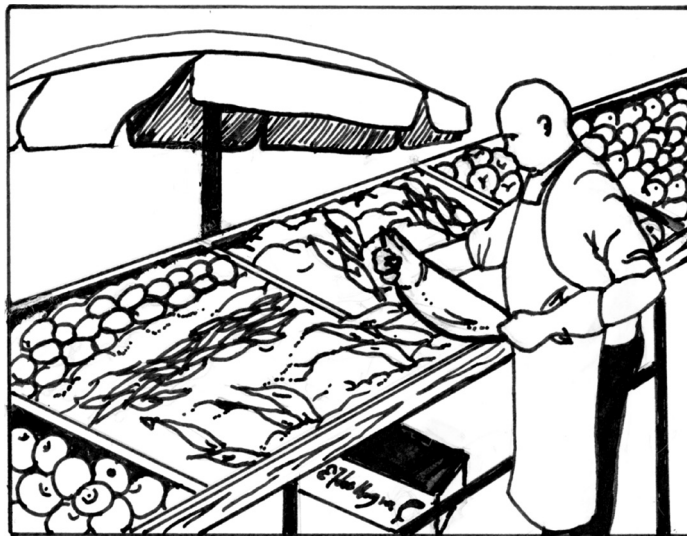
Some seaside villages ate more seafood, if isolated from pastures by topography. Mountain villages consumed more meat, because they had more grazing land and raised more livestock, so they also supplied some seaside areas, wherever accessible.

However, both mountain and seaside villages consumed healthy amounts of game in the fall and spring. There was much less shipping of perishable, fresh foodstuffs, because there was no refrigeration and because transportation

was costly, time consuming and limited to only few road-accessible locations.

Different areas had different sources for their essential nutritional cholesterol intake. Mountainous areas sustained flocks of a variety of free-grazing, fat sheep and goats. In fact, the Maltese goats were famous everywhere in the basin for producing the most and the fattest milk, while Anatolia sheep were prized for their plentiful storage of fat on their tails.

Without refrigeration, meat was preserved by cooking it well in kebab-size pieces and storing it in lightly salted, melted fat, which acted as a healthy, edible preservative. The meat was kept in big, wax-sealed, earthen jars in basements for at least several months at a time. The practice continued in many areas in the country even after the end of World War II. Mountain villagers also provided the nearby plains and seaside populations with dairy



indications that show it was not what the cholesterol-mythology "science" in the West has inventively defined in modern times as "The Mediterranean Diet."

First of all, it's important to note that there never was one Mediterranean diet anywhere in the Mediterranean. Nutrition was always dependent on local production and local consumption for numerous reasons, and it varied according to proximity to food sources.



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products and mountain game, such as wild boar in the mainland, lots of rabbits traditionally cooked with onions in wine flavored with bay leaves, and an occasional, “dorkada,” a small antelope in northern Greece, or a wild goat or *kri-kri* on Crete.

Seaside villages had more poultry roaming freely in their backyards and plenty of wild fowl. They trapped whole flocks of quail with big fishing nets spread on the ground or anchored on tree trunks; they caught smaller birds with home-made adhesive pads or *xoverges*, tied to tree branches, and used individual snares, called *thilies*, and shotguns for the large number of wild geese moving south from the Balkan peninsula and Asia Minor towards the big islands like Cyprus and Crete and to North Africa.

In many islands and some mainland residential areas, people also raised flocks of pigeons and still do, not only for communications and competitions, but also for food. Much of the folk architecture of many Aegean islands traditionally includes highly decorative multiple pigeon pens on top of residences. Old Greek cookbooks have various recipes for cooking these delicacies in wine and olive oil, thyme or oregano, or even salting them for year-round consumption, just like fish. Most of the salt was washed off with lemon juice or vinegar before eating. The salt used, of course, was not processed, and it contained the normal amount of magnesium and other minerals of sea-water, so it did not affect blood-pressure as precipitously as modern, “free-running” industrial salt.

What caused the population of

Ikaria to dwindle? Domestic and foreign emigration has been a constant drain. The unpredictable availability and expense of transportation, as well as the allure of economic opportunity and modern amenities in the mainland and abroad played an important role. Local recreation and social interaction on the island was mostly limited to the numerous communal, open-air feasts linked to various religious holidays, when the consumption of sheep and goat meat cooked in public areas and accompanied by the strong local wine was the usual fare, supplemented by game, mostly from flocks of migratory birds. As to fish, however, it was the traditional fare in funeral wakes. It still is in many parts of Greece. Meat was for festive occasions.

One wonders whether Ikaria residents and the mainland physicians they rarely visited ever imagined there would come a day when an atrocious, so-called “correct Mediterranean Diet” would be invented abroad and falsely attributed to islanders.

As to the documented, predominantly leftist political leanings of the island’s residents, they are, to some extent, connected with internal social issues. They include the common resentment of seafood catchers and eaters against meat eaters, perceived as social injustice because of the highly envied socio-economic status of livestock owners and consumers versus the “proletariat” status of fishermen. Meat, particularly red meat, was a status symbol, an indication of financial success and prominence.

The importance of these perceptions is reflected in centuries-old folk

songs and poems, where, for example, a father urges his son not to become a revolutionary and risk losing his chances at the enviable local status of a sheep and goat owner. There is no popular folk song extolling the social status of a skillful fisherman or a productive producer of tomatoes and beans. It is clear that nutrition based on foods of animal origin was the most desirable one, and those who could afford it were usually the best looking and most envied individuals.

It is also worth reminding researchers that Greece had rampant tuberculosis infection rates in the first half of the 20th century. The victims included some prominent members of the Communist Party, who were internally exiled by dictators and royalists to “desert island” detention camps, including Ikaria in the 1930s to late 1950s. Some of them are known to have denounced their ideology and their comrades in exchange for hospitalization in state-operated sanatoria for tubercular patients, which were built and operated only on mountain areas—not by the seaside where a more affordable diet of grains, vegetables and fish was available.

In the days before antibiotics the only cure for the dreaded disease was restful confinement, large quantities of locally produced fresh, full-fat milk, and lots of fresh meat and eggs. . . not low-fat, low-cholesterol “Mediterranean” foods.

George Voryas
Alexandria, Virginia

A KOMBUCHA STORY

While picking up my weekly milk order from my farmer I mentioned that



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I wanted to return a quart jar to her for more cream but that all of mine were full since I had made so much kombucha recently. She asked whether I had any extra “mushrooms” since she wanted to start making it again. That led to a discussion about the mushrooms themselves. She uses hers three times then throws the oldest one away and cuts her others into smaller pieces and then uses those three times, etc. That way she’s always using fresh mushrooms. When she first started making kombucha, someone told her that they were good for septic systems so she was flushing her old mushrooms down the toilet.

A couple years later the septic tank guy came to empty out her tank, and he opened it up to stick the hose in to start draining it, but he couldn’t. He was totally baffled and had to get out his knife and hack away at the large, tannish, leathery thing that was floating at the top of the tank! She was quite sure what it was and she was quite sure she was not about to tell him! Can you imagine? A kombucha mushroom the size of a septic tank! If only someone in the sci-fi industry knew about SCOBYs!

Lee Burdett
Alemonte Springs, Florida

FROM A FLORIDA PRISONER

Thank you, WAPF, for your soy prison lawsuit. I am glad someone is standing up for the wrong treatment many of us have to go through being incarcerated. After reading about what other states are going through it seems that in Florida we are getting it worse. Yes, they have also replaced most of our meals with texturized vegetable protein

(TVP is soy), and we get no fish, liver and no fruit at all. They don’t give us milk; they replaced it with a form of powdered milk which some people say is soy yet others say is creamer. Why would we be getting creamer in place of milk? Portion size also seems to be an issue. Also, we once had a garden, but they tore it up. The food is unseasoned and we are given at most five minutes to wolf down our tray.

Some of the other changes they have made are to cut back on our showers, give us razors that barely work and double or triple canteen prices.

This is my response to the uninformed opinions of some of the web page members who say we have it too easy in prison. However, I agree with “no work, no eat.” But in prison everyone is assigned a job. Some of us work in the kitchen preparing meals, some mow the grass, and others do grounds labor, some do the laundry. We all work.

Yes, we are being punished, but is it right to poison us as well? That amounts to cruel and unusual punishment. And not everyone in prison is a monster, maniac, or rapist.

Are you in a building with seventy others of your own sex with no privacy even in the showers or stalls, are you subject to being yelled at continually by officers and told not to talk, to sit on your bunk for hours a day? It is better to live homeless on the streets than in here where they take everything away from you, even your dignity and any hope to make a life for yourself or loved ones. For us, it’s either starve or eat toxins. Honestly, I’d rather be picking out of garbage cans. I’ve been in that situa-

tion before and it beats this. We had real food, they took it away! We’re not being picky. We’re caring for our health. We would just like back what we had, nothing more! Tell the state governor to give us back our gardens, give us work in farming and institute creative ways to save money while giving inmates new skills.

James Clark
Florida

REPORT FROM THE EAST

I have just returned to my home in Ukraine from a business trip to Mongolia. It is a truly fascinating place, like nothing I have ever seen before. They consume a very healthy traditional diet, mostly consisting of pasture-fed meat and dairy—wheat was introduced relatively late, and fruits and vegetables were unheard of until mid-1950s. I met many traditional nomadic herders there, and had a chance to experience their lifestyle, which is still very much alive and even dominant in the Mongolian countryside!

When joining the World Trade Organization, Ukraine was forced to pass several draconian laws with regard to raw dairy and individually raised meat products. A ban on raw milk dairy and individually butchered meat was supposed to become effective on January 1, 2010, but the government was able to appreciate the economic devastation and the probable magnitude of popular unrest after such a ban, so it was just postponed until 2015. I guess the WTO is not going to be very happy about this, and some sort of sanctions may follow. They have also quietly passed an animal



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identification law here. It is not enforced with any degree of strictness—I think it was the satirist Saltykov-Shchedrin who wrote, “The harshness of Russian laws is only mitigated by their non-mandatory nature”—but I guess they are just waiting for the right moment. So, there’s lots of work to do here.

Alexey Maksimov
Kiev, Ukraine

CONCERNED

I have read many of your publications over the past four or five years, and I have followed almost every recommendation therein. My cholesterol runs about 270, even though I exercise a great deal, and I have refused a prescription

for statin drugs.

Now I have become somewhat concerned about your recommendations. Why? Because I have noted that WAPF recommends vitamin B₁₇ for the prevention of cancer. The internist however quotes the American Cancer Society as stating, “Vitamin B₁₇ is nothing more than quackery.”

Would you please justify to me your recommendation for B₁₇. As you might expect, because of this discrepancy, all of your recommendations are suspect.

Richard Klug
Belvidere, Illinois

The only place vitamin B₁₇ is mentioned in our literature is in our flyer “How to

Protect Yourself Against Cancer with Food,” in which we suggest that foods like organically grown grains, legumes, nuts and berries contain vitamin B₁₇ which may protect against cancer. We do not recommend B₁₇ supplements. What is certainly protective against cancer is your “high” (actually perfectly normal) cholesterol level. The American Cancer Society and other “diet dictator” groups consider just about everything we say as quackery. We hope you will base your judgments on true science, not name calling.

MAX GERSON CANCER DIET

Having just watched “A Beautiful Truth,” a documentary about the Max

VACCINATION CONCERNS

I am writing in response to legitimate concerns about conventional immunizations expressed in a letter from a reader (*Wise Traditions*, Spring, 2009). The writer requested information regarding a safer method to vaccinate; also, more specifically, information regarding homeopathic vaccinations.

For a parent or health provider who opts for conventional immunization, there are safer and more sensible ways to go about doing it. First of all, parents need to research which vaccines to give and which to avoid. Surely, administering a hepatitis B shot to newborns is uncalled for (see Lynne Born’s informative article on this subject in *Wise Traditions*, Fall, 2005); or contracting a three-day case of chicken pox involves less risk to a child than injecting a vaccine that carries, among other harmful substances, a carcinogenic agent. Moreover, since a number of children have an inborn immunity to one or more childhood diseases, before every vaccine one should establish by means of a titer test an infant’s actual need for a given antigen.

Once this has been established, inoculate against only one childhood disease at a time, spreading the process out over a period of many months. This enables a parent to observe and judge each vaccine’s effect more precisely. Something else to be considered, which at this point is ignored by conventional medicine, namely, the rate of seroconversion in a given vaccine (meaning, at which point the individual becomes immune to a disease, and to what extent). Statistically, there is no 100 percent seroconversion for any childhood disease. The highest one that can be reached is about 92 percent; and for the majority of vaccines (each vaccine has a slightly different rate of seroconversion) the first shot of a given vaccine establishes in the child around 80 percent or higher of target immunity. Thereafter, booster shots only fractionally raise immunity. The implication is that perhaps with most diseases not more than a single dose of each vaccine is really required. (The one notable exception is the polio vaccine which usually requires a booster shot for 80 percent or more immunity.) Finally, circumstances permitting, start the vaccination process later—at the earliest between the ages of eighteen and twenty-four months—in order to give the child’s immature organism and still developing nervous system a chance to strengthen before it has to assimilate the foreign proteins in the vaccines. In these ways, a parent or health provider can address each child’s individual needs instead of complying with the indiscriminate conventional approach.



Letters



For additional protection (and here we proceed to homeopathy), the parent or health provider could administer, shortly after every inoculation, a dose of homeopathically prepared *Sulphur* (the mineral), *Thuja* (the arbor vitae), or *Silicea* (the crystal) in the 30 (X or C) strength. The choice as to which remedy is preferable depends on the child's nature and constitution (consult this writer's *Homœopathic Education: The Unfolding of Experience*); but if in doubt, give *Sulphur*. These three remedies have, over the decades, displayed great healing powers in antidoting long-term ill-effects of vaccination. *Belladonna*, *Ledum*, or *Hypericum*, on the other hand, in the 30 (X or C) or higher strengths are often helpful for the more common immediate ill-effects of inoculation, such as high fever, high pitched screaming, seizures, sleep or eating problems, and skin eruptions.

For those parents who decide not to vaccinate their child in the conventional manner, there is a viable alternative: homeopathic vaccines. Since homeopathy is based on a "law of similars" (like cures likes), the principle of inoculation comes to it naturally and, for well over a century, homeopaths have been dealing with childhood immunization with their own preparations. The preceding paragraph described how a parent or holistic practitioner can minimize the risk of adverse short- or long-term sequelae with homeopathic remedies. But, carrying homeopathic principles and procedures a step further, the remedies can also serve as actual substitutes for conventional inoculations. In a clear example of the law of similars, some homeopaths working preventively choose to administer a "nosode"—a homeopathically prepared extract of the diseased tissue or discharge of the particular disease—to prevent the child from contracting the illness. Still other homeopaths prefer to administer a remedy that in its derivation is quite unrelated to the disease, but which has proven to be a most effective medicine for curing a given childhood illness.

Thus, as a preventive for measles, one could administer either the nosode *Morbilinum* or the specific curative remedy *Pulsatilla* (three doses, usually in the 30th potency); *Parotidinum* or *Rhus tox* for mumps; *Pertussin* or *Drosera* for whooping cough; *Diphtherinum* or *Mercurius cyanatus* for diphtheria; *Influenzinum* or *Gelsemium* for influenza; *Varicella* or *Rhus tox* for chicken pox; *Scarlatinum* or *Belladonna* for scarlet fever; etc. As with conventional medicine immunizations, the homeopathic method can offer no 100% guarantees, but in the experience of homeopathic practitioners, even if not able to prevent every child from contracting a given disease, the remedies do mitigate its severity. With the appropriate remedies on hand to assist, the young patient will, as a rule, pass through the unavoidable childhood ailments more swiftly and easily—and with no serious sequelae. *First Aid Homœopathy in Accidents and Ailments*, by Dr. D. M. Gibson, is an excellent manual for those parents and holistic practitioners who are treating childhood diseases with homeopathy, both curatively and preventively.

With regard to the question of the effectiveness of the prophylactic use of homeopathic remedies for the more common childhood diseases, this is one aspect of homeopathy that, due to insufficient data, is not easy to estimate at its full value. However, in studies recently conducted in Australia, Brazil, and other countries, large groups of children treated prophylactically with homeopathically prepared nosodes of the childhood diseases are showing these to be undoubtedly effective, possibly even superior to the allopathic vaccines. An informative article, "Homœopathic Protection Against Epidemic Diseases" can be found on the website of an Australian homeopathic practitioner, Frances Sheffield (<http://www.homeoprophylaxis.com>), who gives detailed instructions on how to administer the homeopathic vaccines prophylactically.

In offering safe supplementary and alternative measures to childhood vaccination, homeopathy assists parents and holistic health providers to make informed choices where the physical and mental welfare of a child is at stake. What greater peace of mind can we ask for?

Catherine R. Coulter
Arlington, Massachusetts

Catherine R. Coulter has been active in homeopathy since 1960, lecturing and writing books on the subject, as well as training doctors and alternative practitioners. In her latest book, Homœopathic Education: the Unfolding of Experience, (available from Ninth House Publishing www.homeopathyworks.com or www.catherinecoulter.org), she addresses in greater detail, from a homeopathic point of view, the question of childhood vaccination.



Letters



Gerson diet, I was so pleased to see that the film discussed Dr. Price's research. But at the end, I was astounded to find the Gerson diet promotes veganism. How can this be? Dr. Gerson and Dr. Price must have been contemporaries and no doubt corresponded. While touting the Price research as meaningful and instrumental, Dr. Gerson then claims veganism is the only healthful, restorative diet for chronic conditions such as cancer. I know the Foundation concurs that short term vegan diets for chronic conditions may be healing but certainly not long-term.

After doing a search on the WAPF website I did find a couple short references about the Gerson diet, but no in-depth articles. Are there any extensive articles available about this apparent discrepancy?

Anne Greenwood, Chapter Leader
Verde Valley/Sedona, Arizona

A key component of the original Gerson diet was daily consumption of raw liver juice. But his daughter, Charlotte Gerson, no longer uses the raw liver juice, and claims a vegan diet with lots of vegetable juices is the best therapy. (She does, however, prescribe vitamin B₁₂.) We do not know what kind of success she is getting, but her father got excellent results, largely, we think, because of the high amounts of vitamin A and other nutrients from the liver juice.

CONFUSING RECOMMENDATIONS

I was diagnosed in July with multiple myeloma and have started on an immunomodulatory drug therapy. I have

also been reading up on alternative treatments, and several sources have cited very similar dietary recommendations for cancer patients:

1. Cut out all sugar.
2. Cut out all milk as milk causes the body to produce mucus, especially in the gastro-intestinal tract. Cancer feeds on mucus.
3. Cancer cells thrive in an acid environment. A meat-based diet is acidic. It is best to eat fish, and a little chicken rather than beef or pork. Also, meat protein is difficult to digest and requires a lot of digestive enzymes. Undigested meat remaining in the intestines becomes putrefied and leads to more toxic buildup.
4. Consume 80 percent of food from raw vegetables and juice, whole grains, seeds, nuts and a little fruit to help put the body into an alkaline environment. About 20 percent can be from cooked food including beans.
5. Avoid coffee, tea, and chocolate.

I'm wondering what you think of these recommendations, and where appropriate, what your counter-recommendations would be for cancer patients.

Jamie McEwan
Lakeville, Connecticut

These recommendations are a typical example of good advice mixed with bad. It is good to eliminate coffee, tea, chocolate, and sugar. We agree with cutting out all conventional milk, but raw whole milk is usually excellent for cancer patients. Like everyone else,

cancer patients need some animal protein—not excessive amounts, but they do need it. There is no difference in digestibility between fish, chicken, beef or pork, but meat should always be consumed with fat, otherwise it is very hard to digest. Undigested meat is eliminated at the same rate as everything else you eat—you do not have some kind of sorter in your digestive tract that holds meat particles back and lets other types of food move forward! Meat does require digestive enzymes, but your body requires animal protein of some sort. If cancer patients eat a lot of meat, they should take a digestive enzyme. Most vegetables should be well cooked to neutralize anti-nutrients, and served with lots of butter. Whole grains and seeds are indigestible raw. Nuts and seeds should be properly treated to neutralize enzyme inhibitors and other anti-nutrients. To maintain proper acid-alkaline balance you need many nutrients, including adequate protein, vitamin D and phosphorus (found in meat and whole grains). Missing from these recommendation for the cancer patient are important foods like cod liver oil, coconut oil, bone broths and lacto-fermented foods. Also missing are recommendations to detoxify heavy metals and safely remove amalgam fillings and root canals. Finally, cancer curing protocols should never be carried out as do-it-yourself projects, but undertaken with the guidance of a knowledgeable health care practitioner. ☯

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

Caustic Commentary

Sally Fallon and Mary Enig take on the Diet Dictocrats

YELLOW FATS REPORT 2009

According to this industry document, consumers are turning away from “active healthy spreads” like cholesterol-lowering margarine to more “balanced diet management and natural ingredients.” Or to put it another way, people are eating more butter, especially those over fifty-five years of age. Sales for the “total functional spreads category” in the UK remained flat, complained the manufacturer of the “functional” cholesterol-lowering spread Benecol, in spite of a recent EU health claim ruling, which confirmed that plant stanol esters in the product can lower cholesterol. While food manufacturers try to figure out which functional food ingredients “will triumph,” consumers are increasingly turning to real foods like butter, which in the UK grew 19 percent in sales in 2009 (article.com, December 2, 2009). Unfortunately, the choice that educated consumers are making is denied to families in the WIC program or children participating in USDA-approved school lunches.

BUTTER THOSE VEGETABLES!

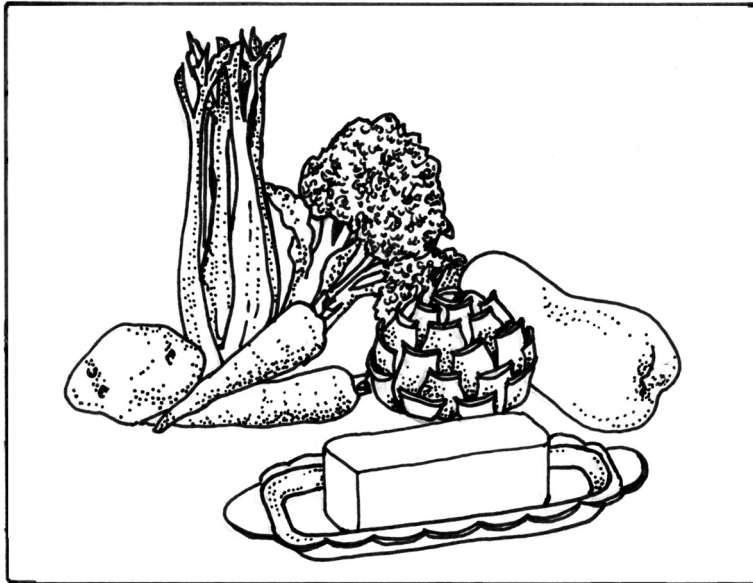
Sweden seems to be the main source of iconoclastic research these days. Researchers in rural Sweden followed coronary heart disease morbidity and mortality in a group of over seventeen hundred rural men. The men filled out a dietary questionnaire and were then followed for twelve years, during which one hundred thirty-eight were hospitalized or died owing to coronary heart disease. Daily intake of fruit and vegetables was associated with a lower risk of coronary heart disease only when combined with high dairy fat consumption, but not when combined with a low dairy fat consumption. Eating wholemeal bread or fish at least twice a week showed no association with the

outcome (*International Journal of Environmental Research Public Health* 2009;6:2626-2638). Meanwhile, findings from a large European study indicate that animal fats from meat, eggs and dairy products do not increase a woman’s risk of breast cancer (*American Journal of Clinical Nutrition*, 2009 Sept;90:602-612).

MORE TRAGEDY TO COME?

Health officials are mystified about reports of seemingly healthy young people dying from the flu. One case involved six-year-old Heaven Skyler Wilson. The child had rarely been sick, received annual check-ups and “was current on her vaccinations.”

The day after coming down with a sore throat and a 103-degree temperature (for which her doctor prescribed “Tylenol and chicken broth”), she was rushed to the emergency room, unable to breathe. Two weeks later, ravaged with double pneumonia and a staph infection that deprived her brain of oxygen, she was disconnected from the respirator. Eighteen-year-old Walter Brooks died within two weeks of coming down with a slight fever. He developed a severe staph infection



and had both of his legs amputated before his organs shut down. According to Beth Bell, an associate director of CDC’s National Center for Immunization and Respiratory Disease, many of the children who have died had no underlying medical condition but succumbed to a secondary bacterial infection. “Scientists are at a loss to explain why perfectly healthy young people might die from the flu” (*Washington Post*, November 11, 2009). However, anyone but a trained public official or a major media science writer can connect the dots. Dead sterile food, lack of beneficial gut flora, lowfat and wrong-fat diets, vitamin A and D deficiencies, vaccination after vaccination

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messing up the immune system, suppression of fever, kneejerk application of antibiotics for the slightest illness and then, the final blow, exposure to virulent *Staph. aureus* in the hospital. Such tragic outcomes will continue until the medical profession throws out the germ paradigm and wakes up to Mother Nature's laws.

GENOCIDE

There is just no other word to describe it. Arizona's health director has issued an edict forbidding participants in the WIC (Women, Infants and Children) program from using their food stamps to purchase whole milk. They must buy lowfat, skim or soy milk. And only sixteen ounces of cheese is allowed per month (*Arizona Daily Star*, October 1, 2009). The program has also cut back on eggs, allowing only one dozen per month. Even during the austerity of the Second World War, British rationing regulations allowed one egg per child per day. More attacks on good nutrition come from Margo Wootan, nutrition policy director for the Center for Science in the Public Interest, the organization responsible

for replacing healthy saturated fats with toxic *trans* fats in the American food supply. Wootan objects to local food for school lunches because the children might end up eating "full-fat cheese from a local farmer, and it's still going to clog your arteries and give you heart disease" (*USA Today*, December 2, 2009). Obesity prevention is the other reason given for denying full-fat dairy products to children, but a recent Swedish study found that intake of saturated fat and full-fat milk was inversely associated with body mass index (<http://gupea.ub.gu.se/dspace/handle/2077/20457>)—in other words, children who consume saturated fats found in butter and whole milk end up thinner!

LATEST SATURATED FAT ATTACK

As consumers are becoming more likely to choose butter, and reports on the benefits of dairy fats are increasing, those invested in the notion that saturated fats are dangerous have created a bit of a media frenzy over a report from the University of Texas Southwestern Medical Center (*Journal of Clinical Investigation*, 2009;119(9):2577-2589). "Fat from

WISE TRADITIONS 2009 AWARD WINNERS!



Participants in our yearly membership drive receive a free conference registration for signing up fifteen new WAPF members, and a gift for signing up six new members. Pictured with Sally Fallon Morell (center) are Deb Chisholm, Shawn Dady, Jessica Freeman, Judith Mudrak, Laura Villanti and Lynne Manthey Plichta.



Presented by Sally Fallon Morell (left) winners of the 2009 WAPF Activist Award include Kristin Canty, Amanda Love, Peg Beals, RN, Gené Walls and Kimberly Hartke. Not pictured: Caroline Graff, Stephanie Rivers and John and Jessica Moody. The Activist Award was also presented posthumously to Katherine Russell, former chapter leader of Charlottesville, Virginia.

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certain foods including ice cream and burgers goes straight to the brain and tells you to eat more, new research reveals,” screamed one headline. “Saturated Fats May Override Appetite-Suppressing Signals,” said another. However, this study did not look at the fate of fats that the rats and mice actually ate. Instead, rodents were exposed to different fatty acids by direct injection into the brain, by infusion through the carotid artery or by oral gavage into the stomach—not exactly a real life situation. The researchers found that palmitic acid—a saturated fatty acid found in meat fats, butter and palm oil—was associated with impaired insulin and leptin signaling, both mechanisms involved in appetite regulation. According to the head researcher, Dr. Deborah Clegg, the effect of the palmitate lasted for about three days in the rodents, which “might explain why people are hungrier than normal on Monday morning following a weekend of over-indulgence on fatty foods” (*Daily Mail*, September 16, 2009). Palmitate is toxic when it accumulates in the cells. However, ordinarily it does not accumulate because it is effectively stored or burned for energy; what’s more, in ordinary situations, palmitate

is specifically toxic to cells with metabolic defects, such as cancer cells. However, in surreal situations like this experiment, palmitate accumulated in healthy cells and provided Dr. Clegg with the hammer she needed to bash saturated fats and further her career.

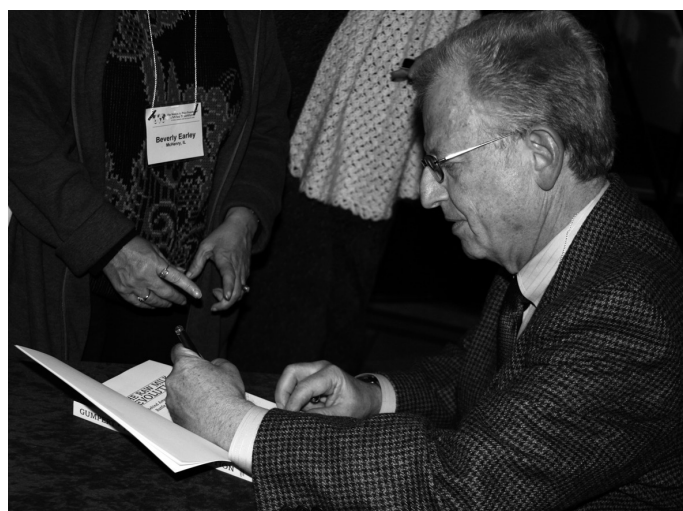
FATS FOR THE BRAIN

While the cholesterol theory pushers try to make the case that cholesterol reduction can ward off dementia, the military has funded a study to really find out which foods are best for pilots—since the military has a lot invested in pilots, they wanted to find the truth. The University of North Dakota researchers found that forty-five pilots who ate the fattiest foods, such as butter or gravy, had the quickest response times in mental tests and made fewer mistakes when flying in tricky cloud conditions. Surprisingly, after those on the high-fat diet, those on the high-carbohydrate diet performed best, with the worst performance from those on the high-protein diet (denverpost.com, October 7, 2009). WAPF has consistently pointed out that a high-protein, lowfat diet is very unhealthy.

WISE TRADITIONS 2009 BANQUET



Misty Frank (left) and Liz Pitfield (right) present a surprise book of testimonials to WAPF president Sally Fallon Morell to commemorate the tenth year anniversary of WAPF.



Keynote speaker David Gumpert signs a copy of his new book, *The Raw Milk Revolution*.

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CHOLESTEROL AND LEUKEMIA

An alert member recently sent us a 1974 paper on cholesterol and leukemia—remember that this is before the anti-cholesterol agenda was being applied to every man, woman and child in the country. We can do no better than quote verbatim from the abstract: “Leukemia in mice and humans is accompanied by a marked deficiency of unesterified cholesterol in the surface membrane of leukemic cells as compared to normal leukocytes. This deficiency induces a significant reduction in their membrane microviscosity. Since cholesterol in the cell surface membrane is exchangeable with the cholesterol in the serum lipoproteins, concomitant to the cellular deficiency of cholesterol, the average levels of cholesterol in the blood serum of leukemic patients is substantially below the average normal level. Based on these observations and the effect of membrane microviscosity on biological functions, a working hypothesis that describes the role of cholesterol in the development and inhibition of leukemia is suggested. This hypothesis can also account for the effect of cholesterol and membrane microviscosity on various other cellular activities of leukocytes.” And from the conclusion: “A controlled reduction of cholesterol level in normal leukocytes may thus sensitize immune response processes or phagocytic activity above threshold level beyond which malignant transformation and the development of leukemia may occur. On the other hand, a controlled enrichment of cellular cholesterol in leukemic cells may prevent the development of latent leukemia and may hopefully remit leukemia in its active form” (*Proceedings of the National Academy of Sciences* 1974;71:4229-4321). In other words, low cholesterol predisposes to leukemia and higher cholesterol prevents this terrible disease.

DARWIN WAS WRONG

According to Darwin, the appendix was a useless biological remnant, the remains of a larger structure called the cecum, which was used by now-extinct ancestors for digestion. Researchers have now found that not only does the appendix appear in nature much more frequently than previously acknowledged, but that it actually serves a critical function. According to researchers at Duke University Medical Center, the tiny organ provides a safe haven where good bacteria can hang out until they are needed to repopulate the gut after, for example, a bout of diarrhea (*Science Daily*, August 21, 2009).

The presence of a reservoir of good bacteria provides more proof that homo sapiens lives in symbiotic relationship with gut bacteria. What we’d like to know is what antibiotic use does to the appendix—does it promote appendicitis, or lead to exhaustion through overuse?

MORE SUGAR BLUES

While the Diet Dictocrats rant against saturated fats ad nauseum, evidence for the dangers of refined sweeteners continues to grow. Researchers from Louisiana State University Health Sciences Center have found that regular cola drinking is linked to diabetes in pregnancy (*Diabetes Care*, 2009 Dec;32(12):2236-2241). Another study found that a diet high in fructose increases the risk of developing high blood pressure (*Science Daily*, November 11, 2009). Girls who consume two or more eight-ounce servings of soft drinks a day at the age of five were more likely to be overweight than were girls with lower intake, according to a study published in the *American Journal of Clinical Nutrition* (2009 October;90(4):935-942). Israeli scientists have found that people with non-alcoholic fatty liver disease tend to drink larger quantities of soft drinks (foodnavigator-usa.com, September 25, 2009). According to data gleaned from the 1970 British Cohort Study, children who eat sweets and chocolate every day are more likely to be violent as adults (*Science Daily*, October 1, 2009). Sugar is not good for worms either. Researchers found that by adding just a small amount of glucose to the diet of *C. elegans*, the worms lost about 20 percent of their usual lifespan. The scientists traced the effect to insulin signals, which can block other life-extending molecular players. According to Cynthia Kenyon of the University of California San Francisco, there are many similarities between worms and people in the insulin signaling pathways. (After making the initial discovery on worms, Kenyon switched to a low-carb diet, cutting out all starches and desserts.) Most seriously, Australian research shows that sugar can permanently alter DNA. A team studying the impact of diet on human heart tissue and mice found that cells showed the effects of a single sugar hit for two weeks, by switching off genetic controls designed to protect the body against diabetes and heart disease. According to lead researcher Sam El-Osta, “We now know that the chocolate bar you had this morning can have very acute effects, and those effects can continue for up to two weeks. These changes

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continue beyond the meal itself and have the ability to alter natural metabolic responses to diet” (healthyfutureforkids.com, January 21, 2009).

FROM THE FAKE FOOD DEPARTMENT

The boundless chutzpah of the food engineers never ceases to amaze us. One pioneering group of scientists is working on a project to grow “real” animal protein in a laboratory, which they claim would be better for the environment and for our health. “We could precisely control the amount of fat in meat,” said Jason Matheny of a research group called New Harvest. “We could make ground beef with an ideal fatty acid ratio, a hamburger that prevents heart attacks instead of causing them” (cnn.com, August 7, 2009). In Europe, Unilever is seeking approval for a lowfat ice cream made using genetically modified yeast. The yeast produces ISPs, naturally occurring proteins and peptides found in living organisms such as fish, which manufacturers use to control the size of ice crystals in ice cream (dairyreporter.com, April 10, 2007). Finally, Cargill has launched a “unique breakthrough innovation” that enables the cost-effective production of a 100 percent non-dairy cheese analogue called Lygomme™ ACH Optimum for pizza and other prepared foods. Aside from the fact that the fake product might kill you, Lygomme has reduced calories, less fat, no saturated fats, reduced phosphate content and no lactose. It allows Cargill to “make analogue cheese without allergen labeling” and avoid the instability of cheese prices “at an outstanding cost advantage for the manufacturer” (cargilltexturizing.com, September 17, 2009). Look for these products at a school, hospital, nursing home, prison or supermarket near you.

FRENETIC SYNTHETIC

A new study adds weight to the argument that synthetic vitamin C (ascorbic acid) may not be such a good idea. An earlier study indicates that synthetic vitamin C may contribute to the formation of genotoxins that can lead to cancer (*Science* 2001 Jun 15;292(5524:2083-6), and other research results, presented to the American Heart Association but never published found that those taking 500 mg vitamin C per day had a greater tendency to thickening of the arteries (*Los Angeles Times*, March 3, 2000). Now new research links vitamin C supplements with reduced endurance capacity in athletes, due

to interference with antioxidant enzymes (*American Journal Clinical Nutrition* 2008 Jan;87(1)142-149). The athletes were taking 1000 mg vitamin C per day. These results do not square with others showing a benefit for synthetic vitamin C, but do indicate a need to exercise caution. Best to get your vitamin C from fresh or lacto-fermented fruits and vegetables, raw milk and low-dose natural vitamin C supplements.

INTEGRITY IN SCIENCE

Although he has never spoken at the Wise Traditions conference, Dr. Fred Kummerow is more deserving of the award than almost any other person. At age 94, the University of Illinois veterinary biosciences professor emeritus is still carrying out the research on *trans* fatty acids that he began in 1957. To Dr. Kummerow we owe many of the findings on the devastating effects of *trans* fats. Last month, the indefatigable Dr. Kummerow filed a three-thousand word petition with the FDA outlining why *trans* fats are extremely bad for the human body and why the FDA is doing a rotten job of warning the public about which foods contain these substances. His mission is nothing less than to eradicate *trans* fats from human consumption. “Everybody should read my petition because it will scare the hell out of them,” said Kummerow. You can access the document—and read and weep—and offer your comments at www.regulations.gov. (Under “Enter Keyword or ID,” type the petition docket number (2009-P-0382) and click on “search.” Once you get the results, scroll down the right-hand column and click on “Submit a Comment.”) ☺☺

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.

A Holistic Approach to Cancer

The Disease of Civilization

By Thomas Cowan, MD

Let's begin with a definition of cancer. Cancer is the situation that occurs when a certain type of cell out of the many different types of cells in our body—such as blood cells, pancreas cells, brain cells, liver cells, connective tissue cells—decides to grow in an uncontrolled way, in an excessive way, and at the expense of all the other types of cells in the body.

If you had one word or brief phrase to answer the question, “What causes cancer?” what might it be? You might respond with “emotions,” “toxins,” “fungus,” “stress,” or “bad terrain of the body.” Those are all great answers. But they are not my answer. In my twenty-five years of being a doctor and thinking about food and cancer and health issues for pretty much every day of those twenty-five years, I can say—and I don't wish to say this in an arrogant way—that I have no doubt in my mind that I know what causes cancer. I have come to the conclusion that I have this one right. My answer in one word is “civilization.”

THE BANE OF CIVILIZATION

I'm not the first person to think this way. That is actually the title of one of my favorite books, a book by Vilhjalmur Stefansson called *Cancer: Disease of Civilization?* (1960). The idea started some time before Stefansson in a lecture given at a Paris medical society in 1842 by Stanislas Tanchou, a physician and one of Napoleon's surgeons. At that time France was a primary center of science and medicine in the world. You have to remember where we were in the world at that time: it was the era of scientific discovery and manifest destiny; white people were going to conquer and civilize the world and make it safe for Christianity. Against this political backdrop Tanchou in his lecture claimed he could predict the exact incidence of cancer in all the major European cities over the next fifty years, and it was all dependent on the percentage of grain in their diets.

Tanchou's numbers were all recorded and in time they came exactly true—a certain cancer percentage for Berlin, a certain percentage for Munich, and so on. The cancer incidence all depended on the amount of cereal grains in the diet. This set off a huge furor around the world since the great mission of the age was to civilize every inch of the globe. Here was somebody in a center of civilization who declared that these people who don't eat grains, who have the more indigenous hunter-gatherer diet, never get cancer.

This provocative idea motivated many thinkers between 1842 to about 1950, as archeologists, anthropologists, medical doctors, missionaries and explorers took up the challenge of answering the question. Whether he knew it or not, Weston Price's research came as a result of Tanchou's fundamental question. Price focused on dental health as a kind of proxy to the question, "Is it true that cancer is a disease of civilization?"

Another thinker who took up this challenge was George Caitlin, a mid-nineteenth century American lawyer and portraitist. Caitlin spent twenty years of his life living and studying with Native Americans in indigenous hunter-gatherer populations all over the western part of the United States. About the people with whom he lived, Caitlin noted: "I love a people who have always made me feel welcome to the best they had,

who were honest without laws, who had no jails, no poor houses, who keep the commandments without ever having read them or heard them preached from the pulpit, never swear, never take the name of God in vain, love their neighbor as themselves, free of religious animosity. I love a people who have never raised a hand against me, or stole my property, when there was no law to punish them for either. I love a people who have never fought a battle with white men except on their own ground. I love a people who live and keep what is their own without locks and keys. And oh, how I love a people who don't live for the love of money."

UNCONTROLLED GROWTH

The premise that we are examining is whether cancer is a disease of civilization, but I say that civilization is *the cause* of cancer. But first we need to define civilization. We know what cancer is: uncontrolled growth of one of the members of a community; that is, one cell type deciding to grow at an excessive rate compared to the rest of the community of cells. This civilization project, if you want to call it that, which started about ten thousand years ago, probably in the Tigris and Euphrates delta, is the process wherein humans decided to co-opt the natural resources of the land base and set off to grow themselves at the expense of the rest of the community. That is the definition of civilization, this co-opting of the resources of the land base, this mining of the resources which is essentially mining the soil. If you go on long enough, you turn productive soil into a desert, and the region of the Garden of Eden in the Tigris and Euphrates delta is now a desert. It took ten thousand years, which is the blink of an eye in the overall picture of humanity.

Civilization can also be seen as the process of extracting the resources from the earth in order to grow one particular species of the landed community, namely humans.

When I give that definition it might remind you of the cancer process. We believe deeply in growth. In order to grow we co-opt the resources from the rest of the earth's community. Given enough time, the rest of the community withers and dies and this one particular species of the community grows more and more until it kills

The statement that we are examining is that cancer is a disease of civilization, but I say that civilization is *the cause* of it.

the land base or the person. That is the definition of civilization.

Think of the Great Plains—this once fertile region extending from Minnesota to Texas. According to early white explorers, the top soil on the Great Plains was twelve feet deep. Interestingly, by the 1930s, before chemical agriculture, before GMOs, before Monsanto, barely a hundred years of growing grains—and growing them organically—turned those twelve feet into a mere twelve inches, which in the Dust Bowl of the 1930s blew away to the Gulf of Mexico. That is what happened because of organic agriculture. For those of us who say the solution is to simply go back to organic agriculture, remember that the Tigris and Euphrates Delta became the desert of Iraq solely through organic agriculture, and maybe some over-grazing.

But the point is that the hunter-gatherer indigenous populations that were dependent upon animals feeding on perennial grass-based

environments lived free of cancer for literally thousands and thousands of years. Organic agriculture turned the soil into nearly a desert, and brought cancer to a people who had no cancer. Weston Price got in at the tail end of this inquiry in the 1930s and documented the health of these people from the standpoint of their teeth. But again whenever we look at the health of nonindustrialized peoples we see the same thing: these are people without cancer, and also without heart disease. Any anthropologist can tell you this bone was from a hunter-gatherer, a pre-grain eating person, and this bone, by contrast, from a grain-eating person, because the latter has holes in it and looks like it has arthritis and it not as thick and strong. You can see physical degeneration almost every place where people have switched from indigenous diets to primarily grain-based diets.

HUNTER-GATHERER DIET

So the next step is to discover what these healthy people ate. As you know, Weston Price found healthy isolated peoples who were eating small amounts grains, usually prepared through a fermentation process. But the basic diet of these people was about 65 percent animal foods with a definite predominance of fats over protein. It was not a low-protein diet but a diet that included adequate protein, and then about thirty-five percent fermented grains, low-starch seeds, nuts and vegetables and perhaps a

RUNNING SHOES, MONKEYS AND CANCER

I sometimes say that having access to the Weston Price philosophy is a bit like taking a test and knowing the answer beforehand. When you wonder how to proceed with any subset of human endeavor, you can look backward to find (or remember) the right answer. Along with this, I'm sure you've heard about the "hundredth-monkey" effect. This phenomenon refers to the instantaneous, paranormal spreading of an idea or ability to the remainder of a population once a certain portion of that population has heard of the new idea or learned the new ability. When the hundredth monkey learned to wash sweet potatoes, then every monkey in the world was supposedly washing sweet potatoes as well via this process.

There are certain things that bubble up out of the culture at certain times. The thing that is bubbling up right now, for the obvious reason that we are poisoning and killing ourselves environmentally and in a lot of other ways, is this big question of how we should live. This question affects even very small, specific matters in our lives.

I read a book recently called *Born to Run*. The theory of this book is that human beings evolved running and walking barefoot. As soon as you run and walk with shoes on you will have injuries to your legs and back. In fact they point out a study from the American College of Orthopedic Medicine that seventy percent of all runners have a significant injury within a year, and the number one thing that correlates with the likelihood of having an injury is the price of your running shoes. The higher the price of your shoes the more likely you are to injure yourself. Because the foot craves to find a hard place to impact the ground, and the more expensive running shoes have more cushion in the heel and now even springs, you really have to grind your leg in order to find that hard place. That puts stress on your ankle and knee and then hip and then back. We even know the physiological mechanism of how that works. But as I said, you already know the answer to the question of what to put on your feet, because the healthiest people, the ones who didn't have leg and back problems were these "uncivilized" people who walked and ran barefoot all the time. You already knew the answer to that conundrum; we just had to fill in the science.

This thinking process can be applied to shoes; it can also be applied to electromagnetic fields, to cell phones. If you look at the life of these "uncivilized" people, they didn't have cell phones, they didn't have electromagnetic fields. If you ask me when to go to bed at night, ask instead when did they do it? They went to bed when it got dark and woke up when it got light. If you have a serious illness like cancer and you know these people never had cancer, then you might want to consider emulating their lifestyle strategy not only in their diet but in every possible way: walk barefoot on the beach; when you wear shoes, wear shoes with flat soles; throw away your cell phone; live as far away from a cell tower as you can; go to bed when the sun goes down and don't sleep near any electric appliances like alarm clocks, and certainly not under an electric blanket.

natural sweetener, such as honey.

Does that type of diet square with the human anatomy? I'm not against changing certain patterns of the diet based on what a person can tolerate. But when someone says this person because of their blood type needs to be an herbivore, a vegan, I think to myself well, yes, that would be fine if they had a rumen. Let me tell you, the first cancer patient who comes in with a rumen, I'm putting them on a vegetarian diet, I don't care what blood type they are. If they have very long intestines and a rumen with bacteria to ferment cellulose, I'd put them on a vegetarian diet.

THE GORILLA SYNDROME

Interestingly, the primate that has the largest amount of plant food in the diet, the gorilla, has a very long digestive tract and the smallest brain of any primate. If you were in the jungle and had only leaves to eat, you would starve in the midst of abundance because you cannot digest leaves, at least most leaves. But the gorilla is so constructed that he can eat high-cellulose plant foods like leaves.

Remember that the herbivorous animals literally must eat all day to extract nutrients from grass, leaves and seeds. You, as the predator human, can get concentrated fats and protein from the herbivores, and you need only a short digestive system to get all you need to develop a healthy body and a healthier more robust brain to talk, think and create. You don't have to eat all day long. When you revert to a more "gorilla-ish" way of life, you increase the number of times you have to eat, increase the size of your digestive apparatus, and shrink your brain, which is exactly what has happened to us over the last ten thousand years. I'm not so sure that this is the way we want to go.

I wish I had a dollar for every patient who walked into my office—usually a female patient—who has said, "My belly is bloated and I'm full of gas; I have digestive disturbance and a foggy brain." Usually they end up with a diagnosis of hypothyroidism. When you ask them what they eat, they tell me, "I'm mostly vegetarian." They have gorilla syndrome.

The human anatomy is precisely designed for a hunter-gatherer diet of about 70 percent

animal food, predominantly fat (as much as they could tolerate and digest) including organ meats and bones (usually in the form of broth), but not so much protein—something like two to four ounces of protein, two to three times a day was about the average of what people ate. The remaining 30-35 percent plant foods provides variety and additional amounts of vitamins and minerals. The protein and fat part is what builds a healthy body structure, the endocrine and immune systems, and, most importantly, the brain and nervous systems. People ate plants for balancing their pH, for accessing different minerals and phytochemicals. Because these plant foods were often fermented, they served as food for bacteria, which greatly increased their vitamin content for the benefit of humans.

This is the framework to the hypothesis that cancer is a disease of civilization. Taking these ideas as a basis, my cancer therapy is based on the GAPS diet, low-dose naltrexone (LDN), Iscador (mistletoe extract) and cardiotonics in order to create a "pre-civilization" milieu for the cancer patient.

GAPS DIET

The diet I use for treating cancer patients is the Gut and Psychology Syndrome (GAPS) diet, formulated by Dr. Natasha Campbell-McBride in her book of the same name. Let me give a brief description of how the GAPS diet works. The healthy intestine contains millions of tiny absorptive villi. It also contains a layer of good bacteria, a diverse colony. We have, or should have, more microorganisms in our gut—five to seven pounds of them—than we have human cells in our body. These bacteria represent our immune system. Children with autism have holes in their intestinal walls that allow toxic proteins and other chemicals to leak through their porous guts into their blood stream. The two most serious are casomorphin and gliadomorphin. These leak into the blood stream and cause neurological symptoms.

Think of your intestines as soil and grass: the villi are like the soil, and the layer of good bacteria is like the grass covering the soil. If you go to a meadow or a perennial grass field and you overgraze or do something to strip the grass, the soil will become eroded. If this condition

When you revert to a more "gorilla-ish" way of life, you increase the amount of times you have to eat, increase the size of your digestive apparatus, and shrink your brain.

continues, you get further erosion of soil, you get cracks in the soil, and surface material starts seeping into the ground water. That is exactly the same process that happens in the human gut. People “strip their grass” with antibiotics, with vaccines, with processed foods, with not getting the right flora via the birth canal due either to a C-section or gut dysbiosis in the mother. Lastly, “civilized” people today are no longer eating probiotic foods. All these factors create an unhealthy gut ecology, a flattening of the villi, and actual holes in the gut wall.

The villi are a source of the enzyme disaccharidase, which digests disaccharides, just as lipase digests lipids and protease digests protein. As you lose the integrity of the villi you lose the ability to digest disaccharides because you lose the ability to produce the enzymes solely responsible for this function. If you continue to eat disaccharides, they cannot be digested, and instead feed fungus, yeasts, and toxic microorganisms that are present in the gut. These are like crab grass growing on the soil. Crab grass doesn’t protect the soil, it doesn’t make the good micronutrients, it doesn’t make the B vitamins, and it doesn’t protect the lining. Instead, it results in bloating and gas and all the other things that people with sickness experience. As the condition of the villi worsens, even less disaccharidase is produced, and we have a vicious cycle. Eventually you get ulcerative colitis—an erosion through the mucosa into the muscle layer, and that is like a bad crater in the soil. As a result of this leakiness of the gut you end up with these two predominant chemicals, gluteomorphin and casomorphin,

getting absorbed into the blood stream. These substances are opiates, and opiates essentially paralyze your immune response.

So in the GAPS diet we eliminate all disaccharides including sugar, potatoes, sweet potatoes and grains; lactose is also a disaccharide so fluid milk, even raw milk, needs to be avoided. The diet emphasizes lots of healthy fats like butter, ghee and coconut oil, grass-fed meats and organ meats, wild seafood, fermented raw dairy products, low-starch vegetables, some fruit, bone broths and cod liver oil.

I should add that I also prescribe pancreatic enzymes, based on the work of Dr. Nicholas Gonzalez (see review, page 46). I use lyophilized pancreatic enzymes from Allergy Research extracted from New Zealand pork, lamb and beef, all at one time. The dose is 10-15 capsules, three times per day, on an empty stomach.

LOW DOSE NALTREXONE

Now let’s introduce low dose naltrexone (LDN) into this picture, and see what it has to

WHY CANCER PATIENTS NEED MORE FAT

If you have cancer of your colon or liver, breast or prostate, and we want to know if the cancer has spread to any other part of the body, we can use a nuclear medicine imaging technique called PET (positron emission topography). This technique highlights any other nests of cancer cells and is the conventional approach for checking on the spread of cancer. The process involves radioactively tagged glucose that is injected into the body and then that glucose is selectively picked up by various cells in the body. We know that cancer cells love to eat glucose, so they actively pick up the tagged glucose. The highlighted nests of radioactive glucose therefore indicate areas of the strongest growth of cancer cells. In other words, cancer cells thrive on sugar. Cancer cells use an anaerobic respiration of sugar to form acids. That is the metabolism of cancer cells. The reason the cancer patient starves while the cancer cells grow is because they are much better at taking up the sugar than are normal cells. If we understand this selective metabolism of cancer well enough to diagnose its growth, then the next step is to withhold sugar and see what happens. The trouble is we need a backup fuel source. And there is a back up fuel source: ketones from fats. Cancer cells cannot metabolize ketones. Normal cells do fine on ketones; we know this from fifty years of successfully utilizing a therapeutic very high-fat ketogenic diet. Cancer patients on a ketogenic diet will often have their tumors shrink and will halt their cachexia—their physical wasting and weight loss. The cancer cells starve on a ketogenic diet, but normal cells thrive.

Now take a moment to think of these pre-civilized people 10,000 years ago before the cultivation of grains. I hope by now you are convinced they did not suffer from cancer. These people ate a ketogenic diet. Think about pre-grain, pre-potatoes, pre-milk—where were the carbohydrates? They ate seventy percent animal foods, a little bit of seeds and nuts, a few vegetables that they could find, honey when they could chase off the bees. And we know that they favored the animal fats rather than the proteins. Their main fuel was ketones. Our whole notion of the right diet for cancer patients today is backwards. The knee-jerk dietary prescription for cancer patients is a lowfat, high-carbohydrate diet. But the primary fuel for many human groups is ketones, and the backup fuel is glucose. Glucose as a fuel source would have been used in an emergency—to sprint away from a dangerous situation, for example. It is essentially an anaerobic backup system that produces lactic acid and acidosis and is only meant to be used for a brief period of time.

It is also important to note that with the ketogenic diet protein intake is kept low to moderate, with fat as the main fuel source. Protein consumption in excess of your actual needs will be metabolized like sugars, by the way. Insulin has long been implicated as the growth hormone, stimulating growth in cancer cells as well. We want to lower the insulin levels in the blood and by far the most reliable way to do that is to get rid of the sugar.

do with the GAPS diet. We'll also discuss what it has to do with cancer and civilization.

Naltrexone is a drug that was developed in the late 1960s to treat heroin overdose. It is an opiate receptor blocking agent. Three hundred milligrams of intravenous naltrexone would block the receptors of someone who had overdosed on heroin and save him from respiratory arrest and death.

Oral naltrexone in a fifty-milligram dose was next tried as a strategy to stop heroin addiction. Two interesting things happened. First, the fifty milligrams would block the opiate receptors all day and the heroin would have no effect. Addicts would stop using heroin because it wouldn't make them high. But unfortunately, the people who took the fifty-milligram dose of naltrexone felt so lousy they said they'd rather be dead than take this stuff. The therapy completely failed as an addiction drug, but Bernard Bihari, a neurologist in New York City, had a lot of AIDS patients who were also heroin addicts. Bihari knew the story of naltrexone and this led to an attempt to discover why people taking naltrexone felt so lousy.

The answer is that heroin and morphine are identical to chemicals we make in our bodies called endorphins. These are the chemicals that make you feel good. If you block the body's production of natural endorphins—which is an inadvertent effect of blocking the exogenous opiates, heroin and morphine—then this complete embargo on endorphins makes you feel worse than worse. The result is a lifeless life with no feelings of joy, since this is what endorphins are intimately associated with. If you feel miserable all the time, you probably suffer from a deficiency of endorphins.

The feeling of well-being is connected with your immune response. Endorphins are literally the fuel for the activity of your T cells; they have to do with your natural killer cells and the synthesis of tumor necrosis factor. All of this is clearly delineated in the medical literature.

The next step for Bihari was to test the heroin addicts who had AIDS and MS and other immune system problems to see whether they were actually low in endorphins. Bihari was the first to hypothesize that we can trick the body into making more endorphins by giving a very

Endorphins are literally the fuel for the activity of your T cells.

A DIET FULL OF FAT

How does one achieve a diet that is 80 percent fat? It's not as hard as you think, because by 80 percent, we mean 80 percent of calories, not 80 percent of weight or volume. Since there are twice as many calories in a gram of fat compared to a gram of carbohydrate or protein, and since fat contains no water but carbohydrate and protein foods can be up to 90 percent water, that means that if your diet is about 10 percent of fat by volume or weight, you will probably be eating 80 percent of your calories as fat. (For a detailed explanation see *Adventures in Macronutrient Land* at westonaprice.org.)

Here are some ways to increase your fat intake:

- Take 1-2 tablespoons coconut oil in hot water before a meal.
- Add an extra yolk to scrambled eggs.
- Cook some fruit along with your bacon so you soak up some bacon fat into the fruit.
- Use plenty of butter in your oatmeal or on your bread—you should put enough butter on your bread to show teeth marks when you bite into it.
- Put lots of melted butter on your vegetables or even on your meat and fish.
- Use cream in sauces.
- Make gravy with pan drippings.
- Always consume whole dairy products—whole milk, whole yoghurt, full-fat cheese.
- Cook in generous amounts of lard, ghee, butter, goose fat or duck fat.
- Spreads like paté are a good way to consume extra fat.

If you are not used to eating a lot of fat, you will need to build up slowly. Start with 1/4 teaspoon coconut oil in hot water, small amounts of butter on your bread or vegetables, small servings of whole dairy products. Swedish bitters taken morning and evening (1 teaspoon in water) will help your liver produce bile for fat digestion. If you still have trouble with all that fat, you can take an ox bile tablet with your meal, or lipase enzymes. Eventually you will be able to tolerate and enjoy a diet full of healthy fats. You may also find that any cravings for carbohydrates subside once your body gets the fat it needs.

You may be surprised to learn that Iscador is the most prescribed cancer medicine in the world.

low dose of naltrexone. If fifty milligrams blocks the opiate receptors for a day, he reasoned, then three or four milligrams will block the receptors for about an hour. We give the dose at bedtime and the body says, "Hey, somebody blocked my endorphin sites! I need to make more endorphins." Sometimes there is a ten-fold increase in the number of endorphins produced. The next thing you know you find a normal or even heightened response in endorphin production leading to improved immune function. In one survey, forty out of forty-two MS patients went into remission using LDN. Their autoimmune disease had been based on toxic opiates replacing healthy endorphins in their immune response. There are many classes of diseases that have been helped with this therapy and you can find much more information at www.lowdosenaltrexone.org.

How does the use of LDN fit into our theory that cancer is a disease of civilization? First, the foods of civilization, especially the current lowfat (or wrong-fat) and low-cholesterol diet, impede the body's production of natural endor-

phins; second, civilized peoples are addicted to substances that stress the adrenal glands, such as coffee, tea, chocolate, sugar and stronger drugs—you might say that the process of becoming civilized takes us from the slow lane to the fast lane—and as the adrenals are involved in endorphin production, with so much stress and over-use, our innate feel-good mechanism breaks down. Finally, civilization puts millions of people into jobs they can't stand, relationships that are stressful, activities they don't enjoy. Civilization is interesting and challenging, but it is also stressful.

We often hear of a person diagnosed with cancer who says to himself, "Well, if I have only a few months to live, I'm going to do what I always wanted to do." So he quits his work and plays the cello, or takes up oil painting. And lo and behold, his cancer goes into remission. Why? Because his body is finally producing and benefitting from endorphins, his immune system can finally work again, and he gets well.

It is interesting to compare this therapy to the GAPS diet, which eliminates the disaccha-

SOME RECENT STUDIES INVOLVING MISTLETOE EXTRACT

This study showed that complementary treatment with sME [a mistletoe extract] can beneficially reduce the side-effects of chemotherapy in cancer patients and thus improve quality of life (*Anticancer Res* 2004 Jan-Feb;24(1):303-9).

The results of this study show that sensitivity to IscadorQu [a mistletoe extract] treatment varies strongly between different cell lines. In sensitive cell lines, including tumor and endothelial cell cultures, IscadorQu caused early cell cycle inhibition followed by apoptosis in a dose-dependent manner (*Int J Oncol* 2004 Dec;25(6):1521-9).

Complementary treatment of breast cancer patients with lectin-standardized mistletoe extract (sME) proved to be a well tolerated optimization of standard tumor-destructive therapies, mainly improving quality of life and relapse-free intervals in defined UICC stages (*Anticancer Res* 2003 Nov-Dec;23(6D):5081-7).

Mistletoe extracts have immunomodulatory activity. We show that nontoxic concentrations of *Viscum album* [mistletoe] extracts increase natural killer (NK) cell-mediated killing of tumor cells but spare nontarget cells from NK lysis (*Eur J Biochem* 2002 May;269(10):2591-600).

Results from the present study suggest that VA [an extract of mistletoe] extract-induced endothelial apoptosis may explain the tumor regression associated with the therapeutic use of VA preparations and support further investigations to develop novel anti-angiogenic compounds based on mistletoe compounds (*Mol Med* 2002 Oct;8(10):600-6).

These results demonstrate the presence of insulin-releasing natural product(s) in *Viscum album* [mistletoe] which may contribute to the reported antidiabetic property of the plant (*J Endocrinol* 1999 Mar;160(3):409-14).

Selective apoptotic effects of VAA-I [a mistletoe extract] may represent a novel approach for pharmacological manipulation of the balance between cell growth and programmed cell death. Appropriate combination of immunomodulatory and cytotoxic doses may open new clinical perspectives in the mistletoe therapy (*Forsch Komplementarmed* 1999 Aug;6(4):186-94).

rides found in grains, potatoes, sweet potatoes, sweet milk and a few other foods. The diet also avoids the exogenous opiates: casomorphins and gluteomorphins found in grains and unfermented dairy products. The GAPS diet mirrors the pre-civilized diet of 60-70 percent animal foods, with fruits, vegetables, seeds and nuts as sort of “vitamin pill” supplement. The strategy is to get rid of toxic opiates, heal the gut, stimulate the production of healthy endorphins, and normalize the immune response. A significant number of people with autoimmune disease and cancer have a positive response to this combination.

ISCADOR

The next modality in my approach to cancer treatment is mistletoe therapy, otherwise known as Iscador. This is the backbone of anthroposophical medical therapy and I’m a trained anthroposophical physician. This philosophy is associated with Waldorf schools and biodynamic farming, started by Rudolf Steiner in the 1920s.

The mistletoe plant is made into a number of different cancer preparations, but the original one formulated by Rudolf Steiner is called Iscador. The formulation involves an extremely complicated pharmaceutical process using winter and summer sap from the *Viscum album* plant and mixing it in a gold-plated centrifuge rotated at the exact speed of the earth. It is an amazing process.

You may be surprised to learn that Iscador is the most prescribed cancer medicine in the world. At a conference I attended a few years ago, a German oncologist quoted 400,000 registered cancer patients in Germany, 310,000 of whom take some kind of mistletoe preparation. (Unfortunately, European doctors usually prescribe it in conjunction with conventional therapy.) You may have heard that the celebrity Suzanne Somers is an ardent proponent of Iscador, which has played a big part in her successful treatment of her breast cancer, along with a low-carbohydrate diet and hormones.

I’ve been treating cancer patients with Iscador for twenty-five years or so, and almost every patient I see is prescribed the diet that I have described, along with Iscador and LDN. That is the mainstay of my therapeutic protocol.

How does it fit in with our “cancer is a dis-

ease of civilization” hypothesis? Rudolf Steiner was the first to describe Iscador, but he was by no means the first to describe the theory of Iscador. Twenty-five hundred years ago Hippocrates said, “Give me a medicine that can produce a fever and I can cure any disease.”

The way that I explain this to my patients is to note that the job of the doctor is to distinguish between the therapy and the illness. What I mean by that is if you get a splinter in your finger, and then your body makes pus to get the splinter out, is the pus the therapy or the disease? We know that pus indicates infection and the presence of microorganisms, and we learned in medical school that doctors should kill the pus. But I don’t think it is that far of a stretch to see that if you have a splinter in your finger, the pus is the therapy for the splinter. If you don’t take the splinter out, the pus will do it for you. If you mistakenly think that the pus is the disease and you destroy the pus, the splinter will stay and your body will attempt this process again. If you destroy the pus again, your body might repeat this process three or four more times. Then you have a chronic infection as the body keeps trying to remove the splinter. Eventually it will either succeed, or it will encapsulate the splinter, which is a tumor, a new growth. It is not a cancerous tumor but a benign cystic tumor of the splinter. The understanding that the pus is the therapy allows you to predict what is going to happen in the future.

Now think of this example. Joe Bloke is a smoker. In other words, he puts a bunch of splinters in his lungs every day. Twice a year Joe gets cough, fever, mucus—all to get the splinters out of his lungs. I prefer to say “cough, fever, mucus” rather than “bronchitis” because the word “bronchitis” separates you from the reality of the situation. His body is producing an inflammatory response—it is making a mucus-pus-fever response to cleanse his lungs of splinters. If Joe goes to a doctor who makes the mistake of thinking that the response is the problem, he will give drugs to stop the bronchitis—which is actually the medicine. So Joe will be left with the splinters. That scenario will happen twice a year for thirty years and then Joe has a big bag of splinters in his lungs, and we call that lung cancer.

You may be surprised to learn that Iscador is the most prescribed cancer medicine in the world.

The incidence of cancer has skyrocketed with the introduction of vaccines and with the suppression of the acute sick response.

We know that epidemiologically every culture that has embarked on aggressive prevention of infectious disease with vaccines and antibiotic treatment has seen infectious diseases diminish, but deaths from cancer increase. Every single one. This paradox is not unknown to the medical profession.

William Coley was a surgeon in New York City at the end of the nineteenth century and the inventor of a cancer therapy called Coley's Toxins, which was basically just rotting meat. Coley knew of the apparent relationship between infection and cancer regression. His protocol was to inject terminally ill cancer patients with an agent to make them get really sick and produce a fever. Somewhere between 20-40 percent of the terminally ill cancer patients who received this treatment, especially with combinations of *Streptococcus* and *Serratia*, went into remission. The treatment produced high fevers for a week, a lot of mucus, and a lot of what we call sickness. It is also undeniably true that the thing we call sickness is the immune response. The bacteria and the viruses don't actually make us sick. They trigger an immune response and the symptoms which we deem as unpleasant—fever, mucus and so on—those are the response to the foreign situation. With Coley's Toxins, 20-40 percent of these patients, as written up by the New York Academy of Sciences, went into remission.

Unfortunately, another 20-40 percent died from sepsis; that is, from the therapy, and another 20 percent or so had no response. It was a toxic therapy, or you might say a last ditch effort, but the point remains that the fevers and the pus and the mucus—and the interleukin-2 and the interferon and all these tumor necrosis factors and natural killer cells that constitute our immune response—that is the therapy for cancer. As Hippocrates said, give me a medicine that produces a fever, that provokes an immune response, and I can cure any disease.

Rudolf Steiner was asked how Iscador works in the body. He replied that it simulates a bacterial infection. You get the warmth, the interferon, the interleukin-2 response, the natural killer cell response; you get everything you would get from an infection except the bacterial infection and the sepsis, which are the toxic parts. So instead of 20-40 percent of patients dying from Coley's

Toxins from sepsis, you have an activation of the immune response but no side effects. This response is demonstrated when you inject the Iscador, because the body temperature increases, and you see actual signs of an inflammatory response. This inflammatory response digests the tumor.

Then you can help the dead material out of the body with coffee enemas, hot baths and so on. This is one of the most effective therapies for all solid tumor cancers.

ASSAULT ON THE IMMUNE SYSTEM

If you look at this process you might wonder how we got into this mess of so many people with a diminished cell-mediated inflammatory response. A cell-mediated inflammatory response—the part that we call “being sick”—is the activation of the white blood cells. Whenever we have a normal infection like chicken pox, two arms of our immune system get activated. First is the humoral immune response, or antibody-based response in the B cells, which make antibodies to remember what happened. Second is a cell-mediated activation, where the white blood cells chew up the invader and spit it out through fever, mucus, rash, achiness and sweating—all those things we call being sick. That is what happens with every naturally occurring infection. Is there something that we are doing that is somehow turning on the humoral immunity and deactivating the cell-mediated immunity?

A vaccine is a specific attempt to activate a humoral response—antibodies—and to deactivate the cell-mediated response. Why do I say that? If you get sick with fever, rash, mucus, after you had a vaccine, then that would be a bad vaccine. No one would want that vaccine. The whole point of a vaccine is to deactivate the cell-mediated response so you don't feel sick, but to activate the humoral response.

This is exactly the same immune situation that you see with cancer and auto-immune disease. The cell-mediated response is the only way your body expels microorganisms and foreign proteins, and that response gets shut down with vaccinations. Everyone who is vaccinated ends up with an over-stimulated humoral antibody system and an under-stimulated cell-mediated system. Add to that the use of fever-suppressing

drugs like aspirin and Tylenol, as well as antibiotics that kill the bacteria in our guts, and we have a recipe for cancer.

The incidence of cancer has skyrocketed with the introduction of vaccines and with the suppression of the acute sick response. Unlike the primitive man who accepts everything in nature and in the body as a natural process, the civilized man tries to suppress natural processes; he is afraid of them, or thinks they serve no purpose, and cancer is the result.

CARDIOTONICS

A fourth component of my cancer therapy involves cardiotonics. Cardiac glycosides are novel therapeutic agents belonging to a family of substances that come mostly from plants. They are a source of proteins (glycosides) that stimulate the metabolism of the heart. The two main cardiac glycosides are digitalis from the foxglove and a substance called ouabain—which I prefer to use—from the strophanthus plant. This African vine was originally used by tribes for hunting. They would dip their arrows into a substance taken from the seeds and it would cause a temporary stoppage of the heart in the animal they shot.

Researchers understood that this was a cardiac active substance and when they isolated it they found it was a hormone, which they called ouabain (through French from Somali *waabaayo*, “arrow poison”) or strophanthin. Until the 1990s, the very similar digitalis was the main treatment for heart problems. And there have been a number of studies over the years of women with breast cancer, and men with prostate cancer who have been put on digitalis for their heart problems. These patients have an incidence of cancer ten times lower than controls and if they already had cancer, digitalis lowers their recurrence rate seven- to twenty-fold.

Ouabain is an excellent medicine for the heart. I have a patient from Germany who has a doctorate in biochemistry. About twenty-eight years ago, he had three heart attacks, bypass surgery and stents. Nothing worked, and he was given up for dead. He had heard about ouabain as a medicine for heart attacks and angina. He found a source of it, started taking it, and he is still alive today. Recently he sent me what he

hopes to be a published paper in the *American Journal of Oncology* on the entire world literature pertaining to the use and actions of ouabain (its trade name is Strodival).

I’ve been using Strodival for heart patients for five or six years. It’s been a great help for people with angina, heart disease and congestive heart failure. Many have better outcomes, less angina and better exercise tolerance.

But what does ouabain have to do with cancer and civilization? According to my biochemist patient, ouabain does two things: it flushes lactic acid from the cells, and it catalyzes the ability of the cells, particularly the heart cells, to metabolize fats into energy. He calls it the “insulin of the heart,” or the “insulin of fat metabolism.” Without the hormone ouabain you have a difficult time digesting fats, which may be why you temporarily seem better on a carbohydrate diet. If you don’t have enough ouabain, you can’t metabolize fats, and you can’t get energy from fats. We actually know the specific biochemical fat metabolism blockade that it overcomes. But the next question is: how could this substance from an African vine have anything to do with helping cancer patients in civilization?

What I have learned from this biochemist and others in studying the history of ouabain is an interesting revelation. Here is a chemical, a hormone that is found only in this one African vine, strophanthus. By an amazing quirk of nature we humans make the exact same chemical in our adrenal glands. You can radioactively tag precursors of this hormone and the precursors light up in the adrenal glands; ouabain also lights up the adrenal glands, proving that you actually make ouabain from this precursor. It goes into the blood, into the heart and all the other cells in the body, allowing you to use fats as fuel while also flushing out lactic acid from your cells.

The inability to metabolize fats is in some ways exactly the defect we have with cancer. The inability to use fat as fuel, and therefore the reliance on sugar, causes increased levels of insulin. Excess insulin stimulates growth, and an increase in lactic acid builds up because of the deficiency of ouabain. This leads to a state of acidosis which is essentially necrosis—it poisons the cells.

Cancer cells are cells in a state of acidosis.

Excess insulin stimulates growth, and an increase in lactic acid builds up because of the deficiency of ouabain. This leads to a state of acidosis which is essentially necrosis—it poisons the cells.

This is why people came up with alkalinizing diets for cancer patients; but these diets rarely work in the long run because your body doesn't actually need more alkaline foods; what it needs is more fat. What you need to do is change your metabolism so that lactic acid doesn't build up in your cells, and the adrenal hormone ouabain helps you do that.

By the way, ouabain is made out of cholesterol; or to put it another way, ouabain is made from animal fats. And since the widely used statin drugs inhibit the production of cholesterol, they also inhibit the production of ouabain. Here is yet another example of fear about one of nature's vital processes—the use of cholesterol in the human body—that is so characteristic of civilized man.

Fear of cholesterol and saturated fat has led to a vicious cycle. Ouabain catalyzes the metabolism of fats, allowing you to eat them, so you eat more. If you don't eat cholesterol and fats, or if you try to lower your cholesterol, you can't make ouabain and then you can't eat fats, and so you think you are doing better if you decrease the amount of fats in your diet. The next thing you know you have more insulin from increased

carbohydrate consumption, and then you are in big trouble.

DON'T WORK FOR MONEY!

Steiner once said that for mankind to make progress, men and women would need to learn not to work for money. Of course you want to be paid for what you do, but you should not work simply for money. If you work every day in a job you don't love, then you are going to put enormous stress on your adrenal glands. Eventually they will not be able to produce the cardiotonics and endorphins that you need to stay well, happy and cancer free.

In fact, everything we do should be enjoyable—our work, our leisure time, our family life, our food—yet even eating has become stressful today as we are hounded to stick to a soulless lowfat diet. The threat of cancer should challenge us to humanize our existence, to inject the stress-free attitude of primitive peoples into our stressful, goal-oriented civilized lives.

This is really our only choice because we can't go back. Very few of us would want to go back to primitive tribal life, a life without electricity, without gadgets, without books and computers, a life, in fact, without the opportunity for personal choice that we have become used to. What we *can* do is choose to bring the village life back to civilization, by choosing not to work for money, by choosing to enjoy our food, by choosing to do the things we love to do, by reducing the pace, by socializing with friends, by taking naps, by doing as much for ourselves as we do for others, by supporting old-fashioned and sustainable agriculture, and above all by eating lots and lots of animal fats. ☯☯

GRAINS AND CIVILIZATION

Although I have pointed out the destructive nature of grain production—and, I should also add, of feeding grains to ruminant animals—and of the “civilized” attitudes that lead to cancer, please don't think that I am against grains and against civilization. In every mythology, grains are said to be a gift of the gods. Steiner taught that grains were the gift of a great wise man named Zarathustra, and that along with grains he gave us one other gift: the knowledge of our mortality. With the knowledge of our mortality, we become individuals and can no longer participate in the group soul of the tribe or village. Instead we must build a civilization as individuals, and grains make civilization possible.

All this is as it should be: we need to make our way in the world and learn to understand the world as an individual. Along with this comes the scientific method and a rejection of anything that smacks of “intuition” or “superstition.” All this has created a feeling of alienation and loneliness in “civilized” men and women, but again, this is part of our spiritual evolution. Grains have played a role in moving us forward.

The challenge for any individual is to go forward on this great adventure of spiritual evolution without causing too much suffering to ourselves or to others. In the case of grains, this means raising them in a way that does not deplete the earth (which means cultivating grains in rotation with animal agriculture), eating them in moderation, preparing them properly so that they don't cause health problems, and then consuming them properly, which means with plenty of fat. In fact, if you think of it, it would be hard to eat four tablespoons of butter alone, but very easy to eat four tablespoons of butter on a piece of sourdough bread—the bread makes the butter go down well and the butter makes the bread go down well.

When we are very sick with a disease of civilization—such as cancer, heart disease or arthritis—then we need to step back to a more hunter-gatherer diet, perhaps even avoid grains altogether for a time. But the goal should be to incorporate them into our diet, because we need grains to make spiritual progress, that is, to be healthy on all levels.

I had a patient who had many health problems and the GAPS diet helped her recover from them. But after recovery she continued on the GAPS diet and she started to go downhill—not with the old symptoms, but she just got more and more tired. I advised her to add more grains to her diet—soaked oatmeal and sourdough bread—and she immediately snapped out of it. So there is a time to go off grains and a time to reintroduce them!

Pilot Research Study

Live Blood Analysis of Adults Comparing the Weston A. Price Foundation Diet and the Conventional Modern Diet

by Beverly Rubik, PhD

Beverly Rubik, PhD,
is president and
founder of the
Institute for
Frontier Science,
Oakland,
California;
core professor,
Graduate College,
Interdisciplinary
Studies,
Union Institute and
University,
Cincinnati, Ohio;
adjunct professor,
Integrative Health
Studies, California
Institute for
Integral Studies,
San Francisco,
California; and
faculty member,
College of
Mind-Body
Medicine,
Saybrook University,
San Francisco,
California.

The most easily monitored tissue that shows changes in response to nutritional status is the blood. As there are numerous differences between the traditional diet recommended by the Weston A. Price Foundation (WAPF) and the conventional modern diet, we would expect to find key differences in the blood of persons consuming these two different diets. In this exploratory pilot study, we pose the following question: How do live blood analyses for persons consuming the traditional diet recommended by the Weston A. Price Foundation compare with those for persons consuming conventional modern diets?

Live blood analysis is carried out through visual examination of a small droplet of fresh capillary blood, typically taken from the fingertip, and observed under a high-powered light microscope, either dark-field or phase contrast. This method offers a qualitative visual perspective of the blood cells and state of the blood plasma at high magnification enhanced by modern optical techniques. It offers a visual perspective on the ecology of the blood, sometimes referred to as the “biological terrain.”

In live blood analysis one can observe the size, shape, variability, and cellular integrity of the red blood cells.

LIVE BLOOD ANALYSIS

Live blood analysis can reveal the presence of certain nutritional deficiencies, such as iron deficiency. It also shows the coagulation and clotting processes of the blood, which are related to the inflammatory biochemical cascade. Furthermore, the speed of degradation of the blood removed from the body and observed over time is related to biological integrity. Live blood analysis has traditionally been used in clinical medicine to look for the presence of certain parasites including the malaria parasite and the spiral-shaped bacteria that causes Lyme disease. This research tool is sometimes also used in holistic health assessment.

In live blood analysis one can observe the size, shape, variability, and cellular integrity of the red blood cells (RBCs). The stickiness and aggregation of the RBCs are also noted. The presence and relative number of white blood cells and their subtypes are noted, along with the motility (movement) of these cells. The plasma is checked for platelet aggregates, the formation of fibrin, the presence of microbial and parasitic forms, as well as particulates including cholesterol, crystals, and various contaminants.

The equipment used to conduct live blood analysis includes a dark-field or phase contrast light microscope attached to a digital video camera linked to a computer monitor. Computer software is used to capture and store microphotographs and short videos for subsequent analysis. In order to avoid sample heating, the blood specimen is illuminated by means of

light delivered through fiber optics. A sterile blood lancet designed for diabetic blood testing is used to collect a droplet of peripheral blood from the fingertip, which is immediately placed on a microscope slide and then covered with a glass cover slip. Oil immersion lenses at the microscope objective and condenser are used to improve and enhance the images.

A microphotograph of healthy blood is shown in Figure 1, below. This photograph shows blood soon after it is drawn. The RBCs are discrete, uniform and round, and there is no debris in the plasma. By contrast, Figure 2, below, shows a blood sample freshly drawn from an adult with cancer. Note that the RBCs are clumped together, and fibrin (white threads) has formed, indicating the activation of blood coagulation and clotting.

SUBJECT OF INVESTIGATION

The following research questions were explored in this pilot study:

- What do we observe in live blood analysis of healthy persons consuming the WAPF diet over years?
- Using live blood analysis, how does the blood of healthy persons on the WAPF diet compare to the blood of healthy persons eating conventional modern diets, including diets containing organic and processed foods, with subjects in both groups matched for age?

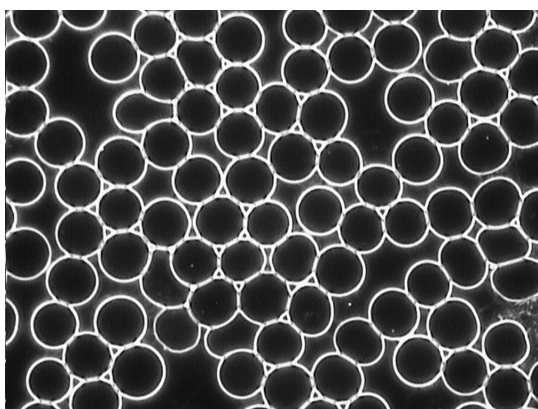


Figure 1. Live blood analysis microphotograph of blood sample taken from the fingertip of a normal healthy adult.

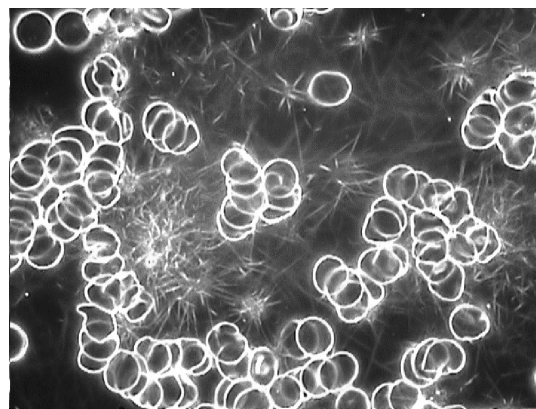


Figure 2. Microphotograph of freshly drawn peripheral blood from an adult with cancer.

PARTICIPANTS

To help recruit subjects, the Weston A. Price Foundation emailed a study announcement to its members in the San Francisco Bay Area. Over twenty people responded to the announcement, and six others were recruited by word of mouth. The twenty-six persons completed a questionnaire to ascertain their eligibility for the study. The eight best respondents, those who met subject criteria and had been consuming the WAPF diet the longest and most consistently, were invited to participate in the study. Written informed consent was obtained from subjects.

The subject criteria were as follows:

- Healthy adults over 25 years old, who self-reported “very good” to “excellent” health.
- No serious illnesses, chronic diseases, or chronic health conditions.
- No obesity; BMI (body mass index) less than 30.
- No smoking.
- No prescription drugs.
- WAPF diet consistently for at least two years.
- Presently on the WAPF diet.
- Conform to the principles of the WAPF diet at least 80 percent of the time.

THE WAPF SUBJECTS

Additional subject demographics that characterized the participants in the study were as follows:

- Age range 30 - 83.
- Mean age 51.12.
- Range of 2 to 20+ years on the WAPF diet.
- Mean number of years on the WAPF diet: 7.5 years.
- Range of 80 to 100 percent of the diet is consistent with WAPF guidelines.
- Mean percent diet per WAPF: 92 percent.
- Three nondrinkers; 5 drinkers (up to 8 drinks per week, beer and wine only, no hard liquor).

THE WAPF DIET

The characteristics of subjects’ diets are as follows:

- No processed liquid vegetable oils or partially hydrogenated oils, except for unrefined olive oil.
- No refined sugars, corn syrup or high fructose corn syrup.
- Very little or no pasteurized milk.
- Raw milk consumed by 5 out of 8 subjects; one was dairy intolerant.
- Five to 14 eggs or egg yolks/wk consumed by all, except for 1 egg-allergic subject.
- Three to 15 tablespoons of saturated fats daily; mean of 7.375 tablespoons/day.
- Consumption of conventional restaurant food 5 percent or less.
- Cod liver oil supplementation in 6 out of 8 subjects.
- Seven of 8 subjects consumed fermented foods regularly.
- All subjects prepared grains and nuts by soaking and sourdough most of the time.

CONTROL GROUP

The eight subjects on the WAPF diet were age-matched to six healthy adults not on the WAPF diet, but of similar demographics who self-reported “good” to “excellent” health; had no serious illnesses, chronic diseases or health conditions; no obesity (BMI <30); did not smoke, and took no prescription drugs. These six adults were consuming the conventional modern diet including some organic foods and various dietary supplements.

PROCEDURES AND METHODS

Live blood analysis was performed once on each subject in both groups on different days by individual appointment after five hours of fasting, during which time subjects drank only water as needed.

RESULTS

Numerous blood microphotographs and short video-clips were captured for each subject over a period of forty-five minutes since the blood was first drawn. The hundreds of microphotographs obtained are too voluminous for all the data to be shown here. Thus, only a representative sample of data will be shown for various age groups. Some graphs summarizing the overall findings are also provided.

Those who met subject criteria and had been consuming the WAPF diet the longest and most consistently, were invited to participate in the study.

The blood of this WAPF subject shows mostly round RBCs of relatively uniform size and without any debris in the plasma.

1. COMPARISON OF YOUNG ADULTS

Figure 3, below, shows the initial blood microphotograph of the youngest subject, female, age thirty, who has been on the WAPF diet for eight years; whose diet is 90 percent WAPF; who consumes the following: 90 percent of meat eaten is from pastured animals; one quart of raw milk per week; twelve eggs per week; cod liver oil daily; six tablespoons of saturated fat daily; fermented foods three times per week; preparation of 100 percent of grains and nuts by soaking or sourdough; and no alcohol consumption.

The blood of this WAPF subject shows mostly round RBCs of relatively uniform size and without any debris in the plasma, which is characteristic of normal healthy blood, with the blood initially showing no activation of clotting or plasma debris. Compare this to the initial microphotograph of peripheral blood from a thirty-

year-old female eating a modern conventional diet, shown in Figure 4, below. By contrast, this figure shows sticky RBCs aggregated into loose “rouleau” (rolls or stacks of coins) and the presence of the clotting protein, fibrin, in a network. Fibrin is seen here as white fibers that look much like a disorganized spider web. This photo shows sticky blood with activated clotting factors.

Microphotographs of blood taken at 45 minutes after blood draw for the same two 30-year-old subjects were compared. Figure 5, below, shows the blood of the female on the WAPF diet. The blood is still intact with a few areas of platelet aggregates, but no fibrin. By contrast, the blood of the female on the conventional modern diet, shown in Figure 6, below, shows that the rouleau have dissipated into smaller aggregates of RBCs, and the fibrin net is now apparent throughout the field.

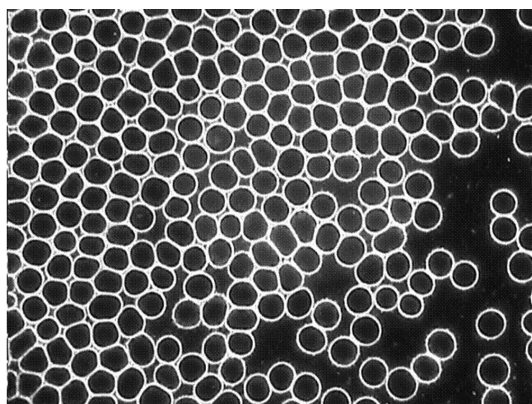


Figure 3. Microphotograph of freshly drawn peripheral blood from a thirty-year-old female, eight years on the WAPF diet.

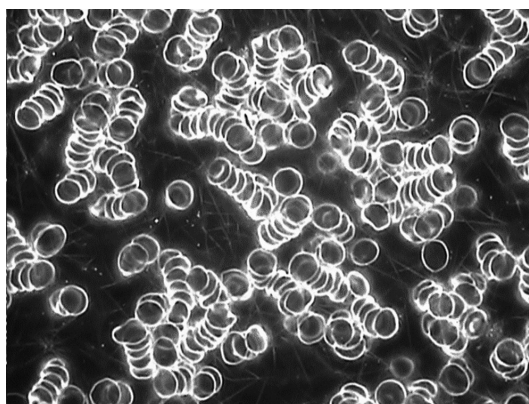


Figure 4. Microphotograph of freshly drawn peripheral blood from a thirty-year-old female consuming a conventional modern diet.

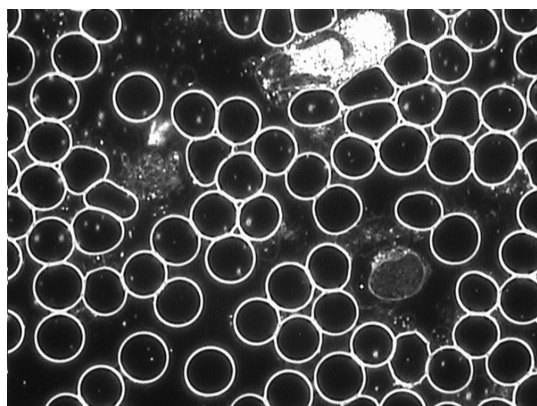


Figure 5. Microphotograph of blood drawn 45 minutes after first microphotograph, above, from a thirty-year-old female eight years on the WAPF diet. Two white blood cells are also seen.

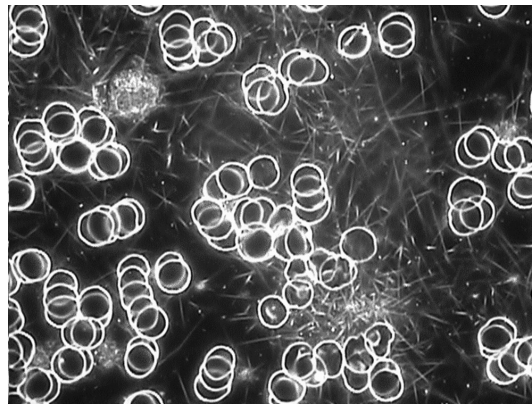


Figure 6. Microphotograph of blood drawn 45 minutes after first microphotograph, above, from a thirty-year-old female consuming a conventional modern diet.

2. COMPARISON OF MIDDLE-AGED ADULTS

Figure 7, below, is a blood microphotograph from a fifty-five-year-old female on the WAPF diet. She has consistently been on the WAPF diet for three years; diet is 98 percent WAPF; all of the meat that she eats is from pastured animals. She also consumes the following: two quarts raw milk per week; 14 eggs per week; five tablespoons saturated fat daily; one alcoholic drink per month; preparation of 100 percent of grains and nuts by soaking or sourdough; daily consumption of fermented foods. Figure 7 shows relatively clean blood plasma with some microbial forms, no fibrin or other clotting factors, and free RBCs.

The blood of a fifty-five-year-old male eating a conventional modern diet with supplementation is shown for comparison in Figure 8, below. Most of the RBCs in Figure 8 are grossly misshapen, which indicates that the blood is already clotting. (RBCs give up their round shape to fit together like pieces of a puzzle in a blood clot to form an impervious wall of cells.) Figures 7 and 8 were taken at the same time, thirty minutes after blood draw, for comparison.

3. COMPARISON OF ELDERLY ADULTS

Figure 9, below, shows the blood of an eighty-three-year-old male who consumed the WAPF diet for over ten years, with the following dietary habits: meat from pastured animals 80 percent; no milk; fourteen eggs

per week; six tablespoons of saturated fat per day; cod liver oil supplementation daily; preparation of 90 percent of grains and nuts by soaking or sourdough; daily consumption of fermented foods; no alcohol. Figure 9 shows the blood of the eighty-three-year-old male initially. Only a few small platelet aggregates or other inclusions are found in the plasma; no clotting is seen.

The blood of a seventy-nine-year-old female on a conventional modern diet with numerous supplements provides a comparison. Figure 10, below, shows the blood of the seventy-nine-year-old female initially. Rouleau of RBCs and fibrin deposits manifested initially.

In addition, the blood of the eighty-three-year-old male on the WAPF diet was examined twenty-four hours after blood draw, shown in Figure 11, below. Although the RBCs are crenated (wrinkled), which is probably due to the slide drying out to some extent overnight, the RBCs are still intact with no sign of clotting, which is a sign of excellent biological integrity when stressed.

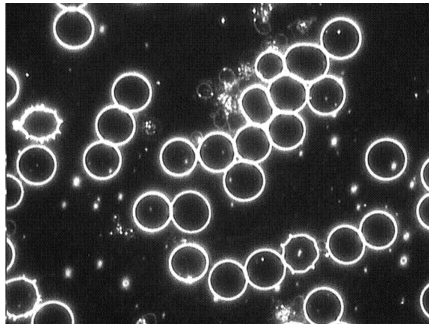


Figure 7. Microphotograph of peripheral blood from a 55-year-old female on the WAPF diet.

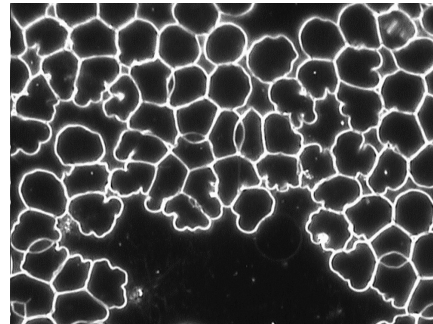


Figure 8. Microphotograph of peripheral blood from a 55-year-old male on a conventional modern diet.

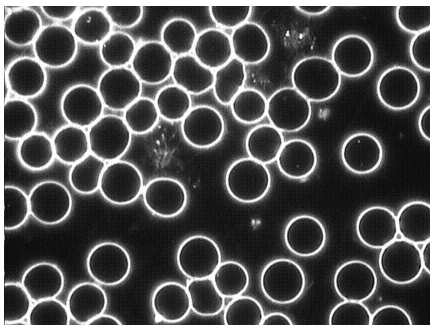


Figure 9. Microphotograph of freshly drawn peripheral blood from an 83-year-old man on the WAPF diet.

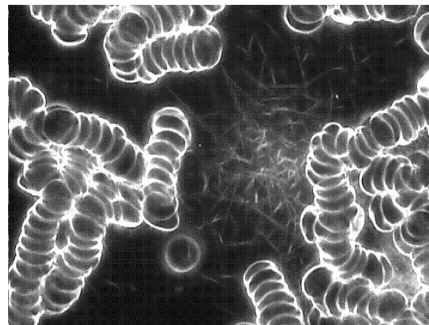


Figure 10. Microphotograph of freshly drawn peripheral blood from a 79-year-old woman on a conventional modern diet.

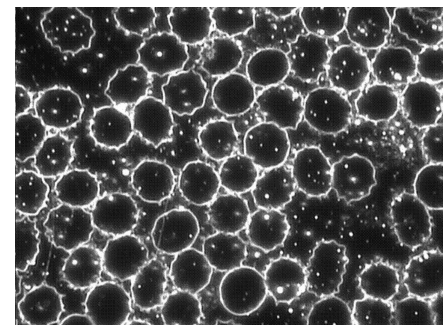


Figure 11. Microphotograph of blood drawn 24 hours after first microphotograph, far left, from an 83-year-old man on the WAPF diet.

The blood for all subjects as observed in live blood analysis was scored for factors related to clotting and inflammation.

4. BLOOD COAGULATION SCORES COMPARED FOR THE TWO DIETS

The blood for all subjects as observed in live blood analysis was scored for factors related to clotting and inflammation by observing the following variables and scoring them using a five-level Likert scale from 0 (none; which is most desirable) to 4 (highest possible level observed; which is least desirable):

- Stickiness of RBCs.
- Rouleau and other RBC aggregates.
- Platelet activation and aggregation, which appears as a grey sludge in the blood plasma.

- Fibrin, which appears as white threads in the blood plasma.
- Spicules, a form of fibrin that appears as very short threads.
- Shape changes in RBCs, which transform from round cells to amorphous shapes that pack like bricks to form an impervious wall in a blood clot.

Figure 12, below, shows the results from subjects on the WAPF diet. Seven of the eight subjects on the WAPF diet had coagulation scores of 1.0 or less. Figure 13, below, shows the results from subjects on the conventional modern diet. All six subjects on the conventional diet had coagulation scores considerably over 1.0.

Figure 12.
Graph showing data from all eight subjects on the WAPF diet, with Likert scale values of blood coagulation factors.

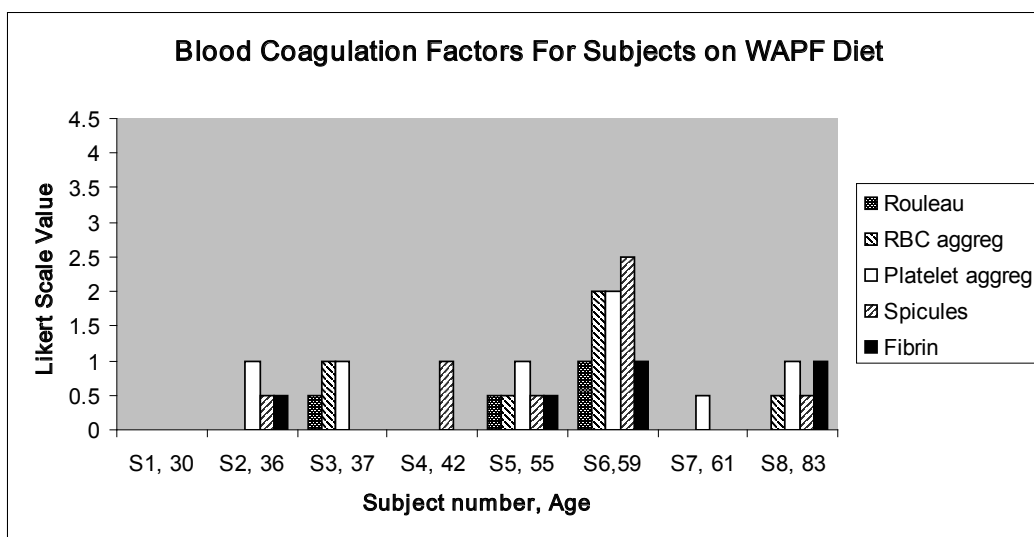


Figure 13.
Graph showing data from all six subjects on the conventional modern diet, with Likert scale values of blood coagulation factors.

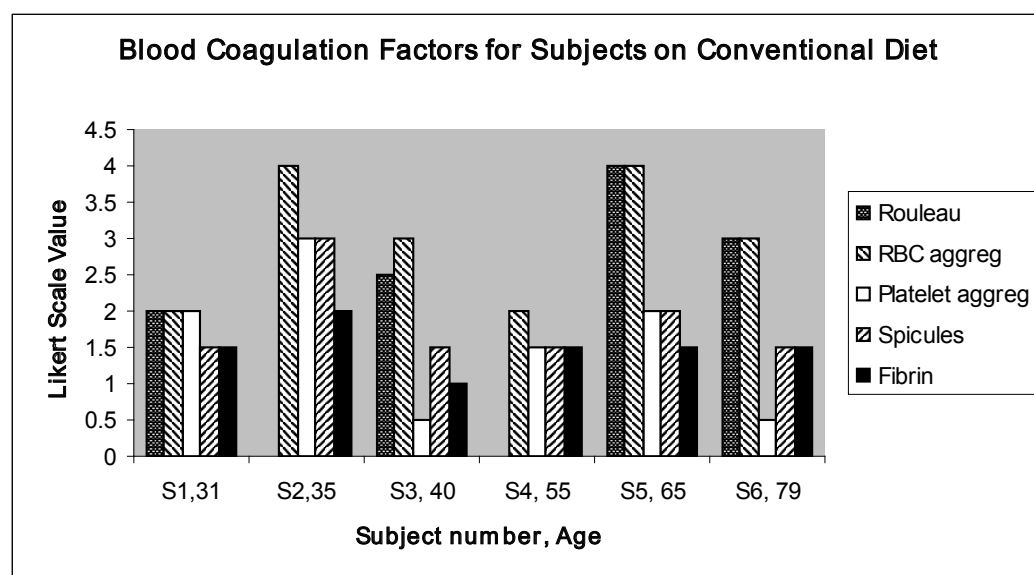


Figure 14, below, compares the mean blood coagulation scores for the two diets. As this figure clearly shows, the mean values of all five coagulation factors—rouleau, RBC aggregates, platelet aggregates, spicules (a short-threaded form of fibrin), and fibrin—for subjects on the WAPF diet are considerably less than those for subjects on the conventional modern diet. No statistical analysis was performed due to the small sample size.

CONCLUSIONS

1. The blood of subjects on the WAPF diet showed reduced blood coagulation and clotting within forty-five minutes compared to those on the conventional modern diet. This includes all observable coagulation factors seen in live blood analysis: rouleau and other RBC aggregates, platelet aggregates, spicules and fibrin, as well as distorted RBCs in blood clot formations.
2. Very little blood coagulation or clotting was observed in subjects on the WAPF diet

up to one hour after blood draw in seven of eight subjects and after twenty-four hours in at least two subjects, whereas the blood of those on the conventional modern diet was largely coagulated and clotted in less than one hour.

3. Higher levels of chylomicrons (lipid transport particles) in the blood of WAPF subjects compared to conventional modern diet subjects were observed. (Note: This feature is not observable here due to the resolution of photographs provided.)

DISCUSSION

Reduced RBC clumping observed in the blood of subjects on the WAPF diet may be associated with improved peripheral blood circulation, particularly in the microcapillaries throughout the body. This finding is desirable because enhanced peripheral blood flow delivers more nutrients and oxygen to tissues while also removing wastes. Moreover, the longer blood coagulation time observed in the blood of subjects

The blood of subjects on the WAPF diet showed reduced blood coagulation and clotting within forty-five minutes compared to those on the conventional modern diets.

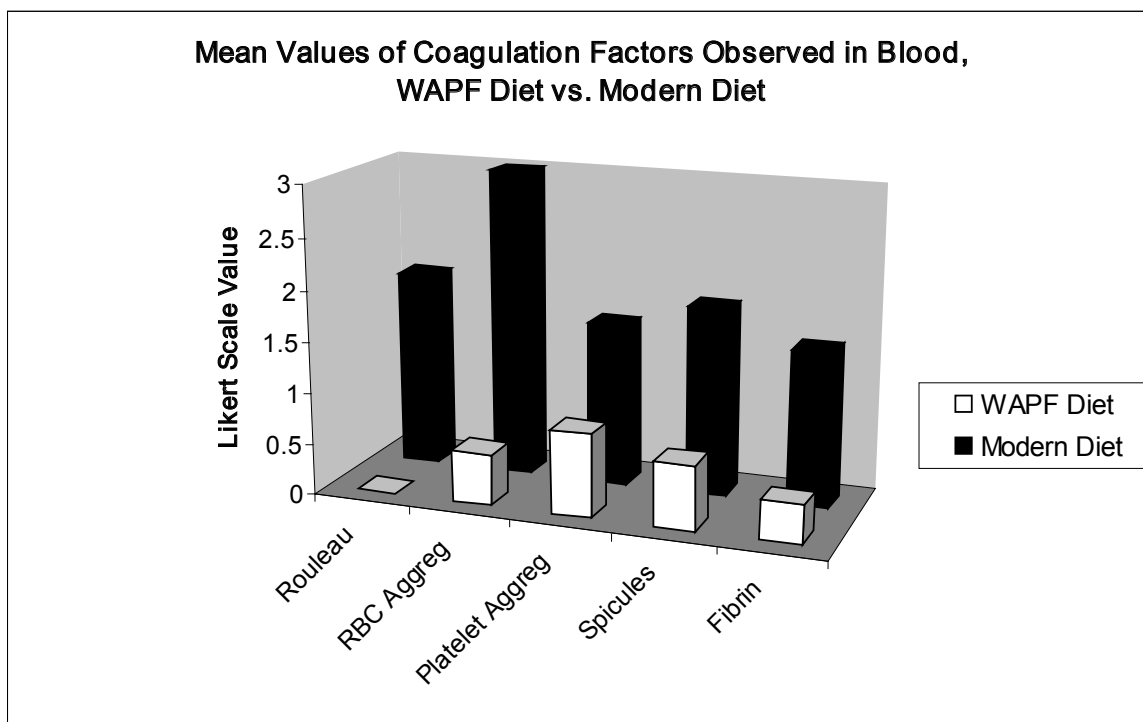


Figure 14. Mean values of coagulation factors observed in live blood, WAPF diet versus conventional modern diet.

High levels of saturated fats in the diet seem to have a protective effect on the RBCs and to inhibit the expression of inflammation.

on the WAPF diet is known to be associated with reduced risk of cardiovascular disease, which is the number one chronic disease as well as the most fatal disease of our times. In addition, a longer blood coagulation time is associated with decreased biochemical inflammation throughout the body. Decreased inflammation is generally associated with reduced risk of chronic degenerative disease overall. That is, the results are consistent with a possible reduced risk of cardiovascular disease, cancer, autoimmune disorders, arthritis, and other chronic degenerative diseases for the WAPF group.

It must be pointed out that rapid onset of blood coagulation and clotting in fresh blood draws are generally associated with increased inflammation. Activation of the immune response activates the inflammatory biochemical cascade, which produces blood clotting, presumably to wall off an invading entity, such as a microbe, virus, or cancer cell. Once this process is initiated, then blood coagulation with fibrin deposits promotes even further inflammation.

However, inflammation is a double-edged sword. Whereas it is desirable to wall off and destroy invading entities, it is undesirable to have a state of chronic inflammation throughout the body. In fact, exaggerated and chronic inflammation contributes to chronic disease in numerous ways. For example, a blood clot on a ruptured atherosclerotic plaque may lead to arterial blockage, which directly causes the thrombosis responsible for a heart attack or stroke. As another example, coagulation with fibrin formation in synovial joint fluid is implicated in inflammatory types of arthritis that may lead to permanent joint damage. As a third example, repeated inflammation of tissue is a causal factor in cancer. As a fourth example, chronic inflammation, whereby one makes antibodies against and fights one's own DNA, lies at the root of autoimmune disease.

How might long-term consumption of the WAPF diet contribute to reduced blood coagulation and chronic inflammation? One important factor in the WAPF diet is the proper ratio of omega-3 fatty acids to omega-6 fatty acids, with small amounts of each type. By contrast, the conventional modern diet typically contains too high a level of omega-6 fatty acids while lacking a sufficient level of omega-3 fatty acids. This

imbalance is known to facilitate inflammatory biochemistry.

Second, it should be pointed out that the WAPF diets contained levels of saturated fatty acids greatly exceeding the amounts recommended in official government dietary guidelines. A higher level of chylomicrons, lipid carriers in the blood, was seen for those on the WAPF diet, which is consistent with the higher saturated fat intake. Saturated fats are said to cause the deposition of plaque and to provoke inflammation, leading to cardiovascular disease. However, this preliminary study indicates that the consumption of large amounts of saturated fat does not adversely affect blood cell integrity and clotting or inflammation factors. In fact, we observed just the opposite, namely, that high levels of saturated fats in the diet seem to have a protective effect on the RBCs and to inhibit the expression of inflammation.

Third, the WAPF diet does not contain any processed foods such as soy milk or pasteurized milk with denatured components that may act to promote inflammation in the body. There are no *trans* fats and no genetically modified organisms in natural unprocessed organic foods.

Fourth, almost all of the WAPF subjects consumed cod liver oil regularly, which provides vitamins A and D, known to provide anti-inflammatory and other beneficial effects.

Fifth, the WAPF diet is low carbohydrate, with a large part of the carbohydrate content coming from soaked or partly fermented grains, the bulk of calories coming from clean saturated fats without pesticide or herbicide contamination, which may be the least toxic and most efficient means of obtaining calories.

Finally, the high probiotic content in the WAPF diet due to the frequent consumption of freshly prepared fermented foods with living microbes assures a healthy digestive system with no leaky gut syndrome. Therefore, no antigenic substances are leaking into the bloodstream causing an immune response activating the inflammatory cascade.


The study has some limitations. It involved a small number of subjects (N=14) who were each measured only once. Live blood analysis is not a conventional blood test accepted by the mainstream, even though it reveals important

visual information about the biological terrain, and blood coagulation and clotting.

Live blood analysis is a qualitative test with Likert scoring of variables that requires observing multiple sites of the blood sample on the glass slide, because one region alone may not be representative. Artifacts must be avoided by close attention to detail, including careful sample preparation. For any replication of this study, it is critical that testing be performed by a trained and experienced microscopist as was done in this trial.

Further research studies are encouraged to follow up and expand on these results. Specifically, it is recommended that blood levels of key biochemical markers associated with chronic inflammation on a population of subjects on the WAPF diet be compared to those consuming the conventional modern diet.

The results obtained in this study are visually compelling and extend our understanding about how traditional and modern diets impact our health. In short, unhealthy food, as consumed in the conventional modern diet, contains some abnormal and unhealthy substances that tell our bodies to fight, activating the immune and inflammatory responses,

leading to early blood coagulation and clotting. Healthy food, as consumed in the WAPF diet, is all-natural, easy to digest and contains many protective elements, and does not tell our bodies to turn on the inflammatory cascade, as there is nothing offensive to fight. 

ACKNOWLEDGMENT

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Beverly Rubik, PhD, is president and founder of the Institute for Frontier Science in Oakland, California. She is also a faculty member at several universities and maintains a consulting practice. For more information about her work, contact her at brubik@earthlink.net or call (510) 428-4084.

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Fall 2006	Is Vitamin D Toxic? Sunlight and Melanoma; Saturated Fat Attack; Varicose Veins; Picky Eaters
Winter 2006	History of Organic Agriculture; Making Our World GM-Free; Vitamin D for Infants; Legumes
Spring 2007	Dr. Price's Activator X; Digestive Fire; Copper-Zinc Imbalance; Adjusting to a Traditional Diet
Winter 2007	Children's Issue: Gut and Psychology Syndrome; Vitamins for Fetal Development, Traditional Remedies
Summer 2008	History of Mercury in Medicine; Toxic Metal Cleanse; Agriculture in Ancient Rome
Fall 2008	WAPF Diet Budget; Healthy School Lunch Program; Setting Up a Local Food Club; Raw Milk Illness Reports
Winter 2008	Fat-Soluble Vitamins for Mental Health; Moods and the Immune System; Metals and the Mind
Spring 2009	The Cod Liver Oil Debate; Cod Liver Oil Manufacture; Diet in Scotland; Curds and Whey
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WISE TRADITIONS 2009 SPEAKERS



Dr. Tom Cowan on the fourfold treatment of cancer.



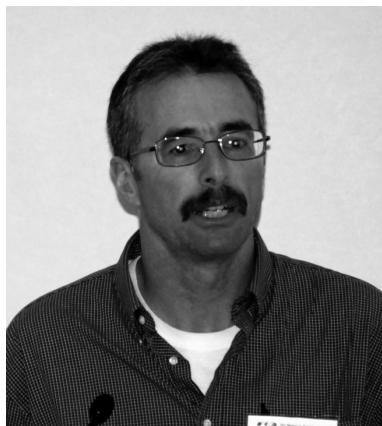
Dr. Nicholas Gonzalez on the trophoblast theory of cancer and the dietary theories of Dr. William Kelley.



Charles Eisenstein explains new food economics for changing times.



Kathryne Pirtle and Dr. John Turner on a holistic treatment for GERD.



Steve Heyer discusses diversity on the farm.



Jennette Turner explains the good-mood foods.



John Moody on setting up a WAPF-friendly buying club.



Garrett Smith talks about the problems with nightshades.



Jasmine Stine explains the workings of local currencies.

WISE TRADITIONS 2009 EXHIBITORS



Dan Corrigan, Karen Myers and Archie Welch of Corganic, Real Foods for Autism



Kevin Brown, author of the *Liberation Diet*, and Maureen Diaz, of Nourishing Traditional Cook.



Simon Gorman of Caldwell Biofermentation Canada, which provided lacto-fermented condiments for conference meals.



Jennifer Wood, John Wood, Megan Baugh and Tressa Johnston of U.S. Wellness Meats.



Nalini Agarwal of Pure Indian Foods, exhibiting many flavors of organic ghee.

Nutrition education from the American Nutrition Association.



Happy gals from Actual Organics.

Jane Elder Kunz with Traderspoint Creamery.



Homeopathy Journal

HOMEOPATHY FOR CANCER ANXIETY

By Joette Calabrese, HMC, CCH, RSHom (NA)

These threatening feelings began to arrange themselves in his mind not merely on a regular basis, but they became a species of morbid back-ground song.

Christopher likes to keep active and stretch his creative muscle. He's a landscape architect with a business that's vital, like him. Today, in fact, he completed the design work on what he considered the flagship of his career: a city court building in the upside of town. He felt swollen with pride; satisfied and light-hearted.

But it wasn't long ago that Chris wasn't so hearty. Instead, he was burdened with fears and anxieties. It was a maddening way to live. . . those nights of anguish and terror. Chris suffered a weighty fear of cancer that panicked him right out of bed nearly every midnight.

It's not as though he didn't have reason to fret. Both of his parents had been stricken with cancer and his father had succumbed to it only one year earlier. But you'll understand why these thoughts were so plaguing to Chris when a deeper glimpse of his family tree is revealed.

Three first cousins died of cancer; one of breast, one of lung, and another of leukemia. It was also revealed that his maternal grandmother had died of breast cancer, and her paternal grandfather's fatal cancer was of the throat. "Yikes!" Chris first thought. "What's wrong with my family?" Then, "What's wrong with *me*?"

These threatening feelings began to arrange

themselves in his mind not merely on a regular basis, but they became a species of morbid back-ground song. They pursued him like noxious elevator music in a discordant nightmare. Each new blemish was agonizing. Every unusual ache brought certainty that death was near. Chris was aware of a mind-body connection and that made him feel even worse, for he knew he could potentially bring his fears to fruition. Or at least that's what he'd read. His livelihood was put on hold for awhile—no, actually for months on end while he pursued a new vocation: doctor hopping. He submitted to prostate exams, colonoscopies, x-rays, sonograms, CAT scans and biopsies. Ouch! Burp! Ick! But nothing appeased the torture of his angst. "It's only a matter of time," he'd agonize.

Then one day Chris was reading a magazine in a waiting room while waiting to meet with a psychiatrist for his disturbing attacks. There was an article about how it was possible to become pro-active in disallowing chronic illness to occur, particularly cancer. Chris's meeting with the psychiatrist was nothing more than a legalized drug arrangement, but it didn't really matter because it was the article in the waiting room that turned his head. And it was with only

HOMEOPATHIC REMEDIES FOR CHRONIC ILLNESS

Homeopathy has a worldwide reputation for working deeply to aid against chronic illness by righting imbalances in the body as well as the mind. In tandem with sound nutritional practices, chiropractic and other quality healing modalities, homeopathy rights the wrongs and minimizes the chances for chronic illness to develop.

The English Royal Family has used homeopathic physicians (as well as drunk raw milk!) for generations. This is per chance why Chris's English family could readily benefit from the fruits of both surgery and homeopathy. Perhaps more interestingly, the Vatican has also considered homeopathy the choice of care for the Popes. Indeed, several homeopathic physicians to the Popes have been awarded the Papal Cross of Distinction, one of the most honored awards bestowed by the Vatican. So Europe has known for centuries what Americans are rediscovering. . . homeopathy is a medical discipline worthy of our attention.

The remedies Chris's homeopath suggested weren't specifically for cancer or even anxiety, but expressly for Chris. The same would hold true for Prince Charles or Pope Benedict because that's the way homeopathy works. It treats the person, not the disease. Is it no wonder that Chris can find comfort in his revitalized state? No longer does he needlessly worry about life because he now has a reliable and individualized life-long health strategy.

a hint of shame that he stealthily tore it out of the publication and jammed it in his pocket on the way out of the office.


Later, over a beer, Chris pored over the methods expounded in the exposé that might help in his quest to remain cancer free. “Come on, come on,” he impatiently scanned the suggestions that were all too familiar. “Amalgam removal, regular tests and, and. . .” Then his eyes fell upon the word homeopathy. He had known of it from the time he had studied in England in high school. The family he lived with had a homeopath who had treated their son after a diagnosis of colon cancer. The boy underwent surgery to remove a tumor and then was treated with homeopathy afterwards to keep the cancer from returning. Their homeopathic doctor as well as the surgeon agreed that this was the best way to shield their son. That was over twenty-five years ago. The moment Chris got home he emailed his English family to see how everyone was doing. And “Yes, Edward was fine! No, no cancer and yes, he still sees a homeopath regularly. It’s his strategy,” reported his now elderly mum.

Chris turned this over in his mind for days. Strategy. A cancer preventing tactic. That’s what I want! He called his chiropractor who had connections with the best holistic practitioners to see whether he knew of a homeopath. He read-

ily recommended one who had helped him with his allergies. “Between chiropractic, my raw milk, and homeopathy, my strategy is in order and I’m free of my debilitating chronic illness.”

There’s that word again! Chris couldn’t dial the homeopath fast enough.

For nearly a year he met with his homeopath every few months or so. He took remedies such as *Nux vomica*, *Carcinosin* and *Thuja*. Now thoughts of cancer no longer plague him. His “vital force” has been girded. The homeopath had used this term and Chris understood it to mean that his immune system was showing signs of vigor.

How does he know this? Well, everything in his body is running smoothly now. His bowels, which were never quite right, began to function daily, and indigestion of fifteen years’ standing was resolved. The nightmares and sleep were set straight, and even the warts that had occupied his trunk and extremities had dissolved. But the most weighty transformation was the decade-long anxiety that was noticeably absent from his life. Not just minimized, but abolished from his thoughts. Now Chris is free to pursue his challenging career, enjoy his raw milk, and allow himself plenty of time to dig about in his own garden. Unlike those in his family who suffered before him, he’s got a resolute firmness in his step and a lifelong plan: homeopathy as a sound strategy! 

Joette Calabrese, HMC, CCH, RSHom(Na) is a certified classical homeopathic consultant and educator. Her signature philosophy maintains that the blessing of authentic health is not bestowed randomly, but can be achieved through the detailed and systematic method of classical homeopathy in conjunction with the Weston A. Price philosophy. Go to Homeopathyworks.net for her FREE report “50 Ways to Avoid Cancer” or call 716.941.1045 for a FREE 15 minute phone conversation to see if homeopathy is a fit for your health strategy.

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Irrepressible holistic farming advocates
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All Thumbs Book Reviews



Beard reasoned that the best treatment for cancer involved providing the substances that caused the trophoblast to stop proliferating; this happens when the fetal pancreas comes online and begins producing pancreatic enzymes.

The Trophoblast and the Origins of Cancer: One Solution to the Medical Enigma of our Time

**By Nicholas J. Gonzalez, MD and
Linda L. Issacs, MD
New Spring Press**

At long last we have a book by Dr. Nicholas Gonzalez, outlining his theory of cancer and corresponding treatment.

The story begins with biologist Dr. John Beard (1858-1924), who first proposed the trophoblast theory of cancer in his 1911 book *The Enzyme Treatment of Cancer*. Based on a lifetime of research, Beard proposed that cancer developed from nests of germ cells scattered throughout the body, the remnants of their migration from the yolk sac of the newly impregnated ovum. According to Beard, normally such germ cells remain quiescent, but if stimulated into activity, they could develop into a rapidly dividing malignancy, complete with its own trophoblast.

The trophoblast is a rapidly dividing cellular mass that grows outside the egg sack; it eventually develops into a large part of the placenta. Trophoblasts are invasive, eroding and metastasizing cells that burrow into the endometrium in order to implant the embryo. This is a highly complex process involving the secretion of numerous hormones, enzymes and other factors that allow the trophoblast to literally eat away at the dense fibrous tissue to the endometrium; in fact, the trophoblastic tissue kidnaps the mother's immune system, "encouraging large numbers of lymphocytes and other immune cells to migrate into the uterine decidua in a mock inflammatory reaction, with the benefits of angiogenesis but without the problem of immune rejection."

Beard incurred the wrath of his profession with his unconventional theories; yet, just recently scientists have recognized the similarity of trophoblastic cells and cancer cells: "Although

the placenta is a normal tissue, its constituent cells, the trophoblastic cells, share several common features with malignant cells, Their high cell proliferation, their lack of cell-contact inhibition, their migratory and invasive properties as well as their capacity to escape effectors of the immune system, in particular during the first trimester of pregnancy, have led to the definition of the trophoblast as a 'pseudo-malignant' type of tissue. . ."

The current theory of cancer presumes that the normal differentiated cells of the various organs somehow reverse themselves into an undifferentiated state and then begin growing wildly. But Beard insisted that malignancies develop only from misplaced trophoblastic cells—or what he called "germ" cells, in distinction to the "somatic" or differentiated cells of the various organs. We now know from studies in mice that during the early days of embryo development, a small group of the undifferentiated germ cells migrate from the epiblast (cells adjacent to the trophoblast) to a location at the base of the future umbilical cord. These cells then enter the embryo where most of them migrate to the gonadal tissues, but some of them are left behind, scattered in the various organs and tissues. Beard referred to these as "vagrant" germ cells and believed that cancer occurred under circumstances that caused these cells to behave like the invasive, proliferative trophoblast.

Modern biology vindicates Beard's research. Today we call these "germ" cells stem cells, and scientists have discovered that stem cells hang out in the various organs, creating new differentiated cells to replace cells lost through cell death or injury. It is now an accepted fact that mature, differentiated cells do not ever divide; only the stem cells divide and then differentiate into the kinds of cells with which they are surrounded.

Beard reasoned that the best treatment for cancer involved providing the substances that

All Thumbs Book Reviews

caused the trophoblast to stop proliferating; this happens when the fetal pancreas comes online and begins producing pancreatic enzymes.

Fast forward to the 1950s and the colorful dentist William Kelley. Kelley began treating cancer patients with large amounts of digestive enzymes, along with dietary changes, supplements and detoxification procedures like coffee enemas (which help to remove dead cancerous tissue and toxic components given off during the therapy). Dr. Gonzalez knew Kelley and worked with him, ultimately writing up fifty detailed case reports representing twenty-six different types of cancer, for each documenting excellent tumor regression and patient survival.

The Trophoblast and the Origins of Cancer is a fascinating read, with much difficult material carefully explained. As a bonus, the authors provide an excellent discussion on the production methods used to obtain pancreatic enzymes; Gonzalez has obviously done his homework on this subject and has figured out the best way to produce an effective product. He believes that the inconsistent nature of Kelley's treatment results is due to the fact that the enzyme products he was using were not always activated in the body.

The one flaw in the book is the lack of discussion about the nutritional component of his therapy. Gonzalez plans to address this complex subject in a companion book on the work of Dr. Kelley, but it would be helpful to have at least a summary of the dietary guidelines in this volume. (A third

book, about the sabotage of a National Institutes of Health trial on the Gonzalez protocol is also in the works.)

We'd also like to see a discussion of the role of vitamin A in cancer prevention, because vitamin A is the vitamin that tells the stem cells how to become differentiated cells; thus a deficiency in vitamin A might lead to the proliferation of stem cells waiting in vain for their orders to differentiate.

Gonzalez has made an invaluable contribution to medical progress by putting the whole story together in a readable way, and describing the modern research that vindicates Dr. Beard. The oncology community is just beginning to connect the dots that Beard connected almost one hundred years ago. This book will hasten the process and represents a huge step towards acceptance of new, more humane and more effective treatments for cancer, that most dreadful disease of civilization. ☺☺

Review by Sally Fallon Morell

A TIME FOR NEW BEGINNINGS – MANUAL FOR FUTURE PARENTS

By Harold E. Buttram, M.D.
Philosophical Publishing Company

Here is a very good resource for any potential or expecting parents. Dr. Buttram covers a wide range of topics from nutrition, to child spacing, to toxic chemicals, alcohol, smoking, drugs, and vaccines. There may be a few minor details I don't completely agree with, but this book does an excellent job of covering a wide range of subjects.

It includes an amusing story of a professor's experience with using tick powder on his cat. After using the tick powder for some time he noticed a large number of dead rodents and birds accumulating on his property. His cat had turned into a homicidal maniac. He himself was also getting crankier. After discontinuing use, things settled down and the neighborhood was safe once again.

The section on vaccines is especially well done. Evidence is cited indicating that bacteria (such as you might find in vaccines) can transfer DNA to higher organisms, including humans. Rapidly growing young babies would be particularly susceptible to this genetic hybridization. Such experiments are extremely dangerous at best. The study of vaccine effects leads in some surprising directions. Any baby suffering from retinal or brain hemorrhages that were not the result of a high distance fall or major accident is conventionally assumed to be the victim of Shaken Baby Syndrome (SBS). Bioengineers have conclusively determined that it is physically impossible to shake a baby hard enough to cause such hemorrhages without causing severe neck or spine injuries. In no case has SBS ever involved neck or spine injuries, which means the diagnosis and accusation is tragically wrong. There could be a number of real causes of these hemorrhages, one being severe inflammations brought on by vaccines. Dr. Buttram also observes that the danger is minimized when there are adequate amounts of antioxidant vitamins, glutathione, and selenium present. In other words, feed your baby according to Weston A. Price principles. This book is an easy THUMBS UP. Review by Tim Boyd

All Thumbs Book Reviews



Primal Body—Primal Mind
Empower Your Total Health the Way
Evolution Intended (...and Didn't)
By Nora T. Gedgaudas, CNS, CNT
Primal Body—Primal Mind Publishing,
2009

Nora Gedgaudas, a nutritionist for over twenty-five years, has written a densely endowed guide to total health based on years of study to answer one organizing query: how did our ancient biological history as human beings condition us to eat? The answer to that question informs all of Gedgaudas's recommendations for improving health and for addressing or preventing the scourge of degenerative diseases common among modern populations.

As the image of the Lascaux, France Paleolithic cave paintings on the book cover hints, the clue to our successful future as a species lies in our past. Gedgaudas is not the first to point out that modern humans are essentially genetically identical to our ancestors of more than forty thousand years ago. Over the course of about one hundred thousand generations, says Gedgaudas, nature refined our design and conditioned us through specific selective pressures so that "we are all—biologically, genetically, and physiologically, without exception—hunter gatherers."

This implies that the "natural" diet of humans centered primarily on animal source foods, which provided adequate amounts of protein with generous quantities of fat—always coveted as a concentrated energy source, especially in colder regions. Depending upon climate and geography, fibrous fruits and vegetables, with some nuts and seeds, were also part of some of our ancestral diet. In this pre-agricultural proving ground, humans had very little dietary exposure to starchy carbohydrates, and grains were notably absent.

The truly critical understanding that Gedgaudas emphasizes to the reader is the fact that carbohydrates are the single macronutrient

that is not required for human health. Fats and proteins—the other two—are absolutely essential, however. Only red blood cells require glucose as fuel, and the body can manufacture that from a combination of fats and proteins when needed. All other tissue cells in the body—including those of the brain and heart—prefer ketones, energy units metabolized from fat, as their fuel source. Most medical authorities and conventional nutritionists completely ignore this fact, says Gedgaudas, even in the face of "abundant evidence that many modern disease processes, including cardiovascular disease, elevated triglycerides, obesity, hypertension, diabetes and cancer, to name a few...are the product not of excess natural fats in the diet, but of excess carbohydrates."

Modern humans have become, for the most part, dependent upon glucose as their bodies' source of fuel, whereas our ancestors used ketones as their primary metabolic energy source. This is a crucial distinction to understand, since the maintenance of proper blood sugar levels is something the body is "literally obsessed with," stresses Gedgaudas. While excess blood sugar can theoretically be burned off—by taking a hike after eating a sugary dessert, for example—the hormone that regulates blood sugar levels—insulin—cannot be burned off. And it is constantly circulating blood insulin that causes so many health problems. In fact, regulating blood sugar levels is a rather sideline function of insulin, according to Gedgaudas; the main function of this hormone is to store fat. While insulin is present, body fat cannot be burned.

Yet insulin itself is regulated by another hormone that was only discovered fifteen years ago in, of all places, our fat cells: leptin. Researchers were amazed to discover that our fat cells are not merely ugly excess baggage, but constitute a complex and sophisticated endocrine organ. Further, the newly discovered hormone leptin was not only very important, but revealed itself

In fact, regulating blood sugar levels is a rather sideline function of insulin, according to Gedgaudas; the main function of this hormone is to store fat.

to be “the major hormone which orchestrates and regulates all other hormones and controls virtually all functions of the hypothalamus in the brain. . . . A primary purpose of leptin is to coordinate the metabolic, endocrine, and behavioral responses to starvation. It powerfully impacts our emotions, cravings, and behavior.” Leptin is also involved in inflammatory responses in the body, and, like insulin, is affected by carbohydrate consumption.

Primal Body—Primal Mind presents the reality of our modern-day sea of degenerative diseases, including the many newly diagnosed mood disorders and conditions such as autism and ADD/ADHD, in light of dietary changes that have harmed us more than we might have expected. The leptin-insulin axis of endocrine dysregulation wreaks havoc on all systems of the body; Gedgaudas emphasizes that without addressing leptin, one cannot fully recover adrenal or thyroid function, for example. Complicating dietary matters for modern humans are the harmful rancid and fake fats in the industrial food supply, chemical additives, GMOs, and environmental hazards such as ubiquitous xenoestrogens, heavy metals and other pollutants.

Countless other stressors take their toll on our already compromised health—perhaps we moderns are living in more dangerous and uncertain times than our cave-dwelling ancestors.

Gedgaudas addresses the remediation of health in calm measure and frequent good humor. Her larger answer to a return to vibrant health and energy is, on one hand, entirely simple: “Eating a diet as similar as possible to what our ancestors ate is purely common sense and based entirely on how we have been genetically molded for the vast majority of human evolution. No gurus needed. Eat the way your body was designed for you to eat, and a lot takes care of itself.” For numerous conditions of compromised digestion, metabolism, and illness states she provides important and detailed recommendations (and caveats) for the reader to explore with a trusted health care provider. These include the use of supplements, single amino acids, and other additions to diet. Gedgaudas’s very informative website, www.primalbody-primalmind.com is a useful companion to her book, and includes a forum for posing questions and sharing recipes.

Primal Body—Primal Mind shares with the reader fundamental principles that lead to a true understanding of how both the body and mind function based on essential human physiology. Our most basic nutritional requirements—as conditioned by our long history as hunter/gatherers—point the path to vibrant health. Here is another book, thank goodness, to lead us out of the benighted influence and “conventional wisdom” of modern diet dictocrats. As Gedgaudas puts it herself, *Primal Body—Primal Mind* describes “an approach to diet, nutrition, and health so simple even a caveman can do it.”

Review by Katherine Czapp

WISE TRADITIONS 2009 FRIDAY SPEAKERS



Dr. Louisa William, author of *Radical Medicine*, on getting to the root cause of illness.



Amanda Love took time out from food coordination to give a class on making kefir.



Baden Lashkov filled in for Dr. Natasha Campbell-McBride and spoke about the Gut and Psychology Syndrome (GAPS).

All Thumbs Book Reviews



Cells, Gels and the Engines of Life

By Gerald H. Pollack, PhD
Ebner and Sons

Every now and then someone comes out with a book that forces us to look at things in a new way. Weston A. Price wrote such a book and so has Gerald Pollack.

Pollack challenges the current view of the cell, the cell membrane and the role of water in the cell. Describing experiments showing that the cell can survive and function with a portion of its membrane removed, or with holes punched in the membrane, Pollack notes that the cell is really a gel, made up of cross-linked structures. And just as jello can hold almost one hundred times its weight in water—the water does not fall out of jello—so the cell holds on to its internal water by the same mechanism.

That mechanism is the structuring of water molecules along the hydrophilic surfaces of the gel matrix. Water lines up against the cell's inner structures hydrogen-end-to-oxygen-end, not several molecules thick but dozens of molecules thick, creating a zone that excludes larger ions like sodium but not smaller ones like potassium. This selective exclusion makes the current model of complicated pumps and channels for specific compounds across the cell membrane unnecessary. The cell's inner structure naturally excludes large ions like sodium and holds onto smaller ones like potassium.

Gels are characterized by phase transition, in which physical properties undergo abrupt transformation. Thus, with changes in pH, temperature, presence of solvents or chemical compounds, gels will suddenly expand or contract. The real mechanism is the alternating structuring and de-structuring of water inside the gels. Phase transitions of gels can explain many of the cell actions and functions such as secretion, transport, movement, muscle contraction and even cell division.

When cell division goes awry, the result is cancer. Pollack notes research showing that a difference of water structure underlies organ pathologies—in fact, the technology called magnetic resonance imaging (MRI) distinguishes tumor cells from non-tumor cells by sensing a difference in cell water structure. Cancer cells are characterized by mutant proteins and Pollack presents the theory that these mutant proteins might not be able to structure and de-structure water as predictably and effectively as normal proteins.

Pollack's book raises many intriguing questions—perfect projects for his graduate students. For example, does the fact that water gets structured inside a gel account for some of the health benefits of gelatinous broth? If so, how does the structured water survive the digestive process? Another question: does water structure itself around carbonation bubbles and, if so, does this account for the digestive benefits attributed to sparkling water? Does raw milk function as a gel? Is the water in raw milk structured? My guess is that the answer is yes, and that one of the reasons pasteurization and homogenization are so harmful is that these processes destructure the carefully organized water in raw milk's protein organelles and lipid structures. We also hope that Pollack and his colleagues will look into the role of the fat-soluble vitamins A, D and K in preventing the production of mutant proteins, and perhaps even directly controlling the structuring and de-structuring of water inside the cells.

This book presents difficult material in a clear way; I had to skip over some of the more technical portions but still came away with a good general understanding of the concepts Pollack presents. Pollack writes in a witty and entertaining style and the illustrations are wonderful. Pollack has stepped on a lot of academic toes, but this book is must reading for biologists and anyone interested in the mechanisms of life.

 Review by Sally Fallon Morell

Does the fact that water gets structured inside a gel account for some of the health benefits of gelatinous broth?

All Thumbs Book Reviews

The Political Economy of Milk

By James H. Maroney, Jr.

Gala Books, Ltd

Several good points are made in this book starting with the prologue, where Mr. Maroney points out the inconsistency and hypocrisy of improving student performance with Ritalin while disapproving of performance-enhancing drugs for athletes. This leads to the question of what are acceptable choices for making it easier to achieve the results you're looking for. There are a lot of options that may look good in the short run but lead to unintended consequences, both in health and economics.

Subsidies sound like a great idea, at least superficially. If some group of producers doesn't make enough money, the government gives them more. When you start to think this through more carefully, several problems pop up. Where is the money really ultimately coming from? Are subsidies addressing the underlying problem? Even if you find a way to sweep those problems under the rug or rationalize them in some way, subsidies set off a chain of events that exacerbate the problem. A business where you are paid more, but not producing more, is going to attract more people into that business and the easy money. That is going to lead to surpluses which will push prices down. Then the producers will need more subsidies to stay in the game. The spiral continues. The situation now in Vermont and probably everywhere else in the country is that farmers have to sell their milk for less than the cost of production. Clearly, nobody can keep that up forever. The smaller farms are the first to fold or be bought up by larger farms. Everybody tries to get bigger as a way of getting ahead of the curve and we end up with a few very large milk producers and still razor-thin profit margins.

James Bovard said, "Democracy must be something more than two wolves and a sheep voting on what to have for dinner." The author

points out that in a democracy where less than 2 percent of the population farms and everybody eats, the majority will like the lower prices and the small minority of producers won't get much help from democratically elected officials. This may be over-simplified in the land of corporate lobbyists, but there is no doubt that you can quickly lose a lot of money by going into commercial milk production. The book explains this vicious cycle nicely. Another result of this cycle is that quality is routinely overwhelmed by economic considerations. The price tag on a bottle of milk looks nice and cheap but how cheap is it really? The tag on the bottle doesn't include the price to the cows, the environment, and the health of the general population. Cheap food leads to more medical bills. A recent study indicated that 60 percent of U.S. bankruptcies were triggered mainly by overwhelming medical bills. That doesn't sound so cheap to me.

So what is the author's solution? Organic milk. Organic milk is not subsidized (therefore not overproduced) and appeals to a more affluent market. This may have sounded like a good idea a year or two ago, but since organic milk demand has dropped and some Vermont organic producers have folded, maybe there are still a few bugs to work out. A few other things bother me. One is that organic milk is still an adulterated product, still pasteurized or ultra-pasteurized, usually homogenized and grain-fed, so the cost to health is still there and that catches up with everybody sooner or later. If he would have gone beyond organic and all the way to raw milk, this would have been a much better book.

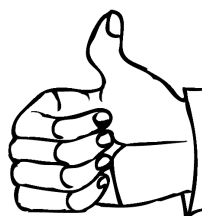
Maroney also suggests that the end product of organic production is not really any different from commercial milk, just produced differently. He bases this on government restrictions on antibiotics and FDA claims that hormones don't affect the milk. Besides being untrue, there are a few other disturbing points. Organic milk

Continued on page 55.



Maroney also suggests that the end product of organic production is not really any different from commercial milk, just produced differently.

All Thumbs Book Reviews



***The Great Cholesterol Con:
The Truth about What Really Causes
Heart Disease and How to Avoid It***
By Dr. Malcolm Kendrick
John Blake Publishers, 2008

The great American essayist H.L. Mencken wrote, “There is always a well-known solution to every human problem—neat, plausible, and wrong.” This observation is also true of the cardiovascular disease problem and Ancel Keys’s cholesterol-avoidance solution, which Dr. Malcolm Kendrick systematically demolishes in his recent book.

The pharmaceutical industry successfully obfuscates the details regarding actual cardiovascular death rates versus overall mortality. As Kendrick makes perfectly clear, one should be more concerned about the date on one’s death certificate rather than the descriptive cause of death. And then there is the inconvenient fact (Ravnskov, *The Cholesterol Myths*) that autopsies are rarely performed to confirm the diagnosis, so whatever is recorded on the death certificate is just a guess, and not suited for sophisticated statistical manipulation.

Kendrick makes the case for and against statins with the following trio of facts:

1. Statins do not reduce overall mortality in women.
2. Statins do not reduce overall mortality in men without heart disease.
3. Overall mortality is not reduced in greater than ninety five percent of the population.

In other words, you might be able to make a weak case for men who have suffered a cardiovascular event to take statins, but don’t count on it. If there is a benefit, it is likely due to an interruption of the acetyl CoA cycle, rather than cholesterol reduction. This hardly constitutes an endorsement of either the cholesterol hypothesis

or the use of statins.

The book is funny and sarcastic and is an easier read than Uffe Ravnskov’s *The Cholesterol Myths*. By giving the historical precedents and reviewing the present literature, it is worthwhile. In fact, I have recommended it to my patients who buy into the Big Pharma-driven-statin drug craze, so they can get the real picture.

Dr. Kendrick, who is a leading Scots cardiologist, makes the case against the distortions, but comes to a conclusion that is only partially correct. Instead of indicting all the known offenders, he stops at psychological stress. Although stress levels are a powerful cause of heart disease, it is hardly the whole enchilada.

Kendrick believes that social dislocation, which is the loss of your support network, causes elevated cortisol levels, which in turn cause inflammation that is correlated with heart disease. To give credit, he does make an argument using assorted data. These include countries that have had forced dislocation and resulting increased death rates, depression, increased Monday morning deaths among Americans, and increased rates among Asians on dates that have the number four in them (because four is considered unlucky and in numerous Asian languages the words for four and death are eerily similar).

In the process, however, Kendrick ignores the larger picture of how nutrition can affect your internal stressors. The late Dr. Mendelsohn stated that a social meal eaten slowly, resulted in much better digestion than one gobbled quickly or consumed in isolation. This example illustrates the difference between dietetics or the consumption of food, verses assimilation, which is what gets absorbed by the intestinal villi. Your dining environment and choice of companions will have a great effect on the nutritional status of that meal.

What is less obvious is the social effect on the menu. Social eating often places an emphasis on taste and health, which makes nutritionally

You might be able to make a weak case for men who have suffered a cardiovascular event to take statins, but don’t count on it.

All Thumbs Book Reviews

dense food the logical choice.

Kendrick explains how the population of Roseto, Pennsylvania is protected from heart disease with the same argument that was made in Malcolm Gladwell's book *Outliers*. Misreading the Roseto evidence seems to be a cottage industry among these authors. Residents of Roseto immigrated from Roseto Valfortore, Sicily in a surprisingly coherent pattern. Yes, there was relatively little social disruption but that also included continuation of the Mediterranean diet. As Sally Fallon Morell and Mary Enig pointed out in a previous Caustic Commentary, there sure was a whole lot of lard consumed in that town, but why let that fact conflict with Kendrick's good story?

Many well-intentioned medical doctors have been jaded by the medical system and have become nihilistic. To their credit, they are against the excesses in "Medicine," but they never commit themselves to healthy alternatives. They need to become proponents for lifestyle choices that can actually make a difference. It is easier to be professional when you are against something than taking a stand for a practice that present research may not completely support. It is sad; many physicians fear appearing silly more than they embrace getting excited about improving patients' lives.

Kendrick talks of diabetes being a risk factor for heart disease but never mentions sugar avoidance and consumption of nutritionally dense foods as an antidote—hardly a quantum leap. Anyone who has studied diabetes knows that nutrition is paramount but Kendrick avoids the subject. I know he is writing to a broad audience and his main priority is to sell books and slam statins, but is that enough? In my own practice I've seen patients with uncontrolled diabetes on insulin handle their disease so well dietetically that they were able to get off all medication and keep their blood sugar in a healthy range through food choices alone.

Another concern is his discussion of stress levels. Obviously stress is difficult to measure. He repeats a quote, often attributed to Albert

Einstein, that everything important cannot be measured and everything that can be measured is not necessarily important. That is a bit glib for the reality of clinical practice.

Cortisol levels barely rate a mention and even then in the most general way. Taking a utilitarian approach, cortisol levels can and should be measured, but not by standard blood tests. Salivary cortisol testing is acceptable according to the Massachusetts General Hospital Handbook. The best way to measure it is in multiple readings from when one wakes up until when one goes to sleep. The readings should be taken with concomitant DHEA levels, which should be an inverse proportion. Finally, a healthy cortisol level should be highest in the morning, waking one up, and lowest at night so you can go to sleep. Unfortunately, too many people have this reversed, and can't wake up in the morning or get to sleep at night.

This is an excellent book to debunk the cult of cholesterol bashing and its bogus treatment, but it never transcends itself to help create health. As I advise my patients, read the first eight chapters but feel free to skip the last three and replace it with all of *Eat Fat, Lose Fat. The Great Cholesterol Con* gets a conditional thumbs up.



Review by Dr. Steven Lativan, who is a chiropractor, licensed acupuncturist, and nutritionist in Teaneck, NJ.

Milk, Continued from page 53.

may be produced differently but I just visited an organic creamery at a very opportune time. A calf had just been born hours earlier. When the calf reached the ripe old age of about four hours a farm hand came along, grabbed the calf and unceremoniously dumped it on an ATV and started to drive it away. Momma cow was understandably upset and tried to follow, only to be smacked in the head a few times and physically blocked from following. It was quite disturbing to watch. This was done because the creamery was more interested in getting all the milk they could from the cows rather than in the well-being of the animals. The point is, even organic is not always as humane and environmentally friendly as the aver-

age city-dweller might think.

There is another problem. If we gullibly accept the premise that organic is identical to commercial, that implies that the grand solution amounts to essentially re-labeling the milk to appeal to a more upscale customer. I can't say I'm impressed with the integrity of that position.

In many ways, the book is good, but these fatal flaws force me to give it a thumbs down.



Review by Tim Boyd

All Thumbs Book Reviews



***Catching Fire:*
How Cooking Made Us Human
By Richard Wrangham
Basic Books**

Catching Fire extensively documents the fact that cooking is not a recent, modern development. Wrangham traces evidence of cooking back through archaeology to at least the beginning of *homo sapiens*, if not before. I would certainly agree that cooking has been around for a very long time and that cooking is one of many things that distinguishes humans from other animals. However, the author cooks up a lot of points in the book that are a little hard for me to swallow.

Wrangham contends that animals thrive better on cooked food than raw food. Is that what Pottenger and his cats told us? Wrangham points to studies where animals fed cooked food gained weight more easily. Is weight gain really a good indication of an animal's long-term health? How

did those animals do over multiple generations on cooked food? I didn't see any answers to those questions in the book.

Wrangham points out a lot of evidence that people trying to exist on raw food diets tend to eventually give it up because they are hungry all the time. I can believe that is true of most politically correct raw food diets because they are not nutrient-dense. The Weston A. Price Foundation does not promote exclusively raw food diets and does agree that many foods should be cooked and are more easily digested that way. I do know a person on a nutrient-dense raw diet who does not act or look hungry and is even a bit hefty. So there is some evidence that it can be done but, as Wrangham properly points out, we have no historical examples of traditional cultures doing that.

Many pages of the book are devoted to expounding on how we evolved and how cooking must have influenced that evolution. There is one intriguing comment that apparently Australo-

WHEN HALLELUJAH BECOMES "WHAT HAPPENED?" CRASHING ON THE VEGAN DIET

By Gregory L. Westbrook
Weight of Wisdom Workshop

Gregory Westbrook gives us a firsthand account of what happens when you switch to a strict vegan diet. He and his family experienced a wide range of symptoms, which sound familiar if you have listened to the experiences of other vegans. There is often a short-lived initial period where you feel great, especially if you've been eating the Standard American Diet (SAD). These short term results explain how people get drawn into the trap. But what follows are anxiety attacks, quickly deteriorating teeth, muscle wasting, loss of energy ... just about everything but spontaneous combustion. Adding back dairy and eggs made a big difference for the author and his family but what made the most dramatic difference for the whole family was adding that politically incorrect food, red meat.

Mr. Westbrook is an engineer and you can see the engineering approach in the book. Graphs and surveys abound. He also goes into some detail about various gradations of veganism from an Old Testament perspective. There is the Genesis 1:29 diet, which is believed to be the diet in the Garden of Eden—all raw and no animal products. The Genesis 9:3 diet came after the great flood and included kosher meat. The Hallelujah Diet is defined as the Genesis 1:29 diet (vegan) with a small amount of butter and 85 percent raw food. For those who have experienced that diet, the "Hallelujah" part comes when you get off the diet and go back to eating real food. One thing that is clear in this book is that you have to take a small handful of Old Testament verses out of context and ignore a lot of other verses in order to Biblically justify a vegan diet. Likewise you have to take small fragments of science out of context and ignore a lot of other facts to scientifically justify a vegan diet. A pattern emerges. The THUMB IS UP for this one. Review by Tim Boyd.

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pithecines died out due to climate change (too many SUVs and flatulent bovines?). For those who don't have a good understanding of probability, it is not hard to believe random chance could turn australopithecine into human. Others who have the nerve to question established wisdom have difficulty believing "Lucy" is our great, great, great ... great, grandmonkey. But suppose we let that go for the moment and follow the reasoning in *Catching Fire*. At some point long ago our predecessors got along reasonably well on raw food before they invented fire and cooking. By some random accident never explained in the book, they stumbled onto cooked food and liked it. Because it was easier to digest and hence more "convenient," the cooking fad took off and is still going strong after hundreds of thousands of years.

I know a lot of people love to cook and that's perfectly fine, but convenient? I also know people who drum their fingers impatiently waiting

for 30 seconds to tick away on their microwave oven. Is it really more convenient to cook your food than to eat raw food you are adapted to? I'm pretty sure Australopithecines or their descendants for many generations after didn't have very many modern appliances to make life easier. If you have ever tried to start a fire without any help from modern technology, you know the invention of fire probably paralleled the invention of cursing.

In summary, I see an already fantastic scenario being made even more fantastic. The careful reader may have already surmised that my thumb is pointing down for this one. ☹☹

Review by Tim Boyd.

EVERLASTING HEALTH: HUMANITY'S GUIDE TO UNDERSTANDING, AVOIDING, AND REVERSING DISEASE

By Robert Bernardini, M.S.
PRI Publishing

A quick look at the cover tells you there are a lot of subjects covered in this book including the major degenerative diseases, depression, insomnia, infertility, fibromyalgia, allergies, etc. For the most part Robert Bernardini does a very good job. There are a few flaws. He encourages raw egg consumption but doesn't warn that eating raw egg whites can impair your digestion of protein. He does recognize that some foods (cruciferous vegetables, for example) need to be cooked, so he doesn't go completely off the deep end with raw food. There were times while I was reading that the old thumb-o-meter started gyrating toward the down position but the questionable points were more than balanced by many very excellent points. The author takes a stand on certain subjects that is sure to ruffle mainstream feathers. He starts off the section on mammography by citing studies that show no advantage to having the screening. He then goes further by citing more studies that suggest mammograms are actually worse than useless. And they are also notoriously unreliable.

Where Bernardini is at his best is in relating some of his personal experiences and observations. Once upon a time he was an environmental engineer and inspected factories. One pharmaceutical factory he inspected had a sprayer at the exit of the parking lot. Why? The vice president explained that if employees didn't hose off their cars a few times a week, the cars would corrode and melt away because the air around the factory was so caustic. One of the VPs had a limp and an incessant eye-twitch. Another employee turned bright orange and eventually died. There were large fish kills downstream. It sounded like something out of a Simpsons episode, but he was not making this up. The factory produced anti-inflammatory drugs and heart medications.

Bernadini poses a lot of provocative questions throughout the book. Why do we need chemical pesticides and fertilizers while, at the same time we are paying farmers not to grow food? Why has literacy in America gone down steadily for decades? Are drug-based treatments effective? Even a senior GlaxoSmithKline executive admitted that most of the time they are not. If you want to have a really awkward conversation with a dentist who still uses mercury amalgam, ask him by what magic is that amalgam perfectly safe in your mouth but the leftover amalgam must be treated as toxic waste? Bernardini does a good job of expounding on the lessons learned from Weston Price and Francis Pottenger and contrasting those lessons with what we hear from the CDC, FDA and all the other letters of the government alphabet. He makes a good case that perhaps we should not always believe the prolific pontifications promulgated by the scientific high priesthood of ultimate truth. THUMBS UP. Review by Tim Boyd.

Tim's DVD Reviews

King Corn

By Curt Ellis & Ian Cheney

Docuramafilms

Two college grads are told that their hair analyses indicate that the carbon in their bodies comes from corn. This simple factoid inspires them to relocate to Iowa to follow an acre of corn from planting to final product. They find out that corn, in some form, is in just about everything. Beef is corn fed, fruit juices and junk food contain high fructose corn syrup, bread and other junk food has corn starch and more corn syrup. If you were to take everything containing corn (and soy) out of the average supermarket, you could replace the supermarket with a small veggie stand.

Our two intrepid documentary producers borrow an acre of land from a farmer near Greene, Iowa and helped (sort of) plant 31,000 kernels on that acre. With modern equipment that took about eighteen minutes. Since they used Liberty Link (GMO) corn, weeding was a simple matter of one spraying, which didn't take very long either. Throughout this summer project we get a good look at farming in Iowa, how it has changed in the last thirty to forty years and how production during that time has skyrocketed. As we've seen elsewhere, the meddling of government has had a profound effect. Farms have gotten rapidly larger and those that didn't got squeezed out. The system is rigged so it is impossible to make money without government subsidies.

There are many entertaining and educational moments as they wait for their corn to grow. They use Fisher-Price toys and stop motion photography to illustrate how farms and farming have changed over the last thirty years. They taste test their corn when it ripens. The look on their faces tells it all. Neither of them is able to swallow the corn. They learn how to make corn syrup in their kitchen. A lot of chemistry is involved and, once

again, after tasting the result, there is no swallowing.

On the educational side, they study where the corn goes after harvest. About half goes to animal feed and almost a third goes to ethanol and exports. Most of the rest becomes sweetener. Sixty percent or more of cattle feed is corn. If the animals were not slaughtered on the feedlots they would die in six months anyway on that kind of feed. The filmmakers visit Earl Butz, the Secretary of Agriculture who changed the system in the 1970s. Before Mr. Butz, the government paid farmers not to produce and he thought that was the dumbest thing we'd ever done. I won't argue with that. He changed the system to pay farmers to overproduce so we would have cheap food. I suppose he succeeded in a way, at least for a while.

Ellis and Cheney take a low-key approach to all of this. There are no hysterics, hyperbole, or big accusations. They are respectful to Earl Butz who looks feeble and a little sad as he rolls away in his motorized wheelchair (he died not long after the film was released). The farmers, especially the older ones, don't like what is happening to agriculture but don't see that they have many choices. The final scene sums up what is happening to the traditional farm when they visit six months after harvest to find the farmer auctioning off the farm and the house he was born in. THUMBS UP.

For a Few Pennies More—Indonesia

Journeyman Pictures

<http://www.youtube.com/watch?v=NV4X5cXaf7Y>

Iodine deficiency in Indonesia is the subject of this Youtube video. Despite living on an island (Java) with very rich soil due to a nearby volcano, iodine levels in that soil are very low or non-existent. The people display all the most well-known symptoms like goiter, cretinism and very short stature. This problem has apparently been around for a long time. Ancient skeletons have been discovered which have sometimes been called hobbits and thought to be some exotic humanoid species by those who are a little too eager to find such things.

As the title suggests, it would be very cheap to iodize the salt. While that has certainly reduced associated problems in this country, many experts are not convinced that is the optimum solution. Doctors in Indonesia tested several brands of salt that claimed to be iodized and found they are not. Many Americans don't realize that not all salt in the U.S. is iodized. It might be interesting to check the brands that do claim to be iodized. Or you could just trust that industry and government regulators wouldn't lie to us. If you believe that, you might want to have your iodine levels checked. THUMBS UP.

Tim's DVD Reviews

Interview with Dr. Ray Peat
Ultrasounds Radio with Eluv
<http://eluv.podbean.com/2008/10/10/eluv-live-interview-with-dr-ray-peat/>

If you have read *Eat Fat, Lose Fat*, or *Wise Traditions* journals and website, you know coconut oil is pretty amazing stuff. There are a few other people out there who think so too. Dr. Ray Peat is one of them. Early on in this interview he states that saturated fat is good fat—not something you hear every day, except from us. From there, he focuses in on coconut oil and details some of the benefits, which include regulating metabolism and helping to keep weight under control, controlling estrogen, helping the thyroid issues and even preventing or reducing sunburn damage.

While he gives out some good and intriguing information, one must be careful when listening to him. He mentions that there is no such thing as essential fatty acids. Well, yes there are. Dr. Mary Enig tried to straighten out his confusion on this subject in our Spring 2005 *Wise Traditions*, but apparently he is still confused. He also says we wouldn't need vitamin E if we didn't eat any polyunsaturated fats. Dr. Enig points out that there is some polyunsaturated fat in all food. So even if that is true, it is kind of like saying, "If pigs could fly, [fill in the blank]." If pigs could fly, I would give him a thumbs up for saying things like that. THUMBS DOWN.

Healing Cancer From Inside Out
by Mike Anderson
RaveDiet.com

"I will not give poison to anyone." That is a quaint, old-fashioned idea put forth by Hippocrates, alas, no longer in vogue. This DVD rips away the façade of the cancer industry and explains what the statistics really mean. Examples are given showing how the industry

depends on meaningless relative numbers to exaggerate treatment benefits. Five year survival rates have improved only because of earlier diagnoses, while real survival rates has not changed significantly for fifty years. The truth becomes even more inconvenient for the industry when you look at the list of studies from the *Journal of the American Medical Association*, the *Lancet*, the *New England Journal of Medicine*, and other prestigious publications showing that untreated patients live longer than treated patients. The bad news gets even worse when you consider the fact that the treatments of choice are quite barbaric. Senator Hubert Humphrey called chemotherapy "bottled death." Charles Huggins, MD, said, "There are worse things than death. One of them is chemotherapy."

There are many ways to lie or distort the truth with numbers. Eighty percent of all statistics are wrong—including this one.

The movie does well at sorting through the statistics and even explaining things like the AMA's war against chiropractors, homeopathy and anything that worked. The consensus of the experts in the film is that changing one's diet is the most effective answer to cancer. That sounds like a good answer but I know trouble is brewing when I see names like T. Colin Campbell and Dr. John McDougall. They still sing the same tune, promoting a change to a vegetarian diet. Several testimonials are given by people who made the switch and their cancer problems went away. I don't really have any trouble believing that. Changing from SAD to almost anything else can manifest miraculous improvement in the short run. The long term is another story and that story is why this story ends with a thumb pointing down. THUMBS DOWN.

InGreedients – The Choice is Yours!
Produced by J. Thomas Wenzel III
Sir Rebel Films

When the average pedestrian on the street is asked what hydrogenated oil is, the answer could be anything from something that comes out of McDonald's and is used in cars, to a preservative. The most popular answer is "I don't know." Those answers are both amusing and disturbing. Fortunately this video includes Doctors Mary Enig and Beverly Teeter to set everybody straight on the science of *trans* fats.

InGreedients provides a good mix of humor and revelation—revelation about the human cost of toxic food ingredients. In an average year, 42,000 will die in car accidents, 1000 in plane crashes, 17,000 will be murdered, and 32,000 will commit suicide. Those numbers look relatively minor compared to the number of deaths due to corrupted food. Cancer claims 560,000 lives per year and heart disease 870,000.

According to government new math, up to half a gram "per serving"

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can equal zero *trans* fat on the label. I seem to remember the USDA, one of many government bureaucracies, saying that the only safe level of *trans* fat is zero. I'm pretty sure when they said zero they meant zero, not half a gram. We live in a world of contradictions. How do they get away with this? They make the serving sizes extremely small.

We get a nice tour of Dr. Teeter's lab as she analyzes several food-like products that claim to have zero *trans* fat. They all contained *trans* fat. Promise margarine had the most, with 0.46 grams per "serving." Even Dr. Teeter manages to slip a touch of humor in with her serious science when she notes that it is inappropriate to assign moral characteristics like good and bad to inanimate substances like cholesterol.

Anyone who has any education on the subject knows that things like *trans* fat, aspartame and MSG are trouble. So why does the food industry insist on inserting ingredients that they know are toxic into their products? I don't want to give away the ending but there is a clue in the title. THUMBS UP.

Killing Fields:

The Battle to Feed Factory Farms

By Albert Villareal

<http://www.feedingfactoryfarms.org/>

When you need more room for more crops, but don't have it, what do you do? If you are a factory farm operation, you might start taking over land on another continent. You could, for example, use 2.6 million hectares of land in Paraguay. If that land happens to be covered by rainforest, you just mow it down. What about the indigenous people that live there? You simply dump toxic pesticides on the area until it becomes impossible to live there and the locals leave "voluntarily." How do you get away with this atrocity? Well, it's much easier if nobody knows what you're doing.

This short video on the web seeks to correct that knowledge deficiency. There are a few more details which make the whole thing even worse. The crops being planted are one of the factory farm favorites—soy. Of course it has to be Monsanto's roundup ready soy (genetically modified). These massive tracts of rainforest land turned to soy fields primarily supply Europe, whose local farmers can't compete with the cheap imports. But they are not really cheap.

About ninety thousand families per year are "persuaded" to abandon their land when the cloud of chemicals becomes too thick. Not everyone even survives to get out. We get an up close look at one boy who was paralyzed (they used to call it polio) and eventually died from the chemicals. Almost all of this soy in Paraguay is controlled by the usual suspects—Monsanto, Bunge, ADM and Cargill.

This film was a joint effort of Friends of the Earth and Food & Water Watch. It was produced to alert Europeans in particular to the true cost of their supposedly cheap food. They also are promoting political action to support more local, non-factory farming and labeling of food from genetically modified sources. I wish them well and give their film a THUMBS UP.

Food, Inc.

A Robert Kenner Film

Magnolia Home Entertainment

When you walk into a grocery store and look at the packaging on many food items, you will see pictures of old-fashioned farms and farmers. When you look behind the pictures to where that food really comes from, you see a very different picture.

It's not a pretty picture. We see feedlots packed with cattle almost on top of each other and up to their ankles in manure. We see chicken houses full of chickens that can barely walk because science has found a way to make their

Anyone who has any education on the subject knows that things like *trans* fat, aspartame and MSG are trouble.

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flesh grow faster than their bones, muscles and tendons can support. The air is so foul (no pun intended), farmers need masks to walk through and collect the dead bodies.

The ugliness doesn't stop at how the animals are abused. As Joel Salatin astutely points out, a culture that treats its animals with brutal disregard will be inclined to treat its people the same way. We see farmers forced to build expensive chicken houses and go deeply into debt. On the average they make \$18,000 per year and have little hope of ever paying off a \$500,000 debt. So they are trapped, enslaved, too poor to stay in the business and too poor to get out. In Tar Heel, North Carolina we see illegal immigrants lured into a giant Smithfield plant where working conditions are reminiscent of Upton Sinclair's *The Jungle*. After years of being treated like animals, they are unceremoniously deported.

I have worked in large factories before but I have never seen a factory or network of factories like the one run by Beef Products, Inc. It's like a factory on steroids. Not only is the South Sioux City, Nebraska plant an endless maze of pipes, machinery and assembly lines, it has a control center that can monitor bulk tanks, adjust gearbox speeds, and regulate assembly lines in other plants in Chicago, Georgia, Utah, Kansas, Nebraska, Texas, Los Angeles, and Ohio. We see some pseudo-food slop make its way through machines and conveyor belts and the resulting unidentifiable slab is dropped neatly into a box to be shipped out. The slab turns out to be hamburger meat filler cleaned with ammonia to kill *E. coli*.

We see the ruthless tactics that Monsanto uses to run innocent farmers out of business. I'll just briefly summarize by saying that anyone who watches this movie and still has any respect for Monsanto either wasn't paying attention or is on their payroll.

But the awful price of our factory food system doesn't stop with the animals and people directly working for the system. The end result is a population with steadily declining health and badly compromised immune systems. We see the tragic story of a little boy named Kevin, who was a victim of the factory food supply. Then his mother marches off to Washington to lobby congress to pass "Kevin's law," a bill that would give the USDA more power and "reform the system."

This is where I have to say, "Wait a minute! Stop!" One thing that can make a tragedy even worse is to use it to promote a solution that is worse than useless. This movie has done an excellent job of portraying a food system that doesn't work, is out of control and massively corrupt. In addition, we see Michael Pollan explaining in detail how the revolving door works between Monsanto, Cargill, etc. and government regulatory agencies like the USDA and FDA. He goes through a long list of names with pictures attached. He does a great job of making it clear that government regula-

tion is being run by the regulated corporations. The fox is guarding the henhouse. And this has been going on for about one hundred years. The system is not just corrupt, it is irredeemable. But we're going to fix it ... with more foxes to guard the henhouse?

I continue to wonder how many centuries it will take before we notice that more regulation isn't working. They even show Joel Salatin explaining the mindset of food factory executives. When some part of the system starts to really break down, it never occurs to them that they may need to change the system. Instead they come up with some high-tech brute-force approach to keep the system going a little longer. This film is promoting contradictory messages. I can only speculate that the producers or editors are suffering the adverse mental effects of factory food.

Right after this excursion into contradiction, we get a breath of fresh air on Polyface Farm. We are treated to classic lines from Joel Salatin like, "If we put glass walls on all the mega-processing facilities, we would have a different food system." He makes the point that he doesn't want to grow into one of those monsters. He has the right idea. We need to go back to small farms and local economies. The film veers off course again when we are led to believe that one good answer might be for organic producers to get big like Stonyfield and sell organic products at Walmart! Of course, operations as big as Walmart are more interested in profits than quality, so they would have to be regulated—oops! We're back to that same problem again.

It is unfortunate that I have to give this film a THUMBS DOWN. With a little more editing it could have been great. Its coverage of the dark side of the food system is powerful but the suggested solution will only lead to more of the same. ☹☹

Growing Wise Kids

INCLUDING BABY AT THE FAMILY TABLE: THE EASE OF BABY-LED WEANING

By Jen Allbritton, CN

Traditional wisdom requires mashing and blending early foods for baby. However, as baby matures, allowing him to enjoy the foods from the family table is easy and enjoyable. Baby-led weaning, or what I like to call the “less-stress method” of feeding baby, allows the older baby to confidently feed himself with many of the same foods the rest of the family is eating. Besides time-saving benefits, allowing baby to take charge of feeding himself also supports speech and motor development and encourages an overall more accepting attitude toward wholesome foods. So let baby join in at the family table and dig in!

KEEPING TO TRADITION

Cultures still living their traditional ways offer real, whole foods to their weaning babies with special preparation to ensure that

they are soft and digestible. Cynthia Lair details a sampling of traditional first foods in her book *Feeding the Whole Family*: “Around the globe, babies start solids on a variety of foods. In Oceania babies are given pre-chewed fish, grubs and liver. The Polynesians prefer a pudding-like mixture of breadfruit and coconut cream. Inuit babies are started on seaweed and seal blubber, while Japanese health care providers recommend a thin rice porridge, eventually made thicker and topped with dried fish, tuna, tofu and mashed pumpkin.” Closer to home, traditional foods

included “milk” made from bone marrow, liver (often pre-chewed), soft-cooked egg yolks and well-mashed tubers (along with breast milk or homemade formula). Pre-chewing food, usually meats, softens the food and adds enzymes from the saliva to aid digestion. Mashing also makes food more digestible, ensures that baby gets enough to eat and—most importantly—protects against choking.



Chase heartily enjoying a bowl of soaked oatmeal with butter, blueberries and raw honey.

Nutrition pioneer Adelle Davis says in *Let's Have Healthy Children*, first published in 1951, “As soon as our children could sit up comfortably, they were usually put in the high chair near the dining room table during meals; thus they were included in the family social life and since children learn by imitation,

they could observe how they would eventually be expected to

eat. After teeth appeared—the signal that a baby is physically and emotionally ready for solids—I started offering tiny bites of nutritious foods prepared for the family; they were usually placed on the high-chair tray for finger-feeding. Thus solids were gradually introduced, but neither of my babies ate meals until about the age of eight or nine months. No foods were purchased or prepared especially for them; and neither was allowed baby cereals or canned baby foods.”¹

It is natural to be nervous about feeding baby solid foods, yet it need not be complicated

Cultures still living their traditional ways offer real, whole foods to their weaning babies with special preparation to ensure that they are soft and digestible.

or an overwhelming drudgery in the kitchen. For details on the ideal baby feeding principles and guidelines, see the article “Nourishing a Growing Baby,” found in the Children’s Health section at www.westonaprice.org. As early as four months but definitely by six months, puréed foods can be introduced. Meats puréed with broth, soft boiled egg yolks with a touch of grated liver and salt, liver mousse, and ripe banana mashed with whole yoghurt are superior choices for baby’s nutritional needs. But these first few months go quickly; before long, it will be time to include baby at the family meal table and let her eat the very same foods the others are enjoying.

The age at which baby starts to feed himself depends on his maturity and your own tolerance for mess! Some babies can feed themselves as early as eight months, others not until a year. A good compromise for moms who find spoon feeding a baby less stressful than cleaning up a messy infant and high chair is to feed mashed foods to baby before the family sits down or at the beginning of the meal and then let baby amuse herself with a few pieces of soft vegetables or a chicken bone to chew on while the family enjoys their dinner.

The one caveat to this way of feeding baby is you must be serving your whole family nourishing, real foods! In other words, offering the most nourishing foods to baby means studying up on traditional foods and giving yourself the time to prepare them in your own kitchen for everyone.

FEEDING BABY FROM THE TABLE 101

Is your baby ready for table foods? The simple way to answer this is to let baby show you. There are signs and stages for readiness, but the best way to know is his just to gauge his interest. Although teeth are indeed a sign of readiness, some children don’t cut teeth until later and some children with teeth are not ready to feed themselves. Gums are fine for chomping, sucking and masticating. Exploration comes naturally to babies and is all part of learning, which is really how to view their first encounters with food. Below is the basic progression.

1. Include baby: The first step is to include baby in meal times early, hold him in your lap, give him a baby spoon and talk about the foods in the meal. Eventually, out of simple curiosity, he will grab at food and want to do what the rest of the family is doing. When the time comes, set him upright in the highchair at the family table. And to make this early experience even better, ask Dad or an older sibling to be in charge of baby and allow Mom to sit and simply enjoy the meal and company.
2. Blend baby’s very first foods: Until eight to ten months, baby’s foods should be blended and spoon fed. Mashing and blending makes foods easier to digest and ensures that baby gets enough to eat. This is a time when baby figures out the process of chewing, sucking and swallowing. These skills will develop on their own. As time goes on, add new foods with lumpier textures. Blended table food is even appropriate at this time, such as finely cut up vegetable stew, soups, sweet potatoes with liberal amounts of fat or the liver mousse or pâté. Invest in a small food processor or baby mouli (<http://www.amazon.co.uk/CKS-Stainless-Steel-Baby-Mouli/dp/B000LCLV28>) to make this job easier.
3. Let baby grab and choose: When baby reaches eight months—sometimes sooner, sometimes later—his ability to grab food with his little pudgy hand will mature. Before you know it, one of his attempts will

DO THE FAMILY A FAVOR—TEACH YOUR BABY TO SIGN

Teaching baby to use sign language has a host of benefits, the best being reduced frustration, especially when it comes to feeding time. Both of my boys learned basic signs early, such as “food, eat,” “milk,” “all done” (one of the most important), “more” and “please” (although not necessary, I do like good manners!). Others we added to their repertoire included signs for mommy, daddy, banana, cracker, various animals (monkey is especially fun), shoes, etc. Not only do children get a kick out of it, but some experts believe that learning sign language early actually improves later vocabulary skills.

My little 20-month-old uses his food signs in other parts of life, such as telling me I need to be “all done” with reading a book because he wants me down on the floor to play. And our oldest, who now has a large vocabulary, will occasionally include a well-known sign when he speaks just because it comes naturally. I find that it is useful when I am trying to keep a reminder discreet, such as saying “thank you” for a nice gesture or gift. I simply use the sign to remind Tate instead of saying, “What do you say?”

Baby sign language materials abound; you’ll find information just surfing the web. However, there are fun tools to help out. One of our favorites is *Signing Time* books and DVDs (www.signingtime.com). The songs are catchy and they teach American Sign Language (ASL). Check out your local library to preview their collection.

actually hit its mark, his mouth! Allowing baby to play, examine and do what he will with food (except toss, in my opinion), will encourage an interest in different tastes, textures and smells. This is quite a shift from the typical baby food blends, where it is all puréed together. Help her if she shows frustration and wants assistance, but don't press.

- Thin slices of meat (stewed is often softer); consider making fish or beef fingers
- Chicken leg bones, lamb or pork chops (especially helpful for teething discomfort)

Once baby can sit up, chew without choking and efficiently get food into his mouth, the principle of baby-led weaning really takes off. Food is becoming a fun experience; baby can pick and choose what tastes good, what feels good and what is right to nourish him at the time. Now you can offer longer, thicker finger foods that baby can hold and that will stick out of his clenched fist such as:

- Steamed, sautéed or roasted veggie sticks: carrots, sweet potatoes/yams, squash, green beans, parsnips
- Sticks of fruits: papaya, banana, pineapple (with skin to help grip)
- Thick slices of avocado
- Cheese sticks

As time goes on, baby will become more proficient at this new skill and hit the target with more precision. Good timing too, as baby's need for calories and nutrients is growing. Breast milk or homemade formula (see *Nourishing Traditions* or www.westonaprice.org for more on formula recipes) still make up a majority of baby's calorie and nutrient needs. Stay flexible while finding the balance between milk and food. Each baby will be different. If baby seems fussy without milk beforehand, feed it first. If she is happy to grab at food for a while and get a good helping down and still takes a good portion of milk, great!

SMORGASBORD EXPERIMENT

Back in the 1920s, a pediatrician by the name of Dr. Clara Davis conducted an experiment that illustrates two important points. First, sacred foods—such as eggs, liver, fish roe—are ideal for baby to thrive. Second, babies have an intuition about their nutritional needs. Dr. Davis's experiment took place in a time when food recommendations for babies were becoming more rigid and unappetizing. Babies were clearly not enjoying these new "healthier" standards, as evidenced by the opposition experienced by many parents. Dr. Davis believed these new standards were not what babies needed, and her experiment confirmed her suspicions.

Davis evaluated fifteen orphans between the ages of seven and nine months, who were given free rein to choose what and how much they wished to eat from a smorgasbord of real foods with little preparation—no mixing foods and no refined or processed ingredients. Foods offered—thirty-three to be exact—included whole milk (sweet and sour), hard-cooked eggs, meats, fish and fish roe, cooked cereals, raw and cooked veggies and fruits. The foods weren't salted, but a bowl of salt was set out for the babies to partake of if desired. The nurses involved in the study made no comments, didn't send spoonfuls of "airplanes" in for a crash landing in baby's mouth, and refrained from scolding when a baby declined a new food or ate "too much" of another.

With no refined foods to muck up their palates, these children demonstrated an innate wisdom to self-select the foods that met their nutritional needs to create vibrant health, which was monitored by extensive testing. Food selections were not always pretty. One day a child ate seven eggs, while another opted for a handful of salt. Some children ate more fruits, yet others gravitated to the meats. A child with poor bone structure was partial to cod liver oil one hundred thirteen times, on his own accord. While each day's meal did not provide a perfect "balance," over the long haul, their nutritional profile conformed to just what they needed.² Not surprisingly, none of the children chose to eat a diet dominated by grain and milk.

Although small, Dr. Davis's study gives good reason to consider baby-led weaning. Setting out thirty-three different food choices at each meal is a little over-the-top, but feeding a reasonable variation of traditional foods to baby at each meal is doable. Being able to consider several choices and having the opportunity to decide on his own, baby will pick and choose what is best for his growth and development at that specific time. To me, the findings from this experiment offer freedom to relax. Babies know. A key element to this experiment was the fact that Davis provided healthy foods and let children eat as much or as little as they wanted. Would the study have turned out differently if Davis had included processed, sugary foods laden with fake fats? Perhaps, but we don't know and are not likely to find out since this setting might not fly with today's research criteria.

Sometimes baby will chug down a sippy full of raw milk, another day not so much. One week he might eat two fried eggs each day, the next week pass them up. Don't panic if food selections seem a little irregular at times—it all balances out in the end. And since you are feeding from the family table, none of the food goes to waste.

Just as with the gradual increase in food, baby will slowly give you signals to help you figure out this balance. Eventually, the complementary foods you offer will begin to make their way into baby's tummy and count for more and more calories. And with this method of feeding, you get to decide what to serve, but baby chooses how much and how fast.

FULL-FLEDGED TABLE OCCUPANT

As baby approaches one year (again, sometimes sooner, sometimes later), she eventually will be able to scoop and dip and might even be interested in using a little bowl and spoon on her own. Use your best judgment about which foods to offer (see basic principles in "Nourishing a Growing Baby" available in the Children's Health section at www.westonaprice.org). If there are allergies in your family, use more caution in introducing new foods. (For all babies, hold off on grains and egg whites until baby is at least one year old.) If not, include baby in with your family meals and offer what you are eating with the exception of certain choking hazards that persist for the older child: whole nuts, whole grapes, whole cherry tomatoes and boney fish).

Keep quick nourishing foods handy, including:

- Dried anchovies

- Nut butters (preferably made from crispy nuts)
- Cheese (highest quality, raw if possible)
- Summer sausage
- Cooked meats, poultry, fish and bratwurst coins
- Ripe fruits, especially berries (frozen blueberries are yummy and sometimes soothing to hurting gums) and bananas (kids love to grasp them)
- Dried and freeze-dried fruits, especially during the winter when fresh are less available
- Flaxseed/nut or seed crackers, properly prepared
- Pieces of dates or date logs
- Nori sheets for making quick rolls ups with leftovers
- Liver mousse
- Full-fat yogurt (ideally homemade)
- Carrot and cabbage sauerkraut (or other fermented veggie combo your family enjoys)
- Fermented apple butter

Having foods such as these readily available will make feeding baby and your entire family easier.

OUR PERSONAL JOURNEY

With my youngest son, Chase, this less stressful method of feeding happened unintentionally. I had less time and less of a desire to make separate baby foods. It felt more intuitive to feed him what we were eating than with my first.

Around six months, for his very first foods, he was very accepting of spoon feeding. We started with soft boiled egg yolk with grated liver and sea salt. Banana fried in bacon drippings mixed in yogurt, and liver mousse were two other favorites. Instead of the typical ice cubes of food,

THE UPSIDE AND DOWNSIDE TO BABY-LED WEANING

The advantages of this less stressful method of feeding baby are many. For example, it:

- Gives baby a chance to experience different textures, smells and shapes.
- Encourages confidence and an adventurous attitude about food.
- Makes mealtime more enjoyable for baby and less frustrating for parents.
- Promotes chewing skills and muscle development, which is important for speech, digestion and choking safety.
- Allows baby to be more in control of likes and dislikes and to exercise instincts regarding nutritional needs.
- Puts appetite in baby's own control because there is no coaxing or cajoling.
- Improves dexterity and eye-hand coordination due to more grasping and handling of foods.
- Involves baby at the family table, which supports the need to mimic and learn by example.
- Makes eating away from home easier since baby is accustomed to eating table food and a wide variety of choices (for example, sushi was no sweat with our little guy a little after one year).
- Discourages pickiness later in toddlerhood because table foods are already the norm and there have been so few battles over mealtime.

The only downside to this process is the mess, particularly when the family is eating something goopy, like porridge. So stock up on little thin washcloths to keep handy in the kitchen and, when the weather permits, feed baby outside in the buff (baby is adorable and easier to clean)!

my special baby food preparation involved two tasks. One was liver mousse, which I made in large batches and froze in small glass Pyrex containers with plastic lids. The other was small dollops of grated liver frozen on a cookie sheet and then transferred to a glass container so they were easy to pull out and stir into warm egg yolks. The rest of the food I offered Chase was either generally available in my pantry or fridge or a mashed up portion of the family's meal.

More solid finger foods were introduced about five or six weeks later and his eagerness was a hoot to watch. It helps that he has a big brother he wants to emulate. Not long after that, Chase's meals turned into much like what they entail now at twenty months, I am just less involved. I will toss a new selection of foods—three or four choices—on the highchair tray to see what is desired. His raw milk is in a sippy cup (sometimes spiked with raw cream, baby probiotics, acerola powder or an oil or two), which he drinks as desired. Most foods are from the family table, such as bits and pieces from a pot of stew made with bone broth, veggies and chunks of grass-fed meats, broken bites of a cornbread muffin, a clump of chicken and chard casserole or broken up pieces of bacon and tomato frittata. If we are eating a salad, I will offer selections of what's in our bowls, such as hunks of chicken, halved cherry tomatoes and sticks of salted avocado. If the food can be eaten with a spoon, I toss it in a bowl and let him at it. I will also often include a selection or two from the handy foods listed above. Don't be shy about herbs and seasonings: your child's likes and dislikes may surprise you.

Some of the foods I place on the highchair tray are eaten, some aren't. There is a lot of smiling, sorting through his options and looking around at the rest of the family. If a food is devoured, I give more. The foods that are left on the tray are either eaten by another family member, go back to where they came from until another meal or become chicken feed. Sometimes my sensor goes off when he doesn't eat much, but I step back and remember that he will eat what he needs.

RELAX AND STAY COOL


Being a first-time parent can send one into

a tailspin of worry—deciding on the best first foods, choosing the best diapers or the ideal music to boost brain power. Many questions I receive center on finding that “perfect meal plan” for one's baby. I wish there were a way to telepathically transfer some of the sense of calm that comes with just good ol' experience. However, it is these challenging experiences that make us who we are, and nothing compares to the learning acquired during the day-in-and-day-out raising of our own little angels.

What I can say is that babies have been eating traditional foods for millennia, so do your best to relax. Make sure you are setting aside the time needed to procure and prepare the highest quality, most nourishing foods for the whole family and then include baby when the time is right. Enjoy your baby, smile a lot and use your mommy-sense. The vibes you send—intentional or not—will speak volumes, and staying relaxed will make it much more pleasurable for you and baby.

One side note: do not allow this self-selection method of feeding babies to become an excuse for pickiness (see the article Taking the “Icky” out of Picky for more on this subject in the Children's Health section on www.westonaprice.org). I do not believe we should be a personal short order cook for each member of the family. Fortunately, this early baby-led weaning method reduces the chances of a picky attitude as a child grows and his palate matures.

Just like the nurses in Dr. Clara Davis's experiment, stay emotionally neutral. Give off the sense “eat it, don't eat it, it makes no difference to me...” For example, if you, the parent, don't enjoy the taste of fish roe, avoid the “yuck” facial expressions. Or if baby just won't pick up and try something, don't force it into her mouth because “it's good for her!” Smile, glance like you do at other family members during the meal, refrain from commenting much at all or even doing the “food rumba” when she willingly eats that first flake of seaweed. And most definitely avoid being cross in any manner. Do your best to let her figure it out on her own. Being overly interested in any direction may turn her off to experimenting and being adventurous with food. Just like walking and talking, it will happen in your baby's own unique time.

Put first things first: lovingly prepare each meal for your whole family and then modify ingredients to make them work for baby. Start moving away from the idea that baby needs to eat baby food after those first few months; simply include him in the family table. It is easier, more time-efficient and better for baby in the long run. And even though the messes may need a little extra attention, get the camera out because they sure do make for some sweet memories! 

Jen Allbritton is a certified nutritionist and author. She lives with her family in Colorado and spends lots of time in her kitchen cooking up WAPF-friendly creations. Contact her if you'd like to learn more about subjects related to diet and children: jen@nourishingconnections.org.

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1. Davis, Adelle. *Let's Have Healthy Children*. New American Library, A Signet Book. 1972, p 217
2. *Ibid*, pp 218-219

Soy Alert!

WHY BABIES SHOULD NOT BE FED SOY Testimony to the CERHR Soy Infant Formula Panel by Gail Elbek

Thank you for the opportunity to testify about this very serious subject today. Allow me to summarize the testimony I have submitted to the panel (posted at <http://cerhr.niehs.nih.gov/chemicals/genistein-soy/SoyFormulaUpdt/pubcom/GailElbek12-02-2009.pdf>).

ESTROGENIC EFFECTS

Several published studies, confirmed by CFSAN (Center for Food Safety and Applied Nutrition) director Dr. Mike Shelby, have concluded that soy is an active estrogenic endocrine disruptor. Proper functioning of the endocrine system, especially during developmental timeframes must not be jeopardized. Overwhelming numbers of published studies conclude soy repeatedly jeopardizes developmental health.

The National Institute of Environmental Health Sciences (NIEHS) reports that soy phytoestrogens demonstrate estrogenic effects equal

to or lower than doses of DES estrogen; in 2002, NIEHS researcher Retha Newbold expressed concern when her colleagues demonstrated that soy genistein “triggers reproductive abnormalities. . . including uterine adenocarcinoma, a rare form of cancer.” And what is toxic to the reproductive tract is toxic to multiple hormone systems throughout the body and brain. Also like DES estrogen, the maternal consumption of soy products transfers estrogenic hormone disruptors to her fetus and again to her child while breast feeding. Several hundred studies overwhelmingly conclude soy phyto-toxic causation of an assortment of severe, painful and often irreversible neurological and physiological disorders, and these diseases are more often caused during developmental exposures. Soy-based formula as 100 percent of an infant’s dietary intake contains active estrogenic and anti-nutrient endocrine disruptors.



TESTIMONY ON SOY INFANT FORMULA

On December 16, 2009, the National Toxicology Program (NTP) Center for the Evaluation of Risks to Human Reproduction (CERHR) panel on soy infant formula (a division of the National Institutes of Health) heard public testimony on soy infant formula. Only two individuals presented information on the dangers of soy formula, Gail Elbek, a private citizen who had traveled all the way from Santa Barbara to give testimony (summarized above), and Sally Fallon Morell from the Weston A. Price Foundation. The other speakers were all from the industry or were taking part in government-funded research, including Thomas Badger, PhD, and Martin Ronis, PhD, of the University of Arkansas for Medical Sciences, Haley Stevens, PhD, of the International Formula Council, David Bechtel, PhD, CANTOX U.S., Inc. (a consulting firm dedicated to “facilitating timely regulatory approvals”), and Larry Williams, MD, Abbott Nutrition (maker of soy infant formula). Without blushing, these “experts” assured the committee that soy infant formula was safe and did not have estrogenic effects. Stevens of the International Formula Council insisted that there was “no new evidence” that would warrant a re-evaluation of soy formula and complained about “alarmist” literature that was scaring parents away from this “safe and healthy choice.”

The good news is that many parents have been scared away. Over the last ten years, the proportion of formula-fed babies has declined from 22.5 percent to 12 percent. As Fallon Morell pointed out in her testimony, the tragic consequences of soy infant formula are falling most heavily on minority mothers participating in programs like Women, Infants and Children (WIC), where soy formula is routinely given to black, Hispanic, Asian and Native American mothers presumed to be “lactose intolerant.”

The final vote of the committee was one vote for “no concern,” twelve votes for “minimal concern” and one vote for “some concern.” Requests for warning labels on soy infant formula were completely ignored. The Weston A. Price Foundation has issued a press release on the hearing, posted at <http://www.westonaprice.org/Soy-Formula-Panel-Caves-to-Industry-Pressure.html>.

These effects
are trans-
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Alarmingly, milk formulas are increasingly contaminated with soy, and therefore “lactose intolerance” may more likely be a result of intolerance to soy phyto-toxins.

Soy is proven to mimic or antagonize estradiol, a most potent and dangerous endogenous estrogen. Soy phyto-estrogens also abnormally manipulate ER-alpha and ER-beta hormone systems, further disrupting extensive endocrine systems throughout the entire body and brain.

Largely during developmental exposures, soy endocrine disruptors disrupt the reproductive system and are toxic to multiple hormone systems. Along with all estrogenic chemicals, soy is established as extensively damaging to the reproductive system of both females and males.

Soy is reported as an accumulative endocrine disruptor capable of multiplying endocrine disruptor adverse effects. And these effects are transgenerational, passing damaging endocrine disruptor effects from generation to generation.

The FDA Poisonous Plant Database includes “Soy bean, genistein and daidzein [soy estrogens]” on its list of poisonous plants.

Developmental exposures to soy estrogenic endocrine disruptors *fail* to meet several FDA codes and regulations.

SOY AND THE BRAIN

The fact that soy can feminize males and masculinize females is evidence of soy targeting the brain.

Overwhelming evidence proves that soy disrupts several neurotransmitter systems such as vasopressin, oxytocin, serotonin, dopamine, glutamate, choline and GABA, causing multiple direct and cascading damaging brain effects. Disrupted neurotransmitter systems are reported to cause autism, mental retardation, cerebral palsy, seizures, stuttering, ADHD and multiple other neurological disorders.

TRYPSIN INHIBITORS

Several important essential enzymes such as tyrosine and trypsin, which are critical during development, are dangerously inhibited by soy, resulting in an assortment of physiological and neurological adverse health effects.

The FDA Federal Register 1999 reports that trypsin inhibitors cause deleterious effects on the pancreas, with potential to cause hyperplasia and formation of nodules. Soy contains very high levels of trypsin inhibitor.

SOY AND THE THYROID

Many studies indicate that soy can cause hypothyroidism, which then contributes to an assortment of adverse effects, especially to the vulnerable fetus, infants and children. Soy inhibits thyroid peroxidase and disrupts thyroid hormones T4 and T3, causing abnormal thyroid development and function.

Soy disruptions of thyroid hormones are also related to the cause of immune deficiency disease and damage to Purkinje brain cells. This damage is related to the cause of autism.

SOY AND THE THYMUS

Soy is reported to cause significant damage to the thymus, again leading to damaging effects to the immune system and cerebral cortex of the brain.

SOY AND CANCER

Soy also inhibits topoisomerase II (Topo II), another essential enzyme, causing DNA distortion and breakage, resulting in chromosomal alterations. Leukemia is reported in detail as caused by Topo II inhibitors.

In 2004, the US Department of Environmental Molecular Medicine reported soy causation of oxidative DNA damage, which can lead to tumor initiation and cell proliferation. Soy is reported as capable of causing leukemia, testicular, breast, uterine, bladder, stomach, colon, intestinal, pancreatic and kidney cancers as well as lymphomas.

Oncologists often suggest the elimination of soy products during cancer treatment due to soy's estrogenic ability to promote cancers or to interfere with chemotherapy.

ANTI-NUTRIENTS

Soy is loaded with anti-nutrients: the FDA Federal Register 1999 reports, “GRAS status of soy did not include a thorough evaluation of the safety of potentially harmful components, e.g. lysinoalanine, nitrites and nitrosamines, trypsin

inhibitors, phytates and isoflavones.” This list includes several, but not all of soy phyto-toxins that are well known to damage multiple systems throughout the body and brain, especially during development.

Soy phytates inhibit the assimilation of multiple essential minerals necessary for proper brain and body development. In addition, processed soy products contain an assortment of heavy metals also known to cause neurologically and physiologically damaging effects.

There are no established FDA acceptable levels of multiple soy phyto-toxins during developmental exposures.

Alarming, soy phyto-estrogens and anti-nutrients can largely fluctuate plant-to-plant, thus product-to-product, so that no one knows how much of these soy phyto-toxins they are swallowing or placing in the mouths of their children.

Dog and cat food manufacturers are proud to label their healthiest pet foods with “Does Not Contain Soy,” while at the same time the American marketplace increasingly promotes soy products during pregnancy, to infants and to children, while sorely misleading the public with claims that these products are “nutritional.”

OTHER INGREDIENTS

Soy infant formulas also contain an outrageous amount of corn syrup and sugar, also known to be developmentally debilitating.

High levels of corn syrup and sugar lead to pancreatic damage, which interrupts insulin

production, leading to infant and childhood diabetes type 1 and type 2. High levels of sweeteners also damage the thyroid and thymus glands.

ADVERSE EFFECTS

Medwatch Adverse Health reporting system exposes numerous severe and potentially fatal diseases reported by parents who had fed their infants soy formula and are now confronted with the resulting severe and irreversible adverse health problems.

My neighbor Carol’s daughter is autistic, Vicki’s adult daughter is infertile, Kath’s adult son is infertile, Stephanie’s infant son has type 1 diabetes, Jean’s teenage son has extreme allergies, Janet’s son has immune disorders, Pam’s son has severe asthma. All of these children have one thing in common: they were all fed soy-based formula as infants. Two of the moms had also consumed soy-based diets during pregnancy.

RECOMMENDATIONS

In conclusion, trusting American parents deserve the right to know that soy is loaded with harmful phyto-toxins which scientific studies have shown to be highly capable of reversing the health of their children into a diseased and handicapped state.

In accordance with the Food Safety and Modernization Act of 2009, I request that the Expert Panel enforce warning labels on soy products during pregnancy; withdraw soy-based formulas from the marketplace, or at the least enforce soy formulation prescriptions with mandatory physician follow-up as required in some European nations; stop the soy-added contamination of milk formulas and the daily increase of marketed soy-containing food products that target infants and children; and enforce a careful and precise physician reporting system of infants currently exposed to soy formulas, as well as the children and adults who have been exposed to soy formulas and are now experiencing severe and potentially life-threatening physiological, reproductive, and neurological adverse health effects.

Thank you for your time and dedication to ensure the best health of the fetus, infants, and all children. ☺☺

WOMEN’S WISDOM AT WISE TRADITIONS 2009



Dr. Mary Newport explains the use of coconut oil for Alzheimer’s disease.



Dr. Anne Sergeant on why you can’t afford to eat cheap food.



Anore Jones on the fascinating foods of the frozen north.

NAIS Update

PUBLIC POLICY CHALLENGES TO LOCAL FOODS

By Judith McGeary, Esq.

While the local foods movement grows by leaps and bounds, government policies frequently do not recognize the important and unique role that local food plays for both farmers and consumers. WAPF members have been reading for several years about the problems that the National Animal Identification System (NAIS) poses, and have more recently been alerted to the federal food safety bills that are pending in Congress. Both of these issues continue to pose dangers to the availability of healthy, nutrient-dense foods.

NAIS UPDATE

For newcomers, the National Animal Identification System (NAIS) is a plan to require anyone who owns even one livestock or poultry animal—even just a single chicken or a pet horse—to register their property, tag each animal (in most cases with electronic identification, such as microchips or RFID tags), and report their animals' movements to the government within twenty-four hours. In the last issue of *Wise Traditions*, we covered the Senate amendment that cut NAIS funding for 2010 in half, to seven million dollars. The House and Senate then appointed a conference committee to work out the many differences between their versions of the 2010 Agriculture Appropriations bill, which provides funding for all USDA programs in the coming year. Ultimately, Congress authorized just over five million dollars for NAIS, about a third of what the agency had requested.

Unfortunately, the conference committee report includes language that encourages the USDA to consider an “effective” NAIS program, which appears to be the new euphemism for a *mandatory* program. So the threat of mandatory rulemaking remains. In October, one hundred organizations signed a letter to Congress and to the USDA asking that the USDA use the 2010 appropriations to wind NAIS down and refocus

the agency on programs that actually improve animal health and respect individual rights. Both letters are available at www.FarmAndRanch-Freedom.org.

At the same time, Secretary of Agriculture Vilsack has announced that the agency will release new plans for animal identification. He has not provided any details on the direction the program will take, and said simply that the plans were going through the agency channels. In recent weeks, we have seen several articles in various trade journals, from equine magazines to food publications, extolling the virtues of NAIS. So it appears that the pro-NAIS industry is working on a plan to stage a comeback of the program.

NAIS LAWSUITS

In the last issue of *Wise Traditions*, we discussed the status of the Farm-to-Consumer Legal Defense Fund's lawsuit against the USDA and the Michigan Department of Agriculture to stop the implementation of mandatory NAIS premises registration and tagging. The Court dismissed the lawsuit, and denied the Fund's motion for rehearing.

But the action in the courtroom is not over yet. In 2009, the Wisconsin Department of Agriculture, Trade and Consumer Protection (DATCP) became the first state agency to mandate NAIS premises registration, and it recently began enforcing the regulation. In October, Pat Monchilovich, a rancher, was found guilty by a district court and fined two hundred dollars plus court costs of one hundred ninety dollars. Monchilovich argued that his property was not a “premises” and that the costs of NAIS far outweighed the benefits. Notably, the DATCP discovered Monchilovich not while in the process of investigating a disease outbreak, but using pre-NAIS tracking methods when he consigned some cattle at a sale. Despite the obvious fact that

Judith McGeary is an attorney and small farmer in Austin, Texas, 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 heritage breed poultry. For more information about NAIS and what you can do to stop it, go to www.farmandranch-freedom.org or call 1-512-243-9404.

the agency was able to trace the animals without NAIS, it still chose to prosecute Monchilovich.

Another case remains pending against Emanuel Miller, Jr., an Amish farmer who has refused to register on religious grounds. In fact, most of the Old Order Amish communities have refused to register, and the State is using Miller as a test case. At a hearing on September 23rd, the Judge asked for briefing on the question of whether mandatory premises registration burdened Miller's religious beliefs and whether the State has a compelling interest in the program. A team of volunteer attorneys submitted an *amicus curiae* ("friend of the court") brief supporting Miller, signed by twenty-two organizations that support farming and individual freedom.

The brief discusses the Amish community's sincere religious belief that they cannot register their property because NAIS may lead to the "Mark of the Beast" and denial of salvation. The brief then explains the history of premises registration and NAIS, showing how they are different from other government requirements. Although the State of Wisconsin has a compelling interest in livestock health, NAIS and mandatory premises registration do not further that interest. The State presented no evidence that premises registration would be effective even for the limited purpose of traceback and did not address the inherent problems with the databases and flawed assumptions behind the program. Ultimately, the State's claimed need to know the location of every animal is unachievable even with mandatory premises registration. The brief also explained that evidence shows mandatory premises registration may actually harm animal health because of its reliance on random numbers generated by a centralized computer system.

The full brief is available on FARFA's website. A decision in the case is expected in early 2010.

FOOD SAFETY BILLS

On July 30, the U.S. House passed HR 2749, to overhaul the Food and Drug Administration's (FDA's) food safety system. The first attempt to pass the bill actually failed, due in part to objections by the sustainable agriculture community. The sponsor made a few changes to provide some relief for the local foods movement, and the bill

then passed on the second attempt. Specifically, the bill includes a definition for "retail food establishments" that allows for some cottage level processing without FDA regulation. The amendments also inserted some exemptions in the registration and record-keeping sections of the bill for farmers selling direct to consumers. But HR 2749, as passed, still directs FDA to set standards for how farmers grow and harvest some types of produce, such as leafy greens, even for the small farmers selling directly to consumers. The bill also puts local facilities processing local foods for local markets under the same regulatory regime, and paying the same fees, as the major industrialized agribusinesses, like Dole or Del Monte. As a whole, the bill could be disastrous for local foods.

Then the Senate began its process. In November, the Senate Committee on Health, Education, Labor & Pensions (HELP) approved S. 510, the Senate version of HR 2749. While FDA claimed at a hearing that the bill only covers food in interstate commerce, the language of the bill does not contain any such limitation and would impose sweeping regulations on all farms and food processors. On its face, the bill applies to any farm or food producer, regardless of the size or scope of distribution. Despite grassroots protests, the HELP Committee did not address the concerns of small producers.

Both bills place significant emphasis on the HACCP process, which stands for Hazard Analysis and Critical Control Point. Although the concept of preventative controls is a good one, the USDA's implementation of HACCP, with its requirements to develop and maintain extensive records, has already proven to be an overwhelming burden for a significant number of small, regional meat processors across the country. In the meat industry, HACCP has resulted in fewer independent inspections of the large slaughter plants where pathogens such as *E. coli* originate. At the same time, the USDA has imposed sanctions on small, regional processors due to paperwork violations that posed no health threat. Authorizing the FDA to apply a HACCP system to small, local foods processors could drive many of them out of business without truly improving the safety of the food processed in large, centralized processing plants.

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Both bills also authorize the FDA to regulate how farmers grow “high risk crops.” This means that the FDA would be able to dictate how a farmer growing a field of spinach or kale would have to design the field, what water to use, how to handle compost, how to harvest the crops, how to wash them, etc. Under the current bills, the regulations would apply even if the farmer is growing just a few vegetables for a local farmers market.

There are very real problems with the mainstream food supply. But, sadly, the bills will not solve those. The bills do not address the consolidation of the food supply, which has led to centralized growing and processing of foods. And, ultimately, the bills create incentives for retailers to import more food from other countries. Not only do the bills burden family farms and small business, they also create dual standards because it will be impossible, in practical terms, to hold foreign food facilities to the same standards and inspections. This will hurt both our food safety and our food security.

The Senate is expected to vote on S 510 in January or February of 2010. So call your Senators today and ask to speak to the staffer who handles food safety. Talk with the staffer about the importance of local foods to both farmers and consumers, stressing the fact that local foods provide

an important alternative to the mainstream food supply that has seen so many food safety problems. Urge them to support an exemption for farmers selling directly to consumers and for local food processors, as well as protections to ensure that the FDA does not override state laws and ban raw milk.

CONCLUSION

If the local foods movement is to continue growing, it needs passionate advocates speaking up in their local communities, state legislatures, and Congress. As WAPF members, you already take extra time and effort to find and prepare healthy foods for yourself and your families. Please also take the extra time and effort to educate your communities and legislators, to protect the sustainable livestock farms that produce the nutrient-dense foods so critical to our health.



WISE TRADITIONS 2009 CLOSING CEREMONY



Inspiring advice from Canadian raw milk hero Michael Schmidt.



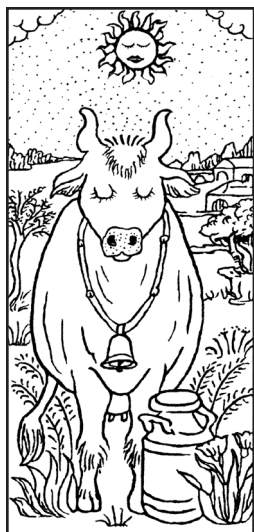
Parting words from Geoffrey Morell, with Sally Fallon Morell.



Participants in the children's program sing a song about raw milk.



Tim Wightman with Carlie Wetzel and Judith Mudrak, winner of the Green Pasture drawing for a free trip to Alaska.



A Campaign for *Real Milk*

WHY WE MUST SEEK TO UNDERSTAND
THOSE WHO OPPOSE RAW MILK

by David Gumpert

David Gumpert, author of the Raw Milk Revolution—the Emerging Battle over America’s Food Rights, delivered the keynote address at the recent Wise Traditions 2009 Conference, held in Schaumburg, Illinois. Creator of The Complete Patient blog, Gumpert is an award-winning author on business subjects who writes for Business Week and major daily newspapers.

In following the raw milk story and writing my book *Raw Milk Revolution*, it seemed to me as though I was in two different worlds. First, there is “this world,” that is, people who welcome and respect nutrient-dense foods. Then there is the “other world,” those who disparage nutrient-dense foods. The only problem is, that other world consists of medical, public health and government health and agricultural regulators, who are very powerful people.

KNOW YOUR ENEMY

It is essential to know the mind of your enemy, to get inside their mind, gain insights into what is really going on. Learn their attitudes and approaches, to find out what they thinking.

Many regulators grew up drinking raw milk. Bill Chirdon [a Pennsylvania dairy regulator] and even Bill Marler [trial attorney specializing in food-borne illness cases] grew up on raw milk. If raw milk was good enough for them, why don’t they think it is good enough for us?

The gulf between these two sides was evident in my extended conversation with a public health official. Regulators are private, they like to do their work out of the public view—kind of like the police, they want to be out of public view so they can be as strict or lax as they want. He talked about the pros and cons of raw milk with me and finally said, “It might be all right for adults, but our real concern is about the children.”

I told him of the studies showing that raw milk helps with asthma, allergies, even autism.

The regulator’s response was, “Why don’t parents just buy medication for the child, why does it have to be raw milk?”

I originally assumed that regulators did their “crack downs” out of a sense of duty. But I found that they truly believe in what they are doing. In 2006, Lewis Jones, of the Ohio Department of Agriculture, was going after a number of small dairies. Consumer affidavits showed the department officials were not even sure that people were sickened by raw milk. When confronted with this revelation Jones said, “Raw milk drinkers will never admit they got sick on raw milk.”

This same regulator said he would never take the risk of giving his son raw milk to help with his autism. If medical science couldn’t help his son, there was nothing else that could be done—that was the impression the conversation left me with.

Regulators are arrogant about their beliefs. At the American Veterinary Association meeting last July, I was one of two people who came and presented the pro-raw milk side. I pointed out that raw milk did not present a public health crisis, using statistics showing a very small number of people have actually been sickened.

But raw milk farmers are scofflaws and criminals, according to the mindset of the regulators. The fact that a federal judge practically threw out the settlement of a federal criminal case involving illnesses at Dee Creek dairy in Washington state meant nothing to them.

Regulators are angry, they don’t like raw milk advocates like the Weston A. Price Foundation and what we stand for.

I attended the International Industry for Food Protection meeting where John Sheehan, FDA Dairy Food Safety regulator, was scheduled to be the speaker. He canceled when he found out that I, Sally Fallon Morell, and Michael Schmidt were attending. When I later met John Sheehan at another event, he refused to speak to me.

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, www.RealMilk.com for additional information and sources of *Real Milk* products.

Food is food is food, is what they want us to believe. We are a thorn in their side.

We are bringing up unpleasant ideas that they don't want to think about.

William Marler, the personal injury lawyer who has mounted several lawsuits against raw milk, has now admitted that raw milk sold only directly from farms might be acceptable. Yet, he thinks we are willing "to accept a few dead people to get our milk!"

A WAR GOING ON

We have a war going on. The FDA is leading the war. They are adamantly opposed to our having raw milk.

The battle over raw milk is a proxy battle. Food safety people want all food "treated" before we eat it. Raw milk is the first skirmish.

In Georgia, Illinois, Wisconsin new raw milk battles have erupted. There is a full fledged campaign against raw dairy in Wisconsin. Two FDA officials have identified twenty milk clubs in Illinois. They want to go after one milk club at a time, even suspending the dairies' licenses.

It all reminds me of a book I read recently called *Family Properties*. The book is about the author's father who was a lawyer involved in Chicago racial politics. During the period of discrimination against blacks, her father had been defending people involved in race riots. Her father was tailed by the authorities. It was determined that he wasn't a communist, yet the FBI kept her father under surveillance the rest of his life.

The government tends to need enemies. The Soviet Union, terrorists, and "nutritionally dense food" advocates are the enemy.


WHAT WE CAN DO

Still, there is plenty that we can do. I have five suggestions:

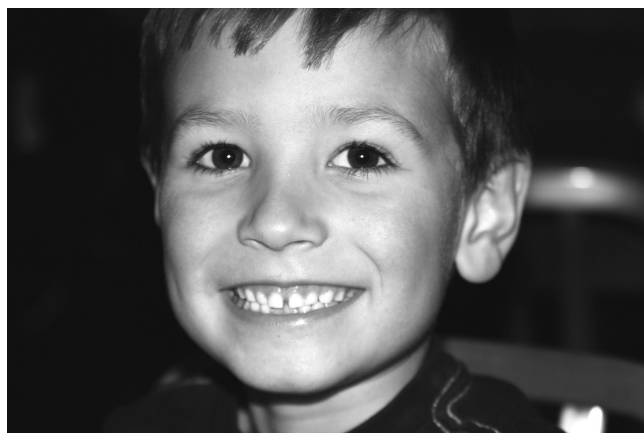
1. Keep shining the light of exposure on what is happening. Continue the process of education. Fight back with videos, blogs, Facebook

postings. For example, farmer Scott Trautman in Wisconsin was cut off from selling milk, so he is using blogs and Facebook to get the word out.

2. Monitor the regulators. They monitor the real milk site. They watch what we are doing on the Internet. We need to turn the tables and monitor the regulators.
3. Support the organizations that are fighting for food freedom, like the Farm-to-Consumer Legal Defense Fund and the Weston A. Price Foundation.
4. Be a stickler for safety, and let your supplier know you worry about safety. Each outbreak of illness from raw milk is ammunition to the regulators, and they use it to maximum advantage.
5. Keep consuming raw milk! Our nation's capitalist orientation is in our favor—buying raw milk means that the demand will be a powerful change agent.

The Awards Banquet closed with a thank you to David from Sally Fallon Morell, president of the Weston A. Price Foundation. She credited him for his hard work covering the raw milk issue from both sides. She then gave us her reaction to his keynote: "There is no force on earth greater than the informed consumer!" 

FUTURE WORLD LEADERS AT WISE TRADITIONS 2009



RAW MILK UPDATES
By Pete Kennedy, Esq.

WISCONSIN: State Representative Chris Danou (D-Trempealeau) and State Senator Pat Kreitlow (D-Chippewa Falls) have introduced a bill that would legalize the on-farm sale of raw milk and raw milk products in Wisconsin. Under the bill, any milk producer who has a Grade A dairy farm permit shall be issued a permit by the Department of Agriculture, Trade and Consumer Protection (DATCP) upon the producer's request. Specifically, a milk producer may sell raw milk, buttermilk, butter and cream directly to a consumer on the producer's farm if all of the following requirements are met:

1. The producer has a permit to sell raw milk and raw milk products;
2. Either milk producer or the consumer provides a sanitary container for the product that has been prepared in a sanitary manner and the container is filled in a sanitary manner; and
3. At the place where products are sold, the milk producer displays a sign that is easy for a consumer to read and that states, "Raw milk products sold here. Raw milk products do not provide the protection of pasteurization."

The bill stipulates that a milk producer who sells a product in accordance with these requirements "is immune from civil liability for the death of or injury to an individual caused by the product, unless the death or injury was caused by willful or wanton acts or omissions."

Introduction of the bill comes at a time when DATCP has been stepping up enforcement actions against those farmers the agency believes are selling raw milk. DATCP has issued orders to two dairies—Trautman Family Farms of Stoughton and Zinniker Farm, LLC of Elkhorn—prohibiting them from making raw milk available to anyone not either residing or working on the dairy farm. In the case of Zinniker Farm, DATCP also made a criminal referral to the Walworth County District Attorney, requesting that the DA investigate the Zinnikers for the illegal sale of raw milk; the agency is holding the farm responsible for thirty-five cases of food-borne illness attributed to *Campylobacter jejuni* (see *Wise Traditions* Fall 2009 for background on the case). Subsequently, Zinniker Farm, DATCP and the Walworth DA entered into a stipulation in which the farm, to avoid prosecution by the DA, agreed not to violate the Wisconsin laws prohibiting the sale of raw milk. Scott Trautman has requested an administrative hearing to overturn the DATCP order against his farm; the hearing is scheduled to take place this spring. Since issuance of the stop order, Trautman has been an outspoken critic of DATCP and has helped focus the public's attention on the fact that the agency is no friend of family farms.

DATCP did not limit its enforcement action to farmers; it has also been conducting an investigation of Max Kane, the owner of Belle's Lunchbox (a food buyers club based in Viroqua). Kane was refusing to comply with DATCP's request to turn over business records to the agency, including the names and addresses of Belle's Lunchbox members, on the grounds that the request violated his right against self-incrimination and also that the club was not within DATCP's jurisdiction. A rally for Kane took place on December 21 in Viroqua with David Gumpert, Mark McAfee and David Schmidt scheduled to speak.

DATCP has indicated its policy will be to take action against anyone it suspects of selling raw milk. The agency's campaign against raw milk could not come at a worse time for the state's dairy farmers, many of whom are desperately in need of the additional income that selling raw milk and raw milk products would provide. Prices being paid to farmers by dairy processors for milk have increased slightly in recent weeks but are still below the farmers' cost of production. There are more dairy farms in Wisconsin than in any other state in the country but that number is fast decreasing. According to Wisconsin's Agricultural Statistics Service as of the first week of November, there were 12,965 dairy herds in the state, a drop of over 500 herds from just a year earlier. In 1995 there were about 29,000 dairy farms in the state.

SOUTH DAKOTA: The South Dakota Department of Agriculture (SDDA) has issued proposed raw milk regulations. Even though the stated purpose for the proposed rules is to protect public health, the rules are an attempt by SDDA to ensure that no raw milk is sold legally in South Dakota. Under current law, the general prohibition on the sale of raw milk does "not apply to milk, cream, skim milk or goat milk occasionally secured or purchased for his personal use by any consumer at the place or farm where the milk is produced;" neither does it "apply to any active farm producer of milk, selling and delivering his own production direct to consumers only." There is no requirement that a farm be a licensed Grade A dairy under these exceptions. The only requirement for those selling under the exceptions is that any unpasteurized milk sold be "clearly labeled by the producer as 'raw milk.'"

The proposed rules, in effect, take away rights given by the legislature by imposing expensive requirements that those dairies wanting to sell raw milk would not be able to afford. The proposed rules are typical barriers-to-entry regulations that will create a *de facto* ban on the sale of raw milk. The proposed regulations would change the current statutory exception by requiring that the producer must have both a milk plant permit (which requires a bottling machine) and a milk producer's license.

Permits would not be issued unless standards in the proposed regulations are met. These standards include a mechanical bottling machine (handcapping would be prohibited) and a separate facility for bottling; for Grade A licensed dairies, a building separate from the milk parlor would be required for bottling. One licensed Grade A dairy farmer currently selling raw milk estimated that if the proposed rules became law, he would have to spend a minimum of \$76,000 to be in compliance after figuring the cost of a separate building for bottling, a storage tank for the bottling facility, pumps to move the milk from the parlor to the bottling facility, a mechanical bottling machine and the installation costs. Aside from equipment and construction requirements, there are other onerous provisions in the proposed rules. Raw milk producers would have to test twice yearly for bovine tuberculosis (TB) and brucellosis; no other State requires testing more than once a year. Raw milk would be tested in the final container (i.e., bottle) for coliform with the maximum permissible level being ten per millimeter (10/ml). This standard has proven difficult for California raw milk licensed dairies to meet. Those producers selling raw milk would be required to maintain customer lists to be provided to SDDA upon request. Moreover, "[t]he list must be continually updated and include the data for at least 60 days. This customer list shall include customer names, addresses, phone numbers and quantities of raw milk sold for human consumption."

A hearing was held on the proposed rules on November 17; almost thirty people spoke in opposition to the proposed rules while the only ones speaking in favor of the rules were South Dakota government employees. After the hearing, the South Dakota Secretary of Agriculture Bill Even indicated that he would probably modify the proposed rules but that opponents of the rules should not expect to get everything they want. The next hearing on the rules took place on December 21 before state Representatives and Senators who serve on the six-member South Dakota Legislature's Rules Review Committee. If the proposed rules are not adopted by January 12, 2010, they will expire and SDDA would have to initiate the rulemaking process again with the earliest the agency would be able to do so being April 2010.

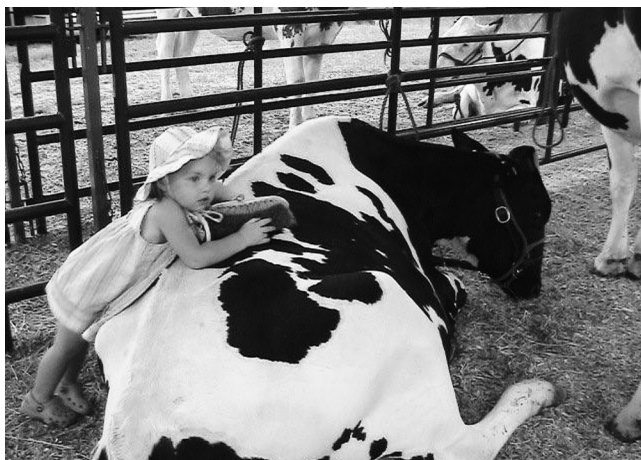
MISSOURI: Missouri Attorney General Chris Koster has filed a petition for both a preliminary and permanent injunction against Armand and Teddi Bechard, seeking an order from the Greene County Circuit Court enjoining Bechard Family Farm from delivering raw milk and cream to its customers at a central distribution point. Under state law, "an individual may purchase and have delivered to him for his own use raw milk or cream from a farm." The state's position is that any delivery of raw milk must be direct to the customer's home. The petition alleges that two separate purchases of raw milk from Bechard Family Farm were made by undercover agents working for the Springfield-Greene County Health Department. The purchases took place in April, 2009 at the parking lot of Mama Jean's Natural Food Market in Springfield. According to the complaint, undercover agents "never ordered milk from Mr. and Mrs. Bechard or any representative of the Bechard Family Farm and therefore never requested that the milk be personally delivered to [them] from the farm," as permitted by state law. The Bechards' contention is that the law does not limit delivery of raw milk and cream to the consumer's residence. All of the Bechards' customers want delivery to take place at a central distribution point. The case has attracted widespread attention throughout Missouri, with many wondering why the state can't find a better use for its resources.

MARYLAND: On October 13, attorneys for Buckeystown Dairy farmer Kevin Oyarzo filed a petition for a writ of certiorari to the Maryland Court of Appeals asking the court to review an adverse ruling by the State Court of Special Appeals. On August 26, that court had affirmed a lower court ruling that rejected Oyarzo's challenge to the state regulatory ban on herd/cow-share arrangements [Kevin Oyarzo v. Maryland Department of Health and Mental Hygiene, et al. (See *Wise Traditions* Fall 2009 for background on the case.)] Despite ruling against Oyarzo, the Court of Special Appeals did acknowledge that cow-share and herd-share arrangements can be valid under the law, stating that "(a) it is not illegal in Maryland for the owner of a dairy cow to drink the raw milk which that cow produces; (b) it is not illegal in Maryland to sell a fractional interest in a herd of dairy cattle; and (c) it is not illegal in Maryland for an agister to provide agistment services by boarding and caring for dairy cows owned by others."

A major contention of Oyarzo in his petition to the Maryland high court is that, in effect, the Court of Special Appeals made these types of conduct illegal by upholding the regulation banning herdshares. The petition also claims that the Court of Special Appeals has improperly held that MDHMH can regulate any transaction involving the distribution of milk instead of only transactions concerning sales. Unfortunately, Court of Appeals decided not to hear the case. Pro-raw milk legislation will be needed to open Maryland up to raw milk.

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

Healthy Baby Gallery



Lucky Jaidynn Tessier comes from two generations of dairy farmers and loves her raw milk! Mom reports that she is very happy, healthy and very very alert at one and one-half years old. Shown here, Jaidynn takes a rest from brushing her family's show cow.



Selena Maree Mai, pictured here at eight and one-half months, was born at home after a fairly easy labor and delivery for her thirty six-year-old mom. She has been raised on all the nutrient-dense foods that her parents have eaten several years prior to conception up to now and is still exclusively breastfed. She has been a very alert, healthy and happy baby.



Born in May, 2009, Sophie Isabella weighed in at eight pounds, nine ounces. At four months, she is eighteen pounds! Sophie's parents both did a detox program prior to conception, during which they consumed lots of raw milk, butter, homemade broth and CLO. Mom helped prevent morning sickness by drinking kombucha throughout her very active pregnancy. Sophie was born after a four-hour, medication-free labor. Sophie is 100 percent breastfed and will enjoy egg yolks and liver for her first food at six months, just like her two strong siblings. She is always happy and smiling. "Thank you WAPF for helping me raise healthy babies," says Sophie's mother Sara James.



Oscar Lara, pictured here at five weeks old, is the son of WAPF chapter leader Jessica Lara. A farmer, Jessica consumed a nutrient-rich WAPF diet long before conception and during pregnancy including lots of lard and butter, eggs from her chickens, cod liver oil, butter oil and coconut oil. Says Jessica, "Oscar is the happiest, healthiest, baby I know—and not just because I'm biased!"

Please submit your baby and raw milk granny photos to Liz Pitfield at liz@westonaprice.org. Be sure to label photographs with the full name of the baby.

Local Chapters

- AK Matanuska Valley: Aubrey and Kirby Spangler (907) 746-3733, aubreyknapp@gmail.com
- AL Auburn: Michael Klein & Susan Ledbetter (334) 821-8063, gnomons@bellsouth.net & kleinmj@bellsouth.net
Estillfork: John Langlois (256) 776-1499, john.langlois@foggybottomfarms.com, http://health.groups.yahoo.com/group/AL_WAPF/
Gulf Shores/Eastern Shore/Mobile: E. Ann Morris (251) 928-6520, eannmorris4@aol.com
- AZ Bisbee: Nancy McBroom (520) 432-2546, nutrientdensefoods@gmail.com
Flagstaff: Ann Marie de Wees (928) 853-7627
Kingman: Dianne Ronnow (928) 279-2736, sageblossom1@gmail.com
Snowflake: Codi Stinnett (928) 536-6049, foodwise3@hotmail.com
Southeast Valley: April Amber Jolly (480) 577-3307, maridap@jollymail.net, wapfsevalleyaz@yahoo.com
Tucson: Vanessa Van Dalsem (520) 498-9919, vandalsem@comcast.net, <http://wapftucson.ning.com/>
Verde Valley/Sedona: Anne Greenwood (928) 567-3007, naturalists@sedona.net
- AR Fayetteville: Calvin & Doris Bey (479) 527-6951, CFBey1936@cox.net
- CA Antelope Valley: Irene Musiol (661) 722-9317, Irene.m@roadrunner.com
Arcata: Linda Redfield, CCWFN (707) 834-2501, Lindaredfield@gmail.com
Arroyo Grande/Central Coast: Lynn Parks (805) 574-0078, wapf@notprocessed.com
Bakersfield: Caroline Culliton (661) 747-5934, c.ps23.culliton@sbcglobal.net
Berkeley/Oakland: Dave Rana (510) 841-1112, waprice@niwas.net
Cal Neva TerRAWtory: Kelly Reuss DC, (530) 582-5639, kellyreuss@gmail.com
Calaveras County: Sage Gregory (209) 609-7093, sierrafarmz@yahoo.com
Chico/Butte Valley: Carol Albrecht and Kim Port (530) 533-1676, ccakfa@aol.com
Concord/Clayton/Pleasant Hill: Samantha Stith (925) 683-8947, samanthaallyn@yahoo.com
Creston: Cindi Small (805) 238-5719, cindismall@earthlink.net
Conejo Valley: Daniel Fish (818) 253-5519, daniel.fish@yahoo.com
CREMA- California Raw Milk Association: Christine Chessen (415) 505-4965, crema@comcast.net, www.californiarawmilk.org
Davis: see Yolo County

WISE TRADITIONS 2009 ANNUAL CHAPTER LEADERS MEETING



Almost one hundred chapter leaders from the U.S., Canada, Finland and even Pakistan, gathered for the traditional Monday chapter leaders meeting.

Local Chapters

- Dublin/Pleasanton/Livermore: Judith Phillips (800) 257-3315, judy@magneticclay.com, <http://wapfeastbay.ning.com>
 Fresno/Madera County: Hillori Hansen (559) 243-6476, blissful_chef@yahoo.com
 Grass Valley/Nevada City: Shan Kendall (530) 478-5628, daveshanken@juno.com & Cathe' Fish (530) 478-1852, sunshine.works@gmail.com
 Lake County: Sequoia Lyn-Franklin & Vanessa Hajje (707) 987-9108, denmother@wildwomynessentials.com
 Los Angeles, West/Santa Monica: Victoria Bloch (310) 479-6143, Victoria@blochcoulter.com, & Ann Marie Michaels <http://wapflosangeles.ning.com>
 Los Feliz/Atwater Village/Echo Park: Becky Bell (323) 899-4020, rebeccamay_bell@hotmail.com
 Marin County: Sarah Bearden (415) 461-7429, esbearden@aol.com
 Merced County: Marie Meredith (209) 384-7598, mariemeredith@hotmail.com
 Oakland: Indu Kline (510) 846-4793, indukline@yahoo.com
 Orange County, South: Marsha Youde (949) 425-1575, healthylifestyle101@yahoo.com
 Pasadena: Karen Voelkening-Behegan (626) 836-5053, gaia@toad.net
 Redding: Trudi Pratt, DC (530) 244-7873, drtrudi@charterinternet.com, www.drtrudipratt.com
 Redondo Beach: Angela Karlan (310) 540-6542, akarlan@yahoo.com & S. Jeff Jennewein, DC, jjennewein@teacher.tusd.org
 Sacramento: <http://health.groups.yahoo.com/group/WAPF-Sacramento/>
 San Bernardino/Riverside Counties: Peymon Mottahedeh (760) 868-4271, peymon@livefreenow.org
 San Diego/East County: Victoria & Robert Bradley (760) 536-6789, Victoria@ramonafamilynaturals.com
 San Diego/Encinitas: Kim Schuette, CN (858) 259-6000, kim@biodynamicwellness.com
 San Jose & South Bay: Pamela Laine (408) 718-9036, wapfsouthbay@gmail.com, <http://health.groups.yahoo.com/group/WAPF-SouthBay/>
 San Mateo County: Holly Bourne (650) 851-2180, wapfsanmateo@gmail.com
 San Ramon/Danville/Walnut Creek: Sarah Powers (925) 820-0838, sarahbpowers@hotmail.com
 Santa Cruz County: Jean Harrah (831) 761-3765, jalysonh@yahoo.com
 San Francisco: Holly Valerio Kuttner (510) 926-1997, hollykuttner@gmail.com
 Santa Monica: see Los Angeles
 Santa Rosa: Anne Fischer-Silva (707) 849-3569, afischersilva@comcast.net
 Siskiyou County: Diane McGonigal, (530) 467-5356, mcgfm@sisqtel.net, & Shawna Byers (530) 468-2800, byers@sisqtel.net
 Stockton & San Joaquin County: Martha E Zetter, Holistic RN, CRM (209) 478-7630, martha@zetter.com
 Three Rivers: Teriz Mosley (559) 561-3637 terizmosley@hotmail.com & Anore Jones (559) 561-3161, anore@earthlink.net
 Ventura City: Jean Pedersen (805) 640-3706, jeancarolp@gmail.com & Laurie Warner (805) 487-0055, hearthcraft46@yahoo.com
 Yolo County/Davis: Laura Bealer (530) 753-7651, lmbealer@yahoo.com, <http://wapfyolo.ning.com>
- CO Aspen: Dione De I Monica (970) 544-5301, dione100@aol.com
 Boulder: Stephanie Small (617) 312-2017, Stephanie@threesistersnutrition.com
 Colorado Springs: Megan Quinones (719) 684-5782, meganquinones@yahoo.com
 Denver: Blair McMorran (303) 465-3883, baburn1@comcast.net & Dianne Koehler (303) 423-5736, Dianne.Koehler@gmail.com, nourishingconnections.org
 Durango: Jonathan & Heather Drake (970) 403-5386, drakefamily@neworganiclifestyle.com
 Eastern Plains: Maria Atwood, CNHP (719) 346-0300, easternplainswapf@yahoo.com, www.traditionalcook.com
 Fort Collins: Mary Groene (970) 377-0055, megroene@gmail.com
 Grand Junction: Dawn Donalson (970) 241-0529, alexgabbysammy@yahoo.com
 Northern Colorado: Meg Cattell, DVM, (970) 481-1536, meg@windsordairy.com, www.windsordairy.com
 Pagosa Springs: Jason & Corrie Stuck (970) 731-9982, rootsandwings@hotmail.com
 Pueblo/Rye/Wet Mountain/Lower Arkansas Valley: Nancy Trask & Kim Wiley (719) 647-1293, nourishingways@msn.com
 Western Slope: Evette Lee (970) 256-0617, evenmike@acsol.net
 Westminster: Delicia Beaty (303) 456-5009, westminsterwapf@gmail.com
- CT Fairfield County: Selina Rifkin (203) 209-7680, gelfling23@att.net
 New London County: Tamar Stearns (860) 859-1554, handypups@aol.com & Kellene Limpert (860) 535-4307, millhouse06359@juno.com
 NW Corner: Stephanie Shearer (860) 824-4425, stephacow@sbcglobal.net
 Watertown: Dr. Ron Schmid (860) 945-7444, dron@drmons.com
- DC Ressa Charter (406) 794-4891, ressa charter@gmail.com
- DE Northern Delaware: Bob Kleszics (610) 255-1691, harvestbob@juno.com

Local Chapters

- FL Altamonte Springs/Longwood: Steve Moreau kmt205@gmail.com
Bradenton: Nancy Hausman (941) 720-2623, info@nancyhausman.com
Ft. Lauderdale/Broward County: Dr. Paola Weber & Charles Weber (954) 330-3561, drweber@bmorganics.com
Gainesville: Beth Michelson (352) 376-5908, bmichelson@bellsouth.net
Jacksonville: Diane Royal (904) 396-6881, droyal@cxp.com
Miami/Miami-Dade County: Gary Roush (305) 221-1740, garyaroush@aol.com
Miramar: Angie Aller (954) 662-5003, angiecaller@yahoo.com
NE Florida/SE Georgia yahoo group: savmilkgroup-subscribe@yahoogroups.com
Orlando: Diana Coughlin (407) 739-3446, dianajack6@cfl.rr.com
Panama City: Cecelia DeSonia (850) 265-1480, ceceliadesonia@hotmail.com
Sarasota: Cynthia Calisch & Preston Larus (941) 914-0299, wapfsarasota@gmail.com
Suwannee County: Denise Avery-Simmons (386) 362-2354, plaindee1@yahoo.com
Tampa/St. Petersburg: Sarah Pope sarah.pope@austus.com, <http://health.groups.yahoo.com/group/WAPFTampaBay/>
Vero Beach: Jody & Randy Old (772) 539-0220, jold@rbold.com, rbold@rbold.com
West Palm Beach: Gloria & Joe Cosmano (772) 489-7905, SeaBreezeOF@aol.com
- GA Atlanta, East: Lynn Razaitis (404) 294-6686, razaitis_lynn@yahoo.com & Laurie Ledbetter (404) 786-7661, labette@aol.com Join GA Chapter email group at http://groups.yahoo.com/group/GA_WPF/
Atlanta, West: Jessica Lara (678) 458-3654, jess426@gmail.com
Lawrenceville/Athens: Mary Marlowe ((770) 962-9618, marlowe@onlynatural.info
Marietta: Debby Smith (770) 980-0921, dsatlanta@comcast.net
North Fulton County: Cathy Payne (770) 596-0179, ournaturallife@gmail.com, Celeste Skousen (770) 623-4190, celestems@gmail.com
Snellville/Stone Mountain: Heather (770) 367-5298, trulyhealthybaby@yahoo.com
SE Georgia/NE Florida yahoo group: savmilkgroup-subscribe@yahoogroups.com
Warner Robins: Lori Freeman (478) 953-8421, lorifreeman1@cox.net
- HI Big Island: Lisa & Madelaine Romero (808) 985-9885, ohiarain@yahoo.com
Kauai: Catey Shanahan, MD (808) 332-0727, supercatey@hawaii.rr.com, www.drcate.com
Oahu Island (Honolulu County): W. Ken Koike (808) 275-7007, wkenkoike@hotmail.com

LOCAL CHAPTER BASIC REQUIREMENTS

1. Provide information on sources 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.

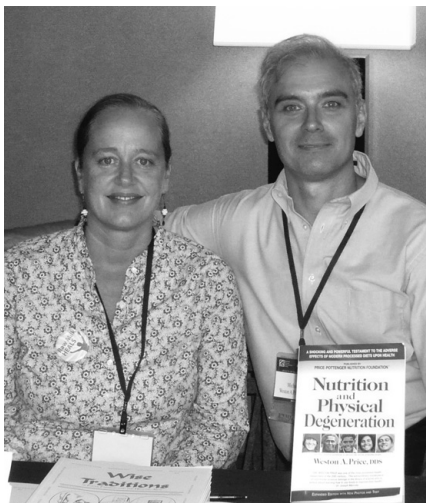
OPTIONAL ACTIVITIES

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.

Local Chapters

- ID Boise: Juliana Benner (208) 850-8075, julianabenner@hotmail.com
 Ketchum/Sun Valley: Leslie Bradshaw (208) 622-7724, leslie.bradshaw@mac.com & Veronica Rheinhart, LAc (208) 450-9026, veronica@wellness101.org
 Latah County/Moscow: Eliza Fletcher (208) 883-2686, eliza28@cpcinternet.com
 Northern ID: Barbara Geatches (208) 457-1757, bgeatches@yahoo.com
- IL Central Illinois: Kate Potter (309) 362-2117, potter_kate@hotmail.com
 Chicago: Jill Cruz (773) 944-9134, loverealfood@gmail.com
 NW Chicago Suburbs: Susan Wanga (847) 630-5296, shamberg@hotmail.com
 DuPage, North: Kathyne Pirtle (630) 543-5938, kathypirtle@sbcglobal.net
 Oak Park: Gina Orlando (708) 524-9103, gorlandoma@aol.com
 Rockford/Freeport area: Dale & Eileen Kelsey (815) 239-1466
 Wauconda: Linda DeFever (847) 526-6452, ocfever01@yahoo.com
- IN Avon: Bob Ridenour (317) 272-0726, Jessica_ridenour@hotmail.com
 Bloomington: Larry Howard (812) 876-5023, info-wapf@betterlocalfood.org
 Fort Wayne: Lauren Andrews (260) 482-1073, laurenac@hotmail.com
 Indianapolis: Leslie Gray (317) 842-3757, leslie.gray@comcast.net, www.indywapf.org
 Lafayette/West Lafayette: Ben Leonard (812) 239-7073, compbody@gmail.com, http://lafayette-wapf.com
 South Bend: Misty Sorchevich (574) 772-6996, msorchevich@centurylink.net
- IA Council Bluffs: Luana & Glenn Harman (712) 587-0472, glennandluana@wiaw.net
 Des Moines: Steve & Teresa Colyn (515) 961-6448, Jadegarden96@hotmail.com
 Holstein: Elaine Rolfs (712) 368-2391
- KS Inman/Central Kansas: Connie Newcome (620) 585-2556, cnewcome@gmail.com
 Lawrence: Tamara Fairbanks-Ishmael (785) 691-5914, tsfairish@sbcglobal.net
 Merriam: Jody Drake & Sandra Stoner (913) 722-4343, jody@mutrux.com, sandraanddale@aol.com
- KY Elizabethtown: Serena Erizer (270) 763-9743, heartlandwholelifeorders@yahoo.com
 Louisville: John William Moody & Jessica E. Moody (502) 291-2119, john@wholelifeco-op.com
- LA Greater New Orleans: Kathia Duran & George Caraccioli (504) 333-3611, kathia@latinofarmerscoop.org,

WESTON A. PRICE FOUNDATION TABLE AT THE NATIONAL VACCINE INFORMATION CENTER CONFERENCE



Susie Vance and Michael George provide information on raising healthy children without vaccines at the Weston A. Price Foundation booth.

The booth was crowded during the whole conference as parents sought accurate information on diet and health.



Local Chapters

- ME Casco Bay: Suze Fisher, Kate Mockus & Jane Greenleaf (207) 725-0832, suzefisher@gwi.net
Denmark: Donna Dodge (207) 452-2644, eatsmart@fairpoint.net
North Berwick & Sanford: David Plante (207) 676-7946, dplant@maine.rr.com & Amy Vezina (207) 636-7626, amyvezina@comcast.net
Penobscot Bay Area: Emily & Adam Rawn (207) 691-9327, adam2emily@yahoo.com
Searsport: (207) 299-0041, Livingston_laura@hotmail.com
Whitefield: Susanne Meidel (207) 549-5716, meidel@earthlink.net
- MD Anne Arundel County: Priscilla Smith (410) 990-0550, Priscilla.smith@gmail.com, Jessica Earle (410) 268-0197, Jessica@essencephotography.net & Cara Bergman (410) 647-2884, cslbergman@comcast.net, <http://health.groups.yahoo.com/group/WAPF-Anne-Arundel-County>, <http://www.nourishingyouandyourchildren.blogspot.com/>
Baltimore: Hillary Little (443) 912-4688, hlittle@comcast.net, Louise Mitchell (410) 426-4213, lmitc001@son.umaryland.edu
Bowie: Liz Reitzig (301) 860-0535, liz.reitzig@verizon.net, Deneice Knauss (301) 352-7024, knauss20@excite.com
Cumberland: Bill Johnston & Stacey Webster (301) 722-4555, wcjohnston@verizon.net or stacyjj@gmail.com
Frederick: See Harpers Ferry WV
Gaithersburg: Cyndi Greene (301) 216-0375, cyngreenemd@yahoo.com
Howard County: Mary Winterbottom (301) 996-0713, mary@thephilosopherchef.com, Susan Winterbottom, (301) 776-3170 sewinterbottom@verizon.net
Jarrettsville: Janet & Paul G. Baer (410) 692-2820, jbaer@starband.net
Kent Island: Dr Kristin Mowry, PT, DPT, CHHC (410) 643-8744, drkristin@mac.com & Diane Bedlin (410) 643-3283, dianebedlin@gmail.com
Millersville: Suzy Provine (410) 733-3767, suzy@abloomingsbasket.com
Rockville: Linda Browne (301) 325-3591, brownelinda@yahoo.com
Silver Spring: Kathy Conley-Aydin (301) 622-0907, Kathy.WAPF@comcast.net
Westminster: Amy Conaway (410) 848-3141, hysenthlaydew@yahoo.com, <http://health.groups.yahoo.com/group/WestminsterWAPF/>
- MA Andover: Liz Anderson (978) 474-9283, wapandover@comcast.net
Bedford: Karen Potter (781) 275-4947, kpotter57@comcast.net
Berkshire: Mary Elizabeth Merritt (413) 528-4262, fourwindsfarmgb@aol.com
Brookline: Jill Ebbott (617) 232-3706, jebbott@msn.com
Cape Cod, Lower/Outer: Ellen Petry Whalen (508) 255-4929, tewhalen@verizon.net
Cape Cod, Mid-Cape: Rebecca Ryan & Kathy Hansel Ponte (508) 237-3302, Rebecca@bodyessentialsofchatham.com
Concord: Kristin Canty (978) 369-5042, kristincanty@aol.com
Central: Sharon Barrett (508) 845-6985, sharon.barrett@verizon.net
Hadley: Karlina Mottern (213) 804-6695, karlina@tmail.com
Hopkinton: Kathleen Mosher (508) 435-3250, jkmosher@verizon.net

WESTON A. PRICE FOUNDATION EXHIBITS AT THE COMMON GROUND FAIR

Many thanks to David Plante and Amy Vezina of the North Berwick and Sanford, Maine local chapter for organizing our participation in the event. The Weston A. Price Foundation shared space in the Health and Healing tent with midwives, hypno-therapists, homeopathic and naturopathic physicians, reflexologists and Passamoquaddy native medicine practitioners.



Amy Vezina and Michael Lacharite at the Weston A. Price Foundation table.



Susan Meidel and Mary Cupp provide WAPF materials to seekers of good health.

Local Chapters

Newburyport: Jacqueline Carroll (978) 462-4982, Jackie@amazonpromise.org
Northampton: Jennifer Herman (413) 586-0279, jennifernherman@gmail.com
North Shore: Cyndy Gray (978) 767-0472, justdairy@comcast.net
Pelham: Julie Rypysc (413) 253-7339, snowyowl@crocker.com
Pepperell: Renee Cyr (978) 433-9732, rmcyr@charter.net
Wachusett: Dawn Desilets Sulmasy (978) 464-5587, newdawnnutrition@yahoo.com
Winchendon Springs: Beth Ingham (978) 297-1148, noondayfarm@hotmail.com

- MI Ann Arbor: Jessica Feeman (810) 225-2789, info@aawapf.org, <http://www.aawapf.org>
Big Rapids: John & Bonnie Miesel (231) 823-8002, jmiesel@triton.net & Atlee Yoder
Detroit: Rosanne Ponkowski (248) 828-8494, info@htnetwork.org
Eastern Upper Peninsula: Greg Krause (Engadine) (906) 477-6537, gakrause1234@hotmail.com, and
Cynthia Dutcher (Goetzville) (906) 297-2120, dutchfarm@sault.com
Gaylord/Johannesburg: Cindy Current (989) 786-4595, puddingstonefarm@yahoo.com
Genesee/Lapeer/N. Oakland: Kim Lockard (810) 667-1707, KimLockard@gmail.com & Lorna Chambers (810) 664-4372, chambersbl@charter.net
Grand Rapids: Gil Witt (616) 309-9147, gilwitt@gmail.com
Howard City: Lela McGuire (231) 937-5911
Livonia: Danielle Piergentili (734) 762-1662, wapf_Livonia@yahoo.com
Midland: Grace Cummings (989) 687-5425, gracecummings@charter.net
Mount Pleasant: Kathryn Doran-Fisher (989) 486-5782, purelightnht@hotmail.com
Northeast Michigan: Dr Bob & Lisa Turek (989) 724-7383, gerininamo@yahoo.com
Oakland County: Archie Welch (248) 620-8969, aewelch@msn.com
Oakland, North/Genesee/Livingston Counties: Diane & John Franklin (248) 634-2291, diane@rockygardens.com
South Central: Peggy Beals, RN & Ted Beals, MD (734) 475-0406, pegbeals@msn.com
South East: Maurine R. Sharp, RN (734) 755-4213, herbsandmore@sbcglobal.net
- MN Albert Lea/SE Minnesota: Al & Shari Wagner (507) 256-7569, alw@dmbroadband.com
Ely: Sonja Jewell, CMT (218) 365-2288, evergreencottage@frontiernet.net
Fargo/Moorhead (Minndak): Skip Wood (701) 239-7622, wood@cableone.net
Minneapolis/St. Paul: Will Winter & Rebekah Leonhart (612) 827-1549, holistic@visi.com
Minneapolis/East-side: Edward Watson (612) 845-9817, edbigcat@aol.com
North Branch: Klaus Mitterhauser (651) 237-0342, mitterhauserklaus839@gmail.com & Stanley Jakubowski, (651) 277-2600, stan@izoom.net
Northwest Minnesota: Mary Lien (218) 487-5560, jmlien@gvtel.com
Park Rapids Area: Tanja Larson (218) 732-9402, schmupsi@q.com
St. Cloud: Jane Frieler (320) 224-5767, letfoodbym@clearwire.net
- MS Pearl River County: James & Mary McPherson (601) 795-0379, mcphersonmuses@hotmail.com

SURVEY AND INTERVIEWS ABOUT WAPF CHILDREN

Alice Jamison, pictured here with her husband Jesse Taylor and children Marisol and Julius, is raising her two children according to WAPF principles. She is writing a book not about physical degeneration but about the physical *regeneration* that is happening to children raised on the WAPF diet. Together with Sally Fallon Morell, she has prepared an anonymous online survey which she hopes as many people as possible can fill in. It will take less than five minutes to complete. The survey is for women who have had children, whether or not on the WAPF diet. Alice is just as interested in someone who has just begun eating a WAPF diet, as someone who has been raising their children from utero in a WAPF tradition. To take her survey, visit <http://www.surveymonkey.com/s/priceschildren>.

In addition, Alice is seeking families to interview for her book. If you are interested, please contact her at priceschildren@gmail.com.



Local Chapters

- MO Columbia: Shayna Fasken DC, (636) 295-0930, shaynafaskendc@gmail.com
Eastern Missouri: David J. Henderson (573) 242-3449, quality@big-river.net
Kansas City area/Lee's Summit: Donna Schwenk (816) 554-9929, donnasch@kcweb.net, <http://culturedfoodlife.com/>
St. Louis: Josephine Lee wapfstl@yahoo.com
Springfield: Katie Bettendorf (417) 559-3724, katiebettendorf@yahoo.com & Carey Raymond (417) 581-7676, luvbnmome@yahoo.com
- MT Billings: Diane Gallardo (406) 259-7585, info@bodyawarenesslearningcenter.com
Bozeman: Ben Hanawalt (406) 579-4363, eskimoben@yahoo.com, www.cellardoorforge.com
Helena: Barb Halver, RN, CWS (406) 431-3668
Missoula: Kristen Lee Charlson (406) 541-3999, ediblemissoula@gmail.com & Hollie Greenwood (410) 493-0779, hollie@realcooking.net
- NE Lincoln: Elanor Sodergren (402) 328-8063, esodergren@catholic.org
Norfolk Area: Shawn Davis & Mari Davis (402) 675-5185, wapf@genesishnaturals.com
North Nebraska: David & Barbara Wetzel (402) 858-4818, dave.gpp@hughes.net
Omaha: Dr. Jon & Jessica Lozier, (402) 502-6726, Jessica@lozierwellness.com
- NV Southern Nevada: Rosemary Duma & Ken Hardy (702) 897-3730, panacea1@peoplepc.com
- NH Amherst/Nashua: Susan Stefanec (603) 673-0890, thinkglobal@comcast.net & Judi Letourneau (603) 472-2152, pjletourneau@comcast.net
Keene Area: April, Mandie & Sandra Littell (603) 358-0522, sandysorganics@yahoo.com
New London: Linda Howes (603) 526-8162, nourishingwellness@myfairpoint.net
Portsmouth/Seacoast: Suzanne Drysdale (603) 828-6619, healingfoodsnutrition@gmail.com & Kendall Montouri, a.k.montouri@comcast.net
Upper Valley: Louise Turner (603) 272-4305, journeytowholeness2000@yahoo.com
- NJ Jersey Shore: Lori "Minky" Radcliffe, RN (732) 361-6779, minky@hotmail.com
Matawan: Doreen McCafferty (732) 970-3132, dcfitness@hotmail.com
North East Carol Rice (201) 444-4007, carolrice@optonline.net
Palmyra: Kevin & Tracy Brown (856) 786-4875, visionarytrainers@hotmail.com
Passaic/Montclair: Diane Rosenblatt & Lily Hodge (973) 471-2966, wapfpassaic@gmail.com
Princeton: Sandeep & Nalini Agarwal (609) 750-0960, sandeep@wapfnj.org, www.wapfnj.org
Southampton: Judith Mudrak (609) 859-3828, reversemydisease@yahoo.com
- NM Albuquerque: Dr. Thomas Earnest DOM (505) 899-2949, tcearnest@comcast.net
Edgewood (East Mtn): Jennifer Gresham (505) 604-2919, jennandles@msn.com
Santa Fe: Sol Lederman (505) 988-2888, sol.lederman@gmail.com
- NY Adirondacks, Northern: Cathy Hohmeyer (518) 891-1489 adkalps@yahoo.com, Lynn Cameron (518) 327-347
Binghamton Area: Stuart McCarty & Lynn Thor (607) 693-3378, wsgcsa@tds.net
Brooklyn: Angela Davis (646) 522-9540, Brooklyn@wprice-nyc.org
Buffalo: Jill Tiebor-Franz (716) 655-5133, jatf62@roadrunner.com
Finger Lakes Region/CNY: Dr. Anthony Alphonso, DC & Melissa Alphonso (315) 689-6140, back2wellness@gmail.com
Franklin Square/Elmont/part of Nassau County (see also Suffolk County): Caroline Barringer (877) 773-9229, milk-it@immunitrition.com
Great South Bay: Jill Tieman (631) 563-8708, spinedoc55@optonline.net
Greater Niagara Region: Jennifer Bole (716) 982-4860, jenerin78@gmail.com
Locust Valley, Long Island: Liz Kaplan Kaplan_liz@yahoo.com
Lower Dutchess: Alice Castellano (877) 227-8527, abcinfo@frontiernet.net
New York City Chapter: Claudia Keel, info@wprice-nyc.org, & Brigitta Jansen (917) 779-8444, brigitta@wprice-nyc.org, www.wprice-nyc.org,
Oceanside/Lynbrook: Juliana Mazzeo (516) 593-5167, giulia07@verizon.net, www.nymedicalnutrition.com

CHAPTER RESOURCES

Resources for chapter leaders can be accessed at www.westonaprice.org/chapters, including our new trifold brochure in Word format and PowerPoint presentations.

LOCAL CHAPTER LIST SERVE

Thank you to Suze Fisher of our Maine chapter for setting up a local chapter chat group. New chapter leaders can sign up at <http://groups.yahoo.com/group/wapfchapterleaders/>

Local Chapters

- Queens: Inga Bylinkina, (646) 342-7656, inigo2ilias@yahoo.com
Riverhead: Ashley Lewin & Chris Nelson (631) 727-1025, sales@desertherbals.net
Rochester Metro: Laura Villanti (585) 624-9813, laurav@rochester.rr.com & Elizabeth Benner (585) 490-4710, elizabethmerzbenner@yahoo.com, <http://health.groups.yahoo.com/group/rochesterNYwestonaprice/>
Rockland County: Linda Vinecour (845) 480-5380, wapfrockland@gmail.com & Laura & Jeffrey Rose (845) 358-4048, managementgal@hotmail.com
Schoharie County: Caroline Foote (518) 234-4858, mhfarmvcrb@wildblue.net
Staten Island: Gaetano Marasa (718) 227-3258, marasa75@aol.com
Suffolk County: Betty Moore (631) 987-9792, bmoore4718@aol.com
Ulster County-Hudson Valley: Dina Falconi & Charles Blumstein (845) 687-8938, waverider75@earthlink.net
Upper Westchester County: Beth Rordam-Tse (914) 864-2123, beth.rordam.tse@gmail.com
West Southern Tier: Timothy Koegel (607) 587-9684, chapter@wapf-stwny.org, www.wapf-stwny.org
Westchester County (Lower): Karen Betten & Mary McCleary (914) 375-9890, mmccleary@earthlink.net
- NC Asheville: Maria Parrino (877) 819-5976, health4u@ureach.com
Brevard: Alexis Morini (828) 883-4734, alexismorini@gmail.com
Greensboro: Ruth Ann Foster (336) 286-3088, eatreal@gmail.com
Triangle/Durham: Alice Hall (919) 419-0201, tigrclause@mindspring.com & Laura Combs laura_combs@bellsouth.net
Wake Forest: Laura Bowen (919) 569-0308, laurabowen@nc.rr.com
- ND Fargo/Moorhead (Minndak): Skip Wood (701) 239-7622, wood@cableone.net
Minot: Farrah Faulkner (701) 448-9210, farrahfaulkner@yahoo.com
- OH Amelia: Michael Taylor (513) 553-9868, realfoodremedies@gmail.com
Canal Fulton: Betsy Clay (330) 854-6249, betsyclay@sbcglobal.net
Canton: Kathryn B Stockdale (330) 756-0162
Cincinnati: Richard & Vicki Braun (513) 921-1577, victoriabraun@hotmail.com & Anita Sorkin (513) 559-0112, cincinnatiwapf@mac.com
Cleveland: Nadine Macasek (440) 526-5867, nadmac@sbcglobal.net
Columbus: John Meadows (614) 418-0244, jmeadows4@columbus.rr.com
Defiance: Ralph & Sheila Schlatter (419) 399-2350, rschlat@bright.net
Fulton County/Wauseon: Brian Bowman RN & Debra Bowman RN (419) 335-6569, RN@arrowpeakhealingfarm.com
Lima: Laurie Smith (419) 568-3951, lms@signsohio.com
New Hampshire: Marita Whitaker (419) 568-2855
Oakwood/Kettering/Centerville: Linda Woods (937) 293-4874, lwoods@woh.rr.com & Julie Cunningham, (937) 867-1361, alanandjulie@gmail.com
Rawson: Wayne Feister (419) 963-2200, wayne@feiway.com
Sidney/Shelby County: Pam Carter (419) 628-2276, gpcarter@bright.net
Toledo: Kris Johnson (419) 836-7637, kris.johnson@ecunet.org & Lisa Bowe (419) 340-1606, lisabowe@adelphia.net, www.WAPFtoledo.org, www.mercyviewmeadow.org
West Liberty/Champaign County: Debbie & Jeff Dill (937) 597-5080, dnjdil90@yahoo.com
Yorkshire: Dan Kremer (419) 336-5433, Dan@eatfoodforlife.com
- OK Oklahoma City: Kathy Gibb (405) 602-2696, gibbkathy@hotmail.com
South Central/Texoma Area: Mary Friedlein (580) 795-9776, mary@myrhinomail.com
Tulsa: Joy Remington (918) 770-7908, joyremington@yahoo.com
- OR Ashland (Southern Oregon): Summer Waters (541) 865-3351, summer@summerwaters.com
Aurora: Elaine Fawcett (971) 327-8509, dandelion@wavecable.com
Bend: Nicolle Timm, RN (541) 633-0674, souldpilot@earthlink.net
Central Oregon: Rebecca & Walt Wagner (541) 447-4899, justwagner@msn.com
Eugene: Lisa Bianco-Davis info@krautpounder.com & Victoria Schneider, CNT, (541) 954-4939, www.krautpounder.com
Grants Pass/Medford: Carl & Monna Norgauer (541) 846-0571, cnorgauer@oigp.net, www.NotProcessed.com
Klamath Falls: Shannon Nash (541) 798-5600, shannonnash@centurytel.net
Portland: Krista Arias (503) 750-1415, info@folklorefoods.nu & Heidi McKay (503) 544-4455, heidiandlulu@gmail.com
St. Paul: Bernard Smith (925) 876-6720, info@fulloflifefarm.com or Rachael Smith (503) 633-4043, Rachael.smith@fulloflifefarm.com
South Lane County: Yaakov Levine, NTP (541) 895-2427, nutritionallyspeaking@gmail.com, wapfsouthlanecounty@yahooogroups.com

Local Chapters

- PA Centre County: Elmer Z. & Martha B. King, (814) 349-4890
Chester County: Annmarie Butera (610) 466-7593 ambutera@verizon.net, Dan Wright (610) 933-1776, danw59@yahoo.com
Clarion: Elise W. Deitz (814) 764-5497, elise1@atlanticbb.net
Erie: Tasmin Cordie, DC, (814) 866-3366, cordiechivo@yahoo.com
Gettysburg Area/Franklin County: Maureen Diaz (717) 253-0529, motherhenof9@comcast.net
Lancaster County: Janna Weil (717) 291-5741, jgweil@earthlink.net
Lebanon County: Kevin Kahler (717) 628-1539, cafeorganic@gmail.com
Lehigh Valley (Allentown): Dr. Alan J Stangl & Dr Martin Boksenbaum (610) 434-7562 wapf-lv@wapf.org
Monroe County: Dr. Bogazot, DC, ND (570) 629-3312, bogazot@gmail.com & Susan Jensen sjensen7@verizon.net
Newport/Greater Harrisburg area: Anna Santini & Brooks Miller (717) 567-9931, anna.santini@gmail.com
Northern Bedford County: Ella McElwee (814) 766-2273, ellamcelwee@cove.net & Kathleen Brumbaugh (814) 928-5135
Pittsburgh: Carrie Hahn (412) 531-4485, bchahn@verizon.net, www.groups.yahoo.com/pghwapf
Reading/Berks County: Dane Miller (484) 269-6687, dane@garagestrength.com
Scranton Area: Mark & Suzanne Lichtenstein (570) 937-9296, markalilchtenstein@gmail.com or pianoteachersuzanne@gmail.com
Upper Delaware Chapter: Lucia Ruedenberg-Wright (570) 224-4653, lucia@lrw.net
Winfield/Tri County: Eldore Hanni (570) 524-9693, healthmr@aol.com
- SC Aiken: Kim Rodriguez, RD, (803) 644-4463, aikennutrition@bellsouth.net
Charleston: Dr. Stephanie Latter, DC, (843) 402-0310, drstephanie@bellsouth.net
Columbia: Bill Fairchild (803) 252-2359, wpf@fairchild.ws
Greenville/Easley: Dr Joe Carrano, (864) 644-8278, yourdrjoe@charter.net
Saluda: Mike & Patrice Buck (864) 445-7399, butterpatchjerseys@netscape.com
Sumter: Robby Elmore (803) 469-0824, robby_elmore@msn.com
Winnsboro: Becky McGinnis (803) 718-3623, a22d99@yahoo.com
- SD Mitchell: Jon Neugebauer (605) 227-4663, joneugebauer@yahoo.com
Selby: Julie & Bill Rosin (605) 649-7224, sdsavvygal@yahoo.com
Yankton: Mary Walkes & Cindy Konopasek (605) 661-6726, mwalkes@gmail.com
- TN Chattanooga/NWGA: Denise Burns (706) 375-1377, burnsberries@yahoo.com, <http://health.groups.yahoo.com/group/WAPChattanooga/>
Giles County: Nancy Webster (931) 527-3703, creativemess10@yahoo.com
Knoxville: Marty McWhirter (865) 637-4029, easttnfinfan@yahoo.com & Michael Vaughn (865) 686-1803, michaelwapf@yahoo.com
Memphis: Pamela Godwin (901) 685-9808 & Suzanne Waldron (901) 761-2039, wapfmemphis@yahoo.com
<http://health.groups.yahoo.com/group/wapfmemphis/>
Nashville/Brentwood/Franklin: Shawn Dady (615) 336-2286, shawndady@me.com
- TX Abilene/Eastland: Kerry & Joy Hedges (254) 725-4084, slowpokefarm@hotmail.com
Austin: Bryan Lambeth oz4caster@yahoo.com, Judith McGeary, jmcgeary@pvco.net
Bay Area: Imelda Donaldson (713) 305-3023, info@imeldadonaldson.net
Dallas: Dr. Ken Taylor & Lisa Troy (972) 233-2346, drtaylor5159@yahoo.com, www.traditionaltx.us

WISE TRADITIONS SEMINAR HOSTED BY THE SELBY, SOUTH DAKOTA CHAPTER



Chapter leaders Julie and Bill Rosin (center) with Sally Fallon Morell (right front) at a Wise Traditions seminar held at the Java Community Center, Java, South Dakota. The Rosins provided all meals, including breakfast, from the products of their farm and local game.

Local Chapters

Denton: Michelle Eshbaugh-Soha (940) 565-0517, ravensphere@gmail.com & Gail Wesson (940) 382-5120, roonkin@wans.net
East Texas: Cindy Burson (903) 576-0086, countryharvest@gmail.com
Longview/Tyler: Jerica Cadman (903) 241-2775, jericacadman@truefields.com
McKinney: Kathy Harris & Carolyn Barth (972) 548-7646, kathy4real@sbcglobal.net
Midland: Annette Presley, RD, LD (432) 599-9355, Annette@findyourweigh.com
North East Texas: Eric & Nancy Wesson (903) 450-0917, wp@goodgut.com, gg4gsus@genesischristianchurch.org
Seguin: Gina Tillman (830) 491-8557, gg4gsus@genesischurch.org
South East TX: Brad & Jennifer Stufflebeam (979) 251-9922, info@homesweetfarm.com, www.homesweetfarm.com/WAPF.htm
Williamson County & Surrounding Areas: Dawn Campbell (936) 697-0020, dawn.luttrall@gmail.com
Wood County/Piney Woods: Nancy Gail & Karl Falster (903) 629-3034, chef@southerngrace.biz

UT Layton: Russ & Norma Silver (801) 774-6218, rsilver@xmission.com
Sevier County: Kari Carlisle (435) 633-0260, karicarlisle@yahoo.com
Utah County: Betty Pearson (801) 766-8777 betty@ourldsfamily.com

VT Capitol Region (Montpelier, Barre, Plainfield, Orange) Emily Wheeler (802) 476-4927, sow2seeds@gmail.com
Cedar City/Southern Utah: Sarah Braun (435) 559-4098, godusjourney@yahoo.com
Northeast Kingdom Area: Rob & Sharon Baum (802) 277-4960, sales@baumfarm.com, baumfarm.com
Northwest Vermont: Doug Flack (802) 933-7752, www.flackfamilyfarm.com
Randolph Ctr: Stuart & Margaret Osha (802) 728-7064, msosha@gmail.com, www.turkeyhillfarmvt.com
Thetford Center: Didi Pershouse (802) 785-2503, sustainablemedicine@gmail.com
Westfield: Sandy Snyder & Molly Johnston (802) 749-2891

VA Aldie/South Riding area: Tara Rayburn & Sally Fuller (540) 270-5715, tara@nourishingyourfamily.com
Alexandria: Janice Curtin (703) 751-5505, janicecurtin@gmail.com and Alana Sugar (703) 566-9682, alanasugar@comcast.net
Ashburn: Susan Clark, DC, (703) 858-3575, susan@back-n-action.com
Botetourt/Rockbridge Area: Kirsten Griffiths Moeckel (540) 254-3247
Chesterfield: Ana Mahoney (804) 560-7222, ana.p.Mahoney@gmail.com
Earlsville: Susie Vance (434) 973-3753, wpearlysville@yahoo.com
Falls Church: Susan Blasko (703) 204-0283, blaskos@cox.net
Fauquier: Harvey & Ellen Ussery (540) 364-1877, ellen@themodernhomestead.us, and harvey@themodernhomestead.us
Floyd County: William Munzing (540) 929-4455, wapfoundation@verizon.net
Front Royal/Strasburg: John & Maria O'Brien and Dave & Regina Farinholt (540) 635-3007, wapfva@gmail.com
Gloucester County (Middle Peninsula): Ann George, (804) 693-0226, mikegeorge@copper.net
Goochland County: Linda Hosay (804) 457-3714, awealpha@juno.com
Great Falls: Kate Vickers Deriso (703) 728-3421, kate@bountifulivingwellness.com
Hampton Roads, South: Ron Wilson (757) 636-8124, bookman3@cox.net
Hardy/Franklin County: Judi Harrington (540) 427-4112, judistar@att.net & Tamea Franco Woodward (540) 597-3787, tfranco@eastwestdye.com
Leesburg: Dr Peter Hilgartner & Dr Lolin Hilgartner (703) 777-8891, drshilgartner@gmail.com
Lovettsville: See Brunswick, MD
Manassas/Prince William County: Sally Holdener (703) 753-6492, sallyholdener@gmail.com & Laura Gossin, laugoss@verizon.net
Purcellville: Valerie Cury Joyner (540) 338-9702, fotoner2@aol.com
Rappahannock: Heidi Eastham (540) 675-9996, ruckerfarm@gmail.com & Deverell Pedersen (540) 675-2138, wapfrappland@gmail.com
Reston: Kimberly Hartke (703) 860-2711, kimberly@hartkeonline.com & Sara Tung saratung@gmail.com, <http://wholefood.meetup.com/WholeNutrition/>
Rice (Farmville): Gwen & Barry Martin (434) 392-6049, stillwatersfarm@earthlink.net
Roanoke: Eva Jo & Frank Wu (540) 989-1617, fej@virginiarollers.com
Rockingham County: Joan Hulvey (540) 896-1483, joanhulvey@yahoo.com & Darlene Spitler (540) 896-6040, miraclacres@hughes.net, <http://health.groups.yahoo.com/group/wapf-rockingham/>
Sedalia/Bedford County: Ben & Carly Coleman (434) 299-5193, mtnrunfarm@ntelos.net
Smith Mountain Lake: Renee Brodin (540) 297-4219, smlwapf@gmail.com
Spotsylvania: Lois Smith (540) 582-7839, cvcrs@mindspring.com, Suzi Croes (540) 582-3219, suzicores@gmail.com
Virginia Peninsula: Paul Hubbard (757) 848-8218, paulkhubbard@verizon.net

Local Chapters

WA Arlington: Sierra Mencucci (360) 435-1603

Ballard/Phinney: Linda Harkness (206) 782-4446, linda.harkness@gmail.com

Belfair: Christy Peterson (360) 689-5099, historicalnutrition@yahoo.com

Bellingham: Carla Witham (360) 671-2668, ccwitham@gmail.com

Bremerton: Mark T. Goodman, DC (360) 377-1626, drgoodman@goodmanchiropractic.net

Columbia Gorge: Andrea Jones (509) 281-0755, ajones@gorge.net

Edmonds: Jennifer Lenel (206) 235-1020, jennifer@jenniferlenel.com, <http://groups.yahoo.com/group/greaterseattlewapf>

Orcas Island: Learner Limbach (360) 376-4048, mbiramaker@gmail.com

Port Townsend: Lisa Biskup (360) 379-4893, lbiskup@gmail.com

Redmond: Shonagh Home (206) 409-1536, shonagh@rawgorgeous.com

SeaTac: Nancy Jerominski (206) 852-4768, nljfitnessconsulting@comcast.net

Shaw Island: Gigi Allaway (360) 739-7163, gigimberardi@msn.com

Skagit: Carol Osterman (360) 466-2058, carol@akylafarms.com

Snohomish/Darrington: Mary Stankey (360) 436-1010, mstankey@gmail.com

Snolsle: Chrissie Hasenohr (360) 629-6025, wapfsnoise@gmail.com

Vancouver: Monique Dupre moniquedupre@gmail.com

Whidbey Island: Roy Ozanne, MD (360) 321-4116, royozone@whidbey.net & Lynn Parr (360) 221-2334, wholehealth@whidbey.net

Yakima: Darcy Hemstad, RN, BSN (509) 972-2915, darcy@familink.com

WV Charleston: L. G. Sturgill, PhD (304) 347-1000, LGSturgill@verizon.net

Harpers Ferry/Charles Town/Frederick MD: Alissa Harris (304) 535-3009, drharris@harpersferry-chiropractic.com

Potomac Highlands/Eastern Panhandle: Steven Martin (304) 822-3878, stevenmartin@frontiernet.net

WI Burlington: William Neu (262) 763-9952, chirho3@pngusa.net

Central WI/Vesper: Cindy & Pat Bice (715) 424-5159, bqcr44@hotmail.com

Eastern WI: Emily & Laura Matthews (920) 273-1849, meg11851@yahoo.com

Elkhart Lake: David & Annika Turba (920) 894-1757, westonpricenutrition@yahoo.com

Eau Claire: Lisa Ornstein & Scott Westphal (715) 410-9275, chippewavalleywisetraditions@yahoo.com

Fremont: Ruth Sawall (920) 446-3551

Hartland: Rebecca Steiner & Kathleen Gillman (262) 369-8999, hlmkt@sbcglobal.net

Hayward: John & Susan Bauer (715) 634-6895, jb_cmt@hotmail.com

Janesville: Stephanie Rivers (608) 373-0963, stephabrewer@yahoo.com

Jefferson/Waukesha: James Christensen & Andrew Mastrocola (262) 593-2563, realmilkwisconsin@yahoo.com

La Cross/Coulee Region: Janice Blair (608) 637-6727, bellasol.organics@yahoo.com

Madison: Carolyn Graff (608) 221-8696, zgraff@charter.net, & Dr. Martha Reilly (608) 848-7225, drmartha@earthlink.net,

http://my.madison.com/Groups/Madison_WAPF, <http://health.groups.yahoo.com/group/wapfmadisonchapter>

Milwaukee: Muriel Plichta (414) 383-2121, mplichta@milwpc.com

New Holstein: Kay & Wayne Craig (920) 894-4201, info@grasswayorganics.com

South Eastern: Dan & Paula Siegmann (920) 625-2185, bttbcs@charter.net, www.bestnutrition.org

Southwest Wisconsin: Jim & Sandy Kammes (608) 794-2638

Two Rivers & Manitowoc: Roy Ozanne (920) 755-4013, royozone@whidbey.net and Lynne Manthey Prucha, lynne.a.prucha@gmail.com

Viroqua: Therese Laurdan (608) 625-2425, info@homegreenhome.biz

Waukesha: Elizabeth Schuetze (262) 542-6295, e713521036@aol.com

Wausau Area: Abraham & Rebecca Bauman (715) 257-9093

West Central: Wayne & Janet Brunner (877) 228-1449, info@midvalleyvu.com, www.midvalleyvu.com

WY Buffalo: Susan Pearce (307) 751-8505, spearce@vcn.com

Cheyenne: Ellen Davis (307) 638-8278, ellen.davis@att.net, <http://wapfcheyenne.home.att.net>

Sheridan: Susan Callison (307) 655-0123, susancalli@vcn.com

International Chapters

AUSTRALIA

- NSW Byron Bay: Joanne Hay & Wes Davis (02) 6699 3442 joanne@nourishedmagazine.com.au, www.nourishedmagazine.com.au
Lismore: Emily Stokes (02) 6622 3139, thewordgarden@hotmail.com
Stuart Town: Hal & Sally Harris (02) 6846 8261, merrimount@hotmail.com
Sydney: Gemma Davies 0410 373 318, sydneychapter@gmail.com
- QLD Bribie Island: Dr. Herbert H. Nehrlich (07) 3410-7999, drhhnehrlich@westnet.com.au
Brisbane: Julie Phillips (07) 3841-5999, foods@ihug.com.au
Gold Coast: Filippa Araki (07) 5598 7282, filippa91@yahoo.com.au, http://health.groups.yahoo.com/group/westonapriceaus/
Ipswich: Jennifer Christine Payrits 0430 027411, freedomorganics@gmail.com
Oxenford/Miami: Kyle Grimshaw-Jones 61 7 4948 1180, kyle@winshop.com.au
Sunshine Coast/Conondale/Mary River Valley: Sven & Karen Tonisson (07) 5435 0041, gaia@ozemail.com.au
Sunshine Coast: James Cutcliffe (07) 5478 6489, jc_wapf@yahoo.com.au
Toowoomba: Bronwyn Money 4615 5009, Bronwyn.money@gmail.com
- SA Adelaide, Eastern & Northeast: John Patchett 61 8 8365 1960, naturalelthy@picknowl.com.au
Semaphore Park/Adelaide Western Suburbs: Kate Netschitowsky, (08) 8341 5470, katenetch@yahoo.com.au
- VIC Bendigo: Joy Stone 03 5433 3731, jdhoneypatch@yahoo.com.au
Castlemain: Cathy Mifsud (03) 5411 2946 cathymifsud@bigpond.com
Fish Creek: Victorian Organic Dairy Farmers Association (Bev Smith) (03) 5683-2340, orana@dcsi.net.au
Melbourne: Arabella Forge wapf@melbourne@gmail.com
Wyndham: Sarah Nicholson 03 9742 3536, sarah@nicho.id.au
- WA Albany: Mike & Barbara Shipley & Justin & Susan Shipley (08) 9847 4362, Shipleysorganics@bigpond.com

TASMANIA

Christopher & Peppa Ann Tolley 613 6327 1735, chris_tolley80@hotmail.com

BRAZIL

Southwest: Alberto Machado 24 9956 9798, amachado@ism.com.br

CANADA

- AB Calgary: Riva Mackie rivamackie@gmail.com (403) 245-2462, http://health.groups.yahoo.com/group/westonapricecalgary/
Castor: Kathleen Charpentier & Richard Griebel (403) 882-3835, grebe6@telus.net
Edmonton: Lori Clapp (780) 417-3952, lifeworthwhile@gmail.com
Land of the Lakes: Tim & Maighread Axe (780) 853-6046, tandmaxe@telus.net
Peace Country: Mary Lundgard (780) 338-2934, plundgard@telus.net or Levke Eggers (780) 568-3805, levke@telusplanet.net
Stettler: Gayle Thoun (403) 740-6637, mc_5thou@xplornet.com
- BC Enderby: Naomi Fournier (250) 838-0235, enderbywap@hotmail.com
Interior of British Columbia: Jasmin Schellenberg Redstone (250) 394-4410, Demeter@pasture-to-plate.com and
Karen Alphonse (250) 392-2600, k_alphonse@ymail.com
Kamloops: Caroline Cooper (250) 374-4646, info@eatkamloops.org, www.eatkamloops.org
Nelson: Lorraine Carlstrom (250) 352-3860, lorrainer61@gmail.com
Vancouver: Barbara Schellenberg (604) 988-6280, grassfedmeats@pasture-to-plate.com
- MB Narcisse: Gary & Debbie Chikousky (204) 278-3640, gdchik@mts.net,
http://ca.groups.yahoo.com/group/westonpricemanitoba
- NS Annapolis Valley: Shirley Scharfe (902) 847-1736, glscharfe@eastlink.ca
Cumberland & Colchester Counties: Silvana Castillo (902) 257-2428, silvanacastillo@ns.sympatico.ca
- ONT Barrie: Paul Ericson (705) 728-8748, barriewapf@yahoo.ca
Cambridge & Kitchener-Waterloo: Christine Kennedy (519) 653-2396, cakeneddy@rogers.com
Durham/Markdale: David Watson (519) 369-9974, highmeadows@xplornet.com
Greater Toronto Area – West: Corey Evans, (905) 608-9314, info@healthisfreedom.net, www.healthisfreedom.net
Hamilton: Miranda Riley & Laura Margaritis ND (905) 317-2737, info@nourishinghamilton.ca, www.nourishinghamilton.ca
Huron Shores: Marcus Koenig & Jessie Koenig-Liang (519) 294-0599, makoenig@porchlight.ca
Ottawa: Gail Davis (613) 238-2782, gdavis@ncf.ca, Pascal Desjardins (613) 728-0662, slo2burn@hotmail.com,
http://groups.yahoo.com/group/wapf_ottawa
Toronto (Downtown): Patricia Meyer Watt (416) 653-7112, b-healthy@rogers.com
Toronto (East): Joseph Ouimet (416) 439-4753, joseph67x@yahoo.com
- SK Regina: Sandra Brandt (306) 359-1732, brandt.s@sasktel.net

International Chapters

CHILE

Coyhaique: Dr. Ann Oldham Michael & Ema Morales 56 67 245288 or 56 09 812 4987, oldie@charter.net

COSTA RICA

Turrialba & Central Valley: Gina Baker & Reinhold Muschler (506) 2556-8021, waldorfcostarica@yahoo.com

FINLAND

Tammisaari: Henrik Nyberg 358 (0)19-204 456, henrik.nyberg@makrobios.fi

GERMANY

Grosslangenfeld: Anita Reusch & Douglas Mitchell, 0049-(0)6555-242, anita@roylt.com

Northeast Bavaria: Elvira Uschold (0049)-(0)9234-974714, euschold@yahoo.de

ISRAEL

Milka Feldman Ramat Bet Shemesh: Milka Feldman 972-77-320-0742

NEW ZEALAND

Auckland: Alison Ellett, (09) 420-8548, Alison@nzflavour.com

Christchurch/Canterbury: Dermot Kieran Whelan 0064 3 3519733 sundara12003@yahoo.com.au

Dunedin: Liselle Wood 03 478 0604, organicearth@hotmail.com

Hamilton: Brianna Fitzgerald & Rebecca Rogers 07 850 8008, thetraditionalkitchen@gmail.com

Invercargill: Sherry Elton (64) 3213 1156, sherry@sherryelton.co.nz, www.sherryelton.co.nz

Lower North Island: Susan Galea (64) 6356 5186, susangalea@hotmail.com, www.realmilk.co.nz

Nelson: Shari Lawson 00 64 3 541 8054, sharis@clear.net.nz

South Canterbury: Ingrid Weihmann 03 686 6613, onlynatural@paradise.net.nz

Taranaki: Ian Haldane & Warena Nikor (64) 67 59 7478, ian@zenian.co.nz

Wellington: Ian Gregson 64 04 934 6366, wapf@frot.co.nz, www.wapfwellington.org.nz

NZ Resource List: Deb Gully, deb@frot.co.nz, www.diet.net.nz

NORWAY

Ames: Bjorn Solberg bjorn.solberg@gmail.com

PAKISTAN

Dr. Shagufa Feroz & Feroz Sharfuddin 92-42-8484303, drsferoz@gmail.com

RUSSIA

Moscow: Anna Yekhanina & Elena Lukicheva 916-145-20-03, elenalu@list.ru, <http://www.westonaprice.org/localchapters/index.html#rus>

SINGAPORE

Cherie Barton-Brown (65) 6520 6539, cheriegordonb@yahoo.com.au

SWEDEN

Vastra Gotaland: Elvira Kristensson 46 76 716 55 51, Elvira@all-natural.se

SWITZERLAND

Bern: Diana Boskma food.diana@gmail.com

UNITED KINGDOM

Bournemouth & Poole: Kelvin Snaith & Sarah Turner 07 71989 5015, kelvinsnaith@hotmail.com, sarah_alice_turner@hotmail.com

London & South East England: Phil Ridley 02 07682 1093, philridley@aol.com, meetup.com/campaign4realmilk-london

South West England: Ben Pratt 07952 555811, ben@nutritions-playground.com, www.naturalfoodfinder.co.uk

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Dedicated to Helping the Consumer Obtain Nutrient-Dense Foods and Accurate Nutrition Information

FARM PRODUCTS BY STATE

AK

Family/farmer needed to take over already established cowshare business in the Matanuska-Susitna Valley, Alaska. Fifteen cows, 5 breeding age heifers, 5 younger heifers, 250 laying hens, brooder house, and 2 mobile chicken houses. Great growth potential. \$75,000. (907) 376-0634. 11/3*

DC

CSA: Hi-Brix, nutritionally dense, biodynamically grown kitchen vegetables, grass-finished beef, pastured pork, broilers and eggs. Openings for 2009 season in DC Metro area. Contact Allan Balliett, info@freshandlocalcsa.com (304) 876-3382, www.freshandlocalcsa.com. *10/4

IA

At Thistles & Clover, we produce grassfed beef, pastured poultry and farm-fresh eggs. Our products are nutrient-dense and delicious! Delivery and **shipment options available**. Check out www.thistlesandclover.com. Adam & Lucy Cameron. Danbury (712) 371-9861. 11/3

IL

Northern Illinois' local producer of healthy beef and pork. No soy, GMOs or antibiotics etc. Organic pastures, minerals and feeds. Sides available @ locker, cuts available @ farm. Organic grains and superfoods (815) 239-1466 11/3

Come to our farm! Healthy, FAT, beef & pork, born and raised certified organic - no nitrates. Sides or cuts (as available) plus many other healthy foods. Chapter Leaders Dale Kelsey - sustainable producer receiving no government funds, no grants, no subsidies, & Eileen Kelsey, CHom. incorporating WAPF Nutrition with Classical Homeopathy (815) 239-1466. 11/3

IN

Raw milk cheeses, grass-fed beef, veal, whey-fed pork. Also, a variety of fresh raw dairy products available as pet food. 100% pasture fed cows. NO hormones, pesticides, antibiot-

We encourage our readers to obtain as much of their food as possible from small farms and independent businesses.

ics used. Available from the Yegerlehner's The Swiss Connection. (812) 939-2813, www.swiss-connectioncheese.com, Clay City, IN. 10/4

MA

Misty Brook Farm offers certified organic raw cow's milk, beef, veal, pork, and eggs. Raw milk is available year-round from 100% grass-fed Jersey cows. Come visit our traditional mixed farm! Contact Katia Holmes at (413) 477-8234 or mistybrookorganicfarm@yahoo.com, Hardwick, MA. 11/2

Robinson Farm: A diversified organic farm selling grass-based raw cow's milk, eggs, eggs, hay, seedlings, vegetables, perennials, flowers, grass-fed beef, humanely raised veal, local cheese, yogurt and maple syrup. Farm tours by appointment. Visit our farm stand store open every day. Contact Pam Robinson: www.robinsonfarm.org, info@robinsonfarm.org or (413) 477-6988. 11/1

MD

Organically raised grass-fed beef, free-range eggs, and pastured chicken. Pick up from Potomac, Buckeystown or Emmitsburg (beef only). No hormones, antibiotics, or animal parts are fed. Beef never fed grain. Nick's Organic Farm, Quality Organic Products since 1979, Nick Maravell, (301) 983-2167, nickmaravell@comcast.net. 11/4

Windmill Meadows Farm, Washington County, Grass-based sustainable family farm. Our focus: healthy, well-balanced soil produces healthy livestock on healthy grass for healthy, good-tasting food products. Grass-fed dairy, beef, goats, pasture-based poultry: (broilers & layers).

FARM PRODUCTS BY STATE

Availability to Washington DC markets, (301) 739-5258. 10/4

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, www.CreswickFarms.com. 10/4

MN

Farm on Wheels offers animals raised on green grass & certified organic by MOSA. Nutrient-dense cuts of beef, lamb, chicken, turkey, goose, duck, pork, lard, butter & eggs. No corn or soy. Farmers Market year round in St. Paul, Prior Lake, Northfield, Linda (507) 789-6679, www.farmonwheels.net. 11/1

NH

Certified organic dairy: raw milk, yogurt, cream and quark. Pasture-raised lamb, beef and chicken. Eggs and vegetables available, raw fermented sauerkraut. Call for more info: Luke & Catarina Mahoney, (603) 742-4084 Brookford Farm, Rollinsford, NH, www.brookfordfarm.com. 10/4

NJ

Fresh Food from fertile soil. River Birch Micro Farm Member. Farm-to-Consumer Legal Defense Fund. Eggs from chickens on grass pasture. Fruits, nuts and vegetables. Farmer/Soil Scientist Joseph Heckman, Ph.D. 19 Forman Ave Monroe Township, New Jersey 08831 (732) 605-0444. 11/3

NY

Pure maple syrup and a wide variety of maple products from Maple Hill Farm Enterprises, LLC. 5th Generation family farm, WAPF members and Certified Naturally Grown (naturallygrown.org). **Shipping anywhere**, call 800-543-5379 or visit maplehillfarms.biz. 11/3

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New York Buyers Club. Certified organic grass-fed dairy products from Jersey cows. Eggs from pastured chickens. Grass-fed beef, pork and chicken. Fermented foods, Green Pasture Products, soaked and dried nuts and raw honey. Will ship (717) 768-3437. Pleasant Pastures *11/3

OH

Ber-Gust Farm - pastured, miniature Jersey dairy cows. All natural beef, pork, poultry and produce. Also jams, jellies, honey and apple butter. Waynesfield Ohio. (419) 230-2195, (419) 230-2194 www.ber-gustfarms.net. 11/1

Sleepy Hollow Farm - grass-fed poultry (now taking orders), eggs and beef. Raw milk (certified organic) and raw milk yogurt available through our herd share program. Give us a call - we might be delivering in your area this summer, (937) 464-7505. 10/4

PA

100% grass-fed products: raw milk, cheese, butter, cream and eggs. Lancaster County, Willow Run Farm. Call (717) 656-1359. Eli and Sylvia King, 995-B Musser School Road, Gordonville, PA 17529. 10/4

Bareville Creamery. 100% Grass-fed offers farmstead cultured butter from our grass-fed cows. **We will ship to you.** \$6.00/lb plus shipping, or visit our farm to pickup. Daniel & Katie Zook, Leola PA, (717) 656-4422. 10/4

Certified organic grass-fed dairy. Raw milk cheeses, cottage cheese, yogurt, sour cream etc. from Jersey cows. Eggs from pastured chickens. Grass-fed beef, pork, chicken, rabbit and turkey. Call for information. **Will ship.** (717) 768-3437. Pleasant Pasture Organic Acre. 11/1

Grass-fed organic raw milk and dairy food: 100% grass-finished beef and lamb, pastured pork, chicken and turkey, wild Alaskan salmon, fermented vegetables, raw honey, maple syrup and more, Long Island drop, Paradise Pastures, Paradise, PA (717) 687-6346. 13/3

FARM PRODUCTS BY STATE

Green Ridge Acres offers pasture-raised chicken, turkey, eggs. Raw milk and dairy foods from grass-fed jersey cows on our farm. Farm fresh produce in season. Currently delivering weekly to Philadelphia. Visit our booth at the Broadstreet Market in Harrisburg for natural bulk foods, grassfed meat and dairy. Green Ridge Acres, David & Ruthey Lapp (717) 354-7082. 11/1

New location for an attractive variety of quality grass-fed and free-range products, located near the Lancaster and Chester County Line. For more information and/or questions, please call (717) 768-3263, Elam & Linda Stoltzfus, Narvon Natural Acres, Narvon, PA. 10/4

Nittany Valley Organics is offering certified organic soy-free grass-fed raw milk cheeses. Cheddar, Smoked Cheddar, Monterey Jack, Yogurt Jack, Pepper Jack, Colby, and Himalayan salted Baby Swiss. Looking for Retail Distributors, Reasonable Prices, **Ship Mondays only**, Place your order by Saturday noon please.. Customers for IN, IL, & MI please call 574-825-1596 ext 1. CT, MA, ME, RI, NY, & VT call (585) 765-9845 for Canada www.HealthyBeloved.ca 888-510-2669. Cheesemaker: Mark Stoltzfus Jr. (570) 726-7799. 11/3

Owens Farm, Sunbury, PA, grass-fed lamb, pastured Tamworth pork (fed soy-free grain), pastured meat chickens, soy-free heritage chickens, raw honey, sheep camp, Farm tour, Adopt-A-Sheep and more. Visit Owens Farm www.owensfarm.com (570) 286-5309. info@owensfarm.com. 11/3

Pasture raised raw milk and dairy foods. Also chicken, turkey, veal and beef, Nature's Sunlight Farm, Mark and Maryan Nolt, Newville, PA, (717) 776-3417. 10/4

Raw milk from 100% grass-fed cows, yogurt, eggs from free-range chickens, 100% grass-fed beef and raw milk cheese. Ira & Mary Beiler. (570) 278-5881. 10/4

Raw Dairy Products from our 100% grass-fed Jerseys. Free-range, grass-fed, chicken, turkeys. Suckling veal, whey-fed pork, and lard. We do not use hormones or antibiotics. Shady Acres, Glenn Wise, 8514 Elizabethtown Rd. Elizabethtown, PA, 17022, Shipping Available. (717) 361-1640. 11/3

FARM PRODUCTS BY STATE

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 lamb and pastured chickens, turkeys and eggs. No hormones or synthetics. On-farm sales. Wil-Ar Farm, Newville, PA. (717) 776-6552. 13/4

Try our aged raw milk Cheeses from our small herd of Jersey cows. Baby Swiss, Jack, Herbal and Hot Pepper, Cheddar-Sharp and Garlic, Havarti and more. Wholesale and retail. Raw milk and pastured eggs, (717) 656-2261. 11/1

Welcome to Family Cow Farm. Our grass-fed cows, pigs and chickens, give us milk, cream, cheese, butter, ice cream, meat, eggs, and more for our family and friends. We also have some produce seasonally. (717) 786-0131. 10/4

TN

We are a family farm offering all-natural, delicious, grass-fed lamb, pork, beef and, chicken. We now offer Jersey heifers for family milk cows (gentle!!) Call (866) 866-3287. Ask for Justin or Liberty or email: topoftheworldfarm@wildblue.net. 10/4

VA

Salatin family's Polyface Farm has salad bar beef, pig, aerator pork, pastured chickens, turkeys and eggs, and forage-based rabbits. Near Staunton. Some delivery available. Call (540) 885-3590 or (540) 887-8194. 11/3

Western View Farm has Jersey herd boarding project. For, Member In Local Kine (M.I.L.K.) Project In Catlett, VA (Fauquier County) For information call, 540-788-9663. 11/2

Virginia Buyers Club. Certified organic grass-fed dairy products from Jersey cows. Eggs from pastured chickens. Grass-fed beef, pork and chicken. Fermented foods, Green Pasture Products, soaked and dried nuts and raw honey. Will ship (717) 768-3437. Pleasant Pastures *11/3

The greatest fine art
of the future
will be the making
of a comfortable living
from a small piece of land.
Abraham Lincoln

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FARM PRODUCTS BY STATE

WI

Certified, Organic, soy-free dairy, raw milk cheese, cultured butter, cream, yogurt, cottage cheese, colostrum. Also full line of grass-fed beef, pastured chicken, turkey and free-range eggs. Raw honey, maple syrup, and extra virgin organic coconut oil also available. **Will Ship.** Grazin Acres LLC (608) 727-2632 located 1 hr NW of Madison. 11/3

Certified organic 100% grass-fed dairy products. Also salad bar beef, pastured pork, pastured chickens, and eggs. Natural sweeteners, On-farm sales. Located 20 minutes south of Medford or 42 minutes W of Wausau. Lowland Ranch, Adin Hoover, Dorchester, (715) 654-6488. 10/4

Pasture raised, whey and corn fed hogs in southwest Wisconsin to be ready for January. \$2.95/lb hanging weight for hogs reserved before November, \$3.25/lb after that. \$50 reservation downpayment.. Customer responsible for butcher costs. Email drzimmerman1@yahoo.com or phone 608-874-4144. Coulee View Family Farm www.couleeviewfarm.com. 11/2

HEALTHY FOODS

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BUTTER and cheese. Nutrient rich summer gold butter and cheese from PastureLand Cooperative. Our products are made from the milk of 100% grass-fed cows grazing certified organic pastures in southeastern Minnesota. Shipping available. Call (888) 331.9115 for more information. www.pastureland.coop. 10/4

LACTO-FERMENTED VEGETABLES, raw, certified organic, locally grown. Dill pickles, sauerkraut, kimchi, ginger carrots. Sold/Shipped within Northeast only. See website for store list and mail order info. Contact: Real Pickles, PO Box 40, Montague, MA 01351, (413) 863-9063, www.realpickles.com, info@realpickles.com. 11/1

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THE FARMER'S GARDEN is the place where everyone can get access to food grown close to his or her home. Visit us at www.thefarmersgarden.com to search or place a free classified to buy, sell or trade your surplus backyard produce. Maureen The Farmer's Garden www.thefarmersgarden.com. *11/2

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EDUCATIONAL

ARTICLES NEEDED. NATIONAL DIRECTORY of organic food sources and other natural health products needs articles, new releases, recipes, and information about your products and services for future issues. Advertising available. Sample \$3. Buffalo Creek Publications, PO Box 397, Buffalo Lake, MN 55314. *10/3

DVD OF JOEL SALATIN, "Heal the Planet by Healing Your Plate," presented at the Florida launch of the Farm-to-Consumer Legal Defense Fund August 2007. About 2.5 hours. \$20 donation to local WAPF chapter, includes shipping to US. Email WAPFSarasota@gmail.com. *10/3

PERSONAL

SPRINGTIME and man's fancy turns towards? Outdoor activities, organic fruit, free range chicken and of course love! Single male 46 seeking single female 25-45, who holds the values of Weston Price in high regards. Chicagoland area but willing to travel. timmyd4@yahoo.com (630) 350-1937. 10/4

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ORGANIC, LOCAL FOOD BASED CAFÉ for lease in Carlisle PA. Great opportunity for a skilled Weston Price oriented team. Complete green facility, turn key operation. Large network of local producers provide beef, chicken, dairy and eggs. take a look www.thegoodlifecafe.com Call David at (717) 243 4968. *10/4

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VERMONT FARM seeks 2009 apprentices. We integrate American Milking Devon cattle, pigs and chickens with growing and fermenting six tons of vegetables. Our grain-free cows support raw milk sales plus butter and cheese making. We focus on selling nutrient-dense foods while eating well ourselves! Learning opportunities include milking, biodynamics, natural livestock care. Positions available April to November, short and long term. Cabins, food, laundry, Internet access and lots of education. Call Doug Flack, (802) 933-7752, Flack Family Farm, www.flackfamilyfarm.com. Snailmail please. 10/4

WANTED: APPRENTICESHIP in cooking, preparing, and foraging traditional foods. Especially—basic culinary techniques, fermentation, head to tail processing/cooking, traditional techniques for optimal nutrition, gastronomy, emphasis on principles of Weston Price. Please contact Carly.Leusner@gmail.com if you have an opportunity. *11/2

ZIMBABWEAN FARMER seeks involvement in Biological/Organic Farming, either as a farmer or in the support sector or in research. I would be happy to send my C.V.(Resume) to the appropriate person. Please contact David Hartley by e-mail: chacmachacma@yahoo.com. 10/3

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INVESTORS NEEDED. Next Level Productions is seeking investors to complete its documentary film "Body Armor." The film follows the journey of individuals with chronic illnesses as they explore natural medicine and alternative therapies. Contact Gabe Golden. (310) 779-2816, Gabegolden310@yahoo.com. *10/4

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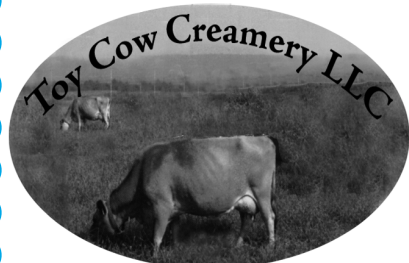
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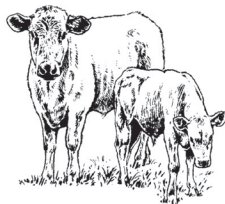
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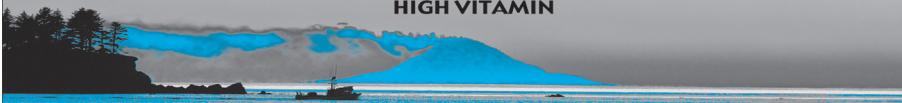
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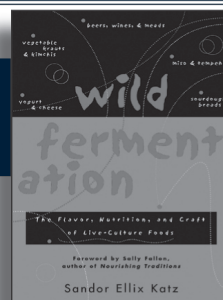
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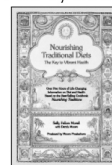
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The second manual, *Iqaluich Niginagtuat*, *Fish That We Eat*, provides information regarding the traditional use of fish, their processing, recipes and eating enjoyment. It was compiled from the local traditional fish knowledge of northwest Alaska and was partially funded and placed on the web by the U.S. Fish and Wildlife Service.

The third manual in this series will similarly detail the traditional Inupiat processing techniques and recipes for sea mammals.

Presently there is no funding to support this work. Any suggestions would be welcome. The web link to *Iqaluich Niginagtuat*, *Fish That We Eat*, is below. The report is located under the U.S.F.W. Northwest AK section. From here you can read it and/or download and print it. It should be printed double-sided due to the length (341 pages), including 100+color photos, sketches.


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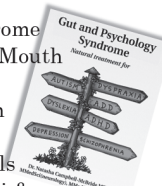
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- Jan 29-31 Nashua, NH:** The Fourfold Path to Healing Conference featuring Tom Cowan, MD, Sally Fallon Morell and Jaimen McMillan. **Contact:** (304) 724-3006, <http://fourfoldhealing.com/conference/>.
- Feb 16 LaTrobe, PA:** The Oiling of America by Sally Fallon Morell. **Contact:** (724) 805-2324.
- Feb 20 Loysburg, PA:** Nourishing Traditional Diets, The Key to Vibrant Health with Sally Fallon Morell, lecture and dinner to benefit Health By Choice Education and Research. **Contact:** (814) 766-2181, www.HBCER.org.
- Mar 11-12 Lititz, PA:** Homeopathic Medical Society of the State of Pennsylvania (HMSSP) conference on "Autism: A Holistic Approach," featuring Sally Fallon Morell, Sandra M. Chase, MD, DHT, Boyd Haley, PhD, Todd Hoover, MD, DHT, Ioana Razi, MD and Kayla Evan, ND. **Contact:** (800) 811-1266, myohn@beyondmail.com, harmanyequine.com
- Mar 13-15 Irvine, CA:** Freedom Law Expo featuring Seminar on Traditional Diets by Sally Fallon Morell. **Contact:** (760) 868-4271, LiveFreeNow.org.
- Mar 21 London, UK:** Festival for Traditional Nutrition featuring Sally Fallon Morell, Sir Julian Rose, Natasha Campbell-McBride, MD, and Barry Groves, PhD. **Contact:** www.westonaprice.org/london, wisetraditions.uk@gmail.com.
- Apr 16 Winnsboro, TX:** Farm Day featuring Sally Fallon Morell, Judith McGeary, Esq. and Peter Langsjoen, MD. Speaking portion of the event at Tinney Chapel United Methodist Church, 449 CR 4620, farm tour and vendors at Falster Farm and Miniature Cattle Ranch, 2112 CR 4778. **Contact:** Nancy Gail Falster (903) 629-3034, chef@southerngrace.biz.
- Apr 17-18: Tyler, TX:** eTX Natural Wellness Expo featuring Sally Fallon Morell, Doug Kaufmann, Robert Scott Bell and Jordan Rubin. **Contact:** Wellness productions (903) 882-4325, wellnessproductions@gmail.com, www.AttendTheExpo.com.
- Apr 23 Chestertown, MD:** Nourishing Traditional Diets for the 21st Century by Sally Fallon Morell. **Contact:** Bill Schindler, Assistant Professor of Archaeology and Anthropology (410) 778-8993, wschindler2@washcoll.edu.
- June 5: Orcas Island, WA:** Bastyr University Herb Fair. **Contact:** (360) 376-4048, mbiramaker@gmail.com
- June 6 Orcas Island, WA:** Seminar on Nourishing Traditional Diets by Sally Fallon Morell, sponsored by Bastyr University. **Contact:** (360) 376-4048, mbiramaker@gmail.com.

SAVE THE DATES!

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