



Wise Traditions



IN FOOD, FARMING AND THE HEALING ARTS

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President's Message


In this issue we focus on two competing theories for the cause of heart attacks. Dr. Tom Cowan and Carlos Monteiro argue that most heart attacks originate in the heart itself, with clots forming as a consequence of the heart attack rather than the cause. Chris Masterjohn points out that the evidence for this theory is contradictory, and that new testing methods indicate that the thrombus—the clot—appears to play a causative role. Nevertheless, the two theories are not mutually exclusive, and we are still a long way from understanding exactly how and why heart attacks occur.

One thing is certain: the fat-soluble vitamins, so central to Dr. Price's research, play an important role in preventing heart attacks, whether they originate as a clot in the arteries, or in the heart itself due to sudden or prolonged stress, and to the build-up of lactic acid in the heart.

Masterjohn's research confirms earlier studies showing that vitamin K—Dr. Price's X Factor—plays a role in preventing calcification of soft tissues, particularly in the arteries. Chris notes that plaque that is calcified is more prone to rupture and clot formation.

The fat-soluble vitamins also play a significant role in helping the body cope with stress. The body cannot make stress hormones out of cholesterol without vitamin A. In times of stress, we need more vitamin A. Unfortunately, diets low in fat and cholesterol—the chosen dietary treatment for heart disease—will be very low in true vitamin A. It is reasonable to assume that vitamin A is also involved in the production of endogenous cardiotonics, which help the heart clear lactic acid. Vitamin D plays a role in the production of “feel-good” chemicals that help the body mitigate stress. And vitamin K works in concert with vitamins A and D.

So while we may not know the exact mechanisms that lead to heart attacks, we can feel assured that a nourishing traditional diet will help prevent them. Diets rich in butter, cheese and egg yolks from grass-fed animals, organ meats, pastured lard and certain seafoods such as fish eggs, shell fish, oily fish and cod liver oil, provide these fat-soluble vitamins at the levels we need to achieve vibrant health, including protection from heart disease. Diets that include these foods are satisfying and easy to stay on.

Both Masterjohn and Cowan will be speakers at the fifteenth annual Wise Traditions conference, held this year in Indianapolis. We have a great program planned, plus the delicious meals you have come to expect. We look forward to seeing you there! 

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A TANTRUM FOR BUTTER

I had a funny experience I wanted to share with you. I live in northern India, just outside Delhi, and last week, my sister-in-law and her two daughters visited me. Her youngest daughter is eighteen months old. I was in the kitchen with her one night, and I had a packet of butter in my hand. It was in a bright yellow box with the illustration of a happy girl on the front. As I was about to put the butter back in the fridge, my eighteen-month-old niece grabbed at it. I thought she was just interested in the colorful box, so I tried to distract her with a brightly colored bowl while I put the butter away. She had a death grip on that butter.

I eventually maneuvered it out of her hand and put it in the fridge when the tantrum started. She is usually a pretty easy-going toddler, especially if her mother is nearby (which she was). My niece tried to open the fridge to get at the butter again. When she couldn't get the door open, she went into a rage. I still didn't understand. I kept thinking she was interested in the box. Her mother then told me that she likes to eat butter. So we got the butter back out of the fridge, cut off a one-inch piece, and my niece glowed with happiness, sitting on the floor slurping on her piece of butter in peace. I've never seen another kid do that! She likes chocolate too, but I've never seen her throw a tantrum over it.

Other things I'm learning in India: my mother-in-law taught me that in the remote town where she grew up, it was customary to cook the brains of a male goat for someone who had a cold or respiratory infection. She prepared them for me a few times, and I liked it. It was like warm cottage cheese. Liver and

kidneys are also regularly consumed, especially the kidneys. They are either prepared in a pressure cooker as is, or they are sometimes minced and cooked with onions, garlic and chilies and then deep fried in a samosa. All of my nieces and nephews love to eat kidneys, even if they are picky and won't eat other foods such as carrots, cauliflower or green peppers. My husband also tells me that goat kidney was his favorite food growing up.

I thought you would enjoy these anecdotes!

JoAnne B
India

WAPF DIET FOR OLYMPIAN

I'm a 2012 Olympian, current



Will Dean, Olympic rowing champion, eats nourishing traditional food!

member of the Canadian National Rowing team, and a huge supporter of the Weston A. Price Foundation. I initially became interested in nutrition to maximize my athletic performance. I've spent the last eight years researching nutrition and I've come to understand that cultures that knew nothing about "nutritional science" were the healthi-

est. Dr. Price's *Nutrition and Physical Degeneration* was one of the most revelatory books I have ever read.

I conduct fermentation workshops, raise my own organic chickens, and have a book contract. When I'm on training camps I seek out sources of grass-fed butter and bring a kombucha mother. As a public figure, I would love to work with the Weston A. Price Foundation because they provide such great information about how these cultures ate, and advocate common sense issues like access to real milk.

I was recently covered in *EAT* magazine (see <http://eatmagazine.ca/interview-with-will-dean/>) and gave the Weston A. Price Foundation a shout out. If WAPF would like to work with an Olympian who follows its dietary principles, I'd be happy to work with you.

Will Dean
British Columbia, Canada

TENT CATERPILLAR DETOX

Many of us in New England, and maybe in other parts of the country, have tent caterpillars that do a lot of damage to the native cherry trees. A lot of people kill them to save the trees. I have a better use for them, because their physiology is so tightly connected to the cherry trees.

Stone fruit trees contain a substance known as amygdalin, the natural substance that the semi-artificial laetrile was patterned on as a cancer treatment (which was later forbidden by the FDA). However, in Mexico, they still use amygdalin from apricot pits to treat cancer, with success I hear. Our native black cherry is one of the better sources of this substance. The tent caterpillars, which obviously eat many cherry leaves,



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break down the cellulose in the leaves and concentrate all the substances in the cherry tree. The cherry trees and their caterpillars have been engaged in an arms race for eons, and both have evolved some powerful substances in that dance.

I cut down all the nests, including caterpillars, their feces, and the denuded twigs that extend out from the nest. I cut these small and, in a big pot, bring them to a boil every morning for a few days in a row. That makes a very nice, very cherry, dark tea. Caterpillar feces are only composed of digested cherry leaves and the microorganisms that digest them, as well as whatever other good substances, like cellulose-digesting enzymes, that are produced in the caterpillars. I drink this, with or without a black pekoe tea bag, a spoon of sweetener, and some raw milk or cream, just the way I always like all my tea. It is very tasty, and does a great job at detoxifying.

The first time I tried it, I did get rid of a lot of toxins, and I won't mention how I could tell. After that, the red blood vessels that squiggle through the whites of my eyes began to fade, and continue to do this after many weeks of this tea, taken a couple of times a day. This is just one of the more visible benefits, and I'm sure there are benefits that aren't so readily seen.

I have always made twig teas from our native trees—maple, mountain ash, birch, elm, and all the evergreens, by the same method of bringing to a boil every morning for a few days. As the tea in the pot of twigs goes down from drinking it, I just add more water for the next boiling. It lasts for weeks before it gets pale and then I begin again with new twigs. Our native plants, mostly the trees, have

just as much medicinal strength as any in Asia or India, and the insects that eat them can help us to harvest those medicinal strengths. The art of using fire, and water containers, gave early humans the ability to share in the power of our trees.

Laura Livingston
Brooksville, Maine

THIRTY-ONE DIETS LATER

I have been on a weight-reducing diet since I was eleven. I wasn't heavy then, it was just "the thing to do," everything from Jello to the Cabbage Soup Diet. For most of my later teens, twenties and thirties, when I could run long distances, I was thin....but I was still on a "diet." Dieting changed my metabolism so that I had to do a lot of running to eat normal amounts of food.

All totaled, I've counted thirty-one real diets over all. I may have needed to lose a few pounds at times, but I think I was actually looking for a way of eating that I could maintain. Then physical injuries sidelined me, I couldn't run, and the weight piled on. So I compensated by making sure fat and calories went down. One thing anyone would tell you, will power has never been an issue for me. As proof, I did an organic fresh juice diet for sixty days along with coffee enemas. No one has ever been more serious about trying to figure out why their metabolism was so slow. Needless to say I know now—it was the diets! The very thing I thought would fix my weight problem actually created it, and the results were progressive.

So slowly but surely every food I ever ate became "bad" and doctor after doctor admonished me to eat less fat, even though there was almost none in

my food. Even when I came in with print outs from a food journal computer program (including ounces eaten) listing calories and fat grams, I would hear I had not listed everything, or that I was eliminating entries on purpose. Insulting, degrading, and on so many levels wrong. I cut out everything until I was vegetarian for seven years and vegan for three. Then last October at a conference, I learned about the Weston A. Price Foundation. I knew on a cellular level the diet was right. It was mind-blowing to throw out so many years of personal research, learning, and being a human guinea pig. But I knew truth when I heard it.

You talk about scared, nothing is more scary than an obese person thinking of adding fat and cholesterol to her diet after eliminating them for so many years and still not losing! Nothing. The night of the conference, vegan me could not bring myself to order meat. I was almost shaking when I added a pat of butter to my broccoli. It was the shot heard round the world for me. It felt like jumping off a cliff.

I began that night in the hotel. I saturated myself with info on WAPF and set about making changes. I left the hotel having ordered cod liver oil, and arranged to visit farms. Within weeks I had given away the microwave, bought a freezer, bought a herd share, made lard, cleaned out the pantry, traveled to what must have been Timbuktu for an organic free-range turkey for Thanksgiving and bought a quarter of a cow from a WAPF chapter leader. Within a week of just adding butter, my energy increased and some of my fibromyalgia pain decreased. I was already feeling better. For the first time in years, I began



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walking. Later I added more fat to my diet, including coconut oil.

I found a holistic physician who pinpointed thyroid problems and mycoplasma as problems for me. She put me on a natural thyroid compound, and was totally supportive of my WAPF way of life. When I went to see her in late spring, the nurse weighed me, took my blood pressure and a few minutes later came back and weighed me again. She said, "I thought I wrote it down wrong, but evidently someone else did back in January." I told her they were both correct. The doctor came in, stood there and looked at me and said, "Amazing, what did you do?"

I still have a ways to go but I am feeling so much better. I walk about five miles a day and I've lost sixty-five pounds. My weight loss has folks asking questions, and they get an earful about the danger of diets from me and the need for dense nutrition.

I've always loved to cook, but now I get to cook with "real" ingredients. Hubby says he is eating better than he has ever eaten in his life. Nothing takes the place of real food raised the way it should be raised.

After thirty-one diets I now have a "way of eating." It's the same way of eating both sets of my farming grandparents and my naturally thin mother had. It is my roots; no wonder it felt so right when I heard about it, although I had been "educated" and "doctored" right out of it.

At this point I'm a walking, talking WAPF poster child, and the image keeps getting better!

Deborah Maxey
Lynchburg, Virginia

AUTISM ONE CONFERENCE

I'd like to share some of the things I learned at the Autism One conference in Chicago. Although the mood was upbeat, I did not feel upbeat. I thought to myself that this conference should never need to happen. Children should not be this sick. One thing we learned is that it is expected that one out of two babies will be on the autism spectrum by 2025. Down's syndrome, Lyme disease, Hashimoto's and other illnesses that can be linked to neurological issues were also on the table for discussion—autism is only part of the spectrum of problems kids are having these days.

You would not find any mothers there who would vaccinate again. These are the ones who learned the hard way. This was not about statistics, but real live people who know the facts regardless of the media propaganda.

Dr. Rashid Buttar, who wrote the book *Nine Steps to Keep the Doctor Away*, was one featured speaker. He has worked successfully with many autistic kids. His main theme was toxicity. His own son became autistic after vaccinations which put him on a course for figuring out how to heal his son who is perfectly normal now.

Dr. Buttar said that these kids are non-excretors; thus when a saliva or urine test is done they do not show mercury or other heavy metals. But once the treatment begins, the levels of these heavy metals coming out are very high.

He said the immune system is developing for at least a year after a baby is born. Mother's milk is an important contributor to this development. Vaccines are immunosuppressive and thus given before a year they make no sense and are very risky. If you go to

VaxTruth.org you will note that just the hepatitis B shot will give a child fourteen times more aluminum than is considered safe for a baby. That is only the aluminum—vaccines contain many more toxic ingredients than aluminum. And by the way, some vaccines contain aborted fetal tissue.

Dr. Mayer Eisenstein was one of my favorite speakers. He has practiced medicine for over forty years. He was a protégé of Dr. Mendelsohn, the doctor who wrote *Confessions of a Medical Heretic*. That book forever changed my mind about medicine and doctors.

Dr. Eisenstein's patient population of more than fifty thousand over the years is mostly minimally or totally unvaccinated. In this group there is virtually no autism, no respiratory illness, no diabetes, asthma or allergies. Last winter he had four ear infections out of six thousand clients—this is in Chicago where it is cold, wet and miserable in the winter. Dr. Eisenstein said that anti-virals, antibiotics and vaccines have no place in medicine! He insisted that pediatricians are the archenemy of the child.

I kept thinking of the mothers weeping in Ramah over the children they lost to King Herod, who wanted to kill Jesus. The weeping continues to this day as our children are sacrificed for the sake of corruption, coercion, ignorance, power, greed, misinformation and money. God loves children...after all they were His idea. Learn, become informed and do what you can to protect yours!

Connie Newcome
Inman, Kansas

BEST TEN YEARS OF MY LIFE

This month I am celebrating my



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tenth year of WAPF eating. They have been the healthiest years of my life. Prior to discovering the WAPF material, I had been subsisting on the politically correct diet that is so pervasive: pasteurized skim milk, margarine, supermarket oils, eggs with yolks cut out, chicken with fat fastidiously discarded and very little red meat. When I used ground beef, I'd cook it, strain it, and pour boiling water through it to remove the allegedly "evil" saturated fat. I ate organic cereals three to four times a day, in addition to loads of processed grains and pastas, cheap protein powders, aspartame for sweetening, and all sorts of canned and processed foods. I ate my vegetables too—salads with reduced or no-fat bottled dressing and cooked vegetables with I Can't Believe It's Not Butter Spray.

The results? By my late thirties, I was suffering from arthritis (one knee was so bad I thought I was going to wind up crippled), terrible skin problems (cracked heels and nails separating from their beds), hemorrhoids, frightening neuro-spatial imbalance, lethargy from blood sugar spikes and crashes, irregular heartbeat—I felt terrible most of the time.

When I came across your work, in one fell swoop I made the switch in my diet. I still remember that exciting week. Spurred to action, I bought three stock pots, and a couple dozen Mason jars. I made beef and chicken stock right off, and my first fermented vegetables: ginger carrots. I cleaned out my pantry and refrigerator. Out went the processed cereals. I signed up with a family farm co-op. Raw milk, liver, red meat, coconut oil, butter (lovely butter!), soaked/sprouted/fermented grains, pastured

eggs—oh, the joy of eating real food!

Within a month's time I felt vastly better. Within a year my arthritis cleared up completely—knee problem vanished. Skin cleared up, nails grew strong and vital. Health soared in every other way. And not one dental cavity. At age fifty-one, I am in far better health than at any time when I was younger!

My big announcement is that I have decided to get certified as a personal trainer, as well as a nutritionist. (My sister warned me that I will not be a well-liked student if I contradict the instructor on the evils of vegetable oils.) I've been training as a bodybuilder, and the WAPF way has worked phenomenally well for me. Best protein, best joint protection, best carb assimilation. Most bodybuilder diets are horrendously bad—egg whites without the yolks, low fat, processed powders, etc. They complain about poor gut digestion and joint problems.

I got into a couple of heated debates with a few "exercise scientists" PhDers. They subscribe to the anti-saturated fat dogma, believe in polyunsaturates, and argue that grass-fed beef and butter are no different in quality from factory-farmed. And they got condescending when I referred to Dr. Mary Enig's book on fats—they said they wouldn't touch a "consumer" type book—even though I pointed out it was based on science.

Thank you for all the work you do!

Niel Rishoi
Novi, Michigan

NURSES AGAINST MANDATORY VACCINES

I am writing to help bring attention to an organization for which I am very proud to be a board member. I belong

to the Nurses Against Mandatory Vaccines (NAMV). We are applying for non-profit status, have a very large following on social media, and are hoping to get our message out to an even larger audience by writing you today.

Our organization was formed in response to the mandates across the country for nurses and all healthcare personnel to receive yearly flu vaccinations in order to continue employment. Some employers are offering mask options, but this by no means is consistent across the nation. In addition, forcing employees to wear masks violates the individual's privacy rights regarding their own health decisions. Many caring and excellent nurses are losing faith in our chosen profession and are often harassed about their decision.

The CEO of NAMV discovered that the flu shot mandates are not necessarily to keep patients from developing the flu (the Cochrane Collaboration Study shows this) but rather they are a part of new monitoring that will be conducted by the CDC with statistics being reported to Medicare. If flu vaccination levels are lower than 90 percent, the facility stands to lose two percent of funding from Medicare. Nurses and other healthcare workers are not being informed of the monetary loss, and are told only that this mandate is for the protection of patients despite research showing vaccinated staff does not affect patient health. It is unfair to disguise a massive vaccination campaign as a wellness measure (when the flu vaccine is only said to be overall 60 percent effective by the CDC) when it is actually driven by money.

We at NAMV believe that medical procedures such as vaccination should



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not be forced. We feel that it is unethical to force any worker to receive a vaccine under coercion or fear of losing her job. We feel that wearing a mask in place of the flu shot is a violation of privacy, and mandates for both the mask and the shot need to be stopped. We hope to take this issue to our state representatives and we need all the help and support that we can get.

As far as we know, there is only one court case in Michigan that is trying to take on the freedom of choice issue regarding workplace vaccinations. The class action complaint was filed in response for the wrongful termination of the plaintiff who was fired for refusing a flu vaccination. We hope that this case will bring more attention to the fact that mandatory vaccination is a violation of civil rights.

We need people to stand up together and protect their rights. While we understand that jobs are at stake, if every person who did not want to be vaccinated refused, there would be immediate change. People are too afraid to speak out to protect their own rights. We want employees to be brave and serve as advocates for themselves as they would for their patients and anyone else having their wishes violated. Our organization supports the freedom of choice regarding vaccination. There are very real and valid reasons why healthcare workers would refuse such an invasive procedure and we need to band together to help protect these rights. If you share our opinion about worker vaccination, please feel free to visit our page or share our message! Our website is www.namv.org.

Erin Randles, RN, Board Member
Nurses Against Mandatory Vaccines

WAPF CONFERENCES

The Weston Price Foundation conferences have played a seminal, fundamental role in shaping my understanding of human physiology and the impact of nutrition and environmental toxins on health. The first meeting I attended opened up the possibility of treating cancer with nutrition rather than chemotherapy, as well as introducing me to the importance of gut bacteria to health and the link with autism.

At one conference, I heard a two-hour presentation by Prof. Don Huber which changed my life by exposing the urgent need to get rid of glyphosate in agriculture.

WAPF has also made me appreciate how grazing cattle on grass can solve so many problems in such a simple and natural way. Other facts I learned are too numerous to mention. I look forward to every meeting with excitement, and I am never disappointed. I am working hard on my slides for the upcoming meeting, and I hope you will find my talks on the dark side of antibiotics, vaccines, pesticides and prescription drugs to be stimulating and eye-opening.

As you can see, I consider WAPF to be a very important influence on my thinking! Thank you WAPF for all that you do!

Stephanie Seneff
Senior Research Scientist
MIT Computer Science and
Artificial Intelligence Laboratory

A HAPPIER LIFE

I just read the articles on your website on the myths of vegetarianism. I agree with you 100 percent. There is one other point I would like to add. I consume raw milk and organic meats from

humane, small, family-based organic farmers. Not only are the dairy products much tastier and much more nutritious than those of big commercial farming, but the animals have a much better life on small pasture-based family farms than on big commercial enterprises.

Vegetarians often say animal husbandry itself is cruel. All animals should be left in their wild state. Even pets such as cats and dogs should be left to go wild, as animal husbandry and having pets is slavery. These claims are all false, as your website correctly points out.

The point I am trying to make is that the humane treatment of farm animals on small organic family farms, which was the norm throughout all of history except for big commercial farming of the past century or so, is a much more humane treatment of animals compared to letting the farm animals and pets go wild. On a typical organic farm, the cows, pigs, chickens, sheep and goats have a much better quality of life than they would in the wild. On the organic farm, they are given plentiful nutritious grasses to feed on that are rotated to ensure quality. They are given plenty of pure water to drink. They have numerous natural bugs and insects to eat. They are given barns to stay in during inclement weather. They are allowed to roam freely. Cows that produce milk often live to a ripe old age of fifteen years. Even animals that are slaughtered for their meat live happy healthy lives up until that point, and are slaughtered quickly and humanely. The animals are protected from wild predators by the guard dogs and the farmers. The pet guard dogs are given ample food and good care by the farmers. If the farm animals get sick or injured, they are



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cared for by veterinarians and the farmers themselves.

Compare this with what happens in the wild. In the wild, these animals would be constantly hunted down by predators such as wolves, bears, lions, mountain lions, foxes and coyotes. Most wild animals don't make it past their first year due to either predators or starvation. In the wild, these animals would have to find their own food and water supplies, which is often difficult during summer droughts or freezing winter conditions—not to mention the predators that are waiting for them at watering holes. The animals have to compete with other animals for scarce food and water supplies in the wild.

When the animals are caught by predators, it is not a pretty sight. Exhausted from the hunt, they are then ripped apart violently by the predators. If a wild animal gets sick or injured, it is left behind to die or be hunted down by predators.

All in all, these animals have a tough life in the wild compared to the farm. Most farm animals would never survive in the wild if they were "set free." In fact, most of these farm animals would return to the farm if they were let go. Pets and farm animals have existed in a beneficial symbiotic relationship with humans for thousands of years. Both the animals and humans benefit from each other. It is not "slavery" for humans to have pets and farm animals. On the contrary, it is as God intended for certain domestic animals to live in harmony with humans.

Noah Cencetti
Riverton, New Jersey

HEALING MIGRAINES WITH FOOD

I have had headaches and migraines starting around age twelve, and they became disabling in 2010. Over the course of three years, the migraines grew in intensity and became more frequent. I started having daily facial pain and other chronic pain. I had insomnia, restless leg syndrome, TMJ, joint pain, neck pain and stiff neck, pain in my eyes and also at the base of my neck.

I went from lifting bales of hay and feed bags to hardly being able to pull open a door or lift a milk jug. I became very weak due to all of the pain. At one Christmas dinner, a family member hugged me and it hurt so bad that I thought my body would shatter into a million pieces.

My face hurt on a daily basis. It felt like my face muscles were stretched across my head like a tight net.

I felt nauseous most of the time, and when the big migraines came, they were sudden and out of the blue. I would be having an okay day, and then suddenly I would start sweating and chilling. Then the extreme head pain and vomiting—violent vomiting. I would alternate between scalding and chilling myself in the shower and then finally lying down on the bathroom floor for hours and hours. I felt dead. At one point lying there, I could hear my kids playing and the world going on without me and I had a really extreme thought. I thought that they would be better off without me. Maybe if I finally died, it would be a blessing for everyone..

During my three years of torture, when my migraines had escalated, I saw a total of nineteen doctors, and racked up seventy thousand dollars worth of medical bills. Every neurologist that I saw wanted to give me multiple prescriptions

that would only make me sicker.

I am very sensitive to medication and there were no pills that helped so I started looking into Botox. I got thirty shots of Botox in my head every three months, but after a time, they were no longer effective. I then endured six nerve blocks and six nerve ablations—without anesthesia—because our insurance wouldn't cover it. Those did not help at all.

I then went and saw three surgeons because I was convinced it was my three herniated discs and prior fusion in my neck that was causing all of this pain. Thankfully, none of them wanted to fuse my whole neck at my young age (thirty-five). I finally went to Michigan Head and Neck Institute for an eight-hour appointment with many specialists. I left there with at least eight prescriptions that I did not fill. I was hopeless.

The last stop was back to the pain doctor who suggested the neurostimulator. I arrived at my appointment not really expecting this to be a pivotal day in my life. After some discussion, the doctor said that all of my nerves were firing and he didn't know what was causing my migraines and pain. He kept saying that he was so sorry. He told me about the neurostimulator, which is a wire they plant into your spinal cord. It is connected to a stopwatch-sized implant under your hip which is then controlled by remote control to disrupt pain signals. I saw the brochure, which of course had a woman with this implant running with her dog looking happy... nice marketing, I thought.

As he was talking I started zoning out. I could feel my anxiety rising to a point where it had never been before. I was trying so hard to keep the crying

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in. This was not happening to me, and I was not getting that implant. At that moment, my soul was screaming to get out of my defective body. I have never felt such terror in my life.

When my appointment was over I could not make it to the car fast enough. I slammed the car door and my sobs escaped. I was never going to be the wife and mother I wanted to be. I would be forever weak and a burden. My life was not just over, it was going to be a lot of suffering until I died. I kept thinking there has to be another option.

I was crying so hard on the way home that I had to pull over. There had to be something causing this! When I got home, I Googled causes of nerves firing and I got the word “excitotoxins.” This gave me a little hope, learning that there are different chemicals that cause this type of reaction with nerves.

At this point, I had already attended a couple of local Weston A. Price Foundation meetings and was ready to start getting rid of the food in our house that contained harmful food additives. After removing most of the additives, I felt much better. Occasionally, I would still have times when I got really close to having a migraine, or a few bad days in a row with no explanation.

The turning point came when the local Weston A. Price Foundation meeting speaker was Dr. Wayne Feister. His talk was about fibromyalgia and chronic pain. I spoke with him after the meeting and told him my story. He said, “I bet it is MSG.”

I had no idea that MSG came under at least seventy different names! Why hadn’t my neurologists told me this!? I had been overlooking some very dangerous food additives.

I got the book *Battling the MSG Myth* by Deborah Angelsey, and I got my life back.

Looking back, I don’t know how I survived it all. I don’t know if I had one



Now migraine-free, Jodi Ledley is pictured here with her family.

good day in three years. Now I am on top of the world and feeling great! I have changed my diet drastically. Of course, I no longer eat any ingredients that are neurotoxins like MSG, aspartame and L-cysteine, but I have also eliminated nearly all preservatives, dyes and GMOs. To further my healing I also eat a lot of “living foods” like water kefir, milk kefir and fermented foods.

Because of the differences I saw in my family after removing these chemicals from our food supply, I went from a person who hated cooking to a person who loves to cook!

My husband has normal blood pressure now and no sinus infections or headaches. My thirteen-year-old son no longer has daily headaches or asthma. My five-year-old daughter no longer has behavioral issues.

When I started making all of these changes, I thought that our new way of eating would isolate us from society. I couldn’t have been more wrong! I have gained many friends through my real food journey. Hardly a week goes by that I don’t have a group of friends over for what I call “weird food experiments,” like rendering lard or fermenting. I feel so lucky. I’m strong again, and very, very thankful. I have not had one migraine in fifteen months.

If you are wondering, I did report back to my doctors about my discovery regarding the cause of all of my health problems. They were happy for me. I think they really tried to help me, they just did not know how. I was told by one of the doctors that he was only required to take one class on nutrition during medical school. My hope is that with this information they can help another suffering person.

My advice to anyone in a health crisis is to do your own research. There is a cause for everything and the solution is most often not a pill or surgery.

Jodi Ledley
Kenton, Ohio

SOME DISCOVERIES

Thought I would share some discoveries with you.

The first involves kombucha. We had been using kombucha daily for at least two years. Our teeth hadn’t had problems as far as kombucha was concerned until I accidentally started not fermenting it enough and added too much sugar. I couldn’t figure out what the problem was (I did start to get tooth decay again, though I hadn’t been taking cod liver oil or liver much, shame on me) until my husband started to complain

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of feeling sore and stiff again like the “old days” (before we changed from SAD to the WAPF diet). I had previously dreamed that the kombucha was “poisoned,” which didn't make sense at first.

So, you do have to be careful of the kombucha if you add too much sugar and are not fermenting it long enough, also not eating as you should (liver, cod liver, high vitamin butter oil, etc.), you may get tooth decay or rheumatoid arthritis. By the way my own RA disappeared thanks to the WAPF diet.

The second discovery involves morning sickness, which I got in spades with our first baby—pre-WAPF wisdom. I found with our second child that even though I drank loads of raw milk I would still get it. When I started eating raw milk yogurt, that was when I stopped getting morning sickness. As you can imagine, I consumed a lot of it. I also ate raw pineapple when I could get it, which was a nice combination with the yogurt. When I got lazy and fell behind on the yogurt making, the morning sickness came back again. I'm not sure whether raw pineapple alone would stave off morning sickness or not, as I've heard that it does help prevent it.

Our second and third children are super-healthy thanks to the wisdom we received from WAPF. Which brings me to the third discovery I'd like to share. I discovered that if I eat anything that has been sprayed with pesticides or may have GMO in it (even secondary contamination from animals eating GMO grains), our baby would get a terrible diaper rash. It looked like a really bad sunburn. Even a tiny bit of

(gasp!) chocolate inflamed it to no end. So, it pays to watch what you eat for your kids' sakes!

By the way, my children have excellent eyesight which is more than I can say for me. God bless all of you for helping to save children (and adults) from a life of medical misery. Seeing people my age (early forties) who are failing in health already makes me wish that more people would wake up and realize that their food is killing them.

Jennifer Murdock
Littleton, WV

RAW MILK CURES!



In great health, Dante DiBiase celebrates the end of a serious staph infection using the milk cure.

Just an hour ago we got my son's lab results following a long health crisis. It began three months ago when he contracted a superbug staph infection during a routine outpatient surgical removal of an ingrown toenail. Within a week he had severe blisters all over and broken

blood vessels covering his body. We were treating him with healthy, whole foods and herbal supplements. This was not enough, and after three or four weeks my son was in terrible abdominal pain and showing blood in his urine. My strong and vibrant fourteen-year-old was deteriorating before my eyes and I felt helpless as a mother.

When he started vomiting blood, I took him to the hospital and he was admitted to Hershey's Children Hospital with a diagnosis of Henoch-Schönlein purpura. He was placed on IV fluids and prednisone. Thankfully, these helped stabilize him and I know they were

necessary at the time, so that his kidneys would not shut down. He was released from the hospital with instructions to follow the schedule for prednisone which would be gradually weaned out of his system after four weeks. However, within two weeks of being weaned off the prednisone my son's symptoms returned. We were told he'd have to start prednisone again and be monitored frequently until there were no traces of blood in his urine.

I heard about the raw milk cure a year or two prior to this and I let my son read the link to the article (www.realmilk.com/health/milk-cure). He asked to start the cure immediately and began consuming only raw milk. The day before his decision, red blood cell counts in

his urine culture were said to be forty to sixty. Four days after drinking one to two gallons of raw milk per day, and nothing else, his levels came back (we got the results) showing zero to three red blood cells. His doctor is amazed, wants to know what we did, and doesn't need

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to see my son again until next month.

I have another testimonial. Last year our basement became infested with mold. Our one- and three-year-olds were coughing for weeks. We cleaned up the mold professionally and received a small sum towards repairs from our homeowners insurance, but the babies' coughs persisted. After about two months of trying various expensive herbal remedies, I decided to remove everything from the babies' diet and have them only consume raw yogurt. I am not exaggerating when I say that their coughs and congestion were cleared in under two days. I continued the diet for about four or five days, giving them yogurt whenever they wanted and they were calm, happy, and healthy. I gradually introduced other foods starting with meat and broth. Now, a year later they are still healthy and eating a variety of foods.

Rebekah and Adrien Barlup
Lynchburg, Pennsylvania

CHEMOTHERAPY AND NUTRIENT-DENSE FOOD

I wanted to share our story with you. Within a week of returning home from the WAPF conference in Atlanta last year, my three-year-old son Kicker was diagnosed with leukemia. Needless to say it rocked our whole world. We could not refuse the chemotherapy that the doctors prescribed—they would have taken our child away if we had.

Long story short, thankfully as a nutritional therapist and a mom with a very thorough understanding of real health, we immediately employed a ketogenic diet, detox, supplementa-

tion, essential oils, as well as our team of alternative practitioners, including Kim Schuette, to help heal our baby boy. He has done fantastic. He has not experienced one single side effect (other than hair loss) from his over seventy rounds of chemotherapy. It took about five months for his hair even to begin thinning and once we shaved it, it grew back fully. His oncologists have been totally amazed at him—they just can't



Kicker Johnson is doing great on nutrient-dense food!

figure out why his ANC, hemoglobin and platelets are so high and why he has not experienced mouth sores, vomiting, headaches, lethargy, low counts, etc. As frustrating as it is not to have a choice in the healthcare for our son and be forced to do conventional treatment, I am beginning to see that our challenge and heartache are not in vain. I am realizing how important diet, detox and immune support are for cancer treatment and how when coupled with the toxic, harsh drugs of conventional treatment, these kids can still stand a chance at healing

and fighting with strength and grace.

As we have watched our boy thrive and kick cancer, my heart is broken as I look around at all the other children suffering from the same disease and treatment. I see kids relapsing, I see kids dying. And it is not from the disease, but from the treatment and the lack of true healing and support these kids are getting. We are starting a non-profit called The KICKcancer Foundation. The sole purpose of this foundation is to educate families on how to support their children so that they not only thrive during treatment, but heal after treatment. We will be raising funds through various fundraisers and private donors, to provide “scholarships” to these families to local organic farms, local naturopathic and osteopathic physicians and scholarships for supplements (fermented cod liver oil, probiotic, immune support, etc.). This is a key part to healing, but insurance won't cover most of it, and most families are very limited financially during such a battle, therefore we hope to provide families with the monetary resources to afford all of this.

I am sharing this with you so that you can understand the depths of how WAPF has affected so many and is literally helping save lives. The ripple effect is loud and strong, and I pray that it continues and reaches every single person. I am hosting an educational retreat in Los Angeles in October with about twenty cancer moms. We will be paying for their hotel, speakers, real food meals, etc. My hope is that they leave educated and empowered to begin implementing alternative care and diet with their children. This will be my first

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effort in beginning a similar “ripple” effect toward healing others.

You can read about my son and our foundation here: <http://www.season-johnson.blogspot.com/2014/01/my-kids-will-never.html>

Season Johnson, BA, NTP
Chapter Leader
Mammoth Lakes, California

BREAKFAST IN THE CLASSROOM

I am sending you the photos of my school district’s “Breakfast in the Classroom” morning meals. By no means do these photos encompass the extent of the entire program’s menu, but enough to provide a clear idea of what our children are being fed.

Evident in the photos are various food items ranging from pre-packaged burritos, pancakes, waffles, and food bars to yogurt, fruit, animal crackers, and juice or milk. What used to be their favorite meal is missing from the photos. This would be the coffee cake. After removing this item from its plastic packaging, the children used to love pouring

their pasteurized, factory farmed, lowfat milk over the top of this brown square sugary loaf and gobbling it up. I use the words “used to” because towards the end of the last school year, the children were served this meal about three times a week. They all became sick of it. What also became apparent throughout the school year was that there were fewer fresh fruits being served, and many teachers complained of moldy and expired food being served to the children.

Many of the children choose to skip the breakfast. Many of them eat at home. I have no idea what they are eating, but it can’t be much worse than what the school provides. Except of course when a child arrives in the morning with those notorious orange fingers. I would then have to say that the school breakfast is better than a breakfast of Cheetos. Much of the school breakfast food is thrown away, since the district’s rule is once a child takes a breakfast, everything is thrown away, whether it is opened or not, including the milk cartons.

The “Breakfast in the Classroom”

program is a good idea in theory. But, due to the pervasive misconceptions and misguided nutritional agenda of this major metropolitan district where I am employed, school breakfast and school lunch will continue to amble along its destructive dietetic course never comprehending, connecting, considering, or caring about the collateral damage left in its wake.

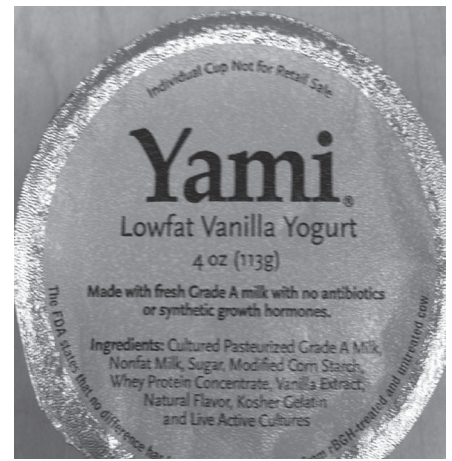
Angela Karlan, Chapter Leader
South Bay/Redondo Beach, California

TEACHING NUTRITION IN MEXICO

I learned about nourishing traditional diets in 1995. I had just recovered from a diagnosis of leukemia in 1992. I opted out of the traditional program of chemo and medulla transplant and followed what I had learned whilst living in London of the body’s ability to heal itself with the right nutrition.

The team of doctors that helped me through this period are all practicing functional medicine physicians who are well aware of the value of the right

TYPICAL SCHOOL LUNCH ITEMS





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nutrients for the body to heal. The only medicines used were neohomeopathy. I moved from Mexico to London in 1972 with my three young sons. Unfortunately, the rage at that time was yoga and vegetarianism to which I succumbed, not knowing the value of nutrients. After several years of practicing vegetarianism and not feeling very well, my homeopathic doctor, Andrew Stringer, spoke to me about the Weston A. Price research on nutrition. He had me do a food allergy test at the time finding out that I was lacto-intolerant. Without asking Dr. Stringer's guidance, I decided on my own to become a vegan. Little did I know that I was a hostess to my own illness.

I was fortunate enough to work in an East London center where battered women and children of low economic class were taken in. A friend of mine was the director and she asked if I would volunteer to work with the children. I am a Montessori teacher, as well. It was here that I learned about the value of nutrition through the doctors in charge and the importance of looking at the three aspects of health: physical, emotional and spiritual. Nutrition was the main medicine used in healing the body. Obviously they first detoxed the body and then nurtured it at the intra cellular level. The same process was done with the emotional side, through assisting in restoring self esteem and healing the trauma of pain. These women not only were battered but were also drug addicts, and the children I worked with were HIV positive. I gradually saw the changes and started looking at the importance of food from a different angle.

My healing process took eight months, working with all levels: physi-

cal, emotional and spiritual. I learned the value of nutrition and the need for the right food to obtain the nutrition our cells need to restore themselves. This was confirmed a few years later when I found out about the principles of nourishing traditional diets.

Since then I became a nutrition journalist, looking into all sorts of diets and the values to our health, always coming back to the principles set forth in Weston A. Price's book *Nutrition and Physical Degeneration*.

Fifteen years ago, I created AMAYAL, an educational health center for well being in Monterrey, Mexico (www.amayal.com) where functional medicine doctors form a part. We have a department called Erudito that organizes lectures and workshops related to health. It has been hard work teaching nutrition to a country that is not well aware of the value of food. I now teach nutrition through a course called Cocina con Conciencia based on the WAPF teaching.

Even in Mexico the food industry has seduced people with its products, but slowly during these last three years, I see a marked change. Unfortunately more people are becoming ill, especially young children and it is young mothers and people already affected by a chronic disease who come to my classes.

I am eternally grateful for the information provided by the Weston A. Price Foundation.

Barbara B. Powers
Monterrey, Mexico

ROUNDUP IN THE GRAND CANYON

We recently visited Hoover Dam. They have a display showing how the Southwest is now able to grow crops year round, thanks to Hoover Dam regulating the Colorado River and its tributaries. Impressive.

We continued upriver to the Grand Canyon and hiked to the bottom. Awesome!

During a ranger talk, we learned that Roundup has recently been approved for use along the Colorado River in the Grand Canyon to control non-native plants they are having trouble with. How awful!!

I suppose that many of those making use of the Colorado and its tributaries are the organic farmers that help supply us with produce during winter. Organic or not, how horrible to think that Roundup will be used in the Grand Canyon. I assume this means it eventually will find its way past Hoover Dam to all those tributaries—after becoming part of the Las Vegas water supply. (Hoover Dam created Lake Meade. Lake Meade supplies Las Vegas, Nevada and other locations with water.)

We so hope that someone with a good handle on Roundup and with good diplomatic skills will engage the Grand Canyon on this issue. Since this is a policy that only recently was approved, now is the time to say something!

The place to make comments is on the Grand Canyon website: www.nps.gov/grca. Click on Backcountry Hiking. Scroll way down to the "Contact Us" button. We sincerely hope that someone will take this on.

Wayne and Lydia Arnold
Lincoln, Nebraska

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SUPPORT FOR HOMEMADE FORMULA

On Christmas Day 2010, curled up under a warm blanket, our eyes filled with tears, my partner, Rob, and I made one of the toughest decisions of our lives. We'd been talking about how much we wanted children, but we knew that if we couldn't bring a little one into the world naturally, we would rather accept never being parents. Heart-wrenching, but a reflection of how we chose to live: authentically, naturally and consciously.

For many years, due to PCOS (Polycystic Ovarian Syndrome), I hadn't been menstruating. The roots of PCOS were in my past; fed white sugar as a child, by the time I was twenty years old I was two hundred eighty pounds. Since then I'd been on an incredible journey, losing half my body weight. The weight loss had cleared up many of my symptoms, but it hadn't restored my menstrual cycle.

It wasn't a pressing problem, until I met Rob. As our relationship developed, I knew I wanted to have a child with him and he felt the same. We both believed in natural healing and started a journey that saw us eating vegetarian, vegan, and then raw vegan for two years. We juiced, avoided all processed food, even water-fasted. Outside my diet, things were changing too—we'd moved to the country I'd always dreamed of living in, I'd given up the nine-to-five to set up my own business doing what I loved, and I was on a spiritual journey that challenged my habitual responses. Yet I still didn't have a period. A few years down the line, I went back to medicine to see how things were and was told my hormones were flat-lined. I talked to the "experts" about my belief that I could

restore my fertility naturally and was laughed at: "Don't be ridiculous, Alison, you will never restore your menstrual cycle by changing your diet."

I didn't give up. My faith in the body's ability to be healthy informed my actions as I stepped forward believing I could heal and we could conceive naturally. It was about this time I was led to the work of Weston Price. I'd started to eat some well-sourced animal products and raw dairy as I'd read that animal fats were a traditional fertility food and that they could help increase my body temperature, which I'd noticed was very low. Soon my kitchen became a haven of fermenting grains, souring milk, processed-sugar free desserts, and all manner of weird and wonderful bread concoctions.

A few months in and we were both Weston Price converts. Amazingly Rob, who'd not been able to eat complex carbohydrates since being forced to stop eating wheat due to the serious illness it provoked almost a decade earlier, began to digest grains again. I was able to have

raw dairy and not get the sinus problems I always got on the pasteurized stuff. My body temperature was approaching normal and we were loving our food!

After having experienced five years with no menstruation, nearly a year into eating this way, I had a period! I'd been blessed with what I'd dreamt of: restored fertility. Then within a week of trying, Rob and I conceived a child.

I had a happy, healthy, scan-free and doctor-free pregnancy and my baby boy, Gabriel Ethan, came into this world via the warm waters of a birthing pool, at home, without the use of any drugs.

It was all perfect and I imagined we'd slip easily into breastfeeding, but it didn't happen like that. The very thing that had started my health journey and led me to Weston Price, enabling me to bring my son into the world naturally, was the thing that made breastfeeding such a struggle. I had IGT—Insufficient Glandular Tissue (something common to PCOS and particularly to women who were overweight as teens). Our first few months were traumatic—Gabriel

YOUNGEST MEMBER OF THE WESTON A. PRICE FOUNDATION!



At age fifteen, Macy Smith of Indianola, Iowa, is the youngest member of the Weston A. Price Foundation, thanks to a gift membership from cousin-in-law Diane Smith. After reading all our literature and tasting raw milk and cheese for the first time, courtesy of Diane, Macy was 100 percent on board, and already talking about becoming a chapter leader one day. Youth is the future of WAPF and we are thrilled to have Macy on board!



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wouldn't latch on my breast, had two operations to correct tongue tie and due to my IGT, I didn't have enough milk for him. After incredible efforts to get him to breastfeed, I turned to a breast pump. The IGT, however, meant that my overly elastic breast tissue was inefficiently being pulled way too far into the mechanism. I had red, raw areolas and was spending over ten hours a day attached to the pump.

Sleep-deprived, I was exhausted and had hardly seen my beautiful boy. He was spending most of the day with Rob, who'd not worked for two months so he could care for him.

I knew we couldn't continue. The one thing I felt really blessed about was the fact that, because I'd been to the UK WAPF conference, I knew about the home-made baby milk formula. The thought of giving our little one powdered, pasteurized formula went against everything we stood for and this gave us another way. We'd started using the raw milk formula a few weeks earlier in addition to breast milk, and it was beginning to make up a larger part of Gabriel's diet—he digested it easily and looked so well. Rob and I had thrived on raw dairy and I was so relieved to be able to make a food from un-processed, real ingredients, with a nutritional profile the same as breast milk.

Unfortunately, not everyone agreed with us. We were prepared for that. We've spoken the truth many times in our lives and been criticized for it. What we weren't prepared for though, was the outcry this particular truth caused.

When asked by a post-natal health visitor what we were feeding Gabriel, we mentioned the fresh formula. Unbeknownst to us, we were reported to our

local doctor. This was then escalated to the nearby hospital and we received a phone call from a shocked pediatrician who told us that we were putting our child at grave risk and that she would be reporting us to the local child protection authorities.

This threw me into absolute panic. The thought of having our little boy taken away from us for feeding him food made from the same ingredients both Rob and I thrived on, one that we knew would give him his best chance of good health and strong immunity, was just unbelievable to me.

I felt so angry that the mainstream could not accept that unprocessed food is what we are meant to eat. I felt so frustrated that someone was telling me what I could and couldn't feed my child. And I felt so scared that this might escalate to the point where we were threatened with taking him away.

We were called in to see the pediatrician who'd spoken to us on the phone. During the most challenging, terrifying and emotional hospital visit I have ever experienced, Gabriel was weighed, measured and checked, whilst Rob eloquently discussed the whys, hows and wherefores of our choice with the doctor. I was terrified of what the outcome may be, but somehow, fate was on our side. The pediatrician had, since her initial phone call, spoken to her boss, the most senior pediatrician at the hospital and he'd let a tiny shaft of light onto the situation. A man with many years in pediatrics, his grasp of infant nutrition moved beyond the corporate world of formula, and he had knowledge of traditional methods of feeding babies when a mother's milk was not available. This allowed her to talk to us without being

convinced that we were irresponsible and wrong.

As the discussions came to an end, the pediatrician asked us what we wanted to do and Rob bravely stated we wished to continue feeding our son this formula. To my joy, the response was that, although the medical staff flatly did not agree with what we were doing and considered it a risk, as long as Gabriel was healthy, they were willing to let us be.

Gabriel passed the physical examinations—he was officially as healthy as I knew he was and he remains so now, being fed the raw milk formula as 100 percent of his diet.

At times, during this saga, I wished that we had hidden the truth, as I know virtually all of the people in the UK using the Weston Price infant formula are. But with hindsight I am very proud that we acted in integrity with our values.

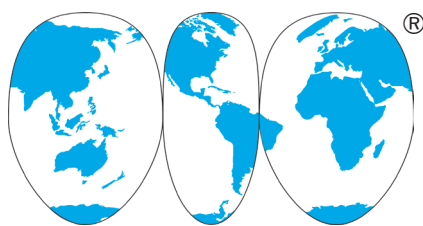
There is a long way to go before the choice to feed yourself raw dairy will be accepted by society and an even longer way before choosing to feed it to your child will be okay. I hope that, in telling the truth to the medical world, Rob and I have played a small part in hastening that time. Because we both believe that when that time comes our society will be much happier and healthier.

Alison Ottaway
Kent, UK

www.pathlesstroden.com



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<input type="checkbox"/> Friday Dinner & Evening Events	\$ 60.	\$ 85.
<input type="checkbox"/> Saturday Evening Awards Banquet	\$ 75.	\$100.
<input type="checkbox"/> Monday Posture and Movement (8-4, includes lunch)	\$ 100.	\$100.
<input type="checkbox"/> Monday Farm Tour (8-5, includes lunch)	\$ 100.	\$100.
<input type="checkbox"/> Monday Raw Milk Series (8-4, includes lunch)	\$ 100.	\$100.
<input type="checkbox"/> Monday Homeopathy Workshop (8-4, includes lunch)	\$ 100.	\$100.
<input type="checkbox"/> Monday MRT Energetic Testing	\$ 100.	\$100.
<input type="checkbox"/> Monday WAPF Cooking (8-4, includes lunch)	\$ 100.	\$100.

* Student/Seniors must show ID. Senior is 62 and older.

If you are attending as a daily registrant, please indicate the day(s) you will be attending:

- ☐ Friday November 7 Registration includes conference materials, Friday sessions and Friday lunch
☐ Saturday November 8 Registration includes conference materials, Saturday Joint sessions and Saturday lunch
☐ Sunday November 9 Registration includes conference materials, Sunday sessions and Sunday brunch

Friday Seminar Choice – please select one for planning purposes only, not binding. ☐ Nourishing Trad. Diets

☐ Gut and Psychology Syndrome ☐ Fat Soluble Activators ☐ Whole Organic Foods ☐ Farming

Friday Evening Choice – please select one for planning purposes only, not binding.

☐ Radical Medicine ☐ Vaccines ☐ Environmental Toxicity ☐ Art of Eating When Healthy ☐ Take Back Your Power

Saturday Choice – please select one for planning purposes only, not binding.

☐ Main General Session: Focus on Food ☐ Wellness ☐ Farming & Gardening

Sunday Seminar Choice – please select one for planning purposes only, not binding.

☐ Food and Nutrition ☐ Interpreting Blood Tests/diagnosis ☐ Native Ways ☐ Dental ☐ Making it Practical

Children's Program (Child must be age 3-12 and potty trained.)

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

____ @ \$225 per child for Friday to Sunday includes Friday lunch & dinner, Saturday lunch, Sunday brunch

☐ GF/CF meals OR ☐ GF only OR ☐ CF only for ____ children OR ____ @ \$150 per child, includes no meals.

Continuing Education Credits for RNs & LACs. A \$5 certificate of attendance is available. It suffices for RDs & nutritionists.

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

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CHAPTER LEADERS

☐ I am a chapter leader.

☐ I plan to attend the chapter leader meeting Thursday, Nov 6, 10 am - 4 pm

☐ I will help! Please send me info about how I can help promote the conference.

How did you hear about the conference?

- | | |
|--|--|
| <input type="checkbox"/> WAPF journal | <input type="checkbox"/> WAPF email |
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| <input type="checkbox"/> Blog | <input type="checkbox"/> Twitter or FB |
| <input type="checkbox"/> Web advertisement | <input type="checkbox"/> WAPF website |
| <input type="checkbox"/> Pinterest | <input type="checkbox"/> Radio |
| <input type="checkbox"/> Another conference | <input type="checkbox"/> Chapter |
| <input type="checkbox"/> Other, please specify _____ | |

What is your current occupation?

- | | |
|--|-------------------------------------|
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| <input type="checkbox"/> Nutritionist | <input type="checkbox"/> Homemaker |
| <input type="checkbox"/> Dentist | <input type="checkbox"/> Student |
| <input type="checkbox"/> Chiropractor | <input type="checkbox"/> Retired |
| <input type="checkbox"/> Nurse | <input type="checkbox"/> Teacher |
| <input type="checkbox"/> Agriculture Professional | <input type="checkbox"/> Journalist |
| <input type="checkbox"/> Artisan Worker | <input type="checkbox"/> Chef |
| <input type="checkbox"/> Other, please specify _____ | |

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PLEASE NOTE:

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

NO REFUNDS will be issued after December 31, 2014.

FOR FURTHER INFORMATION

<http://conferences.westonaprice.org/main-conference/>

By submitting this form, I authorize Wise Traditions to charge the applicable registration fees. I understand that all cancellations must be submitted in writing and must be received by October 18, 2014 to be eligible for a refund, less a \$25.00 administrative fee. All refunds will be issued following the conference. Substitutions will be permitted at any time. Registration packets will not be mailed and must be picked up on-site at the conference registration desk at the JW Marriott Hotel, Indianapolis, IN.

Wise Traditions 2014

Schedule

FRIDAY LECTURES

09:00-05:00	Seminar on Traditional Diets, Sally Fallon Morell, MA
10:00-05:00	Gut and Psychology Syndrome, Natasha Campbell-McBride, MD, PhD
10:00-05:00	Fat-Soluble Vitamin Interactions and Foods From Pastured Animals, Chris Masterjohn, PhD
10:00-05:00	Pesticides, Antibiotics, Vaccines and Pharmaceuticals, Stephanie Seneff, PhD
10:00-05:00	Teaming with Microbes: All You Need to Know About the Soil Food Web, Jeff Lowenfels

Friday Evening lectures

08:00-10:00	"CASPERs" – A Hidden Epidemic, Louisa Williams, MS, DC, ND
08:00-10:00	Toxic Vaccines: The Current Science, Leslie Manookian
08:00-10:00	The Effects of Environmental Toxicity on Chronic Illness, Mark Schauss
08:00-10:00	Making Sense out of Fiber Nonsense, Konstantin Monastyrsky
08:00-10:00	The Food Rights Struggle, Kimberly Hartke

SATURDAY LECTURES

Plenary Session: Focus on Food

09:00-09:30	Introduction to the Work of Weston A. Price, Sally Fallon Morell, MA
09:30-10:45	Wild Seafood, Randy Hartnell
11:00-12:15	The Acid-Alkaline Myth, Chris Kresser, LAc
01:45-03:00	The Science of Broth, Kaayla Daniel, PhD
03:15-04:30	Vegetarian Myths, Lierre Keith

Wellness Track

09:00-12:15	From Mush to Flush: A Brief Primer on the Physiology of Digestion, Konstantin Monastyrsky
01:45-04:30	The Health Secret of All Indigenous People, Tom Cowan, MD

Farming & Gardening Track

09:00-10:30	Tree Tapping Opportunities for Everyone, Michael Farrell
10:45-12:15	Six Inches of Soil, John Moody
01:45-03:00	City Chix, Pat Foreman
03:15-04:30	Growing Your Own Nutrient-Dense Vegetables, Calvin Bey, PhD

Awards Banquet: Death by Food Pyramid, Denise Minger

SUNDAY LECTURES

Track I: Food and Nutrition

09:00-10:20	The Effect of Food on Cognitive Function, Mark Schauss
10:30-11:50	The Art of Eating Without Harm, Konstantin Monastyrsky
01:30-02:50	Treating SIBO with Traditional Foods, Allison Siebecker
04:00-05:20	Reviving Health through Gentle Detoxification, Kim Schuette, CN

Track II: Testing

09:00-10:20	Understanding Your Own Blood Test Results 101 - Part 1, Jim Marlowe
10:30-11:50	Understanding Your Own Blood Test Results 101 - Part 2, Jim Marlowe
01:30-02:50	Tongue Signs and Fingernail Signs of Nutritional Deficiencies - Part 1, Donna Wild
04:00-05:20	Tongue Signs and Fingernail Signs of Nutritional Deficiencies - Part 2, Donna Wild

Wise Traditions 2014 Schedule

Track III: Native Ways

- 09:00-10:20 Bending, the Bane of our Backs, Esther Gokhale, LAc
- 10:30-11:50 Traditional Inupiat Food Wisdom, Recipes and Technologies, Anore Jones
- 01:30-02:50 Foodways of the Australian Aborigines, Sally Fallon Morell, MA
- 04:00-05:20 Foodways of the Masai, Chris Masterjohn, PhD

Track IV: Dental

- 09:00-10:20 Cardiovascular, Periodontal Disease, Sugar Metabolism: The Connection, Thomas Lokensgard, DDS
- 10:30-11:50 Amalgam and Dental Implants Dangers, Hal Huggins, DDS
- 01:30-02:50 Does Orthodontics as well as Nutrition and Growth Affect the Airway?, William Hang, DDS
- 04:00-05:20 Traditional Foods for Preventing Tooth Decay and Gum Disease, Rami Nagel

Track V: Making It Practical

- 09:00-10:20 Ferments, Summer Bock
- 10:30-11:50 Light as Air Artisan Sourdough Bread, Min Kim
- 01:30-02:50 Continuous Kombucha, John Moody
- 04:00-05:20 Food Co-ops, John Moody

05:30-06:30 Closing Ceremony: Sally Fallon Morell, MA

MONDAY ACTIVITIES

- 07:30-05:00 Farm Tour with Will Winter
- 09:00-04:00 Movement Track
- 09:00-12:00 Gokhale Method Posture Workshop, Esther Gokhale
- 01:00-04:00 MELT: Hands-Off Bodywork, Karel Littman
- 09:00-04:00 WAPF Cooking, Annie Dru
- 09:00-04:00 Homeopathy Workshop, Linda Robins, MD

Raw Milk Track

- 09:15-10:30 Producing Safe Raw Cheese, Sally Fallon Morell, MA
- 10:45-12:00 RAWMI Progress and Lessons from the Listed, Mark McAfee
- 01:15-02:30 Raw Milk in Canada, Michael Schmidt
- 02:45-04:00 A New California Raw Milk Dairy, Cynthia Daley, PhD
- 09:00-04:00 Wiser Nutritional and Dietary Choices Through MRT Self-Testing, Louisa Williams, MS, DC, ND

PRE-CONFERENCE AND POST-CONFERENCE ACTIVITIES



Farm-to-Consumer
Legal Defense Fund®

THURSDAY, NOVEMBER 6

**FundRAISER Reception Dinner &
Food Freedom Program 6 – 9:30 pm**
Earlybird thru Oct. 1: Adults \$79/ Kids \$59
farmtoconsumer.org/WAPF2014

MONDAY, NOVEMBER 10 (9 am – 4 pm Registration \$100)

- **Raw Milk** – Sally Fallon Morell, Mark McAfee, Michael Schmidt and Cynthia Daley
- **Posture and Movement** – Esther Gokhale and **MELT: Hands-on Bodywork** – Karel Littman
- **WAPF Cooking** – Annie Dru
- **Wiser Nutritional and Dietary Choices through MRT Self-Testing** – Louisa Williams
- **Farm Tour** – Will Winter
- **Homeopathy Workshop** – Linda Robins

Caustic Commentary

Sally Fallon Morell takes on the Diet Dictocrats

VITAMIN A AND HEARING LOSS

In these pages, we often report on vitamin A—that most necessary of all nutrients, found in very high levels in primitive diets but declared toxic by modern dietary authorities. Vitamin A supports vibrant health in so many ways—from formation and development of the fetus to hormone production to healthy eyes, skin and bones. A new report summarizes research showing that vitamin A supports a preventive, therapeutic and even regenerative role in hearing loss, and can even allay tinnitus—ringing in the ears. For example, a French study from as early as 1823 found that hearing levels were better among those who consumed the most vitamin A and also vitamin B₁₂ from various foods, including red meat. A 1984 European study reported a 5-15 decibel improvement in patients with age-related hearing loss when given vitamins A and E. Other researchers reported that vitamin A deficiency results in a decline in the number of sensory cells in the nose, tongue and inner ear. A 1993 study reported in *Science* found that vitamin A can stimulate the regeneration of mammalian auditory hair cells. In 2009, Japanese researchers found that adults with the highest blood serum levels of vitamin A and carotenoids have the lowest risk for hearing loss. And, in 2014, researchers determined that vitamin A deficiency during pregnancy, especially during the early stages of fetal development “may predispose offspring to inner ear malformations and sensorial hearing loss.” These studies and several others are detailed in a fascinating report by Bill Sardi at knowledgeofhealth.com, May 21, 2014.

MOM’S DIET AND FUTURE BEHAVIOR

More and more research is confirming what WAPF has been saying all along—that a pregnant mom’s diet affects not only the growth and physical health of her infant, but also mental performance and behavior. One new study reveals that pregnant mothers with unhealthy diets are more likely to have

children with behavioral problems. The study involved more than twenty-three thousand mothers and children participating in the ongoing Norwegian Mother and Child Cohort Study. They found that an unhealthy prenatal diet consisting of higher intake of processed meats, refined cereals, sweet drinks, and salty snacks predisposed offspring to more behavioral problems, whereas a healthy diet, consisting of higher intake of “vegetables, fruit, high-fiber cereals, and vegetable oils,” was associated with fewer behavioral problems in the children. (The study does not elaborate on the makeup of those “vegetable oils” but a diet higher in fruit and vegetables is a marker for a diet in which real foods predominate.) Pre-pregnancy

risk drinking was associated with child behavior problems at eighteen and thirty-six months, even after controlling for prenatal and postnatal alcohol use (*Eur Child Adolesc Psychiatry*. 2014 Jul 23). In related news, researchers at the University of Adelaide found that women who consistently ate “high-fat, high-sugar foods”—of course those would be industrial fats—and take-out foods were about 50 percent more likely to have a preterm birth (*Journal of Nutrition*, September, 144 (9):1349-1355).



BEHAVING WELL

The same Norwegian study cited above suggested that the diet of children may affect their behavior. Children who ate more unhealthy foods, defined in the study as chips, buns, cakes, waffles, chocolate, cookies, sweets, soda, ice cream, popsicles, bread with jam or honey, pizza, and soda with artificial sweeteners, had higher levels of internalizing behaviors such as worry, sadness, crying and anxiety, as well as externalizing behaviors, including aggression, tantrums, hyperactivity and defiant behavior. In comparison, children who ate more traditional or healthy foods, defined as “white fish, oily fish, boiled and raw vegetables, fruit, bread with fish products, eggs, bread with meat, Norwegian brown

Caustic Commentary

cheese, and fish products” (could that be cod liver oil?) had lower levels of these problem behaviors (*Eur Child Adolesc Psychiatry*. 2014 Jul 23).

DIET SODAS AND WEIGHT GAIN

Use of diet sodas, sweetened with non-caloric sweeteners such as aspartame, sucralose and saccharin, has increased enormously over the last twenty-five years, as consumers try to steer clear of sugar and high fructose corn syrup. About 30 percent of American adults regularly consume these sweeteners. But a recent review study by Susie Swithers, Purdue University professor of psychological sciences and a behavioral neuroscientist, found that consumption of diet soft drinks increases the likelihood of overeating. One large study found that people who drink artificially sweetened sodas are more likely to experience weight gain than those who drink non-diet sodas. Other studies found that those who drink diet soda have twice the risk of developing metabolic syndrome, often a precursor to cardiovascular disease, than those who abstained (*Trends in Endocrinology and Metabolism*, 24(9):431–441, September 2013).

TOXIC TOILET PAPER

We all know about hormone-like compounds in plastic water bottles. Chemicals such as BPA, PCBs and phthalates have been linked to conditions like endocrine disruption and cancer. But few realize that these compounds are also in toilet paper! A 2004 study published in the UK found very high concentrations of these xenoestrogens in toilet paper. Of course, you don't drink toilet paper, but who knows whether the compounds are absorbed through the skin. And the study found that these estrogen-pretenders do pass into wastewater and warned that toilet paper “should not be mixed with biological waste e.g. for co-composting or co-fermentation in order to derive organic fertilizers” (Gehring M and others in Popov V and others, eds. *Waste Management and the Environment* II. Southampton, UK, 2004).

LONGEVITY FOOD

Born in 1899, Miss Susannah Mushatt Jones has survived two World Wars, twenty-two U.S. presidents, the Great Depression, the Cold War and the birth of the telephone, radio, TV and Internet. Still alive and well at age one hundred fifteen,

Miss Susie is New York City's oldest resident. Miss Susie abstains from alcohol and smoking, but relatives credit her longevity to bacon. “She eats it every single morning,” says her goddaughter Valerie Price. Price does not eat bacon herself and doesn't recommend it—such is the power of propaganda over observation in today's modern world. But maybe her goddaughter is right, maybe that bacon will catch up with Miss Susie one day (aol.com, July 9, 2014)!

BACK TO BUTTER?

Butter is definitely in the news these days. *Time Magazine* featured a cover article entitled “Eat Butter. Scientists labeled fat the enemy. Why they were wrong” (June 13, 2014). *The Washington Post* carried an article entitled “Butter is the big fat winner” (June 18, 2014). The article noted that butter consumption is at its highest level in thirty years, at just over five pounds per person per year. Both articles admit that all the science condemning butter was wrong. An article in *The Wall Street Journal*, “America Renews Its Love Affair with Butter,” credits celebrity chefs and cooking shows for butter's increasing popularity (June 26, 2014). The article revealed that in 2013, Americans spent more than two billion dollars on butter compared with 1.8 billion dollars on spreads and margarines. But will butter really come roaring back? Probably not, as the industry has already inflicted too much damage. We've got a long way to go to the very healthy consumption of almost nineteen pounds per person in 1910—and very few will read or understand these articles or get over their fear of butter. There's no butter or whole milk in school lunches, mandated by ironclad regulations, difficult if not impossible to change. The industrial oil industry, quick to pick up on trends, will find new ways to demonize nature's perfect fat. Said Mike Faherty, a vice president of marketing at Unilever North America, “Consumers believe that butter is a simpler product that feels more natural, without understanding that it's an indulgence made from animal fats.” Look for more subtle messages to make Americans feel guilty for “indulging” in butter.

THE SWITCH TO GMO-FREE

“Non-GMO” is one of the fastest growing label trends on U.S. food packages, with sales of such items growing 28 percent in 2013, to about three billion dollars. Original flavor Cheerios,

Caustic Commentary

Grapenuts and Smart Balance all now carry a non-GMO label. Chipotle Mexican Grill is changing to non-GMO tortillas. But the switch is not easy, especially for foods with many ingredients. Two years ago, Ben & Jerry's initiated a plan to eliminate genetically modified ingredients from ice cream. Now, nearly a year behind schedule, the company has succeeded in replacing many of the ingredients with non-GMO versions, but they have yet to convert the milk that makes the ice cream itself, estimating that finding enough GMO-free milk could take another five or ten years. Since the vast majority of feed given to dairy cows in the U.S. is made with GMO corn, soybeans and alfalfa, finding GMO-free milk, especially lots of it, has proved more difficult than anticipated. GMO-free ingredients also cost from 5-20 percent more. Still, such is the growing wave of consumer pressure that many other companies are taking the first steps to become GMO-free (*Washington Post*, Aug 8, 2014).

PESKY WEED

In one of the worst examples of scientific speculations we have seen, researchers have proposed that seeds of a pesky weed called nutsedge helped prevent cavities in prehistoric man. How did they develop this theory? Well, they found seeds of the nutsedge in tombs containing skeletons with most of their teeth intact. Ergo: nutsedge seeds may have helped prehistoric humans fight cavities. Never mind that such a theory finds no support in the science. Seeds contain phytic acid which can block calcium assimilation and lead to cavities. We now know that the key vitamin for preventing tooth decay is vitamin K, which is mostly found in animal fats and organ meats, not in seeds. Vitamin K works with the support of vitamins A and D, and with calcium, phosphorus, magnesium and probably many other minerals and vitamins. It was nutrient-density, especially of the fat-soluble vitamins, that prevented cavities in prehistoric man, not the seeds of the nutsedge weed (*Washington Post*, July 17, 2014).

A POSITIVE IMPACT

Researchers in Kenya have published findings that should give pause to those promoting vegetarianism in children. The study looked at four groups of children. One group received a plant-based stew with added meat, one group got stew without meat plus whole milk, one group got the stew with added oil, and the fourth group served as a control. Students got the spe-

cial meals for five consecutive terms. Those getting the stew plus meat showed significantly greater improvements in test scores than those in all the other groups while those getting the stew plus milk outperformed those getting the stew with oil and the control group. The researchers credited increased folate, iron, vitamin B₁₂, zinc and riboflavin as nutrients that contributed to better cognitive function (*Br J Nutr.* 2014 Mar 14;111(5):875-86).

RAW MILK AND ALLERGIES

Over the past ten years, a half dozen studies out of Europe all point in the same direction, namely that consumption of raw milk during childhood provides protection against allergies, asthma and eczema. A new study has found that children growing up on dairy farms (and presumably drinking raw milk) have one-tenth the risk of developing allergies (*ScienceDaily.com*, July 9, 2014). But it's a recent study with rats that really piqued our interest. Four groups of rats received dairy protein-free rat chow plus either raw milk, gamma-sterilized milk, heated milk or water via drink bottles. Mice drinking raw milk had the best responses to allergens (*Br J Nutr.* 2014 Aug;112(3):390-7). It's a real step forward to see the effects of raw milk studied in animals—and published in the prestigious *British Journal of Nutrition*, no less. We need more studies like this, research that looks at the effects of raw versus pasteurized milk on bone density and growth, organ integrity, iron status, reproduction and even behavior. We predict that studies on raw milk will proliferate—at least in Europe—as more and more honest researchers see this as a way to making a real contribution to the future health of our children. ☺☺

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.

What Causes Heart Attacks: Part Two

by Thomas S. Cowan, MD

In a previous article in this journal (“What Causes Heart Attacks,” Fall 2007) I presented the case that the spectrum of heart disease, which includes angina, unstable angina, and myocardial infarction (heart attack), is better understood from the perspective of events happening in the myocardium (heart) as opposed to events happening in the coronary arteries (the arteries that supply the heart).

As we all know, the conventional view holds that the central event of heart disease occurs in the arteries, with the buildup of blockage called plaque. In this follow-up article I will go into more detail about the conventional theory and why it is largely misleading; then I will describe the precise and well documented events that do lead to MIs (myocardial infarctions or heart attacks).

Heart disease
is a true
manifestation
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civilized life
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being.

This understanding is crucial because during the last fifty years the pursuit of the coronary artery theory has cost this nation billions of dollars in unnecessary surgical costs, billions in medications that cause as much harm as allow for any positive benefits, and, most seriously, has led many to adopt a lowfat diet, which only worsens the problem. Newer twists on this theory only serve to further obscure the real cause. In contrast, by understanding the real patho-physiological events behind the evolution of MIs, we will be led to a proper nourishing traditional style of eating, the use of the safe and inexpensive heart tonic called g-strophanthin, and, most importantly, we will be forced to look at how heart disease is a true manifestation of the stresses of modern civilized life on the core of the human being.

To overcome the epidemic of heart disease we literally need a new medical paradigm, a new economic system, a new ecological consciousness; in short, a new way of life. The coronary theory misses all of this, just as it misinterprets the actual pathological events.

In writing this article, I am indebted to the work of Dr. Knut Sroka and his website heartattacknew.com. For all interested in this important subject I recommend reading the entire website and watch the video on the website. The video shows how the collateral circulation nourishes the heart even with a severe blockage of a coronary artery.

For health professionals and researchers, your understanding of this subject is incomplete without reading and studying two articles. The first is by G. Baroldi, "The Etiopathologies of Coronary Heart Disease: A Heretical Theory Based on Morphology," and the second by K. Sroka, "On the Genesis of Myocardial Ischemia." Both articles are reprinted in full on the website.

REBUTTAL OF CONVENTIONAL THEORY

Until recently I believed, along with most physicians, that most MIs were caused by the progressive blockage caused by plaque buildup in the four major coronary arteries leading to the heart. These plaques were thought to be composed of cholesterol that built up in the arterial lumen (inside of the vessel), which eventually cut off blood supply to a certain area of the heart, re-

sulting in oxygen deficiency in that area, causing first pain (angina), then progressing to ischemia (heart attack). The simple solution was to unblock the stenosis (the blockages) with either an angioplasty or stent, or, if that was not possible, then bypass this area with coronary bypass grafting (CABG). Simple problem, simple solution.

The problems with this approach became apparent to me through a number of avenues. The first emerged in a story related by the head of cardiology during a northern California heart symposium at which I was a speaker. He told us that during his residency he was part of a trial conducted in rural Alabama on black men. In this trial, they did angiograms (injecting dye into the coronary arteries to detect blockages) on all the men presenting with chest pains. For the ones who had a single artery blocked, they did no interventions, only noting which part of the heart would have a subsequent heart attack if one occurred. Of course, they all predicted it would be in the part of the heart supplied by that particular coronary artery. Then they waited.

Eventually many did return and did have MIs, but to the researchers' surprise less than ten percent had a heart attack in the area of the heart supplied by the original blocked artery. This means, of course, that had they performed the usual angioplasty, stent, or bypass on that artery, the patient would have received no benefit.

The second occurrence that helped change my mind was the publication in 2003 of a large study conducted by the Mayo Clinic on the efficacy of bypass surgeries, stents, and angioplasty.¹ The study concluded that bypass surgery does relieve symptoms (chest pain); that bypass surgery does not prevent further heart attacks; and that only high-risk patients benefit from bypass surgery with regard to a better chance of survival.

In other words, the gold standard for treating arterial blockages provides at best only minimal benefits.

If you watch the video on www.heartattacknew.com and go to the FAQ called "The Riddle's Solution," it becomes clear why this is so. Large stable blockages, that is, sites that are over 90 percent blocked, in almost all cases compensate for the blockage by developing collateral blood vessels.

In fact, the view that the four coronary

Conventional cardiology is abandoning the stable plaque model in favor of a different model, one that, it turns out, is equally invalid.

arteries supply all the blood to the heart is completely wrong. Starting soon after birth, the normal heart develops an extensive network of small blood vessels called collateral vessels that eventually compensate for the interruption of flow in any one (or more) of the major vessels. As Sroka correctly points out in the video posted at heartattacknew.com, coronary angiograms fail to show the collateral circulation; furthermore the procedure creates spasms in the coronary arteries through the injection of heavy dye under high pressure. Thus, coronary angiograms are notoriously inaccurate at assessing the amount of stenosis in the vessels as well as the true blood flow in the heart.

To this day, most of the bypasses, stents, and angioplasties are performed on minimally symptomatic patients who show a greater than 90 percent blockage in one or more coronary arteries. These arteries are almost always fully collateralized; it is not the surgery that restores blood flow, because the body has already done its own bypass. If tests found a major coronary artery 90 percent blocked, with only 10 percent flow “squeezing through the bottleneck,” how could you possibly still be alive if you did not have collateral blood vessels?

And are we really to believe that the decisive thing that will cause the eventual MI is when the stenosis goes from 93 percent to 98 percent? This is an insignificant difference, and the premise that this small increase will cause a heart attack is completely nonsensical. Yet this is what most of the procedures are meant to accomplish, to unblock the stenosis, which as the video on heartattacknew.com shows, does not actually improve blood flow. It is no wonder that in study after study these procedures fail to provide any significant benefit to the patients.

For these reasons, conventional cardiology is abandoning the stable plaque model in favor of a different model for the etiology of MIs, one that, as it turns out, is equally invalid.

MEET THE UNSTABLE PLAQUE

We can now all agree that the entire focus of cardiology—upon the stable, progressing calcified plaque: the thing we bypassed and stented for years, the thing we do CT scans of arteries for, the thing they told us is created from cho-

lesterol buildup in arteries, the thing “alternative cardiology” like the Ornish program focused on eliminating—all this is not so important after all.

Don’t worry, though, say the “experts,” we know it must be the arteries, so let’s introduce another concept—drum roll—that of unstable or friable plaque. This insidious scoundrel can attack at any time in any person, even when there is no large blockage. That’s because these soft, “foamy” plaques can, under certain situations (we don’t know which situations), rapidly evolve and abruptly close off the involved artery, creating an oxygen deficit downstream, with subsequent angina and then ischemia. These soft plaques are thought to be the result of a combination of inflammatory “buildup” and LDL-cholesterol, the exact two components that are targeted by statin drugs. Therefore, since unstable plaque can come loose at any time, everyone should be on statin drugs to prevent this unfortunate occurrence. Some advocates have even suggested putting therapeutic doses of statins in the municipal water supplies.

Defenders of this theory point to angiogram studies that show the changes in these unstable plaques, claiming them as proof that unstable plaque is the true cause of the majority of MIs. As I will show, this acute thrombosis *does* happen in patients having heart attacks, but it is a *consequence*, not the cause of the MI.

What can pathology reports—as opposed to angiography studies—tell us about the role of unstable plaque in heart attacks? After all, pathology reports are the only accurate way of determining what actually happened during a heart attack, as opposed to angiograms, which are misleading and difficult to read.

The first major autopsy study of patients dying of MI was carried out in Heidelberg in the 1970s.² The study found that sufficient thrombosis to cause the MI was found in only twenty percent of cases. The largest such study found sufficient thrombosis in only 41 percent of cases.³ The author, Baroldi, also found that the larger the area of the MI, the more often the pathology report found stenosis; in addition, the longer the time between MI and the death of the patient, the higher the percentage of stenosis.

Some researchers have used these two facts to “cherry-pick” the numbers and make the ste-

The most consistent risk factors for heart disease are male sex, diabetes, cigarette use and psychological or emotional stress.

nosis rate seem high by studying only those with large MIs and those who live the longest after the MI event.

Another observation that puts into doubt the relevance of the coronary artery theory of MI is the fact that the proposed etiological mechanism of how thrombosed arteries cause ischemia is through cutting off the blood supply and thereby the oxygen supply to the tissues. To the enormous surprise of many investigators, the reality is that when careful measurements are done assessing the oxygen level of the myocardial cells, there is no oxygen deficit ever shown in an evolving MI.⁴ The oxygen levels (measured as pO_2) do not change at all throughout the entire event. I will come back to this fact later when I describe what does change in every evolving MI ever studied. Again the question must be asked: if this theory is predicated on the lowering of the oxygen levels in the myocardial cells when in fact the oxygen levels don't change, then what exactly does happen?

The conclusion is that while thrombosis associated with MI is a real phenomenon, it does not occur in more than 50 percent of cases—which leads to the question: why do the other 50 percent, those without an occlusion in the coronary arteries, even have an MI? Second, it is clear from all pathology studies that thromboses of significant degrees evolve *after* the MI occurs, again leading to the question: what causes the MI in the first place? The fact that thrombosis does occur after a heart attack also explains why emergency procedures—remember, the only patients who benefit from bypass and stents are critical, acute patients—can be helpful immediately post-MI to restore flow in those patients who do not have adequate collateral circulation to that part of their heart. So again, all the existing theories as to the relevance of the coronary arteries in the evolution of the MI are fraught with inconsistencies. If this is so, then what causes heart attacks?

THE ETIOLOGY OF MYOCARDIAL ISCHEMIA

Any theory as to what causes myocardial ischemia must account for some consistent observations over the past fifty years. The most consistent risk factors for a person having heart disease are male sex, diabetes, cigarette use and

psychological or emotional stress. Interestingly, in none of these is there a direct link to pathology of the coronary arteries—diabetes and cigarette use cause disease in the capillaries, not, as far as we know, in the large arteries. Also, we have learned over the past decades that the four main medicines of modern cardiology—beta-blockers, nitrates, aspirin, and statin drugs—all provide some benefits for heart patients (albeit all with serious drawbacks as well) and this observation must be accounted for in any comprehensive theory of myocardial ischemia.

HEART RATE VARIABILITY

The real revolution in the prevention and treatment of heart disease will come with increased understanding of the role played by the autonomic nervous system in the genesis of ischemia and its measurement through the tool of heart rate variability (HRV).

We have two distinct nervous systems: the first, the central nervous system (CNS), controls conscious functions such as muscle and nerve function; the second nervous system, the autonomic (or unconscious) nervous system (ANS), controls the function of our internal organs. The autonomic nervous system is divided into two branches, which in a healthy person are always in a balanced yet ready state. The sympathetic or “fight-or-flight” system is centered in our adrenal medulla; it uses the chemical adrenaline as its chemical transmission device and tells our bodies there is danger afoot; time to activate and run. It does so by activating a series of biochemical responses, the centerpiece of which are the glycolytic pathways, which accelerate the breakdown of glucose to be used as quick energy as we make our escape from the bear chasing us.

In contrast, the parasympathetic branch, centered in the adrenal cortex, uses the neurotransmitters acetylcholine (ACh), nitric oxide (NO), and cyclic guanosine monophosphate (cGMP) as its chemical mediators; this is the “rest-and-digest” arm of the autonomic nervous system.

The particular nerve of the parasympathetic chain that supplies the heart with nervous activity is called the vagus nerve; it slows and relaxes the heart, whereas the sympathetic branches accelerate and constrict the heart. I believe it can be

shown that an imbalance in these two branches is responsible for the vast majority of heart disease.

Using the techniques of heart rate variability (HRV) monitoring, which gives a real time accurate depiction of autonomic nervous system status, researchers have shown in multiple studies⁵ that patients with ischemic heart disease have on average a reduction of parasympathetic activity of over one-third. Typically, the worse the ischemia, the lower the parasympathetic activity.⁶ Furthermore about 80 percent of ischemic events are preceded by a significant, often drastic, reduction in parasympathetic activity.⁷

By contrast, those with normal parasympathetic activity, who experience an abrupt increase in sympathetic activity (such as physical activity or an emotional shock), never suffer from ischemia.

In other words, without a preceding decrease in parasympathetic activity, activation of the sympathetic nervous system does not lead to MI.⁸ Presumably we are meant to experience times of excess sympathetic activity; this is normal life, with its challenges and disappointments. These shocks only become dangerous to our health in the face of an ongoing, persistent decrease in our parasympathetic, or life-restoring, activity.

The decrease in parasympathetic activity is mediated by the three chemical transmitters of the parasympathetic nervous system: acetylcholine, NO, and cGMP. It is fascinating to note that women have stronger vagal activity than men, probably accounting for the sex difference in the incidence of MI.⁹ Hypertension causes a decrease in vagal activity,¹⁰ smoking causes a decrease in vagal activity,¹¹ diabetes causes a decrease in vagal activity,¹² and physical and emotional stress cause a decrease in parasympathetic activity.¹³ Thus, all the significant risk factors suppress the regenerative nervous system activity in our heart.

On the other hand, the main drugs used in cardiology upregulate the parasympathetic nervous system. Nitrates stimulate NO production while aspirin and statin drugs also stimulate the production of ACh along with NO—that is, until they cause a rebound decrease in these substances which then makes the parasympathetic activity even worse.

Beta-blockers work by blocking the activity

of the sympathetic nervous system, the increase of which is a central factor in the etiology of MI.

The bottom line: the risk factors for heart disease and the interventions used all affect the balance in our ANS; whatever effects they may have on plaque and stenosis is of minor relevance.

HOW HEART ATTACKS OCCUR

So what is the sequence of events that leads to an MI? First comes a decrease in the tonic, healing activity of the parasympathetic nervous system—in the vast majority of cases the pathology for heart attack will not proceed unless this condition is met. Think of those who are always pushing themselves, who never take time out, who have no hobbies, who constantly stimulate the adrenal cortex with caffeine or sugar, who do not nourish themselves with real food and good fats, who do not incorporate a regular pattern of eating and sleeping into their daily lives.

Then comes an increase in the sympathetic nervous system activity, usually a physical or emotional stressor. This increase in sympathetic activity cannot be balanced because of chronic parasympathetic suppression. The result is an uncontrolled increase of adrenaline, which directs the myocardial cells to break down glucose using aerobic glycolysis. Remember that in a heart attack there is no change in blood flow as measured by the pO_2 in the cells. This step shunts the metabolism of the heart away from its preferred and most efficient fuel sources, which are ketones and fatty acids. This explains why heart patients often feel tired before their events. This also explains why a diet liberal in fat and low in sugar is crucial for heart health.

As a result of the sympathetic increase and resulting glycolysis, a dramatic increase in lactic acid production occurs in the myocardial cells; this happens in virtually one hundred percent of MIs, with no coronary artery mechanism required.^{14,15} As a result of the increase in lactic acid in the myocardial cells, a localized acidosis occurs. This acidosis prevents calcium from entering the cells,¹⁶ making the cells less able to contract. This inability to contract causes localized edema (swelling), dysfunction of the walls of the heart (hypokinesis, which is the hallmark of ischemic disease as seen on stress echoes and nuclear thallium stress tests), and eventually

Researchers have shown that patients with ischemic heart disease have on average a reduction of parasympathetic activity of over one-third.

Nourishing our parasympathetic nervous system is the same as dismantling a way of life for which humans are ill-suited.

necrosis of the tissue—in other words, a heart attack. The localized tissue edema also alters the hemo-dynamics of the arteries embedded in that section of the heart, resulting in shear pressure, which causes the unstable plaques to rupture, further block the artery, and worsen the hemodynamics in that area of the heart.

Please note that this explanation alone explains why plaques rupture, what their role in the MI process is, and why they should indeed be addressed. Notice also that this explanation accounts for all the observable phenomena associated with heart disease and is substantiated by years of research. The true origin of this epidemic of heart disease could not be more clear.

NOURISHING THE PARASYMPATHETIC NERVOUS SYSTEM

If heart disease is fundamentally caused by a deficiency in the parasympathetic nervous system, then the solution is obviously to nurture and protect that system, which is the same as saying we should nurture and protect ourselves.


Nourishing our parasympathetic nervous system is basically the same as dismantling a way of life for which humans are ill-suited. This means avoiding the excesses of industrial civilization. The known things that nourish our parasympathetic nervous system are contact with nature, loving relations, trust, economic security (a hallmark of indigenous peoples the world over) and sex—this is a whole new world of therapy for ailing hearts.

The medicine that supports all aspects of the parasympathetic nervous system is an extract from the strophanthus plant called ouabain or g-strophanthin. G-strophanthin is an endogenous (made within us) hormone manufactured in our adrenal cortex from cholesterol and therefore inhibited by statin drugs.

G-strophanthin does two things that are crucial in this process—two actions provided by no other known medicine. First, it stimulates the production and liberation of ACh, the main neurotransmitter of the parasympathetic nervous system; secondly, and crucially, it converts lactic acid—the main metabolic culprit in this process—into pyruvate, one of the main and preferred fuels of the myocardial cells. In other words, it converts the central poison in

this process into a nutrient. This may be what is meant in Chinese medicine when they say that the kidneys (that is, the adrenal glands, where ouabain is made) nourish the heart.

In my many years of using ouabain, I have not had a single patient have an MI while taking it. It is truly a gift to the heart.

Of course, I put all my patients on a WAPF-style heart-healthy diet, loaded with healthy fats and fat-soluble nutrients, and low in the processed carbs and sugars that are the hallmark of industrial, “civilized” life. 

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Dr. Cowan has served as vice president of the Physicians Association for Anthroposophical Medicine and is a founding board member of the Weston A. Price Foundation. He is the principal author of The Fourfold Path to Healing and is co-author of The Nourishing Traditions Book of Baby and Child Care. Dr. Cowan lectures throughout the United States and Canada.

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Stress as Cause of Heart Attacks: The Myogenic Theory

by Carlos Monteiro

The theory that heart attacks begin in the heart itself—the myogenic theory—and not in the arteries, was developed by my father-in-law, the Brazilian cardiologist, Quintiliano H. de Mesquita, who died in 2000.¹ In this article, I propose to describe the history of the myogenic theory for a public that is largely unaware of this alternative theory since its introduction in 1972.^{2,3}

In addition to the myogenic theory, Dr. Mesquita developed the concept of ventricular aneurysm surgery. Ventricular aneurysm is a complication that can occur after a heart attack, arising from a patch of weakened tissue in a ventricular wall. The surgery was first performed by Dr. Charles Bailey in 1954, and is still often performed on patients after a heart attack. My father-in-law also made the first diagnosis of right ventricular infarction by the electrocardiogram in 1958. He was the author of more than thirty pioneer contributions to medical literature in the field of cardiology.

During his previous thirty-one years of medical practice, Dr. Mesquita found that all treatments for unstable angina were failures.

The main reasons that led Dr. Mesquita to break with the conventional thrombosis theory of heart disease—which states that the heart attack is caused by blocked arteries—are as follows:

- Clinical observations showing the absolute lack of efficacy of anticoagulants in the treatment of unstable angina pectoris. Unstable angina is considered to be a stage leading to myocardial infarction;
- The strong correlation of myocardial infarction with stress or unusual physical activity;
- Frequent coronary angiographies showing no obstructions in the presence of myocardial infarction.

Dr. Mesquita's suspicion about the coronary thrombosis theory increased when he found that:

- Many anatomic-pathological studies have demonstrated no relationship between thrombus and infarction, which led many authors since the 1940s to consider coronary thrombosis—the clot in the arteries—as a *consequence* of acute myocardial infarction, not its cause;
- The development of coronary thrombus after a heart attack, demonstrated experimentally.

Along with these observations, Dr. Mesquita also found that since the beginning of the twentieth century, several doctors had used cardiotonics (cardiac glycosides like digoxin, digitoxin, and ouabain/strophanthin), with remarkable results in the treatment of both stable angina pectoris and acute myocardial infarction. Among these were the American Dr. James Bryan Herrick (in 1912), even though he was an important supporter of the coronary thrombosis (thrombogenic) theory as the cause of heart attacks. Another was Dr. Ernst Edens (1934) from Germany.

In 1975, Dr. Mesquita was awarded the *Ernst Edens Traditionspreis* by the International Society to Fight Infarction (*Internationale Ge-*

sellschaft für Infarktbekämpfung), located near Stuttgart, Germany. Its president at the time was Dr. Berthold Kern, who has used sublingual strophanthin in more than fifteen thousand patients with angina or myocardial infarction.

DEVELOPMENT OF MYOGENIC THEORY

Assuming that unstable angina pectoris (chest pain) could be the result of a regional myocardial failure (and not a clogged artery), with episodic, but reversible, manifestations, Dr. Mesquita came to the conclusion that only

the therapeutic correction by a cardiotonic would be able to reverse the clinical picture and prevent the myocardial infarction. Eventually he came to see heart disease as a three-stage process:



Dr. Quintiliano H. de Mesquita flanked by his daughter Solange and Carlos Monteiro (1982)

Stage I: Stable angina (chest pain), an intermittent and reversible process indicating regional

myocardial ischemia (restriction in blood supply to the tissues) caused by physical exertion or psycho-emotional stress, and loss of regional myocardial contractility.

Stage II: Unstable angina (more severe chest pain), a process that is still reversible, indicating regional myocardial insufficiency, which is episodic, spontaneous, and reversible, with regional myocardial ischemia (restriction in blood supply).

Stage III: Acute myocardial infarction (heart attack), an irreversible process characterized by regional myocardial insufficiency restrained and reversible only by cardiotonics; absolute regional myocardial ischemia; circulatory stagnation followed by myocardial necrosis (death to the heart tissue); satellite coronary artery stasis, with possible fragmentation or displacement of atheromatous plaque due to the heart attack and vascular processes; and, on occasion, secondary coronary thrombosis (blockage of a coronary artery).

The impact of acute stress may trigger myocardial infarctions in patients with normal coronary arteries.

After he formulated the myogenic theory in early 1972, Dr. Mesquita sought to start clinical investigations by testing cardiotonics in unstable angina. During his previous thirty-one years of medical practice, he found that all treatments for unstable angina were failures. His many years of clinical experience led him to conclude that intravenous strophanthin (K or G) was the most reliable cardi tonic in all cases of acute myocardial infarction complicated by heart failure.

Two days after coming up with his theory, Dr. Mesquita received in his medical office an engineer of fifty-seven years who had been affected for the previous fifteen days by daily outbreaks of acute coronary insufficiency, unresponsive to treatment, even to rapid-acting nitrates.

According to Dr. Mesquita, this individual was predestined to provide the therapeutic proof of his new theory. The patient had come to his medical office because he was on the verge of a heart attack and his personal physician passively awaited the event which, he said, could be lethal.

Dr. Mesquita gave him an injection of strophanthin-K (1/4 Kombetin mg) plus dipyridamole (Persantine 20mg), plus an oral coronary vasodilator drug, prenylamine (Synadrin 180mg/day), for ten days, along with bed rest in his home. When he returned to Dr. Mesquita's of-

fice, the patient was declared cured because the symptoms had ceased after the first injection.

The treatment, confirmed by angiogram and ventriculogram, was so successful that Dr. Mesquita felt confident of his theory. At this point, he coined his new concept the myogenic theory of myocardial infarction.

WHAT ABOUT ATHEROSCLEROSIS?

If the heart attack begins in the heart muscle itself, what is the role of atherosclerosis—hardening of the arteries—in heart disease? In his book, *Myogenic Theory of Myocardial Infarction* (1979),⁴ Dr. Mesquita explained that the triggering cause represented by physical exertion or psycho-emotional stress increases the activity of the heart in the face of the fixed or deficient flow in the coronary blood supply, producing the regional ischemia. This lack of blood supply then leads to the loss of contractility within a few seconds, along with reduced ejection phase, increased volume and final diastolic pressure during the ischemia, along with an overload in contractility of normal regions of the heart.

Each episode of myocardial ischemia by stress or emotion affects the cardiac muscle segment dependent on the affected coronary artery, compromising the myocardial structure. Over

2012 KING OF ORGANS CONFERENCE

In November of 2012, I made a tribute to Dr. Mesquita during the Fourth International Conference of Advanced Cardiac Sciences—the “King of Organs” conference, held in Saudi Arabia. I presented some of his pioneering contributions to medical science, particularly regarding the pathophysiological and therapeutic concepts of the myogenic theory. My presentation covered the following topics: Coronary Thrombosis: Cause or Consequence of Myocardial Infarction?; Introduction and Fundamentals; Mechanism and Sequence of Events; Stress and Acute Myocardial Syndromes; and Benefits of Cardi tonic Drugs in Patients with Stable Ischemic Heart Disease, Unstable Angina, and Acute Myocardial Infarction.⁵

I am indebted to Dr. Paul J. Rosch, President of the American Institute of Stress, Professor of Medicine and Psychiatry at New York Medical College, and member from the scientific committee, who suggested me as a speaker for this conference.²⁷



(L-R) David Diamond, Malcolm Kendrick, Carlos Monteiro, and Paul Rosch during a break in proceedings at the conference.

Collateral coronary circulation bypasses the blockages in coronary arteries and supplies enough oxygenated blood to enable cardiac tissue to survive and recover.

time the repeated ischemic manifestations in the same regions of the heart will cause pathological structural changes, different from the unaffected surrounding non-ischemic areas of normal structure.

In his book, *Myogenic Theory of Myocardial Infarction*,⁴ Dr. Mesquita says, “Thus, the coronary disease contributes to the deterioration of the ventricular segment, constituting areas of myocardial sclerosis or segmental myocardial disease, the possible future site of the myocardial infarction.”

STRESS AND THE HEART

One point that needs emphasis is the fact that most risk factors for coronary heart disease, including smoking, hypertension and diabetes, are associated with autonomic nervous system dysfunction with overactive sympathetic system (fight or flight response), leading to elevation of stress hormones (adrenaline and noradrenaline).

Acute stress or chronic stress overload often represents the final blow to a vulnerable segment of the heart muscle, affected by chronic coronary disease, triggering the acute myocardial infarction. However, the impact of acute stress may also trigger an MI in patients with normal coronary arteries.

Several studies have shown a close connection between catecholamine (adrenaline and noradrenaline stress hormones) and myocardial infarction. The hyperactivity of the sympathetic nervous system, with an intense outflow of catecholamine, also occurs in unstable angina, although to a lesser extent and for a shorter period of time than in acute myocardial infarction.

Takotsubo cardiomyopathy, also known as “broken heart syndrome,” is a sudden temporary weakening of the heart muscle, one obviously triggered by acute stress. In broken heart syndrome the patient has an intense outflow of catecholamine, even greater than in patients with acute myocardial infarction. Takotsubo cardiomyopathy simulates an evolving myocardial infarction clinical picture. It occurs in patients with no signs of coronary heart disease. This is obviously a condition where the etiology is better explained by the myogenic theory of heart disease.

In addition to intense physical activity,

particularly in sports competition, or unusual physical efforts that surpass the limits of the individual’s heart condition, or the heavy use of stimulant drugs, there are many risk factors for acute myocardial syndromes based on recent severe stress situations or sudden emotional upset. These include marital separation or divorce, retirement or loss of work, loss of revenue or business failure, family conflicts, serious personal injury or illness, death or illness of a close family member, shock of a surprise party, armed robbery or other kind of violence, heated discussion, threats or acts of war—even earthquakes and other frightening natural disasters.

The most common immediate cause of sudden cardiac death is ventricular fibrillation. Ventricular fibrillation is a condition in which there is uncoordinated contraction of the cardiac muscle of the ventricles in the heart, making them quiver rather than contract properly. Ventricular fibrillation may be triggered by autonomic nervous system disturbance due to acute stress.

CARDIOTONICS

The heart is nourished by two main coronary arteries, the right and the left, with branches to supply oxygen and blood throughout the heart muscle, and also by a network of collateral blood vessels. According to Dr. Mesquita, an important role of the cardiotonic remedy is to enhance the effects of collateral coronary circulation and ensure the preservation of the ischemic myocardium (the heart tissue where blood flow is blocked or reduced). As noted in his book: “The collateral coronary circulation network is not always able to prevent myocardial infarction, because it develops depending on the anatomical features of the obstructive process, and also it is not always sufficient to face the demands of the coronary patient’s physical activity.”

Indeed, collateral coronary circulation bypasses the blockages in the coronary arteries, supplying enough oxygenated blood to enable the cardiac tissue to survive and recover. A recent meta-analysis confirmed the observation that heart disease patients with a well-developed collateral coronary circulation have an improved survival compared with patients with less developed collaterals.⁵

Cardiotonics also act to harmonize the

differences in contractility between both the ischemic and non-ischemic regions of the heart and allow for coordinated function among the segments.

Findings showing that cardiotonics such as ouabain/strophanthin and digitalis (digoxin and digitoxin) have a direct relationship between dosage and myocardial contractile force were discussed by Charles C. Wycoff in 1969. Based on these findings, he raised the hypothesis of a possible beneficial effect from digitalis in a dose much lower than that which was considered effective in the past. Noting that in many clinical settings, digitalis showed beneficial effects during surgery and for chronic hypertension, angina, acute myocardial infarction, and healed myocardial infarctions, Wycoff argued for a much wider use of digitalis than the generally accepted indications for this drug.⁶

Cardiotonics may offer other possible benefits for ischemic heart disease, independent of their effects on the strengthening of heart muscle contraction, through stress reduction by the improvement of baroreceptor function (sensors in the blood vessels that help to maintain blood pressure at nearly constant levels), reduction of sympathetic nervous system activity, support of the vagus nervous system, and reduction in

secretion of catecholamines.^{7,8,9}

Cardiotonic drugs have been used for over two hundred years to treat patients with heart failure where there is reduced force of muscle contraction, due to overloading of the ventricle. As predicted by Wycoff, recent studies have indicated that a beneficial effect on morbidity and mortality from digoxin, the most popular cardiotonic drug for heart failure, is seen at lower rather than higher doses.¹⁰⁻¹² By the way, it has been known for more than one hundred years that heart failure is characterized by excessive sympathetic nervous system activity.

LACTATE IN THE HEART

The heart is an organ of high metabolic activity—it cannot rest as can other body muscles. Chronic or acute elevated catecholamine release may accelerate myocardial glycolysis leading to a significant increase in lactate production. Lactic acidosis results from increased production of lactate, the final product in the pathway of glucose metabolism. Studies show that lactate accumulation predicts ischemic myocardial necrosis.¹³

Measurement of arterial blood lactate is considered a consistently useful prognostic indicator of survival or fatality in patients with acute myocardial infarction.¹⁴ A recent study

It has been known for more than one hundred years that heart failure is characterized by excessive sympathetic nervous system activity.

PATHOLOGIC Q WAVES

Pathologic Q waves, as seen on an electrocardiogram, are usually a sign that indicates current or prior myocardial infarction. They show the absence of electrical activity. A myocardial infarction can be thought of as an electrical “hole,” since scar tissue is electrically dead and therefore results in electrocardiographic Q waves. Pathologic Q waves are not an early sign of acute myocardial infarction, but generally take several hours to days to develop. Once pathologic Q waves have developed they rarely go away.

The use of pathologic Q waves in electrocardiographic diagnosis of acute myocardial infarction has decreased in clinical practice during the last decades. In 2000, medical boards proposed the first official redefinition of myocardial infarction, followed by others, which were published in 2007 and 2012, with the endorsement of the European Society of Cardiology, the American College of Cardiology Foundation, the American Heart Association, and the World Heart Federation.

These redefinitions of myocardial infarction implied that any signs of necrosis in the setting of myocardial ischemia, regardless of the pathobiology, should be labeled as MI. This favored using the protein troponin as the preferred biomarker for MI. (Troponin is considered a highly specific marker for myocardial infarction or heart muscle cell death.)

These redefinitions also spread the use of ST segment elevation in electrocardiographic diagnosis of MI. However, troponin levels may be elevated in other cardiac and non-cardiac disorders, not just in myocardial infarction. Also, both ST segment elevation and ST segment depression may be associated with other ischemic settings, with no infarction. This strategy resulted in more cases being diagnosed, adding patients with conditions not so severe and consequently leading to the decrease in statistical indices of global mortality for myocardial infarction.

Despite the significant drop in mortality using this new broadened definition for myocardial infarction, recent studies claim that “Q-waves are a major determinant of in-hospital mortality, and targeted interventions should be directed to these high-risk patients.”¹³² Incidentally, studies have shown that mental stress³³ and exercise³⁴ may induce cardiac troponin elevation, unrelated to myocardial injury, leading many people to unnecessary hospital admissions and invasive procedures.

THROMBOGENIC THEORY VERSUS MYOGENIC THEORY OF HEART DISEASE

Let's look at the different philosophies, therapeutics, and outcomes for the three stages of ischemic heart disease.

STAGE ONE:

The first stage is represented by symptomatic and myocardial stability, stable angina pectoris, and silent coronary cardiomyopathy (disease of the heart muscle), with and without previous infarction. In this stage, the main therapeutic focus of the thrombogenic theory is to maintain the coronary blood flow by correcting or circumventing the obstructions in the coronary arteries caused by atherosclerosis and to avoid coronary thrombosis thought to lead to myocardial infarction. This is accomplished through procedures like angioplasty, stents, and coronary atherectomy; the creation of grafts in the coronary artery; bypass surgery; and by the use of drugs like coronary dilators, adrenergic beta-blockers, cholesterol-lowering agents like statins, anticoagulants and antiplatelet agents. The intention is to ensure the myocardial perfusion by improving the coronary blood flow; however, this strategy leaves the ventricular function to its own fate.

By contrast, the goals of the myogenic theory in the first stage of heart disease are to neutralize the reduced contractility effects of ischemia (restriction of blood supply to the tissues); to preserve the function of the ventricles (chambers of the heart); to prevent unstable angina, myocardial infarction, heart failure, and sudden death due to severe arrhythmias; to ensure permanent myocardial stability; to provide a peaceful, comfortable, and predominantly asymptomatic long survival; and to support the natural effects of coronary collateral circulation, when it is already established. These goals are accomplished by the prophylactic oral use of cardiotonics like low-dose digoxin plus coronary dilators and ACE inhibitors (the last one indicated by Dr. Mesquita since the 1990s).

An interesting study involved two groups of stable patients using the therapeutics recommended by the myogenic theory in the first stage of ischemic heart disease; these cases were followed by Dr. Mesquita and colleagues.^{28,29} The first group included 994 patients without prior infarction given cardiotonics, presenting over twenty-eight years the following morbidity and mortality:

- Myocardial infarction: 14 cases (1.4%)
- Heart failure mortality: 32 cases (3.2%)
- Sudden death: 72 cases (7.2%)
- Stroke mortality: 13 cases (1.3%)
- Cancer mortality: 14 cases (1.4%)
- Other causes of mortality: 11 cases (1.1%)
- Total mortality: 142 cases (14.2%) - (0.5% per year!)
- Mean age at death: 76 years

The second group included 156 patients with prior infarction, also using cardiotonics, presenting over twenty-eight years the following morbidity and mortality:

- Recurrent MI: 8 cases (5.1%)
- Heart failure mortality: 17 cases (10.8%)
- Sudden death: 32 cases (20.5%)
- Stroke mortality: 7 cases (4.4%)
- Cancer mortality: 3 cases (1.9%)
- Other causes of mortality: 5 cases (3.2%)
- Total mortality: 64 cases (40.8%)—(1.45% per year!)
- Mean age at death: 72 years

As a point of interest, we can compare total, cancer, and stroke mortalities, using the therapy recommended by the myogenic theory, with those found in The Heart Protection Study (HPS),³⁰ which had a follow-up of five years, involving 20,536 patients aged forty to eighty years with coronary heart disease, other vascular diseases, or diabetes. The HPS found a total mortality of 12.9 percent (2.58 percent per year). The specific mortality for cancer was 3.5 percent (0.70 percent per year) in patients taking statins and 3.4 percent (0.68 percent per year) in patients taking a placebo. Regarding the stroke mortality the HPS found a total of 0.9 percent (0.18 percent per year) in patients taking statins and 1.2 percent (0.24 percent per year) in patients taking placebo. Taking digoxin and other cardiotonics administered by Dr. Mesquita and colleagues resulted in a much lower mortality rate for cancer (0.06 percent per year) and stroke (0.04 percent – 0.15 percent per year).

STAGE TWO:

Stage two is represented by symptomatic and myocardial instability—unstable angina pectoris, either quiescent or pre-infarction. In this stage the primary focus of the thrombogenic theory of heart disease is to re-establish the coronary blood flow in the coronary arteries, partially or totally obstructed by atherosclerosis, with or without coronary thrombi, and to avoid the imminent myocardial infarction. The immediate therapeutic is the use of thrombolytics, coronary dilators, beta-blockers, anticoagulants, or antiplatelet drugs—plus coronary angioplasty, stents, coronary artery bypass surgery and coronary atherectomy.

The focus in the myogenic theory is the immediate correction of the regional and primary myocardial insufficiency responsible for the secondary myocardial ischemia, and restraining the quiescent angina pectoris episodes; reestablishment of the symptomatic and myocardial stability; and prevention of myocardial infarction.

As with Stage One, the therapeutic action for the unstable angina is the use of cardiotonics plus a coronary dilator. In one hundred ninety-nine patients, Dr. Mesquita found that this strategy led to an immediate interruption of the spontaneous episodes, with subsequent myocardial infarction reduced to 0.5 percent and a mortality rate of zero.²⁸

STAGE THREE:

The third stage is represented by acute myocardial infarction. The main focus in the thrombogenic theory is to reestablish the coronary flow interrupted by vasospasm or intracoronary thrombus. After the detection of complete obstruction of the coronary artery by cardiac catheterization, nitroglycerin is used to control the vasospasms. If the obstruction persists, the patient is submitted to thrombolytic action followed by anticoagulant and antiplatelet agents. The symptomatic treatment is initiated with coronary dilators, beta blockers, and antiplatelets. In cases of partial coronary obstruction, patients undergo bypass surgery, stents, atherectomy or angioplasty. In cases of patients with coronary arteries angiographically normal, the explanation in general is the occurrence of spontaneous fibrinolysis (a process that prevents blood clots from growing and becoming problematic).

The three most common types of electrocardiographic diagnosis for the myocardial infarction are ST-segment elevation myocardial infarction, non-ST-myocardial infarction, and pathological Q waves.

In the Grace multinational observational study, which involved 21,688 cases with acute myocardial syndrome (ST-segment elevation MI, non-ST-MI, or unstable angina), 9.1 percent died or experienced a non-fatal myocardial infarction between the hospitalization and the six-month follow-up.³¹ Many studies have shown a thirty-day mortality for patients with Q-wave MI between 17 and 30 percent (Hutter et al, 1981; Scheinman and Abbott, 1973; Szklo et al, 1978; Cannon et al, 1976; Mahoney et al, 1980; Rigo et al, 1975; Connolly and Elveback, 1985; etc.).

The first goal for Stage Three in the myogenic theory is to correct the regional myocardial insufficiency and reduce myocardial ischemia, halting the infarcting clinical picture immediately as the patient enters the coronary unit, seeking to avoid the infarction or to interrupt its evolution, or at least mitigate the attack. This includes reducing the size of infarction as well as preventing the secondary coronary thrombosis through the cessation of circulatory stagnation in the satellite artery of the infarction and in the compromised myocardial region. The immediate therapeutic is, again, a cardiotonic, given intravenously, plus coronary dilator.

As for the results of therapy with cardiotonics, without any invasive treatment, Dr. Mesquita and his colleagues followed 1109 patients with a heart attack confirmed by Q waves. Mortality in the hospital was 12.2 percent; at thirty days from hospital release, it was an impressive 0.4 percent. Of patients under seventy years old, 9.7 percent died, while in patients over seventy years, 28.1 percent died.²⁸ Results are as follows:

- Ventricular extrasystoles: 24.1%
- Partial AV block: 5.8%
- Complete AV block: 4.6%
- Atrial tachycardia: 1.7%
- Flutter - atrial fibrillation: 4.4%
- Tachycardia + ventricular fibrillation: 2.7%
- Asystole: 4.5%
- Cardiogenic shock: 2%
- Acute pulmonary edema: 1.3%
- Heart failure: 1%
- Overall mortality in-hospital: 12.2%
- Mortality in 30 days after the discharge from hospital: 0.4% (5 patients)
- Mortality by age: 9.7% in patients under 70 years and 28.1% in patients over 70 years

Cardiotonics
found in
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human body.

has shown a significant association of elevated plasma lactate levels with heart failure and all-cause mortality.¹⁵

Therefore the reduction of stress due to cardiotonic use may indirectly lower lactate production by the heart muscle. Bruno Levy and colleagues postulate that adrenaline increases lactate formation by an increase in the $\text{NA}^+\text{K}^+ - \text{ATPase}$ activity,¹⁶ which can be inhibited through cardiotonics that are sodium pump inhibitors. The link between adrenaline and increased $\text{NA}^+\text{K}^+ - \text{ATPase}$ activity is well established.

Robert Tennant and Carl J. Wiggers hypothesized in 1935 that the accumulation of lactic acid and decrease in pH were linked to myocardial contractile failure after the occlusion of the coronary arteries.¹⁷ Tennant also proposed in 1935 that tissue acidosis might account for contractile failure during myocardial ischemia.¹⁸

The influence of adrenaline on lactic acid production was first noticed by Carl F. Cory in 1925.¹⁹ In 1964, John R. Williamson confirmed the effects of adrenaline infusion on the increased production of lactate in isolated heart tissue, up to five times the normal production.²⁰ (Note: Lactate and lactic acid are not synonymous. Lactic acid is a strong acid which, at physiological pH, is almost completely ionized to lactate.)

Dr. Mesquita reveals in his writings a different source generating excess lactate in the heart muscle leading to the infarction: “The failure of the myocardial ischemic area, losing regional contractility and relaxing the myocardial fiber, would become stagnant and without contractility, thus developing anaerobic metabolism—with the deposit of lactate and catabolites plus depletion of energetic phosphate.”⁴ According to Dr. Mesquita, the anaerobic metabolism represents a step toward the myocardial infarction and necrosis in the particular region of the heart.

A seminal paper published in the November 2013 *The Lancet Diabetes & Endocrinology* reviewed recent findings showing that hyperlactatemia is not a consequence of anaerobic metabolism, tissue hypoperfusion or reduced oxygen to the cells. The authors say in their conclusion that “In all studied settings, lactate production happens under fully aerobic conditions. Such hyperlactatemia is probably indicative of a stress response, with increased metabolic

rate and sympathetic nervous system activation inducing a state of accelerated glycolysis and modified bioenergetic supply.”²¹

Increased blood lactate levels are also associated with cigarette smoking,²² diabetes,^{23,24} hypertension²⁵ and atherosclerosis,²⁶ proven risk factors for heart disease.

ENDOGENOUS CARDIOTONICS

The recent discovery of endogenous (made in the body) cardiotonic steroids (also known as digitalis-like compounds and endogenous cardiac glycosides—digoxin, digitoxin, ouabain/strophanthin, proscillaridine, etc.)—isolated from human tissues and body fluids, may represent a strong new argument for the myogenic theory of myocardial infarction.

Elevated concentrations of endogenous cardiotonics have been found under different clinical conditions such as sodium imbalance, hypertension, cardiac arrhythmias, chronic renal failure, congestive heart failure, and acute myocardial infarction. Vigorous physical exercise as well as physiological stress situations may also elevate the concentration of endogenous cardiotonics in the human body.

We can surmise that the cardiotonics found in nature, like digoxin and ouabain/strophanthin, may compensate for a deficient production of endogenous cardiotonic steroids by the human body and thus support cardiac metabolism and protect the heart from the infarction, as proposed in the myogenic theory.

RECENT STUDIES

Sudden emotional stress³⁵ or strenuous exercise³⁶ may precipitate temporary and reversible regional myocardial failure in patients without cardiovascular disease.

Moreover, a study published in April 2014 demonstrated that in a large multiethnic cohort without symptoms of cardiovascular disease at enrollment, elevated resting heart rate (which is related to sympathetic dominance over the parasympathetic system) was strongly associated with the development of regional and global left ventricular dysfunction, as well as the incidence of heart failure.³⁷

In 2006 the same group provided evidence of a direct relationship between subclinical ath-

erosclerosis and reduced regional myocardial function in asymptomatic individuals—with alterations in myocardial contractility—without previous clinical cardiovascular disease.³⁸ Left ventricular dysfunction classification also includes regional myocardial failure (or insufficiency), a term coined by Tennant and Wiggers in 1935,¹⁷ which was adopted by Mesquita in 1972, but later designated by others as “myocardial stunning.”

These striking findings provide cutting edge evidence to the pathophysiological mechanism of the myogenic theory of myocardial infarction.



Carlos Monteiro is an honorary board member of the Weston A. Price Foundation, a fellow of the American Institute of Stress, the president of Infarct Combat Project, and a non-official member of The International Network of Cholesterol Skeptics. In 2012 he published the book Acidity Theory of Atherosclerosis: New Evidences to explain why many different risk factors, such as stress, hypertension, diabetes, aging, air pollution, cigarette smoking and high carbohydrate diets may result in coronary artery disease and consequently heart disease. His theory, developed in 2006, complements the myogenic theory of myocardial infarction. The present article was inspired by the writings and teachings of Dr. Quintiliano H. de Mesquita, the father of the myogenic theory of myocardial infarction.

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The Essential Role of Thrombosis in Heart Attacks

by Chris Masterjohn, PhD

Hearth attacks occur, according to the modern view, primarily when unstable plaques in the lining of coronary arteries rupture. This causes a clot to develop, which in some cases ultimately compromises the flow of blood to the heart. In the scientific literature, these clots are called “thrombi,” the plural of “thrombus,” and the process is called “thrombosis.” When the cells are vulnerable enough and the thrombosis severe enough, the cells die. Widespread death and destruction of these cells produces what we colloquially call a “heart attack.”

While this sequence of events involves many different issues that each deserve attention, this article will focus on evidence for the essential role of thrombosis in heart attacks.

ORIGINS OF THE THROMBOSIS THEORY

Though this is the modern view, it is also nearly a century old. It dates at least to 1926, when R.L. Benson described thrombi forming on top of plaques that had physically broken.¹

Other research in the 1930s supported the concept of the rupturing plaque,² but the issue was hardly settled. Several groups of investigators in the 1930s and 1950s looked for ruptured plaques in the coronary arteries of humans who had died from heart disease, but found them in only a minority of cases.³

In the 1930s, moreover, J.C. Patterson put forth a competing theory: tiny vessels from within the wall of the coronary artery invade the inside of the plaque and hemorrhage there, filling the plaque with blood and causing it to expand until it blocks the flow of blood to the heart.³ In this theory, neither the rupture of plaques nor the consequent thrombosis plays a meaningful role. Patterson's theory was controversial but influential, and debate about its plausibility captured the minds of many medical scientists⁴ even as direct evidence supporting it remained scant.³

In the 1960s, Paris Constantinides studied coronary arteries isolated from twenty consecutive cases of fatal heart attacks.³ He found thrombi on the surfaces of ruptured plaques in every single case. Constantinides had examined the entire portion that had undergone thrombosis within each affected artery, whereas most of his predecessors had spot-checked these sections. He thus argued that his predecessors could have easily missed clear evidence of ruptured plaques simply because they were not looking at the entire section, and he concluded that his own results were superior.

CHALLENGES TO THE THROMBOSIS THEORY

While some experts in that era considered the analysis of Constantinides to be the pivotal work that finally reestablished the importance of plaque rupture, others argued that thrombi did not cause heart attacks at all. Rather, they argued, heart attacks cause thrombosis. If thrombi were a consequence rather than a cause of heart attacks, then whether they always form at the site of ruptured plaques would hardly seem important.

One of the reasons for this controversy

was that different postmortem analyses found occlusive coronary thrombi in wildly different proportions of fatal heart attacks.⁶ For example, Baroldi and colleagues published an analysis of 100 cases where only about 40 percent were associated with thrombotic occlusions, while Davies and colleagues published an analysis of 500 cases where the proportion was 90 percent. Others reported proportions that were higher, lower, or somewhere in between, resulting in data that was all over the map and very difficult to interpret.

Spain and Bradess, moreover, had published a postmortem analysis in 1960 showing that thrombi were more common in people who survived longer after the onset of their heart attacks. One way to interpret this study is that thrombi form during some window of time that exists after the onset of the heart attack but before death. Thus, the longer that window of time, the more likely it is that the investigator will find a thrombus. This study remained influential through the 1980s, with opponents of the thrombosis theory using it to argue that thrombi were the consequence rather than the cause of heart attacks.

Michael Davies from St. George's Medical School in London and several of his colleagues—all supporters of the thrombosis theory—argued that the contradictions within the evidence were largely driven by investigators lumping together sudden cardiac death, caused by electrical disturbances in the heart, and heart attacks, caused by blockages of blood flow.^{4,5} They argued that thrombosis *does* usually occur in sudden death, but the thrombi found are smaller than those found in heart attacks and harder to detect using the techniques that were most common at the time. Studies that included larger proportions of people who died from sudden death, according to the Davies team, were thus likely to report a lower incidence of thrombosis. People who died shortly after the onset of symptoms, moreover, were likely to have died from sudden death rather than a heart attack. Thus, the reason Spain and Bradess found fewer thrombi in the coronary arteries of people who died very soon after the onset of their symptoms is because these people had actually died from sudden cardiac death rather than from heart attacks.

One of the reasons for this controversy was that different postmortem analyses found occlusive coronary thrombi in wildly different proportions of fatal heart attacks.

WESTON A. PRICE FOUNDATION RESEARCH PROGRAM ENTERS NEW PHASE

As you may know, member donations to our research program over the last few years have supported research at the Burnside Laboratory at the University of Illinois. Most importantly, the Foundation has funded the postdoctoral work of Chris Masterjohn, PhD, working with Fred Kummerow, PhD, head of the research lab.

With these funds, Chris initiated a research program focused on the interaction between fat-soluble vitamins A, D, and K. This program is an outgrowth of the work on fat-soluble vitamins that Chris laid out in the pages of *Wise Traditions* between 2005 and 2007. The program has two long-term goals: first, to enrich our understanding of how to utilize the fat-soluble vitamins in the form of nutrient-dense whole foods to prevent and treat degenerative disease and to optimize performance and well-being; second, to lay down solid evidence for the complex interactions between food nutrients that will move the nutritional science community toward embracing the value of the nutrient-dense foods so deeply valued by the traditionally living societies studied by Weston Price.

Chris's first study within this program explored the effect of vitamin D on the metabolism of vitamin K in rats. The study showed that high doses of vitamin D harm the kidneys by increasing soft tissue calcification and impair vitamin K status, consistent with the hypothesis that Chris first developed in the pages of *Wise Traditions*, but it also generated a number of surprising findings. One was that the true response of rats to excess vitamin D takes six months to become clear, while most rat studies in this area only last for several weeks. Another was that, despite poor kidney health, and despite higher serum undercarboxylated osteocalcin—usually considered a marker of poor bone health—the rats dosed with extra vitamin D actually had improved bone health. This introduces a major caveat into the typical interpretation of this marker in human studies, and highlights the importance of understanding *why* a blood marker is changed rather than simply observing that it has changed, just as is true of serum 25(OH)D or serum cholesterol. Chris plans to publish two peer-reviewed papers from this study by the end of this year, and ultimately to publish a third paper from this study on the effect of vitamin D on vitamin A metabolism. Ultimately, this study provides a preliminary foundation for further studies investigating the protective effects of vitamins A and K on vitamin D-induced soft tissue calcification, and for human studies examining the ability of these vitamins to prevent and reverse cardiovascular calcification.

Chris was also able to use these funds to mentor Grace Hile, a medical student interested in ancestral health and integrative medicine, who took the lead this summer in examining the bone health of the vitamin D-dosed rats. This was part of Southern Illinois University's Mentored Professional Enrichment Experience.

Finally, the postdoctoral grant also enabled Chris, through his position at the university, to teach the first-year veterinary students about vitamins and minerals. As a result of his student evaluations, he was included in the University of Illinois's Spring 2014 "List of Teachers Ranked as Excellent by Their Students."

In addition, contributions paid for studies that looked at the levels of *trans* fats in common processed foods (www.westonaprice.org/health-topics/trans-fats-in-the-food-supply/) and the fatty acid profile of grass-fed versus grain-fed beef tallow (www.westonaprice.org/health-topics/fatty-acid-analysis-of-grass-fed-and-grain-fed-beef-tallow/). The results of a WAPF-funded study on hexane levels in common foods will soon be published in a peer reviewed scientific journal, to be followed by a report in *Wise Traditions*.

The traditional purpose of a postdoctoral grant is to provide a young researcher with the ability to establish a reputation as an independent researcher and thus to become well-positioned to obtain a tenure-track faculty position and thereby establish a career in research and other contributions to academia. Chris's independent research, conducted with funds from WAPF and generous support from Dr. Fred Kummerow and the University of Illinois College of Veterinary Medicine, together with the experience he gained mentoring and teaching in that position, allowed him to obtain a position beginning this fall as assistant professor of health and nutrition sciences at Brooklyn College.

The focus of our research funding will now enter a new phase as Chris settles into this new position. He will be teaching undergraduate courses in nutritional chemistry for students aiming to become registered dietitians and mentoring graduate students. Most importantly, Chris will be running a laboratory where he will have access to the latest testing equipment. Thus, he will be in an excellent position to continue and expand his research on fat-soluble vitamins.

The Burnside Laboratory at the University of Illinois does not have the expensive modern testing equipment that would allow us to continue research in the field most important to us—testing the levels of fat-soluble vitamins in foods grown and prepared by various methods. Therefore, while we will continue to support Dr. Kummerow's research to a limited extent, especially for performing fatty acid analyses, our primary support will now go to Chris Masterjohn at Brooklyn College.

We will keep our members informed of the progress of our research with the new opportunities presented to us with Chris's move to Brooklyn College.

In 1980, coronary angiography allowed researchers to look for the first time for coronary thrombi in live people suffering from heart attacks.⁷ Coronary thrombi were almost always present in the first six hours after the onset of symptoms, and their incidence gradually declined to 65-70 percent over the course of twenty-four hours. This finding suggested that thrombi begin dissolving over the course of the day after a heart attack. When viewing the work of Spain and Bradess within the light of this study, it would seem likely that they had misclassified cases of sudden death rather than that they showed thrombi to begin forming only in the aftermath of a heart attack.

Competing groups of investigators attacked this chicken-and-egg debate head-on in the 1970s using radiolabeled fibrinogen.⁴ Fibrinogen is a protein that is broken down into fibrin during the clotting process. Fibrin then clumps together with platelets to form a thrombus. By labeling fibrinogen with a radioactive isotope, medical researchers were able to trace its metabolism to fibrin within live humans—providing that some of the humans died by the end of the experiment.

One group of investigators gave radiolabeled fibrinogen to patients undergoing a heart attack as soon as possible after the onset of pain. In those who died, the radiolabel was found in the thrombi that appeared to be blocking their coronary arteries. The investigators argued that the thrombus must have formed after the heart attack since the heart attack began before they administered the radiolabel.⁴

The Davies team, however, followed a similar procedure and came to the opposite conclusion by examining the clots more closely. They found no radiolabel in the portion of the thrombus in contact with the blood vessel. They instead found the radiolabel exclusively on the opposite end of the thrombus.⁴

Thrombosis is a dynamic process, and a thrombus can continue to grow larger or dissolve, depending on whether the body continues to perceive that the thrombus is needed. The conclusion was simple: the thrombus forms before the heart attack occurs, but it continues to grow for some time afterwards before it begins dissolving. If medical researchers give radiolabeled fibrinogen to patients who have just begun having a heart

attack, their thrombi will continue to grow and incorporate radiolabeled fibrin in the process, but will accumulate the label only in their outer edges.⁴

PLAQUE: STABILITY OR STENOSIS?

The Davies team made critical strides in defining the characteristics of an unstable plaque: rich in oxidized lipids, poor in collagen.⁴ More recently, we have also discovered that calcium salts make a plaque much more likely to rupture.⁸ Thus, the danger a plaque poses has very little to do with how big it is: the danger is rather a result of its instability, which is determined by its composition.

In 1985, the Davies team warned that many medical experts were jumping the gun by assuming that the degree of narrowing produced by a plaque—called “stenosis”—is a good index of how likely it is to rupture.⁴ While some studies showed that the two correlated, the Davies team argued that these studies were fundamentally flawed. Medical investigators would treat coronary thrombosis with anticoagulants and *then* use angiography to measure the degree of stenosis and collect the data. These studies therefore told us absolutely nothing about the degree of narrowing before the rupture, and as a result provided no evidence at all to justify using the degree of stenosis as an index of the danger posed by a plaque.

In fact, a pivotal study published just two years later in 1987 showed that plaque rupture is an essential prerequisite to arterial narrowing.⁹ Until a plaque ruptures, it actually grows outward, not inward. As a result, the wall of the blood vessel expands, and the pathway through which blood flows—called the “lumen”—stays the same. Sometimes the lumen may even increase in size.

If the plaque ruptures, thrombosis will likely occur. Several scenarios could allow the thrombosis to produce an adverse cardiovascular event such as a heart attack: it may itself be severe enough to block the artery; it may get caught in a flap of tissue and the flap of tissue may block the artery; or pieces of the thrombus may break off and block the smaller vessels that extend from the coronary artery to nourish the heart. To cause an adverse cardiovascular event, each of these scenarios would require that the degree to which the blood flow is compromised exceeds the capacity of the heart to withstand the transient lack of nourishment.

Often the body is able to heal the rupture, however, which leads to new plaque growth on the surface of the old plaque rather than from within its center. If this happens repeatedly, new plaque continually deposits on the surface of old plaque. This cycle of successive rupture and healing leads a plaque to grow inward rather than outward, and thus leads the plaque to narrow the arterial lumen.

If rupture is the cause of luminal stenosis, it cannot be the case that only plaques causing a great degree of luminal stenosis will rupture. The first plaques to rupture must be the ones that have produced no narrowing at all.

Scientists, however, often revert to measuring what they can measure because they can measure it. In this sense, scientists sometimes operate like the drunk man who looks for his keys under the streetlamp even though he lost them several blocks away, because under the streetlamp is where he can see most clearly.

Coronary angiography thus became the “gold standard” means of assessing the severity of atherosclerosis. It was a widely available tool that allowed the measurement of severe luminal stenosis in a live human being. It had no ability, however, to shine light on the composition of coronary plaque or to provide an accurate assessment of the likelihood that the plaque would rupture.

In 1995, Peter Libby of Harvard Medical School wrote an editorial in *Nature Medicine* titled “Lesion versus lumen,” hailing magnetic resonance imaging (MRI) as a new tool with great potential for cardiovascular research.¹⁰ In it, he lamented the “gold standard” status of coronary angiography.

“New clinical data,” Libby wrote, “have forced this reassessment of our reliance on angiography.” Among this data, he included the following: thrombi that cause heart attacks often arise from plaques that do not critically narrow the lumen; some tested therapies provide much more clinical benefit than their “disappointingly minimal effects” on luminal stenosis would suggest; and studies focused on disease mechanisms had thus far failed to support using luminal stenosis as the central hallmark of disease progression. Libby and several of his colleagues later added to this list that stents and bypass surgeries had largely “proven disappointing” in preventing heart attacks and prolonging life.¹¹


While most advanced imaging techniques in the post-angiography era still face considerable technical and practical challenges to routine use in a clinical setting, their use in research studies has continued to build support for the concept of the unstable plaque.¹²

BEYOND THE PLAQUE

It would be a huge mistake to suggest that because plaque rupture and thrombosis appear to play a critical role in heart attacks, they must be the only factors that determine whether a heart attack occurs. Even if we assume the existence of a very unstable plaque, we still have a chain of events that must occur in order to produce a heart attack, and we can and should ask scientific questions about how and why each event occurs.

Why does the unstable plaque rupture in one minute, when the minute prior it remained

intact? Why does the resulting thrombus sometimes occlude the artery rather than quietly healing the rupture? Why do the body’s own compensatory responses to restore nourishment to the heart sometimes succeed and sometimes fail? What determines the vulnerability of heart cells to transient deprivation of nourishment? While these questions are far from settled, a variety of factors could contribute to these events, including mental stress,¹³ overstimulation of the sympathetic nervous system,¹⁴ and many aspects of metabolic dysfunction.¹⁵

A great deal of work thus far has focused on the mechanisms that lead to atherosclerosis and the progression of plaques toward an unstable form prone to thrombosis. Developing a strong holistic theory to account for heart disease will ultimately depend on our ability to integrate these understandings with those focused on the coronary circulation and the metabolism of heart cells, and to develop a deep understanding of how we can harness diet and lifestyle to address all aspects of heart health. 

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Liver Detoxification: Starve or Nourish?

by Tabitha Farrar

Liver cleanses are in style these days, with many do-it-yourself diets out there on the Internet. Detox and cleanse advocates will usually produce a bullet-pointed list of why their specific liver cleansing protocol is healthy for you, why your body needs it, and why you are practically irresponsible if you choose not to go through with their protocol. However, upon closer inspection one soon realizes the lack of medical literature to support these claims.

In fact, many liver detox proponents seem to be blowing hot air. Even “The Master Cleanse,” a popular detox regimen which claims to be the most successful cleanse diet of its type and which thousands of people undertake each year, has no scientific grounding—a shocking fact considering the number of people who participate in it on a regular basis! This so-called “Lemonade Diet,” promoted by Mike Olaski, claims to “rest and relieve” the digestive system. However when viewed from a biological understanding of the liver and how it functions, it is clear that the master cleanse does no such thing. In fact, it might actually work to put stress on the liver and deprive it of nutrients, and consequently have the opposite effect of its purported claims.

Most people understand that the liver is where the toxins go, although thinking of it as a dumping grounds is not entirely accurate.

Other liver detox diets, such as the liver cleanse promoted by Jon Barron, or Dr. Oz's forty-eight hour liver cleanse, are similar, promising magical results on a starvation regime of vegetable juices and vegetable broth. These regimes often include detox formulations that contain a mix of herbs and other compounds.

In this article I will address the claim that a juice cleanse is an effective way to detoxify or cleanse the liver.

DETOXIFICATION

Detoxification is a term given to the process of removing toxins from the body. A toxin is a poison, so it is understandable why many people feel that embarking on a detox diet in order to lower their levels of toxicity is a good idea. Lowering the levels of toxicity in one's body is something that all health enthusiasts, regardless of their particular school of thought, agree is beneficial to health. However, how to achieve this goal is a much more controversial issue.

Detoxing and cleansing product advocates will claim that the most effective way of removing toxins from the liver is via a detox diet or cleanse, usually one that involves some form of juice or a product that can be purchased on the Internet. It is important to understand that the detoxification industry is an industry like any other, and like any industry, there are people who want to make money from your belief that you need their product. Many seemingly genuine health gurus who tout the acclaimed health benefits of liver cleanses have an underlying motivation to promote their own special detox plans. That motivation often comes down to a desire for cash.

However, the idea of lowering the amount of

toxins within one's body is arguably a commendable route towards greater health. It is undeniable that we exist in a toxic environment: pesticides sprayed on vegetables, phthalates in plastics and cosmetics, chlorine in household cleaners, PCBs and heavy metals in farm-raised fish, and antibiotics and dioxins in commercially produced animal products are just a few examples of toxins that are in most people's environment every day. Even those of us who take extreme care to eat only organic foods, avoid commercial cleaners, and make our own skincare products are affected by the levels of chemicals that industrial mechanisms have put into our environments.

It is helpful to understand that every chemical is toxic at a certain dose, even water! Dose is important to consider, not only because it teaches us that balance is relevant to everything in our lives, but also because the dosage levels of toxins in our environment are accumulating to higher amounts each year. For example, according to the Environmental Protection Agency, releases of toxins on land rose by 19 percent from 2010 to 2011, primarily due to increases in land disposal at metal mines. As a result of all these factors, discussion of detoxification is now more relevant than ever before, but that does not mean that a juice cleanse will help lower levels of overall toxicity, or that doing so is actually beneficial to one's liver.

CLEANLINESS AND CLEANSING

Cleansing is a term that is commonly used to describe the process of cleaning one's system by severely restricting food intake. Liver detox juice cleanses are purported to work on the assumption that in abstaining from food, one is

MIKE OLASKI'S MASTER CLEANSE OR LEMONADE DIET

The Master Cleanse involves three phases:

Ease-In: 3 days of slowly removing processed foods from your diet.

The Lemonade Diet: "10 days to lose weight fast, and feel great at last."

Ease-Out: 3 days of slowly eating more and more complex foods.

The magic "lemonade" consists of fresh lemon juice, maple syrup, cayenne pepper and water. Olaski suggests drinking a minimum of six to twelve glasses per day, for a total of ten days.

Apparently this cleanse is not so great for the bowels because Olaski recommends taking a laxative before bed and doing the "salt water flush" in the mornings. This consists in drinking a quart of warm water to which is added one tablespoon of salt.

Says Olaski, "Every day of the Master Cleanse that you overcome the psychological need to eat, you feel a growing sense of control that motivates you to complete the process."

giving one's system a chance to push out the toxins that may have accumulated. Interestingly, the dictionary definition of "cleanse" is "to free from dirt or guilt; purge or clean." Utilizing the term "cleanse" is a clever subliminal marketing word choice that leads consumers towards lofty aspirations of greater purity.

It is important to understand before embarking on a detox protocol the role the liver plays in the body, and whether a detoxification diet will in fact be effective in supporting the liver.

The word "liver" is rather aptly derived from the Old English word for "life," in full regard of the many functions that the liver has within the body. The liver has the ability to synthesize the proteins that the body needs and also makes bile so that food can be digested, but the function that the liver is most famous for is detoxifying the blood.

Most people understand that their liver is where the toxins go, although thinking of it as a dumping point for toxins is not entirely accurate. Most food substances that enter the human body go to the liver from the small intestine for sorting via the portal venous system. The liver sorts out what to keep and what to get rid of.

The blood passes through the liver, which takes out harmful chemicals before, one hopes, they reach toxic levels. They are then made water-soluble so that they can be sent out of the body via sweat or urine. Therefore what happens in the liver is a form of filtering, but it is not like the lint filter in your tumble dryer that regularly clogs up. In a healthy body, toxins leave the liver pretty soon after they come in. They are not merely dumped there as though the liver were a landfill.

Because many toxins are fat-soluble, large quantities of such toxins that enter the body can be stored in fat. It is true that they may be stored in the fat cells in the liver, and that this is not desirable. However, in a healthy functioning body, which is being fed a balanced diet, this is rarely a problem as the liver does a very good job of discarding the toxins that enter the system in a timely manner.

Should one want or need to detoxify the liver at all, it is not quite as instant, simple and easy as spending a day or two (or ten) on a juice cleanse. To get these fat-soluble toxins out of storage is a multi-stage affair. Cleansing for a few days is unlikely to affect the liver directly and may actually deplete it of essential vitamins and minerals. For the majority of the population it seems somewhat misguided to go on a cleanse regimen in order to clear the liver, which is probably doing a good job already!

The truth is that most detoxification diets have less of a direct effect on cleansing the liver than advocates would have you believe. While detox diets might be a step towards healthier eating for a person whose standard diet is high in processed foods and toxic beverages, in reality most people who undertake liver cleanses are those who already eat a relatively healthy diet. Unfortunately, it is the more health-conscious individuals who are attracted to the health-boosting claims touted by detox gurus.

So from this biological point of view, one could argue that a detox diet may be somewhat ineffective, but there are also researchers who point to detox diets as being potentially *damaging*, mostly because people wrongly believe that if they "do" a detox once a year, that gives them

Because many toxins are fat-soluble, large quantities of such toxins can be stored in fat.

DR. OZ'S 48-HOUR WEEKEND CLEANSE

Dr. Oz's 48-Hour Weekend Cleanse "is based upon eating certain 'detoxifying' foods that he thinks will keep [your] systems running smoothly. The plan couldn't be simpler to follow so you're not always focused on what to eat next."

The cleanse starts with a breakfast of quinoa with prunes, nutmeg, grated ginger, flaxseed oil and rice milk. Lunch is a smoothie of almond or hemp milk, flaxseed, frozen blueberries and banana, all blended with ice. Dinner is a vegetable broth soup served with a side of sauerkraut.

Snack items allowed include a blended drink of kale, pineapple and ginger or a mixture of pineapple, lemon and pomegranate juices. Raw vegetables are also allowed as snacks.

Dr. Oz's also promotes a three-day detox cleanse that will "eliminate harmful toxins and reset your body." The program consists of a morning detox tea, multivitamins, and smoothies containing flax seeds, fruit, spinach, kale, almond butter, almond milk, coconut water and coconut oil.

To do something really wonderful for your liver, give it a greater supply of nutrient-dense foods such as bone broth.

a free ticket to eat and drink whatever they like the rest of the time.

Another concern arises from the premise that when a person embarks on a detox diet, the drastic reduction in calories, fat and protein forces the body to metabolize its fat stores for energy. As the fat stores are rapidly converted into more usable energy, any fat-soluble toxins that have been stored within them are released into the bloodstream in larger amounts than is normal. This means that the liver suddenly has a massive amount to process in a short space of time. This is how detoxification diet advocates claim that their cleanse protocols force the body to release toxins, and this is why some people claim that they feel slightly euphoric when on a detox regimen while others can feel headachy or sick.

In order to clarify the importance of proper nutrition is in understanding the way the liver works when detoxifying naturally, the process by which the liver breaks down unwanted chemicals needs to be understood. The process can be divided into two main stages.

STAGE ONE: OXIDATION

A special set of enzymes, called the cytochrome P450, are needed to alter the chemical makeup of the toxin that is being stored within the fat cell. The particular enzyme from the group that is used at any one time is different depending on the specific toxin that needs to be altered, but usually this reaction makes the toxin more reactive and more water-soluble. This chemical reaction causes free radical release, so antioxidants are important here, as they reduce the damage that free radicals can cause. Nutrients that are required in this part of

the process include the fat-soluble vitamins A, D and E; therefore a diet that eliminates fat can be problematic for the liver as these vitamins may be depleted.

After stage one is complete the toxin is very reactive, so it is important that the body has the enzymes that are required for stage two so that it can happen soon after.

STAGE TWO: CONJUGATION

Here the liver continues to work on the chemical that it is trying to release from the fat cell. Its job now is to make this toxin even more water-soluble, so that it can be excreted via urine or bile. The liver usually achieves this by adding another substance to the toxin which dilutes it. Sulfur-containing foods such as egg yolks, and amino acids such as taurine and cysteine, are important in this stage of detoxification. These amino acids are also found in grass-fed meat and dairy products. If you are not eating these foods regularly, a detox regimen could potentially deplete your stores of these amino acids or the elements that are needed to synthesize them. Should this happen, your body might not be able to process the toxin from stage one into stage two, which will leave you with highly reactive toxins in your system.

So far this is a massive simplification of what is a very complicated system, yet it will give you a basic understanding of the incredible process involved in detoxification, and just what a great job your liver does on a daily basis. This should also help you understand that your liver needs specific nutrients in order to detoxify well. Your liver does not require a juice cleanse to do its job, and such measures could potentially be unhelpful and even rather meddlesome. This is

JON BARRON'S LIVER DETOX & BLOOD CLEANSE

This program is promoted with the following promise: "By cleansing the liver, we're talking about inducing the liver to purge all of the fats, old cholesterol deposits, gallstones, poisons, drug residues, and toxic waste stored therein. Probably nothing else you do (including even the colon detox) will make a greater difference in your overall health. The liver is so important to our well-being that many healers maintain that most diseases cannot develop in the body (that, in fact, no form of cell degeneration can occur) if the liver is functioning in an efficient, healthy manner. Conversely, an unhealthy liver is very likely at the root of most serious health problems."

The cleanse begins with 8 ounces of pure water on arising, "to flush your digestive tract," followed by a smoothie made with fresh citrus juice, fresh apple or grape juice, garlic, olive oil, and ginger, blended with water. Liver detox teas and tinctures are consumed throughout the day. Fresh salads with homemade dressing are allowed. He also recommends potassium broth (made with potato skins), grated beets, digestive enzymes and herbal "blood cleansers."

because you are giving your liver a ton of work all in one go and may have depleted the enzyme stores that it needs in order to break down the fat-soluble toxins released in response to your detox regimen.

FATS HELP LIVER FUNCTION

There is another way that you can detoxify your liver, and that is by eating healthy fats. In the simplest form, when you eat fat, your liver releases some bile so the fat you have eaten can be metabolized. Bile is what helps the body metabolize those essential fat-soluble vitamins. As bile is a crucial part of the natural detoxification process within your body, if your bile levels are adequate you will eliminate toxins efficiently. One of the ingredients in bile is cholesterol; therefore if you are not consuming enough cholesterol your body will not be able to produce an adequate amount of bile. Cholesterol is found along with healthy fats from grass-fed animals, so eating these foods is a wonderful way to help your body detoxify. The key to a healthy detoxification regime is to do it gradually so that you do not overwhelm your body with a flush of toxins all in one go.

Detox cleanses seem to treat the body like a machine, as if it were a car that one could drain of its dirty oil at once and swap it out for clean oil. Bodies are not cars, and changes in what is introduced into one's body usually need to be made slowly so we can adjust and make the necessary metabolic changes. Few systems in the body change instantly. By design our bodies tend

to alter themselves incrementally. For this reason, a better way to cleanse the liver is a long-term habit of eating healthy fats rather than a short bout of juice cleansing.

Another consideration when you are thinking about ways to detoxify is to look at the stressors present in your life. When you are stressed, your liver will focus less on detoxification because your body will be operating within its sympathetic nervous system. When the body is dominated by the sympathetic nervous system it diverts resources to the muscles (fight or flight) and away from organs (rest and digest). Stress affects our bodies in many different ways: our muscles tighten and energy is shunted away from our repair and renewal system—and this means that we will not be detoxifying optimally. For this reason, our bodies will store more toxins in fat cells when we are stressed because they do not have the energy required to convert and excrete them.

GELATIN AND RAW MILK

If a your diet is full of highly processed foods and toxic drinks, a better plan than a cleanse would be turning to long-term healthy eating. As far as detoxing and the liver are concerned, if you already have a relatively healthy diet, you may be better off focusing on adding more of the foods that deliver those nutrients that your liver uses in order to detoxify. To do something really wonderful for your liver, give it a greater supply of nutrient-dense foods, such as cod liver oil, pastured butter, egg yolks, liver and bone broth. Bone broth in particular is an incredible source of nutrients, especially gelatin, which is something very beneficial for the digestive tract as well as the immune system and heart.

Gelatin contains proline and glycine, both of which are amino acids that support liver detoxification. The human body can generate both of these amino acids itself, but if the idea of a cleanse is to give the body a restful experience, then eating foods that allow for an abundant supply of such wonderful nutrients is surely the most advisable route to greater health.

You might also consider adding more exercise to your life. In a study with laboratory rats whose running wheels were removed from the cages, it

TRUE DETOX SOUP

This recipe incorporates a number of potent ingredients for a most nourishing and detoxifying broth:

Several pounds of bones optimally from grass-fed/pastured animal sources

1 diced onion (onions contain cystine, an amino acid which the liver uses to produce the powerful antioxidant glutathione)

1 head of garlic, crushed

A couple of pounds of mixed, chopped organic vegetables. (Sulfur-rich vegetables will increase your stores of glutathione.)

Celtic sea salt to taste

A dash of raw apple cider vinegar to help extract the minerals from the bones

About 1 gallon of water, or enough to cover the bones

Place all ingredients in a large pot and bring to the boil, reduce the heat and simmer for 4 hours or longer. The longer it cooks the better, as the simmering water will extract more gelatin from the bones. Don't be afraid to allow it to simmer for up to 72 hours! Drain broth and discard the bones.

To serve as soup add some chopped vegetables, fresh garlic and chopped ginger. Once the vegetables are cooked blend and serve with sourdough bread and grass-fed butter.

Detox cleanses seem to treat the body like a machine, as if it were a car that one could drain of its dirty oil at once and swap it out for clean oil.

was shown that they began to show signs of fatty liver disease after only a week of a sedentary lifestyle. In fact, this study demonstrated that fatty liver disease developed in 100 percent of the rats that had their running wheels removed—a staggering case for the role of physical activity in health.

The best thing that one can do for one's liver is to eat foods that are low in toxins in the first place; choose organic produce that has not been sprayed with chemicals and limit the intake of processed, commercially produced foods as much as possible. These foods are nutrient-sparse and toxins are abundant within them. Grass-fed meats and dairy are richer in healthy fat-soluble vitamins A and E, which are involved in synthesizing those enzymes the body needs in order to break down the fat-soluble toxins in stage one of the detoxification process.

You may also want to consider raw milk produced by cows that are grazing on fields that have not been sprayed by toxic pesticides—an incredibly good source of fat-soluble vitamins A and D. When cows are fed commercial feed, shut in small stalls and deprived of sunlight, these vitamins are diminished. Because pasteurization destroys enzymes, denatures proteins, and lowers the vitamin content of the milk, raw milk is a much more nutrient-dense food.

Raw milk is also a wonderful source of glutathione. Glutathione is an incredible detoxifier and has been elevated to the status of “master antioxidant” by many nutritionists because it increases the activity of all the other antioxidants as well as vitamins C and E. Glutathione is comprised of three amino acids: glycine, glutamate, and cysteine, all found in undenatured form in raw milk. One can take oral supplements of glutathione, but these have been shown to be very poorly absorbed rendering them a waste of time and money. There is also some evidence that supplements in this form may interfere with the natural process of glutathione production in the body. The best way to increase levels of glutathione is to digest it by consuming raw milk, as well as red meats and organ meats. Additionally, raw whole milk provides vitamin D, which increases intracellular glutathione.

The same “supplement charade” is true of calcium. Calcium glucarate is helpful in the stage

two part of the detoxification process, specifically, in the glucuronidation stage where toxins are bound to water substances such as bile so that they can be removed. Raw milk and raw milk products are our best sources of usable calcium.

The take-home message is that your liver is an incredible organ that seamlessly performs a number of essential functions in your body every day, and it can do its job without the intervention of a commercial cleanse. If you want to help your liver detoxify your body, the best thing that you can do is eat nutrient-dense foods such as organic free range eggs, liver and meats, homemade bone broths, as well as full-fat raw dairy. These healthy foods will provide your liver with a rich supply of vitamins, amino acids and minerals and help it do what it does best: detoxify. ☯☯

Tabitha Farrar is author of the book Love Fat which is due to be released at the end of this year. She works as a health editor and writer, yoga instructor, and is a strong advocate for a diet high in nutrient-dense foods. Her twitter handle is @Love_Fat_

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Know Your Fats

FATS UNDER FIRE
By Sushama Gokhale

It was the Center for Science in the Public Interest (CSPI) that put pressure on the food processing industry to switch to *trans* fats instead of saturated fat for frying back in the 1980s. (See “The Tragic Legacy of the Center for Science in the Public Interest” by Mary G. Enig, PhD, at westonaprice.org.) Now that the public is learning that butter and saturated fats aren’t the dietary villains they’ve been made out to be all these many years, CSPI is engaged in damage control. In the May 2014 issue of the *Nutrition Action Newsletter*, published by CSPI, Martijn B. Katan, professor emeritus of nutrition at the Vrije Universiteit in Amsterdam was interviewed for the cover story under the sensational heading “Fats Under Fire—New Findings or Shaky Science?”

When Dr. Katan accuses revisionists of “shaky science,” he is alluding to Mark Bittman’s jubilant *New York Times* article, “Butter is Back.” In it, Bittman shares the refreshing and redeeming results of a seventy-two-study meta-analysis published in *Annals of Internal Medicine* exonerating saturated fats as a risk factor in heart disease. The interview with Dr. Katan opens with leading questions as to why some studies find no higher risk of heart disease in people who eat more saturated fat. Katan indicates that not finding something can have two causes: it’s a) either not there, or b) the people who were searching did not use the right methods to search. He goes into great detail as to why and how improper sleuthing methods might have been used, but he does not explore the other glaring possibility that the damning evidence was *simply not there*—as a true scientist would have admitted first and foremost. Dr. Katan is biased, of course, in favor of polyunsaturated oils. But I am giving away the ending of this tale.

Let’s go back to those instances of “shaky science.” “You mean studies that ask people what they eat and then track them for years to see

who gets heart disease?” asks the interviewer. “Yes,” answers Dr. Katan. Could he possibly be referring to the revered Framingham study, observational in nature, the initial go-to study that seemed to point the finger at saturated fats and cholesterol as the causes of heart disease, only to do a U-turn after more than thirty years, and serve up exactly the opposite conclusions?

The Center for Science in the Public Interest is the very same organization that helped eliminate coconut oil-popped popcorn in movie theaters, leaving us instead with popcorn made with partially hydrogenated polyunsaturated oils; that is, refined liquid oils solidified by passing hydrogen through the oil over a nickel catalyst to form unnatural solid fats, laden with *trans* fatty acids, which turned out to be not only dangerous to health (including the heart), but which made previously nutritious and delicious popcorn taste like plastic. To make matters worse, that is, to attempt to have the hydrogenated fats mimic a buttery flavor, movie theaters poured on yellow dyes and lots of refined salt to the popped corn. Such was the cycle of perfectly good movie food turned into perfectly toxic movie food, all in the name of modernization and profit-oriented industrialization. Today, I sometimes sneak my own popcorn into movies, or just go without.

CSPI is also the organization that published a booklet in 1988 called “The Saturated Fat Attack.” CSPI has been hell-bent upon promoting the propaganda that cholesterol causes heart attacks, consumption of saturated fats causes levels of blood cholesterol to rise, and therefore saturated fats are bad for health. Having gone from a nearly fat-free diet in 2006 (at the behest of my Kaiser doctor) and on to a fat-rich diet in 2010, I can vouch for the invalidity of their statement. My health went down the tubes on a lowfat, canola-piecrust diet, and revived remarkably on a buttery diet. I have not been sick in the last four and one-half years. The butter bathed my

The Center for Science in the Public Interest has been hell-bent on promoting the propaganda that cholesterol causes heart attacks.

With this new article, CSPI appears intent upon carrying on its war against saturated fats into the new century.

starved body in fat-soluble vitamins, improved my digestion, unbloated my stomach, refueled my mind, made my immune system robust again, and took away all my aches, pains and other weird health problems. My heart, which was weakened from the fatless years, beats strongly again. The arrhythmias are gone. No more scary whooshes.

In his *New York Times* article, “Butter is Back,” Bittman rejoiced at the vindication of butter (along with bacon and other formerly maligned animal fats). He mused that right now Julia Child must also be beaming somewhere in heaven, and when I read his article, I was beaming too, for I am a happy butter eater.

In their 1988 “Attack” booklet, CSPI further bungled its “facts” and claimed that commonly available food snacks contained toxic “palm and coconut oil saturates,” which needed to be labeled as “saturates” when in fact these snacks contained partially hydrogenated soy/canola and cottonseed oils (actual compositions tested by University of Maryland scientists)—a very, very different beast. As an example, CSPI indicated that the popular crackers Cheese Tidbits, and the cookies Chips Ahoy contained saturated palm oil, when in fact they actually contained partially hydrogenated soybean and cottonseed oils. If you recall, this was the very cottonseed oil that Proctor and Gamble converted—by dint of marketing magic—from industrial lamp-oil into Crisco: an “economical ‘must-have’ in every intelligent housewife’s kitchen.” As I now read of the pesticides sprayed on cotton plants in the last century, the thought of a public consuming massive doses of chemically extracted seed oils from these poisoned cotton plants saddens me. It also helps explain the startling epidemic of neurological diseases in this country.

Why did CSPI include these false data in their 1988 booklet? First of all, it appears that because they did not have the ability to analyze fats at the time they made these claims, according to Dr. Enig in *Know Your Fats*. Second, they were putting the cart before the horse; that is, opinion before analysis, rhetoric before science, and were operating from a preconceived agenda. They were spearheading a massive war against saturated fats. The propaganda generated to propel this war has caused millions of Americans

to flee healthy traditional fats and embrace the novel partially hydrogenated fats in the name of health, creating havoc with their cell metabolism, and causing chronic diseases previously unheard of on an unparalleled scale.

With this new article in *Nutrition Action Newsletter* of May 2014, CSPI appears intent on carrying on its war against saturated fats into the new century. Twenty-six years after the publication of “The Saturated Fat Attack,” CSPI is sticking to its guns and continues to defend the fortress of its prior, now invalidated thesis: that polyunsaturated oils are healthier for your heart than saturated fat.

To return to the interview with Dr. Katan:

Questioner: So Omega-6s may protect the heart as much as Omega-3s?

Dr. Katan: Yes. They may even be better. The bottom line is to replace saturated fats with polyunsaturated fats.

Dr. Katan then goes on to put in a plug for the statin industry.

Questioner: Besides replacing sat fats with polys, what else can people do to protect their heart?

Dr. Katan: This may sound surprising, but saturated fat is not the issue that it was....that’s not because it is less harmful, it’s because we have changed our diets. In the Netherlands, just about everyone who is at risk for heart disease is taking statins. That has a huge effect on cholesterol levels.

This reasoning is very reminiscent of the subliminal message of the Crisco marketers: even if you were so reckless as to consume saturated fat, there is yet a fix and heart protection for you in your statin drug prescription. Dr. Katan’s implication is that everyone in the Netherlands

CORRECTION

In the Summer 2014 issue of *Wise Traditions*, the subtitle of *The Big Fat Surprise* by Nina Teicholz was stated incorrectly. The correct subtitle is “*Why Butter, Meat, and Cheese Belong in a Healthy Diet.*”

who consumed “sat fats” in this foolhardy fashion now takes statins and is therefore no longer in danger of developing heart disease.

In fact, the truth is the exact opposite. And this is what imbues Dr. Katan’s message with a far more sinister motive than that of a lost scientist innocently drawing an erroneous conclusion. Surely a biochemist who has done much research knows that a diet heavily reliant upon polyunsaturated fats can actually *cause* heart disease (see Chris Masterjohn’s masterful analysis of the Los Angeles V.A. Hospital Study at <http://www.westonaprice.org/health-topics/good-fats-bad-fats-separating-fact-from-fiction/>). Surely Dr. Katan must know that recommending these fats as a large part of your diet will almost guarantee getting you placed on statins. It might be revealing to discover who funds Dr. Katan’s research.

And yet the (false) message is conveyed in no uncertain terms. Eat “polys” or risk heart disease. If you get heart disease, take statins. And of course you’re going to get heart disease—but from the polys, not the saturated fats. Clever and malicious advice.

The tragedy here is that many of our senior citizens, particularly those who are health conscious and likely subscribe to *Nutrition Action Newsletter*, will eat up the CSPI’s message. Many will cut out butter (or continue to avoid it if they already have been) and replace it with vegetable oils. Seniors are covered under Medicare and their statin prescriptions are discounted or free, yet good food is neither. Vegetable oils are cheaper than butter.

Some will believe the propaganda because they are told to, and also because it’s a financially palatable solution to the question of food selection, albeit not a health-giving solution. Many of them will eat these polyunsaturated fats, develop heart disease, then take statins, and begin to develop the side effects of the drugs: heart myopathy, muscle myopathy, mental dysfunction, cancers. Some will be heroically rescued from the “jaws of death” with more drugs, major surgeries and other procedures, all while they endure an ever poorer quality of life.

Just as in investing, so in making food choices. It’s really so simple and a matter of such common sense, yet there will always be as many who are fooled by industry propaganda into eating canola oil, drinking protein shakes, and taking vitamin analogs as there are those who buy penny stocks and lottery tickets—all to get that easy edge on finances and health. Honest, plain foods, like investments in plain view, frequently fail to impress people. And yet the traditional foods are so anchored in nature, they are virtually indestructible assurances of health and wealth. Simplicity in reality is extremely complex. Like butter.

The most useful part of the *Nutrition Action Newsletter* article is a beautiful chart which provides the poly, mono, and saturated fatty acid profiles of various oils and fats. It opens with canola oil at the top, of course. Look instead at the bottom of the chart where the butter is, and work your way up from there. It’s an upside-down world of nutrition, so invert and enjoy good health! ☺☺☺

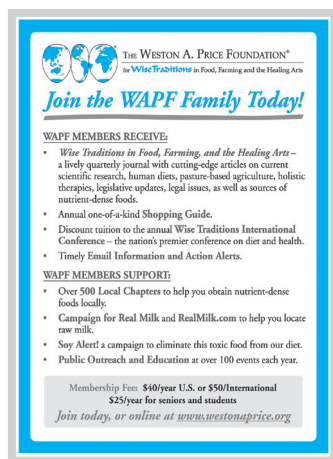
Sushama Gokhale has had an abiding interest in science from the time she was a youngster. She studied biochemistry, microbiology and immunology as an undergraduate. She also has a deep interest in the psychology of large-scale fraud and the institutional imperative which causes otherwise upright, well-meaning, and intelligent people to do dishonest or illogical things, in large numbers, and in disturbingly frequent cycles through human history. She enjoys cooking traditional Indian fare made with wholesome ingredients produced by her beloved local farmers.

MEMBERSHIP POSTER

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

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

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



Farm and Ranch

BACTERIAL ORNs A NEW PARADIGM TO PREVENT INFECTIONS By William E. Marshall, PhD

Overuse of antibiotics is causing concern at the highest levels of the government. Eighty percent of antibiotics are used in industrial agriculture for cows, pigs and poultry. With the emergence of antibiotic-resistant bacteria, the calls for something to replace antibiotics in livestock (not to mention humans) have become more urgent.

I have discovered that the harmless food bacteria, *Lactobacillus casei*, a bacterium typically found in milk, releases immune-modulating molecules when entering the mouth, which protect animals and humans from viral infections. The paradigm-setting discovery was made years ago, but is only now finding acceptance. It may lead us to something more effective and more natural than modern antibiotics.

As associate professor of microbiology and immunology at the New York Medical College (NYMC) in the 1990s, I found that all fifteen tested bacteria, whether harmless or harmful, immediately released pieces of ribonucleic acid (RNA) when exposed to human saliva. At first I thought the bacteria were being killed by salivary enzymes and the small pieces of RNA were simply debris from dying cells. However, after exposure and transfer into growth media, the bacteria grew more vigorously.

What was going on here? Why would bacteria, especially the harmful ones, give the host a heads-up as to their appearance? Although brainless, they have lots of smarts gained through eons of co-evolutionary life with us. Logically, releasing these small pieces of RNA must be improving their advantage. And that's exactly how it turned out: by releasing them, the bacteria were able to ramp up their offenses for a fight. But even the harmless ones were arming themselves for a fight. The small pieces of RNA, called oligoribonucleotides or ORNs, looked to be identical from all of the fifteen studied bac-

teria. Were they toxic? I purified them and with two colleagues, Michael Hoffmann and Zhi Qin Wang, fed and injected them into young mice. We didn't see any ill effects; their lifestyles weren't altered. Feeding or injecting the ORNs simply had no observable effects.

Although I studied all fifteen, I focused on *L. casei*, a harmless strain commonly occurring in milk. Known simply as a harmless strain, I thought it might actually be beneficial. Maybe during countless eons of co-evolution, our immune system adapted a combat-ready response to the appearance of harmless bacteria as well as the harmful ones. Perhaps the sentry cells of the immune system weren't distinguishing friend from foe at this point. But how good was its combat-ready response? It was a testable question.

Commercial LPS (lipopolysaccharide) is a component of bacterial outer membranes that is often used to test the strength of an immune system. Feeding high doses of LPS to mice induces lethal septic shock. I decided to feed the ORNs released by *L. casei* to mice and then inject them with a lethal dose of LPS. Surprisingly, all the mice receiving the ORNs thirty hours before the LPS injection survived and returned to full health. Those not fed the ORNs beforehand died in two days. The lethality of septic shock is believed to result from an immune system gone berserk, running out of control, punching holes in internal tissues looking for the intruder. Somehow feeding the ORNs from *L. casei* beforehand had restored a stable immune condition, preventing it from becoming violently self-destructive when injected with LPS.

To learn more, Carl Hamby, a faculty colleague and I developed a molecular and cellular test using immune cells from human blood. First, Carl exposed the cells from donors' blood to ORNs from *L. casei* and saw them release a

Other tests showed that feeding the ORNs gave significant protection against shipping fever in cattle, bacterial infections in fish and recently, PEDv infections in piglets.

small amount of a cytokine known to produce inflammation. Inflammation is key to fighting infection, but too much can lead to disease, septic shock and death. The ORNs temporarily induced a low degree of inflammation, a good sign, suggesting that it was primed for a fight.

However, exposing immune cells to LPS induced a massive amount of the inflammatory cytokine to be released. If the immune cells were first exposed to the ORNs, as we had done in the mouse experiment, much lower amounts of the inflammation-inducing cytokine were released. The ORNs administered thirty hours before LPS prevented the runaway inflammatory response, just what we had seen in mice.

Finding protection against septic shock death was amazing. But what else could feeding *L. caseii* ORNs do to help the host prompted me to look at various animals and the immune system's response to ORNs.

Arun Adhar had developed a test to determine whether feeding *L. caseii* ORNs could protect shrimp from a lethal virus that was wiping out ponds of commercial shrimp around the world. Yes, he found it reduced mortality by 80 percent. Other tests showed that feeding the ORNs gave significant protection against shipping fever in cattle, bacterial infections in fish and recently, PEDv infections in piglets.

What are these ORNs and why have the immune systems of so many different animals developed a broad conserved protective response to their appearance?

Recent research indicates that these particular ORNs control the growth of fungi and bacteria by controlling the expression of growth genes in their genomes. After ORN release, the bacteria immediately enter accelerated growth without first spending hours in a mysterious "lag," discovered back in the 1890s and still not understood even today. During the lag, which can last all day, bacteria appear to be doing nothing. Its function is unknown, but at least now we know what controls it—the ORNs.

Over eons of the co-evolutionary cold war waged between beast, man and the microbe, the immune system has learned: 1) not to waste precious time determining whether the invader is friend or foe or even whether it is fungi, bacteria or toxins; 2) to initiate a response that meets all

comers; and 3) to spread the response mechanism across all types of animals, not just humans.

In the twenty-first century we now face a new set of attackers: the zoonotic viruses that jump from wild animals to mankind. We need an immediate treatment; we can't wait out the several years it takes to develop a vaccine. What I do know is that ORNs are naturally-derived over centuries of co-evolution and are safe and effective but I don't understand the steps in stopping an infection. The details are extremely important in understanding how the immune system works.

L. caseii is a dietary ingredient found abundantly in non-pasteurized milk and fermented dairy products. Other species of ORN-releasing lactobacilli occur broadly in fruits and vegetables and have been consumed by man and beast forever. But today's diets contain pasteurized milk and too many sterile meals and snacks of processed foods. By the way, commercial yogurts have far too few and probiotics yield practically none since they are grown and processed in a way that washes the ORNs down the drain. So, the dietary contribution of released ORNs for most people is low.

In animal husbandry, processed feeds are not adequate sources of ORNs, and we know that most farm animals are highly stressed. Using *L. caseii*, I developed a product that can be fed to animals to "restore an immune system compromised by stress."

But LactORNs® is only a start in applying this new paradigm to protect animals against infections. Over the last few years, I assiduously apprised the agency of our results and their significance.


Searching for new antibiotics is not the solution. During the eons of microbial cold wars, nature has taught bacteria and fungi how to construct a molecule that would control the limits of encroaching microbes. Each synthesizes an antibiotic to stop a neighbor from gaining the upper hand. Antibiotics restrict growth to a certain level that allows mixtures of microbes to live peacefully with each other. But the antibiotic paradigm is not one for us; we have too many niches where their dormant forms can hide out.

Microbes have theirs and we need ours. The dietary ORNs released by harmless bacteria appear to stimulate our defenses against all kinds

Searching
for new
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solution.

of harmful microbes. So far, our research has demonstrated that feeding LactORNs®, naturally released by naturally-grown *L. casei* prevents new viruses from killing shrimp and piglets. Our human immune studies indicate that they will do the same for humans.

Our success to this point isn't enough. Professor Fred Kummerow, my mentor who discovered the harm that dietary *trans* fats can do, is now one hundred years old and still work-

ing to gain full acceptance of a discovery he made sixty years ago. The FDA needs to start work to understand the ORN paradigm and put their shoulders behind it. 

William E. Marshall, PhD is founder and president of IMMUNOM Technologies, Inc. and Adjunct Associate Professor at New York Medical College. He can be reached at Wmarshall55@aol.com. His product, called LactORNs® and can be purchased in powder form from NutriQuest (www.nutriquest.com), a team of nutritionists in Iowa who are licensed to sell the product.

CONFERENCE FARM ADVENTURE, MONDAY NOVEMBER 10

"Shake the hand of the farmer who feeds you." That's what we like to say to those interested in finding local, sustainable, traditional foods—indeed to everyone who eats. To do that we need to set foot on the right kinds of farms. But how, you might ask? To this end, we offer our special and limited WAPF Farm Connection Adventure on the last day of every annual conference.

When evaluating a farm, one big concern is to know exactly what to look for, what to ask, and what really matters. Professionally guided farm visits like this enable informed eaters and food activists to learn everything essential. Farmers and ranchers get to accompany us as well! They enjoy the opportunity to have rich connections as well as the opportunity to learn from other successful farmers who have chosen to devote their lives to producing nutrient-dense food. We get out of the city, out of the hotel and, for most of us, out of our daily milieu. Everyone will come away with new eyes, new parameters and stories to tell.

Of course, the real reason we go is that it is really, really *fun*! On the bus and at the farms, we learn, but we also laugh, share our stories, and treasure delicious companionship. Many people return yearly—some have said it is their best day of the year!

Our 2014 Indiana tour will focus on raw dairy, biodynamic farming and the inter-generational farm. The tour will include a delicious, nourishing lunch and visits to:

THE SWISS CONNECTION where we will see a 100 percent grass-fed dairy that creates and markets raw dairy products; we will visit the cheese-making facility, the milking barn and taste a panoply of their hand-made cheeses as well as their delicious fresh milk.

THE SIMPSON FAMILY FARM where we will see their pastured pork operation and grass-fed beef.

TRADERSPOINT CREAMERY, a truly biodynamic and diverse farm with free-range poultry, pastured pork, and Brown Swiss dairy cows. We like to describe this spectacular farm as if it were created when Martha Stewart married Ralph Lauren and built their dream farm! Yes, it's that gorgeous! After touring the farm, the staff will provide us with samples of their drinkable yogurts.

Throughout the event, we will be discussing farming and traditional foods as we travel by bus through the countryside. Your tour leaders and guides will be Will Winter and Kathy Kramer. Dust off your boots, grab your camera, and get ready to have some amazing farm fun! Conference details: wisetraditions.org



Entertaining and knowledgeable farm trip guide, Will Winter

Technology as Servant

EXTEND TO THE END: PROLONGING YOUR LOCAL GROWING SEASON

By John Moody

Modern commercial fruit and vegetable production is fraught with logistical and other problems. For instance, vegetables and fruit are often harvested long before they achieve their peak nutritional value, since they must endure many days of transit and, depending upon the type of produce, perhaps months of storage before appearing in supermarkets and finally on your dinner plate. Yet more troubling is the fact that U.S. fruit and vegetable production is highly centralized in one state that is now suffering one of the most severe droughts ever experienced. Our country has depended upon California to produce a high percentage of many crops that people regularly consume. While the numbers vary slightly, roughly three-quarters or more of the nation's lettuce, carrots, tomatoes, grapes, broccoli, and numerous other foods come from this single state.¹ To frame it another way, approximately one-third of *all* produce consumed in the United States comes from just a single valley—the Central Valley—in California.² This near-total reliance upon one market basket is neither reasonable nor responsible and places the entire nation's produce supply at risk.

THE LOGICAL ALTERNATIVE

Fresh fruits and vegetables grown locally offer numerous advantages over the centralized model. Since local produce only travels short distances, fruits and vegetables can be picked at their proper times of ripeness, generally ensuring a higher nutrient content and better taste. Once harvested, the flavor and nutritional content of

most fruits and vegetables steadily decline, further underscoring the importance of obtaining food as locally and regionally as possible and cutting down transit, warehousing and display times.

With all these considerations in mind, the impetus to expand and extend local produce yields has never been more pressing. But many parts of the nation have relatively short growing seasons that don't support certain popular crops, unless you discover that those seasons can be extended through various low-tech tools.

KENTUCKY...BANANAS?

If you doubt the power of technology to skew the seasons, just take a look at the photo.

Yes, those are Kentucky bananas. My

neighbor has been growing bananas in his very large greenhouse for years, along with limes and lemons, too, that fill the corners of his temperature-stabilized growing space.

Certainly not everyone has the resources to build such an expansive facility. Yet after looking at the cost versus production value and food savings, you realize that for any large family or community with space, such a setup is

a longterm cost saver. The good news is that less expensive and lower tech solutions are available to any and every grower.

GAINING SIX WEEKS ON THE SEASON

Kentucky's growing season is generally marked by the annual Kentucky Derby, celebrated the first Saturday of May. Planting before



Banana tree growing in a Kentucky greenhouse.

Nearly one-third of all produce consumed in the U.S. comes from a single valley in California.

By planting out of normal season, pest and disease pressures for some plants can be substantially mitigated.

that date for many crops is considered a gamble at best. Yet waiting to plant after May first may mean that many crops won't be ready for harvest until July.

Low tunnels are a great solution to the question of how early to sow. Low tunnels are made by making hoops from either metal, such as EMT (electrical metallic tubing) conduit, or PVC pipe, or even wood, and then covering the rows of hoops with a material known as floating row cover/frost cloth or greenhouse plastic.

The floating row cover comes in a number of fabric weights—the heavier the fabric, the greater the temperature differential it creates underneath the cloth and the more protection it provides. The cloth is also water-, air-, and sun-permeable, allowing all three to pass through to the plants below, albeit, especially for sunlight, reducing the total amount with the heavier grades. The main brand names are Agri-bond and Dewitt.

Greenhouse plastic, on the other hand, allows full light permeability, but does not allow water and air exchange. Thus, its use requires a bit more care and prudence. Unseasonably warm stretches can turn a greenhouse into a bakery for cold-hardy and cool-weather plants. Depending on how you build your growing spaces, especially raised beds, supplemental water may be needed to ensure plant success.

DIY IS RIGHT FOR THIS GUY

Even for the relatively unhandy, low tunnels are a pretty simple do-it-yourself project. Lost Creek and Johnny's Seeds both sell a basic hoop bending tool that allows you to take off-the-shelf EMT conduit and turn it into durable, aesthetically acceptable and easy-to-use hoops. A small group of gardeners, friends, homesteaders, or farmers could all chip in to buy such a tool and share it as needed.



A low tunnel ready for planting.

Note that if you go the EMT route, you have your choice regarding what general width the final hoop will take—approximately three, four, or six feet. I personally like the six-foot bender and six-foot wide growing spaces. Whatever size you choose, make sure to plan various other components of your garden system to work with this size and that your row cover and

greenhouse plastic are also rightly sized.

Once the hoops are bent, they need to be placed over your growing spaces. There are numerous methods to do so. I use 30-inch or 36-inch pieces of rebar driven into the ground. Rebar is sold in 20-foot sticks, so I prefer 30-inch pieces to reduce waste, but sometimes end row hoops need the additional support provided by a longer ground peg. I still get zero waste by planning ahead and cutting some extra 36-inch pieces to ensure that I use the entire length. The half-inch EMT conduit fits perfectly on the rebar sticking out of the ground. If I want to loft the tunnel for

EMT CONDUIT VERSUS PVC HOOPS

For numerous reasons, I prefer metal hoops over PVC hoops for my low tunnels. First, there is the environmental toll of PVC production and the numerous toxic chemicals produced and released by its creation, recycling, and disposal. Second, PVC's lifespan is miniscule compared to EMT conduit. Since the hoops are exposed to significant amounts of sun and temperature variations, both of which severely degrade plastics—especially extreme cold, which causes the PVC to become brittle and prone to cracking and breakage—PVC hoops will need to be replaced in as little as three years or sooner. On the other hand, EMT conduit can last a decade or more and, when no longer serviceable, can be recycled in most locales with relative ease and also might net you a small return fiscally in scrap value. While the EMT is slightly more expensive up front, the cost difference is negligible over time and environmentally preferable.

a slightly taller planting, I use connectors and extenders cut from the full-length EMT pipe down to the size I desire.

I do want to note that rebar or any other metal or wooden posts sticking out of the ground present a real danger if left exposed and uncovered. A simple trip and fall onto one can be quite painful or worse, so I am careful to pull rebar or other hoop pins when I pull the hoops. If you won't be reinstalling the hoops, grab a bucket or bin and pull the stakes at the same time. This is for my safety and that of my family and friends.

To secure the fabric of plastic in place, again, there are numerous options. Some people use sand bags placed every few feet along the rows. Some use existing mulches and soil from their garden. Some use rope secures at the ends of rows with a heavy weight or sandbag. Do whatever works for you. Whatever method you use, be sure that the fabric or plastic cannot be blown about by the wind or that the materials used to hold it in place won't damage the plastic or fabric. Small tears and punctures can quickly become larger holes and gashes and defeat the purpose of your covers.

BENEFITS OF SEASON BENDING

The ability to move formerly restricted planting times to new parts of the calendar offers many bonuses. There is the obvious benefit of having access to fresh, local vegetables long before or long after they would normally be available. But there are many other benefits as well. By planting out of normal season, pest and disease

pressures for some plants can be substantially mitigated.

For instance, this year in late May we harvested almost our entire spring potato crop before the potato beetles had even begun to make an appearance. Our cabbage and broccoli similarly avoided most of the predation of cabbage worms and were harvested and eaten, fermented, or frozen not long after Derby day. Growing deep into the fall and early winter, and starting plants early in the late winter and early spring not only produces tastier vegetables for some crops like carrots and other cool-weather crops, but dramatically reduces pest problems.

Even more interesting, as my Amish banana-growing neighbor has shown, crops that a particular climate would have never normally permitted outdoors suddenly become possible. Also, since few people may be growing these crops, pest and disease and other problems may be substantially lessened. ☺

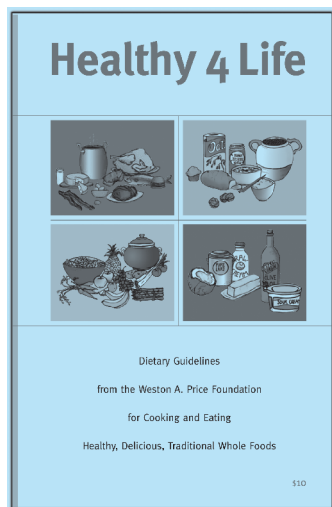
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MORE INFORMATION AND RESOURCES

- I would be remiss not to mention and recommend Eliot Coleman's *The Four Season Grower*.
- Hoop Benders: Lost Creek, www.lostcreek.net
- Agribond and DeWitt: While you can order these items off the Internet, shipping can be very high, so getting them locally from an independent organic garden or farm supply store is often best.
- EMT conduit and rebar are available at any building supply store or electrical supply store.

The ability to move formerly restricted planting times to new parts of the calendar offers many bonuses.



HEALTHY 4 LIFE: DIETARY GUIDELINES AND RECIPE BOOK

Our colorful 84-page guidelines booklet with recipes is available. Instead of complicated formulas involving calories and grams which most people don't understand, we simply recommend including high-quality foods from four food groups in the diet every day. The good groups are:

- Animal foods, including meat, dairy, seafood, and bone broths;
- Grains, legumes and nuts—properly prepared;
- Vegetables and fruits, including lacto-fermented products;
- Healthy fats and oils, including butter, lard, coconut oil and cod liver oil.

The reaction to this publication has been very positive. It is suitable for use in schools and other programs. To order online, go to westonaprice.org. Booklets are \$10 each or \$6 each for orders of ten or more.

Homeopathy Journal

SILENCED SYMPTOMS BREW FUTURE ILLS

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

Arnie is a sixty-one-year-old accountant with a perfunctory understanding of health. He's splashed his way through life without troubling himself too much about such matters. He occasionally treats himself to bacon, thinking it's naughty, while eating his requisite Eggbeaters and a dry bagel from the office cafeteria each morning. It's his "healthy" breakfast. Later in the day he guards his weight with diet soda. Yet Arnie's efforts are only halfhearted because he hasn't really suffered any heretofore ills. Until now. Health comes into sharp focus when it's lost.

A few months ago, Arnie woke around three in the morning with pain in his chest, his heart racing, and in a panic. It scared the bagels right out of him. (He had accompanying diarrhea.) A visit to his doctor and days off from work for obligatory tests revealed that Arnie was suffering from angina. He actually already knew that, except he called it pain in his heart. Along with Arnie's angina also came a sense of urgency, overwhelming anxiety, and racing thoughts during his mild but nonetheless painful heart spells. He often found himself pacing the room with angst and unable to quiet his mind.

ANOTHER STORY

As far as empty nesters go, Jane is one who doesn't speak much about it. Instead, she suffers silently, assuming she's overreacting. Secretly, she'd weep in the bathtub nightly for weeks. To everyone else, it appeared that she had strolled seamlessly back into her previous world as a real estate agent. It helped to get her mind off the fact that her twenty-year-old baby girl was out of the house. After raising four kids, the change required a significant shift in her nature. She'd often whisper to herself while soaking in the tub, "I used to be a mom. Now I'm a real estate agent." Sob. "I hate this."

It was right about this time that not only did

her last child leave, but her menses did too. In its place came sleepless nights, anxiety, heart pain, palpitations and vertigo.

Arnie and Jane have something in common. They both have heart conditions. However, neither the etiology nor their circumstances are the same, hence their treatments ought not to be as well. Unfortunately their cardiologists don't see it that way. Yet those of us who have homeopathic and nutritional knowledge and experience do.

AN ALTERNATE APPROACH

The lipid hypothesis of heart disease has been the darling of the medical establishment for the last sixty years. "Clogged arteries" is their sacred siren song. This flawed hypothesis, completely without scientific merit, has managed to influence and harm generations of doctors and patients.

In contrast, the myogenic theory of heart disease asserts that heart attacks occur as a result of a cascade of stress-induced conditions in the heart muscle cells themselves. There is indeed compelling scientific evidence to substantiate this therapeutic approach.

Yet allow me to propose another consideration. The homeopathic take on cardiac disease does not speculate upon the various functions of the vessels or tissues, their uptake ability, or the extent of their occlusion. Instead, homeopathy considers one of the main causes of heart disease to be a result of suppression or deepening of some less serious illness from the past. In other words, illness that originally presented in a less crucial organ is forced onto a more vital organ as a direct result of suppression by drug use and other "heroic" medical measures. "Iatrogenic" is the term for a disease or condition that is caused by medical mismanagement.

Imagine a skin condition such as acne or eczema. The sufferer seeks a quick fix to silence the symptoms via drugs, such as topical steroid

Homeopathy considers one of the main causes of heart disease to be a result of suppression or deepening of some less serious illness from the past.

creams or oral antibiotics. The illness must either beg to return as soon as the ointment or other suppressive method is halted, often reappearing with symptoms more severe than before, or, if not allowed to return, will (and this is the pivotal moment) drive more deeply into a more critical organ. The illness has the opportunity to be freed from the bondage of drugs but only if it is not suppressed. At this time, if the vital force of the person is capable, it will simply put the pathology right back where it belongs: on the skin. If, however, the person is not of great resiliency because of inherited factors, overuse of previous suppressing treatments, and a deficient diet, then the pathology will travel to the more crucial organ. This might include the lungs (even pediatricians recognize that asthma follows eczema), the gut (after a skin rash has been held back), or worse yet, the heart. Indeed, new illness that compensates for the suppression of the old is usually more serious. This can make it difficult to eradicate.

So what does this mean to you now? To begin, I hope that it gives you the resolve to keep your children away from medications for fevers, eczema, allergies, diarrhea and anything easily treatable with wiser food choices, homeopathic remedies, or, in the case of normal fever, doing nothing. The goal is to protect your children from damage that can be thrown into their future. Employing alternatives to drugs is essentially an insurance policy.

But what about those of us who have already allowed tinkering with our long-term health via years of medications? As heart conditions are varied and each case is unique, I can only offer a few insights by referring to Arnie and Jane.

For Arnie, his digestion or intake of questionable ingredients in his meals may have triggered the reaction he suffers. Could it be the MSG in his Eggbeaters breakfast? Or the gluten and corn syrup in his much-loved bagels? Then again, he took antibiotics just a few months previous, as was his habit after sinus infections, and ever since has suffered indigestion and bloating. But when he visited the cardiologist, no questions with the intent of shedding light on such information were posed. His doc simply offered tests that revealed a need for a prescription. In the end, the answer sounded like this: “You’re

not that young, Arnie. No more steaks for you, my friend. Here, take these pills. Yes, for the rest of your life.”

FROM THE HOMEOPATHIC PERSPECTIVE

The consideration of his cardiac reactions to MSG would necessitate the need for *Arsenicum album* 30. It has a reputation for being able to remove the immediate “poisoning” effects of such additives. It would not be taken, however, unless he was clearly under its influence. In other words, this is not a time for speculation. In antidoting the ill effects of MSG, *Arsenicum album* 30 should be used while the symptoms of heart palpitations, pounding, apprehension, and restlessness are present. This remedy has the ability to allay fears, panic, and to abort the potential of ensuing cardiac pathology.

Eventually, Arnie snapped to his senses and realized that he was probably relying on drugs more often than was prudent. He consulted with a homeopath who told him to indeed take the nitroglycerine as the doctor had ordered for a while longer, but to follow it with a specific homeopathic medicine within a few minutes of an episode. It would likely take care of his anxiety and racing heart. Knowing that homeopathy employs “like cures like” as its paradigm, what better remedy choice than something that in its gross form causes symptoms such as what Arnie was suffering? Hence the choice of homeopathically prepared coffee. After a few nights of taking *Coffea cruda*, Arnie was able to calm down, with a sense of returning to himself. The remedy also helped him minimize the need to take nitroglycerine. This is what his homeopath had counted on.

But Arnie didn’t listen to his homeopath. The next time he experienced that horrible anguish and jumping heart with pain, he skipped the drug and instead only took *Coffea cruda* 200. To his relief, he not only came down from the anxiety, but the pain and pounding heart vanished in about the same amount of time as with the use of the drug. Oh, happy day! Does this mean he could wean off nitroglycerine? No homeopath in the U.S. is willing to overstep in a situation such as this, so Arnie’s was cautious and said she’d like Arnie to meet with his cardiologist regarding this decision. But he didn’t. Arnie is

Knowing that homeopathy employs “like cures like” as its paradigm, what better remedy choice than something that in its gross form causes symptoms such as what Arnie was suffering?

Women who are entering menopause or even long afterward are certain they are about to die of a heart attack when suffering these unnerving symptoms.

like that. After using *Coffea cruda* over the span of about two weeks, his confidence returned. Now he keeps nitroglycerine in his medicine cabinet but never even thinks of using it. And just as homeopathy is intended to work, he requires *Coffea cruda* less and less because his problem is resolving. Symptoms are signs and if the signs are not there, then the disease isn't either.

As an aside, I'd like to be clear that because homeopaths no longer have their hospitals in North America nor the climate within which to practice freely, I, too, will not recommend to clients that they eliminate a drug without the oversight of a medical doctor. Removal of any prescription medication is never a decision to be taken lightly. And one must also consider the possibility of a boomerang effect when doing so. Remember, the body has habituated and compensated for the drugs, and remission should be judicious and monitored if possible.

Another homeopathic medicine that would benefit Arnie is *Lycopodium* 200 mixed with *Arsenicum album* 3. This is a combination that I learned about from Dr. Prasanta Banerji while in Calcutta. It is a wonderful antidote to ills that result in bloating and a sense of uncomfortable fullness in the abdomen, including the lower chest. Even if the seat of his ills is not centered in the gastrointestinal tract (although it is likely to be), this remedy combination has a history of resolving symptoms that are specific to gastrointestinal sufferings such as Arnie's. Of course Arnie should improve his diet, but remember, not everyone is willing to do so, and this is a good step towards guiding him to value excellence in medicine, just like excellence in food.

Arnie's homeopathic remedy schedule is:

1. *Arsenicum album* 200, twice daily
2. *Coffea cruda* 200, once daily, approximately 30 minutes after dinner
3. *Lycopodium* 200 mixed with *Arsenicum album* 3, twice daily

MENOPAUSAL A-FIB

A few years ago I received a rash of desperate phone calls from several women over age forty-five complaining of overwhelming anguish, a quickened or hard thumping heartbeat, and occasional atrial fibrillation.

None had been asked by their family practitioners what they had eaten just before the cardiac incident. None were asked whether they regularly drank coffee or how much. None were asked whether chocolate, sweets, MSG-laden foods, wheat or other such foods were daily fare or consumed prior to the cardiac incident.

"Palpitations can be frightening, but they are not always dangerous," advises the Mayo Clinic. Certain that they are about to die of a heart attack, women suffering these unnerving symptoms who are entering menopause or even long afterward, often head to the ER where they submit to a battery of unpleasant tests. Exhausted and frightened, they whimper home, prescription to suppress their symptoms clutched in hand.

This is what happened to Jane. But then she called her brother-in-law, a homeopathic physician in England, and he told her, "Instead of drugs to restrain warning signs, we will use homeopathic medicines. They will uproot the problem so that symptoms will not be required to present and the drugs will become superfluous."

Had Jane favored hormone replacement methods using euphemistic "bio-identical" hormones, she might have halted some of her menopausal symptoms. But wouldn't hormone replacement be similar to taking synthetic vitamin E for a skin ailment rather than simply eating nutrient-dense raw butter? In this way, what would have been accomplished is a suspension of ills, not a cure.

Jane was sent the following remedies from England and took them for two months until she could meet with her brother-in-law for a review.

1. *Lachesis* 200, twice daily
2. *Ignatia* 200, twice daily
3. *Crataegus* tincture, twice daily

Lachesis 200 was chosen for its ability to calm Jane's heart palpitations and angina yet is nearly specific for women during and around menopause. Interestingly, it is particularly well chosen for this particular combination of heart symptoms during menopause.

Dr. Douglas M. Gibson in *Studies of Homeopathic Remedies* says of *Lachesis*, "Synchopal episodes are associated with cardiac pain or accompanied by nausea and vertigo. Hard

thumping palpitations are associated with the sense of tightness in the chest. . . the remedy is of special value in relation to throat affections and menopausal disorders.” Jane had no throat problems, yet the remedy picture fits her in other important ways.

Ignatia 200 was the best bet for the deep sadness Jane felt for the loss of her life as a stay-at-home mom. It has a reputation for lifting sufferers from grief and relentless sadness. *Crataegus*, while not actually made into a homeopathic preparation but left as a botanical tincture, covers the following cardiac maladies as per Frans Vermeulen’s *Concordant Materia Medica*: “Valvular murmurs, angina pectoris, cardiac dropsy, aortic disease, pain in region of the heart, under left clavicle and under the left scapula, pulse accelerated and irregular, feeble, intermittent, valvular murmurs and angina pectoris.”

Within a mere two days of incorporating *Ignatia* 200 into her daily routine, Jane’s bathtub crying sessions washed away. Instead, she found her way into the kitchen to bake cookies to send to her daughter away at school. This simple gesture brought her back to herself. By the third or fourth day of taking the remedies, she noted that the palpitations had halted, and her sleep was re-established. By the time the two months had rolled around to make the Skype call to her brother-in-law, nothing that was plaguing her previously remained. Instead, she asked if he had a homeopathic remedy for weight gain. But that is the subject of another article.


HEART CONDITIONS AS SYMPTOMS

Many cases that present as heart disease may indeed be a reaction, a symptom of something else that necessitates attention. This means that all symptoms represent something; hence they should never be shut up. Sometimes it’s easy to figure out what they signify. Sometimes not. But the examination of them is worthy of our effort, particularly if we have homeopathy to address each one. This is also true when we take into account those concomitant conditions that may appear unremarkable, but by ignoring them, we might easily miss the most telling information.

The importance of keeping superfluous drugs that merely silence a condition away from

our bodies can’t be emphasized enough. It is an oft-missed piece to the puzzle of not only heart disease but many chronic conditions. Think strategically and long term. From a health standpoint, our lives are simply timelines. The more time on a drug, the darker the hue of the graph. Each onslaught affects our health.

It is encouraging to know that homeopathy has the capacity to address even a burdened timeline; however, would it not be wise to keep the assault to a quiet murmur rather than a roaring tsunami? Exercise the principle of “less is more,” not when enjoying healthy saturated fats but when considering taking a drug. Save drugs for rare, lifesaving emergencies, not for common ear infections, fevers, birth control, eczema or chronic conditions. But if you’re on them, don’t just leap off imprudently; seek a better way and put your life in order first. May I also remind you that you mustn’t count on the doctor who prescribed the drug to offer an alternative solution. If he had one, he would have given it to you.

Find a doctor with compatible convictions. Look at the practitioners associated with WAPF, work with a homeopath. Better yet, learn how to treat your family yourself, especially for the smaller, more acute ills. As your knowledge deepens, you’ll be able to take on more complex conditions, confident in your reliance upon the prudent, time-tested methods of nourishing traditional foods and homeopathic medicine. Be unstoppable in your resolve. 

Joette Calabrese, HMC, CCH, RSHom(Na) is a homeopath who melds homeopathy with WAPF principles. The stories of Arnie and Jane are compilations of Joette’s clients. For a copy of a companion article on heart disease published in Wise Traditions, Winter 2013 go to www.Joette-Calabrese.com and download “My Dad and the Dead Cardiologists.” Read Joette’s free blogs with homeopathic protocols from India (and elsewhere) for everyday chronic and acute conditions specifically designed for learning today and using tonight. You may also want to schedule a free fifteen-minute phone conversation with Joette at (716) 941.1045 to see if homeopathy is a fit for you and your family’s health strategy.

Exercise the principle of “less is more” not when enjoying healthy saturated fats, but when considering taking a drug.

All Thumbs Book Reviews



***Dissolving Illusions:
Disease, Vaccines, and the Forgotten History*
by Suzanne Humphries, MD &
Roman Bystryanyk
CreateSpace Independent Publishing, 2014**

Dissolving Illusions follows an unusual format, as the authors themselves state up front. They quote evidence from many historical and medical literature sources, grouped by subject and date, and provide very little opinion, introduction or conclusions. This allows informed readers to compare opposing statements and to draw their own conclusions. I would add that having a medical degree and working knowledge of modern physiology and immunology are almost a prerequisite as well.

If you require an entertaining introduction to a failed experiment of medical history depicting demons and heroes, this is probably not the book for you. If you are a practicing MD or an informed parent with doubts, you have struck gold.

I am an adjunct college professor of ecology, botany and farming, and acknowledge I found several sections to be difficult. I must also proclaim the great reward of my having stuck to it. Whenever I encountered the proverbial paragraph with five new, undefined terms, I slowed down my reading, then thought it through, then reread the section, and this always worked.

As the authors also suggest, at the heart of the work are meticulous original graphs showing annual population rates, reactions and deaths throughout history for each communicable disease. There are about fifty original graphs plotted from real historical actuarial data. Regrettably, many of the multiple-line graphs are illegible, having been drawn in color with drop-shadows, but reproduced in gray scale. The bright side is that by going to www.dissolvingillusions.com you can easily see and/or print out any and all graphs for which the book's smaller scale gray fails to make clear.

This book was written to be a quotable, cogent source of technical information, rather than to elucidate some theme or idea or to resolve an issue. It is consequently hard to provide a short, adequate review in the usual sense. I will summarize some of the major conclusions to which a reader may reasonably come, having carefully weighed the wealth of published facts and conflicting opinions.

First, I would love to be able to explain the immune system gleaned from reading five hundred pages of amazingly detailed medicine, but the authors are very clear that *nobody* yet comes close to such an understanding. B. Goldman writes in his article, "The Bodyguard: Tapping the Immune System's Secrets," (*Stanford Medicine*, Summer 2011):

It is staggeringly complex, comprising at least fifteen different cell-types that spew dozens of different molecules into the blood to communicate with one another and to do battle. Within each of those cell types sit tens of thousands of genes whose activity can be altered by age, exercise, infection, vaccination status, diet, stress, you name it. . . That's an awful lot of moving parts. And we don't know what the vast majority of them do, or should be doing. . . we can't even be sure how to tell when the immune system's not working right, let alone why not, because we don't have good metrics of what a healthy human immune system looks like. Despite billions spent on immune stimulants in super-markets and drugstores last year, we don't know what—if anything—those really do, or what "immune stimulant" even means.

This admitted confusion of medical decision-making itself stands in stark contrast to the decisive tones one hears on weekly news reports, where vaccines are always touted as a victory of

This book was written to be a quotable, cogent source of technical information, rather than to elucidate some theme or idea or to resolve an issue.

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immune science over herbs and quacks. In this book the authors first take the approach: What is the actual history of immunity success, how is it measured, and whence does such clear certainty arise? In summarizing case histories, graphs of fourteen contagious diseases are drawn. These histories begin well before vaccines were used, and show improvements from nutrition and sanitation practices unrelated to shots.

Official certainty and confidence in vaccines seemed to increase about the time when many governments intervened in personal medical choices. At that time vaccine policies seemed rather to naturally accompany the new standards in sanitation and safety also being legislated. Real doubt-removal and compulsory treatments then gathered steam when medical decisions became attached to private power and corporate success. But to achieve the degree of cultural myth currently held by the practice of vaccination clearly required more than a simple misreading of conflicting history.

At this contentious point, many of my (and your?) relatives are given sudden voice: Don't you even know about smallpox and polio? Thus the authors begin their book with quotes from the history of smallpox, the oldest organized, deliberate intervention in personal immunity in the name of prevention. Here, lacking space for the quotes from two hundred pages of thorough treatment, I assure you the graphs clearly show that as the vaccination rates increased, the cases of smallpox did *not* drop, nor did the death rate of those infected.

In three detailed chapters, we find out how even Edward Jenner's famous cow-pox virus vaccine in 1798 was never compared by any large intervention trials, and the sources of its principal viral components were almost completely uncontrolled from batch to batch. Instead of protecting the public by imposing standards on vaccine manufacture, the British government imposed increasingly stringent penalties on parents for failure to vaccinate their children, imprisoning

parents who refused to pay large fines for non-compliance.

During every smallpox outbreak, many fully vaccinated people died and were also seen by the public to infect other victims. After a particularly severe outbreak of smallpox occurred in 1872, the industrial town of Leicester announced it had had enough. On March 23, 1885 the citizenry held "The Great Demonstration," making present-day displays of government disapproval appear pale by comparison. Citizens came from all over, including Ireland and Scotland, and everyone marched around Leicester most of the day. The half-million citizens then voted out of power their town government, and replaced it with one which created a smallpox safety system: laws were passed which made vaccination voluntary, established a rapid notification and quarantine system, including specially trained personnel and comfortable quarantine facilities for anyone exposed to the index (initial) case.

The people of Leicester became world famous for this action and grand predictions were made of success or failure, as people chose sides as if for a sporting event. Articles in *The* (London) *Times* faithfully reported each controversial step, while the *New York Times* routinely sided with the vaccine enthusiasts, in 1914 calling the people of Leicester fools and predicting horrible outbreaks with massive infant deaths: "Those who openly oppose vaccination . . . are taking a heavy responsibility on their souls."

In the meantime, the virus itself, as with most of the other thirteen diseases under the influence of better sanitation and nutrition, was becoming more benign. This is clearly demonstrated in the graphs of dropping yearly fatalities, coinciding with falling vaccination rates. In 1912, sixty years after the start of the Leicester rebel experiment, J. T. Biggs wrote "Leicester: Sanitation versus vaccination" a well-researched summary, quoted by Humphries and Bystriany. Not only had the predicted horror of mass death been averted, but the yearly smallpox death toll

During every smallpox outbreak, many fully vaccinated people died and were also seen by the public to infect other victims.

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The whole polio story takes many particularly devious turns, where much, perhaps most, of the causes for paralysis were initially unrelated to the actual poliomyelitis virus.

had dropped to zero for the town's population. Biggs also concluded that the random smallpox-like infections directly caused by the vaccination survivors had been the main source of infection of infants and children, so when vaccination ceased, overall health and infection rates improved.

Did the vaccine enthusiasts even notice from this widely publicized example that they had bet on the wrong horse? In 1980, in Vol. 24 of *Medical History*, Stuart M. Fraser wrote: "Leicester stands as an example, probably the first, where measures other than total reliance on vaccination were introduced successfully to eradicate a disease from a community." Other authors pointed out that, systematically, medical text authors just could not let go of the idea that infant vaccination solved everything, despite no demonstration, ever, of its value rising above the evidence of its numerous side effects.

Dissolving Illusions next systematically takes us on the long journeys of improving illnesses for polio, whooping cough and measles. Graphs show most of the improving story, as diseases become less infectious and deadly. Approximately 98 percent of this improvement came *before* the corresponding vaccines were ever available, but that never daunted the enthusiasts from claiming full credit, post hoc, for improved

conditions.

The whole polio story takes many particularly devious turns, where much, perhaps most, of the causes for paralysis were initially unrelated to the actual poliomyelitis virus. In 1954, on arrival of the Salk vaccine, the disease was immediately completely re-defined almost out of existence. Early polio medical treatment apparently was far more damaging than the disease, with anesthesia and rigid casts put on children, then allowing the children to scream in pain for up to several days. Through the considerable efforts of Sister Elizabeth Kenny, who administered almost the exact opposite treatments, it was later found and admitted that the early treatment caused the nervous control of their muscles to perish forever. Doctors who employed vitamin C and physical therapy reported zero paralyses.

There are so many causes for "polio" paralysis it would take a page to list them here, but only the virus is now recognized by the redefinition. Figure 12.4 on page 249 was used from Jim West's article in this journal, "Pesticides and Polio" (<http://www.westonaprice.org/health-topics/pesticides-and-polio-a-critique-of-scientific-literature/>). From examining the figure, you may realize that much of the paralysis outbreak in the period between 1940 and 1955 was actually due to acute arsenic or DDT exposure from untested

THE TRANSFORMATION: 48 DAYS TO EATING & LIVING NATURALLY FOR LIFE

Michele Menzel, ND, DPSc

Some people learn about WAPF principles and change their diets overnight; for others it's a process that takes several years. *The Transformation* provides a road map for moving from a SAD to a nourishing traditional diet in forty-eight days with days one to fifteen for elimination, days sixteen to thirty for transformation and days thirty-one to forty-eight for settling into your new lifestyle—a lifestyle that includes not only diet but hydration, detoxification, rest, faith, exercise and sunshine.

Author Michele Menzel is a WAPF chapter leader and practitioner in Edmond, Oklahoma. Her dietary suggestions include all our principles—from cod liver oil to raw milk—so it's refreshing to see them incorporated into a larger lifestyle book. The book is attractively formatted and highly readable, with great sections detailing the problems with industrial food. And we love the inclusion of information on rebounding and the far infra-red sauna.

The only cautionary note is the inclusion of whey protein powder and occasional chocolate in the meal plans—chocolate is addictive and most people do best by avoiding it completely. The water recommendations are probably excessive, but the discussion of water quality, shower filters and bath balls is excellent.

Thumbs up for a book that will leave you wiser and inspired.

Review by Sally Fallon Morell

All Thumbs Book Reviews

pesticides, mostly on farms. After the redefinition, including much more rigorous criteria for the diagnosis of “polio,” pesticide paralysis has continued, but it no longer had any effect on the records of “the new vaccine-cured polio” cases. Outside the U.S.A., where DDT is widely sold and used, any news of human paralysis simply threatens our precious export markets.

The horrible “iron lung” polio cases, rather than being solved by vaccine, were also cleanly swept under the definition rug. On p. 241 of *Dissolving Illusions* the authors make a rare summarizing statement: “Does the public have any idea that there are hundreds of cases of something that is now called transverse myelitis that would have historically been called polio and is now leaving children permanently dependent on a modern version of the iron lung?” Polio virus continues to infect today, but like the other illnesses has become almost benign.

One fascinating problem has been identified, described in connection with the problematic vaccination for pertussis (whooping cough). When a youngster first gets the wild infection, *B. pertussis*, the bacteria attach to bronchial cells and secrete a compound abbreviated as ACT, which fools the immune system into a false truce. After a few weeks of coughing, the

system wakes up to the deception and forms a remembered response, which then completely heals the infection. Any future infection is met by this immunity, which typically lasts about thirty years. Enter the vaccine form of the bacterium, sans ACT. The immune system now develops a different, permanent set of responses, minus the knowledge of ACT. Now, every new infection with wild or vaccine-strain pertussis produces the same prolonged ACT phase, and, contrary to the contention of Mr. Bush, you *do* get fooled again and again. This is called Original Antigen Sin, or OAS, meaning the first time is all you get, to get it right. So what? Pertussis is now a mostly-undiagnosed adult disease, with adult carriers infecting everybody, endemically, instead of a once-will-do-it childhood disease.

If you have no medical training and get this far in the book, you may find yourself feeling stressed and frequently washing your hands in response to the emotional impacts of all this truth. In any case, chapters 15 and 16 on nutrition and evidence for natural remedies will certainly bring cheer and relief. Histories show malnutrition and particularly deficiency conditions such as scurvy increased the severity of all these contagious pathogens. Cases are presented showing prevention and cure by supplementing vitamin C, several intramuscular doses of 1000 mg per day. Vitamin D supplementation was often curative for those bacterial diseases, and true vitamin A (retinol, not beta carotene) for viral diseases. One intriguing case found a shipload of sailors all contracting typhus yet without a single loss by implementing the repeated administration of cinnamon.

Having held my proverbial breath for some summary judgment, on page 479 come the authors’ last words: “The reality . . . is that vaccinology, as portrayed to the public today, amounts to writing religion on the back of ignorance.”

Review by Martin Cadbury Michener, PhD.

CULTURED FOODS FOR YOUR KITCHEN

Leda Scheintaub

Cultured foods are coming to the fore in our newly food-conscious culture, and Scheintaub's beautifully illustrated book lavishes a cornucopia of recipes on the reader interested in putting culture on the table. Starting with an excellent introduction, Scheintaub then provides a range of dishes, from sauerkraut to beverages to desserts. In addition to salt brining and whey, she uses a variety of other starter cultures including beet kvass, coconut water kefir and water kefir. She devotes whole chapters to what we might call the magnificent seven—sauerkraut, kimchi, cucumber pickles, fermented root vegetables, yogurt, kefir and kombucha.

Recipes include salsa verde, mango chutney, creamy cashew cheese, cauliflower and raisin salad with saffron-scented lemon dressing, prosciutto-wrapped pickled asparagus, Greek-style turkey meatballs with tzatziki sauce, pickled and smothered pork chops, lemongrass beef and Mexican pork stew with salsa verde.

Then come the luscious desserts including ginger plum fool, cardamom corn cake and one I can't wait to try. . . honey-pickled fennel.

Kudos to photographer William Brinson for outstanding food photography, which makes the recipes really come alive. This book will appeal to those who just like to look at cookbooks as well as to serious cooks. Thumbs up.

Review by Sally Fallon Morell

All Thumbs Book Reviews



***Nourishing Broth:
An Old-Fashioned Remedy
for the Modern World***
by Sally Fallon Morell, MA
and Kaayla T Daniel, PhD, CCN
Grand Central Life
& Style Hachette Book Group

It seems
that all the
chicken feet
have done
more than
cross the
road, they
have crossed
the Pacific
Ocean to
China.

I'm sure many of our readers have spent long sleepless nights pondering the age-old question: why can't you buy chicken feet in American supermarkets? Where have all the chicken feet gone? Now we have a book that answers the question so you can finally get some rest. It seems that all the chicken feet have done more than cross the road, they have crossed the Pacific Ocean to China. We consume literally billions of chickens per year in the United States. Since most chickens have two feet, that's billions times two. That's a lot of chicken feet. Funny, Colin Campbell doesn't seem to mention anything about chicken feet in *The China Study*. What do the Chinese want with all those chicken feet? Well, as everyone in China knows, chicken feet are great for making broth.

Many traditional cultures highly valued broth. I know from watching old TV shows that here in the United States, the health-giving qualities of broth were recognized at least till the

1960s. Even Campbell's Soup used to be good food with traditional ingredients for their soup until the mid-twentieth century. Since then they have replaced traditional ingredients like broth with MSG. Those moves were supposed to improve profits. Apparently that is not working and Campbell's has lost half its market value since then. In the spirit of continuing to stick with a failed paradigm until it works, they are cutting the chicken out of chicken noodle soup.

While there is still much scientific research to be done on broth in general, this book fills several chapters detailing the importance of various components in broth to robust health. You will find almost nothing out there that is a better source of nutrients. There are numerous cofactors like marrow and amino acids needed to make collagen, Goo, GAG, and HA. Those last three may take a little explaining. HA goo is the key to broth that gels. GAGs are all over the human body and then there are proteoglycans, which are valued for their mucopolysaccharide content. Got all that? That's OK, neither do I, so let's continue. HA stands for hyaluronic acid which is a type of proteoglycan. HA lubricates and cushions joints, muscles, bones and moving parts in general. GAG (glycoaminoglycan) is a protein sugar that gangs up by the thousands to make HA. Defects in the GAG layer of the intes-

FERMENTED VEGETABLES Kirsten Shockey and Christopher Shockey

The subtitle of this book is "Creative Recipes for Fermenting 80 Vegetables & Herbs in Krauts, Kimchis, Brined Pickles, Chutneys, Relishes and Pastes." The vegetables are listed A to Z, and some of the more creative recipes include arugula kimchi, dilly beans, curtido rojo, chipotle squash kraut, edgy veggies, naked celeriac kraut, sweet corn relish, habanero jicama and leek-cracked pepper kraut.

The Shockeys use only brine for pickling—no whey or other starters—so this is a great book for those avoiding all dairy.

The book begins with a long and well-illustrated introduction to the art and methods of fermentation, including a discussion of containers, pounders, types of salt and basic methods for kraut and kimchi. Then at the end, we are treated to a collection of wonderful recipes that put lacto-fermented foods to use in every meal. Add fermented chive or basil paste to cream cheese, serve curtido with rancher enchiladas, serve smoky dates stuffed with hard cheese and smoky kraut and enjoy kimchi latkes.

There's lots to learn and enjoy in this definitively creative book. Thumbs up.

Review by Sally Fallon Morell

All Thumbs Book Reviews

tine lead to autism, Crohn's, rheumatoid arthritis and other fun things.

There was a lot of inconsistency in some of the old studies, probably due to the fact that gelatin can be very different depending on how it is made and what it is made with. One very good researcher who saw very positive results from his studies was Dr. John Prudden. He presented his findings on how cartilage could help with cancer to other scientists and then made another discovery. When presented with innovative, simple and inexpensive solutions to problems, mainstream science greets these revelations with the sound of crickets, banging shutters and tumbleweed. We are still very much in the world of Galileo when it comes to scientific openmindedness. At one point Prudden said, "I find it interesting but very sad that sub-lethal amounts of toxic drugs are approved for use with a minimum quantity of preliminary evidence, but nutritional therapies such as cartilage are expected to wait for some sort of 'final proof of effectiveness' before they can join the mainstream of modern medicine."

On an interesting, related side-note, he and others found bovine cartilage far more effective

than the often-hyped shark cartilage for treating cancer.

Other common questions we often get are answered, including concerns about MSG or lead in broth. The lead scare was apparently started by a poorly done study in the UK, which found lead in broth made from organic chickens. Many details were missing from the study like what kind of cookware was used, what chicken feed was used, what water was used, living conditions for the chickens, etc. It turned out one critical detail of the study was wrong—the chickens were not, in fact, organic and may even have come from China. So all the study proved is that you have to be careful where your ingredients come from. Testing on real organic broth done shortly after that study revealed no detectable lead. Another question is what is the difference between stock and broth? The answer is in the book. You may be frustrated after you read it because experts differ slightly, but there it is if you really want to know.

Components of bone broth play vital roles in gut health, immune system support, blood-sugar balance, muscle building, healthy bones and joints, smooth skin and overall healing. It is apparently also helpful for mental health. Once again the Chinese know this. Broth is a key component of many brain therapies in traditional Chinese medicine.

If the answer to your question is not in this book then probably nobody knows. There are several helpful pointers on what you may be doing wrong if you are trying to make broth and it does not turn out the way you expect – a common problem. The last section of the book contains broth recipes from all over the world, including the not-so-vegan China and Asia in general. Just between us chickens, the thumb is UP for this book.

Review by Tim Boyd

THE HEAL YOUR GUT COOKBOOK
NUTRIENT-DENSE RECIPES FOR INTESTINAL HEALTH USING THE GAPS DIET
Hilary Boynton and Mary G. Brackett
Foreword by Dr. Natasha Campbell-McBride



For those of you who thought the GAPS diet was too complicated or too stringent, you need to buy this book right away. Boynton and Brackett have put together an accurate and appealing cookbook that takes you through all the stages of the GAPS diet and introduces basic cooking techniques such as making broth, soaking nuts and making nut crackers, and preparing coconut and raw dairy products, all beautifully illustrated with color photographs. Later in the book we get lacto-fermented foods, basic salad dressings, pestos and sauces.

Then come the recipes and they are mouth watering. Thai chicken salad, salmon with homemade garlic aioli, salmon cakes with lemon pesto, cilantro turkey burgers, Moroccan chicken, beef tenderloin with pearl onions, herbed butter and roasted vegetables, Mexican chicken hearts and roasted bone marrow.

Desserts include summer berry tart with raw nut crust and cinnamon fried bananas. The only negative is the inclusion of recipes for chocolate, which is best avoided by everybody, but especially those with digestive disorders.

With so many great recipes and ideas, this book will be a fixture in my kitchen, even though I am not even on the GAPS diet. Thumbs up.

Review by Sally Fallon Morell

All Thumbs Book Reviews



Missing Microbes
by **Martin J Blaser, MD**
Henry Holt and Company, LLC

“Antibiotic winter” is ominously approaching. When it arrives we will return to the problems faced in the days when there were no antibiotics—diseases that are now considered minor or easily curable will again turn deadly. This impending health apocalypse is largely due to overuse of antibiotics. The overuse comes not only from directly taking antibiotics but from animal use, which is pervasive. Factory farms or CAFOs can’t exist without using them. Both Big Ag and Big Pharma go to great effort to hide just how much they use antibiotics because it is apparently none of our business what they are feeding us. Because of this widespread use, not only is factory food affected, but the water supply is increasingly contaminated as well.

Dr. Blaser covers the worst-case scenarios we may be facing in the near future but here is where it gets really interesting. He and his colleagues have done some ground-breaking research into the connection between antibiotics and many modern ailments which have exploded in the last few decades. His first big clues came as a result of his study of *H. pylori*, which is commonly blamed for causing ulcers. Many have heard the story of Dr. Barry Marshall swallowing a dose of *H. pylori* to prove it caused ulcers. What you may not have heard is that his ulcer cleared before he took any antibiotics. In other words, he proved nothing. Dr. Blaser went on to learn that a large number of ulcer-free people have *H. pylori*, especially in undeveloped countries or poor areas of developed countries. This led the good doctor to ask whether killing off *H. pylori* might do more harm than good.

More research revealed a correlation between *H. pylori* and asthma. After seeing this and other suggestive correlations, Blaser and his colleagues started doing more detailed lab research to determine whether there was a clear cause and

effect and not just a coincidental correlation. This is where things got even more interesting.

His studies on mice showed that even brief exposure to antibiotics permanently changed the makeup of the gut flora. This in turn led to a significant increase in obesity in the mice, especially when they reached middle-age. When bacteria from the fat mice were transferred to the skinny mice, they became fat too, which confirms the fact that gut flora is the key and not some other unknown thing affected by antibiotics. This was all very convincing if you are a mouse, but what about humans?

A European survey of gut biodiversity found that the people studied fell into two major groups. One had about eight hundred thousand different microbes, the other four hundred thousand. The ones with four hundred thousand tended to be obese. A British longitudinal study found the same thing in a study of over fourteen thousand participants. The bottom line is the human studies were coming out the same as the rodent studies. A remote village in the Orinoco jungle of Venezuela was discovered in 2008. The people there had no contact with the outside world before that time. Their gut flora was studied and proved to be far more diverse than the typical American’s.

This could answer some very common questions. Why can Billy Beanpole eat anything and not gain an ounce while Willie Wideload gains five pounds instantly if he even smells food? Did Willie have antibiotics and Billy not? Dr. Blaser has also noted correlations between antibiotics and asthma, allergies, diabetes and celiac disease. There are other things that can affect gut flora. Many other drugs very likely have the same effect. There is also a correspondence between C-section births and these modern epidemics. Babies have no gut flora until they are born. When delivered by C-section, they don’t acquire the flora from the birth canal, which makes a big difference. Oh, and by the way, antibiotics are always used in C-sections. There are a lot of

His studies on mice showed that even brief exposure to antibiotics permanently changed the makeup of the gut flora.

All Thumbs Book Reviews

people out there at this point who are microbially deficient. The next generation they produce will be just as bad or worse. It seems to me we could be seeing just the leading edge of a huge tsunami.

Solutions are briefly discussed at the end. Probiotics are mentioned but the author is skeptical of most of what is currently on the market because there hasn't been a lot of scientific research and there is a lot of snake oil out there. Being a more or less conventional MD, he is biased towards focusing on better antibiotics. My personal opinion is that bug killers (no matter how powerful) will never kill all the bugs and those that survive will repopulate, rendering the

new bug killers just another toxic chemical in the environment. Collateral damage would be almost impossible to avoid and that complicates things even more. I don't see us ever winning that war. Because we are still in our scientific infancy on this subject there is also the continuing likelihood of attacking innocent bystanders like *H. pylori* and making things worse. I think the less we go around killing things, the better. I agree more research is needed on probiotics but I think that should be the preferred approach. Be that as it may, this book has a lot of good information that goes along well with the research of others like Dr. Campbell-McBride. The thumb is UP.

Antibiotic
winter is
ominously
approaching.

THE SKINNY ON FATS

David Brownstein, MD and Sheryl Shenefelt, CN

The subject of fats and oils is complicated and fraught with misconceptions—so much so that explaining the myths and truths about fat can be long and complicated. People's eyes glaze over when you try to explain it all, even though information on fats and oils can be life changing and life saving. Brownstein and Shenefelt have solved these hurdles with this very well put together book on fats and oils.

The authors start with a summary of surprising facts about fats:

1. We need fat in our diet to live!
2. Fat does not make us fat!
3. A lowfat diet is not healthy!
4. Fat performs many essential functions in our bodies!
5. Some dietary fats are better than others!
6. Saturated fat is not the enemy!
7. Saturated fat and cholesterol do not cause heart disease!
8. Dietary fat is not the culprit of disease!
9. Canola oil and other refined vegetable oils are not healthy for you!
10. Low-cholesterol food does not do your body good!



Even if readers go no further than this short introductory section, they will be much wiser than before. But for those who want more information, there follows chapters that detail the structure of fats, the different types of fats and oils, the role of cholesterol in the body and problems with lowfat diets. Particularly interesting are discussions on your brain's absolute dependence on fat and how eating fat can assist weight loss. The authors point out that getting enough fat affects mood and behavior, cognitive function, mental acuity, focus and clarity. Lowfat diets can lead to depression, reduced mental capacity and behavior problems. Cholesterol is concentrated in the myelin sheath so attempts to reduce cholesterol can lead to serious degenerative disorders of the nervous system, including multiple sclerosis and dementia.

Brownstein and Shenefelt devote a whole chapter to the subject of fats and children—for it is our children who are paying the greatest price for the anti-saturated-fat, anti-cholesterol folly. Children's brains need lots of fat and cholesterol for proper development. Children need butter, eggs, cream, cheese and meat fats, not margarine, spreads and lowfat products.

The book ends with a nice collection of recipes dripping with butter, cream and cheese. Thumbs up.

Review by Sally Fallon Morell

Legislative Updates

STAYING INVOLVED WITH CONGRESS, FDA, AND THE USDA

By Judith McGeary, Esq.

FOOD SAFETY REGULATIONS: SHOULD DAIRIES HAVE TO PREPARE FOR TERRORIST ATTACKS?

As WAPF members know, the federal Food Safety Modernization Act (FSMA) poses many challenges for our farmers and food producers. WAPF worked with a coalition of organizations to carve out protections for direct marketing producers from the most burdensome portions of the Act through the Tester-Hagan amendment. But while the Tester-Hagan provision provides desperately needed protections, like any political solution, it does not solve all the problems.

Among other things, in FSMA, Congress directed FDA to address the issue of “food defense” against “intentional adulteration.” In plain terms, the issue is a potential terrorist attack aimed at our food supply. WAPF’s membership has diverse views on the issue of what level of risk terrorists pose in general, but there’s a question that cuts across that divide: why would our food system be a potential target?

Terrorists generally seek to cause widespread harm for the greatest effect. A small producer, selling direct to a handful of consumers, poses no real opportunity. The risk lies with huge operations that have complicated supply and distribution chains with numerous points of vulnerability and that provide food for millions of people. As with food safety, the fundamental problem is consolidation of our food system.

To its credit, FDA has at least recognized the fact that small-scale producers in general would not be terrorist targets. In proposing a rule, FDA included an exemption for facilities that gross less than ten million dollars in sales annually. Facilities above this size will have to do a food defense plan, similar to a HACCP but aimed at the specific issue of intentional adulteration rather than accidental contamination.

The problem comes when we get to the issue of dairy farms. The majority of milk in this

country is produced through the co-op system, in which individual farms send their raw milk in tankers to a processing facility to be commingled for pasteurization. The processing and distribution channels are highly consolidated, so large quantities of milk from many different farms are commingled. The fluid nature of milk makes it extremely easy for contamination to be spread through this commingling. With the large number of people (especially children) who consume it, these factors make milk one of the more obvious potential targets for someone seeking to cause physical harm and/or widespread disruption in our food system.

As a result, in the proposed rule FDA excluded all farms except dairy farms. The agency specifically asked for comments on what should be required of dairy farms and whether there should be an exemption based on size, type of distribution, or other factors.

WAPF, joined by the Farm-to-Consumer Legal Defense Fund and the Farm and Ranch Freedom Alliance, submitted comments to the agency. We supported the exemption for facilities under ten million dollars in sales, as well as the exemption for farms. On the issue of dairy farms, we proposed exemptions for: (1) small dairy farms (fewer than fifty milking cows); (2) mid-sized dairy farms (fewer than two hundred fifty cows) that do not commingle their milk with other farms; and (3) all sheep and goat dairy farms. We also recommended that the agency focus on education and training, rather than regulatory requirements, for any farms that are covered.

You can read our full comments at: www.farmandranchfreedom.org/organizational-comments-fsma-intentional-adulteration.

Notably, the National Milk Producers Federation is trying to misuse this issue to attack raw dairy farmers. In its comments, the Federation proposed that farms producing milk intended for

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

The recent solicitation by USDA for submachine guns raised concern among farmers and local food consumers.

pasteurization should be exempt, regardless of their size. Yet, at the same time, the Federation claimed that even the smallest, direct-marketing raw milk farm was a “high risk,” and that the FDA should propose a rule specifically aimed at them. This makes no sense!

A ten-thousand-cow dairy supplying raw milk for pasteurization poses a far more attractive terrorist target (with many more potential points of entry) than a twenty-cow raw milk dairy that handles all its product without leaving the farm. NMPF’s comments are nothing more than an attempt to use the regulatory process to drive out producers of a niche market, an unfortunately common tactic used by large industry.

The next move will be FDA’s, meaning yet more waiting. Last December, the FDA announced that it would issue revised proposed regulations for on-farm produce safety standards, in response to the outpouring of opposition to the restrictions on compost and other issues of concern to sustainable producers. Although the agency stated that the revised rules would be published for public review and comment in the “summer of 2014,” we are still waiting for them as of the time this article goes to print. On both of these issues, we will see what FDA proposes next and stand ready to respond.

DEMILITARIZATION BILL

The recent solicitation by USDA for submachine guns raised concern among farmers and

local food consumers. Why would an agency tasked with regulating agriculture in the U.S. need such weapons?

Disturbingly, the arming of regulatory agencies has become more and more widespread in our federal government. While the actual number of armed raids has been low, the fear and distrust that they have created in the local foods community has been widespread and damaging. For example, the 2010 raid on a local food co-op in southern California, in which the FDA participated, is still reverberating through the raw milk community.

If agency officials face a situation that truly calls for armed backup, they can go through the proper procedures to have support from the Department of Justice. Having in-house SWAT teams and armed personnel makes it too easy to turn a non-hazardous situation into an armed raid that abuses the rights of our citizens. Moreover, it’s a waste of taxpayer dollars to provide arms and training to each individual agency. And the bottom line is that bureaucrats aren’t hired or properly trained for dangerous law enforcement situations.

To address this problem, U.S. Representative Chris Stewart of Utah has introduced the Regulatory Agency Demilitarization Act, HR 4934. The bill does three things: (1) repeals the arrest and firearm authority granted to Offices of Inspectors General in the 2002 Homeland Security Act; (2) prohibits federal agencies, other than

DR. PRICE 1940 RADIO INTERVIEWS NOW AVAILABLE ON MP3

Dr. Price’s series of thirteen radio interviews are now available to Price-Pottenger Nutrition Foundation members! The voice of Dr. Price is played by Ed Bennett, president of PPNF, and the radio interviewer is played by David J. Getoff, CCN, CTN, FAAIM, vice president of PPNF. Every word spoken, however, is exactly what Dr. Price said on the radio in 1940. For access, visit ppnf.org for details. Topics include:

- The purpose of Dr. Price’s many trips to study primitive people.
- What guided Dr. Price in selecting places to study primitive races and where did he go?
- Why primitives were more handsome before having access to modern foods.
- The amount of vitamin A needed for efficient reproduction.
- Ease of childbirth among primitives and the difficulty among modern groups.
- How to ensure perfect offspring.
- What guided the primitives in their selection of foods.
- The effects of mineral depletion in the soil.
- The difference of the nutrients in milk depending on what is fed to the cows.
- Why modern science has not made use of the accumulative wisdom of the primitive races.
- Primitive races performing both simple and major surgical procedures.
- Sports that the Aborigines were required to master.

On the poultry side, most producers still don't even know of the new regulations because there appear to have been few attempts to implement or enforce it.

those traditionally tasked with enforcing federal law—such as the FBI and U.S. Marshals—from purchasing machine guns, grenades, and other weaponry regulated under the National Firearms Act; and (3) directs the Government Accountability Office to write a complete report detailing all federal agencies with specialized units that receive special tactical or military-style training and respond to high-risk situations that fall outside the capabilities of regular law enforcement officers.

You can follow the bill and its progress at <https://www.govtrack.us/congress/bills/113/hr4934>.

VIEW FROM THE INSIDE: SECRETARY'S ADVISORY COMMITTEE ON ANIMAL HEALTH

After a two-year hiatus, the USDA Secretary's Advisory Committee on Animal Health (SACAH) reconvened this summer. While Gilles Stockton of the Western Organization of Resource Councils and I both continue to serve as voices for small-scale and independent producers, the majority of the Committee members represent the large-scale consolidated industry players.

ANIMAL IDENTIFICATION

The first topic on the agenda was Animal Identification. It's been a year and a half since the USDA adopted its Animal Disease Traceability program, under which it required official identification and Certificates of Veterinary Inspection (CVIs) for all adult cattle and poultry crossing state lines.

On the poultry side, most producers still don't even know of the new regulations because there appear to have been few attempts to implement or enforce it. I predict that this approach will continue until there is an outbreak of some kind, after which the authorities will use existing regulation to crack down on producers.

On the cattle side, the USDA sent out an email in March stating that it plans to start enforcement of the rule (see April 2014 Member newsletter). But even before then, several states had begun to enforce the requirements.

Since many states already required tagging of breeding-age cattle for inter-state transport, that aspect of the new rule appears to have been relatively innocuous. The problems have appeared with the new requirements on CVIs. In the past, while a CVI was often required for

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BLIP TV: westonaprice.blip.tv These are longer format videos such as our press conference on the USDA Dietary Guidelines and Farmageddon panel discussions.

BLOGS: See blogs by Chris Masterjohn, PhD, and Kaayla T. Daniel, PhD, at westonaprice.org/blogs. And check out our new realmilk.com/blog. Share your raw milk and WAPF testimonials on our publicist's blog: hartkeisonline.com. Contact Kimberly at press@westonaprice.org.

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interstate transport, it did not have to have the individual animal's ID numbers on it. Under the new ADT rule, it does. Some vets have interpreted the new requirement to mean that they must personally confirm the ID number. Under this interpretation, the producers have to confine the cows with head gates and have the vet read each and every individual tag. This can add up to hundreds of dollars in unnecessary vet fees!

At the SACAH meeting, I raised this issue and got clarification from USDA that the agency considers it sufficient for the owner to provide a list of the ID numbers to attach to the CVI,

without the vet having to read the tags. (Again, remember that this only applies to adult cattle being shipped interstate to begin with.)

On the topic of CVIs, the other members of the Committee clearly want to push for an electronic system. The main burden of electronic CVIs would fall on veterinarians, who would have to be equipped with laptops for working in the field, as well as being comfortable with using an electronic system. I pointed out the problems we already face with a shortage of large animal vets, and the importance of not imposing new requirements that could drive more vets out of business.

The Committee discussed two possible resolutions on animal ID: one addressing the use of technology and the other urging the USDA to do an analysis of how animal ID did (or did not) play a role in the recent outbreaks of porcine epidemic diarrhea virus. I volunteered for the subcommittee

BACK ISSUES OF **WiseTraditions** AND OTHER INFORMATIVE LITERATURE

Fall 2005	Cod Liver Oil, Dioxins in Animal Foods, Rocky Mountain Oysters, Dairy Research, The Blood Moon.
Fall 2006	Is Vitamin D Toxic?; Sunlight and Melanoma; Vegetable Oil Nightmare; Saturated Fat Attack; Picky Eaters.
Winter 2007	Children's Issue: Gut and Psychology Syndrome; Vitamins for Fetal Development, Traditional Remedies.
Summer 2010*	Activator Update; Holistic Treatment for Allergies; Acid Reflux; Dangers of Root Canals; Soul Food Recipes.
Fall 2010	Essential Fatty Acids; Magnesium; Healthy Skin; Sacred Foods for Children; Tale of Two Calves.
Winter 2010	Joel Salatin on the Politics of Food; Saving the Polish Countryside; Biological Farming; Bitters; Glutathione in Raw Milk.
Spring 2011*	Liver Health; Vitamin B6; USDA 2010 Dietary Guidelines; Good Breakfasts; Stoneware; Cheese is Serious..
Summer 2011	Sulfur Deficiency; The Importance of Salt; The Senomyx Scandal; Why We Crave; Raw Milk Safety.
Fall 2011	Pork - Live Blood Analysis Study; Pork Recipes; The Accumulated Wisdom of Primitive People; Protein Primer.
Spring 2012*	Good Fats, Bad Fats; China Study Myth; Salt and Our Health; Sustenance from Soup; Soy and Thyroid Cancer.
Summer 2012	Nutrient Deficiencies from Drugs; Vaccination Update; Raw Milk Microscope Study; GAPS Diet for Mental Illness.
Fall 2012	Vitamin & Mineral Synergies; California's Ancient Cornucopia; All About Bacon; The Raw Milk Institute; Tooth Decay
Winter 2012	Vitamin A Synergies; The Story of Zinc; Natural Skin Cream; Slovenian Soups and Stews; Soy Infant Formula.
Spring 2013	Nutritional Roots of Violence; Glycine for Mental Stability; Pork Study; Homeopathy for Mental Illness
Summer 2013	Our Broken Food Supply; The Marketing of Crisco; GMOs in Europe; Insights of a Meat Processor; Natto
Fall 2013	GMO Dangers; RoundUp Dangers: Culinary Traditions in Romania; The Battle for the People's Milk.
Winter 2013	Beyond Cholesterol; Cancer as a Healing Strategy; Grain Traditions in Russia; Push to Pasteurize Breast Milk.
Spring 2014	Dr. Price's Scientific Approach; Weston Price and the Fluoridationists; Cows and Climate; Economics of Raw Milk.
Summer 2014	Nutrition for the Elderly; A New Look at Alzheimer's Disease; In Defense of Wheat; Dangers of Vegetable Oils

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that will consider these resolutions in more depth, so look for more news in the next issue of *Wise Traditions*.

The discussion made it clear that the big industry players still want to move to a full electronic system, including, ultimately, electronic tags on every animal. Fortunately, the USDA staff did not weigh in on the issue, appearing to be somewhat hesitant to push forward at this time, although that could change at any time. We have to stay active and involved if we want to stop the re-emergence of a program such as NAIS with incredibly burdensome and unnecessary requirements.

FOOT & MOUTH DISEASE (FMD)

The next major topic of discussion was Foot & Mouth Disease (FMD). On this issue, the USDA's position has shifted significantly over the years. For a long time, the USDA was committed to a "stamping out" approach. In other words, if Foot & Mouth Disease were detected in an animal in the U.S., the agency planned to kill that animal, its herdmates, any animal potentially exposed, and any animal within a certain distance of the infected animal, in an effort to "stamp out" the disease.

For those who are new to this issue, it is important to realize that FMD cannot be transmitted to humans and poses no human health threat. And although it is a very serious disease in livestock, the majority of animals infected will recover on their own. The stamping out approach was driven by concerns over the export market, since many countries will not accept animals or uncooked meat from countries that have animals with FMD or even animals that have been vac-

inated for FMD. In other words, if the U.S. wanted to keep many of its export markets, all the exposed and vaccinated animals would have to be killed.

But despite the importance that both the USDA and Big Ag have placed on the export market, they also now appear to be recognizing that the stamping out approach could spell disaster—not only for small producers, who have feared this approach all along, but also for the large industry players. The outbreak in South Korea in 2010 helped show that the old mentality can wreak destruction on producers of all sizes. South Korea killed hundreds of thousands of animals, causing over one billion dollars of losses in livestock, in an attempt to stamp out the disease—only to realize it was impossible and change to a "vaccinate to live" policy (see below).

USDA's current documents outline a list of possible approaches that could be used in case of an outbreak:

1. Stamping out.
2. Vaccinate to kill (i.e., vaccinate just long enough to allow for stamping out in stages).
3. Vaccinate to slaughter (all vaccinated animals that were otherwise healthy would be sent for processing for food over the appropriate period of time).
4. Vaccinate to live (allowing vaccinated animals to live out their normal, productive lifespans).

A combination of these approaches is also possible. The USDA states that it will choose its approach during an outbreak based on multiple factors.

At this time, the U.S. simply doesn't have enough vaccine available to handle even a relatively moderate FMD outbreak. Issues include both funding and where to manufacture the vaccine; since the current vaccines require the live virus for production, they cannot be manufactured on the U.S. mainland. Thus, the Committee discussions focused on what is needed to make vaccination a more feasible option if needed.

Big Ag still has very different priorities than small-scale producers and animal owners. Because of the industry's love for international trade, they are both less cautious about introducing the disease into this country (by promoting the zoning approach to allowing imports from affected countries), and much more inclined to take a vaccinate to kill or to slaughter approach (to allow exports to re-start more quickly if there is an outbreak).

As a result, if there is an FMD outbreak in this country, we will face an extraordinarily tough fight to protect valuable livestock from unnecessary death. But the shift in the industry's position, as the key players come to recognize the extreme fragility of the system they have built and at least some of the consequences of that fact, provides an important opening for us to be involved in shaping the policies. ☺☺

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Soy Alert!

THE HEAT IS ON: THERMOGRAMS PROVIDE EVIDENCE THAT SOY DRIVES BREAST CANCER

By Kaayla T. Daniel, PhD, CCN

October is Breast Cancer Awareness Month, and the soy industry will take the opportunity to feed women's fears and urge us to consume soy products for breast cancer prevention. Soy milk manufacturers may even give away soy milk in bright pink containers—called “Pinkies”—to women attending Komen Races for the Cure.

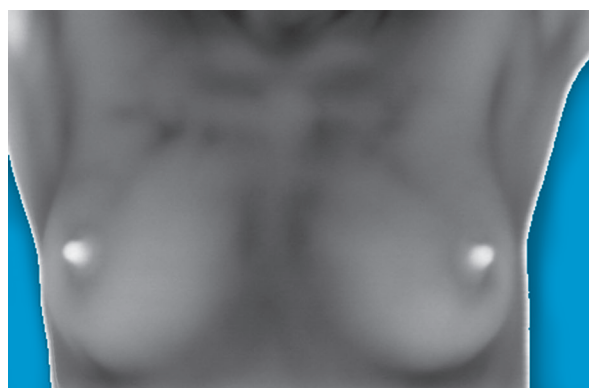
Sadly, soy is not only useless for cancer prevention but can cause, contribute to and accelerate the growth of breast cancer. The Israeli Health Ministry, French Food Agency, German Institute of Risk Assessment and Cornell University's Center for Breast Cancer and Environmental Risk Factors have all warned women to “exercise caution” regarding soy consumption, particularly if they've been diagnosed with, or have a family history of, breast cancer.

Further warnings come in the book *Breast Cancer Boot Camp* (Tate, 2013) by William B. Hobbins, MD and Wendy Sellens, LAc. More than a hundred thermogram images provide striking visual evidence that soy and other estrogenic foods and herbs promote vascularization and angiogenesis in the breast. The word “angiogenesis” comes from the Greek words *angio*, meaning “blood,” and *genesis*, meaning “formation of.” The term was coined back in 1935 to describe the new blood vessels form-

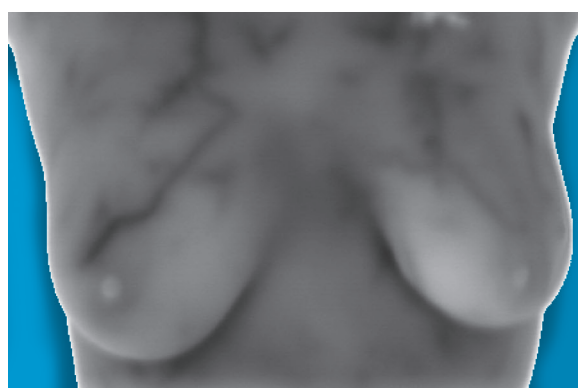
ing in the placenta during pregnancy. It now commonly refers to the formation of new blood vessels during any bodily growth spurt, from the replacement of blood vessels after an injury to the ability of malignant tissues to rapidly form the network of blood vessels needed for the runaway growth of breast cancer.

Dr. Hobbins is a former surgeon who pioneered breast cancer detection through mammography and thermography. Now age ninety, he continues to urge widespread use of thermography for initial screening and prevention because “the angiogenesis of a breast cancer is not only the earliest sign, but the greatest sign for detection and prognosis in treatment.” Back in the 1980s when soy was first widely marketed as a “health food,” Dr. Hobbins noted a link between soy consumption, increased vascularity and breast cancer development.

Sellens is a licensed acupuncturist and a protégé of Dr. Hobbins who studied with him for five years and spent seven years reviewing his thousands of cases. She founded Pink Image Thermography in Solana Beach, California, is president and cofounder of the Women's Academy of Breast Thermography, president of the non-profit Pink Bow Breast Thermography research and education, and is actively pushing



Healthy breasts. Normal thermogram.
Non-vascular



Vascularization in the breasts of a
woman consuming large amounts of soy.

Photos © Wendy Sellens, LAc, Pink Image Thermography.

If soy were
“healthy” for
the breasts,
we could
expect women
who regularly
consume
it to have
non-vascular
breasts. . .
This is just
not the case.

for rigorous nationwide certification standards for thermography.

Thermography is an imaging technique that can detect abnormalities based on patterns of body heat. Because cell proliferation rarely develops without a vascular process that increases the surface temperature, thermography can identify women at risk for breast cancer or who have breast cancer in a very early stage. In color thermograms, the cooler areas appear dark blue, purple and black, while the warmer areas are yellow, orange, red and white. Gray scale thermographs show hotter areas as white and cooler areas as black. For highest diagnostic accuracy, Hobbins and Sellens recommend both types of thermograms be done.

Many alternative health professionals today recommend thermography as a safe screening alternative to mammography, which is not only painful and expensive but can increase breast cancer risk through radiation exposure and breast tissue compression. Thermograms are particularly helpful for the screening of women with young, dense breast tissue, and those with fibrocystic breast disease, breast implants or scars. Unlike mammograms, thermograms are useful for detecting changes in the armpit area. Thermography is also safe for women who are pregnant or lactating.

With its hundreds of “before and after” examples, *Breast Cancer Boot Camp* shows how women can use thermograms to monitor their breast health and see whether estrogenic foods and herbs live up to their marketing promise.

As Sellens puts it, “Your breasts can’t lie” and “thermograms can be your new breast friend.” If soy were “healthy” for the breasts, we could expect women who regularly consume it to have non-vascular breasts, which would be evidence of a lack of stimulation and a protective effect. Having analyzed thousands of thermograms, Sellens reports, “This is just not the case.”

The authors show similar unwanted estrogenic effects from flax, black cohosh, red clover, and other phytoestrogen-rich foods and herbs, supplements such as DIM and calcium glucarate that allegedly regulate estrogen metabolism—and even bio-identical hormone replacement therapies. Given that many naturopathic doctors and alternative health care practitioners regularly recommend these products, this is a sobering reminder to us all that “natural” is not necessarily “safe.” ☯☯

Kaayla T. Daniel, PhD, CCN is known as The Naughty Nutritionist® because of her ability to outrageously and humorously debunk nutritional myths, including the myth that soy is a health food. She is vice president of the Weston A. Price Foundation, on the board of directors of the Farm-to-Consumer Legal Defense Fund, and author of The Whole Soy Story: The Dark Side of America’s Favorite Health Food. Kaayla is coauthor with Sally Fallon Morell of Nourishing Broth: An Old-Fashioned Remedy for the Modern World, set for publication on September 30. Her website is drkaayladaniel.com.

NEW 3D MAMMOGRAMS: NOT SUCH A GOOD IDEA

With more and more women questioning the wisdom of mammograms, the industry had to come up with something “new and improved.” After all, routine mammograms are huge moneymakers, which also shunt women into the breast cancer business. They often give false positives and sometimes miss tumors but the most serious problem with mammograms is that they can cause breast cancer! Mammograms expose the breasts to radiation while simultaneously compressing the breast tissue—often quite painfully—which can cause cancer cells to spread. One study indicates that mammograms cause about twenty to twenty-five cases out of one hundred thousand of fatal breast cancer per year.

The new mammogram is called 3D tomosynthesis, which is basically a CT scan for your breasts. The 3D mammogram requires multiple views in order to achieve three dimensionality. That means you are getting a lot more radiation exposure, by some estimates three times as much. And the 3D mammogram is only done after the 2D mammogram has been carried out.

By the way, more and more children today are subjected to CT scans—the average American child gets seven radiation scans by the age of eighteen. One CT scan exposes your child to between one hundred and five hundred times more ionizing radiation than a standard x-ray. Radiation-induced cancers include leukemia and cancers of the brain, lungs, thyroid and colon.

Source: mercola.com, August 27, 2013

A Campaign for *Real Milk*

DAIRYING THE OLD-FASHIONED WAY IN AUSTRALIA

By Julia McKay, BA, LLB

It started about three years ago. I had a small herd of dairy cows that comprised the leftovers from my commercial dairy that had gone broke. In the meantime, I had managed a rundown milking dairy in the Darling Downs (southeastern Queensland) that the owner decided to close and sell. Most of my premium cows were sold along with the property and I was left with the “dregs” according to the expert agents. Many had suffered during the great floods of 2010-2011 and either had mastitis or the after-effects of pink eye (known affectionately as “blight” in Queensland).

I should set the scene. My farm is three hundred acres in the Southern Tablelands of New South Wales, about eighty kilometers from the nearest commercial dairies. It is no longer considered to be dairy country although in the 1800s that was what it was. I run the land along organic lines but have not pursued certification. The pastures are highly diverse and include a number of species that I favor but are usually categorized as weeds, including Paterson’s curse, marshmallow, dock, milk thistle, Scotch thistle, and stinging nettle. Clovers and medics thrive and I have added winter-dormant lucerne (the winter-active proved to be inactive), turnips, prairie grass, plantain and chicory to the inherited rye, phalaris and cocksfoot. Come summer, paspalum, Yorkshire fog and couch grasses respond to storm rains.

In the late spring of 2011, my herd of around thirty cows started to calve. The majority were first-calving heifers with a few old girls with three teats. Two of the heifers had stillborn bulls and very full, well-formed udders. One looked pure Jersey and the other a Jersey-Holstein cross. I decided to milk them in the crush using a borrowed single-bucket milker and about seventy-five meters of extension cord. At this point I should admit that all my cows had become ridiculously quiet from feeding them hay and

from placing their water trough directly behind the house. When they were drinking, I would stand beside them and stroke them quietly.

Therefore the business of milking posed no problem at all, save for the Jersey’s tiny teats! Fortunately the two youngsters (who were soon named Sweetie and Stripey) tolerated me sitting beside them with the bottom crush gate open and the top closed. Their attitude was influenced by the provision of a delicious muesli-like preparation suitable for cows and horses. There was no kicking and no resentment. They milked wonderfully and it soon became evident that I was in need of milk drinkers aplenty. These two were providing more than fifty liters per day between them.

What I did with the raw milk (and continue to do) is a story for another day. However, the development of a dairying system suited to a small farm in a remote area with limited available resources is a study appropriate to many modern landowners.

Since that momentous first milking with Sweetie and Stripey, my herd has expanded to more than fifty milking cows, plus twenty dries and a further thirty joined and unjoined heifers. They are largely mongrels, being of Brown Swiss, Jersey, Aussie Red and Friesian heritage. Let me say, however, they can milk, forage, calve with ease and are absurdly affectionate. I give them all names and use this name to bring them to the milking parlor one by one. As soon as the “newbie” learns the sound of her name, she responds when called. Their primary diet is the biodiverse pasture, supplemented by hay when required. At milking they receive the horse-dairy mix at a rate of three to four kilos depending upon their condition, production and insatiable greed.

What, you ask, is different about this herd and almost all others? Firstly, they are never ill, never get mastitis and have a calf every year. They are milked once a day and they raise their



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.

Quality and cleanliness have been outstanding.

calves at the same time. What calves! Playful, healthy and not an instance of scours in the intervening three years. Not one cow or calf on the property has been drenched or inoculated, very few are de-horned, no antibiotics have been required, and no lameness has been seen. Yes, there have been deaths, but very few from calving problems and everyone does lose a cow or a calf from time to time. Rightly or wrongly, I blame snakes for most of the casualties.

The milk has been tested regularly for cell count, standard plate count, *E. coli* and solids. Quality and cleanliness have been outstanding. Quantity has been more than adequate. If more milk is needed, the calves can

be separated overnight and re-join their mothers after milking. When conditions are favorable, this is unnecessary with first-calving heifers producing more than eighteen liters per day and older cows up to twenty-five liters.

What are the financial advantages?

1. Labor is an obvious one. Being a virtual one-woman band, milking once a day is a real bonus, and there is no need for anyone other than casual labor from time to time. I have a regular supply of Wwoofers (Willing Workers on Organic Farms), and the cows are so quiet they can be milked by a novice (and a stranger) within a day or two.
2. Calf rearing: requiring no buckets, no feeding, no cares. The calves are kept clean and healthy by their mothers and both animals have the natural pleasure of being together. Even when separated at night, they quickly understand the routine provided that they can see and hear each other. Weaning of heifers is done over a week (when the calves are about five or six months old) with cows

again having visual access to the calves but no physical contact.

3. The increased value of the bull calves that can be sold at four to five months as milk-fed veal. A premium price for this otherwise worthless asset is a major benefit.
4. Reduced (if not eliminated) mastitis. The calves keep the cows well-sucked and free of mastitis and udder problems. The once-a-day milking probably extends the productive life of the cow as well—less pressure on the



Cows, calves, and bull socialize together at pasture.

5. Increased fertility. The cows and calves run with a bull and most of the cows reproduce annually. Those that do not are culled. Artificial insemination would be equally manageable if the expertise were available.

Hence there are financial, philosophical and lifestyle advantages from running calves with dairy cows. The downside is reduction in production, but the loss is, to a large degree, offset by the removal of the need to feed the calves their five to ten liters per day.

Has this been pure good luck? Is the genetic makeup of the herd relevant and were my dairy cows truly extraordinary from both production and quality perspectives? Indeed I have always purchased the best bulls I could find from highly reputable and successful stud breeders and I know I started with good stock (in spite of the opinion of experts).

I have trawled the Internet for examples of Once-a-Day Milking (OAD) blended with running calves with their mothers. Only three

models are documented—one a research project from Holland entitled “Rearing Calves with Cows”¹ and two webpages—one published by Hawthorne Valley Farm,² a biodynamic dairy in Columbia County, New York, and the other the Calf-at-Foot Dairy in Suffolk, UK.³ The information provided confirms the benefits of my experiment, but is not an exact replica given that the dairy herds in question are managed in accordance with the climatic imperatives of high latitude farming. The cattle are kept in sheds throughout the winter and “nurse cows” used at these times rather than the natural mothers.

I feel sure that my practices are not unique within the Australasian environment. However, there is no literature upon which I can rely or similar enterprises promoted on the web. Therefore, I would be prepared to have my system tested and scientifically verified. A cost-benefit analysis would also be useful based upon herd size as there may be a limit to the number of calf-at-foot cows that a dairy can manage. There is also a real need to establish a relationship with the cows and this may be impossible on dairies milking more than two hundred fifty cows. This relationship is essential for milk “let down.” Cows that feel their handler is “part of the herd” will give milk freely while those that are uncomfortable with humans refuse to milk out and retain most of their milk for their calves. The production of oxytocin (the milk “let down” hormone) seems to be greater when the cow’s udder is stimulated by friendly and familiar hands. No time for this

on large dairies either.

It surprised me, as a long-term dairy farmer, to discover the depth of feeling against the treatment of dairy cows and their calves. The Internet is full of objections to this treatment and countervailing prevarications put forward by industrial-scale dairy farmers.⁴ One that perplexed me suggested that humans raise calves better than their mothers.⁵ It even stated that dairy cows lack a strong maternal instinct. I can truthfully say that some years ago I weaned some calves and sent their mothers more than forty kilometers by truck to another property. Within two days, one of the mothers returned home having crossed rivers, gorges and fence lines through a National Park and private land. Is this the behavior of a cow lacking a maternal instinct?

Separated calves have a high mortality rate resulting from scours and other infantile diseases. To reduce the chance of cross-infection, the calves are usually kept apart from one another if facilities permit. They are tethered to hutches or kept in individual stalls without the opportunity to gambol and interact with their peers. Mine rest together, play together and learn to eat grass together—the same for heifers and bulls. This is the way nature intended.

The only realistic excuse that can be given for separating calves from their mothers soon after calving is purely commercial. It is based upon conservation of milk for human consumption and the financial rewards that follow. Bull calves in Queensland are “euthanized” almost


The only realistic excuse that can be given for separating calves from their mothers soon after calving is purely commercial. It is based upon conservation of milk for human consumption and the financial rewards that follow.

THE SAGA OF THE CHEESE AGING BOARDS

In early June, the FDA issued a letter banning the use of wooden boards for aging cheese—something it had been threatening for some time. The letter came in response to a request for clarification from the New York Department of Agriculture as to whether wooden surfaces were acceptable for the aging of cheese. In response, Monica Metz, branch chief of the FDA's Center for Food Safety and Applied Nutrition's Dairy and Egg Branch (and a former employee of Leprino, the nation's largest producer of mozzarella cheese) wrote: “The use of wooden shelves, rough or otherwise, for cheese ripening does not conform to [current good manufacturing practices], which require that 'all plant equipment and utensils shall be so designed and of such material and workmanship as to be adequately cleanable, and shall be properly maintained.'”

In response, on June 9, Gregory McNeal of *Forbes Magazine* posted a blistering critique entitled “FDA May Destroy American Artisan Cheese Industry,” in which he pointed out that the FDA's edict was neither legal (since FDA has allowed wooden boards up to this point, so they must follow rule-changing procedures to disallow them) nor scientific (many studies have shown that wooden boards are more sanitary). He pointed out that such a rule change would likely destroy many small cheesemakers. The Internet uproar that followed must have ruffled some FDA feathers, because the next day, FDA backpedalled with assurances that wooden boards would still be allowed. And on June 30, *The Wall Street Journal* published a letter from none other than Michael Taylor, FDA's deputy commissioner for foods and veterinary medicine, in which he insisted that FDA “never had a policy to ban the practice of aging cheese on wooden boards. The agency has never taken enforcement action against a cheesemaker for the use of wooden boards alone, nor do we intend to.”

immediately after birth—but this is code for shot. The farmers in that state have failed to develop a market for the wonderful meat that milk-fed vealers can produce. You might say that my system of running male calves with cows only postpones the inevitable. However, the very best bull calves are sold as herd bulls and the others have a happy life for at least four months. At the same time, they give their mothers pleasure and relief from mammary infection.

More investigation into the pros and cons of this dairy methodology is required and I intend to conduct a comparative study over the coming twelve months using my herd and a commercial, pasture-fed control. 

Julia McKay is a former lawyer and a farmer from the Southern Highlands of New South Wales, Australia. She has more than forty years' experience in dairy and beef cattle production with particular reference to perennial pastures in both temperate and sub-tropical regions. She is currently a PhD scholar at Fenner School of Environment and Society at the Australian National University in Canberra researching impediments to change in sustainable agriculture. She is also well-known for her work on natural sequence farming, a landscape system developed by Mr. Peter Andrews that recognizes the unique functions present in the oldest, flattest, driest continent—Australia.

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DEFENDING RAW MILK IN NEW ZEALAND

A recent article in the *New Zealand Herald* warned pregnant women not to consume raw milk or products made with raw milk. Here's a great response letter by Ray Ridings, WAPF member and chairman of the Raw Milk Producers Association of New Zealand.

Dear Editor:

I would like to add some balance to the article, "Diet Alert for Mums-to-Be," *New Zealand Herald* Monday July 7. I realise this is a sensitive subject and don't wish to diminish the cautionary messages at all, I simply wish to add further information. The article talks about avoiding food made with unpasteurized milk, then goes on to include raw milk itself as a food to avoid.

I wish to point out a recent study, *Risk Profile: Listeria monocytogenes in Raw Milk*, MPI Technical Paper No: 2014/16, May 2014. The key findings: the existing information suggests that the risk of listeriosis is low for individual New Zealanders who consume raw milk.

The study also finds there has been no listeria illness confirmed with drinking raw milk, worldwide since 1986.

There is a small risk from raw milk products such as cheeses, which the article mentions, along with other foods. But the article fails to point out the listeria illnesses and several deaths caused by pasteurized milk and milk products around the world. Pasteurization is touted to solve all problems and render the products completely safe. But looking at the statistics of other countries tells us otherwise. In the USA alone there are 64 illnesses and 11 deaths from listeria in pasteurized cheese reported since 1998. What are the statistics for NZ?

My point is there are risks with many foods, but official studies don't support the constant extra negative attention raw milk receives. In fact European studies suggest raw milk reduces asthma incidence, which would save many people and governments a lot of trauma as well as dollars.

I would however point out that not all milk is the same. Raw milk for drinking needs to come from cows whose udders are properly prepared for milking to reduce the risk of contamination, followed by safe handling practices and good refrigeration. Just the same as with other foods really.

Ray Ridings
Chairman, Raw Milk Producers Association of NZ
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WISCONSIN – GRASSWAY ORGANICS & ZINNIKER FARMS

After sitting on the cases for nearly three years, a Wisconsin appellate court rubberstamped a lower court ruling denying motions for summary judgment by plaintiffs in the Zinniker Farms and GrassWay Organics cases (see *Wise Traditions* Fall 2011 issues for background). Plaintiffs in both cases were seeking rulings that they were legally distributing raw milk.

In one case, Zinniker Farm owners Mark and Petra Zinniker were distributing raw milk to members of Nourished by Nature LLC (NBN); NBN had complete ownership interests in cows boarded at the farm. The Zinnikers also boarded another cow owned by Robert Karp and Gayle Loiselle. The Zinnikers, NBN, NBN member Phillip Burns, Karp, and Loiselle were all plaintiffs in the case. The Zinnikers do not have a milk producer license.

In the other case, GrassWay Organics Farm Store LLC, holder of a Grade A milk producer license and co-owned by farmers Wayne and Kay Craig, sold raw milk at the store to members of the GrassWay Organics Association, which was also an owner of the store. The farm store was private and open only to members of the association. The Wisconsin Department of Agriculture, Trade and Consumer Protection (DATCP) claimed the food store needed a retail food establishment license but the Craigs declined on the grounds that the license was only required for those selling to the general public. The Craigs, GrassWay Farm Store LLC, and GrassWay Organics Association were all plaintiffs in the case.

In the Zinniker case, the appellate court upheld the lower (circuit) court ruling that since the Zinnikers operated a dairy farm under Wisconsin law they could not distribute milk unless DATCP had issued the farm a license. The court found that “a dairy farm (as defined by Wisconsin statute) is any place . . . where one or more cows . . . is kept for the production of milk . . . and therefore any contractual agreement among the Zinnikers, Nourished By Nature, and its members, under which the Zinnikers board dairy cows owned by Nourished By Nature and distribute milk produced by the herd to members of Nourished By Nature is void as a matter of law.” The court ruling stretches reach of the nanny state to its limits, holding in effect that DATCP has jurisdiction over anyone boarding a family cow.

Regarding the GrassWay case, Wisconsin administrative law decisions have held that those purchasing stock or a membership interest in an entity holding a Grade A license could obtain raw milk from that entity as long as the license was used for “its proper purpose of producing milk . . . which will be sold or distributed into the public, human food chain” (that is, sold to a processor for eventual distribution to the public). The appellate court upheld the lower court’s erroneous finding that this condition was not met since all the milk produced by the dairy went to the association members. The courts have ignored the fact that, under state law, an entity holding a Grade A license will have the license revoked if it goes more than sixty days without shipping milk to a processor. GrassWay has continuously held the same license it was issued in 2005. The court compounded its error by holding that GrassWay Store needed a retail food establishment permit because the contract between the store and the association “is not a valid agreement sharing ownership in the milk producer license (quoting the lower court) and therefore the association’s members qualified as the general public.” Once again, the court ignored the evidence that GrassWay was selling milk that was being sold or distributed into the “public human food chain.”

RAW MILK IN THE UK

I am happy to report that we won the raw milk debate here in Britain. Here is the amended paper from the Food Safety Authority (FSA): <http://multimedia.food.gov.uk/multimedia/pdfs/board/board-papers2014/fsa-140704.pdf>

Here’s a summary of wins:

- FSA believes that it is not proportionate to ban all raw drinking milk.
- Plans to ban the retail sale of non-bovine raw drinking milk appear to have been dropped.
- Consideration will now be given to how retail sale of raw drinking milk can be liberalized, including the use of vending machines. This is likely to involve requiring additional tests and health and safety procedures.
- Amended proposals taking these things into account will be put to the board soon.

Here is a summary clip from the public consultation event: FSA Raw Milk 3.5 min highlights CUT4 DC v1.3 10-7-14.mp4.

The full public consultation event is online at: <http://food.gov.uk/news-updates/news/2014/apr/raw-milk-video>.

I hope this victory will help the review taking place in New Zealand and form a template for how to counter anti-raw milk laws in USA and beyond.

Still, we must continue to be vigilant as the UK reports mention further actions pertaining to raw milk by the EU.

Phil Ridley, London Chapter Leader

Plaintiffs in the Zinniker and GrassWay cases will be appealing the rulings to the Wisconsin Supreme Court. The search continues for an American court that will recognize the distinction between public and private when it comes to food distribution and that people have the right to waive the protection of the public health laws.

MINNESOTA - MIKE HARTMANN

The efforts of the Minnesota Department of Agriculture (MDA) to punish Gibbon dairy farmer Mike Hartmann continue to be unsuccessful. In April, Sibley County District Court Judge Erica H. MacDonald had found that Hartmann had violated the terms of his probation because he had continued to sell raw milk illegally off the farm (Minnesota statute states that a consumer can only secure or purchase raw milk on the farm) and had refused to cooperate with MDA. Hartmann had been put on probation in October 2012 for violation of the Minnesota Food and Dairy Code; he was stopped for a motor vehicle violation in December 2012 which resulted in further charges (see *Wise Traditions* Winter and Spring 2013 issues for more information). The judge had thrown out five criminal charges subsequently brought against Hartmann, ruling that the evidence resulting from the motor vehicle stop was obtained illegally. At the sentencing hearing on June 11, however, Judge MacDonald refused to punish Hartmann for violating the terms of the October 2012 probation.

In refusing to punish Hartmann, Judge MacDonald stated at the June 11th hearing that Hartmann had made a "good faith effort" and that "no further action" would be necessary.

Zenas Baer, the farmer's attorney, remarked that the judge found that Hartmann had made a good faith argument for why he believes he is operating legally and called the decision "a rebuke of the state." Baer said, "The court affirmed the bedrock principle that the state cannot insert itself into a private transaction between consenting adults to buy a natural product or interfere with the type of foods that a parent might choose to nourish her family with."

Hartmann has long believed that the Minnesota and U.S. Constitutions give him the right to sell the product of the farm direct to a consumer and he also claimed that the state raw milk statute doesn't require the customer to pick up at the farm, only to "secure" it—an argument that helped convince the judge he was sincere in his belief that he wasn't breaking the law. After the hearing the farmer said, "Everyone has their own lives and it should be up to them to decide what they want...now I can freely work with my customers and it's going to make my days a little easier."

Hartmann's court battles might not be over. MDA officials told the media that the agency was conducting an ongoing investigation of the farmer, refusing to stop its persecution of someone whose food has benefited the health of thousands. For his own part, Hartmann was thinking of challenging the court order ruling that he violated probation even though the judge had not penalized him and had discharged the probation. In 2005, Hartmann had a case between himself and MDA go all the way to the state Supreme Court on the issue of whether a farmer can sell his products without state regulation. The court ruled that Hartmann could sell the products of the farm without a license but was still subject to other regulations; the farmer is still looking for a chance to change that ruling.

Source: Maytal Levi, "Raw Milk Advocate Wins Court Victory" (June 11, 2014), KEYC-TV Mankato

MICHIGAN - MY FAMILY CO-OP

On July 15, inspectors from the Michigan Department of Agriculture and Rural Development (MDARD) raided a truck owned by Jenny Samuelson, manager of the private buyers' club, My Family Co-op, seizing around five thousand dollars worth of food, including raw milk, raw cream, raw butter, eggs and meat. MDARD stated it raided the truck be-



RAW MILK IN HOLLAND

Left: Milk tank at a Dutch raw milk farm in de Hooilanden. Customers bring their own containers and leave some money in a jar.

Right: A raw milk vending machine at farm Derde Erf

Thanks to Marieke Vos of the *Epoch Times* for sending these photographs.



cause Samuelson was selling meat, eggs, and other foods without a food establishment license and because Michigan law prohibited the sale or distribution of raw cream and raw butter. The department indicated that Samuelson could legally distribute raw milk to co-op members through a contract she had made on behalf of the members with Hill High Dairy, but refused to release the raw milk from the seizure.

In order to get the use of her truck back (all the seized food had remained on the truck), Samuelson agreed to get rid of the milk, cream, butter and eggs. On July 21, over thirty-five hundred dollars worth of good food was dumped on the grounds of the Hill High Dairy Farm in Standish. Samuelson did not have to destroy the meat, and the seizure order on that product was lifted by MDARD. Samuelson applied for a food establishment permit; but on August 8, Byron Beerbower, the compliance manager of the MDARD's Food and Dairy Division, informed her in a letter that while the department would not fine her for selling food without a license once she obtained a food establishment license, she would not be able to distribute raw milk out of the same truck that carries eggs, meat, and other foods. The restriction made it unaffordable for Samuelson, who was delivering food to six hundred families, to be able to operate under the terms of the license.

In 2012, after meeting for six years and discussing among other topics risks, benefits and consumer choice regarding fluid raw milk, the Michigan Fresh Unprocessed Whole Milk Group presented a report to MDARD Director Jamie Clover Adams recommending that raw milk be allowed to be distributed through herd share agreements without regulation. Several months after receiving the report, the MDARD Food and Dairy Division adopted the recommendation but also included a statement in the policy that read, "Products such as butter, yogurt, cheeses, etc. made from FUW (Fresh Unprocessed Whole) milk were not included in the workgroup's discussions and are not considered by MDARD to be part of a herd share operation and therefore are subject to applicable MDARD laws and regulation." Under applicable law and regulation, the sale or distribution of products like raw butter, cream and yogurt are all illegal.

The demand for raw milk and other nutrient-dense foods continues to grow in Michigan. MDARD would do well to revise its policy on the distribution of raw dairy products through herd share contracts; there is considerable anger in the wake of the raid about the department's prohibition on raw milk products that goes well beyond the members of My Family Co-Op. The MDARD policy of prohibiting the delivery of raw milk with other food products to private food club members also needs to change. Keeping the same policy will only make criminals out of increasing numbers of otherwise law abiding citizens—a sure sign of bad law.

WISCONSIN – VERNON HERSHBERGER

On July 17, a Wisconsin Appellate Court upheld the conviction of Loganville dairy farmer Vernon Hershberger on a misdemeanor conviction for violating a hold order placed on food in his farm store. In May 2013, Hershberger was acquitted of three counts for licensing violations related to selling raw milk and other nutrient-dense foods to members of a private buyers club, but was convicted on the hold order for removing tape placed on refrigerators and other equipment by officials from the Wisconsin Department of Agriculture Trade and Consumer Protection (DATCP) during a June raid (see *Wise Traditions* Summer and Fall 2013 issues for more background on the case).

Sauk County Circuit Court Judge Guy Reynolds had refused to let in testimony during Hershberger's trial challeng-

VISIT TO SPAIN'S ONLY RAW MILK DAIRY

WAPF member Mónica Fernández visits Antonio Carral of O Alle, the only raw milk producer in Spain, in the northwest of the country (Galicia).

With her was a small group from Regenag, Spain. Says Mónica, "We had an incredible interchange of ideas and knowledge with Roger Rabes, the young farmer and expert in Voisin Rotational Grazing (see www.youtube.com/watch?v=cuC6yCDkz-l). Antonio, the dairy farmer, was very interested in learning about improved grazing methods, and he also shared lots of information on the production of raw milk.



Today O Alle Dairy sells nearly all their milk, after about five years of fighting for existence and traveling one hundred kilometers away to sell six bottles of milk, day after day. The dairy has thirty cows and is able to hire five people part time, plus Antonio and his wife Beti. They sell their milk mainly through the Internet, delivering to the whole country. They charge 1.6 Euros per liter. Conventional milk costs about 0.9 euros per liter. The milk is also organic certified.

Inspired by this visit, the group envisages raw milk and grazing courses to be held at Antonio's farm and other places.

Pictured from left to right: (Top) Mónica Fernández, Antonio Carral, Ana Digón, Roger Rabés, César Omar; (Bottom) Luis Escamilla and children.

ing the validity of the hold order and ordered parts of the holding order redacted. The jury could only consider whether Hershberger violated the hold order (i.e., removed the tape), not whether the hold order was legitimate. It made no sense that the jury could find Hershberger not guilty of licensing charges related to his distribution of raw milk and other foods to club members and then find that DATCP had jurisdiction to issue the hold order. Jury foreman Paul Freitag said, "If we could have ruled on whether that was a legitimate hold order, we probably would have found him innocent."

In affirming the conviction, the appellate court held that the hold order was valid because it was within DATCP's power to issue the order. Hershberger had a chance to request an administrative hearing on the order after it was placed but failed to exercise that right, and there was no fraud in issuing the order. The court ruled that Hershberger could not challenge the order indirectly ("collateral attack") since he could have challenged it directly through an administrative hearing. The court indicated that even if the hold order was erroneous it still was not subject to attack by judicial appeal.

Elizabeth Rich, Hershberger's attorney, commented, "The Court of Appeals decision continues a disturbing trend toward empowering administrative agencies to exercise their authority unchecked. Our courts have placed themselves in a straitjacket that prevents any meaningful review of agency actions. This is contrary to the role of the judiciary as it was conceived by the framers of our Constitution. . . . This case is an example of the judicial deference to agency action that has become the norm in the state. Deference to agency action means no discussion of facts and how the law relates to the facts. The agency has no need to explain its actions and no fear that those actions will be subject to judicial scrutiny. . . . We have gutted the checks and balances system so carefully designed by our founders." Hershberger is appealing the ruling to the Wisconsin Supreme Court. Source: Andrew Mastrocola, "Due Process of Law Denied in Wisconsin Raw Milk Trial" (7/20/2014), FoodFreedomUSA.org.

MAINE – DAN BROWN

On June 17, the Maine Supreme Court upheld a lower court ruling that Blue Hill Dairy farmer Dan Brown had violated state law by selling raw milk without a license, selling raw milk without labeling it as such, and operating a food establishment without a license. Brown had contended that the state was estopped (prohibited) from requiring him to obtain a license when Brown had relied on the pre-2009 state policy of allowing the unlicensed on-farm sale of raw milk to start up his dairy; the farmer claimed he would have to spend up to sixty-two thousand dollars to be in compliance with licensing requirements. He also claimed that the Blue Hill food sovereignty ordinance allowing the unlicensed, unregulated sale of food direct from producer to consumer controlled over any conflicting state food and dairy laws (see *Wise Traditions* Spring 2014 issue for background).

In rejecting Brown's estoppel argument, the Supreme Court held that Brown had reasonably relied on the state's former position on unlicensed on-farm raw milk sales in leaving his former job and spending thousands of dollars on starting up a dairy; but since the state was not guilty of misrepresentation when it told Brown in 2006 that he could sell raw milk without a license, there was no estoppel. In other words, the government can change its policy on a matter anytime it wants and as long as it didn't misrepresent its original policy there is no estoppel no matter how much individuals relied on a government statement about its policy—the court's message, in effect, is that it's too bad for Brown that he trusted the government.

Regarding the farmer's argument that the Blue Hill food sovereignty ordinance controlled over state law, the court did not strike down the ordinance but instead construed it to read that it only exempted "local food producers and processors only from municipal licensing and inspection requirements." The court went on to state, "The ordinance would be constitutionally invalid and preempted only to the extent that it purports to exempt from state or federal requirements the distribution of milk and operation of food establishments." Once again a court backed the government line that the state needs to regulate direct commerce between farmer and consumer to protect people from themselves. Maine, like other states, continues to cater to corporate interests under the guise of protecting the public health. Brown remarked, "This isn't about Dan Brown or Farmer Brown anymore; they're telling you that you don't have the right to come get milk from a farmer."

There have been bills before the last two sessions at the Maine legislature that would allow the unlicensed on-farm sale of raw milk; Heather Retberg, one of the principal leaders in the Maine food sovereignty movement, indicated there will be another raw milk bill before the legislature this next session. Dan Brown might not have been successful in court but the publicity and interest generated by his case can still lead to advances in food freedom of choice in Maine and elsewhere.

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

Ralph Joseph Finch at nine months old, who was born in November 2013, is the youngest of three boys and our first WAPF baby, having discovered the principles two years ago. He is simply blooming with robust good health. He is very calm and good natured, happy and inquisitive and is enjoying his weaning diet. Particular favorites are sauerkraut, liver, raw butter and cheese and bone broth as his only drink apart from breast milk. He also has fermented cod liver oil and high vitamin butter oil daily which he happily takes from a spoon. We feel so blessed to have such a healthy little boy who has had the best start in life and are grateful to the Weston Price Foundation for the work they do in promoting a nutrient-dense, truly healthy diet.



Liberty and little Grace meeting their brother, baby Erisson for the first time. All enjoying stunning health, and good physical and mental development thanks to following the nutritional principles discovered by Weston A. Price and promoted by WAPF. Mum's very well too. Says dad, "We had poor health before the children when following the lowfat advice of the so-called health industry. Good health and healthy babies are the greatest of gifts. Thank you WAPF!"

Sarah Anne at three months. While she faces some GI tract challenges, mom's pre-conception and pregnancy WAPF diet is enabling her to develop well.

Her parents are so grateful for the raw goat milk formula, which has been a lifesaver in addressing her food sensitivities! People are always commenting on her bright eyes, good head control, and outgoing nature, not to mention her wonderful night sleeping. Thank you WAPF!



Please send photos of healthy babies to Liz Pitfield at liz@westonaprice.org. Photos must be labeled with the baby's first and last name and accompanied by an email with text.

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CHAPTER RESOURCES

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

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

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MEMBERSHIP IN THE FARM-TO-CONSUMER LEGAL DEFENSE FUND

One of the first things the new Brazoria County, Texas Chapter did was to raise money to pay for a farm membership to the Farm-To-Consumer Legal Defense Fund for local raw dairy. Healthy Way Dairy is located in Santa Fe, Texas and is operated by Irene and Bill Nelson who came out of retirement a few years back to start their Grade A licensed dairy. They work very hard to provide fresh raw milk for folks from Houston to Galveston and everywhere in between. Says Jackie Hunt, Brazoria County Chapter Leader, "As consumers we wanted to make sure the Nelson's had the protection they needed to continue to produce a quality product"

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CHESTERFIELD, VIRGINIA CHAPTER SPREADING THE WORD ABOUT WESTON A. PRICE!

Melinda Aileo and her Chesterfield, Virginia chapter have been active monthly for eighteen months. They hold a monthly potluck, often with a speaker on various topics (raw milk, vaccinations, local farming, health crisis recovery, raw meat) that are in line with Dr. Price's findings. Most recently, they were at a local food festival, Broad Appetit, in Richmond, Virginia. The chapter offered children a respite play area and coconut milk popsicles, with kombucha tasting and informational materials for



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LOCAL CHAPTER BASIC REQUIREMENTS

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

OPTIONAL ACTIVITIES

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

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EIGHTH ANNUAL SWISS TOUR

The eighth annual Swiss trip led by our Bern, Switzerland chapter leader Judith Mudrak, taken near Bussalp in the Bernese Alps with the Eiger in the background at a goat cheese mountain dairy. From left to right: Sennin (alpine cheesemaker and alphorn blower); female helper; Anne Browne, Norway; Karin Rodgers, Massachusetts (second Swiss tour!); owner of goats; Sandrine Love, Oregon; Toni Buckland, Australia; William Rodgers, Massachusetts (second Swiss tour!); back, Mark Brzozowski, Maryland; front, Jackie Hunt, Texas; back, Jamie Huizenga, Colorado; front, Eva Rodgers, Massachusetts (second Swiss tour!); Chris Rodgers, Massachusetts (second Swiss tour!); owner of goats; Tressa Yellig, Oregon; Bev Buckland, Australia; Joe Bozik, Washington, DC area; Cyril Lichtensteiger, New York. Not shown: Nataniel Huizenga, Colorado and Martin Browne, Norway.



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Thank you for your membership and for encouraging others to join!
Your membership fees are being put to good use in supporting these many projects:

- Hosting and maintaining a huge website
- Publication and mailing of 100+ page quarterly journal brochures and Healthy 4 Life booklet
- Legislative work and updates by Judith McGeary
- Financial support to Farm-to-Consumer Legal Defense Fund
- A registered nurse on call to answer baby questions
- Phone and email correspondence to answer countless inquiries
- Action alerts sent for events and legislative issues
- Raw milk project for education and access
- Over 100 exhibits per year, registration fees and materials
- Research on traditional foods
- Maintaining the WAPF office and four paid employees
- Shopping Guide research and publication
- Offering inexpensive advertising in our quarterly journal
- Financing a PBS program about traditional foods
- Hosting conferences, posting on Facebook and blogs
- Soy lawsuit, Advertising in other publications
- A publicist doing press releases and arranging media interviews
- Future restaurant rating project

The Shop Heard 'Round the World

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

- CO
100% grass-fed, grass-finished beef. On pasture year-round. Production practices detailed on our website. Raised on the family ranch in Wyoming. Farmers markets and some delivery in northern Colorado. (307) 534-2289, www.meadowmaidafoods.com.
- DC
CSA: Hi-Brix, nutritionally dense, biodynamically grown kitchen vegetables, grass-finished beef, pastured pork, broilers & eggs. Openings for 2014 season in DC Metro area. Contact Allan Balliett, info@freshandlocalcsa.com (304) 876-3382, www.freshandlocalcsa.com.
- FL
100% grass-fed dairy and beef. Soy-free woodland pork. Soy-free pastured broilers and eggs, fermented foods, info@marandofarms.com.
- IA
Yoder's Natural Farm (Iowa): We have available grass-fed beef, pasture raised pork, pasture raised chickens, eggs, and duck. Also, raw goat and cow dairy (for private membership only) and butter available. (641) 664-2060.
- IL
Milk from 100% grass-fed Jersey cows, also a variety of raw milk cheeses, grass-fed beef, pasture raised broilers, no-soy eggs, no-soy pork, honey and a variety of fruits & vegetables seasonally. Roodhouse, IL. Steve & Cindy Mansfield (217) 589-4554.
- Nadig Family Farm, DeKalb/Cortland, IL. We sell raw milk from pastured Guernsey Cows, grass-fed beef, grass-fed lamb, pastured chicken, pastured turkey, and pastured chicken eggs. Also, organically fed pork and rabbit. We have wool, angora, and yarn from our farm. Visit our web site at www.nadigfamilyfarm.com or call John or Charlotte at (815) 748-3782.
- KS
Farm Shares! Old Order Anabaptist family seeking up to 15 families/individuals. We tend the open-pollinated garden and fodder and whey-fed heritage-breed livestock. You receive a "share" of fresh eggs, heirloom vegetables and raw cultured dairy products weekly. Our goal is to provide affordable nutrient-dense foods as well as a traditional agricultural experience through our monthly "Farm Days" and Work Bees". \$1 per pound live-weight whey and fodder-fed hogs in season. Please contact Old Paths Heritage Farm at (785) 388-2107.
- MA
Many Hands Organic Farm in Barre, MA. Produces certified organic lard from pasture raised pigs fed Nature's Best Organic Feeds, whey and pasture. \$20/quart in yogurt containers. **We ship** in the U.S. Order at <http://mhof.net/meat/index.php>. (978) 355-2853; farm@mhof.net.
- MD
100% soy-free chicken, eggs, pork and beef. Chicken livers, chicken feet and heads. Bacon and sausage. Raw milk Blue and Cheddar cheese by cheesemaker Sally Fallon Morell. **Will ship whole cheese wheels.** Southern Maryland, within 1 hour of downtown Annapolis and Washington, DC. Saturday farm tours. Store open Thurs-Sat 10-6 or by appointment. P. A. Bowen Farmstead, 15701 Doctor Bowen Road, Brandywine, MD. (301) 579-2727, pabowenfarmstead.com.
- Come to our peaceful family farm—your source for premium pasture-raised chicken, turkey, eggs, 100% grass-fed lamb, and raw honey! Poultry fed organic feed. Less than 1 hour from DC metro area in southern Frederick County, MD. JehovahJirehFarm.com (301) 874-6181.
- Grass-fed Angus beef (no grain), free range eggs, pastured chicken & turkey. Liver, chicken feet, organ meats & bones, food grade heritage grinding corn. Pick up Potomac or Buckeystown. Our cattle & poultry are always on organic pasture & receive all organic feed, no hormones, antibiotics, or animal parts. We grow our own hay & grains & grind our own poultry feed. Quality organic products since 1979. (301) 983-2167, nicksorganicfarm@comcast.net, www.nicksorganicfarm.com.
- MN
Farm On Wheels offers animals raised Green Grass-fed & Certified Organic. Nutrient dense beef, lamb, chicken, eggs, turkey, goose, duck, and pork, No corn or soy. Farmers Market year around in St. Paul, Prior Lake, Northfield. Linda (507) 789-6679, www.farmonwheels.net, farm_on_wheels@live.com.
- OH
Sugartree Ridge Grassfed. Openings in a 100% grassfed herdshare with 9 delivery sites in the Cincinnati area. No-grain, no-silage. Eleven cows (cross between Jerseys, Guernseys, Brown Swiss and British White) grazed year-round on sixty acres rotating through thirty paddocks (which are allowed to grow for sixty days between grazings and are spread with organic, Albrecht-based mineral supplements). Nutrient-dense milk, family-friendly farming and holistic stewardship. 6851 Fair Ridge Road, Hillsboro, OH 45133 or Cincinnati area: Bill & Marylou Wilson (513) 583-9393.
- Three Moon Farm, Williamsport OH. We raise grass-fed beef, pasture raised chicken, turkey & eggs. We also offer raw honey from our hives. For more information please check us out at www.threemoonfarm.com or call Kelly at (740) 253-9029.
- PA
Three-year aged cheddar from 100% grass-fed Jersey cows. Limited supply. One-year aged cheddar from grass-fed Jersey cows fed some grain. \$7.00 per pound. **Free shipping** over 20 pounds. (717) 768-3652.
- Bareville Creamery 100% grass-fed. We offer raw traditionally cultured butter from our grass-fed cows. **We will ship** to you or visit our farm to pick up. Daniel & Katie Zook, Leola, PA (717) 656-4422.

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Freedom Acres Farm located in Honey brook, PA. Raw milk and dairy products from 100% grass-fed Jersey cows, pastured, GMO free chicken, turkey, eggs, and pork. 100% grass-fed beef Samuel and Esther Fisher, (610) 273-2076, sam.freedomacres@gmail.com

Fresh grass-fed raw milk, cream, butter, yogurt & cheese - veal, soy-free poultry, free range eggs, grass-fed beef and lamb. Frozen meats also available. We **will ship**. You are welcome to stop in or give us a call. Mark & MaryAnn Nolt (717) 776-3417.

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.

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

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) 687-8576.

Naturally raised grass-fed beef available. Whole beef, half or quarter beef, available in Oct. or Nov. Also ground beef & limited cuts available anytime. No chemicals or hormones are used on our beef. (717) 789-4602 ext. 2 leave message please.

Raw milk cheeses from organically managed, 100% grass-fed Jersey cows. Retail & wholesale. Prices start at \$5.00/pound, **mail order** cheese. Raw milk & pastured eggs available. Eastern PA, 15 minutes N of I78, Hilltop Meadows Farm, 153 Martins Rd. Pine Grove, PA 17963 (570) 345-3305.

Raw milk cheese from our grass-fed Jerseys, made on our family farm with Celtic sea salt. No-grain feed. Also grass-fed beef and pastured chickens, turkeys and eggs. All soy-free, no hormones or synthetics. On-farm sales, **will ship cheese**. Wil-Ar Farm, Newville, PA (717) 776-6552.

VA
Cow/Herd shares available, with Member in Local Kine (M.I.L.K.) Project in Fauquier County at Western View Farm, 2028 Laws Ford Rd., Catlett, VA 20119. For information call Martha Bender (540) 788-9663.

Salatin family's Polyface Farm has salad bar beef, pigaerator pork, pastured chickens, turkeys and eggs, and forage-based rabbits. Near Staunton. **Some delivery available**. Call (540) 885-3590 or (540) 887-8194.

WY
100% grass-fed, grass-finished beef. On pasture year-round. Production practices detailed on our website. Raised on the family ranch in Goshen County, Wyoming. Farmers markets and delivery to local region. (307) 534-2289, www.meadowmaidfoods.com. Cindy Ridenour.

CRAFTS

100% sheeps wool throws, made with wool from organically managed sheep, natural colours, no dyes or chemical cleaners used. 48" by 72" throws. We also have raw wool. Call for more info. **Will ship**. Daniel Stoltzfus (717) 768-3437 ext 1.

Beautiful crafts by local artists. Keep your gift-giving dollars in the USA. Alpaca blankets, socks and yarn; hand painted decorations, paintings by award-winning artist Megan Pisciotto Greene; handmade quilts. Exclusive source of Nourishing Traditions posters. Saturday farm tours. Store open Thurs-Sat 10-6 or by appointment. P.A. Bowen Farmstead, 15701 Doctor Bowen Road, Brandywine, MD. (301) 579-2727, pabowenfarmstead.com.

DVDS

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

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will be the making
of a comfortable living
from a small piece of land.
Abraham Lincoln

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

EMPLOYMENT OPPORTUNITIES

A small group of WAPF members is launching a real-food restaurant chain, with the first location in Dallas, TX. To be added to our mailing list, please email Katharine Spehar at kspehar@barefooteatery.com

Organic Deli & Bistro in northern Minnesota is looking for a dedicated, creative, WAPF-inspired cook/chef. Gluten-free cooking skills are also required. Employment or leasing option. Please e-mail resume to: evergreencottage@frontiernet.net or call (218) 365-2288 for more information.

Pasture-based beef farm in beautiful Essex, NY seeks farm manager, herdsman.. Family man/woman/couple with young children preferred. Good housing, salary, benefits. Enthusiasm, passion and willingness to work hard more important than extensive experience. Contact Mr. Lewis at (518) 963-4206, www.lewisfamilyfarm.com.

Rewco, Inc. is seeking people with a passion for health and wellness also possessing a strong work ethic. We have two full time positions providing educational and support services to supermarkets located in Maryland and New Jersey. Ideal candidate location is Princeton, NJ or Columbia, MD. Responsibilities include a leadership role at new store setups and providing product training. Requirements include knowledge of natural and organic food, presentation skills, reliable vehicle, self-motivation and ability to travel overnight occasionally. Annual salary of \$30,000, full benefits package and reimbursement for business mileage. Interested qualified candidates can send resume and cover letter to Carol.Poliner@rewco.com.

SALES REP WANTED for award-winning VitaClay® products (www.vitaclaychef.com). Are you a passionate cook and familiar with nourishing traditions? Share VitaClay's ancient cooking secret —unglazed clay and earn up to \$2K to \$20K monthly. Please e-mail resume to michelle_liu@essenergy.com, or text to (408) 621-6187.

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Semi-retired couple seeks caretaking positions and/or to relocate to a farming community. She writes and teaches about women's health; would love to teach reading and writing to teens who farm part of the day. She is also an excellent cook. He prunes trees, repairs drip irrigation. Need distance from cell towers and WiFi. Ideas? Please phone (505) 820-0773.

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STOOL DONOR WANTED - Seeking healthy stool donor for a fecal transplant procedure (1X/day, 10 days). Ideal donor: raised on WAP-type diet, no antibiotics, and at least 13-years-old. Will travel & compensate the donor for their time. Contact: rk900@hotmail.com.

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Foot of the Big Horn Mts, Wyoming, low taxes. 1.6 acres, large garage, large shop, 2-story metal shed, 22x40 greenhouse + garden, chicken yard, apple, cherry, pear, raspberries, and additional fruit trees, asparagus beds, herb and flower perennials, etc. ALL ORGANIC. Small irrigation ditch with rights PLUS raw water system. 5 bdrm, 3 bath home, large kitchen. Great active community center for all ages nearby. \$390,000. (307) 655-0123. simpler14.sc@gmail.com.

Room/house share rent with possible exchange for 4-6 weeks child care. Large yard with space for gardening. Simple quiet lifestyle. 629 Weller Rd, Elyria OH, 44035 (440) 935-1391 Arthur Cady.

Virginia River Front - Brand new A frame chalet with 2 1/2 acres on the Shenandoah River. \$419,000. Farms also available. Call Keith Hartke (703) 932-6501. Member WAPF and Realtor w/ National Realty.

INTENTIONAL COMMUNITY

Are you interested in retiring in a healthy environment that follows the dietary principles of Weston Price? We are starting a long-term inter-generational care facility on a ranch and are seeking 3-4 more seniors. www.arcadiaranchcommunity.com email arcadiaranch@gmail.com or call (250) 672-1913.

Do you observe kashrut as well as follow a WAP lifestyle? Seeking others with whom to share the discoveries and challenges in the intersection of these choices. Anita Schubert Manchester, CT (860) 432-3131 anitaschubert@cox.net.

Eco Farm: Small, farm-based community located near Tampa FL with a mission of sustainable living. WAPF friendly looking for others for direction and help, especially with our small pasture based dairy operation. This year we have reached 400 PPM CO2 in our atmosphere, which makes our chance to prevent climate break-down close to zero (New York Times 5/11). Small, local, farm-based communities may be our only hope; it's ours at www.eco-farmfl.org, (813) 754-7374.

Looking for others that want to live with us and work on our diverse farm near Tampa Florida with the goals of sustainable farming. The Fellowship of Intentional Communities www.ic.org has a wealth of information about how this way of living provides a healthy, secure and sustainable way for us to exist as our environmental conditions worsen faster than previous forecasted. EcofarmFL's mission includes the principles of Permaculture and other sustainable farming practices. Lastly, we need to be healthy to be sustainable farmers, so thank you WAPF!

INTERN/APPRENTICESHIPS

Vermont Farm seeks helpers for 2014. 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

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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.

INVESTORS NEEDED

Should your health insurance cover holistic methods? Integrity: www.myholisticapproach.com is building a bridge between your health insurance and the holistic methods you use. we need your help to make this happen. It's your money, your healthy, your choice! #myholistic #holistic.

Looking for funding/sponsorship for The Tree of Life initiative, a preventative public health proposal for the creation of a documentary that promotes coconut oil in the Cayman Islands. Please watch this short video <http://vimeo.com/94256421> for details. Keep updated through the Facebook page <https://www.facebook.com/treeoflifeGC> and sponsor the initiative here: <http://gogetfunding.com/project/tree-of-life-campaign>.

TRAVEL/LODGING

California Wine Country retreat in Mendocino County. GAPS consults by certified practitioner, delicious GAPS/WAPF meals, time to relax in serene beauty. Private accommodations in straw bale home, sauna, hiking among the oaks and rolling hills, driving distance to the coast, wineries and state parks. Email carol-hume@comcast.net or call (612) 849-7551 for details.

EDUCATION/LODGING - McNutt FARM II SCHOOL, 6120 Cutler Lake Road, Blue Rock, Ohio, 43720. (740) 674-4555 We welcome you by reservation and deposit, on-farm lodging, over night, weekend or week. Private quarters/equipped kitchen. Also available on the farm: grass-fed beef, chicken, lamb, duck and free-range eggs. & pet lodging. (740) 297-3021, (740) 704-8184.

Sunset Ridge VACATION HOME – Stocked with WAPF approved locally produced organic foods: eggs, raw milk, beef, chicken, & vegetables. www.yanktonsunsetridge.com (605) 661-6726 retreat@yanktoncom. Enjoy the solitude in this 4+ BR, 3-bath, furnished luxury vacation home on Lewis & Clark Lake, Yankton SD. Sleeps 14. Spectacular lake view. Screened

porch. DSS. Fireplace. Great for family, friends, business retreats or holiday parties.

Want to travel but also want to eat nutrient dense foods while you do? A WAPF chapter leader will stock your pantry with raw milk, grass-fed pastured beef, chicken, eggs and organic vegetables for market price with a 3-day stay. Enjoy all the amenities of the Yankton Lewis & Clark Lake (bike trail, archery range, boating, fishing, golf and best of all...solitude! This 4+ bedroom furnished luxury vacation home has a spectacular lake view, screened porch, DSS, Fireplace, full kitchen and double garage. Many of our guests come annually; frequently we host three generational family get-togethers. Email or call for details: yanktonsunsetridge.com or (605) 661-6726.

Wellnessbythesea.com, (978) 290-0266. California Wine Country retreat in Mendocino County. GAPS consults by certified practitioner, delicious GAPS/WAPF meals, time to relax in serene beauty. Private accommodations in straw bale home, sauna, hiking among the oaks and rolling hills, driving distance to the coast, wineries and state parks. Email carol-hume@comcast.net or call (612) 849-7551 for details.

WAPF RESEARCH

STUDY ON HEALTHY BABIES: Johanna M. Keefe, MS, MA, AHN-BC, RN, GAPS, certified as an Advanced Holistic Nurse, is seeking volunteers for a PhD research project in Transformative Studies through CIIS (California Institute for Integral Studies). If you have had a healthy baby using the WAPF dietary guidelines, she would like to hear from you. She would like to interview you by Skype or Facetime, or in person if you are located in New England, Northern California or North Carolina—or at the annual conference in November. Contact: johanna@enhancedwellnessbythesea.com, (978) 290-0266.

If people let government decide what foods they eat and what medicines they take, their bodies will soon be in as sorry a state as are the souls of those who live under tyranny.

Thomas Jefferson

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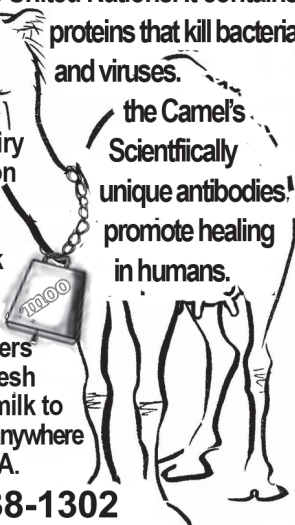
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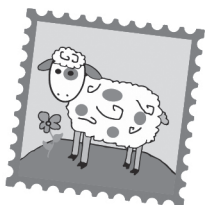
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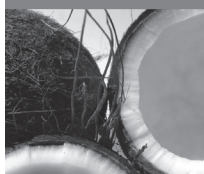
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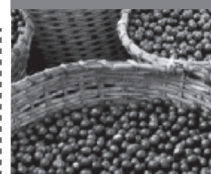
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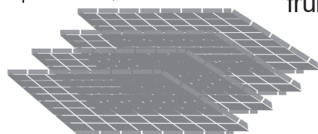
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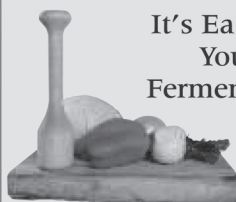
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The second manual, *Iqaluit Niginaqtuat*, *Fish That We Eat*, provides information regarding the traditional use of fish, their processing, recipes and eating enjoyment. It was compiled from the local traditional fish knowledge of northwest Alaska 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 *Iqaluit Niginaqtuat*, *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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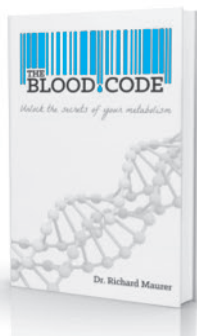
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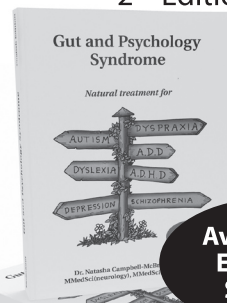
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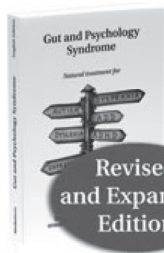
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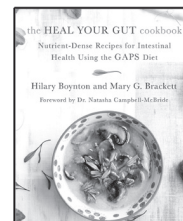


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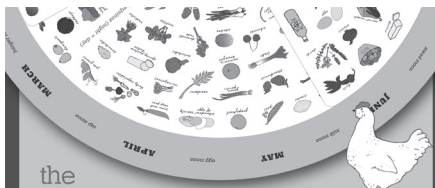
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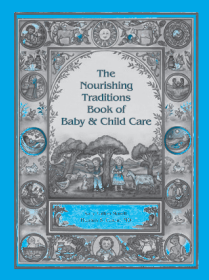
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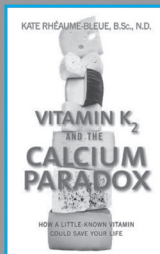
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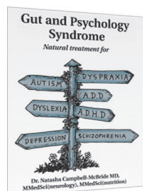
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