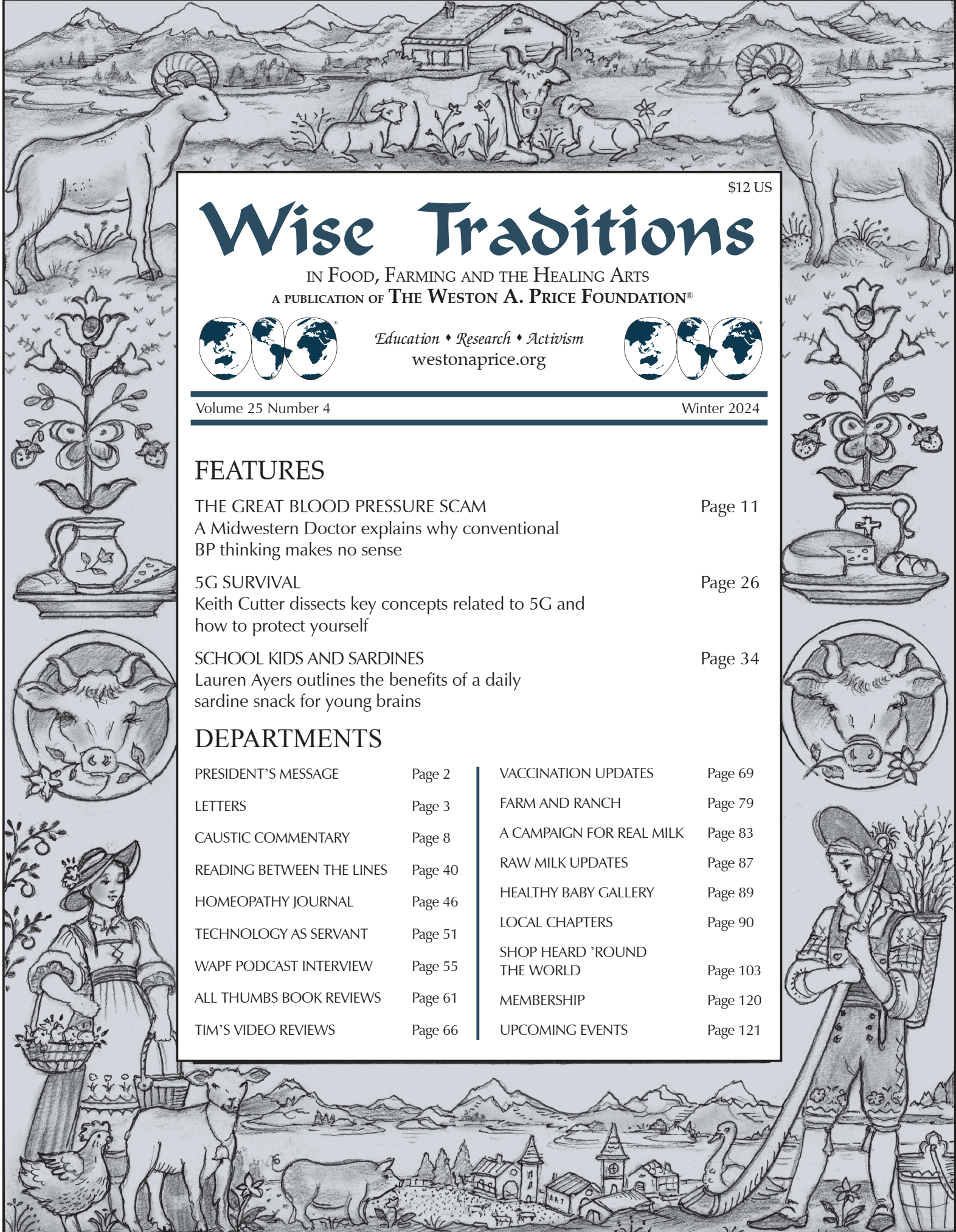




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Wise Traditions

IN FOOD, FARMING AND THE HEALING ARTS
A PUBLICATION OF THE WESTON A. PRICE FOUNDATION®



Education ♦ Research ♦ Activism
westonaprice.org



Volume 25 Number 4

Winter 2024

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WiseTraditions

IN FOOD, FARMING AND THE HEALING ARTS

Volume 25 Number 3

Fall 2024

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THE WESTON A. PRICE FOUNDATION®

Education ♦ Research ♦ Activism

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

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

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

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

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



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President's Message

Can we Make America Healthy Again? With the election of Donald Trump to the presidency, and the promise of Robert F. Kennedy, Jr. as head of Health and Human Services (HHS), there's great excitement in the alternative health world. Maybe we can turn around the poisoning and deliberate starvation of our children that has brought us to the current crises.

It's important to be hopeful—but also realistic. Case in point is fluoride. A recent federal court ruling from Judge Edward M. Chen requires the EPA to respond to safety concerns, namely that fluoride added to drinking water lowers IQ in children. Chen's ruling cited the risk as sufficient to require the EPA “to engage with a regulatory response.” But has this monumental ruling resulted in the removal of fluoride from our drinking water? Not yet! In fact, it will be a long fight on the local level to get officials to stop, especially in the face of newspaper and Internet articles bemoaning any challenge to fluoride's wonderful benefits! If the EPA moves at all on this, it will be with glacial speed.

School lunches: we all agree that they are atrocious! Can Trump and Kennedy change them with a stroke of a pen? No, they are cast in concrete as federal law, with lots of corporate money riding on giving America's children the worst possible junk food two meals per day.

Concerns about vaccines have flooded into the national media. Is the Centers for Disease Control (CDC) moving to address the dangers of the horrendous vaccination schedule? No, they have just added another recommended shot—HepB for pregnant women. This means that babies will be exposed to the HepB vaccine poisons in utero, plus the day after birth, at their one-month “well” visit, then again at six months and once more at eighteen months. It also means that babies will be exposed to seven vaccines in utero. This is utter madness; how can anyone think this is right? Remember that vaccines for pregnant women have never been tested, and multiple vaccines at one time in children have never been tested. Furthermore, HepB is a disease of drug users and doesn't threaten babies.

Raw milk? The USDA just shut down the Raw Farm in California based on bogus PCR tests (see page 83).

So let's not expect miracles. While we have made slow progress on many fronts, it's mostly on the local and individual levels. We must redouble our efforts, working towards more raw milk availability, education about vaccine dangers, teaching parents to make their children's lunches and lobbying local government bodies to remove poisons from our water. We cannot expect salvation from our government, only from our own efforts. 

Letters

THE MIRACLE OF RAW MILK KEFIR

I would like to share my experience. I am a seventy-three-year-old woman who has struggled with two autoimmune conditions. I lost my thyroid to Hashimoto's via conventional medicine. Also, my gut has been constipated, and I struggled with *H. Pylori* blocking my nutrition. I learned through functional medicine that health begins in the gut, so I did the *H. pylori* protocol, and that got fixed, but I was still struggling with various problems.

However, at the end of the *H. pylori* treatment, I tried some raw milk kefir. Oh my goodness, my entire microbiome changed! I no longer struggle with these problems. Cultured raw milk did it! I am so surprised. . . and pleased.

Ellen Smith-Tchakirides
Shepherdstown, West Virginia

STRUGGLE WITH TOOTH DECAY

I wanted to once again thank the Weston A. Price Foundation for keeping the wisdom and knowledge alive that Weston Price gathered.

I have been dedicating myself to the Wise Traditions diet for the last fifteen years or so, but it has taken me until recently to integrate certain aspects with full dedication.

I struggled for years with tooth decay and had all but given up hope in stopping its progress. Each time that I visited the dentist I had eight more cavities. This was very discouraging considering how well I was eating and how seriously I was taking my health.

After a few blood tests indicating I was still low in fat-soluble vitamins despite my efforts, I put my shoulder to the plow and deeply increased the amount of organ meats, cod liver oil

and other sources of vitamins A, D and K₂. Finally, I went to my dentist and got an unexpected report that all of my decay spots were hardened and no longer decaying! They did not even need to be filled.

In learning about multi-generation depletion, I realize that each of us has a different threshold of how much of nutrients and fat-soluble vitamins we need to rebuild our health. Looking back at my history, I can see that I come from a lineage of people depleted in these nutrients for many generations, and it has taken much more for me to reclaim my health than it might for other people.

I wanted to share this experience because I think many of us may need far more nutrients than we think. And I would like to offer this as encouragement for those who have not been getting the results they want from eating



THE MARY G. ENIG INTEGRITY IN SCIENCE AWARD

Pam Schoenfeld, RD, receives the coveted Integrity in Science award, dedicated to the memory of lipid scientist and WAPF co-founder Mary G. Enig, PhD. Pam's work with vitamin A and fertility has helped many women have healthy babies.



Letters



a Wise Traditions diet—they may just need to incorporate even more nutrient density to be successful.

I did not take organ meats very seriously for the first decade of eating a Wise Traditions diet, mostly because they are very strong tasting and I did not grow up with these sorts of flavors. Now I see, based on my recent results, just how incredibly important organ meats are. They should not be underestimated as a cornerstone of nutrition.

My husband and I teach animal processing classes on the sheep ranch that we help tend. We have been learning recipes that use all of the different organs and body parts. Eating nose to tail is truly a healing tradition.

See the below protocol I used to heal my enamel. Please note that this does not mean that I have no holes in my teeth. It means that in the places where there were holes, the secondary dentin is hardened, is no longer decaying and that the immune system of my mouth is now strong and stable.

Nastasha McGuirk
Bodega Pasture, California

MICROCHIPPING PETS

Great job on the recent podcast with John Moody about the proposed suite of changes to the beef industry, namely the Radio Frequency Identification (RFID) program. I want to draw your attention to the other issue at play here. Electronic tagging, which includes microchipping, is harmful to the animals. Animals are extremely sensitive to electromagnetic frequencies and subjecting them to devices that can receive and emit a signal causes harm and suffering to them.

Arthur Firstenberg has documented this on his website, cellphonetaskforce.org, with examples of racehorses, dogs and cats.

I should also point out that the United States' recent requirement that all pets entering the U.S. have a microchip is problematic for the same reason. It also may give rise to microchipping becoming more commonplace and accepted, not only for animals but also for humans.

S. Buckley
Colorado Springs, Colorado

DOMESTIC D

A few years ago I sent you an old article from *Popular Mechanics* about the high level of vitamin D in the livers of Great Lakes burbot (a freshwater cod). Vitamin D in burbot liver oil exceeds that of cod liver oil, and is available in the U.S. easily, at least if you live near the Great Lakes.

The article seems to be based on a thesis from 1944 which contains references for the claim of finding eight times more vitamin D in burbot liver oil than in cod liver oil, and high amounts in sucker fish and carp waste. It also discusses oil in lake herring, plentiful in Michigan. Sucker fish are also in huge numbers in Michigan.

There are a lot of options for real vitamin D here in the U.S. without having to be held hostage by the Norwegian companies and worries about the government interfering with the availability because of import controls or tariffs. Also the quality of most brands of cod liver oil has gone so far down in recent years, becoming overpriced and valueless. Carlson's is mostly just synthetic

MY TEETH-HEALING REGIMEN

1 teaspoon Rosita, Droppi or Vassaburg cod liver oil or 6 capsules, half in morning, half in afternoon
6 capsules grassfed beef liver or 1 ounce beef or lamb liver daily
4-6 capsules oyster zinc (Smidge brand) or fresh oysters daily
1-2 tablespoons grassfed ghee or butter per meal
Premier Research Lab mineral drops in all my water
2-4 cups raw goat milk kefir
Seaweed extract capsules (for iodine), daily
2-4 grassfed eggs daily
Limit fruit to one piece per day
Plenty of raw cheese as a snack
Brushing with Shine tooth powder from OraWellness twice daily, and flossing; rinse teeth with water between meals

All with a foundational Wise Traditions diet, all grains sprouted or fermented, plenty of bone broth, local vegetables, grassfed meat and raw dairy. Once my teeth stabilized, I dropped the oyster and seaweed as they were expensive, but have been using grassfed kidney capsules.

Letters

vitamins. Lake fishing is much easier and accessible to anyone, even small fish companies or even individuals with their own boats. Who needs Norway?

Lastly, many years ago my sister went to visit a friend in Naples, Italy. While she was visiting, he got a cold. He immediately started eating nothing but fresh cooked sardines (sardines are immature herring). He said that everybody there does this—they eat only sardines when they get sick and the cold quickly goes away.

When she told me that, I started looking for fresh, not canned, sardines. I soon realized there were none anywhere. I asked the seafood department at Whole Foods about fresh sardines, and the worker said they had to stop carrying them because they were rated “red,” meaning unsustainably overfished. I knew that wasn’t true. I had seen tons of them before in the canned tuna aisle, I just didn’t want canned ones. I thought maybe that had changed recently so I went to the tuna aisle and

there were hundreds of cans of sardines. I went back to the seafood guy and ask him why sardines could be so plentiful when canned, but unsustainably overfished when fresh. He tried to think up an answer but couldn’t.

Eventually I found one small local family fish market in Philadelphia that had them regularly, but they were over eight dollars a pound, compared to a quarter-pound can of sardines at Walmart for eighty-eight cents, which is about three and one-half dollars a pound, with all the cleaning, processing and canning thrown in for free. I still have not found fresh sardines regularly available anywhere else. One Asian market had them for about four dollars a pound, and while they were whole, they were packaged in a bag which means they must have been cleaned or sanitized during the packaging process (like organic Romaine hearts are). Who knows what they’re sanitized with, and if it can be removed by rinsing.

So apparently sardines are unsus-

tainably overfished unless, after you overfish them, you put them in toxic metal BPX-lined cans and heat them until they are dead. Then they’re sustainable.

Rob Bonadeo

Most commercial cod liver oil is “molecularly distilled,” a process that heats the oil to very high temperatures, which destroys the naturally occurring vitamins. Sometimes synthetic vitamins A and D are added back. The Weston A. Price Foundation recommends only cod liver oil that has been extracted without heat and contains only the original natural vitamins. It would be great to install small fermentation plants along the Great Lakes where fishermen could bring in their burbot and be paid for them. Then the fermentation plant owners could process, package and sell the oil.

NO GLASS BOTTLES

I had to stop eating anything, and



LEFT: Congressman Thomas Massie receives the President’s Award for his tireless support of family farmers. . . and then treats the banquet audience to a rip-roaring presentation.

RIGHT: A hug for food coordinator Yolanda Hawthorne, whose efforts awarded banquet attendees with the best Wise Traditions meal ever!



Letters

especially drinking beer, out of cans about six months ago. They were causing symptoms even after having just a few canned items. Beer is one of the worst, I assume because of the acidity and solvent (alcohol). Beer is now almost all in cans. As soon as you can buy beer of good quality, they force it to be put in cans which ruins it, just for a different reason.

It's also not a coincidence that government sites like parks and so forth are requiring cans and banning bottles. That's the government's contribution, which I call passive force. Disney has the same policy.

It all started about fifteen years ago; just as craft brewing was making beer better, along came cans to make it worse. When microbrewing started, one of the main reasons was to stop putting beer in cans because cans ruin beer. Now micro-brewing has come full circle to cans again and no one remembers the anti-can sentiment that started with micro-brewing.

Supposedly the switch to cans is for safety or whatever. That's just an excuse. Bottles were fine for the last two hundred years, then all of a sudden they are dangerous? Nonsense. Brewers are going to cans solely because it's cheaper to ship, store and transport them. The parks' ban on bottles is just an encouragement so that the coincidental nexus of needs of all parties just happens to match the elite's desire to make sure all food is as poisonous as possible, especially medicinal alcohol. I've even seen vodka and organic olive oil in tin. Gross!

I was always curious as to what replaced the infamous BPA in canned food linings, since they made a big deal about replacing it in 2012, so I looked it up. It turns out that BPA has mostly been replaced with BPF and BPS, which according to Wikipedia, are "structurally almost identical to BPA" and "BPS shows almost identical effects on the placenta as BPA, with both BPA and BPS altering almost identical

sets of genes" and "BPF demonstrates similar endocrine and physiological disruptions as BPA, both in vitro and in vivo primary organoid cell cultures, especially demonstrating its estrogenic and anti-androgenic actions."

Furthermore, "BPS and BPF are present in relatively high concentrations in different products, such as food products" and it also is reported to cause obesity and diabetes. See the article "Exposure to Bisphenol A Substitutes, Bisphenol S and Bisphenol F, and Its Association with Developing Obesity and Diabetes Mellitus" at PubMed.

So, nothing's changed; in fact, things have even gotten worse. "BPAF, BPB, BPF, and BPS have been shown to exhibit estrogenic and/or antiandrogenic activities similar to or even greater than that of BPA." This, of course, is exactly what I assumed would be the case when I first heard about the BPA controversy, so no surprises here.

It seems obvious that a factor causing the gender dysphoria kids



Sally Fallon Morell presents the 2024 Activist Awards to Michelle Bielovitz (WAPF graphics coordinator); Mandy Blume (for her work in introducing Wise Traditions to the foster care system); Anita Shubert (faithful copyeditor); and Beth Ingham (raw milk activist in Massachusetts).



Letters



are having now is the cans. “Gender Dysphoria” is apparently just another phrase for “environmental estrogen poisoning.”

Rob Delamere
Santa Fe, New Mexico

HOMEOPATHY

I came back to homeopathy through the Weston A. Price Foundation journals, with their persistently wonderful articles, which stimulated me finally to pick it up after my work life had become a little less strenuous. I have never looked back.

Everything that the Foundation said, I did—starting with raw milk—from which my family and I have reaped rich rewards. The act of actively hunting for nutrient-dense food does something to your mindset and psyche that leads to making other life changes—food being the lead seducer. And the results are quick.

And then the web sort of spreads. My grandson is a Weston A. Price baby (now a boy of five) and the vitality that exudes from his being is just incredible when I compare it to the many damaged children whose moms have followed pediatricians’ edicts. (The whoppers we’re being told and sold in the outside world sometimes make me lose faith in humanity. There are two boys deep on the spectrum among my daughter’s friends, that’s two out of four kids born so far, an unacceptably high damage rate.)

But I reckon, in the crucible of life the right eventually floats to the top by virtue of their high survival rate, so perhaps all is not lost.

I think many people came to WAPF

from a place of very bad health, and are only now, in this generation, recovering. Like Pottenger’s cats, however, it takes several generations to make it all right.

I think our efforts need to be focused on intergenerational education that sticks, not just doing the right thing for us and our children. My next-door neighbor never vaccinated her son, but did not educate him. He is now fully vaccinating his newborn child, and he thinks his mum was a kook. So, one step backwards. It would be marvelous if we could add a WAPF course to home and charter school curricula.

I think teaching people to fish—that is, education—is a first step towards health. And this can begin with simple things like gathering the right foods, which then send you down the rabbit hole of light, water, spirit, EMF, poisons and, in my case, homeopathy.

Sushima Gokhale, Chapter Leader
Sonoma, California

THE CURSE OF COTTONSEED

I found your article on gossypol, the toxin in cottonseed (Summer 2024), interesting and wide ranging. Whilst I have been aware of the problems due to the overuse of cottonseed oil, since my travels onto farms in the drier parts of Australia, I have noted two associated facts:

1. Animals in sparse dry paddocks have little grass to graze on but have their feed “supplemented” with either spent cottonseed or cottonseed-plus pellets.
2. Animals fed in this manner may still be “marketed” as grass-fed and

grass-finished as opposed to feed lot-fed.

This link will take you to the Australian government website spewing out mis- or disinformation on the matter: business.qld.gov.au/industries/farms-fishing-forestry/agriculture/animal/industries/sheep/feed/health/supplementary/cottonseed

I had already taken myself off lamb unless obtained from the better grasslands of Tasmania or Eastern Victoria.

“The Oiling of America” was my introduction to the dangers of seed oils. Now I have been looking around for more information on gossypol and came across this interesting YouTube video which you may want to share: youtu.be/0Imlp722I5Y?si=FT-iLSpfe-FgM2SaV

Thanks for the Wise Traditions journal and the great work you continue to do.

Norman Appleton
Sunnybank, QLD, Australia 

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

Caustic Commentary

Sally Fallon Morell takes on the Diet Dictocrats

DISASTER SCENARIO

BROUGHT TO YOU BY RAW MILK

During Covid, it was the unvaxxed who threatened all of humanity. According to the “Science” section of *Slate*, an online publication, the danger now comes from raw milk drinkers! “Bird flu just might have found a direct route toward infecting more humans,” begins the rant, “Experts are worried about this bird flu’s increasing capabilities in human hosts. . . Each time the virus infects a person is a chance to pick up frightening adaptations. . . The more animals this virus goes through, the more people that it goes through—these mutations occur fairly rapidly, and eventually what will happen is it will mutate to a more serious form and more infectious form.” Because testing has been minimal, “less serious infections are spreading undetected, giving the virus even more chances to mutate into a more contagious and deadlier form.” And what’s the best way to “get a lot of people sick very quickly”? Why drink raw milk, of course! Imagine a person gulps down some bird flu virus in a glass of raw milk, and because they don’t get vaccinated, there’s already a seasonal flu kicking around in their system. Through a process of virus mutation called reassortment, that flu bug might pass on an aptitude for human-to-human transmission to the H5N1 virus. It may be that new virus could put everyone at risk of a pandemic. . . All because an anti-vaxxer drank a glass of raw milk!! “[E]very time someone swigs the raw milk, they’re taking that chance on everyone’s behalf—it’s like buying a lottery ticket for which the prize is a disaster, for everyone.” This is what passes for “Science” at slate.com.

EDIBLE PASSWORDS

Motorola has developed a tiny chip that can serve—so they claim—as a battery powered by stomach acids! Acting as electrolytes, your stomach acid could power the battery and turn the switch on and off in a sequence, resulting in an eighteen-bit ECG-like signal, which could be picked up by devices (such as phones or computers) and used as an identification method. The idea is to embed the chips in vitamin pills, turning you into a walking password, thereby “boosting your online security,” and making you traceable wherever you go. And smart pills could be used to transmit health information straight from your body to your doctor—

and to make sure you have taken your medicine (wired.com May 30, 2013)! A chilling thought, but fortunately, a device predicated on a consistent pH of your stomach acid has no chance of working well enough to create a unique signature or track your pill-taking habits from cradle to grave. . . but never doubt the gullibility of those who believe that high tech will lead to unmitigated miracles.

WATERMELON WARNING

Just when we thought we had heard all the bad news about adulteration of the food supply, along comes watermelon! It turns out that a lot of watermelon is subject to adulteration and artificial ripening. Chemicals used include forchlorfenuron (a growth accelerator), erythrosine-B (Red-B, a dye to impart a bright red color); oxytocin (used for quick ripening) and calcium carbide (which releases ethylene to hasten ripening). At least two of these can have serious side effects: oxytocin can cause stomachache and adversely affect the nervous system; calcium carbide can cause health hazards from headaches to cancer. Signs of adulteration and hastened ripening can include lack of taste, a change of juice color on slicing, premature decay, a green stalk and injection or puncture marks. A pale yellow patch indicates vine-ripened watermelon and web-like spots signify natural pollination by bees. Adulteration is more common in fruits available out of season (Agripedia, April 28, 2024).

SALT DEMONIZATION

Demonization of salt continues with a World Health Organization (WHO) report lamenting that “the world is off-track to achieve its global target of reducing sodium intake by 30% by 2025.” Sodium increases the risk of heart disease, stroke and premature death when eaten in excess, say these “experts.” “Implementing highly cost-effective sodium reduction policies could save an estimated 7 million lives globally by 2030.” Alas, only nine countries (Brazil, Chile, Czech Republic, Lithuania, Malaysia, Mexico, Saudi Arabia, Spain and Uruguay) have implemented policies to reduce sodium intake, which include limiting the amount of salt in processed foods and institutional meals, “front-of-package” labeling, and “behavior change communication and mass media campaigns” to get people to reduce their salt consumption. And just how much salt is too much salt? According to

Caustic Commentary

the WHO, it is anything that exceeds one teaspoon per day. More than that you are at risk of cancer, obesity, osteoporosis and kidney disease, they warn (www.who.int, March 9, 2023). Just a couple of problems with these efforts. First, the body needs more than one teaspoon of salt per day to satisfy its requirements for sodium and chlorine; we need at least one and one-half teaspoons per day minimum—many people need more. Second, there is no proof that too much salt increases our risk for chronic disease—in fact, we had less chronic disease in 1900 when salt consumption averaged three teaspoons per day. And finally, to make processed food taste good without plenty of salt (and sugar and MSG), manufacturers are adding a “flavor enhancer” called Senomyx, which is not labeled and has never undergone safety testing. An obvious danger of low-salt, flavor-enhanced foods is that the body will just eat and eat and eat in order to get the sodium and chloride it needs.

SALT AND CANCER

While the WHO is railing against salt, researchers have found that salt may play a role in fighting cancer. One study found that increased salt levels can significantly enhance immune cells’ cancer-killing abilities. Salt improved the vigor, metabolism and killing function of immune cells. Another study showed that mice consuming a high-salt diet had reduced tumor sizes. Also, it turns out that sodium can significantly boost T-cell activity, increasing their longevity and cancer-killing abilities. Unfortunately, these researchers can’t come right out and tell their patients to eat more salt. . . because of the “consequences to the cardiovascular system.” Instead, they promote expensive therapies like exposing T-cells to high levels of salt and then transplanting them into the patients! But for the average person, the message of these studies is clear: for cancer protection, eat plenty of salt (medicalxpress.com, August 28, 2024).

A SOLUTION

We live in a world of problems created by technology, but in the end, it is technology that often provides a solution. The Industrial Revolution created stinking masses of humanity called cities, but then found a way to clean them up and make them livable. The advent of the car created air pollution, but then we figured how to reconfigure gasoline, and

smog layers are now a thing of the past (at least in Western cities). Herbicides and pesticides are poisoning the planet, but new technologies can make them unnecessary. These include robot laser weeders that can zap two hundred thousand weeds per hour and giant vacuum cleaners mounted on tractors that suck up bugs. Right now, expense limits their use to large producers, but this will change over time. The bug vacuums are already available in small sizes for home garden use (laserweeder.com).

OZEMPIC SIDE EFFECTS

First approved in 2017, semaglutide, the new injectable weight-loss drug (sold as Ozempic, Wegovy, Trulicity, Mounjaro and Byetta) has taken the world by storm, spurred on by none other than the FDA itself. In early 2023, pharmaceutical industry leaders and investors highlighted the drug at a private conference featuring FDA Commissioner Dr. Robert M. Califf as keynote speaker. Califf stressed the lucrative opportunity investors could expect from these drugs; indeed the FDA had already approved semaglutide for obese children age twelve and older, while Novo Nordisk, Ozempic’s manufacturer, was paying civil rights groups to lobby for the drug, framing any opposition as racist. Indeed, the campaign to push these drugs quickly resulted in a widespread shortage. Unfortunately, there are no miracles; instead, there are side effects: unusual gastrointestinal complications, cachexia (muscle loss), eating disorders, a hollowed-out appearance (called “Ozempic Face”), rapid weight gain on withdrawal, increased risk of pancreatitis and bowel obstruction, headache, hypoglycemia and back pain. Now there’s another to add to the list: a potentially blinding eye condition, otherwise known as NAION (nonarteritic anterior ischemic optic neuropathy). Joseph Rizzo, MD, director of the Neuro-Ophthalmology Service at Mass Eye and Ear, analyzed thousands of medical records of those taking drugs for diabetes or overweight. Those on semaglutide (rather than other drugs) had significant risk increases (drugs.com, July 3, 2024). But meanwhile, Vermont Senator Bernie Sanders is urging Big Pharma to slash the price of the drugs; there’s also a move to require Medicare to reimburse those taking weight loss drugs, something that could total billions per year and bankrupt the Medicare system.

Caustic Commentary

ANTIFREEZE FOR CLIMATE CHANGE

Climate activists have made cows the enemy in the current climate change scenario, blaming the methane in their farts for warming up the atmosphere. Never mind that wetlands are the biggest producer of methane on the planet, and that there were almost as many flatulent buffalo roaming the prairies before European settlement as there are cows today, technicians have fixated on reducing methane emissions from the backsides of bovines. They are doing this with a product called Bovaer, which is made using silicon dioxide, propylene glycol and an “organic” compound 3-nitrooxypropanol (known as 3-NOP). 3-NOP is an enzyme inhibitor that specifically targets methyl coenzyme M reductase (MCR), the enzyme that catalyzes the final step of methanogenesis in microbes living in the digestive system of ruminants. Silicon dioxide is an extremely irritating fine compound and propylene glycol is antifreeze. The additive “should be considered corrosive to the eyes, a skin irritant, and potentially harmful by inhalation” to humans handling it. But not to worry, according to USDA, the chemicals in Bovaer can’t get into the milk or meat, but of course we really don’t know what the long-term effects of the additive on animals or humans will be. The UK, Canada and the U.S. have approved Bovaer, and the dairy industry is already adding it to cattle feed in the UK—to widespread protests. Here’s the kicker: the product really doesn’t cut methane very much. At highest efficiency Bovaer reduces methane emissions about 30 percent, but that is only when the cows are getting “mixed rations” all the time. Grazing “more than three hours in a row. . . would weaken the effects of the additive” (green-alliance.org.uk, August 2024). Sounds like the hidden agenda is to get cows off grass.

IMAGINE THINKING COWS FARTING



IS WORSE THAN 6 BILLION LBS OF PESTICIDES SPRAYED A YEAR



MAPLE SYRUP A CANCER KILLER?

We all know that sugar encourages the growth of cancer cells, so a study published in the journal *Oncology Reports* (April 2015) has taken researchers by surprise. They found that maple syrup did not have the same effect of regular purified “sugar” on colorectal cancer cells (CRC). CRC cells that were administered maple syrup “showed significantly lower growth rates than cells that were administered sucrose. In addition, administration of maple syrup to CRC cells caused inhibition of cell invasion, where there was no effect on cell migration.” The darker colored versions of maple syrup were more effective. Of course, maple sugar contains a lot more than just sucrose—such as oligosaccharides, organic acids, amino acids, vitamins and minerals including manganese and zinc, as well as phenolic compounds such as lignans, coumarin, quebecol and ginnalin. Who knows how these compounds work with sucrose to provide protection against cancer. ☺☺

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.

The Great Blood Pressure Scam

By A Midwestern Doctor

Ever since I first encountered the medical field, something struck me as “off” about the relentless focus on blood pressure. I noticed that the blood pressures that relatives or friends shared with me varied immensely. As I was pondering this, an Eastern spiritual teacher shared their belief that the West’s fixation on blood pressure was due to it being much easier to measure than blood perfusion (healthy blood flow).

Next, I began to notice a consistent pattern. Whenever a drug existed that could treat a number or statistic, as the years went by, the acceptable number kept on being narrowed, making more and more people eligible to take the drug. For example, once statins entered the market, the acceptable blood cholesterol levels kept on being lowered, and before long, almost everyone was told they would die from a heart attack unless they started a statin—despite the fact that statins have an almost non-existent mortality benefit and cause often severe side effects for roughly 20 percent of users. Broadly recommending these drugs hence appears unconscionable, but as I showed in my article titled “The Great Cholesterol Scam and the Dangers of Statins,”¹ these unjustifiable guidelines were a product of clever pharmaceutical marketing and targeted bribery of public officials.

Blood pressure is immensely variable. This frequently leads to individuals being erroneously diagnosed with hypertension.

In fact, many of the dogmas that underlie popular drugs are actually sales slogans created by a marketing company. I've previously discussed how a chemical imbalance from low serotonin was never linked to depression² (in fact, patients who commit suicide have elevated brain serotonin); acid reflux is due to too little acid in the stomach,³ though medical school teaches that it is due to too much acidity; and "sleeping" pills are sedatives that block the restorative phase of the sleep cycle.⁴ Each of these drugs is immensely harmful, but due to how solidly these myths were established (just like "safe and effective"), large numbers of people continue to use them. In this article, I will show how something similar happened in the field of blood pressure (BP).

CONVENTIONAL BP PERSPECTIVES

For a long time, I wondered whether rising blood pressure damages arteries—or instead, whether damage to the circulation raises blood pressure. Once the outflow from the heart gets obstructed (for example, through aortic stenosis), the heart's left ventricle is known to become enlarged (this is called left ventricular hypertrophy or LVH), yet we typically ascribe the hypertension associated with LVH to being the *cause* of it rather than a *result* of it. Similarly, if the blood flow through the lungs gets obstructed (due to pulmonary hypertension), the right heart ventricle enlarges (called right ventricular hypertrophy or RVH) and eventually fails. In certain cases, this hypertension can be immediately reversed—for example, if it's being caused by chronic blood clots entering the lungs—at which point the heart immediately recovers. Another observation is that significant plaque within the artery that feeds the kidney raises blood pressure; if the kidney's blood flow is restored, the blood pressure immediately drops.

Because blood vessels are elastic structures filled with fluid, that fluid holds them under pressure. Blood pressure, in turn, is typically measured by determining how much external force is needed to exceed the artery's pressure and compress it so that blood no longer flows through it. *Low* blood pressure (hypotension) is a problem because it prevents blood from reach-

ing the areas where it's needed; for example, orthostatic hypotension or postural orthostatic tachycardia syndrome (POTS) describe a common situation where people become lightheaded as they stand up due to insufficient blood being pushed into the brain. In most cases, though, medicine chooses to focus on the consequences of *high* blood pressure.

Within the existing model, one of the consequences of high blood pressure is that weakened blood vessels become more likely to break open and leak as higher blood pressure pushes against them. This is why emergency departments aggressively lower the blood pressure of patients who show up with symptoms of "hypertensive emergency" (such as a severe headache and a significantly elevated blood pressure). Likewise, whenever a critical blood vessel ruptures (such as the aorta or one in the brain), once the bleed has been confirmed, the first step in managing it is to lower the patient's blood pressure so less blood leaks out, after which they are sent to surgery. Other consequences of high blood pressure—according to the conventional model—include excessive pressure on the arteries (which strains and damages them, causing the lining of the vessels to become damaged and gradually develop atherosclerosis) and damage to the internal organs ("end-organ damage"), leading to premature failure and early death (for example, from a heart attack or kidney failure).

Because of these situations, high blood pressure is viewed as one of the greatest preventable causes of cardiovascular disease. Thus, a chief focus of all medical visits is ensuring that a patient achieves a sufficiently lowered blood pressure. Unfortunately, the chain of logic has quite a few gaps in it.

BLOOD PRESSURE VARIABILITY

Blood pressure is immensely variable. Pressures at the periphery (where BP is typically measured) have been found to vary by around 14 points.⁵ This frequently leads to individuals being erroneously diagnosed with hypertension and given a prescription for blood-pressure-lowering medications despite having normal blood pressures; those medications can then make them hypotensive. This phenomenon is so common (constituting 15 to 30 percent of

hypertension diagnoses) that it is often referred to as “white-coat hypertension.”⁶ That name is derived from the fact that stress commonly elevates blood pressure; because visiting a doctor can be stressful, many patients have temporarily elevated blood pressures in the doctor’s office. The guidelines suggest the need for multiple measurements to confirm a hypertension diagnosis (for example, with home blood pressure monitoring), but unfortunately, this often does not happen in practice.

There are other common sources of error when measuring blood pressure. One is using the wrong-sized cuff, and another is that patients frequently have significantly different blood pressures in each arm.⁷ This helps to explain why it is estimated that 25 percent of those diagnosed with hypertension *do not have it*.⁸

Likewise, there is a surprisingly poor correlation between peripheral blood pressure and the central blood pressure inside the aorta. One large study found a significant difference between the blood pressure within the aorta and the arm, and the central aortic pressure had a *much stronger correlation to the likelihood of cardiovascular disease*.⁹ It should also be noted that different classes of blood pressure medications have very different effects on central versus peripheral blood pressure.

WHAT AFFECTS BLOOD PRESSURE?

If fluid at a set pressure tries to move through a tube, as the tube shrinks, the pressure it creates (for example, on the walls of the tube) will increase, while if the tube enlarges, the pressure it exerts will decrease. The body, in turn, continually controls where blood in the body goes by changing the heart rate and fully or partially constricting the arteries, allowing it to shunt blood to where it is most needed (such as by dilating arteries in that area).

Blood pressure is thus a product of two factors: the amount of blood in the arteries and the constriction or relaxation of the arteries containing it. Arterial BP is greater than venous BP and is what is measured externally; veins compress long before arteries do, and only arterial blood has a signature pulsatile wave created by the heartbeat. Because each beat of the heart pushes blood into the arteries and hence increases the

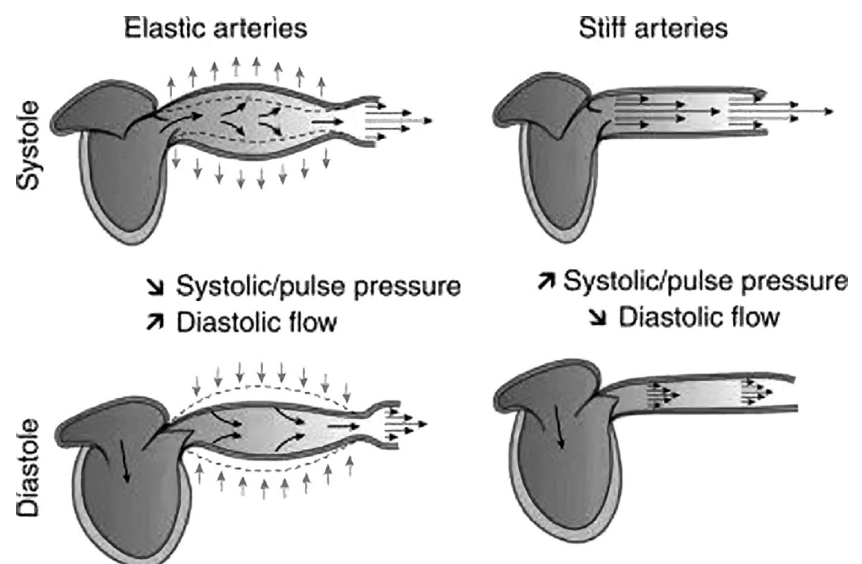
pressure within them, two different blood pressure values exist—the baseline pressure (diastolic blood pressure or DBP) and the pressure when the heart contracts (systolic blood pressure or SBP) (Figure 1). The blood pressure values you see (such as 140/90) represent that maximum and minimum (the systolic over the diastolic). One reason why this stretching is important is because when the vessels contract back to their normal size once the systolic pressure fades, that recoil pushes blood further along into the circulation.

WHAT CAUSES HIGH BLOOD PRESSURE?

Most cases of high blood pressure (90 to 95 percent¹⁰) are known as “essential” or “primary” hypertension, which is a fancy (and rarely questioned) way of saying “elevated blood pressure without a known cause.” The belief that there is no known cause for most cases of elevated blood pressure has been widespread in medicine for *decades*. For the remaining 5 to 10 percent of cases (“secondary” hypertension), recognized causes include reduced blood flow to the kidneys¹¹ (which sets off a signal to raise the blood pressure because the kidney believes there isn’t enough blood perfusion), sleep apnea¹² or having a rare tumor,¹³ which dumps large amounts of adrenaline into the blood, thereby constricting blood vessels and increasing the heart rate.

Note that a kidney (especially the left) being in the wrong position—which is quite common—can functionally compress the renal artery. However, until there is an actual stenosis (narrowing) of the artery, this can be quite difficult to identify with conventional measurements. Additionally, poor sleep is immensely damaging to cardiovascular health, and those effects extend to blood pressure.⁴ In one study, a single night of partial sleep deprivation raised SBP by 6 and DBP by 3.¹⁴ Another study found that a night of sleep loss raised SBP by 4.5 and DBP by 2.6, and functional magnetic resonance imaging (fMRI) showed that sleep loss also impaired the brain’s control of blood vessel function.¹⁵

FIGURE 1. Systolic and diastolic blood pressure



Many believe the core issue is not calcification of the arteries or high blood pressure but rather endothelial dysfunction.

Because the causes of most cases of hypertension aren't known, medicine focuses on specific "risk factors" that are known to be associated with it, such as being over age sixty-five, having diabetes, insomnia, obesity, not exercising, stress, being an alcoholic, having other people in your family who have high blood pressure or "eating too much salt." The latter is the one we tend to hear most about, despite the fact that the most detailed review of this subject showed that drastic salt reduction typically results in less than a 1 percent reduction in blood pressure.¹⁶ I and many of my colleagues believe that one of the most underappreciated causes of hypertension is anxiety; frequently, effectively addressing anxiety can resolve a case of high blood pressure, which would otherwise receive pharmacologic treatment, often indefinitely.

ATHEROSCLEROSIS AND BP

Many of us initially became suspicious of the existing blood pressure paradigm because we noticed that circulatory impairments would proceed or occur *in tandem* with elevating blood pressures, rather than happening long after an elevated blood pressure had had time to damage the arteries. Each of us came to a similar conclusion—the increased blood pressure must be a compensatory mechanism the body is using to counteract the fact that it can't get enough blood to where it is needed (which, again, is recognized to occur with the kidneys).

I found a few ways to explain how this

could be happening. First, if you consider the illustration of the circulatory cycle (Figure 1), it should be clear why calcification of the arteries (which stiffens them) also increases blood pressure, as they can no longer expand as effectively and release the pressure within them. However, there are also three other reasons why this could occur.

First, measuring blood pressure utilizes an external cuff to pressurize the arteries until the blood flow cuts off. If the artery has stiffened, that is much harder to do. When patients have severe atherosclerosis, their blood pressure is no longer measured in the arm's arteries, as those arteries won't compress from the cuff.¹⁷ At the same time, however, there is most likely a gradual stiffening that leads to the measured blood pressure being higher than it actually is.

Second, the health of the cardiovascular system depends to a large extent on the lining of the blood vessels being able to secrete nitric oxide, which in turn dilates the blood vessels, locally decreasing blood pressure and regionally increasing blood flow. Defective production or activity of nitric oxide (endothelial dysfunction) typically precedes the development of atherosclerotic plaques¹⁸ and is much more severe by the time they've formed, as the surface of the endothelium has calcified at that point. For this reason, many believe the core issue is not calcification of the arteries or high blood pressure but rather endothelial dysfunction, which in turn leads to abnormal growth of the endothelium

A NEPHROLOGIST CHIMES IN

By Richard Amerling, MD (quoted by A Midwestern Doctor⁶⁶)

As a nephrologist of many years, I'm intimately acquainted with this topic. ... Here are a few more [points]:

- In addition to blood volume and vascular tone, inotropy (contractile force of the heart) contributes to blood pressure. Beta blockers work mostly by reducing this, and the heart rate.
- The body is designed to maintain blood pressure! Any perturbations will immediately trigger counter-regulatory mechanisms. Reducing salt intake, or administering a diuretic, decreases blood volume and pressure and leads to activation of the sympathetic nervous system. This increases heart rate, inotropy, and vasoconstriction, all of which restore blood pressure (and hence organ perfusion), and can actually overshoot and cause hypertension.
- Decreasing sodium delivery to the kidney results in activation of the renin-angiotensin-aldosterone system, causing vasoconstriction and sodium retention.
- Chronic salt depletion (which is rampant due to its demonization) causes quasi-permanent activation of these hormonal systems and is deleterious to health.

I recently consulted on two cases where healthy seniors were prescribed not one, not two, but three (!) antihypertensive medications for BP of 140/90. One developed acute kidney failure; the other had near-syncope and onset of atrial fibrillation. This is medical malpractice but now considered standard of care!

and formation of harmful blood clots. Given that endothelial dysfunction happens to increase blood pressure, that again argues that the direction of causality for heart disease is incorrect.

Third, whenever the body is not getting enough blood, a sympathetic reflex will be triggered to increase the BP. For example, this is commonly seen in critically ill patients or those who have rapidly lost a significant amount of blood,¹⁹ at which point the blood vessels will tighten and the heart rate will increase.

BLOOD SLUDGING

Approximately a century ago, many Western researchers argued that blood cells clumping together—a condition that came to be known as “blood sludging”—was a root cause of many illnesses, particularly where a focal issue (such as burns or cancers) created a systemic problem. This theory became quite influential, especially once it was possible to directly observe the phenomenon by using the appropriate microscope to look at the blood vessels in the eyes. Sadly, the concept of blood sludging has largely been forgotten and persists today only through live blood cell analysis, which is not only widely disparaged by conventional medicine but is significantly more error-prone than the original method of looking into the eyes.

When I learned of the blood sludging concept, I immediately wondered whether it underlies high blood pressure. My reasoning was that if blood were to sludge together, it would (1) create a backlog in the circulation, which would increase the pressure on it (rather than being pushed forward, blood would instead push against the arterial walls); (2) signal the body to increase its blood pressure so that the pockets of sludged blood could be pushed along; and (3) directly stretch the smaller blood vessels, thereby increasing their pressure. It would also simultaneously “stiffen” the arteries because the clumps of sludge would have significantly more resistance to compression than dispersed blood cells.

I learned that the original pioneers of blood sludging had repeatedly observed that small arteries (namely, those in the eyes) would become stretched by larger sludges (see Figure 2). Additionally, they observed that once the pockets of sludge formed, the pressure build-up caused plasma (the non-cellular component of the blood) to begin leaking out

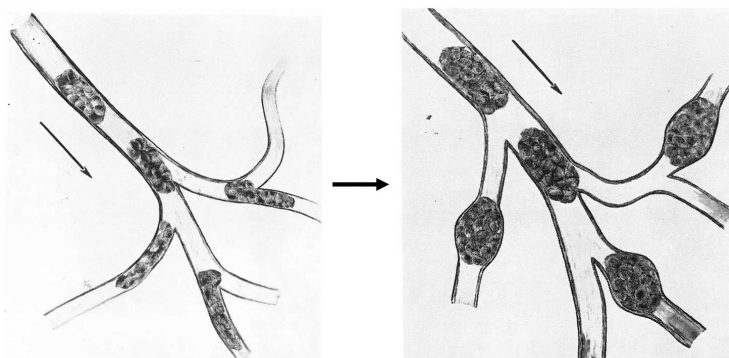
into the tissues, leading to things like edema; the remaining blood thus became even more concentrated with these sludge pockets.

In a 1949 paper on the topic of sludged blood, the researchers looked at one hundred individuals with a SBP above 150.²⁰ In 50 percent of these individuals, they found Grade 1 clumping of red blood cells (they defined these as “fine granularities. . . which are rather uniform and not too upsetting to flow rates”), Grade 2 clumping in 45 percent (“definite clumping which tends to hold together in larger collecting veins”), Grade 3 in 4 percent (“large agglutinations which completely block out normal flow”) and, in 1 percent, Grade 4 (“almost complete clumping of erythrocytes, which suggests the appearance of ‘sludge’”). Of fifty normal adult controls, only one individual (2 percent) displayed any intravascular pathology at all, rated as Grade 1. I have not been able to locate three additional papers cited by the primary authors in this field,²¹ which apparently show a relationship between blood sludging and blood pressure.

Given the observation that blood sludging disproportionately affects the smaller vessels (because it takes significantly smaller sludges to obstruct them), the primary effect of blood sludging would be injuries akin to microstrokes. However, because the larger blood vessels have their own small blood vessels (the vasa vasorum, which sustain the arteries), the early generation of researchers frequently observed blood sludging to obstruct the vasa vasorum in an identical manner to what happened in smaller sludged vessels. As clearly shown in a now-forgotten 1947 paper,²² once the blood supply in a vessel’s vasa vasorum is impaired, it causes the endothelial lining of the blood vessel to rapidly die and fall off, with total damage in proportion to how much the blood supply is interrupted and how long that interruption persists. Once this happens, those lost cells can no longer release the critical nitric oxide; as a result, clots frequently form, and the blood vessel is no longer protected from damage (as the endothelial cells create the primary protective layer of the blood vessels).

In the early 1960s, the engineer Thomas Riddick (1907–1975) helped popularize the concept of “zeta potential,”²³ a theory of coagulation

FIGURE 2. Blood sludging as illustrated in a 1965 medical textbook



and dispersion measured as the electrical charge difference between a colloidal particle and its surroundings. (Colloidal particles are small particles ranging in size from nanometers to microns, dispersed in fluid.²⁴) A high zeta potential confers stability to colloidal systems, whereas conversely, colloids with low zeta potentials tend to coagulate. Vaccines—including the Covid shots and also the aluminum that many so-called “traditional” vaccines contain—are significant factors impairing zeta potential.²⁵

Riddick strongly believed that poor zeta potential increased blood pressure and likewise led to atherosclerosis. In fact, the findings of the blood sludging research pioneers suggest that poor zeta potential is a primary cause of arterial damage (and the inability of vessels to then repair themselves) and the lethal clots that damaged endothelium can form. Riddick and those who followed him frequently treated a variety of heart conditions by restoring the physiologic zeta potential.²⁶

Addressing the sludging phenomenon, Riddick observed:

“[I]t should be realized that each mobile agglomerate must be broken down into smaller sized particles as it flows along the arterial tree. The blood cells must eventually become completely discrete if they are to pass through the capillaries, whose small diameter permits the cells to pass only in single file. Considerable energy must be required to continuously break down these clumps ahead of each capillary—and then reform them past the capillary. Small wonder the workload of the myocardium is increased and blood pressure raised.”

Many holistic therapists have determined that impaired zeta potential and deformed red blood cells correlate with poor health. When researchers in 2019 compared the zeta potential of four groups—hypertension patients, myocardial infarction (MI) patients, treated MI patients and healthy controls—they found “significantly reduced” zeta potentials in the first three groups compared to the controls.²⁷ Likewise, when they looked at study participants’ blood, they found significantly greater clumping, blood cell deformation and membrane fragility in cells from patients with cardiovascular disease (Figures 3 and 4, next page).

DOES HIGH BP ACTUALLY CAUSE HEART DISEASE?

Several observations originally led researchers to hypothesize that high blood pressure might be the cause of heart disease. First, high blood pressure has been observed to occur in association with heart disease. Second, significant vascular issues such as severe headaches, strokes and organ damage can occur when blood pressure is significantly elevated (such as, an SBP above 200) and improve once the blood pressure is rapidly lowered. Third, blood vessel damage never occurs in low-pressure areas of the body but does occur when blood vessels are suddenly transitioned to much higher pressures than normal, such as a vein being grafted onto the heart or the blood pressure suddenly being greatly elevated in the lungs.

Unfortunately for the “high blood pressure causes heart disease” hypothesis, there’s actually very little evidence that smaller elevations in blood pressure create issues. (Note: I obtained much of the research for this section from Scottish doctor Malcolm Kendrick.²⁸) Much of the current dogma is based on the long-standing Framingham Heart Study,²⁹ which “found” a linear relationship between blood pressure and the risk of death—meaning that continually lowering blood pressure decreases one’s risk of dying. That has been the basis for continual recommendations for lower and lower blood pressures (though the National Institutes of Health [NIH] also admits that an SBP below 90 is dangerous and unhealthy³⁰) as well as for a highly erroneous cardiovascular disease risk calculator later found to overestimate one’s risk of dying by 500 percent.³¹

Major problems with the paradigm include the following:

- It creates a situation where no optimal blood pressure can exist. (As Dr. Kendrick puts it in a blog titled “You absolutely cannot be healthy any more—it’s official,” “[W]e have reached a situation whereby a [SBP] lower than 90mmHg increases risk; and a blood pressure higher than 90mmHg increases risk. I suppose

ZETA POTENTIAL

Zeta potential is an immensely important concept for human health and vitality, which can explain the benefits behind many renowned and easy-to-implement holistic therapies.^{26,67} Biological systems generally rely on particles having a sufficiently negative zeta potential to repel the particles they are surrounded by. The kidney is the primary organ responsible for maintaining the physiologic zeta potential.

If the net charge of a colloidal system is made more negatively charged, particles will become more dispersed; if, on the other hand, the net charge becomes more positively charged, particles will begin to clump together, forming successively larger colloidal agglomerations. Because the body depends on the continual circulation of fluids, this clumping can be extremely problematic. For example, once red blood cells clump together, microstrokes often follow.

you could say that anyone with a blood pressure of exactly 90mmHg is healthy, so the land of health still exists as a microscopically thin sliver of habitable area. But for all intents and purposes, health has gone.”³²⁾

- It’s exceedingly rare that things in biology follow a completely linear relationship.
- No one has ever done a study demonstrating that lowering blood pressure from 100 to 90 provides a benefit. Rather benefit is *assumed* from the linear model’s prediction.

Moreover, the original analysis of the Framingham study was flawed. Reanalysis of the data in 2000 instead found a relationship that was much more congruent with what’s typically seen in nature.³³ Specifically, rather than being a linear relationship, blood pressure had relatively little impact on mortality until a critical threshold was passed (going above 70 to 80 percent of the normal blood pressure for the person’s age and gender), at which point there was an exponential rise in their risk of death. A large number of people are diagnosed as having dangerous hypertension in the linear model but

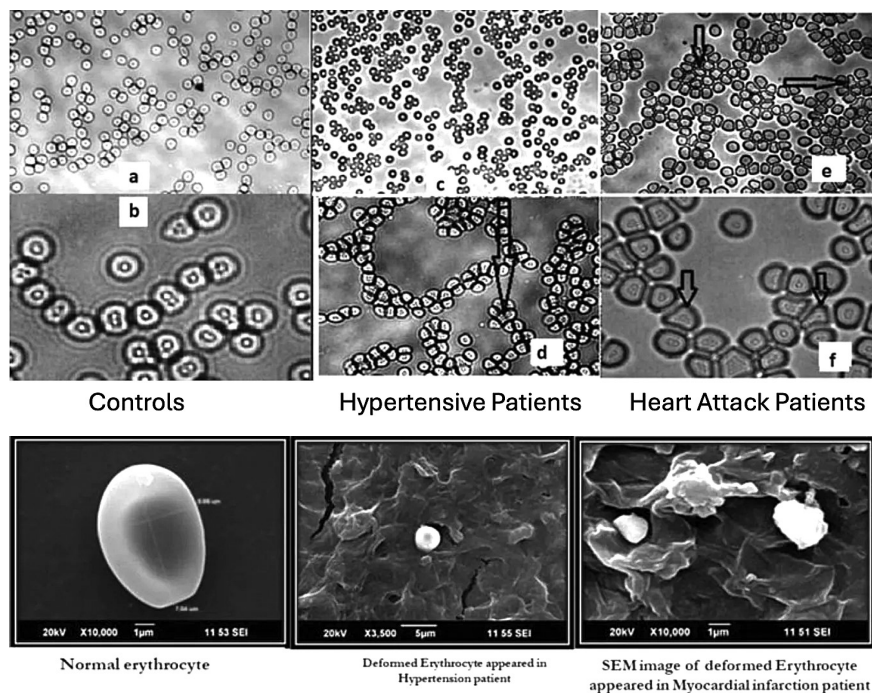
not in the more accurate threshold model.

The 2000 paper was mostly ignored. However, as quoted by Dr. Kendrick, it eventually received this response from the National Heart, Lung, and Blood Institute (NHLBI), illustrating how resistant medical dogmas are to evidence that refutes them: “After careful review of this study, the NHLBI finds that it does not offer a basis for changing the current hypertension guidelines.”³²

Recent research with more modern technologies has led to the same conclusions. A 2020 study of over four hundred thousand elderly patients above age seventy-five, obtained through their electronic health records, again showed that rather than being linear, an age-dependent threshold exists that is not recognized by the guidelines.³⁴ An SBP below 130 significantly increased the chance of death, and a DBP below 80 (a common consequence of blood pressure medications) made patients 8 to 19 percent more likely to die. A smaller study of eight hundred adults over age sixty found that a DBP below 80 made participants 90 to 190 percent more likely to die and, once again, an SBP under 120 was associated with a higher risk of death.³⁵

Given the hype around blood pressure, you would assume it had been clearly proven that lowering blood pressure improves survival. As best as I can tell, those studies don’t exist.

FIGURES 3 and 4. Clumping, blood cell deformation and membrane fragility: comparison of three groups



DOES LOWERING BP ACTUALLY IMPROVE SURVIVAL?

Given the hype around blood pressure, you would assume it had been clearly proven that lowering blood pressure improves survival. As best as I can tell, those studies don't exist. Instead, a universal assumption exists that lowering blood pressure is good; a related *assumption* is that if a drug can lower blood pressure, it must be good and should be approved. This may help to explain why there has been such a strong focus on the *theoretical* benefit of lowering blood pressure versus actually proving a benefit exists.

One of the most pivotal studies began in 1973. With no studies offering proof that lowering a moderately elevated blood pressure reduced one's chance of dying, researchers in the United Kingdom undertook a massive, decade-long, public study.³⁶ Ultimately, the study recruited over seventeen thousand patients between ages thirty-five and sixty-four who had blood pressures below 200 (averaging 158/98 in men and 166/99 in women) and randomly allocated them to take either a beta blocker, a thiazide diuretic or a placebo.

The study showed that treating high blood pressure made no real difference in the likeli-

hood of a coronary event such as a heart attack (the rate went from 5.5 to 5.2 per thousand patient-years), and likewise, almost no difference in the death rate (two hundred fifty-three versus two hundred forty-eight deaths—or a 0.06 percent reduced chance of dying).³⁶ The study did show that lowering blood pressure made someone less likely to experience a stroke (probably hemorrhagic), as there were eighteen fatal and forty-two non-fatal strokes in the treatment groups versus twenty-seven fatal and eighty-two non-fatal in the placebo group; this led to a small overall reduction in those strokes (roughly one stroke delayed for around nine hundred years of treatment). On the other hand, roughly 25 percent of trial participants experienced side effects significant enough for them to withdraw from the study.

After this trial, the term “heart disease” was abandoned in favor of “cardiovascular disease.” This made it possible to create the perception that treating blood pressure stopped heart attacks while simultaneously concealing the actual benefit—a small reduction in vascular strokes. (In an April 2024 article, I described the use of the “skin cancer” label as another example of linguistic trickery.³⁷)

By 2009, a Cochrane review (considered the gold standard for evaluating scientific evidence) was reporting very little benefit from lowering SBP below 135 compared to having it below 140; this benefit, moreover, was likely outweighed by the margin of error created by unclear data and significant side effects in the trials.³⁸ A 2020 Cochrane review reconfirmed these results, again finding that the negligible benefit from aggressive blood-pressure-lowering targets was outweighed by the harms those drugs created.³⁹ Both reviews found a small increase in kidney disease (e.g., acute injuries or chronic kidney disease), which makes sense because

CHINESE MEDICINE AND HYPERTENSION

In Chinese medicine, one of the foundational diagnoses is “blood stasis,” and many modern practitioners argue that it is a primary cause of illness. Interestingly, the emphasis on blood stasis is relatively new in this ancient medical tradition, beginning around the same time as China's introduction of the smallpox vaccine. Many of the injuries caused by that extremely harmful vaccine mirror the effects that Chinese medicine attributes to blood stasis.⁶⁸ Vaccines are highly effective at destroying the negatively charged physiologic zeta potential. After I read a 1947 paper linking blood sludging to obstruction of the vasa vasorum (the blood microvessels in large blood vessels),²² I began to suspect that a significant degree of the vascular damage caused by the Covid injections might be due to microclotting within the vasa vasorum.

The school of thought within Chinese medicine that emphasizes blood stasis frequently associates the condition with hypertension. An acupuncturist I know finds two common patterns in high blood pressure. He characterizes the first pattern by the same process described by “blood sludging” researchers, where blood stasis leads to fluid leaking out of the vessels (extravasation), which in turn inflames the area. This is often seen in diabetics with high blood sugar (which also impairs zeta potential); the pulse in the wrist feels stagnated, and (according to this school of thought) blood pressure then rises because the brain and kidneys are triggering a reflexive response to ensure they have enough perfusion. This pattern is treatable (including with Chinese herbs, blood sugar normalization, weight loss and exercise), but it takes a while, as the body needs time to return to its normal homeostasis.

In the second pattern, the pulses have a more active, stronger and full quality, which Chinese medicine practitioners believe is due to the heart or kidney not getting enough blood (due to narrowed arteries) and the heart then pumping harder to overcome that obstruction. My colleague finds that this pattern is the most common in African-American men and matches a diagnosis that used to exist within conventional cardiology called the “water hammer pulse.”⁶⁹ Using hypertensive medicines, according to this practitioner, is often a bad idea because it directly opposes the body's compensatory mechanisms for blood flow.

Another acupuncturist tells me that correctly targeted releases of blood stasis (done by bleeding specific points in the body) can be very helpful for hypertension. He frequently sees dramatic results for hypertension with this approach.

the kidneys are damaged by insufficient blood reaching them; kidney disease creates heart disease and raises blood pressure.

MARCHING TOWARD MEDICATION

When the blood pressure craze took off, there was a rush to bring blood-pressure-lowering drugs to market before actual proof of their benefit (outside of a few short-term studies, which showed a small benefit for people with very high blood pressures). That mindset continues to define this field. As the years have gone by, the blood pressure thresholds keep getting lowered without supporting evidence, and more people are put on medication—roughly sixty million American adults.⁴⁰ Originally, the focus was on treating DBP under the belief that the heart had to “work harder” if there was too much blood in the circulation; that this was believed for decades—but now is not—illustrates how arbitrary many medical dogmas are.

Because less elevated blood pressures are more common than the higher ones, each time the treatment target is lowered by a small amount, it results in a large number of people getting started on the drugs. Unfortunately, this is especially the case for the elderly, whose blood pressure rises to compensate for the decreased health of their arterial system; due to their calcified arteries, they have the least ability to tolerate insufficient blood pressure and simultaneously are the most likely to have elevated blood pressure.

In 2017, the American Heart Association and American College of Cardiology reformulated their guidelines, setting 130 (rather than 140) as the “new high” for SBP, eliminating a prior category of “prehypertension.”⁴¹ To quote the 2017 guidelines:

“Rather than 1 in 3 U.S. adults having high blood pressure (32 percent) with the previous definition, the new guidelines will result in nearly half of the U.S. adult population (46 percent) having high blood pressure, or hypertension.”

According to the revised guidelines, 79 percent of men and 85 percent of women over age seventy-five now have hypertension, and 71

and 78 percent of men and women in that age group, respectively, meet the threshold to start blood pressure medications.⁴²

What factors can explain this inexorable march toward putting everyone on these drugs? My best guess is that it is due to some combination of the following:

- Research funding is available for these areas (that is, from the drug manufacturers), meaning that it is a safe area for academics to explore.
- It illustrates the “if you have a hammer, everything looks like a nail” phenomenon and the medical profession’s desire to find more justifications for using its tools.
- “Experts” on guideline panels are paid to create recommendations that result in more people taking the drugs. (In my article on “the great cholesterol scam,” I conclusively showed how this happened with statins¹.)

SECONDARY EFFECTS OF HYPERTENSIVE MEDICATIONS

In many cases, the actual mechanism of a drug greatly differs from the purported one. For example, statins are sold on the basis of the claim that cholesterol causes heart disease and that they lower cholesterol. However, as I have shown, there is very little evidence that cholesterol causes heart disease, and more importantly, prior to statins hitting the market, there was no mortality benefit shown from other cholesterol-lowering medications.¹

Presently, four main types of antihypertensive drugs exist: diuretics (the oldest); beta-blockers; calcium channel blockers; and ACE inhibitors and related medications. Each drug works in a different manner, either by loosening the arterial walls, reducing the total blood in circulation or weakening the contraction of the heart (or a combination of all three), with very different degrees of benefits seen from their use despite them creating the same drop in blood pressure. This strongly argues that their effects are not due to lowering blood pressure but rather to how each one specifically affects the body.

A 1997 paper in *JAMA* reviewed the literature and found significantly different benefits from antihypertensive drugs, depending on which type was used.⁴³ To illustrate:

- A 1998 review found that the (known) cardiovascular benefits of ACE inhibitors were not seen with calcium channel blockers, despite the latter having a more significant effect on blood pressure.⁴⁴
- A 2000 study of almost thirty-six hundred diabetics found that a specific ACE inhibitor, despite minimally reducing blood pressure (a 2.4 reduction in SBP and 1.0 reduction in DBP), had a massive effect (a 25 percent reduction) on the risk of a heart attack, stroke or cardiovascular death.⁴⁵
- An eight-year-long double-blind study published in 2007 and funded by NIH, involving over forty-two thousand subjects, found that when two different types of blood pressure medica-

BP medications increase the risk of fainting by 28 percent and are notorious for causing older individuals to become lightheaded and then suffer potentially devastating falls.

tions were used, there was no difference in their effect on blood pressure; however, their rate of preventing heart failure varied by 18 to 80 percent, depending on the drug, leading the investigators to conclude, “blood pressure reduction is an inadequate surrogate marker for health benefits in hypertension.”⁴⁶

HYPERTENSIVE MEDICATION HARMS

The typical management of blood pressure involves using a combination of drugs until they collectively achieve the desired blood pressure and simultaneously switching out drugs that cause more side effects than the patient can tolerate. This is a problem because, as just discussed, the drugs have very different effects on the body. On one hand, this is a good thing because it allows each of them to exert unique

therapeutic benefits independent of their effect on blood pressure, but on the other hand, it means they each have unique side effects (see sidebar below). Each should be considered on the basis of whether their individual effects are appropriate for the individual patient’s situation, rather than whatever achieves the desired blood pressure—but as that would get in the way of drug sales, it never happens.

Typically, the most common side effect of blood pressure medications are complications of poor perfusion. For example, BP medications increase the risk of fainting by 28 percent⁴⁷ and are notorious for causing older individuals (who have calcified arteries and hence difficulty getting blood to the brain) to become lightheaded and then suffer potentially devastating falls. Three of the more troubling side effects are an 18 percent increased risk of acute kidney injuries (affecting 1.5 percent of users); a 103

FOUR TYPES OF ANTIHYPERTENSIVE DRUGS AND THEIR SIDE EFFECTS

DIURETICS: Diuretics lower BP by blocking the reabsorption of sodium in the kidneys and thereby increasing urination. Many different types exist with slightly different side-effect profiles and effects on different electrolytes, but generally:

- These drugs cause a wide range of symptoms from electrolyte imbalances, particularly of sodium and potassium. Low sodium levels are a common cause of weakness and hospital admissions, while low potassium (resulting in muscle weakness, cramps and digestive disorders) affects 8.2 percent of the drugs’ users—occurring at a rate 973 percent greater than those not on the drugs.⁴⁷
- Diuretics cause many of the side effects associated with dehydration (because they effectively dehydrate you).
- Depending on the class, they can sometimes create sulfa sensitivities or allergies.
- They cause many of the general effects associated with low blood pressure (such as lightheadedness).
- Some of them (such as the thiazides) also increase uric acid levels, which may explain⁷⁰ why the drugs increase the risk of diabetes⁷¹ or why they cause a 358 percent increase in the risk of gout (which affects 2 percent of users).

BETA BLOCKERS: Beta blockers slow the heart and make it pump less forcefully. This has been found to be very helpful for heart failure patients, but simultaneously, beta blockers have a variety of common side effects, such as constricting the peripheral arteries. Typically, patients have the greatest difficulty tolerating beta blockers and frequently report a worsened quality of life. Some of the drugs’ most common side effects include mood swings, depression, extreme tiredness and fatigue, dizziness or lightheadedness, low blood pressure (hypotension), sexual dysfunction, an excessively slow heart rate, weight gain, cold hands or feet, nausea, trouble sleeping and shortness of breath.

CALCIUM CHANNEL BLOCKERS: These reduce the force of contraction of the heart, dilate arteries by relaxing the smooth muscle in them and somewhat slow the heart rate. The major issues are that the drugs cause edema (swelling) throughout the body (affecting between 5.7 and 16.1 percent of users depending on dosage⁷²) and frequently cause dizziness, lightheadedness or constipation. Calcium channel blockers are often quite helpful for resetting an abnormal heart rhythm but also can cause symptoms such as tiredness, headaches, abnormal heart rates and shortness of breath.

ACE INHIBITORS: When the kidneys do not have enough blood, they release a hormone that sets off a cascade to raise blood pressure.⁷³ ACE inhibitors block that cascade—which can often be quite helpful, as parts of the cascade can be damaging to the body. The most common side effect is a chronic dry cough, which patients often develop over time as they become sensitized to the drugs. Estimates of its frequency range from 3.9 to 35 percent of users; one review determined it was 8 percent.⁴⁹ Other common side effects include headaches, lightheadedness and a loss of taste.

percent increased risk of hyperkalemia (high potassium), which can be quite dangerous and affects 4.8 percent of users; and a 19 percent increase in the risk of lung cancer.^{47,48} (A 2022 study provides a more detailed summary of the rates of side effects from these drugs.⁴⁹)

To illustrate the problem with falls, a 2014 *JAMA* study of almost five thousand hypertensive adults over age seventy monitored three groups for three years: 14.1 percent received no antihypertensive medications, 54.6 percent were on moderate-intensity medical therapy and 31.3 percent were on high-intensity medical therapy.⁵⁰ Over the three-year period, 9 percent experienced falls, and 16.9 percent died. Those in the moderate-intensity treatment group were 40 percent more likely to have a fall that caused a serious injury, and 117 percent more likely to have a serious fall if they had a previous fall history. The high-intensity group was 131 percent more likely to have a serious fall (which begs the question of why they were still on those drugs). The authors unfortunately did not report the rate of death between the groups but did find that calcium channel blockers had the highest rate of causing falls.

In 2007, an important Israeli study (titled “The war against polypharmacy”) found that discontinuing an average of 2.8 drugs per elderly patient reduced their one-year death rate from 45 to 21 percent and their hospitalization rate from 30 to 11.8 percent.⁵¹ The study did not provide specific data, but I am fairly sure that a significant degree of the benefit came from removing the antihypertensives that have become a core principle in geriatrics.

Emergency medicine recognizes that it is unwise to aggressively treat blood pressure in the emergency department (ED); the risk is that it will cause an ischemic stroke in the brain due to insufficient blood flow in the brain. It is worth quoting a review paper on this subject. Noting that “the majority of IV medications given to achieve immediate BP reduction in the ED are done so inappropriately,” the authors state:

“There are no evidence-based thresholds at which asymptomatic but markedly elevated BP in the ED benefits from immediate reduction. . . . [R]apid BP reduction can

cause significant harm by impairing cerebral blood flow, and it has not been shown to improve clinical outcomes except in hypertensive emergencies.”⁵²

Many serious diseases result from low blood pressure, especially in the organs most sensitive to a loss of blood flow. Low blood pressure is strongly linked to cognitive decline (the brain needs adequate blood to function).⁵³ Likewise, as you lower blood pressure, the kidneys start to struggle as they, too, require sufficient blood flow to function. As we already saw, hypertension drugs increase the risk of an acute renal injury by 18 percent.⁴⁷ In patients who had end-stage renal disease, those with blood pressures below 130 were 38.9 percent more likely to die compared to those with blood pressures between 130 and 149.⁵⁴

When one’s blood pressure is below 90, it is diagnosed as “hypotension.” Critical care medicine views blood pressures below 90 as dangerous because organs do not get enough blood.⁵⁵ The most common symptoms of hypotension are lightheadedness or dizziness. Other common symptoms include fainting (when it gets lower), blurry vision, confusion, nausea or vomiting, sleepiness, fatigue and weakness. Given the high inaccuracy of blood pressure measurements and the fact that patients often are put on excessive hypertensive medications (especially as they age and the body is less able to handle low blood pressures), these symptoms affect many blood pressure medication users to varying degrees. Stated another way, blood pressure medications can increase one’s risk of developing hypotension.

UNDERRECOGNITION OF SIDE EFFECTS

The concerning data I have presented about side effects probably underestimate the actual rate of side effects because much of the data comes from industry clinical trials that deliberately find ways to downplay their drug’s side effects. Independent patient surveys likely provide a far better perspective on the rate of symptomatic side effects. Consider, for example, a Swedish survey published in 2000, which found that roughly one in five users experienced side effects.⁵⁶

Given such high discontinuation rates, it is surprising how little awareness exists regarding blood pressure drugs’ side effects, especially among doctors.

Because of side effects, patients frequently stop taking antihypertensives. In a large study of three hundred seventy thousand patients under age sixty-five conducted between 2007–2014, almost one in four participants (23.5 percent) stopped taking the drugs within roughly nine months of starting them, while 40.2 percent who continued taking them often skipped the medications.⁵⁷ Large studies have found that patients are least likely to stop using ACE inhibitors (and the related angiotensin II receptor blockers or ARBs) and are most likely to stop using diuretics and especially beta blockers.⁵⁸ This is congruent with the rate of side effects we observe in practice.

Given such high discontinuation rates, it is surprising how little awareness exists regarding blood pressure drugs' side effects, especially among doctors. (The article I just cited acknowledged side effects as a reason for discontinuation but insisted it was due to patient ignorance about the importance of the drugs.) This was illustrated in a 1982 study—which would not be repeated in today's political climate—that compared how patients, their families and their doctors felt about the effects of these drugs.⁵⁹ Forty-eight percent of patients were taking beta blockers, 25 percent beta blockers plus diuretics and 12 percent diuretics only. When asked whether quality of life had improved, stayed the same or become worse on the blood-pressure-lowering drugs, 100 percent of doctors answered “improved” versus less than half (48 percent) of patients; meanwhile, 99 percent of relatives assessed their loved one's quality of life as worse, and 9 percent of patients agreed with that assessment. Most relatives characterized the worsening as moderate (45 percent) or severe (30 percent), with commonly cited deterioration including an undue preoccupation with sickness, irritability and a decline in energy or general or sexual activity.

THE MATTER OF SALT

Patients diagnosed with high blood pressure are frequently advised to undertake aggressive salt lowering. I do not support this approach because significant salt reduction has almost no effect on blood pressure. Furthermore, many people don't consider that hospital patients are

routinely given large amounts of IV sodium chloride—receiving up to ten times the daily recommended sodium chloride—but their blood pressure does not rise.

Low sodium levels are strongly correlated with a risk of dying. Specifically, the salt consumption target we are told to follow increases one's risk of dying by 25 percent.⁶⁰ A common reason for hospital admissions are symptoms resulting from low sodium levels; 15 to 20 percent of hospitalized patients have low sodium levels at admission.⁶¹ I presently believe many of the associations between salt and heart conditions are due to the effects on the zeta potential of the aluminum often contained in processed salt as a desiccant; this is something not found in natural salt products or in IV saline given at hospitals. Conversely, I believe many of the benefits from hospital care are a result of IV fluids being routinely given as they somewhat restore the physiologic zeta potential.²⁶

TREATING HYPERTENSION

Physicians I know who have reached conclusions similar to mine about the current hypertension paradigm's flaws are much more conservative about when to directly treat blood pressure. They tend to focus on reversing the causes of high blood pressure rather than trying to treat it with medications. Nonetheless, there are still cases where treating hypertension has merit.

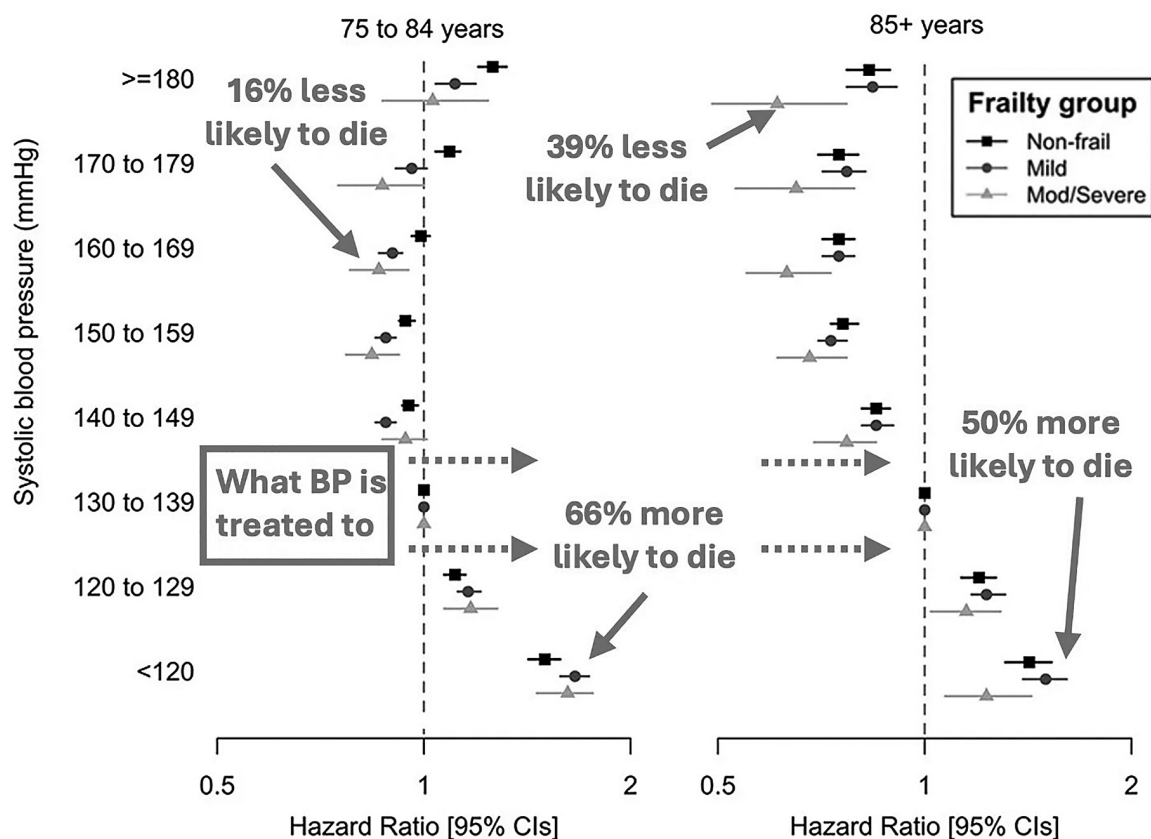
Given the probably pivotal role of poor zeta potential in hypertension, it makes sense that providing zeta aid²⁶ often causes a dramatic improvement in a person's blood pressure. More potassium in the diet—partially switching from sodium chloride (NaCl) to potassium chloride (KCl) when salting foods—can also be helpful. A major problem with the war against sodium is that it ignores the vital importance of sufficient chloride.

If we view much of hypertension as being a disease of the arteries, there are a few different ways to restore their pliability and health. First, weakened and inflexible blood vessels can be the result of nutritional deficiencies—most commonly, not enough manganese or zinc; in both cases, we use Standard Process formulations (Manganese B12 taken every other day or Zinc Chelate taken daily) to effectively strengthen the blood vessels. In many other cases, the issue is a magnesium deficiency; magnesium allows blood vessels to relax, which makes it one of the most well-known natural blood pressure therapies. We often use the micronutrient test panel by SpectraCell Laboratories to identify these nutritional deficiencies.⁶²

Second, certain regions of the body are very sensitive to poor blood flow, and in some cases, this results not from an issue within the vessel but rather from an external compression. As already mentioned, a kidney being out of place and thus constricting a renal artery causes high blood pressure; moving it back into its correct position normalizes blood pressure. I know visceral body workers who have had success with this approach for hypertension, and it is specifically detailed in the primary textbook on the subject, *Visceral Manipulation*.⁶³ Carotid arteries can also have structural issues because they contain the baroreceptors that monitor blood pressure.⁶⁴

Third, I strongly support the hypothesis that damage to the arteries

BLOOD PRESSURE LOWERING IN OLDER PATIENTS? NOT SUCH A GOOD IDEA?



The results of a 2020 study involving over four hundred thousand patients obtained through their electronic health records indicates that blood pressure lowering at older ages may increase the risk of death.

Note that in addition to a SBP below 130 significantly increasing the chance of death, this study also found a DBP below 80 (a common consequence of blood pressure medications) made them 8-19 percent more likely to die.

The authors concluded: "In representative primary-care patients aged ≥ 75 , BP $<130/80$ was associated with excess mortality [emphasis added]. Hypertension was not associated with increased mortality at ages above 85 or at ages 75–84 with moderate/severe frailty, perhaps due to complexities of co-existing morbidities. The priority given to aggressive BP reduction in frail older people requires further evaluation."

SOURCE: A H Masoli and others. Blood pressure in frail older adults: associations with cardiovascular outcomes and all-cause mortality. *Age and Ageing*, Volume 49, Issue 5, September 2020, Pages 807–813.

(which then causes clots to form) is the root cause of cardiovascular disease.¹ If inflammation is a primary source of arterial damage, it makes sense to focus on doing whatever we can to reduce it, such as eliminating chronic infections or addressing inflammatory components of the diet.

Fourth, addressing any anxiety or excessive stress component of the condition can provide dramatic benefits. Although the approach will necessarily be patient-specific, in many cases, simple relaxation exercises (such as deep abdominal breathing through the nose) can help increase parasympathetic tone and relax the nervous system.

In most non-severe cases, simple lifestyle measures will eliminate high blood pressure and also address many of the underlying problems giving rise to heart disease in the first place. Such measures include

getting out in the sun, fixing one's sleep cycle,⁴ exercising, regularly practicing a relaxation technique and cleaning up the diet to reduce insulin resistance and high blood sugar and increase potassium and magnesium. Improving one will also often improve the others.

Other things we sometimes use to treat blood pressure (or to inadvertently treat blood pressure when using them for another condition)¹ include:

- Enhanced external counter pulsation (EECP) therapy: This is a method of

rhythmically increasing the return of blood to the heart, which results in new blood vessels forming, the functions of organs such as the heart, brain and kidneys significantly improving and the blood vessels being much more able to do their normal functions (e.g., vasodilate). We often observe that EECF improves BP. However, in patients who have significant vascular compromise, EECF initially needs to be very gentle; otherwise, patients can't tolerate it.

- EDTA chelation therapy: This approach repairs arteries (by removing calcification) and improves the physiologic zeta potential. Caveat: it should be an aluminum-free form and a low dose.²⁶
- Ultraviolet blood irradiation (UVBI): As I have discussed elsewhere,⁶⁵ UVBI often provides immense benefits to the cardiovascular system and may significantly reduce blood pressure.

CASE BY CASE—NOT “ONE SIZE FITS ALL”

A continual topic of debate has to do with the threshold at which blood pressure management should be started. We all agree that “excessively high” blood pressure should be treated, but exactly what constitutes that threshold varies greatly from patient to patient. There are no clear thresholds to indicate which patients need something to be done about their blood pressure and which don't. For example, if someone in their twenties has a blood pressure over 160, we probably would view that as an issue that needs to be addressed for their long-term health, whereas in an older patient, we would leave that same pressure alone.

Most often, finding the cause or using a natural method will be enough, but if patients are not willing to make the lifestyle changes, a third option is medication. When blood pressure medications are used, there are a few general rules. First, view blood pressure medications as adjunctive treatments rather than the primary strategy. Second, start with a lower dose. Third, evaluate one drug at a time to see how the patient responds rather than stacking numerous ones on to lower the blood pressure incrementally. (Typically, ACE inhibitors are the best tolerated, but some patients still have issues with them.) In addition, the specific medication needs to be matched to the patient's situation. For example, while I dislike beta blockers, for a younger “type A” individual who is burning their body out with excessive stress and overexertion, beta blockers do help. Likewise, some patients will have a specific medical illness that requires a specific antihypertensive (such as a calcium channel blocker for a heart arrhythmia), and that drug can also be used as their hypertension medication.

A good case can be made that phosphodiesterase (PDE) inhibitors are the safest and most effective blood pressure medications because they work by increasing nitric oxide. However, there are also issues with those drugs, so a lot of thought needs to go into their use. This class of drugs originally was developed to lower blood pressure but then was shunted to erectile dysfunction (a much more lucrative market). Most doctors will not be familiar with this application because they aren't typically used to treat blood pressure.

CONCLUSION

Given that measuring and documenting blood pressure is one of the most routine procedures administered during a medical visit, the perspective shared in this article may seem like a controversial position to take. I've done my best to present the evidence clearly so that you can make your own determination. ☯

Editor's note: The author published the original version of this article⁶⁶ on Substack [midwest-erndocor.com] in July 2024; this edited version is republished here with permission.

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5G Survival: Protecting Yourself in a Connected World

By Keith Cutter

There is a great deal of fear and confusion surrounding 5G and its precise meaning. Metaphorically, 5G has become a specter or apparition in our culture, shrouded in mystery and concern. But what precisely is it? Let's come out of the darkness, where specters live, and examine this phenomenon in the light of day. Although the various elements associated with 5G are not without harm,¹ instead of succumbing to fear, we should replace fear with knowledge and a plan for reducing personal exposure. This article aims to provide a comprehensive understanding of 5G and its implications. I also discuss practical ways to minimize personal and familial exposure to potentially harmful electromagnetic radiation.²

To do so, we need to consider four key concepts: the malignant spread of Wi-Fi; 5G cell service, including service that relies on millimeter waves; the abundance of millimeter-wave radiation not related to 5G cell service; and fifth-generation warfare—a paradigm that can help us understand the media and industry messaging that is normalizing personal radiation exposure without any cumulative limit.

SOME DEFINITIONS

The focal point of the 5G apparition is 5G digital voice and data services delivered over the cellular network—the fifth generation of cell phone “service.” For brevity, I’m going to refer to “5G cell service,” but keep in mind that 5G cell service is about digital transmission of *both voice and data using cellular technology*.

Also, please remember that from a synthetic EMF exposure perspective, the word “service” in the twenty-first century means an adulterated electromagnetic environment. Other examples include Wi-Fi, Bluetooth, mobile phones, GPS, the Internet of Things (IoT), public safety communications, wireless payment systems, wireless gaming, radio-frequency identification (RFID) and drone communication. Use of these services requires an altered electromagnetic environment, one that is foreign to natural life. Without this sea of unnatural radiation, there would be no cell service, no Wi-Fi, and so on.

Among the primary types of synthetic electromagnetic fields—electric fields, magnetic fields, dirty electricity and radio-frequency (RF) radiation—5G, in its various forms, is a radio-frequency radiation problem. Anything related to 5G creates exposure to man-made RF radiation.

MALIGNANT SPREAD OF WI-FI

Let’s clarify a common misconception: not everything labeled “5G” pertains to 5G cell

service. A prime example is “5G” in the context of Wi-Fi’s malignant spread. (Note: It is because the only known safe level of exposure to RF radiation is zero that I have chosen to label this phenomenon “malignant.”)

People sometimes conflate Wi-Fi with 5G cell service because of the letter “G.” Let me explain. When you’re looking at a list of local Wi-Fi network servers, you may see a (hypothetical) name like “Triton Industries 5G.” You’ve been dreading this day. Given all you know about the undesirability of 5G in local communities, you’re shocked to see what you believe to be ironclad evidence of 5G in your area. You don’t know who or what “Triton Industries” is, but it’s clearly part of the awful 5G rollout, right? No—it’s not part of the 5G cell service at all. This misunderstanding is based solely on the capital letter “G” and nothing more. In the context of Wi-Fi networks, the “G” signifies one thing, while in the context of 5G cell service, it signifies something entirely different. That’s it.

To unravel this mystery, we need to talk about frequency allocation bands and special bands called ISM bands. These are specific ranges of frequencies within the electromagnetic spectrum designated for particular uses. The ISM bands are unique because they are reserved for industrial, scientific and medical purposes, allowing devices operating within these bands to operate without requiring a license, which implies lower costs for the

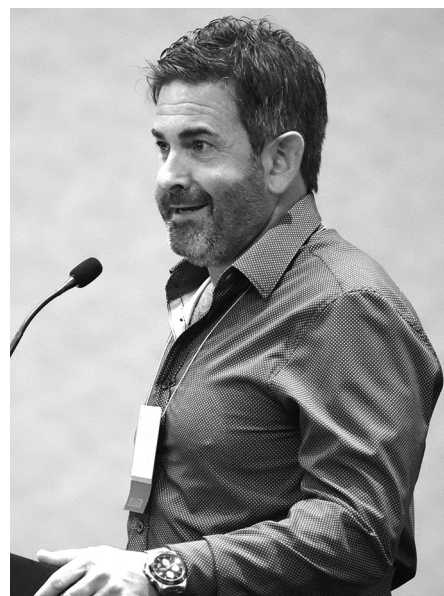
Use of these services requires an altered electro-magnetic environment, one that is foreign to natural life.



WONDERFUL SPEAKERS AT WISE TRADITIONS 2024

LEFT: Zen Honeycutt educates us on the toxins in our food.

RIGHT: Griffin Cole, holistic dentist, on the principles of non-toxic dentistry.



manufacturer. Examples include microwave ovens, wireless local area networks (LANs) (that is, Wi-Fi), Bluetooth devices and cordless phones. Got that? Humanity has chosen to modify the natural electromagnetic environment, which I believe was created for our mutual benefit, into designated bands for human use.

There are many ISM bands. The most popular is called the 2.4 gigahertz (GHz) band, which ranges from 2.400 GHz to 2.4835 GHz. This is a popular spot where, without a license, manufacturers create devices that intentionally propagate RF radiation into the environment.

The first generation of commonly available Wi-Fi routers radiated exclusively within the 2.4 GHz band. It's important to note that you don't need Wi-Fi to connect to the Internet; wired connections can achieve the same result without wireless radiation. However, the key point here is that the initial introduction of Wi-Fi—and the subsequent increased disruption of our natural electromagnetic environment—was confined to the 2.4 GHz band.

Over time, the 2.4 GHz band became saturated with Wi-Fi radiation, to the extent that data throughput (which refers to the ability of a cellular network to deliver data at a faster rate) was sometimes affected, resulting in network slowdowns. What was our response? Did we implement public health



communications encouraging the use of non-radiating, wired methods for connecting to the Internet or printers? No. We allowed synthetic Wi-Fi radiation to spread into an additional part of the electromagnetic spectrum—the 5 GHz ISM band, which typically spans frequencies from approximately 5.150 GHz to 5.925 GHz.

When we began shipping Wi-Fi products that operated on the so-called 5 GHz band, all the early adopters rushed to buy brand-new Wi-Fi routers that operated in that band. They communicated their new status by using new Wi-Fi server names. Thus, the hypothetical “Triton Industries” Wi-Fi router became “Triton Industries 5G.” The “5” in this “5G” meant 5 GHz, not 5th generation—in other words, it has nothing to do with 5G cell service.

This malevolent spread of synthetic Wi-Fi radiation from the ISM 2.4 GHz to the 5 GHz band began in the early 2000s. That's the story of 5G in the context of Wi-Fi. It has nothing to do with what's going on with 5G cell service, but it's a recurring point of confusion to this day. What you need to know is that just because you see a list of Wi-Fi servers on your “smartphone” that includes one or more servers with names that include “5G” doesn't mean you have 5G cell service.

5G CELL SERVICE

The second type of 5G we need to talk about is 5G cell service—digital voice and data services delivered over the cellular network.

As successive generations of cell service have been deployed over the last forty years, three trends have become apparent. First, more and more locations are being “served.” In this context, “served” means that all life within a “service area” is exposed to an unnatural sea of man-made radiation. Without the sea of man-made radiation, there is no “service.”³ I think of this trend as creating uninhabitable spaces for myself and my clients because our biology is tuned to the native electromagnetic environment, whereas I believe that all generations of cell service pollute the native electromagnetic environment to the detriment of all life.

Second, each successive generation of cell service has provided greater throughput, allowing users to download or upload content (such as web pages, videos or files) more quickly. The technical details of how this is achieved are not relevant to my work; the essential point is that greater throughput means more information transferred per unit of time. I think of greater throughput as an increase in toxicity. A one-second exposure to 1G carries much less data content than a one-second exposure to 5G. Although I would argue that neither is without harm, 5G is more toxic firstly due to greater throughput.

Third, there has been a malignant spread to other parts of the electromagnetic spectrum. Just as Wi-Fi began with only one “band allocation”—a contiguous set of frequencies set aside for corruption by Wi-Fi and other technologies—but then spread to a new band allocation around 5 GHz, this pattern also characterizes successive generations of cell service. There are now a multitude of bands that have been given over to cell service. (I think of this as more and more of the natural electromagnetic spectrum devoted to destruction.)

The three trends combined mean that more areas on Earth have a corrupted electromagnetic environment (cell service); with each successive generation of cell phone technology, the toxicity

has increased (due to the increased information content per unit of time); and cell service claims more portions of the electromagnetic environment.

MILLIMETER WAVE MADNESS

What's unique about some, but not all, implementations of 5G cell service is the allocation of bands among the millimeter wave (mmWave) frequencies. mmWave refers to wavelengths less than one centimeter. These wavelengths are unique because they have previously been used primarily in military weapons systems, not cell service.

Coupled with mmWave implementations is another unique dynamic called beamforming, which projects a beam of higher intensity directly at 5G mmWave-enabled devices. This means that all living organisms between the beam source and the area around the target device are exposed to a selectively higher-intensity mmWave radiation.

As the frequency of electromagnetic radiation increases, so does the energy. This concept is crucial in understanding the behavior of electromagnetic waves across the spectrum, from low-energy radio waves to high-energy gamma rays. This is a fourth factor at play with 5G cell service—higher frequency means higher energy.

Not all 5G cell service uses mmWave technology, but those that do rely on more antennas and transmitters relative to the number of antennas and transmitters required for lower-frequency implementations like 3G and 4G. This means that all life in such an environment is exposed to a variety of mmWave radiation intensities—more from the closer antennas, less from further antennas. This is a critical issue because biophysics (EMF exposure) can produce non-linear dose-response relationships (unlike biochemistry, which produces a linear dose-response relationship). Therefore, in a 5G mmWave environment, you will have a broader spectrum of continuously varying doses, which may have the effect of maximizing potential harm. Dense urban areas with lots of cell towers, and especially areas with flat terrain, already have this phenomenon in effect even with non-mmWave implementations, but

mmWave implementations involve significantly more transmitters per service area and, therefore, a greater number of exposures at varying intensity.

It's important to understand that there are several different implementations of 5G cell service according to frequency, but all bear the name "5G." A national carrier may claim 5G service in an area served by lower frequencies (for example, frequencies below 1 GHz). In such areas, many of those frequencies may have been formerly allocated to 3G cell service. In this case, you may be dealing with greater information transfer per unit of time with 5G, which is troubling, but you don't have the malevolent spread to higher frequencies, including mmWave. This is the best-case scenario for someone wanting to reduce personal exposure, and it's typically only available in remote areas with low population density and appropriate terrain features.

Understanding the frequency range of any given 5G service can be challenging, as cell service providers don't always make it clear. For example, they may refer to 5G low-band service as "part of our 5G network." Verizon, AT&T and T-Mobile brand their higher-frequency services as "5G Ultra Wideband," "5G+" and "Ultra Capacity 5G," respectively, without necessarily indicating whether you're being exposed to mmWave radiation. To determine whether you have mmWave service in your area, you have two options. The first is to consult a qualified local EMF consultant; they should know what's been deployed in your area. The second option is to purchase and learn to use your own mmWave RF meter, ensuring that it has the requisite accuracy, sensitivity, frequency range and third-party testing.

YOUR LOCAL GROCERY STORE: A SOURCE OF MILLIMETER WAVE RADIATION?

In my remote rural area, I believed that we were safe from mmWave radiation exposure due to rugged terrain and low population density, making it unlikely they would implement mmWave 5G cell service here. In the spring of 2023, however, as a beta tester for a new mmWave RF meter, I discovered that while we

In a 5G mmWave environment, you will have a broader spectrum of continuously varying doses, which may have the effect of maximizing potential harm.

are safe from mmWave 5G for now, we are not safe from mmWave radiation from other sources. Though it is commonly believed that mmWave radiation exposure is synonymous with 5G, it has become apparent that mmWave radiation has been quietly deployed across various applications for some time. The result is a surprising and significant level of involuntary exposure to mmWave radiation in areas considered safe from mmWave 5G cell service, as well as additional and unexpected mmWave radiation exposure in areas that do have mmWave 5G cell service. Unfortunately, there doesn't seem to be a way to completely shield an infant, pregnant mother or anyone else looking to eliminate mmWave radiation exposure, aside from avoiding areas where this type of radiation is prevalent.

Consider this: who doesn't visit grocery stores? The issue revolves around the door sensors that control the automatic sliding doors at the entrances and exits. In the Inland Northwest, and perhaps across the U.S. and beyond, my observations indicate that all local, regional and national grocery stores expose customers to high levels of mmWave radiation through these sensors. To access the products inside the store, you need to enter, and if you use these automatic doors, you're going to be exposed to mmWave radiation.

In my area, there is one local grocery chain, two regional chains and one national chain. I measured mmWave radiation levels at four stores—one from each regional chain, one from the national chain and one from the local chain—by entering and exiting each store three times and then averaging the results. I found that the average exposure levels to mmWave radiation when entering or exiting ranged from just over 11,000 $\mu\text{W}/\text{m}^2$ to just under 23,000 $\mu\text{W}/\text{m}^2$ (microWatts/square meter).

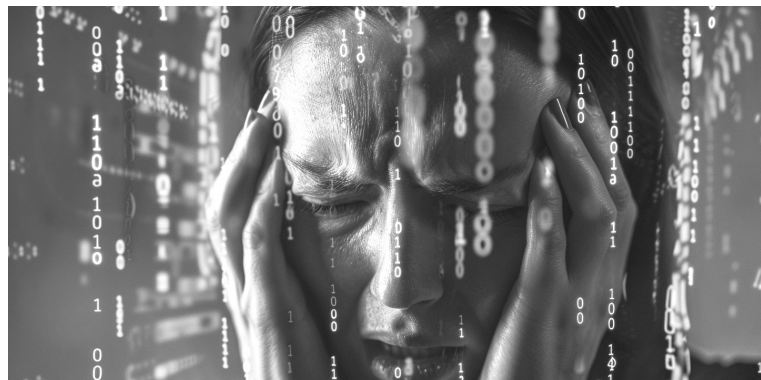
It is unknown precisely how toxic these mmWave exposures are. However, in Dr. Neil Cherry's work,⁴ he concluded by October 2001 that "there was very strong evidence that electromagnetic radiation across the spectrum is a ubiquitous universal genotoxic carcinogen." Additionally, some of my most sensitive clients report feeling well in environments with radio-frequency power density levels up to 0.1 $\mu\text{W}/\text{m}^2$, while others require levels below 0.0005 $\mu\text{W}/\text{m}^2$ to feel their best. The levels I sampled in the grocery stores are hundreds of thousands to tens of millions of times higher. The safest assumption remains that there is no known safe level of exposure.

During a presentation I gave in the summer of 2023 to a large audience, someone mentioned in the chat that their child couldn't enter a supermarket without experiencing seizures. Others shared that they also felt ill upon entering grocery stores. From a technical perspective, mmWave radiation isn't necessary for controlling door openers. Given the many available alternatives (such as pressure mats, photoelectric eyes and

doormen, none of which involve RF exposure), I wonder why every store in my area relies on mmWave technology for this purpose. Is the convenience worth the potential health risks? Do we risk missing an epidemiological signal that mmWave radiation is harmful by exposing everyone to it? Could mmWave radiation exposure in everyday environments be having significant effects on more people than we realize?

MILLIMETER WAVES AND ROADWAYS

As the use of vehicular radar technology becomes more widespread, byways, roads and highways are increasingly contaminated with mmWave radiation. The issue here stems from



new "conveniences" in automobiles that use mmWave radar technology. Depending on the model, these systems can emit radiation from the front, rear and/or sides of the vehicle.

Some believe that mmWave radiation cannot pass through glass, but I have found that untreated window glass offers no protection. My testing shows that I can easily detect this radiation from other vehicles while inside my own. This demonstrates how poor decisions by others regarding the use of technologies involving harmful man-made electromagnetic radiation can unfortunately have an impact on those who are more cautious about managing their personal exposure—a pattern I see time and again in my practice.

I'm not certain how long we've been exposed to mmWave radiation from vehicles, but the increasing discomfort experienced by my most sensitive clients and their growing difficulties with travel clearly indicate a problem. Although we can't definitively say that mmWave exposures are the culprit, I propose that they should be considered a prime suspect. Electromagnetic suffering doesn't always come with a return address, making it challenging to pinpoint the exact sources of exposure.

As with many other RF radiation-emitting technologies, those involving vehicular radar

present a trade-off, offering perceived benefits in exchange for increased personal exposure to mmWave radiation. The bait for this particular trap includes adaptive cruise control (adjusts the vehicle speed to maintain following distance, using radar to detect the speed and distance of the vehicle ahead); automatic emergency braking (uses radar to automatically apply the brakes); blind spot detection; lane change assistance; rear cross traffic alert (alerts drivers to vehicles approaching from the sides when backing out of a parking space); and parking assistance.

Car travel is increasingly problematic for those seeking to avoid mmWave radiation. In a recent trip to a neighboring town, my meter showed continuous extreme levels of mmWave exposure for several miles. I recognized the sound signature my meter provides to be vehicular radar. When I changed my position in traffic, the mmWave radiation levels went to zero. Unknowingly, I had been driving down the highway with a radar-equipped car both in front of and behind my vehicle. Without this meter, I never would have known. This concern extends to pedestrians and bicyclists as well, who are at risk of exposure while walking or biking near roadways where vehicles equipped with mmWave technology frequently pass.

Another concern related to vehicular radar technology involves sidewalks. In my testing, I have found that mmWave emissions from ve-

hicles easily corrupt surrounding sidewalks. In a personal observation, physical discomfort prompted my wife and me to abandon sidewalk dining at a favorite restaurant in favor of sitting inside, even before I became aware of the mmWave exposures from passing traffic. Once I measured the mmWave emissions, I could not in good conscience continue to subject ourselves to the known risks and unknown dangers of mmWave exposure. Awareness of these dangers enables better avoidance strategies, but it is regrettable when the simple pleasure of sidewalk dining has to be sacrificed. Unfortunately, the number of spaces that are intolerable or uninhabitable for those who need or prefer lower personal radiation exposure is growing.

Residences located near roadways can also be affected by mmWave radiation, as the radiation can easily pass through untreated glass. This exposure can extend to balconies, yards and gardens that are close to roads, potentially impacting the areas at home where people spend significant outdoor time.

FIFTH-GENERATION WARFARE

Thus far, we have discussed the intricate components and implications of the 5G specter. What we need now is some context—a way of viewing the elements of 5G. Why are we observing the malignant spread of Wi-Fi? Why are we embracing millimeter-wave radiation for cell phone service? Why are nonconsensual millimeter-wave RF exposures tied to food procurement and travel?

Author Stephen Covey notes, “We see the world, not as it is, but as we are—or, as we are conditioned to see it.” Thus, some of us want to believe that it’s all a mistake: “The people in charge are just misinformed and don’t understand that these technologies are causing harm.” Failing that, some of us cling to the hope that it’s just some sort of a “Gee whiz, boys will be boys” money thing. But does this hold water? Could it be something else? Could it be *intentional* that we lack biologically based

TABLE 1. Characteristics of fifth-generation warfare

CHARACTERISTICS	COMMENTS
Non-Kinetic Warfare	Methods are primarily non-lethal and non-kinetic, such as cyberattacks, misinformation, social engineering and psychological warfare.
Technology-Driven	There is a heavy reliance on technology.
Blurring of Lines	The lines between war and peace, combatant and non-combatant, and military and civilian targets are no longer distinct but blurred, making it difficult to define the battlefield and the belligerents.
Psychological and Cultural Manipulation	There is extensive use of propaganda and media to manipulate public perception and influence cultural and social dynamics.
Legal and Ethical Ambiguity	Operations often exploit gaps in international law and ethical standards, operating in gray zones to avoid clear legal definitions and repercussions.
Strategic Plausible Deniability	The attackers often aim for plausible deniability, making it challenging to attribute actions directly to them, complicating international responses.
Global Reach	The battlefield is global, utilizing the world’s interconnected nature, particularly through the Internet and global media, to influence and execute operations worldwide.

exposure guidelines supported by legitimate scientific evidence? Could the *normalization* of personal radiation exposure over the last forty years be intended not for good but for harm? Could the increasing levels of radiation *be* the objective?

If increasing levels of involuntary personal radiation exposure are the goal, then many other aspects of the EMF picture (including others not discussed in this article) begin to make sense as soon as we consider another type of “5G” called fifth-generation warfare.⁵ In fact, fifth-generation warfare—which has distinct features that differentiate it from previous forms of warfare (see Table 1, previous page)—seems the perfect context for understanding the reckless spread of harmful man-made electromagnetic radiation everywhere. It can explain why we put Wi-Fi in schools, ignoring safer ways to access the Internet; why we hide RF emitters in kitchen and laundry appliances; why we replace safe electric utility meters with radiation-emitting “smart” meters; why Bluetooth hearing aids are legal; why radiation-emitting baby monitors exist; and much more.

Through the lens of “5G warfare,” we can also understand why we replaced the term “microwave sickness” with “electromagnetic hypersensitivity,” why we marginalize suffering people in the media, why the allopathic medical community is kept in the dark regarding EMF harms and also continues to gaslight patients, why wireless providers can put

cell phone towers anywhere they like and why we turn a deaf ear to health effects.

Is this what is happening? Are we under attack in the electromagnetic spectrum? If so, it is a pretty clever strategy because it is just beyond the understanding of most people. Who could imagine, for example, that we can be attacked through our home lighting appliances? Is this why the safer incandescent light bulbs are illegal? Is it why their replacements (LED and compact fluorescent lights) generate copious dirty electricity and an altered, arguably toxic light spectrum?

It’s time to be wise, recognize the situation for what it may be and become aware that someone may be intentionally causing us harm. Within the history and philosophy of warfare, the term for the awareness of being under attack and taking definitive action is often referred to as “situational awareness.” This concept is crucial in military strategy, emphasizing the importance of responding effectively to ensure

REDUCING PERSONAL EXPOSURE

RADIO-FREQUENCY RADIATION AT HOME: There are three solutions to reduce your personal exposure to RF radiation. The first (and best) option will protect the outside of your home, and the other two will provide limited protection inside the home. The second and third options will require the help of an appropriately qualified EMF consultant.

1. If building a new home, carefully position the structure with regard to the terrain so that your house and land are unexposed (and cannot be exposed in the future by others) to cell service or any other terrestrial source of synthetic RF radiation. If you can achieve this, you’ll have greater peace both inside and outside your home—forever free from terrestrial RF sources. I call this concept “finding a wrinkle in the earth.”
2. If the terrain solution is not available, the second-best solution involves a house designed with synthetic EMF resilience, ensuring that the inside of the home has a much lower intensity of exposure to RF radiation and no RF sources within the home.
3. The third best solution is to protect your bed by implementing a carefully designed sleep sanctuary, including an appropriate RF-shielded bed canopy.

GROCERY STORE MILLIMETER WAVE EXPOSURE: There are several options for minimizing your personal exposure to mmWave radiation on entry or exit to grocery stores:

1. Try to shop at a store that doesn’t require mmWave exposure on entry/exit.
2. Find and use a manually operated door.
3. Consider home or curb delivery.
4. If you must enter a mmWave-radiation-controlled portal, don’t spend unnecessary time before, between or beyond the doors and move away from the doors safely and swiftly until well inside the store.
5. Avoid using the checkout stands nearest the doors.

EXPOSURE TO MILLIMETER WAVES ON OR NEAR ROADWAYS: As you become aware of roadway-related exposures:

1. Carefully consider whether you want a vehicle with mmWave RF-based radar.
2. Avoid traveling in vehicles with radar.
3. Avoid sidewalk dining.
4. Consider purchasing a mmWave meter.
5. Avoid living arrangements near roadways.
6. As an extreme measure, speak with your trusted EMF resource about the possibility of shielding your vehicle, as well as the pros and cons of doing so.

survival and achieve tactical objectives. Situational awareness involves continuously scanning the environment for potential threats, understanding the significance of those threats and devising appropriate strategies to counter them. It's a dynamic process that requires quick thinking and decision-making under pressure.

I'm not a fan of fear, and my work revolves around replacing fear with knowledge and a plan. However, if you study the matter of fifth-generation warfare and reach conclusions similar to mine—namely, that it can explain all the nonsensical policies and practices regarding normalizing personal radiation exposure—then it may be time to improve your situational awareness regarding synthetic EMFs of all types.

CONCLUSION

We have seen that 5G represents the malignant spread of Wi-Fi from the 2.4 GHz band into the 5 GHz range, the deployment of an expanded cell service with potentially greater toxicity and more frequency ranges (including mmWave deployments with beamforming and an abundance of new antennas) and a dramatic increase in involuntary mmWave RF radiation exposure from vehicles and supermarkets. Moreover, it may represent a method of conquering the world without declaring a conflict or firing a shot. While half of the world clamors for better “service,” the other half is coming to recognize that this “service” is antithetical to life itself.

The proliferation of mmWave radiation, both related to and independent of 5G, is creating increasingly uninhabitable environments for those who need or desire to live free from the proliferation of synthetic radiation. From supermarkets to roadways, the spread of this technology presents significant challenges for reducing personal radiation exposure. Awareness and proactive measures can help mitigate some risks, but the pervasive nature of mmWave radiation calls for greater scrutiny and more comprehensive solutions to protect life on earth.

Someday, we may be able to achieve justice, facilitate productive changes in our governing bodies and develop and enforce exposure limits⁶ that reflect the reality that synthetic radiation is incompatible with organic biology.^{7,8} In the meantime, we need to prioritize looking after ourselves and our loved ones. My objective in this article is to replace fear of the specter of 5G with knowledge and a plan. By staying aware and taking practical steps to minimize exposure, you can safeguard your health and well-being in an increasingly complex and challenging environment.

If you are serious about taking steps toward a healthier, safer living environment and making a dramatic change in your family's synthetic EMF exposures, find a qualified local EMF consultant to perform a comprehensive EMF evaluation of your home. Follow through with every action item on your custom remediation plan. Make sure the consultant teaches you the basics of maintaining RF hygiene. If possible, consider building a home with durable, built-in EMF protection, ideally located in a naturally shielded area. There is much that can be done to reduce personal exposures once you make synthetic EMF exposure reduction a core tenet of your family's wellness plan. 

Keith Cutter is a forty-year survivor of electromagnetic poisoning and the president of EMF Remedy. His consulting firm specializes in helping individuals reduce synthetic EMF exposures in their homes. EMF Remedy offers local pre- and post-sale home evaluations in the Inland Northwest, new home construction support and telephone and Zoom consultations to clients nationwide. To learn more, visit: emfremedy.com.

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How My Students Learned to Like Sardines and Why That Classic Food Improved Their Lives

By Lauren Ayers

My small class of eleven second- and third-grade students had never been offered this snack by a teacher before, and their eyes were big with doubt. The two classroom aides were also surprised, waiting to see where Ms. Ayers was going with this strange idea that kids would eat sardines. This was back in 2005, when I was asked to teach a special ed class for a year because the school district couldn't find a teacher with a special education credential.

Halfway through the school year, after reading Dr. Artemis Simopoulos' book, *The Omega Diet: The Lifesaving Nutritional Program Based on the Diet of the Island of Crete*,¹ I asked the principal for permission to see if a simple addition to the daily snack schedule would make a difference for my students. She gave the green light, and so there we were that spring day, talking about those little fish that come in an unusual flat can with a pull tab.

I told the expectant group that I would eat one sardine then and there—scales, guts, fins and all—but first I would explain a little bit about this unusual food. (It helped that the *Fear Factor* TV show was on air back then.) I set the sardine on a plate so they could all see it and told them that the next day, anyone who wanted a sardine could have one. (I could see them thinking, “No way!”)

WHY SARDINES?

In my sardine orientation for my students, I started with the fact that if a rat weighed as much as me, its brain would be one quarter the size of mine. Ditto if an elephant weighed the same as me. That’s because we humans have very large brains for our weight, I explained.

Our huge brains need more omega-3 oils than most mammals get in their diets. I showed them the label from a sardine can, which says there are 670 mg of omega-3 oils in the can (“one serving”), which means that one sardine has about 170 mg of omega-3s.

I also told them that thousands of years ago, before we bought food in stores, human families ate plants that we could pick or dig up, and caught animals to eat. Wild grazers like buffalo have four-chambered stomachs that convert grasses into omega-3 and other healthy fats, which meant that the Plains Indians could have healthy brains from eating the buffalo. Coastal communities and those living on rivers caught an even richer source of these brain builders: fish. Cold-water fish are especially high in omega-3s, and our ancient ancestors were good at making nets or using spears and hooks to catch fish.

Next, I described why modern people don’t get as much omega-3 as people did twenty thousand years ago—or even one hundred years ago. Instead, we get a lot of omega-6

from “vegetable oils.” Scientists have found that these omega-6s—polyunsaturated fatty acids (PUFAs)—cancel the omega-3s.

Continuing, I told my class that nowadays, people eat less fish, and most cattle don’t graze on hillsides. Instead, cattle eat grain from troughs in muddy feed lots; therefore, most hamburgers or hot dogs contain more of the not-so-healthy omega-6s and less of the good-for-us omega-3s. That means that our brains don’t work as fast—we can’t remember things as well, we get nervous more often and it’s harder to be patient—all of which make it harder for kids to learn to read.

Finally, I informed them that it’s not just our brains that need omega-3s. Every cell in the body needs them to make the “skin” around each cell (the cell membrane). When cells are forced to substitute PUFA oils for the omega-3s, they can’t function properly. Because our bodies can’t make important long-chain omega-3 oils—called DHA (docosahexaenoic acid) and EPA (eicosapentaenoic acid)—from other oils, unless we eat them, we will be deficient and probably have health problems.

I asked my eleven students to raise their hands if anyone in their family had diabetes, and four or five hands went up. Remembering that some of them had a grandparent living with them, I next asked, “How about cancer?” Not as many hands, but they knew this was a serious problem. Again, some hands went up when I asked, “Has anyone in your family had a heart attack or a stroke?” Finally, I asked about ailments that young people also get, such as food allergies and asthma. I knew that some of my students had to deal with those personally or had siblings who did. I told them that scientists have found that omega-3 oils can help prevent or heal these problems. Because most oils used in modern food don’t contain omega-3 oils,

Modern people don’t get as much omega-3 as people did twenty thousand years ago—or even one hundred years ago. Instead, we get a lot of omega-6 from “vegetable oils.”

WHAT’S IN A SARDINE?

Sardines are a “nutritional powerhouse” that contain many important nutrients.¹² In addition to DHA and EPA omega-3s, sardines are a source of meaningful amounts of vitamin D,¹³ vitamin B12, calcium, potassium, magnesium, zinc and more.¹⁴ According to a 2023 article published in *Frontiers in Nutrition*, it is the “matrix of nutrients” contained in sardines (and not just the omega-3s) that confer cardiovascular benefits.¹⁵ Describing sardines as a “functional food,” those authors suggest that “it is reasonable to recommend at least 1-2 servings of sardines per week” to gain the heart benefits.

Researchers have also noted the benefits of the calcium and vitamin D in sardines for bone health and prevention of osteoporosis.¹⁶

I explained, that's why sardines are especially good for us, including helping us feel happier and more energetic, and also helping us have a good memory.

To keep things simple, I told them that I try to eat a sardine every day. That wasn't quite accurate because, for variety, I also consume wild-caught salmon and supplement with cod liver oil. Furthermore, I avoid PUFAs, and, therefore, my daily requirement for omega-3s—needed to balance omega-6s—is much lower. At any rate—and somewhat to my surprise—my students followed along, maybe because they hadn't heard this unusual health information before.

Finally, for the grand finale, I ate the sardine! After witnessing my amazing survival, one child told the class that her grandpa liked sardines on saltines. Another reported that his auntie enjoyed salmon or tuna fish sandwiches.

OUR SARDINE SPRING

The next morning, quite a few children waved their Sardine Permission Slip as they came in the door. Those brave souls would get to try a bite, and once they knew what it tasted like, they would have a chance to eat a whole sardine the next day if they wanted. And thus began our Sardine Spring.

Motivated to boost their health, all eleven valiantly sampled the first tiny bite in their paper cup. Alas, two simply couldn't tolerate the fishy taste. Nevertheless, from then on, at morning recess, usually nine of the eleven students in our class readily took a Dixie cup that contained a sardine. I now regret that I didn't think to bring salsa or lemon juice to school, because it probably would have made it possible for the two kids with sensitive taste buds to join in.

Sacramento Bee reporter Laurel Rosenhall heard about this peculiar snack and came to visit our classroom. She published an article titled "In Good Taste: Sardines help students learn more, says a teacher who serves them as class treats." (I reproduce her article in the sidebar. Unfortunately, it is no longer available at the newspaper's website.)

While it is difficult to quantify the changes in my students after they added the daily sardine, my subjective opinion is that they were more interactive with each other and they enjoyed the assignments more. I would give a writing topic and hand out paper with a rectangle for a picture in the top half and blank lines in the bottom half, and they would get right to work with the picture and the sentences. I felt that their compositions in the last third of the school year, when we had the sardine snacks, had more energy than could have been predicted from the preceding months.

Who knows what I would have observed had I been able to provide sardines for a whole year.

MORE ABOUT OMEGA-3s

DHA and EPA are long-chain omega-3 fatty acids.² They are essential to human health and concentrate in the brain and the retina of the eye. Foods rich in omega-3s include oily fish (such as salmon, sardines and mackerel). Small fish like sardines and salmon are preferable to larger fish like tuna because heavy metals that are always in the oceans will be

less biologically magnified in smaller fish. Terrestrial sources of long-chain omega-3s include pastured butter and free-range chickens or their egg yolks especially when they have access to flax seeds or bugs.

Talking this information over with my fellow teachers in the staff lounge, I said that research by doctors like Artemis Simopoulos had proved that oils like Crisco and margarine are bad for our health because they are partially hydrogenated and are skewing the omega-6 to omega-3 balance. A health system blog weighing the pros and cons of butter versus margarine summarizes the matter as follows:

"Margarine. . . contains high levels of omega-6 fatty acids. . . that may cause problems in high quantities when they are not balanced with omega 3 fatty acids. While the ideal balance of omega 6 to omega 3 fatty acids ranges from 1:1 to 4:1, Americans today consume a ratio that is closer to 14:1 to 20:1. . . . Several studies suggest a link between our increasing consumption of omega-6 fatty acids and the steep rise in rates of heart disease, type 2 diabetes, depression and other diseases in the U.S."³

SCHOOLS NOT INTERESTED

Now I am retired and living happily in a rural valley amid many organic and regenerative farms. With more time available, I have been presenting data to the county's public health department, pointing out that both the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) and the U.S. Department of Agriculture's (USDA's) School Lunch Program should include foods containing the essential fatty acids DHA and EPA. Unfortunately, they aren't the least bit interested.

An hour away from our valley is the University of California campus in Davis, which, like most research campuses, relies on corporate funding for most of its research endeavors. It's ironic that the Davis farmers market is popular among all the PhDs who study the wonders of GMOs and glyphosate (which, they assert, are totally safe for humans and livestock). Needless to say, there's no call for sardines at the UC Davis dorm cafeterias

or student-run cafes, even though a lot of those high-performance students probably were helped as children by parental encouragement to take their fish liver oil chewables or eat egg yolks.

A really big question for the FDA is why there are no minimum daily requirements set for the scarce fatty acids. The problem is that such a guideline would cut into the profits of a certain very powerful lobby, the processed food industry. They supply cafeterias that serve free lunch as a USDA program, and now schools also provide free breakfast. Speaking as both a teacher and taxpayer, it seems fair to me to offer free meals to children in low-income areas because it's darn hard to learn on an empty stomach. However, the current system is missing a huge opportunity. Tax dollars are paying for these meals—why not spend a little more to provide toxin-free, nutrient-dense meals?!

The Moms Across America organization has been doing a great job testing school meals for pesticides and herbicides.⁴ Their lab reports also reveal that the food for kids who get two of their three daily meals in the school cafeteria is far too low in the nutrients necessary for healthy growth.

It's widely recognized that the FDA and USDA are "captured agencies" with a revolving door to huge corporate food processors. Back in the 1920s and 1930s, the USDA educated parents on the benefits of cod liver oil for their children. Both agencies need overhauls so that they can once again do their job properly.

In the 1970s, Senator George McGovern chaired the Senate Select Committee on Nutrition and Human Needs; under the influence of seed oil processors, the committee's final report deemed vegetable oils to be healthier than butter and lard.⁵ It's taken decades to wake up from that nightmare, and the WIC program still offers only low-fat or fat-free milk for preschool children over twenty-four months of age!

A DAILY SARDINE SNACK

Reforming national programs is nearly impossible, but an easy start would be for states to skip the red tape and federal rules by simply starting their own parallel-but-separate programs to fill the huge DHA/EPA gap. A Daily

Sardine Snack would prove itself within months, with fewer absences, better test scores and fewer visits to the principal's office.

Since even that step could take years to achieve, however, what's possible *today*? Charter schools could live up to their claimed innovative spirit by offering students sardines. And even the most conventional schools have Parent-Teacher Associations (PTAs) that raise funds for art and science programs, so why not raise money for a sardine program?

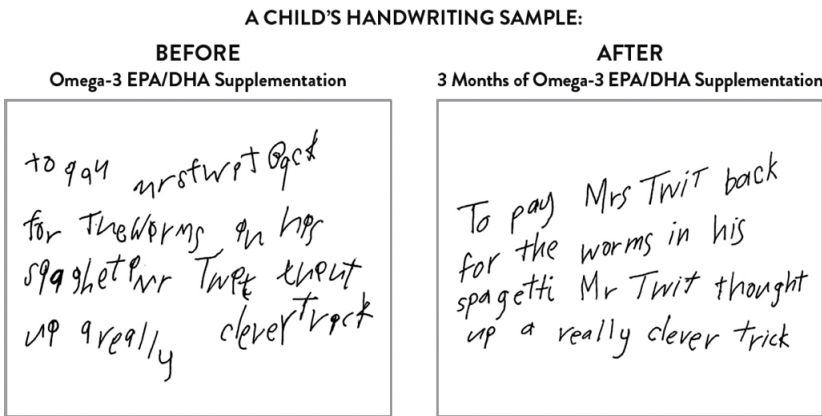
At the classroom level, lone teachers everywhere could get around bureaucratic inertia by starting such programs on their own, after enlisting administrator buy-in. With every lesson, teachers already aim to engage children's natural curiosity (the formal term for this is "anticipatory set"); by learning about humanity's long reliance on omega-3-rich foods and by having a conversation about their families' health issues, students could be genuinely motivated to try this high-nutrition food. With either some lemon juice or salsa, wrapped in a lettuce leaf and using a napkin in the other hand to catch the drips, it would be easy to make this a daily or weekly routine.

In 1966, when Pope Paul VI relaxed the Church's rule about eating fish on Fridays, fish consumption dropped, and Friday eventually became Pizza Day in school cafeterias. We need to repair that loss.

It's true that almost 80 percent of the world's fisheries are gone or are so depleted that recovery may take decades.⁶ However, while sardines are crucial to the oceanic food chain, they are also strong in numbers and lowest in biomagnified toxins. School sardine programs would nurture future generations of caring and sensible adults who could fix this eco-problem and many others as well.

Whereas isolated food supplements can't be offered in schools, foods like salmon and sardines can. Students would probably demonstrate similar improvements in hand-eye coordination as were found in the famous 2004 Oxford-Durham Study.⁷ There were noticeable improvements after supplementing students with the omega-3s EPA and DHA for a mere three months, as the "before" and "after" handwriting samples in Figure 1 show.⁸ Moreover, it wasn't only this child's handwriting that improved. His school work got better, and he was happier⁹ and made friends more easily.

FIGURE 1. Handwriting before and after omega-3 supplementation⁸



Avoiding toxins is also part of a holistic approach. Figure 2 shows drawings made by four- and-a-half- and five-year-olds in northwestern Mexico. Children in the foothills (left side of both plates), who had scant exposure to pesticide drift, drew detailed images of people; by age five, most kids will include details like fingers and belly buttons.¹⁰ However, valley children (right side of the two plates in Figure 2), who were exposed to pesticide drift from the farms all around them, could only manage scribbles or, at best, rudimentary rag doll figures that look tossed aside. An organic diet is key to removing toxins, and heavy metals may require chelation.

NUTRITION MATTERS

Nowadays, school shootings seem to be almost a monthly occurrence. Thank goodness, the Weston A. Price Foundation has made important nutrition research widely available to show how we can regain a saner culture where depression and violent sociopathy are once again infrequent. One particular *Wise Traditions* article from April 2013 says it all; in “Violent Behavior: A Solution in Plain Sight,” Sylvia Onusic, PhD, writes: “Deficiency in DHA strongly correlates with violent behavior.”¹¹

Sardines provide a ready and affordable remedy. A can of Trader Joe’s Sardines in Spring Water states, “670 mg Omega-3 fatty acids per serving.” Twenty years ago, my small sardine project helped individual children, but my attempts to show school administrators the potential of truly nutritious food got nowhere. Today, with more awareness of the research on omega-3s, a lot more is possible. What if interested WAPF members could talk things over

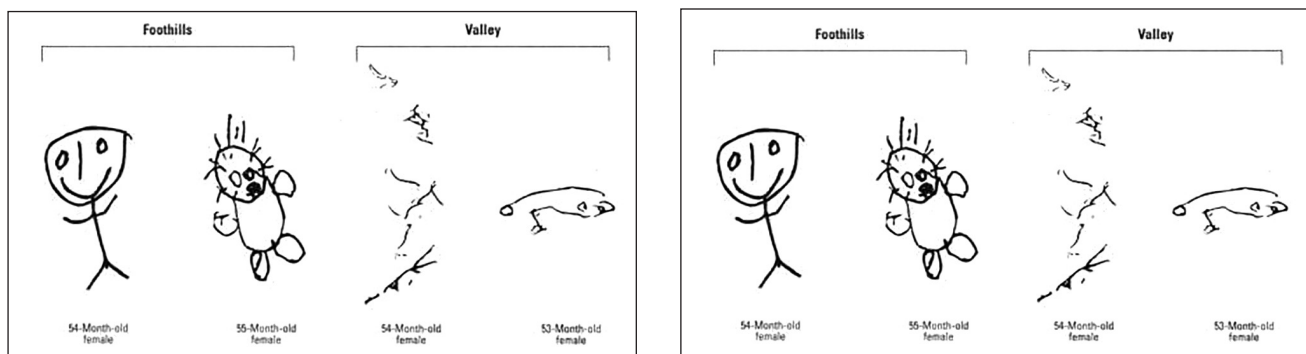
in an email group? If interested, let me know at: lauren.yolocounty@gmail.com. 

At age nineteen, Lauren read Silent Spring, which led her to Let’s Eat Right by Adele Davis, which had footnotes about a certain dentist who studied the foodways of traditional cultures, leading her to Dr. Price’s Nutrition and Physical Degeneration. Working at natural foods stores, becoming a mom, going to college for Environmental Studies, co-founding a Waldorf school and becoming a Waldorf teacher were all part of the path less traveled that finally helped Lauren find a crowd of kindred spirits at the Weston A. Price Foundation. Now retired, she enjoys her grandchildren and rebuilding the soil of a tiny family farm, and is working with neighbors to pilot all-organic meals at a local public school.

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FIGURE 2. Drawings by children unexposed (foothills) and exposed (valley) to pesticide drift¹⁰



IN GOOD TASTE: SARDINES HELP STUDENTS LEARN MORE,
SAYS TEACHER WHO SERVES THEM AS CLASS TREATS

By Laurel Rosenhall, *Sacramento Bee* Staff Writer (April 16, 2005) [Italicized corrections by Lauren Ayers (LA)]

A funny smell hangs in the air in Lauren Ayers' classroom at Caroline Wenzel Elementary School as students pile in from morning recess. With the kind of glee usually reserved for shouts of "ice cream!" the children skip through the door and cry: "Sardines!"

All but 2 students head for the plastic cups containing a sardine apiece which Ayers has placed on a desk. They dig in with delight. The unusual morning snack at this school in Greenhaven is the cornerstone of Ayers' mission to improve childhood nutrition in the Sacramento City Unified School District.

Ayers believes her students behave better and learn more when they eat a steady diet of sardines, which are high in DHA and EPA omega-3 fatty acids, considered essential to human health. Studies have shown omega-3 fatty acids boost brain function, lower high blood pressure and reduce depression.

Nutritionists say many Americans eat too many of the unhealthy fats found in processed foods and too few of the nutritious fats found in some fish and plants. The imbalance, they say, is one factor contributing to high rates of obesity among American children. Almost one-third of California students were overweight in 2004, according to the state Department of Education. The prevalence of childhood obesity makes the current generation of American youngsters the first in 200 years that could have a shorter life expectancy than their parents, a recent study in the *New England Journal of Medicine* reported.

Gov. Arnold Schwarzenegger and Sen. Martha Escutia, D-Whittier, have proposed eliminating soda and junk food from vending machines on the state's school campuses. [LA: *Since then, sodas can no longer be purchased during school hours.*] Ayers wants to take the idea further. Schools shouldn't focus only on taking away unhealthy foods in machines, she says, but also on adding nutritious items to cafeteria meals.

And reducing obesity isn't the only reason she thinks students should eat better. A good diet helps children pay attention, according to academic studies as well as Ayers' anecdotal evidence. That's why she spends about \$35 of her own money each month giving students daily snacks of sardines.

"To me it's worth it because they're so much better behaved and I'm less crazy as a teacher," she said. Ayers' students are second- and third-graders in special education because of disabilities related to communication. But Ayers said she would give the nutritious snacks to any class.

How did she get them to eat the sardines? By offering them up on a dare. Ayers introduced the snack by saying only the bravest students would dare give sardines a try. The tactic apparently worked. On a recent school day, many children lined up for seconds after finishing their first cup of fish.

Experts applaud her efforts.

"Omega-3 fatty acids are essential, good for you and kids don't get enough," said John Burgess, a professor of food and nutrition at Purdue University in Indiana. Burgess researched consumption of omega-3 supplements among children deficient in the fatty acid who also had attention deficit hyperactivity disorder, or ADHD. He found improved attention and uplifted moods among those who consumed more omega-3 fatty acids, though the supplement had little effect on hyperactivity. [LA: *Health depends on many factors, not just one "prescription." For instance, many hyperactive children calm down when all artificial colors, flavorings and preservatives are removed from their diet.*]

Better attention is obvious to Raynette White-Walls, whose son Cedric Stone adores eating sardines in Ayers' class. The 9-year-old boy now asks his mother to buy sardines at the grocery store, she said. "I've noticed tremendous change," White-Walls said of her son's learning. Previously, she said, if she asked Cedric a question, he frequently responded by repeating the question. Now, she said, "I ask him, 'What did you read? Can you explain it to me?' Without a doubt, he comprehends it."

When she goes grocery shopping now, White-Walls said she carries a list of foods Ayers recommends and makes sure to buy Cedric lots of seafood and fresh veggies. Ayers has developed a website loaded with information about her nutritional philosophy [LA: *now GoodSchoolFood.weebly.com*].

And she hopes to expand her school nutrition program next year. She is searching for grant money that would allow five campuses to overhaul their school lunches by removing foods high in trans fat and replacing them with meals rich in omega-3 fatty acids and fresh produce. [LA: *The grant idea never panned out.*] The question then will be whether students outside Ayers' classroom will also learn to love fish. If her own experience is any indication, the odds are good.

As Ayers scurried around her room picking up empty plastic cups at the end of snack time, she offered students the dregs from a can of sardines. "I have a few extras here if anyone would like thirds," Ayers said. Instantly and eagerly, 3 little hands shot into the air. 

Reading Between the Lines

By Merinda Teller

Antibiotics: The Gut, the Bad and the Ugly

In the view of Dr. Natasha Campbell-McBride, antibiotics are “by far” the most significant modern factor wreaking gut havoc.

According to a survey a few years ago, more than four out of five Americans consider antibiotic overuse a problem.¹ Even so, consumers’ ingestion of antibiotics and doctors’ prescriptions for them continue apace. In 2022 (and not even counting inpatient use), health care providers handed out roughly seven antibiotic prescriptions for every ten outpatients, totaling over two hundred thirty-six million prescriptions.² For comparison’s sake, consider that the size of the U.S. population that year was about three hundred thirty million.

An analysis of antibiotic prescribing in doctors’ offices and emergency departments (as of 2014–2015) determined that 28 percent of such prescriptions are unnecessary, either “overall” or because of inappropriate matching to the condition or age group.³ This is disturbing for a number of reasons, not least because, in the view of Dr. Natasha Campbell-McBride⁴—author of *Gut and Psychology Syndrome* and *Gut and Physiology Syndrome* and developer of the GAPS diet—antibiotics are “by far” the most significant modern factor wreaking gut havoc.

In her 2003 book *Bacteria for Breakfast*,⁵ Dr. Kelly Dowhower Karpa sums up the principal reason why we should not underestimate the effects of antibiotics:

“Antibiotics kill normal flora. Antibiotics do not discriminate between ‘good’ bacteria and ‘bad’ bacteria. Any time antibiotics are used. . . they also kill ‘healthy’ bacteria. It is especially of concern when antibiotics kill bacteria that are part of the normal gastrointestinal flora. Altered gut normal flora is the reason diarrhea occurs as a side effect in at least 25% of people taking antibiotic drugs.”

As another writer puts it, “It’s like using a bomb to destroy some of the weeds in your garden.”⁶

LONG-TERM CONSEQUENCES

Thanks to burgeoning research on the gut microbiome, people have become much more aware of how important healthy gut flora is for both mind and body. As catalogued by Campbell-McBride and others, the gut flora perform many vital functions, including providing protection from invaders and toxins, facilitating appropriate digestion and absorption of food and producing essential vitamins, hormones and neurotransmitters.⁷ When we bombard our gut flora (collectively known as the gut microbiota) with antibiotics, we interfere with those essential duties.

The increased understanding of antibiotics’ downside has prompted particular concern about antibiotic prescribing during pregnancy and childbirth.^{8,9} Ordinarily, the first three years of life are the critical time frame when a child’s gut flora are supposed to “rapidly increase in diversity and reach an adult-like stage.”¹⁰ Antibiotics administered during either the gestation or postpartum periods can skew that all-important process.

Studies conducted in Western nations estimate that antibiotics constitute some 80 percent of the drugs prescribed for pregnant women (and, by implication, for the babies they carry),⁸ in part due to unfounded fear-mongering about group B strep.¹¹ With the high rate of Caesarean deliveries in the West,¹² some of those women (again, with ramifications for the baby) get a double whammy, with one third to one half (or more) of mothers receiving antibiotics during childbirth.¹³⁻¹⁵ As one researcher has commented, “Most studies in the obstetrics field have focused on the benefits of antibiotics for short-term maternal and neonatal complications, but with very little (if any) interest in long-term consequences.”¹⁶ In antibiotic-exposed children, those consequences include, among others, an increased propensity to develop chronic condi-

tions like asthma and allergies,¹⁷ obesity,¹⁸ bowel disease,¹⁹ juvenile arthritis (deemed “idiopathic” because the causes ostensibly are obscure or unknown)²⁰ and neurodevelopmental disorders.²¹

The sounding of alarm bells about the impact of antibiotics on children’s health does not mean that the adult gut microbiome is off the hook. The international research group Gut Microbiota for Health describes studies involving healthy adults whose “gut microbiome diversity was impacted as early as one day after the treatment ended”; their gut microbiome—“temporarily resembl[ing] that of a patient in the intensive care unit”—remained altered for at least six months.²² Some researchers suggest that the derangement of the microbial ecosystem can be so significant as to *never* return “completely to baseline,”²⁸ even with just a single or short course of antibiotic treatment.²³ It stands to reason that the antibiotic-induced pattern of “immediate perturbation. . . followed by incomplete recovery”²⁸ could be even worse in individuals who take antibiotics repeatedly.

In a before-and-after study of three healthy individuals who received the commonly used antibiotic ciprofloxacin, the investigators determined that there were “pervasive effects” lasting at least six months on “about a third of the bacterial taxa in the gut, decreasing the taxonomic richness, diversity, and evenness.”²⁴ On a more positive note, by four weeks post-treatment, some components of the intestinal community seemed to have recovered and “closely resembled [their] pretreatment state,” leading the researchers to urge further study of “factors promoting community resilience.”

In 2019, researchers conducted just such a study with “humanized” mice.²⁵ (“Humanized” mice are “engrafted with something from a human”²⁶; in this case, that “something” was feces from a human donor.) Mice who received streptomycin treatment recovered more quickly when they “co-housed” with untreated mice, leading the investigators to speculate that “microbes from other hosts are an important resource for recovery after antibiotics.” Individually housed mice fared worse, exhibiting “slower and more variable recovery dynamics.” Mice fed a fiber-deficient diet also had impaired recovery. Based on multiple experiments, the investigators optimistically concluded that “human microbiotas

may be more resilient to antibiotics than mouse microbiotas.”²⁵ Additionally, they commented that bacterial responses to antibiotics observed *in vitro* (that is, in a petri dish) are “not necessarily predictive” of what happens *in vivo*, that is, “within the context of a complex ecosystem in a mammalian host.”²⁵

Even if one is willing to risk the disruption to one’s gut flora, there are other reasons, of course, to be cautious about taking antibiotics. For example, other antibiotic-associated side effects—most commonly, allergic reactions, but also “neurologic or psychiatric disturbances”—are another “under-appreciated consequence” of antibiotic use.²⁷ Other “symptoms of antibiotic toxicity” include “kidney stones, abnormal blood clotting, sun sensitivity, blood disorders and even deafness.”²⁸ In a study that looked at the “side effect” problem, the authors concluded that reducing unnecessary antibiotic use “by even a small percentage” could have a significant impact on patient welfare.²⁷ However, as a 2020 article points out, prescribers often do not recognize antibiotics’ “inevitable” adverse effects; the authors urged family physicians to prescribe the drugs “only when the probability of benefit is greater than the risk of harm.”²⁹

GUT REMEDIATION: GAPS TO THE RESCUE

As members of the public come to understand more about antibiotics’ negative impacts on gut health—both direct and indirect³⁰—they want to know what they can do in the event that circumstances, protocols or other factors compel their use. As long-time Weston A. Price Foundation members and *Wise Traditions* readers can probably guess, a logical answer to that question is to turn to either the GAPS diet alone or the three-pronged GAPS nutritional protocol—the GAPS diet plus judicious supplementation and detoxification measures.

Why is recovery through diet so critical? As Campbell-McBride explained in this journal a year ago (Winter 2023), “The human body is a microbial community, and food is the most powerful influence on any microbial community in Nature. This means that *food* is the most powerful influence on human health—there is nothing more powerful!”³¹

The GAPS diet, “designed to heal the

The antibiotic-induced pattern of “immediate perturbation followed by incomplete recovery” could be even worse in individuals who take antibiotics repeatedly.

Both the Introduction and Full diets emphasize meat stocks, soups, stews, high-quality fats and fermented foods.

digestive system and normalize its microbial community,” is Campbell-McBride’s adaptation of the Specific Carbohydrate Diet (SCD) first developed by Dr. Sidney Valentine Haas and later refined by Elaine Gottschall,³² and it has accrued such an extensive track record by now that typing “GAPS diet success stories” into a search engine is all that is needed to bring up a myriad of glowing testimonials. Campbell-McBride’s books³³ provide detailed guidance on all three protocol components, and Certified GAPS Practitioners are also available all over the world to provide support for those who need or desire it.³⁴

The *GAPS diet*, in brief, includes an “Introduction Diet” (recommended in most circumstances but somewhat challenging to implement) and the “Full GAPS Diet,” as well as other variations depending on the situation, with everything homemade. Both the Introduction and Full diets emphasize meat stocks, soups, stews, high-quality fats (including dairy fats such as ghee, butter and cream; fats rendered from meat such as lard, tallow and schmaltz; and coconut oil and cream) and fermented foods (dairy-based and vegetable-based). Especially at the beginning, Campbell-McBride’s recommendation is that roughly 85 percent of everything eaten daily “should be made out of meats (including organ meats), fish, meat and fish stock, eggs, fermented dairy and vegetables (some well cooked, some fermented and some raw),” with other items such as fruit and nut flours coming later and only in moderation.⁷

Depending on the person’s circumstances, and recognizing that “Nature designed our bodies to receive nutrition from food, not from

pills,”⁷⁷ Campbell-McBride suggests that some people may benefit from certain high-quality *nutritional supplements*. These might include an effective therapeutic-strength probiotic (not forgetting that the most “potent” probiotics “come in the form of homemade fermented foods”), cod liver oil, betaine hydrochloride with pepsin (not taken at the same time as probiotics) and/or pancreatic enzymes.

To support the body’s *detoxification* system—the third component of the GAPS protocol—Campbell-McBride has several suggestions that are valuable for everyone, not just people engaged in gut healing. These include reducing one’s general toxic load (carefully scrutinize your household and personal care products!); taking detox baths with substances such as Epsom salt, apple cider vinegar, baking soda, natural salt or seaweed powder; walking barefoot (grounding); sunbathing; and doing regular enemas.

In someone who was in robust health prior to a course of antibiotics, a relatively short-term stint on the GAPS Diet might be all that is needed to nudge the gut flora back into diversity and homeostasis, while those who were in a weaker state to begin with might need to commit for a longer time period.

OTHER SUPPORTS FOR GUT HEALING

In her discussion of commercial probiotics, Campbell-McBride describes six components often found in commercial brands.⁷ They include five general families of bacteria—*Lactobacilli*, *Bifidobacteria*, physiological strains of *E. coli*, bacteria isolated from human stool (*Enterococ-*

FULL DISCLOSURE?

According to Drugs.com,⁵⁵ there are presently ten classes of antibiotics: penicillins, tetracyclines, cephalosporins, quinolones, lincomycins, macrolides, sulfonamides, glycopeptides, aminoglycosides and carbapenems. Although the site states that antibiotics are “usually safe with few side effects,” two sentences later it tells us that the drugs “can lead to side effects that may range from being a nuisance to serious or life-threatening.”

Side effects⁵⁶ the site describes as “common” include “mild” rashes and allergic reactions, diarrhea, upset stomach, nausea and loss of appetite. Side effects described as “more severe” include “severe allergic reaction that results in difficulty breathing [and] facial swelling”; severe watery or bloody diarrhea; *Clostridium difficile* infection; and stomach cramps. Vaginal yeast infections and oral thrush are listed as both “common” and “more severe.”

The fluoroquinolones class of antibiotics lists potential “disabling side effects” on the “muscles, tendons, joints, heart, and metabolic or nervous system”; for this reason, Drugs.com tells us, this class “should only be considered when treatment with other, less toxic antibiotics has failed.”

The site also suggests that caution is warranted when prescribing antibiotics for infants, pregnant or breastfeeding women, the elderly, patients with kidney or liver disease and “many other people.”

cus faecium or *Streptococcus faecalis*) and the soil-based microbe *Bacillus subtilis*—as well as the beneficial fungi *Saccharomyces boulardii*. Though bacteria have generally attracted more attention than fungi, she notes that the latter are extremely important for maintaining the epithelial layers in the gut, as well as performing numerous other jobs, and she points out that the use of mushrooms (“larger fungi”) for gut flora rebalancing is a rising area of interest.³⁵ Celebrating five medicinal mushrooms—lion’s mane, chaga, reishi, turkey tail and shiitake—that function as “prebiotics,” one website suggests that the mushrooms can “reduce inflammation, strengthen the lining of the gut, and improve gut bacteria diversity.”³⁶

In a post titled “10 Ways to Support Gut Health after Antibiotics,” a functional medicine doctor offers recommendations consistent with the GAPS diet but also calls attention to “postbiotics”—the metabolic byproducts of probiotic bacteria that include short-chain fatty acids (SCFAs) as well as other constituents.³⁷ The author suggests that the SCFAs “produced by probiotic bacteria can protect against the harmful effects of antibiotics on gut health.” Discussing postbiotics as “a rather new term in the ‘-biotics’ field,” researchers writing in the *International Journal of Molecular Sciences* in 2019 described postbiotics as a useful support for infant colic and adult diarrhea.³⁸ Both of those conditions can be the result of antibiotic treatment, either immediately or up to a couple of months later.^{39,40}

Australian health coach Barbara O’Neill (who, it should be noted, advocates a plant-based diet) recommends slippery elm powder as a tool for gut healing in those suffering from inflammatory bowel disease.⁴¹ According to

O’Neill, slippery elm “coats, soothes and heals” the gut lining and provides a growth stimulant that encourages rapid healing. Her gut healing protocol—supplemented by probiotics, incorporation in the diet of miso (for “nice microbes”) and a high-quality sea salt (for minerals)—involves taking slippery elm four times a day until the stool normalizes.⁴²

PLENTY OF ALTERNATIVES

The GAPS diet and similar gut healing diets require, as Campbell-McBride and others readily admit, home cooking and commitment. Learning about alternatives to antibiotics and prioritizing those alternatives as much as possible can forestall the need for that investment (although home cooking should be a priority for everyone, anyway!).

The home remedy website *Earth Clinic* lists a wide variety of natural substances with “antibiotic” and healing properties, including apple cider vinegar (ACV), astragalus, cayenne, citrus fruits, garlic, ginger, green and black tea, honey, horseradish and more.⁴³ One group of researchers has documented, *in vitro*, the “powerful anti-microbial effects” of ACV for both non-resistant *E. coli*, *Staphylococcus aureus* and *Candida albicans* as well as resistant *E. coli* and methicillin-resistant *S. aureus* (MRSA), and those authors eagerly propose that clinical research be conducted.⁴⁴ Other well-known and possibly helpful substances include coconut oil, echinacea, goldenseal, grapefruit seed extract, oil of oregano and turmeric.⁴⁵ In addition, a 2019 paper by Polish researchers describes essential oils as a “potential alternative to synthetic compounds,” pointing to cajuput, cinnamon, clove, eucalyptus, lavender, peppermint, sage, tea tree and thyme oils as having “high antimicrobial potential.”⁴⁶

For the types of respiratory conditions that often send people running for antibiotics, sites like Uriel Pharmacy—which produces “remedies for the body, soul, spirit” using anthroposophic and homeopathic principles and biodynamically grown medicinal herbs—might be worth exploring.⁴⁷ Uriel’s “Meteoric Iron Prunus” remedy (available in pellet or liquid form) is popular as a support during the winter season. The True Botanica company, likewise focused on holistic health “at all three levels of Body, Mind and Spirit,” offers remedies for intestinal health, lung health and a wide variety of other health concerns.⁴⁸ [Note: The Weston A. Price Foundation has no advertising or other relationship with these companies.]

ANTIBIOTICS AS AN INSTRUMENT OF THE FEAR AGENDA

At our current historical juncture—when officials have amped up the

WHAT’S IN A NAME? MARKETING “BROAD-SPECTRUM” ANTIBIOTICS

As recounted in *Empire of Pain*⁵⁷—Patrick Radden Keefe’s fascinating and colorful book about the Sackler family dynasty and its pivotal role in the opioid epidemic—the original “paterfamilias,” Arthur Sackler, almost single-handedly invented pharmaceutical advertising as we know it today.⁵⁸ One of Sackler’s ingenious marketing coups was the invention of the term “broad-spectrum” for the Pfizer antibiotic Terramycin. As Keefe puts it, though the term “sounds clinical. . . it was coined by advertisers.” Terramycin, according to Keefe, “wasn’t a particularly groundbreaking product,” but thanks to the clever marketing and fleets of “detail men,” it became a blockbuster.

Decades later, in a 1997 article in *Clinical Microbiology and Infection*, a disgruntled French researcher pointedly observed that there are no universally accepted definitions of “broad” and “narrow” spectrum antibiotics, and that “broad spectrum as an expression of greater therapeutic security has mainly been used by the pharmaceutical industry.”⁵⁹ He also commented that the most important determinant of appropriate antibiotic selection ought to be a given drug’s track record for a given condition—and that “spectrum” is an almost meaningless consideration.

collective fear of “germs” and “pandemics” possibly to all-time highs—it may be wise to take a step back and reconsider the entire “war” model that underlies the use of antibiotics and most of conventional health care. As Dr. Sam Bailey suggests in a short video titled “The Truth About Antibiotics,”⁴⁹ it is entirely valid to ask whether “anti-life” antibiotics—“embedded” as they are in germ theory—are really “live-saving compounds, or more mythology from the pharma cartel.”

One point of evidence suggesting that antibiotics’ near-legendary success may have more to do with “pharma marketing spin” than science, notes Bailey, is the heavy hand of the Rockefeller Foundation in catapulting the first antibiotic—penicillin—to fame. Alexander Fleming’s petri-dish discovery might well have faded into obscurity were it not for the foundation’s concerted “big money” nudge.⁵⁰ Astonishingly, Bailey notes that there is a complete lack of studies supporting the widely repeated claim that penicillin saved the lives of thousands of soldiers during WWII.

Bailey also raises compelling questions about the fear-based narrative surrounding the phenomenon of “antimicrobial resistance” (AMR). In 2019, the World Health Organization (WHO) declared AMR to be one of the “top ten global public health threats facing humanity,”⁵¹ and the same cast of characters who, the following year, hyped the Covid plandemic lined up in lockstep to amplify AMR dangers. Given what we have learned about the ulterior motives that drove the engineered Covid “emergency,” it makes sense to ask questions when a scary list suddenly appears that carefully positions AMR alongside other “threats” like “vaccine hesitancy” and germ-theory bogeymen like “global influenza pandemic” and “high-threat pathogens.”

Not coincidentally, as Bailey points out, a pivotal 2022 *Lancet* study that further promotes AMR as a “major threat to human health” used the same dubious predictive statistical modeling methods that led the world astray during Covid, with funding for the study provided by none other than the Bill & Melinda Gates Foundation and the Wellcome Trust.⁵² Implicitly raising the matter of *cui bono* (“who benefits”), Bailey observes how the AMR narrative serves pharmaceutical and globalist interests; while the WHO makes dramatic claims that “AMR puts many of the gains of modern medicine at risk,” it is simultaneously seeding the perception of an “urgent need” for new medicines, diagnostics and, of course, vaccines.⁵³ Under the circumstances—knowing what we now know about deceptive scientific methods, deceptive publications and “deceptive regulatory simulations performed by FDA and drug companies,” we might do well to adopt the advice recently proffered by writer and legal researcher Katherine Watt “to become vaccine hostile” rather than “vaccine confident,”⁵⁴ and even extend that advice toward a similar skepticism about antibiotics.

In fact, there are solid grounds, say Bailey and others, for viewing antibiotics as yet another germ-theory-derived “scam.” If we can come to recognize bacteria as a crucial part of our inner and outer ecosystems—“bystanders that proliferate under certain conditions” and not scary pathogens—that realization can free us up to take greater responsibility for our health and carry out the unglamorous but far more rewarding work of strengthening our terrain, buttressed by faith that our bodies, properly supported, know how to heal. 

Erratum: The Fall 2024 article on hip replacement surgery inadvertently omitted the references in the sidebar, “What Can Biofilms Tell Us?” They are available in the online version.

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Homeopathy Journal

HOMEOPATHY AND AGGRESSION IN CHILDREN

By Anke Zimmermann, BSc, FCAH

Disclaimer: None of the information below is intended to diagnose, treat or prevent any health conditions. It is intended for information only. Please consult a health care professional if you or your child are experiencing any of the health conditions mentioned. All names have been changed to protect identities.

In my thirty-three years of homeopathic practice, I have encountered many hundreds of cases of rage and aggression in children. Rage and aggression, including injury to self and others, intense tantrums and destruction of property, can be very distressing, even dangerous, to the child, other family members, teachers, classmates and therapists alike.

From a homeopathic point of view, these kinds of problems are often surprisingly easy to address, which is important to know, as many of these children are routinely given psychotropic medications such as antipsychotic drugs, including Risperdal.¹ These can have serious side effects, including potentially intensifying anger and rage, and causing suicidal ideation, intrusive thoughts and abnormal muscle movement, as well as weight gain and metabolic syndrome.²⁻⁶ This article describes a few cases from my practice to illustrate the potential for homeopathy to help in such cases.

RAGE WITH SUPERHUMAN STRENGTH: STRAMONIUM

Rachel, a lovely ten-year-old girl with long blonde hair, quietly sat in my office with both of her parents on an early summer day in 1994. Her mother had already briefed me on the phone the day before: “The psychiatrists want to institutionalize Rachel for life—under heavy sedation! She has severe attacks of rage for no reason at all and is becoming stronger every day. When she has an attack, she has superhuman strength and it takes two or three people to restrain her.

It’s as if she is possessed!”

Looking at this beautiful young girl, I could hardly believe it.

“The doctors say she is a danger to herself and others,” mom continued. “The other day she tied a rope around her neck and threatened to jump off the deck to kill herself. Last week she pulled a knife on her brother.”

Rachel’s attacks had started when she was about three years old and had progressively increased and intensified over time. The attacks, which sometimes happened several times a day, seemed neurological in nature, almost like a seizure. “Afterwards, she has no memory at all of what just happened, while we are all reeling in shock.” Rachel also had several fears, including a fear of the dark and of ghosts.

The family had seen literally dozens of therapists, psychiatrists and social workers for help. At one point, a team of social workers had lived in their home for two weeks to try to find out what Rachel’s parents were doing to “drive their child crazy,” as they put it.

At the time I saw Rachel, I had only been in practice for a little over two years, and she was my first serious case of a child with intense rage and aggression. I could not find anything unusual in her medical or emotional history, other than that her grandfather was a violent alcoholic.

I had recently read about a remedy called *Stramonium* with great interest. It is made from *Datura stramonium*, a fascinating plant with many common names, including angel’s (or, alternatively and tellingly, devil’s) trumpet, based on its beautiful, trumpet-shaped flowers and its effects on the mind. The plant is toxic and contains psychoactive and hallucinogenic properties, which can cause delirium and disorientation as well as amnesia.⁷

In homeopathy, according to the principle of “Like Cures Like,” it may be indicated in states of rage, aggression, violence and fear of violence, as well as hallucinations and delirium, often with nightmares or night terrors. In fact, this is one of our best remedies for night terrors. Often the child needing this remedy also has a fear of the dark, of ghosts, of being alone and sometimes of dogs or water and can be quite clingy to the parents. The inner experience is often one of horror and terror.

A *Stramonium* state may be triggered by different factors such as neurological trauma due to head injury, infections, meningitis and post-vaccine adverse reactions, as well as trauma caused by exposure to violence, whether in person or through frightening images of violence and war on the news and in movies. This broad spectrum of possible causative factors makes *Stramonium* a valuable and frequently used remedy in my clinical practice; in fact, I use it every week. Almost all of my autism and other complex kiddos need this remedy sooner or later.

Over the next six months, Rachel got a few doses of *Stramonium*

200C and 1M, which quickly improved and then completely cleared up her attacks. The total cost of the remedies was only twelve dollars, and Rachel was never institutionalized. This case made a lasting impression on me and put me firmly on the path to helping children with severe behavioral issues.

“When she has an attack, she has superhuman strength and it takes two or three people to restrain her. It’s as if she is possessed!”

CAUSES OR CONTRIBUTING FACTORS

From a homeopathic point of view, there can be many different causes or contributing factors in cases of rage and aggression. The most common contributing factors from my experience are inherited predispositions, either from certain diseases or emotional traumas in ancestors. For example, a family history of tuberculosis, gonorrhea or syphilis—known or unknown—may contribute to a possible tendency for aggression. So can a family history of having experienced or witnessed violence, as may have happened in Rachel’s case. The list of possible causes or contributors also includes emotional trauma experienced by the

mother during pregnancy, labor or delivery, or emotional trauma experienced by the infant or child—especially recurring trauma, such as suffering or witnessing abuse or violence in the family or through media exposure.

In my experience, other causes or contributors include infections such as strep that may cause PANS/PANDAS (Pediatric Acute-onset Neuropsychiatric Syndrome or Pediatric Auto-immune Neuropsychiatric Disorders Associated with Streptococcal Infections); encephalitis or meningitis of all kinds or their aftereffects; vaccines of all types because they may trigger encephalitis, autoimmune phenomena or other adverse reactions; head injuries; pain, including teething pain; and animal bites, most commonly from dogs.

Although many different homeopathic remedies can potentially help, it is important to remember that homeopathic remedies are never just given for a condition or diagnosis, but for the individual’s whole state and history, including family history. Careful case-taking and case analysis are imperative when dealing with serious cases of aggression. The homeopathic repertory lists more than one hundred forty possible remedies under “Rage” alone, so the remedies discussed here are only a small sample

A family history of tuberculosis, gonorrhea or syphilis—known or unknown—may contribute to a possible tendency for aggression. So can a family history of having experienced or witnessed violence.

REMEDIES TO CONSIDER IN CASES OF RAGE AND AGGRESSION IN CHILDREN

BELLADONNA: Rage and wildness with mania and delirium. Child may have glassy eyes, dilated pupils and red ears. This state can be triggered by fevers. Child may have fear of dogs and water. Closely related to *Hyoscyamus* and *Stramonium*.

CHAMOMILLA: Rage and anger with great irritability, often from pain, as during teething or ear infections. Child may ask for things, then refuse them immediately when offered. Child is sensitive and frantic.

HYOSCYAMUS: Violent bouts of temper, delirium, jealousy, precocious sexuality with masturbation, may play with feces or urine.

LYSSINUM: Bouts of rage with earnest remorse. May have great anticipatory anxiety. Known or suspected history of dog or other animal bites. History of rabies vaccines in self or ancestors. History of recurring physical, emotional or sexual abuse, torture in self or ancestors.

MEDORRHIMUM: Aggression and violence with hardness, self-centeredness, may show cruelty to animals or excessive love of animals, precocious sexuality. Excessively intense and passionate about hobbies and interests. Night people. Known or suspected family history of gonorrhea.

NUX VOMICA: Aggression and irritability with need to be first, best, right. Independent children who like to do everything on their own. Ambitious, punctual.

STRAMONIUM: Bouts of aggression that may be neurological. Violence, delirium, hallucinations, fear of the dark, being alone, dogs, water. Night terrors. May be needed after encephalitis subsequent to vaccination, especially with MMR.

TUBERCULINUM: Anger and violence with strong oppositionality. Will contradict constantly. Child may have a large head, enlarged tonsils and adenoids. Known or suspected family history of tuberculosis. Desire for milk, meat, bacon, salami. Often has a history of allergies or recurring respiratory infections.

of possible remedies that could be indicated in such cases.

INTERNAL CONFLICT: IGNATIA AMARA

In the spring of this year, Kyra reported about her eight-year-old son Bryce, “My son will grab my face and twist it, try to head butt my mouth, bite, kick out my knees, punch me in the stomach, pull my hair and scratch me. Most recently he went for the knife drawer. That’s when we made the appointment with you.”

Bryce had started to show intense behaviors from the time he was nine months old, including being violent with toys. This intensity increased around age three when he started to chase the other kids with butter knives. His mother said, “He screams into my face that he hates me and wishes I was not his mom. He can have total meltdowns over anything, screen time, tomatoes in his salad. It can be worse with low blood sugar, but 99 percent of the time we have no idea what set him off. We walk around on eggshells, because he can explode at any moment. He may also threaten to hurt himself with scissors when angry. In general, he tends to be very quiet, as if he can’t express himself; then suddenly he just flips, and the feelings just take him over.”

When looking at his baby photos, I picked up on a sense of sadness and mentioned it. His mother responded that “Many healers we have consulted have commented that he carries sadness. In fact, he cries an awful lot. Sometimes it’s as if he never stops crying. He can just cry and cry but does not want to be comforted.”

This boy had never received any vaccines. When I carefully inquired about the pregnancy, Kyra reported that her relationship with her husband was going through a difficult stretch at the time. “He was struggling with the looming responsibility of taking care of another child and drinking a lot. He can have intense feelings and behaviors when drunk, with almost violent outbursts. I threatened to leave him if he didn’t quit drinking. I was very upset and felt so much sadness, grief, fear and anxiety—a whole mix of emotions. With all this, I was also feeling conflicted about the pregnancy, thinking ‘What did I do? I shouldn’t even be pregnant.’ It was a rough year.”

I thought that perhaps Bryce had been af-

ected by this deep inner conflict that both of his parents felt about the pregnancy, but especially by his mom as she carried him. Such feelings, and the stress hormones that go along with them, can transfer to the baby. It was also noteworthy that Bryce took out his anger almost exclusively on his mother, who is a near-angelic woman—very sweet, kind and beautiful—and who reported making every effort not to escalate his emotions, instead developing tremendous patience and loving him unconditionally through it all. In fact, the whole family loved him deeply and understood that he could not help his intense feelings.

Bryce got a remedy called *Ignatia amara*, starting with only 6C once a week. *Ignatia*, not known as a top remedy for rage and aggression, is mostly used for ailments from grief, disappointment and unresolved or unresolvable inner conflict, but those can certainly cause anger and even rage. Made from the strychnine-containing seeds of the Saint Ignatius tree, the remedy has been used in homeopathy for more than two hundred years. It is one of our top remedies for states of grief where the person can’t express their emotions. And of course, this case points to the connection between the mother’s emotional state during pregnancy and the subsequent state of the child. As described in *Clinical Observations of Children’s Remedies* by Farokh J. Master, “*Ignatia* is one of the top remedies where the mother was vexed, mortified, or experienced marital torture during her pregnancy with the child.”⁸

Kyra reported that Bryce initially experienced a notably challenging response to *Ignatia*, “with intense breakdowns following the first few doses. He screamed so much that his eyes popped out of his head, and he punched and kicked me. He was aware of the effect the remedy had on him and that it brought out anger and rage and ‘made him evil’ on days three, four and five after taking it. He also broke out in a splotchy full-body and face rash.” For the record, I should note that Kyra did not follow my instructions to contact me immediately if symptoms got more intense and was glad that we had used only 6C to start!

On the positive side, Kyra also reported, “Bryce asked me to lie down with him, then pretended to perform surgery on my heart and brain to erase the effect of anything bad he ever did to me!” One day after an extremely violent attack, Kyra related, “Bryce threatened that I was not going to live much longer and attempted to tear my face off. He was upset because dad had said no TV—it had nothing at all to do with me. About thirty minutes later, I was able to sit with him and gave him an extra dose of *Ignatia*. Immediately after he took it, he said he was sorry and that he loved me and gave me lots of kisses and hugs.”

I was shocked to hear about this attack as well as the quick turnaround, but glad to hear Kyra report that “Overall, he is still very intense, but there are more days between bad breakdowns now.”

Within about a month, the meltdowns were vastly reduced, and then they completely stopped, and Bryce became much more open and communicative about his feelings. The crying spells also stopped. Nine months later, the gains were still stable. There were no more attacks of rage, and the whole family was much relieved and grateful for the little homeopathic remedy!

“On the positive side, he asked me to lie down with him, then pretended to perform surgery on my heart and brain to erase the effect of anything bad he ever did to me!”

RAGE AND REMORSE: LYSSINUM

Alexander is a handsome, dark-haired, sixteen-year-old youth with a basketful of different diagnoses, including autism, ADHD and OCD, among others. The main problem was bouts of intense rage and aggression toward self and others, including the family dog as well as other children on the school bus and at his school. In addition, Alexander had some other challenges, including severe drooling, which required him to always wear a bib.

His mother reported, “From the time he was two years old, he has scratched, pinched, pushed or choked us, covered our mouths to prevent us from breathing and used his nails to dig into our flesh. He mainly acts out like this if he feels you have wronged him or said no to something. He may stop hurting you for a few minutes but then will come back for more revenge when he remembers he was mad. Even if the person had nothing to do with why he was upset, he will hurt them and make them cry as a way of releasing his anger. He also does this to our dog. He will pull our dog’s ears, pinch his skin and kick him as he walks by.”

Alexander would also hurt himself: “He will bite his thumbs, peel the skin off his fingers and toes, pull out his eyebrows and hair and hit his head on the floor when he has a tantrum.”

At school, Alexander’s behavior was so problematic that he received at least one or two “serious incident” write-ups per week because he had made someone bleed or hurt in a serious way. Staff at the school reported feeling that Alexander couldn’t be trusted for even a minute while around other students.

Then, after hurting someone, Alexander would suffer from intense remorse to the point of acting suicidal. “He gets very upset with himself after he has hurt someone and can’t forgive himself,” his mother continued. “Then he will make a motion of slicing his throat or putting needles into his arms, and cry excessively for at least an hour while apologizing and asking if we’re sad or mad at him. He does not have a high level of developmental understanding, so this gesturing really scares us. When your child doesn’t know how to bathe himself independently or spend twenty minutes alone, it breaks your heart to think that he understands what suicide is.”

The family pinpointed the start of the aggression to when Alexander was put on psychiatric medications at age two. “We question whether these meds are the cause of his current severe aggression issues and significant weight gain of more than sixty pounds over the past year. Alexander’s excessive, impulsive, violent tantrums are directly linked to the start of these medications. He did have tantrums and scratched and pinched before them; however, not to this extent or with the lack of emotion on his face when he is aggressive toward others. He makes you wonder whether you need an exorcist or a doctor.” At the time I saw him, he was still on several meds, including risperidone, aripiprazole, guanfacine and escitalopram—all commonly used medications in the autism population

and for children with aggression in general.⁹

Here we had a young man with developmental challenges who was nearly full-grown, big and strong, suffering from explosive attacks of rage with violence toward others as well as apparent suicidal ideation. This behavior was not only displayed at home but also at school. The family and teachers were afraid of him and felt they could not trust him.

What was striking in Alexander’s case was the degree of remorse he experienced after his attacks of rage, as well as the drooling. This immediately made me think of a very special homeopathic remedy called *Lyssin* (aka *Lys-sinum* or *Hydrophobinum*), originally derived in 1833 from the saliva of a rabid dog.¹⁰ The remedy is safe, and one cannot contract rabies from it; in fact, potencies higher than 12C no longer contain any of the source material.

The feature of rage alternating with deep remorse is a well-known symptom of the *Lys-sinum* remedy. Contrast this with Rachel’s case, in which she had no memories of her attacks whatsoever. Alexander was not normally aggressive at all; outside of the attacks he was very loving and helpful to his family members as well as in his school and toward other students.

Initially, Alexander took *Lyssinum* 30C about once a week. Because the family wanted to wean him off his antipsychotic medication, I also shared information about supplements that could be helpful, including the micronutrient formula EMPowerplus by True Hope¹¹ and low-dose natural lithium in the form of lithium orotate.¹² In short order, Alexander’s aggression became much reduced; in two months, he was able to get off the risperidone and lost forty pounds. Over time, Alexander needed *Lyssinum* less and less often. One year later, he is only on a small amount of one last medication and weaning off it. He is happy, no longer aggressive and—as an added bonus—the drooling is also history!

“He makes you wonder whether you need an exorcist or a doctor.”

LYSSINUM INDICATIONS

Lyssinum may be indicated with an etiology of a dog or other animal bite, whether or not the

animal has been vaccinated against rabies. I have seen numerous children and adults develop *Lyssinum* symptoms after dog bites. One young boy became aggressive, growled, hid under tables, pretended to be a dog and developed a fear of werewolves after being accidentally bitten by a dog two years prior. The remedy cleared things up in a few months.

One of my autism kiddos suddenly developed aggression and started growling after doing very well for many months. Careful questioning revealed that the family had moved in with the grandmother, who had a small, testy dog that had nipped the boy repeatedly. *Lyssinum* saved the day.

Lyssinum may also be indicated in those with a history—even in previous generations—of human rabies vaccination. One of my other autism kiddos suddenly became aggressive and started growling and biting during her homeopathic care. I found out that her father had been given a series of rabies vaccines after being bitten by a bat long before she was born. Once again, *Lyssinum* helped.

Another possible etiology pointing to *Lyssinum* is torture or ritual or recurring physical, emotional or sexual abuse—again, sometimes carried over from previous generations. In provings of the remedy, severe anticipatory anxiety was a strong feature in the participants, with a feeling that something terrible was about to happen to them and there was nothing they could do about it, which is not unlike the feeling of torture. I have very successfully used *Lyssinum* with several children with autism who were bullied by other children or adults and/or felt traumatized by certain therapies, such as applied behavior analysis (ABA). In practice, we may not always know about one or more of these etiologies, but if the symptom picture is clear, the remedy can be given regardless.

Lyssinum is likely an underused remedy in homeopathy. I use it in my practice at least once a month. Often it comes up as a layer remedy, which means it is not the only remedy the person needs, but one of many that may come up over time when symptoms change throughout the healing process.

AUTISM AND AGGRESSION

Aggression toward self and others is a very serious problem in the autism community and is increasing, as more and more children are diagnosed with an autism spectrum disorder.¹³ Various researchers estimate aggression as affecting between 35 and 60 percent of children with autism.¹⁴ The majority of those on the autism spectrum are boys, but of course they grow up to be big, strong men, often with the developmental age of a young child.

When testosterone kicks in during puberty, aggression often escalates. Alexander's story demonstrates the potentially lifesaving effectiveness of homeopathy in such cases.

In short, homeopathy has the potential to be highly effective in addressing anger, rage and aggression in children and adults if the remedies are carefully chosen and the cases closely monitored for a few months. Homeopathy should become the first line of defense in such cases, rather than the use of psychiatric medications, or worse, institutionalization for life. 

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Technology as Servant

CLIMATE CHANGE PART IV: THE COSTS

By James Kirkpatrick

In the first article in this series, I discussed the obscure origins of the human-induced climate change movement, which started mostly as a population control movement funded through technocratic nongovernmental organizations (NGOs) largely founded by the progeny of the Gilded Age robber barons in the United States. After the end of the Cold War, these groups subtly evolved from population management hysteria to an obsessive focus on environmentalism and carbon dioxide reduction through the existential bogeyman of anthropogenic climate change. Even though the entry point has evolved, both movements tellingly have the same end objective. Their claim is that the only way to save the planet is to reduce global population to around one billion individuals from the current level of eight billion inhabitants.¹

In the second article, I focused on the vast array of forces that influence Earth's climate and weather in both the short and long term. I discussed the fact that many of the prime drivers of climate change are natural forces that cannot be controlled and have nothing to do with human emissions from energy usage or carbon dioxide emissions. I further showed that increased levels of carbon dioxide in the atmosphere are a net positive for humanity and Earth, as this higher concentration facilitates increased plant growth and crop yield. My conclusion was that the single-bullet theory currently favored by mainstream media, politicians and the scientific intelligentsia—that all climate and weather fluctuations are a function of atmospheric carbon dioxide concentration—is wholly incomplete and not nearly concrete enough to support the solutions they propose.²

In the third installment, I covered the dubious and unethical lengths to which the scientific intelligentsia that trumpets the human-induced climate change argument goes to shut down reasonable inquiry and scientific debate on

this globally important topic, in a manner not so dissimilar to how the church once stymied and villainized any questioning of church doctrine both prior to and after the advent of mass communication and the movable-type printing press. I continued this thread by discussing the manipulation and corruption of this “science” into mass media propaganda that is pumped at us in a continuous, high-volume stream. I also described how the vast majority of this propaganda is not supported by underlying data and how these data are frequently sliced-and-diced to reach misleading conclusions.³

In the last installment of my global climate change series, I will come to the rubber-meets-the-road moment of our discussion: the cost. What is being asked of ordinary citizens to combat the purportedly existential threat of human-induced climate change?

ELECTRIFYING THE WORLD

If you follow the mainstream media thread and the political winds, then apparently the only long-term solution to arrest human-induced climate change is to stop using hydrocarbons or combustion-based fuels as a source of energy on planet Earth. Over the next seventy-five years, this argument goes, all of our transportation, heating and cooling needs and all of our industrial output must be converted from fossil fuels to direct electrical operation, and all of that electricity must be produced from “renewable” energy sources, namely solar photovoltaic and wind-driven turbines. Oddly enough, nuclear as a fuel source, though its usage produces no carbon dioxide (other than in uranium extraction and refinement), is not seen as part of the answer, even though it is the most logical solution (if you believe that carbon dioxide emissions are a real problem threatening Earth). The primary reason for this massive disconnect is never quite rectified by the mainstream environmen-

What is being asked of ordinary citizens to combat the purportedly existential threat of human-induced climate change?

Only about 2.5 percent of the energy we use today comes from the desired end-game sources of solar and wind.

tal movement, other than acknowledging that anti-nuclear was a major focus of the previous generation of environmentalists, and old habits die hard.

The task of electrifying the entire world and supplying that electricity solely through solar and wind, if completed, would signify the largest resource-, engineering- and humanity-changing project ever undertaken. Today, the total energy usage of all the humans on the planet in all of its forms (excluding human and animal power) totals roughly five hundred fifty-five quadrillion British Thermal Units (BTUs), or seventy million BTUs per person per year evenly averaged across humanity. (One BTU is the amount of energy required to raise the temperature of one pound of water by one degree Fahrenheit.) Despite all the focus and progress on renewables over the past forty years, 80 percent of these five hundred fifty-five quadrillion BTUs currently is supplied from the combustion and usage of fossil fuels; 7.5 percent is from nuclear fission and the remaining 12.5 percent is from renewables. However, 80 percent of the renewables slice is hydroelectric from dams, which is limited by geography and available waterways. Thus, only about 2.5 percent of the energy we use today comes from the desired end-game sources of solar and wind.

Even if you make the broadly erroneous assumption of keeping total energy (and, by association, population) flat for the next seventy-five years, the challenge being presented to humanity, if you follow the current narrative,

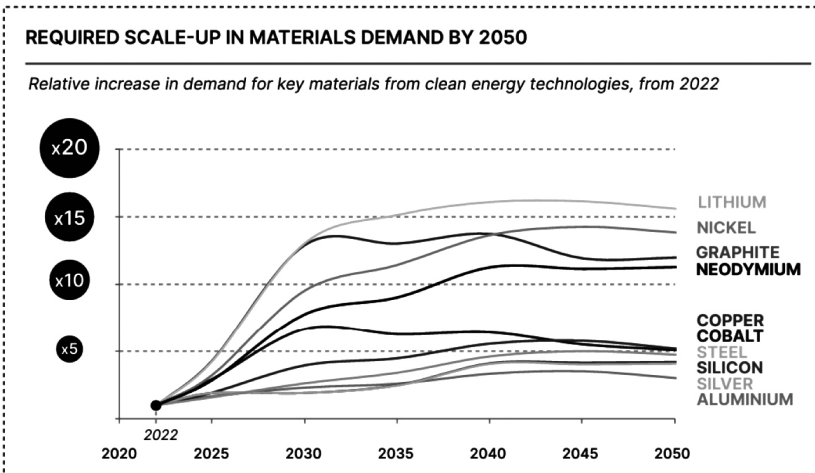
is the conversion of four hundred forty-five quadrillion BTUs of energy usage from hydrocarbon-based energy to wind and solar. This requires completely abandoning the current energy infrastructure in favor of an almost entire rebuild. Estimates vary wildly, but the up-front capital cost to do this has been put at somewhere around fifty to one hundred trillion dollars over the next fifty to seventy-five years. To put this in perspective, the total gross domestic product (GDP) of the world is currently estimated at around one hundred trillion dollars. In other words, in order to solve global warming from carbon pollution, we would need to spend as much or more than the value of the entire global economy over the next fifty years. This level of commitment would require that just about all of the world's economic resources, financial capital and human ingenuity be allocated to the "green" revolution for the rest of our lifetimes and those of our children.

TRADE-OFFS

If the price tag and forced allocation of all of Earth's resources for the next century were not shocking enough on their own, they still represent only half of the challenge. Accomplishing this energy transition will also require us to strip-mine the planet bare of cobalt, lithium, nickel, graphite, copper, aluminum and steel. Each of these key materials would require a production increase of ten to fifteen times today's level to supply the energy transition (Figure 1). If you believe the politicians, the proposed solution for the existential environmental threat of our time—human-induced climate change—is to almost entirely deplete the planet of its metallic resources to create a reportedly "renewable" energy system. We must destroy Earth in order to save Earth—a real Sophie's choice.

Beyond the absurd issues of cost and availability of materials, we are going to run into a physical space constraint as well. Modern nuclear and fossil fuel power generation do not take up much physical space. A nuclear or natural gas or coal-fired power plant has a relatively small geographic footprint, usually between one-half to one square meter per megawatt-hour of power produced. All of the preferred renewables have a physical footprint

Figure 1. Required scale-up in materials demand by 2050



somewhere between twenty to one hundred times larger than hydrocarbons or nuclear per megawatt-hour of power produced. This means that the anticipated build-out of the renewable energy infrastructure would require trade-offs that are going to involve the removal of natural space for solar and wind turbine farms. As we get close to the end game, we are going to have to convert living space and agricultural land into energy farms as well.

But it gets even worse. Both of the preferred renewable energy sources suffer from a gross intermittency problem. Solar only works when the sun is shining (or about half the time), and wind only works when the wind is blowing—and if the wind is blowing too hard or it is too cold outside, the wind turbines require shutting down to prevent damage. Due to this intermittency problem, not only do you need to build an entirely new energy infrastructure, but you either need to maintain the existing energy infrastructure as back-up for nighttime or extreme weather conditions, or build an electric battery storage system that is orders of magnitude larger than anything we are remotely capable of today.

ENERGY RETURN ON INVESTMENT

There is one more factor that would create a major hurdle to the green energy revolution, something called Energy Return on Investment (EROI). This is a ratio where the useful energy extracted when an energy product is used is divided by the amount of energy required to bring that energy to market. In simple terms: energy out divided by energy in. This concept—getting more out of energy resources than you put in—has supported the entirety of the Industrial Revolution, a large global population and the high standard of living currently experienced by a large portion of humanity.

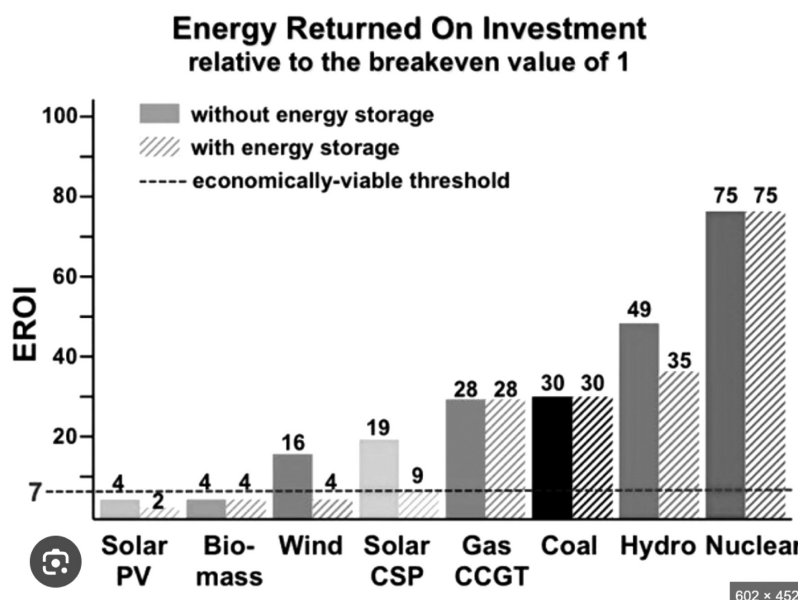
For nuclear, the EROI ratio is about one hundred, and for most modern oil and gas applications, it is between thirty and fifty, meaning that for those two energy sources we get thirty to one hundred times more energy out during combustion than is required to mine, refine and deliver that energy source to market (Figure 2). However, as you move down the curve to the non-hydro renewables, this ratio drops dramatically. Most solar and wind applications have an

EROI of between two and ten. It should also be noted that a century ago, coal, oil and gas were closer to one hundred. As the best resources are used first, this ratio drops as second-tier resources are extracted and more energy is required for the extraction process (think hydraulic fracturing).

The same relationship will hold true for wind and solar. Only the best solar and wind resources get this two to ten EROI ratio. As the best resources (or best geography, in this case) are utilized first, as we get closer to the end of the global energy transition and second- and third-tier wind and solar resources are required to convert the entire system to renewables, it is entirely likely that wind and solar will fall below the historic investment threshold of seven, and actually fall to below one. Stated another way, late-stage wind and solar energy development in geographically disadvantaged areas will require more energy to develop than we get in return! This is actually what the mainstream media and political establishment are proposing. Once the EROI of new energy resources falls below two or even one, the economics actually tell you to stop investing in this incremental energy and go back to human and animal power, which would be very regressive for humanity, to say the least.

This concept—getting more out of energy resources than you put in—has supported the entirety of the Industrial Revolution, a large global population and the high standard of living currently experienced by a large portion of humanity.

Figure 2. Energy returned on investment



If we do not hold the line now and business as usual is allowed to continue, we are going to spend the next fifty years allocating almost the entirety of humankind's resources toward solving a problem that likely does not exist.

A SHAKY COURSE OF ACTION

It appears to me that the political, media and scientific orthodoxy has decided on a course of action for humanity that already is allocating trillions of dollars and a huge amount of our human capital to solve a problem that only exists on an extremely shaky scientific footing. In the developed nations of the world that purport to be governed along democratic principles, can a single member of the reading audience remember casting a vote on this course of action?

This is where that old adage of being wary of foreign invaders bearing gifts holds true. When politicians discuss climate change, they do so in terms that play either to our ignorance ("trust the science") or our emotions ("do it for the children"). When it comes time for these same politicians to discuss the costs and trade-offs they require, they consistently paint the remaking of the global energy system in the most positive of lights. Not only will it save the planet for the future, it will simultaneously pay for itself, reduce energy bills and solve all the ills of the world. None of this is remotely close to reality. When it comes time to actually implement these enormous societal changes, we can expect to see most politicians delaying the consequences until they know they will be out of office, all the while continuing to sing the same song and enriching themselves in the process. (See Al Gore as the case in point.)

It is time for more of us to begin questioning the accuracy and motivations of the climate-change proponents. If we do not hold the line now and business as usual is allowed to continue, we are going to spend the next fifty years allocating almost the entirety of humankind's resources toward solving a problem that likely does not exist. Of course, there is one shortcut solution to the human-induced climate change problem that does not require rebuilding the world's energy infrastructure: reduce Earth's population to less than one billion inhabitants. If seven out of every eight of us have to go to solve this problem, who decides who stays and who goes? No doubt, those same politicians knocking on our front door. ☹☹

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HILDA LABRADA GORE: Structured water is critical to good health. But what is it? How do we get more of it in the body? Can it help us detox from disruptive ingredients in Covid shots and other injections? And can it prevent or help us heal after heart attacks? Dr. Stephen Hussey, author of several books (*Understanding the Heart*,¹ *The Health Evolution*² and *Pain Sense*³) did a deep dive into what caused his own heart attack at age thirty-four and is convinced that structured water has everything to do with shoring up and safeguarding our health. Stephen, let's begin by talking about your heart attack.

STEPHEN HUSSEY: I'll start with my history. I'm a type-1 diabetic and have been since I was nine years old. That heavily predisposed me to heart disease, which is what I've been told my entire life by various doctors. I was always curious about why that would be and tried to learn about it, but I didn't learn much from medical doctors.

Since college, I was very good at controlling diet and exercise because those are things I could control. However, during Covid, I went through probably the most stressful time of my life. There were a lot of things happening that were frustrating to me. Then, I got some very stressful news about a close family member a day and a half before I had the heart attack. It wasn't just the news itself, but it was the inability of me or my family to do anything to help this person. We were just sitting around waiting and hoping that it was going to be okay. (In the long run, it was okay.) I got that news on a Sunday night. Monday, all of that was on my mind. On Tuesday morning, I woke up and, unwisely, tried to do a very intense workout. At the time, I would sprint up a hill, drop into push-ups and do lunges until I failed. Twenty minutes later, I started having a heart attack.

In addition to the stress and that work-

out—which was the straw that broke the camel's back—there were other things at play. I was dehydrated based on the way I was eating and not replacing fluid and electrolytes. There may have been some oxalate dumping going on based on where I was with my diet at that time. Looking back, there were oxalates in my urine upon testing. It was kind of a “planets aligned” thing. However, the interesting thing is that six months before my heart attack, I had a coronary calcium scan (CAC) score of zero, which means no calcified plaque in my arteries. On the angiogram, when they placed the stent (and I could argue that they may not have needed to do that, but they saved my life and I'm grateful that I'm still here), they found no atherosclerosis anywhere in my coronary arteries—just a “ginormous” clot.

HG: Was this the impetus for your writing *Understanding the Heart*?

SH: I had already started writing the book—and everything that I've written in the book I still agree with today—but I was able to include this story and my treatment in the hospital and all this stuff because of that. I was seeing the heart attack as a bad thing, because it was and I wish it hadn't happened, but it made me dive even deeper into this topic. I've discovered a ton since the heart attack and even since writing the book. I could probably make that book 50 percent longer now. I've discovered so many things that further the argument in the book.

One of the best things that has happened since then is that I have had many people reach out to me who have been through (or are scared of going through) the same thing. They'll say, “I want to talk to someone who's been through it because I just get the same repetitive answers from my doctor about pharma and everything.” It's almost become something that has allowed me to reach other people and help them.

Wise
Traditions



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

HG: Tell us a little bit about the relationship of structured water to the heart. You've written that a lack of structured water in the vascular system is related to heart attacks. Can you explain that?

SH: Structured water is everywhere in the body. It's what we're made of. That's why the tissue in my forearm feels like a gel and not like liquid water. It doesn't feel like a waterbed. Structured water forms on the lining of the artery.

There are lots of different components of heart disease, but the main ones that people talk about are vascular disease, atherosclerosis and plaque formation. When we look at what that is, it's clotting tissue. Clotting tissue is what atherosclerosis is. Anything like scar tissue—you cut your skin and a scab forms—that's clotting tissue. When you analyze atherosclerosis, according to some studies, it's about 87 percent clotting tissue. Very little cholesterol is present. There's a bunch of scar tissue there. That happens because if we damage the lining of the artery and the body can't repair it or it's excessively damaged, the body has to do something to stop the artery from being damaged or else it's going to rupture and create a bleed. So, it deposits this scar tissue, just like when you cut your skin and a scab forms. That's what atherosclerosis is.

To me, this whole chasing-down cholesterol thing is a wild goose chase. In reality, we should be asking "What is clotting?" and "What creates clotting?" Rudolf Virchow found that out in 1856. He concluded that three things [called "Virchow's triad"⁴] create clotting: damage to the lining of the artery, poor or stagnant blood flow (or interrupted blood flow) and elements of the blood being too sticky—that is, sticking together too much. Those are the things we should be paying attention to.

If we want to prevent clotting, how do we stop those things from happening? It turns out that structured water helps us do all those things. There are lots of different names for structured water ("fourth-phase" water, "exclusion zone" water or "bound" water) because lots of different scientists have come across it at different times, but it has some unique properties. One is that it forms on water-loving surfaces, and all biological surfaces are water-loving. When we have water, a biological surface and energy to the water, it will structure itself into this gel. That happens on the lining of the artery. They've shown that in Dr. Gerald Pollack's lab. The reason they call it an "exclusion zone" is because nothing can really penetrate it; it's this almost impenetrable barrier. The only things that can penetrate it are small hydrated ions of minerals. If we have intact structured water there, it's a barrier that protects the lining of the artery. That's number one in Virchow's triad—protect the lining of the artery.

HG: When we interviewed Dr. Pollack on this subject, we learned that this is a different form of water. We may have learned in science class that water is always a gas, liquid or solid, but Dr. Pollack discusses a fourth phase that's more gel-like. People always say, "The body is 60 percent water," but as you point out, it's not liquid—it's in this other form, and this is a good thing.

SH: That gel is like jello or like bone broth when you put it in the fridge

or like raw egg white. It's kind of gelatinous. There are lots of different fascinating places in the body that it forms, but one is the lining of the arteries.

The second thing is that because of the way structured water forms and how it cleaves off one hydrogen, you're left with an oxygen and hydrogen of water; those oxygens and hydrogens team up and form structured water. That makes the structured water very electronegative. The hydrogens that are cleaved off are right next to that. So, you have a positive and a negative area right next to each other—and that's a battery. We all know that when we put batteries in something, we have to align the positive and negative sides. That creates energy. Again, they've shown this in Dr. Pollack's lab; you can put electrodes of a light bulb into the positive and negative side of the water and power the light bulb.

In a tube (like an artery, a vein, a lymphatic system, or wherever), this energy that's created by the formation of structured water propels the fluid—because there is some liquid water in the body going—through the tube. They've shown that you don't need a contracting heart to do this. This is how most of the liquid moves in arteries and in the lymphatics.

HG: That's what Dr. Tom Cowan said in his book, *Human Heart, Cosmic Heart*: the heart is not a pump.⁵ This aligns with what you're saying.

SH: That's number two in Virchow's triad: keep blood moving. Stop it from being stagnant and interrupted.

And the third thing is that the elements of blood—whether red blood cells, lipoproteins or whatever else is in the blood—are also biological surfaces. Structured water from the blood (because the blood is about half water) forms on those things as well. When it forms on those things, it gives those elements of blood something called "zeta potential," which is a negative charge—because the structured water holds a negative charge. If you have two things that hold a negative charge around them and they get too close to each other, the negative charges repel each other so they stay evenly spaced in the blood. That prevents things in the blood from

clumping. They've done interesting studies where they look at live-blood analysis on people, and they see that after people do grounding and things like that, the zeta potential increases and the red blood cells are evenly spaced. That's number three in Virchow's triad: keep things in blood from coagulating or sticking together.

If we build structured water in the body, it would prevent all the things that encourage clotting to happen in the vascular system. In my case, I got into a state where that stuff didn't happen, or I had low amounts of structured water and then I did that workout. It created a lot of inflammation, because a workout is slightly inflammatory, and a clot formed. The reason that it happens most commonly in coronary arteries is that they're under the most pressure of any arteries, especially the left anterior descending arteries. If there are things that break down structured water, they get pushed up against the lining of the artery more. That's why more atherosclerosis happens there and why heart attacks are more common than "liver attacks" or things like that. There are liver infarcs and kidney infarcs, but they're much less common than heart infarcs.

HG: If people want to learn more about structured water, they can check out the interviews we did with Dr. Gerald Pollack, and Tom Cowan has spoken about it at our conferences. I love the fact that the earth has energy which helps structure the water in our bodies in the proper way so that it can do all those good things. When I interviewed Tom, he said, "The best thing you can do for your health is walk on the beach barefoot, holding hands with a loved one," and Pollack said something similar.

What does structured water have to do with the Covid shots?

SH: It's not just the Covid shots. In my research for my next book, I was reading Gilbert Ling and some of his work on bound (structured) water in the cell. I noticed that he used polyethylene glycol (PEG) or ethylene glycol in some of the experiments that tested what would happen to a cell. Ethylene glycol helps things get into cells, and they didn't know why.

Ling figured out that the reason it helps things get into cells is because it breaks down structured water. I found this very interesting that when he injected ethylene glycol into cells, at first he would find that the cell would shrink, which almost suggests more structured water being formed (because structured water is denser and more compact than liquid water). Very soon after that initial shrinking, however, the cell started to expand, which meant structured water was being destroyed. Once it becomes liquid water again, the liquid water expands. It takes on a formation that looks like ice, but ice is less dense—that's why it floats in water. Structured water is denser; it becomes more compact.

Ethylene glycol is one of the ingredients in some of the vaccines. It was polyethylene glycol, which, by definition, is just a string of ethylene glycol molecules.

HG: I've heard that PEG is found in ice cream.

SH: It's found in a lot of different things, like various household products and foods, but in very small amounts. Here's the problem: If you do a search on the Internet, they'll say, "It's not toxic in the amounts that you're exposed to." Based on the literature I found, it seems that when you *ingest* it, your body is pretty good at absorbing it and then filtering it out through the liver and kidneys and getting rid of it pretty ef-

Structured water gives those elements of blood something called "zeta potential," which is a negative charge—because the structured water holds a negative charge.

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fectively. However, if you bypass the body's natural mechanisms of how we're supposed to be exposed to things by *injecting* something right into the skin—especially in the levels in these injections—then that's a problem, because now the body's natural protective mechanisms have been removed. And injection was the pathway of administration in this case.

HG: This key ingredient, PEG, is found in shots and may be the cause of clotting, myo- and pericarditis and high blood pressure. As you pointed out, it's not just the Covid shots; other shots have this ingredient, too, is that right?

SH: It is the Covid shots, specifically, that have polyethylene glycol. What I'm saying is that there are other ingredients in other injections that are also known to destroy structured water or are seen as oxidative stress molecules. Structured water has a lot of electrons to donate, so if you put a lot of oxidative stress into something, that will break down structured water. But it's the pathway of administration that's the problem. It's being directly injected into tissues.

The body has ways of protecting us. If we ingest something bad, we can get a lot of it out; even if too much would still be toxic, we can get some of it out. If we inject things right into the tissues, then those mechanisms don't protect us.

HG: What are the titles of Gilbert Ling's books?

SH: One is *A Revolution in the Physiology of the Living Cell*,⁶ and I think the one I was reading was *Life at the Cell and Below-Cell Level*.⁷

HG: If someone has gotten the Covid shot, are they likely to suffer issues related to PEG?

SH: PEG helps me explain a lot of the different adverse reactions that we saw reported with these injections. The reactions can happen immediately after the injection, or—when you understand the mechanisms—they can also happen further down the line if we don't do things that help get rid of the polyethylene glycol once it's there. Now, it's in there having this effect, and let's say we go through a stressful time in our life—perhaps we get some other toxin exposure or we don't ground or get sunlight and those types of things—over time, PEG becomes a contributor that eventually predisposes us to these adverse reactions again.

It can happen maybe even years later if we don't get rid of the polyethylene glycol. Think about structured water and what it does and that it's a battery and holds this negative charge. Every physiology student learns that our cells hold a net negative charge. They're told that it's because of big proteins in the cell or that there's a concentration of chloride ions in the cell, but really, it's because the cells are made of structured water and are holding that negative charge. However, if you inject something that breaks down that negative charge, then you lose the voltage in your cells. What's been shown is that when voltage drops in cells, we get a histamine release, which is anaphylaxis if it goes body-wide, or it could

be a local histamine reaction, which is the redness or swelling of a local site.

That's what we see. People get injections with this stuff. They get a local inflamed reaction, or if it affects them systemically, they get anaphylaxis. What's happened is the body's voltage has dropped because we've injected something that destroys that voltage. That's what anaphylaxis is. When you have an allergic reaction, whatever you're responding to is dropping the voltage in your body.

HG: I'd love to get to some solutions, too. You've talked about a couple of ways in which we can handle PEG or other adverse chemicals and adjuvants that are in vaccines, such as getting our feet on the ground and getting sunlight. What else can we do to restructure the water in our bodies?

SH: Yes, that is the first step. When you've got something in there that's destroying the structured water and you want to give your body any chance of eventually getting rid of it, you have to build up the charge first. In some circles, they refer to this as “redox before you detox.” You have to build up your negative charge before your body can even think about getting rid of it. This means focusing on the things that build structured water.

First, we need to have the raw material. We need to have water. That water needs to be free of toxins because different toxins interfere with structured water formation. Specifically, in Dr. Pollack's lab, they tested glyphosate. I think it was glyphosate that caused a five-fold decrease in structured water formation. It was either that or a wireless router. I can't remember which was which, but they were both bad! Those two things interfere with structured water formation.

Second, grounding or putting your feet directly on the earth will build structured water.

Third, sunlight or infrared light is the most structuring to water. The far end of infrared (which is three thousand nanometers) is the most structuring, but near-infrared and red light, will all do it. Even blue light will do it but it needs to be balanced by other colors of light. It should never be on its own like these modern indoor light bulbs. Blue artificial light on its own

becomes very damaging and can decrease the ability of structured water to form.

Fourth, even just moving your body is good—gentle stretching of the fascia, like yoga or just walking. When you gently stretch fascia, it creates a piezoelectric effect that creates electrons from that. Those electrons are used to build structured water.

Fifth, the heart is a vortex that spirals water and blood. Vortexing water in the presence of oxygen (the blood is always full of oxygen) will energize water so that it can structure itself in the body. There are things we can do to water to do that before we ingest it. The most low-tech way is to swirl it around in your glass. There are fancy devices and machines you can buy that will do it. You can put water in the sun or close to Earth's electromagnetic field. Lots of different things will create this energy to water so that it more readily structures itself when it gets next to those biological surfaces in your body.

Finally, the last thing is mitochondrial health. People think, "Mitochondria make ATP." They do indeed do that, but they also make infrared heat, which is structuring to water. They make water itself, which is very important. We need healthy mitochondria to do those things. That comes from a whole-foods diet but also from sunlight and grounding and other things as well. Optimizing your circadian rhythm is very useful for mitochondrial health.

HG: Are the protocols you've mentioned for detoxing, too?

SH: Some of them will help with detoxing, especially grounding and infrared light. Sunlight is always best, but you could use infrared saunas and red light panels, too. Those things are helpful for getting fluid moving in the body like blood and also lymph, which is where we're getting rid of toxins. The most important thing is circadian rhythm and sleep because your body cleans house and repairs at night. If we don't have enough melatonin because our circadian rhythm and often our light environment are off, then that doesn't happen very efficiently at night.

When our body gets the signal that the sun has set and it's dark, then we get melatonin production. We also get melatonin production

throughout the day from near-infrared exposure to the body from the mitochondria. When we get the signal, "no blue light," we increase melatonin production. That not only tells you to go to sleep but also triggers lymphatic drainage, the repair of the gut lining and arterial lining, and mitophagy and autophagy that are supposed to happen every night to kill old cells and mitochondria in order to make new healthy ones. All this is supposed to happen at night while we're sleeping, especially between the hours of midnight and 2:00. That's when melatonin production is the highest. That is absolutely key.

I tell the story of someone who recovered from a Covid injection injury in an article that I wrote on my website. She was doing many things—taking all these supplements and trying everything—but it wasn't until she started getting sunlight, grounding and optimizing circadian rhythm that her body was finally able to charge up enough, and then have these detox processes happen and push that out. She started feeling better, and she's back to living mostly a normal life according to her. It's pretty amazing.

HG: When I was in Ethiopia's Omo Valley, I saw indigenous people going to sleep shortly after the sun went down and then waking up with the sunrise. Talk about having every cell in your body sync to nature and your natural circadian rhythm! Unfortunately, in developed countries, we are injuring ourselves on a cellular level. It's nice to know that the simplest hacks are free and from ancestral traditions that we would do well to revisit.

SH: It also helps to understand that when people do get sick or injured by something like a Covid injection or something like that, even if it seems like it's going on forever, if you look at the environment they're in, that environment is what is keeping them in that state. It would be silly for life to have mechanisms where you stay like that forever if you're injured. The issue is the environments that our modern world has created for us; that's what is preventing us from being able to recover from most of these things. If we put ourselves in the right environment, then our body knows what to do. It gets rid of these things, and it heals itself and figures it out. We just have to change the environment.

HG: Devin Burke said, "If you're stressed all day long, don't expect to put your head on a pillow and fall asleep immediately." From what you said about your heart attack, stress was a factor. We can't use sleep as a detoxing mechanism if we're anxious and working until the moment right before we go to bed.

SH: It's all about the cortisol-melatonin balance. We see the sunrise, and the blue light comes above the sunrise; then it peaks, and then cortisol is supposed to go up. If we do things in the morning that spike cortisol too fast, for example, we see unnatural light first or we have coffee before having a satiating protein meal or something like that, then those things can spike cortisol higher. If we have a very stressful day, that spikes cortisol even higher. Then the sun starts to go down, and cortisol comes

down, but because we did all these extra things, the spike comes down only so far. Then, melatonin starts to come up because we get darkness (or maybe we don't get darkness and it doesn't come up). Maybe we fall asleep because melatonin is higher, but at midnight or 2:00 AM when melatonin peaks, if cortisol is still high, we wake up, or we don't get those cleansing detoxification mechanisms.

This lifestyle that's pushing cortisol too high is messing with that cortisol-melatonin switch that's supposed to happen. Cortisol is seen as this bad stress hormone thing, but it plays a role. It's very healthy, but when it's out of balance, it messes with melatonin. We're doing things that raise too much cortisol and don't produce enough melatonin. That's the issue. Even if people are sleeping through the night, they may not be getting this deep restorative REM or deep sleep that they're supposed to get.

HG: Dr. Jack Kruse often says, "You can't heal in the environment that made you sick." What about the person who got Covid boosters, too? Do they have any hope for detoxing?

SH: I think so, especially if they've gotten boosters and haven't seen any major adverse reactions so far. That bodes well that your body is handling this burden pretty well. The solution involves doing the things that we're talking about. Start these things as soon as you can so that you start getting rid of these things—because life is going to happen.

The analogy is like a bucket. Everybody has a bucket. When the bucket overflows, you start to get symptoms. Let's say there was nothing in your bucket, and you got a Covid shot and all the boosters. Maybe the bucket is three-fourths full now because of those, but it's not overflowing yet. You could encounter things in your life that make it overflow. You can do things now—even if you had no reactions—to decrease what's in that bucket, to get rid of the injection ingredients and get rid of those things. It's important for anybody who had these injections to start doing these things and start living this lifestyle, not only to prevent any adverse event from the polyethylene glycol or the polysorbate 80 that's in there, but also to prevent all diseases in general. Take things out of your bucket. That's huge.

HG: If the audience could do one thing to improve their health, what would you recommend that they do?

SH: Optimizing your circadian rhythm is the biggest thing. It not only does these mechanisms by which it helps us improve sleep and especially the amount of restorative sleep we get, it is also a major player in what's called coherence. Having body coherence and heart coherence is huge for interbody communication and the ability of the body to encounter the world, handle it, have a healthy response to it and connect with the world—not just the person in front of you, but the people very far from you that you can't even sense. Coherence is what's connecting you to the field. The circadian rhythm is huge. There's a reason that we have this natural day and night cycle. We should be wise to sync our bodies to that and be in touch with that. 

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All Thumbs Book Reviews

The Complete Cooking Techniques for the GAPS Diet

By Monica Corrado, MA, CNC, CGP
Selene River Press

Monica Corrado is a certified GAPS practitioner, a holistic certified nutrition consultant and a teaching chef. She brings her years of experience and knowledge to us in *The Complete Cooking Techniques for the GAPS Diet*.

Well-known to many WAPF members, Corrado walks readers through all the cooking techniques needed to successfully follow the GAPS diet, a healing nutritional protocol developed by Dr. Natasha Campbell-McBride and explained in detail in Campbell-McBride's books *Gut and Psychology Syndrome* and *Gut and Physiology Syndrome*. The GAPS diet removes foods irritating to the gut and then, more importantly, introduces healing foods such as meat stock so that the gut can be "healed and sealed." This diet has helped thousands of people to heal from all kinds of chronic illnesses.

Corrado provides us with an excellent companion volume to Dr. Natasha's work. The book begins with a general overview of the GAPS diet protocol and its various stages. Corrado then takes readers through crucial elements of the diet, including meat stock, cultured dairy, lacto-fermented foods and properly prepared nuts and seeds.

First and foremost—and foundational to GAPS—is meat stock. Corrado explains the important differences between meat stock and bone broth (among others, the lack of glutamic acid in meat stock) and the basics of making meat stock, discussing ingredients, techniques and tools and providing recipes for several varieties of meat stock. She also covers when to introduce and how to prepare bone broth.

In the section on cultured dairy, readers learn both the "how" and the "why," including how to obtain the best milk. Helpfully, Corrado walks readers through when and how to introduce dairy and discusses protocols for those

sensitive to dairy. Recipes and techniques cover everything from whey to kefir to sour cream and yogurt.

Another crucial element of the GAPS diet is lacto-fermentation, and homemade lacto-ferments (rather than store-bought) are a must. Again, Corrado reviews not just the "how" but the "why" so that readers can successfully integrate these healing foods into their diet. Her demonstration of various methods, starters and types of ferments makes this section easy for readers to use.

Going without any grains is a requirement of the GAPS diet and, for many, is not an easy task. Have no fear! Corrado helps readers through the proper preparation of nuts, beans and seeds and describes how to gradually introduce grain-free baked goods into the diet. As most WAPF members already know, nuts and seeds contain antinutrients and are best soaked or sprouted prior to consumption. This is no different on the GAPS diet. Techniques for soaking, sprouting and fermenting are all covered and Corrado provides recipes for bread, muffins and pancakes.

Once a person has used the GAPS diet to fully heal, he or she can slowly reintroduce different foods again. Corrado covers this transitional diet and helps readers determine exactly which foods to reintroduce and how. After GAPS, she urges readers to move on to the Wise Traditions diet, so she provides some background on the Weston A. Price Foundation and an overview of the Wise Traditions diet.

As someone who is working through GAPS herself, I find this book a fantastic companion to Dr. Natasha Campbell-McBride's work. Exactly what to eat, how to obtain it and how to prepare it are all fully covered in clear and concise detail that leaves readers with no room for confusion. I would heartily recommend this book to anyone following the GAPS diet and give it a full thumbs up!

Review by Jacqueline Garcia



Exactly what to eat, how to obtain it and how to prepare it are all fully covered in clear and concise detail.

All Thumbs Book Reviews



Real Food for Pregnancy: The Science and Wisdom of Optimal Prenatal Nutrition

By Lily Nichols, RDN, CDE

Published by Lily Nichols

Consider this pregnancy meal plan: A breakfast of oatmeal, low-fat milk and strawberries; a morning snack of trail mix; a turkey sandwich with “light” mayonnaise, a salad with French dressing, a banana and low-fat milk for lunch; an afternoon snack of carrot slices and whole wheat crackers; a dinner consisting of coleslaw with “light” mayonnaise, grilled salmon with oil, steamed broccoli, white rice and low-fat milk; and an evening snack of air-popped popcorn. This sounds like a recipe for a meltdown, right? Hardly any protein or fat, carb-centric and skimpy—not good for anybody. Definitely not nutrient-dense!

Believe it or not, the sample meal plan is from a policy paper titled “Nutrition and Lifestyle for a Healthy Pregnancy Outcome” published by the Academy of Nutrition and Dietetics, which governs the practice of registered dietitians and influences nutrition public policies in the U.S. This academy is likely made up of “diet dictocrats” (so dubbed by Sally Fallon Morell years ago) who are still at it in the year

2024. They are not only hurting the American public with their erroneous advice but also unwittingly targeting the most vulnerable among us: pregnant women and their developing babies.

When registered dietitian Lily Nichols came across these recommendations for pregnant women, she knew it was time to act. In 2018, she sat down to write *Real Food for Pregnancy* to offer a more reliable guide for a healthy pregnancy and baby, with a focus on nutrient-density based on ancient dietary wisdom. Nichols relies heavily on the work of Dr. Weston Price, citing his work in the early pages of Chapter One and sprinkling quotes and anecdotes throughout. She also emphasizes the scientific evidence that backs his findings and her own recommendations.

Along the way, Nichols dispels some common myths. For example, she notes that while “eating for two” implies that mothers-to-be need to eat double the quantity of food, in reality, a pregnant woman’s energy needs will go up by as little as an extra seventy calories per day, meaning that they need to “eat for 1.1.” Numbers aside, Nichols points out that mothers should think in terms of “quality over quantity,” keeping in mind that the baby is relying on mom for nourishment. And what “quality” foods does she

BOOK REVIEWS IN **Wise Traditions**

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

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

All Thumbs Book Reviews

Real Food for Fertility: Prepare Your Body for Pregnancy with Preconception Nutrition and Fertility Awareness
By Lily Nichols, RDN, CDE and Lisa Hendrickson-Jack, FAE, HRHP
Fertility Food Publishing

More than seventy million couples worldwide have received an infertility diagnosis (applied when couples do not become pregnant after having unprotected sex for a period of twelve months or more). Rates of miscarriage and pregnancy loss are also rising, attributed to embryo abnormalities and problems with implantation, among other complications. This is the opposite of what Dr. Price observed nearly a century ago among isolated indigenous people who not only were fertile but intentionally made provision for the next generation by making sure couples who hoped to conceive were well nourished.

The authors of *Real Food for Fertility*, Lily Nichols and Lisa Hendrickson-Jack, kick off their 2024 book with a discussion of “Why preconception nutrient stores matter.” They understand and communicate the need to be “nutrient replete” before conception in order to support optimal egg and sperm health, a healthy menstrual cycle, hormonal balance, proper cervical mucus production (key for the survival of the sperm on its journey to fertilize the egg), ample endometrial development (for proper egg implantation), a functional placenta and physiological adaptation to pregnancy.

The two authors cite and are clearly aligned with Dr. Price’s work, pointing to the wisdom of indigenous cultures and inviting modern couples to follow suit—because preparing for conception provides the best outcome not only for the couple but for their children and their children’s children. Women are born with all of the eggs that they will ever have, but the



recommend? Eggs, liver, bone broth, seafood—all the good stuff you’d expect from a self-avowed unconventional (Weston Price-y) dietitian.

Nichols also highlights foods pregnant women should avoid, though she is careful to point out that no food is inherently safe or dangerous. She points out, for example, that raw milk can be safer than fresh vegetables, if *E. coli* outbreaks are any indication. As for seafood, dietitians often tell pregnant women to avoid it because of the risk of food poisoning or excessive exposure to mercury. While Nichols does recommend proceeding with caution (especially for shellfish) and encourages women to make sure that the seafood is wild-caught and not farmed, she also observes that eating raw fish may be beneficial: “It turns out that in some types of fish, including salmon, bioavailability of selenium is higher when it is eaten raw. Given the role of selenium in preventing mercury toxicity, this could be your body’s way of protecting you.”

Included on the list of foods that do not build a healthy baby are alcohol, caffeine, highly processed carbs, sugar and certain artificial sweeteners. Unfortunately, and to my surprise, stevia makes her “okay to eat” list (WAPF recommends green but not white stevia). Another point of disagreement is that Nichols often mentions nuts as a source of protein and fat, but even in her meal plan in the back of the book, there is no mention of how to properly prepare them; that is, there is nothing on the importance of soaking and dehydrating them to neutralize antinutrients

like phytates and enzyme inhibitors.

That said, overall, there is very little to quibble with here. Nichols recommends whole, real foods over supplements. And she knows her stuff. When covering which foods a woman should eat to get sufficient iron, the chart top-pers include chicken and beef liver, oysters and beef heart. In a side note related to iron, Nichols points out that cravings for ice can be a sign of iron deficiency. There are helpful and practical bits of information like this throughout, as well as a bullet-point summary at the end of each chapter. This insightful and well-researched book is certainly one of the most practical and informative I’ve ever read on pregnancy, and one that WAPFers can purchase for mothers-to-be with confidence. It deserves a hearty thumbs up. For paperbacks, a free gift is on offer for those who purchase directly from her website (lilynicholsrdn.com/real-food-for-pregnancy/).

Review by Hilda Labrada Gore

quality of the egg released each month during the menstrual cycle is a reflection of the overall health and nutrient status of the woman during the previous three to eight months. This is why taking steps to ensure fertility prior to conception is critical.

To optimize nutrition and fertility, the body should be well nourished and relaxed. Unfortunately, our modern lifestyles are a mismatch, with a diet of more sugar and less fat leading to more infertility and fewer babies. One study of thirty-eight hundred women in North America planning a pregnancy showed that those who drank seven or more sugary beverages per week (compared to none) took 20 percent longer to conceive. One sweetened drink per day made a significant difference on the outcome.

By decreasing our intake of healthy fats, the authors note, we have decreased our intake of numerous fertility-supportive micronutrients, including zinc, iron, vitamin B12, choline, vitamin A, iodine and DHA. Arguing that women must learn to embrace fat again, they advise avoiding “naked carbs” and including a source of fat at each meal and snack. They also emphasize avoiding refined vegetable oils (high in omega-6 fatty acids and usually rancid) and returning to animal fats such as lard, tallow, duck fat and chicken skin and dairy fats like butter, ghee, heavy cream and sour cream. Additionally, they recommend coconut oil and “unprocessed” olive and palm oils, as well as avocado and nut oils. The Weston A. Price Foun-

dation does not encourage consumption of the two latter oils, and we have also found that the amount of omega-6 in olive oil can vary widely (see “The Olive Oil Conundrum” in the Fall 2024 issue of *Wise Traditions*).

That said, almost everything the authors recommend is in alignment with WAPF’s dietary principles. In particular, the authors point to nutrient-rich foods like eggs, liver and seafood to prepare the body for motherhood: “There’s ample research showing that seafood consumption has a beneficial effect on fertility. In a 2018 study of over 500 American couples planning to conceive, those with the highest intake of seafood had the shortest time to pregnancy.”

Women’s bodies, Nichols and Hendrickson-Jack remind us, can give off menstrual cycle-related warning signs that we’re off track. Signs that the body is nutrient-deficient or stressed include missed periods, scant or light periods, mid-cycle or premenstrual spotting, increased PMS symptoms and/or a short luteal phase.

For women who hope to conceive, the authors are against skipping breakfast and doing intermittent fasting. They also cover how vegetarian and vegan diets are not fertility-enhancing, emphasizing that animal products are richest in the nutrients the body needs. For example, growing embryos require glycine, the most abundant amino acid in collagen, and “the relative concentration of glycine in plants is very low compared to animal sources.” They note that pork rinds are very high in glycine (6,760 mg per 2 oz) versus 280 mg and 60 mg, respectively, in one-half cup of black beans or one-half cup cooked spinach.

Beyond diet, other practical tips woven throughout the book include suggestions for lowering exposure to non-native electromagnetic frequencies, strategies for improving sperm and egg quality, tips for addressing reproductive health challenges like endometriosis and polycystic ovary syndrome (PCOS) and the advice to adopt skepticism toward conventional advice from media or scientists with agendas. I give this book an unequivocal thumbs up for those seeking ancestral answers for modern fertility concerns.

Review by Hilda Labrada Gore

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Children's Book Reviews (Ages 5-12)

A Fine Dessert: Four Centuries, Four Families, One Delicious Treat

By Emily Jenkins

Illustrated by Sophie Blackall

Schwartz & Wade

This elegantly illustrated picture book highlights a famous English dessert, “Blackberry Fool,” and how it has remained a popular dessert through the centuries even though the methods of obtaining the ingredients have changed. It begins in 1710 England where a mother and daughter pick fresh blackberries from the field, beat fresh cream from the cow, strain seeds from the blackberries and mix the berry juice and cream with a bit of sugar to then be chilled in a hillside with winter ice. After a family supper, the dessert is served and enjoyed by all.

One century later, in South Carolina, one family prepares the same dessert, only the cream is delivered by a horse-drawn carriage and chilled in an ice box in the basement. Another century later, in 1910, a mother and daughter purchase fresh blackberries from a street market in Boston, Massachusetts and receive pasteurized cream from the milkman on their front step; after chilling in the kitchen ice box, the dessert is enjoyed following a lovely Sunday dinner.

Finally, in modern-day 2010, a father and son purchase blackberries and organic cream from the supermarket, prepare the dessert and store it in their refrigerator, later enjoying it with friends at a dinner party.

This book expertly highlights for children the warmth and comfort of preparing their own food and enjoying a meal surrounded by family and friends. It also fosters discussion about changes in the food system and how the freshness of cream from a cow, for example, is different than organic pasteurized cream from the store. The book finishes with a recipe for Blackberry Fool as well as some history behind the dessert and the time periods when it was made. A lovely read to be enjoyed by the whole family, especially if the dessert is made!

Beatrice's Goat

By Page McBrier

Illustrated by Lori Lohstoeter

Atheneum Books for Young Readers

This beloved true story takes place in a village in Uganda, where a poor and uneducated but hardworking family is given a goat. The eldest daughter, Beatrice, has the responsibility of caring for the goat, named Mugisa (which means “luck”). Although she is skeptical at first, Beatrice begins to realize the benefits of owning a goat, which provides healthy and delicious milk for her family and brings in money from selling the extra milk to the people of the village. Although Beatrice longs to at-

tend school like some of the other children in her village, she realizes her priority is to help her mother and siblings at home. Over time, however, Beatrice earns enough money for her family that her mother is able to afford to send her to school—Beatrice's one wish! Brilliantly illustrated, and filled with many positive examples of living off the land, working hard and saving money for worthwhile things, this story is a must-read for children and gives an excellent view of living situations in another culture very different from our own.

A Year Around the Great Oak

By Gerda Muller

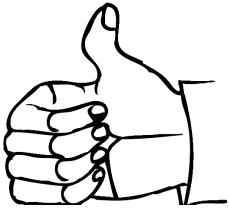
Floris Books

First published in 1991 under the title *Unser Baum*, this delightful and colorful picture book is a nature-lover's dream! The story centers around a three-hundred-year-old great oak tree nestled in the forest near where Uncle John, a forester, and his family live. When relatives come to visit, they are taken to see the great oak in all its fall beauty. This beloved tree soon becomes the center of the children's lives; they climb the tree, play in its shade, forage for edible foods and build dens nearby to observe nature and wildlife. The visiting relatives can't wait until the next school break to come and play again, and they continue to return each season to see how the great oak and the rest of the forest has changed.

Children will delight in learning about different animals of the forest and their eating and sleeping patterns. Gerda Muller's detailed illustrations are a feast for the eyes. The book finishes in the summer as the children in the area throw a birthday party to celebrate the great oak tree's three hundred years.

Reviews by Katy Vander Woude

Tim's Video Reviews



Shh! Don't Mention SV40

Dr. Sam Bailey

https://drsambailey.substack.com/p/shh-dont-mention-sv40?publication_id=1105864&post_id=147303027&r=20k5f&triedRedirect=true

Dr. Suzanne Humphries is an exceptional person who has done much for the human race. When she says that “virus deniers” admit that the SV40 virus does exist, she proves that even exceptional people can be wrong. Perhaps some virus deniers do believe SV40 is really a virus, but Dr. Sam Bailey does not fall for that trick. She goes all the way down the rabbit hole to see what passes for science behind SV40.

She finds the usual shenanigans. There is a lot of money to be made off of any fairy tale that succeeds in scaring people into thinking we need to do something or we are all going to die. When we go all the way back to the beginning in 1960, researchers convinced themselves that monkey kidney cells contained a carcinogenic goop they named simian virus 40, or SV40. Because polio vaccines contained this goop, it was a matter of some concern. How did they prove that SV40 exists? They exposed healthy cells to this goop, and the healthy cells died. Why did they die? Because the goop contained SV40. How do they know the goop contained SV40? Because the cells died. This kind of circular reasoning would make the Tasmanian devil dizzy. A big puddle of this is often what you find at the bottom of these rabbit holes.

Early in the video, a good quote by Dr. Ulric Williams is displayed. To paraphrase, he says it doesn't take a rocket scientist to be suspicious of the idea that injecting a vaccine full of filth into a healthy person will keep him well. The above twisted reasoning can't be called science unless you mix it with a lot of money. That will turn many scientists into babbling idiots. The thumb is UP.

I guess what the scientists are saying is that, after thousands of years of exposure, we have become allergic to our food and our environment.

War on Meat: Alpha-gal Syndrome

Dr. Sam Bailey

<https://drsambailey.substack.com/p/war-on-meat-alpha-gal-syndrome>

Here we have another red pill from Dr. Sam Bailey, and we are down another rabbit hole getting to the bottom of alpha-gal syndrome. What the heck is that? As Dr. Bailey cleverly points out, it has nothing to do with feminism. The scientific high priesthood of ultimate truth would have us believe that there is a new syndrome out there caused by a combination of meat, tick bites and climate change.

We've been eating meat for thousands of years, and I'm pretty sure ticks have been biting us for a similar length of time. Climate has been changing for as long as we have had a climate. Climate has been both warmer and colder in the last couple thousand years than it is now. There is nothing new going on here. So, I guess what the scientists are saying is that, after thousands of years of exposure, we have become allergic to our food and our environment.

These same people tell us that in 2010, beef alone was responsible for 25 percent of food-related greenhouse gas emissions. Let's break that sentence down and notice how little it actually says. What percentage of our atmosphere is polluted by “greenhouse gas emissions”? And what percentage of that is food-related? The greenhouse gas that gets the most air time, so to speak, is carbon dioxide. I have a CO2 meter that tells me that CO2 levels are a little over 400 ppm—that's parts per million. If you convert that into a percentage, you will have a decimal point followed by a bunch of zeroes before you get to a non-zero number. And then cows are a fraction of that. Again, cows have been around a long time, so I'm not sure why they are suddenly a problem.

But it gets better. Here's a quote: “Due to difficulties with diagnosis, the CDC says that up to 450,000 Americans in total may have

Tim's Video Reviews

developed meat allergies due to alpha-gal.” Maybe I’m not supposed to notice this, but the first part of that quote basically says they don’t know what they are talking about, but they are going to go ahead and scare us anyway by telling us that our traditional food may be bad for us. How do we know alpha-gal exists? Because we are allergic to meat. Why are we allergic to meat? Because we have alpha-gal.

By this reasoning, I can safely conclude that I have a genetic defect called anti-unicornism that makes it impossible for me to believe this unicorn science. How do I know I have this genetic defect? Because I don’t believe the unicorn science. Why don’t I believe? Because I have a genetic defect. So there.

Other things are thrown in to muddy the waters. Researchers like to use Jimmy Dean sausage to generate evidence against meat. I have a friend who has a secret burger recipe that includes Jimmy Dean. It is quite tasty, and I have eaten several of those burgers with no ill effects (so far). So, yes, Jimmy Dean is a meat-like substance, but it contains a wad of ingredients that I wouldn’t want to eat on a regular basis. Any ill effects that do result from eating Jimmy Dean prove nothing about real meat. Many good points are made in this video, and the thumb is UP. So there.

The Worst Ingredient in the World –

Interview with Dr. Chris Knobbe

Dr. Eric Berg

<https://www.youtube.com/watch?v=MUYvGyNXvPk>

It Ain’t What You Don’t Know That Gets You Into Trouble. It’s What You Know for Sure That Just Ain’t So.

A lot of people are sure they know Mark Twain wrote or said that somewhere. Ironically, no one can prove it, and no one seems to be sure who originated that quip. Here’s another one most people would assume is true. From 1922

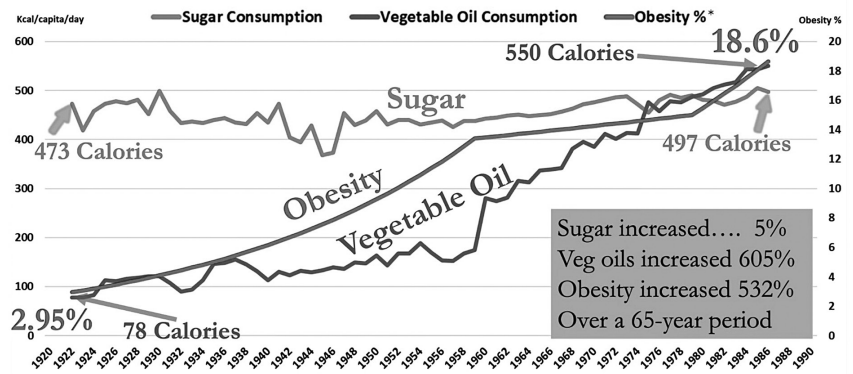
to 1987, sugar consumption skyrocketed. Well, according to the USDA Economic Research Service, average sugar consumption went from four hundred seventy-three calories per day in 1922 to four hundred ninety-seven calories per day in 1987. Not much of a rocket in that sky. Meanwhile, obesity skyrocketed over 500 percent over that time period and diabetes around 2000 percent. The correlation between obesity or diabetes and sugar is weak. No one is defending sugar as a harmless or nutrient-dense food, but there is a much more likely villain in this case. As shown in a key chart from the video, that would be seed oils.

Dr. Chris Knobbe explains that unsaturated fats in seed oils can be used as energy by mitochondria, but doing so damages the mitochondria so that they work much less efficiently or not at all. Then your energy levels go down because that is where energy comes from. Then you get hungry and eat more, trying to obtain more energy. This cycle also destroys your ability to assimilate vitamins A, D and K₂. Everything snowballs from there.

He gives us some interesting details about the history of seed oils. Back, back, back in the mid-1800s, cottonseed oil was used as machine oil, lamp oil and other things. We ate no seed oils. When food companies first tried to

How do we know alpha-gal exists? Because we are allergic to meat. Why are we allergic to meat? Because we have alpha-gal.

U.S. Obesity vs. Sugar and Vegetable Oil Consumption: 1922 - 1987



Sugar Data: USDA Economic Research Service (ERS). Vegetable Oil Data: Knobbe C, Stojanowska M. Medical Hypotheses. 2017; 109: 184-198. Obesity statistics: see references herein. *Obesity data is interpolated between 1980, when it was 1.2% in males ages 18 – 80 years (Carson, SA), and 1960, when obesity was 13.4% (NHANES). U.S. © C. Knobbe, 2022. Ancestral Health Foundation.

Tim's Video Reviews



convince their customers to use cottonseed oil, that didn't sell too well. It would be like trying to get us today to consume 10W30 motor oil. Yum. They eventually found a way to make cottonseed oil look like lard (Crisco), and then it started to take off. Seed oils got a further boost when they started demonizing saturated fats.

Why would they do this? Why do corporations do anything (\$\$\$)? Eighty grams of soy oil costs less than six cents. The same amount of butter costs thirty-six cents. The math is pretty simple. They can charge dollars for pop tarts that cost pennies to make. That's a nice racket if you have no conscience. One further point: it takes an obscene amount of corn to make one tablespoon of corn oil, and the field corn used to make this oil is not something any human would want to eat, but in a world where food supply is increasingly a concern, using land and labor resources for something that is slowly killing us seems a tremendous waste. Some might call it a crime against humanity.

Knobbe briefly summarizes what kind of food we should eat. The best stuff is food that doesn't have a label—meat, eggs, fruit and dairy that hasn't been corrupted (sadly, most ice cream would not qualify). Contrary to what food and pharmaceutical corporations might want you to think, we are not machines that need to be lubed up with machine oil. The thumb is UP.

***Why Factory-Made "Cooking Oil"
Is Bad for Health***
Free Science 365
[https://www.youtube.com/
watch?v=0Imlp722I5Y](https://www.youtube.com/watch?v=0Imlp722I5Y)

We get some good cooking oil history in this video. First, one point of accuracy for the perfectionist: vegetable oils are really seed oils. Now for the history.

In the panic of 1837, Proctor & Gamble (P&G) started making candles and soaps out of cottonseed oil instead of animal fats. In

1882, Edison started his company, which produced direct current electrical power. In 1886, Westinghouse began to compete with alternating current power. This meant the demand for candles tanked.

In 1901, P&G found that cottonseed oil could potentially be used as cooking fat except for two small problems. First problem: it stank. Second problem: there were two toxic components called gossypol and CPFA. Gossypol has minor side effects like infertility, liver damage and digestive problems. I don't remember what CPFA stands for, but if I told you, you wouldn't remember either, so who cares? The thing to remember is that it causes cancer. Unprocessed cottonseed oil also was liquid at room temperature and that did not appeal to customers at that time.

In 1903, they learned how to hydrogenate the oil so that it was solid at room temperature. Bleaching and deodorization took care of the smell and reduced toxicity enough to get away with marketing it as a cooking fat. So, it went from waste in the 1830s, to industrial lubricant in the 1870s, to soap in the 1890s, to food in the 1910s.

In 1933, the Agricultural Adjustment Act forced cotton growers to reduce production, so P&G switched from cotton to soy, which was cheaper. In 1949, the American Health Association (AHA) received \$1.7 million from P&G. Shortly after that, AHA began to promote seed oils and demonize animal fats. Coincidence, I'm sure.

Seed oils are produced using toxic hexane, and the process generates major oxidation, which continues as the product sits on the shelf. Our infallible and morally unimpeachable government watchdogs seem to think that is fine. It is fine as long as you leave it on the shelf and never touch it. The thumb is UP. ☯

It went from
waste in
the 1830s,
to industrial
lubricant in
the 1870s,
to soap in
the 1890s,
to food in
the 1910s.

Vaccination Updates

BEYOND FEAR: WHY MANUFACTURED PANDEMICS DO NOT DESERVE OUR PANIC

By Kendall Nelson, Director, *The Greater Good*

Throughout history, real or fabricated health crises have provided governments with a convenient pretext to expand control under the guise of “public welfare.” Weaponization of fear and uncertainty creates ideal conditions for authorities to impose sweeping restrictions on freedoms and persuade the public to “trust the experts.” Alongside the erosion of individual rights, these events also create lucrative opportunities for powerful industries, including pharmaceutical companies and tech giants, as well as less visible sectors. Times of crisis frequently facilitate consolidated ownership of valuable assets like real estate and businesses.

The declaration of the “Covid-19 pandemic” provides the most recent illustration of government’s skillful manipulation of fear to tighten its authority. Relentless propaganda and fear became the drivers of widespread social and medical compliance, enabling the shuttering of businesses, schools and places of worship, as well as the silencing of opposing voices. When experimental gene therapies (marketed as “vaccines”) and other drugs were rushed into “emergency use,” fear prompted many people to accept them, overtaking reason and informed consent. Believing submission to be the safest option, people surrendered their rights and suffered the consequences. Meanwhile, as billions complied with the draconian orders, public and private actors quietly exploited the chaos, eroding freedoms and livelihoods. In 2020 alone, workers lost almost four trillion dollars, and billionaires saw their wealth increase by the same amount—almost four trillion dollars.¹

THE LONGTIME FEARMONGER-IN-CHIEF

Few public figures have wielded fear as effectively as did Dr. Anthony Fauci during his more than fifty-year career (1968–2022) at the National Institute of Allergy and Infectious Diseases (NIAID), one of the institutes that make

up the National Institutes of Health (NIH). After his appointment as NIAID director in 1984, Fauci became one of the most powerful men in public health, overseeing billions of taxpayer dollars allocated to global research and vaccine development.² In 2022, Fauci even became the highest-paid federal employee, earning a salary of almost five hundred thousand dollars.³ His decades as a high-level front man—collaborating with “pharmaceutical companies, military and intelligence planners, and international health agencies” to weaponize “epidemics,” “pandemics” and vaccines—helped develop and consolidate “a new brand of corporate imperialism rooted in the ideology of biosecurity” (p. 283).⁴

AIDS helped Fauci refine the playbook that public health officials have put to repeated use ever since, ginning up fear to reinforce a health care model that prioritizes profits and poisoning over patient care. As America’s AIDS “czar,” Fauci actively fueled public panic, for example, in a 1983 *JAMA* article that falsely claimed the new disease syndrome could spread through casual contact.⁵ This assertion intensified people’s fears while also securing increased funding for NIAID. Fauci admitted a year later that his warning was unsubstantiated,⁶ but by then, the damage had been done.

During the early AIDS years, Fauci’s promotion of the toxic and failed cancer drug azidothymidine (AZT) as the primary treatment (p. 315),⁷ and his talk of a vaccine that never materialized, suppressed safer and more affordable treatments (pp. 120, 146)⁸ while generating profits not just for pharmaceutical companies but his agency.⁹ By 1987, when over a million Americans supposedly were “HIV-infected,” Congress was starting to ask why the government’s vast biomedical research network could not develop better drugs with the millions of dollars allocated (p. 156).⁴

Many patients—desperate to avoid AZT’s

AIDS helped Fauci refine the playbook that public health officials have put to repeated use ever since.

severe and debilitating side effects—turned to underground “buyers’ clubs” to seek alternative treatments.¹⁰ And who could blame them? At the time, AZT cost an exorbitant ten thousand dollars annually, putting a heavy financial strain on both patients and taxpayers. Suspected of being carcinogenic,¹¹ the drug’s side effects included anemia, dangerously low white blood cell counts and constant nausea and vomiting. Despite these risks and a standard dosage that often proved fatal, AZT remained the primary “HIV” treatment (pp. 142, 153).¹² When Fauci was pressured to test some of the therapies offered by the buyers’ clubs, he manipulated the clinical trials to ensure the drugs’ failure in favor of the highly toxic AZT (pp. 158-159).⁴ One notorious tactic was to quickly unblind so-called “double-blind, placebo-controlled” studies by giving the control group the drug.¹¹ Soon, Fauci was recommending AZT not only for individuals with so-called “full-blown AIDS” but also for asymptomatic individuals, including pregnant women and children, who had “positive” polymerase chain reaction (PCR) test results for “HIV” (p. 163).⁴

As many scientists, including Kary Mullis (the inventor of PCR), pointed out at the time—and as the public painfully relearned during Covid—it is a gross abuse of the PCR methodology to use it as a diagnostic test.¹³ The PCR procedure, a nucleic acid amplification test (NAAT), detects genetic material breakdown (potentially from toxins, EMF exposure, malnutrition or chronic stress), not active “viruses” in the body (pp. 46-47).¹⁴ Moreover, though “HIV” launched a multibillion-dollar industry, not only was the putative virus never properly isolated, but many scientists disputed it as the cause of “AIDS” to begin with. In fact, pointing out that the “virus-AIDS hypothesis” was “burdened with numerous paradoxes,” famous molecular biologist Peter Duesberg persuasively argued in 2003 (with coauthors Claus Koehnlein and David Rasnick) that AIDS was actually “a collection of chemical epidemics, caused by recreational drugs, anti-HIV drugs, and malnutrition.”¹⁵ It

logically followed, according to the three authors, that the conditions called “AIDS” were not contagious and could not be treated with vaccines or antiviral drugs.¹⁵

Fauci disregarded any exploration of non-HIV causes of “AIDS,” instead continuing to direct federal grants toward the single-pathogen and single-disease theories as well as testing of new drugs in vulnerable populations. Meanwhile, the definition of “AIDS” continuously expanded until it included around thirty conditions,¹⁶ many of which did not even require a “positive” HIV test (p. 103).¹² This broadening of the diagnostic criteria was crucial to secure funding for studies in Africa, where a different agglomeration of conditions was used to define “AIDS” (p. 187).⁴ By June 2003, NIH and NIAID were funding almost eleven thousand human clinical trials across ninety countries,¹⁷ in which severe adverse events and deaths routinely went unreported.¹⁸

THE PLAYBOOK STRIKES AGAIN

During the “Covid-19 pandemic,” Fauci and the public health establishment recycled the AIDS playbook, vilifying affordable treatments while endorsing the harmful yet highly profitable drug remdesivir. A study published in 2019, which investigated remdesivir in the context of an African “Ebola outbreak,” had already shown

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- proving in court that Covid injections are neither safe nor effective
- challenging Nike’s Covid shot mandate
- other planned actions in defense of your rights

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that the drug led to severe adverse effects, including multiple organ failure and acute kidney damage, resulting in fatal outcomes for 54 percent of participants.¹⁹ Nevertheless, NIAID and the Centers for Disease Control and Prevention (CDC) invested seventy-nine million dollars in developing remdesivir for Gilead Sciences, a company in which the Bill & Melinda Gates Foundation held a significant stake.^{20,21}

Fauci's pressure on the U.S. Food and Drug Administration (FDA) to make remdesivir the standard treatment for Covid-19²² not only ignored the drug's risks and lack of proven benefits²³ but also helped pave the way for the vaccine rollout. By presenting high-cost remdesivir as the only approved treatment option—against even the World Health Organization's (WHO's) recommendation²⁴—and refusing to recognize other possible treatments, the FDA could ensure that the vaccines would meet the criteria for emergency use authorization (EUA).²⁵ As a bonus, when Fauci steered six billion-plus dollars to Moderna's Covid injections, both the NIH and CDC as well as Fauci personally reaped profits as patent-holders.²⁶

In 2024, a global study covering almost three billion people presented a conclusion that contrasts starkly with the fear narrative promoted by major health agencies, finding no significant increase in overall death rates attributable to Covid-19 disease.²⁷ In contrast, far from being life-saving measures, available evidence suggests that both remdesivir²⁸ and the Covid-19 mRNA injections²⁹ have directly contributed to countless deaths worldwide.³⁰ In an analysis of published autopsy studies that included Covid vaccination “as an antecedent exposure,” the researchers’ assessment was that 74 percent of the deaths were either directly caused by or strongly linked to the shots, with the primary bodily systems affected including the cardiovascular, circulatory and respiratory systems.³¹ The stark evidence of a causal link presented in the autopsy study prompted two successive journals, *Preprints with The Lancet* and *Forensic Science International*, to withdraw it from the Internet.³²

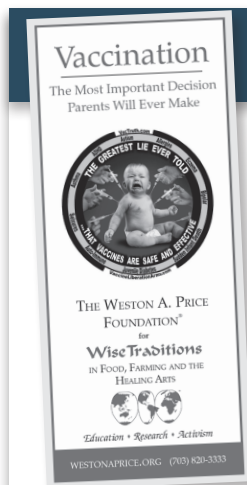
Data from Health New Zealand also point to major cardiovascular impacts, revealing a nearly fivefold increase in cardiac-related emergency room visits among individuals under forty following Covid “vaccination.”³³ In a 2024 preprint, British researchers assessed the shots’ safety in almost two million children and adolescents, finding that myocarditis

and pericarditis appeared “only in the vaccinated groups.”³⁴

As evidence of harm continues to mount, some officials in other countries are calling for either suspending the mRNA injections (Australia)³⁵ or banning them (Slovakia).³⁶ In the U.S., meanwhile, vaccine distribution continues into its fourth year, with FDA recklessly approving more Pfizer and Moderna mRNA boosters in August 2024—without even the pretense of human trials or any evidence of reduced hospitalizations or deaths.³⁷ Although the White House declared an end to the Covid-19 Public Health Emergency on May 11, 2023,³⁸ liability protections under the Public Readiness and Emergency Preparedness (PREP) Act continue.³⁹ These protections shield manufacturers and providers from legal liability for all pandemic countermeasures, including both remdesivir⁴⁰ and the mRNA shots, regardless of the harm or level of negligence involved. Similar legal shields have protected manufacturers from liability for all vaccines on the childhood immunization schedule since 1986.⁴¹

OTHER PLAYBOOK APPLICATIONS

AIDS and Covid-19 represent two of the most prominent illustrations of a troubling pattern of unchecked public health authoritarianism and coercion. However, there are many more examples, even dating back to Fauci's earliest years at NIAID, including events surrounding declarations of “swine flu” (1976 and 2009), “severe acute respiratory syndrome” or SARS (2003), “H5N1 bird flu” (2005 and 2020–2024),

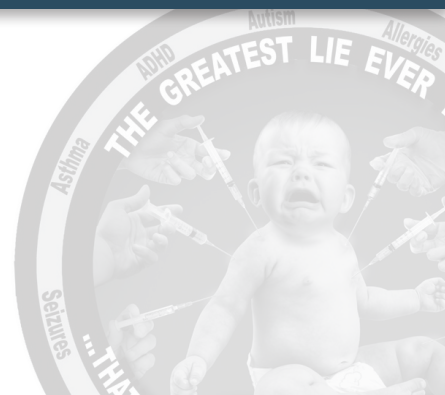


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Middle East respiratory syndrome or MERS (2012) and Zika (2016).

In 1976, public health officials used the death of a Fort Dix soldier to ignite a suspected “swine flu pandemic.” Helped along by government spending to the tune of over one hundred million dollars, Merck rapidly developed a vaccine that benefited from government liability protections that were, at the time, unprecedented. Despite the absence of any further fatalities, officials used a comparison with the catastrophic 1918 “Spanish flu” to heighten public fears and spur acceptance of Merck’s vaccine by forty-five million Americans (over a fifth of the population).⁴² By 1985, severe vaccine side effects had prompted thousands of lawsuits, cost the government eighty-three million dollars in settlements⁴³ and provoked widespread public skepticism regarding governmental health interventions (pp. 355-358).⁴

In 2003,⁴⁴ public health officials introduced a new respiratory label—“SARS”—and once again promoted widespread PCR testing for diagnostic purposes. As could be expected, the misused PCR procedure produced elevated “case” counts that helped escalate public fears. In the end, fewer than eight hundred deaths worldwide were attributed to SARS, but Fauci advocated for aggressive vaccine development nonetheless,⁴⁵ attracting millions in funding. This episode reinforced the pattern of using health crises to drive profits for pharmaceutical interventions over evidence-based or proportionate responses.

In 2005, Fauci raised a new alarm, warning that an “H5N1” strain of avian influenza (“bird flu”) had surfaced that might “mutate” and spread globally.⁴⁶ Figures like British medical researcher Jeremy Farrar (currently chief scientist at WHO and previously director of the Wellcome Trust and Oxford University professor of tropical medicine) helped lay the groundwork; in 2004, while stationed in Vietnam, Farrar promoted the ridiculous theory of H5N1’s “reemergence” in humans due to a young girl reportedly contracting the “virus” after exhuming a pet duck.⁴⁷ British epidemiologist Neil Ferguson (nicknamed by some “The Master of Disaster”⁴⁸) also stoked fears, predicting up to one hundred fifty million “bird flu” deaths. That prediction was part of a career pattern for Ferguson, who specialized in dramatic fatality forecasts, including his now-infamous prediction of two-million-plus Covid-19 deaths in the U.S. alone.⁴⁹

Though the nations of the world ended up attributing just two hundred eighty-two deaths to bird flu from 2003 to 2009,⁵⁰ governments allocated billions to preparedness measures. Fauci’s estimates of five to

seven million potential fatalities and calls for emergency funding led to over seven billion dollars in congressional support and a mandate to manufacture millions of vaccines.⁵¹ The projections also sparked President Bush’s “Biodefense and Pandemic Vaccine and Drug Development Act of 2005,” which secured further liability protections for vaccine makers (pp. 362-363).⁴ Ironically, and somewhat in contradiction to his own dire predictions about viral threats, Fauci and colleagues published a paper in 2008 arguing that most “Spanish flu” deaths were due to generally manageable bacterial infections rather than an influenza virus.⁵²

In 2009, Fauci and other players like the WHO, the Wellcome Trust and the Gates Foundation, touted the dangers of a new “swine flu pandemic” (H1N1). At the same time, WHO redefined “pandemic” to omit considerations of severity; in fact, as writer Michael Fumento pointed out in 2010, “You could now have a pandemic with zero deaths.”⁵³ Prior “sleeping contracts”⁵⁴ worth eighteen billion dollars, pressured into place by these organizations, required multiple countries to purchase vast quantities of fast-tracked H1N1 vaccines as soon as the pandemic was declared.^{55,56} When the untested vaccines started producing severe adverse effects like narcolepsy⁵⁵ and miscarriage, especially among women who received both seasonal and H1N1 flu vaccines,⁵⁷ Glaxo-SmithKline withdrew its Pandemrix vaccine.

The next “pandemic threat” to hit, in 2012, was MERS, a virus supposedly transmitted from camels to humans. Framing the illness as a severe global risk, NIAID and Fauci once again swiftly developed PCR-based diagnostic protocols and garnered funding for vaccine

“NOT A SHOWSTOPPER”

In April 2016, the WHO recommended Sanofi Pasteur’s Dengvaxia vaccine (more than twenty years and two billion dollars in the making) for children ages nine to sixteen, though evidence from large trials involving over thirty thousand children worldwide⁹⁰ showed that vaccinated children faced heightened risks of severe symptoms if they later developed dengue.⁹¹ The vaccine also appeared to increase the risk of “plasma leakage syndrome,” a deadly complication causing rapid shock, especially in children with no previous experience with dengue.⁹² Within a year and a half, after roughly eight hundred thousand children in the Philippines had received Dengvaxia, at least six hundred had died.⁹³ Despite these outcomes, Fauci assured the *Wall Street Journal* in 2018, “We do not think this is going to be a showstopper in any way or form” and pushed forward with additional trials of Dengvaxia in Brazil.⁹⁴ By May 2019, the FDA had approved Dengvaxia for the U.S., Puerto Rico, Guam and the British Virgin Islands, with a mild stipulation that doctors confirm prior dengue infection before vaccination.⁹⁰

development and experimental treatments.⁴⁴

In March 2016, Fauci promoted the belief that a “Zika virus” was responsible for increased cases of microcephaly (a severe birth defect) in Brazil. Critics noted that there were other plausible explanations for the surge in birth defects, including an experimental diphtheria-tetanus-pertussis (DTP) vaccine that had been administered to pregnant women in the region in 2015–2016, overuse of ultrasound on pregnant women and/or the region’s spiking use of toxic pesticides. True to form, Fauci secured close to two billion dollars in congressional funding to develop a still-elusive Zika vaccine,^{58,59} including channeling over one hundred million dollars to the then-new biotech company Moderna Therapeutics to create an mRNA-based vaccine.⁶⁰

Zika also furnished an excuse for the Gates Foundation to invest eighteen million dollars (in collaboration with the Wellcome Trust) in Oxitec,⁶¹ a U.S.-owned company based in the UK; the project’s aim was to release genetically modified mosquitoes in Brazil to reduce local mosquito populations accused of spreading Zika.⁶² This followed on a 2008 Gates-funded initiative in Japan, in which researchers worked to design mosquitoes capable of serving as “flying syringes” for malaria vaccines—a method envisaged for willing and unwilling recipients alike.⁶³

WHAT IS THE REAL AGENDA?

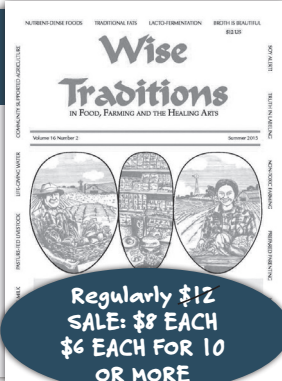
In *The Real Anthony Fauci*, Robert F. Kennedy Jr. offers a powerful and effective dissection of Fauci’s longstanding pattern of exaggerating pandemics, manipulating scientific data and misrepresenting the safety and efficacy of various treatments. Given this track record, it is difficult to understand why he was able to remain such a trusted figure for so long. Under Fauci’s tenure, childhood rates of allergic, autoimmune⁶⁴ and chronic⁶⁵ illnesses soared—with chronic conditions affecting 12.8 percent⁶⁶ of children as of 1994, 54 percent⁶⁷ by 2007 and probably even more today. Rather than address these escalating health crises, Fauci—solidly aligned with the pharmaceutical, chemical and food industries—promoted the series of exaggerated pandemics and fear-based narratives just described. This is a telling sign that there is a covert public health agenda that is not genuinely concerned with improving the public’s health.

Recent events have underscored this point. For example, a *BMJ* study published in 2021 documented a major decline in U.S. life expectancy of almost two years between 2018 and 2020, outstripping smaller

decreases in other high-income countries.⁶⁸ Fauci’s Covid-19 lockdown recommendations also inflicted severe economic damage, leaving fifty-eight million Americans jobless. The effects of lockdowns were even harsher globally, resulting in an estimated ten thousand children dying each month from hunger and five hundred fifty thousand children per month experiencing wasting and stunting from malnutrition.⁶⁹ Meanwhile, powerful elites capitalized on the restrictions, advancing their rollout of 5G networks, biometric facial recognition and other digital surveillance technologies.⁷⁰

Although Fauci has now retired, the cycle of pandemic warnings and fear-mongering has not ended, as evidenced by the recent manufactured bird flu hysteria. One of the individuals hyping “avian flu” and the threat of “mutations” and zoonosis (species-jumping)—Rick Bright, former director of the Biomedical Advanced Research and Development Authority (BARDA)—has not been shy about pointing to “opportunities for biotech companies to help fill voids in surveillance, point-of-care diagnostics, vaccines and therapeutics.”⁷¹ For his part, U.S. Agriculture Secretary Tom Vilsack has been beating the “biosecurity” drum, urging dairy cow farmers to “enhance their biosecurity measures. . . to limit the spread of this disease [H5N1]” in their herds.⁷² Nor have scientists and officials hesitated to once again demonize raw milk, ludicrously claiming that cows can transmit H5N1 via their milk and giving the FDA ammunition to renew its long-standing grudge against raw milk consumption.⁷³

Technocrats and globalists have long understood that manipulating access to food is one of the most powerful tools of control. Fake pandemics like the bird flu are being used as a cover story to mount devastating attacks on the food supply, undermining the foundation of our health and sovereignty. This is not just about a single crisis; it is a calculated strategy to centralize power by controlling food—a basic necessity. In a *Wise Traditions* Podcast episode, independent researcher Jacob Diaz told how one Iowa farm with a single “positive” case of bird flu saw four million chickens slaughtered—burned alive—as a result.⁷⁴ According to Diaz,



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“In the United States since 2022, almost one hundred million chickens have been murdered because of a nearby case of bird flu.”

Going for broke, the WHO and the broader “pandemic-industrial complex” also resurrected the “monkeypox” threat in 2024, presenting it as a leading contender for “Disease X”—a hypothetical “pathogen with pandemic potential.”⁷⁵ Interestingly, WHO’s VigiAccess database,⁷⁶ which lists known side effects of drugs and vaccines, shows “monkeypox” as a potential side effect of Pfizer’s Covid-19 shot.⁷⁷ When the media and public health authorities tried to use monkeypox (rebranded as “mpox”) as the focus of pandemic sensationalism in 2022, that campaign gradually “fizzled out.”⁷⁵ However, though only eighty “mpox” deaths were reported by January 2023, eighty thousand Americans were persuaded to take Bavarian Nordic’s Jynneos (MVA-BN) smallpox/mpox vaccine, linked in adult trials to serious cardiac risks, including myocarditis.⁷⁸ In 2023, NIAID began sponsoring clinical trials of Jynneos in U.S. adolescents,⁷⁹ with researchers resorting to the usual tricks (such as no unvaccinated control group, no cardiac monitoring) to keep adverse effects from coming to light. Non-placebo-controlled trials of the Bavarian Nordic vaccine are also underway in young children (ages two to eleven) in Africa, funded in part by the Gates Foundation.⁷⁸

Strengthening Gates’ pervasive influence over global health and vaccination policies is Kenya’s recent decision to grant diplomatic immunity to the Gates Foundation and its employees. The move shields the foundation from legal action and exempts employees from taxation, increasing its power to push agendas both in Kenya and across Africa.⁸⁰ The Gates Foundation has targeted vulnerable populations for years with harmful vaccine campaigns (including various polio initiatives and experimental HPV trials in India that prompted #ArrestBillGates to trend on social media in 2021⁸¹), but its activities extend beyond vaccines to other controversial programs such as digital IDs and GMO-dependent, corporate-industrial agriculture; the agricultural programs have had severe impacts on local food sovereignty and farming practices. The granting of diplomatic

immunity suggests that the foundation is now seeking ways to intensify its interventions without accountability, setting a dangerous precedent for corporate influence in public health across the Global South.⁸⁰

GLOBALIZING PUBLIC HEALTH

The ongoing negotiations surrounding the WHO’s proposed “pandemic agreement” raise equally significant concerns about national sovereignty and public health governance. On September 19, 2024,⁸² the WHO officially informed one hundred ninety-four state parties of the adoption on June 1 of amendments to the International Health Regulations (IHR).⁸³ The stated goal is to enhance global preparedness for future pandemics, “including via a One Health approach,”⁸⁴ but critics argue that it would give the WHO unprecedented free rein to control national governments’ policies and actions, and in the bargain infringe on individuals’ rights and freedoms. Reasons to reject the pandemic agreement include the following⁸⁵:

- **RESOURCE MISALLOCATION:** Establishing a financing mechanism to funnel billions into pandemic preparedness would primarily benefit the pharmaceutical industry rather than prioritizing the health and autonomy of individuals or the identification of root causes of disease.
- **NO ACCOUNTABILITY:** The WHO’s failure to address the harmful impacts of past decisions regarding lockdowns and vaccine mandates ensures that history will likely repeat itself. The agreement could allow unelected bureaucrats to dictate health policies without public input.
- **A MISSING VIRUS:** The WHO has never provided verifiable evidence that the pathogen identified as SARS-CoV-2 physically exists. Despite claims of global spread, such a virus has never been isolated outside of computer-generated models and databases, calling into question the very premise of pandemic responses based on this and similar pathogens.
- **VAGUE DEFINITIONS AND OVERREACH:** Undefined terms like “pandemic,” “prevention” and “preparedness” are a recipe for potential misuse.

Notably, a WHO study published in November 2024 signaled the agency’s push for expanded global health initiatives and its zeal for vaccine solutions, identifying seventeen “endemic” pathogens as “urgent” priorities for new vaccine development.⁸⁶ This effort aligns with the broader framework of the proposed pandemic agreement and—together with the provisions for increased surveillance, digital health passports and mandated treatments—again raises concerns about centralized health authority.

Given all of these concerns, it is crucial for citizens to remain vigilant and actively oppose the adoption of such measures. We must reject the 2024 IHR amendments before July 19, 2025 and advocate for policies that prioritize health, autonomy and transparency rather than corporate interests.

RELEASE FEAR, REJECT CONTROL

Anthony Fauci's retirement was welcome news to many, but the use of fear to erode our freedoms continues apace. If we wish to defend our rights, it is critical to understand that Fauci was merely the public face for forces that have no plans to stop using pandemics to control narratives, increase surveillance and expand their authority. From AIDS on, these manufactured crises are designed to support an agenda of societal "resets" that bolster governmental structures antithetical to financial, food and health freedom.

Are we willing to accept a post-constitutional order and the unprecedented level of central control that is currently being engineered? In the UK, anyone owning backyard chickens now must register them with the government, setting a new standard for monitoring and regulation.⁸⁷ Meanwhile, in parts of California, mask mandates have returned for health care workers and visitors in medical settings, with penalties including fines and potential jail time for those who don't comply.⁸⁸ Rather than channeling resources into enforcing these regulations, wouldn't it be more beneficial to focus on genuine health crises like diabetes, autism and obesity? Traditional healing practices like homeopathy offer a path toward self-directed healing, free from centralized mandates.

This is the time to release our fears and reject manipulation. Embracing ancestral wisdom by nourishing our bodies with nutrient-dense

foods and protecting access to genuine health information are key steps in reclaiming self-reliance. Dr. Weston A. Price's work reminds us of what is possible. The healthy, thriving communities he studied in remote regions retained their native diets and showed no trace of chronic or "infectious" diseases; Price knew that the "terrain"—our structural and nutritional resilience—shields us against disease (pp. 33-34).¹⁴

It is also important to learn from history. For example, the first modern "flu pandemic" coincided with the expansion of electrical infrastructure in the late 1880s, a connection that raises questions about the impact of environmental stressors on human health. Many other "pandemics" have erupted alongside technological shifts; it may well be our bodies' interactions with these changes that are creating the symptoms we misinterpret as "contagious" outbreaks (pp. 10-12).¹⁴

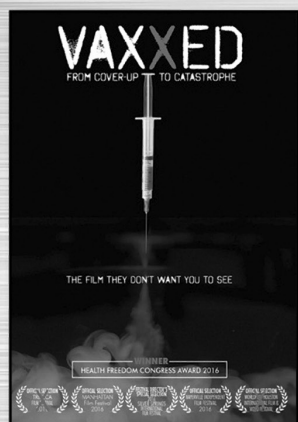
In this light, we should question whether the next inevitable "pandemic" is truly a threat or simply a pretext serving those who benefit from fear-based control. Let us heed Pasteur's alleged deathbed admission, "The germ is nothing; the terrain is everything,"⁸⁹ and reject compliance with mandates that do not align with genuine health. Now is the time to restore our connection to nature, traditional spiritual and health practices and our body's own resilience as our best defense against illness. ☯

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

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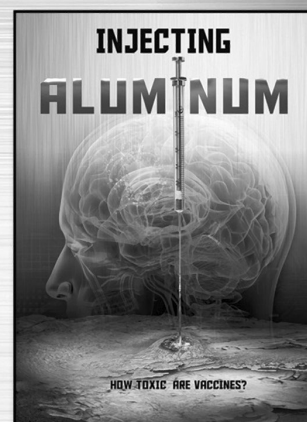
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THE INTERNATIONAL HEALTH REGULATION AMENDMENTS: A CAUSE FOR CONCERN

Articles and Annexes within the IHR amendments that are particularly troubling include⁹⁵:

ARTICLE 1: The vague definition of "pandemic emergency" could be used to stoke global fear without justification.

ARTICLE 12: Granting the WHO Director-General unchecked, unilateral power to declare a "pandemic emergency" also could lead to unnecessary global panic.

ARTICLE 13: The WHO's actions as a marketing arm for the pharmaceutical industry fuel profit-driven motives at the cost of public health.

ARTICLE 27: Allowing the quarantine of healthy individuals is a blatant violation of fundamental human rights.

ARTICLES 35-44: The creation of a vague "Coordinating Financial Mechanism" and further control over health documents and personal data raise significant privacy and transparency concerns.

ANNEX 1.2(c): Directing member nations to develop, strengthen and maintain "core capacities for surveillance" compromises privacy and civil liberties, representing an overreach of government authority.

ANNEX 1.3(i): Empowering governments to address "misinformation" and "disinformation" risks violating the fundamental right to free speech and may lead to censorship of public discourse.

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A Restaurant Rating Guide

high-lighting the dietary principles of the
Weston A. Price Foundation

Free & Easy for All to Use

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

Find Restaurants:

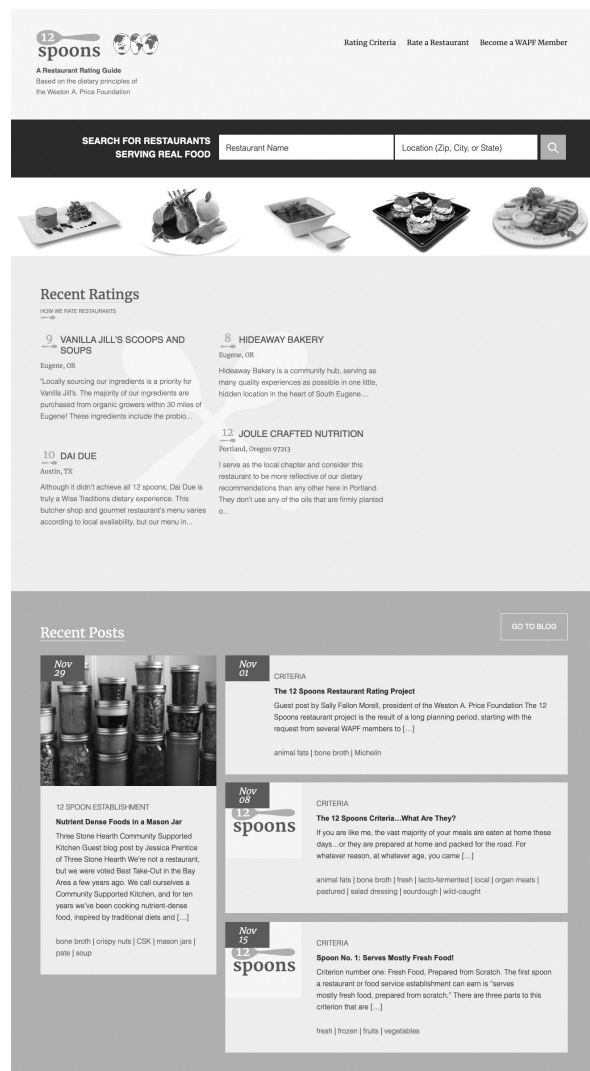
Going out to eat? Find a restaurant that uses the WAPF dietary principles.

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How We Rate Our Restaurants

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

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

Farm and Ranch

SUCCESSFUL FARMS AND HOMESTEADS: FIVE KEYS TO SUCCESS

By Olivia Schoentrup

I was raised in central Indiana on a small family farm. When my husband Paul and I got married, we bought a small farm for ourselves in his hometown south of Indianapolis. Six years and two kids later, we found ourselves burned out and exhausted. We decided that we needed a break, so we sold the farm and started traveling the country to visit small farmers and share their stories through our YouTube channel, Breaking New Roots.

There is a special skill to balancing the work needed when farming and homesteading; either you can work for the farm, or the farm can work for you. Overlooking this skill will lead to burnout and disappointment. I traveled through twenty-three U.S. states visiting over one hundred farms, ranging from backyard growers to those that have thousands of acres. Some of the farmers I visited are very well known, like Joel Salatin of Polyface and Will Harris of White Oak Pastures, while others work hard simply knowing that their friends and neighbors are taken care of and well fed. These farms and farmers have their unique stories with their own

reasons for why they do what they do, but the most successful ones share common principles that can help anyone be successful in such a challenging lifestyle. Here are the top five things I've learned from these incredible farmers.

FARMING IS POETIC

Jesse Green is a farmer in north central Florida who found that he could make more money raising grass-fed cattle than using grains and pasture sprays. He does some direct sales but mostly just takes his cattle to auction. While I was visiting with him, he said something I will remember for the rest of my life: "Don't move the cows until you can count the spiderwebs."

What Green meant is that before you move cattle into a pasture, there should be enough regrowth; the grass should be tall enough. The way he describes seeing this growth is not with a measuring stick, however, but with the early morning dew, walking softly and slowly through the field. When you see so many spiderwebs that you can't keep count of them, then it's time to move the cows into that pasture.

There is a special skill to balancing the work needed when farming and homesteading; either you can work for the farm, or the farm can work for you.

2024 WISE TRADITIONS FARM TOUR



Travis Malloy of Trailbale Farm explains regenerative livestock rearing on his semi-urban farm. Just a stone's throw from a roaring highway, Malloy offers the latest in egg mobiles, chicken tractors, free-range turkeys, grass-fed cattle and "pigs in the jungle." Located in Tampa, the farm's online store is available at trailbale.com.

Before my husband and I sold our farm in Indiana, I remember feeling exhausted about chores before even going out to do them. I walked with my head down and completed each task with nothing more than muscle memory. I had forgotten about the beautiful views before me, the calm anticipation of the cows as I set up their paddock for the morning move. Sometimes a chore as simple and monotonous as moving cattle can be tranquil and full of serenity, if we remember where to look.

IT SHOULD NEVER BE COMPLICATED

When Ben from Wild Harmony told me how he manages his pig herd, I was blown away. It made total sense! “Why didn’t I think of that?!”

Ben is in the harsher climate of Rhode Island, where the winters are cold and wet. He found himself stretched thin and fighting the elements each winter. He loved raising pigs, however, and had a great market for them, so he couldn’t see himself giving them up. Instead, he came up with a new way to manage them.

He has gilts (female pigs that have not yet produced a litter) farrow (give birth to piglets) in the spring. Once weaned, he then slaughters and harvests those first-parity sows for their meat. The piglets from that litter finish out at the end of the year and are harvested as well. He keeps some of the gilts back for breeding and to farrow in the spring, and the cycle continues. He

avoids farrowing in terrible weather, and the meat is just as favorable.

This helped me realize that just because a sow can have two and a half litters a year doesn’t mean she has to. And this applies to many aspects of the farm and life. We get so caught up in productivity that we forget there might be another way to do things.

Raising pigs in the blistering cold can be dangerous to the animals and also to the farmer. Many nights are spent locked up in a cold barn waiting for piglets to arrive and assisting with any troubles, all while the rest of the family is inside happily sleeping in a warm bed. By using this management style, Ben can raise a great product while also saving his mental load for his family and other endeavors.

Ben and I finished our conversation by saying: “Things can be complex, but they should never be complicated.” Farming systems can have many interdependent and related pieces, but they should never feel difficult. If they do, something needs to change.

TREAT THE FARM LIKE A BUSINESS OR LIKE A HOMESTEAD, BUT IT CANNOT BE BOTH

I have not met a single farmer that is in it for the money. We farmers do what we do because we love doing it. It’s easy to see headlines like “They made one million dollars on their farm this year” and think, “I’m not in it for the money.” But this is the modern world, and one must pay one’s bills.

Jordan Green from J&L Green Farm talks about this really well. “If you want to have a full-time income for mom and dad from a farm, you have to be running a million-dollar business.” He goes on to explain that if you want a take-home salary of fifty to sixty thousand dollars, the farm must be grossing much more than that, especially if you want to bring on employees and keep up with maintenance and upgrades. This is a hard realization for a lot of people, myself included!

We started with chickens; then we got into beef and then hogs, all within a few years. We wanted to maximize our output and be in every

2024 WISE TRADITIONS FARM TOUR



Foraging turkeys and “pigs in the jungle” at Trailbale Farm. The farm offers classes in poultry slaughtering.

market available. But we were not running a million-dollar business—we were grossing a fraction of that. Sure, our farm was profitable, but not enough to pay a decent salary in “take-home.”

If we had focused on making our farm a homestead, where the “income” it brings in is the food it produces for us to eat, we would have been in a much different place. This is where it helps to realize that one can be a farmer and grow his or her own food without it being reportable income, and that having a farm be a full-fledged business takes more than just positive numbers on an income sheet.

Running a million-dollar company does not happen overnight, especially in farming. Getting to a level like that takes time—ten years or more! Homesteading, on the other hand, can happen right away. Start with a few chickens in the backyard, or a few tomato plants, and process them yourself. After ten years, you can build yourself a fully stocked pantry and freezer, and all this without a business line of credit charging you interest (but that is a different conversation).

A farm business and a homestead are two completely different things. Treating them like they are the same or even similar will get you only to one place: burned out, fed up and thinking you are a failure.

If you want to run a farm business, start small with something you enjoy, and build on that. Jordan talks about that, too. Build your farm with “Lego pieces” that can be added or taken away as needed. I will say more about this in the next section.

DIVERSIFYING VERSUS SPECIALIZING

When I was taking Farm Business 101 at Purdue, there was a whole section dedicated to diversification. It was taught that if you are going to create a business from your farm, you need to have many types of products to offer. The idea was that if one fails, you can lean on another to carry your income.

Fast forward a few years to my own farm. I thought we needed a diversified operation with cows, pigs, meat chickens and laying hens. We started with meat chickens, got a few laying hens, bought feeder calves, then feeder pigs, then sows. Within three years, we were finishing twelve calves, thirteen pigs and thirteen hundred chickens and maintaining three sows along with our backyard chicken flock. When the burnout set in, we couldn’t figure out what we had done wrong.

After talking with so many farmers about how and when to scale a farm, we realized our own shortcoming. If we had focused solely on broiler chickens, we would have been in a much better position by year six than the one we found ourselves in.

There are plenty of pros and cons for both sides. If you diversify, you have a backup plan already working for you, but that also means that you can feel pulled in many directions without much down time, ultimately leading to burnout. If you specialize, you can do one thing really well and easily scale it up or down depending on market demand, but one source of income can be dependent on volatile market changes.

This isn’t to say that diversification cannot happen at all. I think there is a way to successfully diversify. To start, you must grow very slowly and focus on one thing. Amanda Hand

2024 WISE TRADITIONS FARM TOUR



LEFT: Lunch at Tampa Bay’s Meachum Urban Farm included chile made from local grass-fed beef, sourdough bread, local vegetables and dessert featuring heirloom bananas grown on the farm. RIGHT: Founder and owner Joe Dalessio with farm tour coordinator Kathy Kramer, executive director of the Weston A. Price Foundation. Visit their website at meachumfarm.com.

at MKONO Farm was really interested in Kunekune pigs. She started with a few, found a good market for their high-quality meat and grew her farm over ten years before she decided she was ready to look at another species. Over those ten years, she was learning. She found a way to better market her product, she tested value-added products with her customers and she was able to understand shipping across the country.

Another way to ensure successful diversification is to have a great team. Corrie at Bread and Butter Farm says that the way her farm can successfully have so many enterprises is because she has built a team to work them. The chef in the kitchen, the veggie manager, the herdsman, the day camp counselor, the CSA manager and the social media manager are all different people working on the same farm, for the same goals.

There is certainly room for both diversified and specialized farms. Both start by growing slowly and putting the right systems in place first.

YOU CAN FARM ANYWHERE

The biggest thing I have learned from all of these amazing farmers is that you can farm anywhere! I am a generational farmer; land

ownership is everything. You grow up, go to school, buy your own land and you stay there. So, that is exactly what Paul and I did.

After we sold the farm and started traveling to see different kinds of farms, we found that a lot of farmers don't even own their land at all, and even more farmers have fewer than five acres to farm. Out of the one hundred thirteen farms we have visited, twenty-two operate with a land lease agreement in some form. Some farmers use a community garden; some use their backyard. Some farmers have a lifetime lease, and some farmers operate on a farm where their payment is to help the landowners as they age.

The biggest lie I ever told myself was that I had to own a lot of land in order to be a farmer. Sure, the land size may limit what can be done on it, but it doesn't mean that you aren't a farmer or can't ever be one.

After visiting farms across the country, one thing became clear: farming doesn't look the same for everyone, and success doesn't follow a single path. Whether you're farming a backyard or hundreds of acres, raising cattle or growing vegetables, the key is to find a system that works for you—one that isn't complicated but allows you to thrive and enjoy the process. The beauty of farming is that it can be as diverse and unique as the people who live it. You don't need to own endless acres or follow someone else's blueprint to make it work.

As I continue to visit more farms, I'm also reminded that complexity doesn't have to mean chaos. Success in farming is about finding the balance between working the land and letting it work for you, all while keeping your heart and mind open to the simplicity that leads to fulfillment. 

Olivia Schoentrup is a wife and mother of two, sharing a slowed-down, homestead lifestyle with others.

2024 WISE TRADITIONS FARM TOUR



LEFT: Mike Garcia of Everoak Farm in Orlando, Florida (everoakfarm.com) explains the production of honey, fruit, vegetables, pastured poultry and compost on their three-acre farm. RIGHT: Fearless tour leader Will Winter leads the way.

A Campaign for Real Milk

RAMPING UP THE BIRD FLU SCAM

By Pete Kennedy, Esq.

What do you do if the American people have ignored your warnings for eight months about the risks of drinking raw milk tainted with Highly Pathogenic Avian Influenza (HPAI also called H5N1), otherwise known as bird flu? Demand for raw milk has reached unprecedented levels during that time. If you are the FDA and the USDA, you double down by establishing a national testing program for bird flu in milk and work with the state of California on a state testing program for retail raw milk that winds up shutting down the two biggest raw milk distributors in the state.

With the nominee for the Secretary of the Department of Health and Human Services (HHS), Robert F. Kennedy Jr., wanting to increase access to raw milk in the U.S. (FDA, which has jurisdiction, is under HHS), the writing is on the wall for the anti-raw milk regulators currently in FDA and USDA. Their latest actions are a desperate attempt to shut down or limit raw milk access before the new administration takes over.

On December 6, the USDA issued a press release, announcing a National Milk Testing Strategy (NMTS) to address H5N1 in dairy herds.¹ The NMTS order requires the sharing of raw milk samples, upon request, from any entity responsible for a dairy farm, bulk milk transporter, bulk milk transfer station, or a dairy processing facility that sends or holds milk intended for pasteurization. The USDA issued the order requiring the milk testing despite there being zero evidence since the onset of the “pandemic” that bird flu in pasteurized or raw milk is capable of making anyone sick. The mantra of the government has been that pasteurization kills bird flu, but that bird flu in raw milk may be a risk to human health, attempting to plant the thought in the public mind that somewhere, somehow, raw milk consumers could get sick.

As microbiologist Peg Coleman pointed out, Influenza A (HPAI is also known as Influenza A H5N1) is “a respiratory disease that is transmitted to humans by inhaling aerosols or by direct contact with infected animals, is NOT capable of infecting them from swallowing raw milk produced for direct human consumption from healthy cows.”²

THE PCR FARCE

Recently, the media have been trying to blame specific illnesses on bird flu in raw milk, but there is still no evidence to back their claims. The test used in determining whether a milk is positive for HPAI, and a key part of the bird flu farce, is the notoriously unreliable PCR (polymerase chain reaction) test. The higher the number of cycles the test is set at, the more false-positives PCR generates. A look at the differing standards two states and the FDA employ per cycle threshold casts more doubt on the notion that HPAI in raw milk is a serious threat to human health.

The national milk testing order does not apply to raw milk produced for direct consumption, but two states—Massachusetts and California—have started a bird flu testing program for retail raw milk. In response to a question about the number of cycles run for a PCR test to determine whether a milk sample was positive for HPAI, an official from the Massachusetts Department of Agriculture stated, “PCR tests are only valuable up to about 30 cycles.”³

In contrast, the California Department of Food and Agriculture (CDFA) would regard a test set at 35 cycles as legitimate. In a guidance document titled “Extraction and Detection of Influenza A Virus in Milk and Milk Products,” the FDA states that the PCR test should be set at 45 cycles.⁴



Recently, the media have been trying to blame specific illnesses on bird flu in raw milk, but there is still no evidence to back their claims.

The higher the number of cycles the test is set at, the more false-positives PCR generates.

California has done the most testing for bird flu by far (the likelihood is that most other states don't think bird flu is worth the time and expense to warrant testing). A big majority of U.S. dairies that have tested positive for bird flu are located in California. In a December 13 press release, CDFA disclosed that bird flu was confirmed in 338 dairies in the prior thirty days.⁵ Over half of California's Grade A dairies have tested positive for bird flu. The positive test results have been a bonanza for the dairies producing raw milk for pasteurization; the dairies received several hundred dollars from the USDA for each cow that is positive for HPAI, while continuing to sell raw milk to the processor for pasteurization. Some dairies have received over one million dollars for positive cows in the herd.

IMPACT ON RAW DAIRIES

For the two California raw milk dairies that have tested positive for bird flu, the impact has been different. CDFA suspended the sales of Raw Farm, the world's largest raw milk dairy, shortly after two "positive" tests for HPAI in the last week of November. Estimates are that the suspension could last as long as eight weeks. During the suspension, Raw Farm can sell raw milk only for pasteurization, earning a small fraction of the revenue it would earn selling raw milk for direct consumption.

On December 13, CDFA suspended the sales of Desimilk Inc., the second largest raw milk distributor in the state. CDFA issued an

order requiring that Desimilk recall and remove all product subject to the recall in retail stores by December 20. The order also prohibited Desimilk from selling any raw milk produced by any other animal; the company had also been selling goat, sheep and water buffalo milk. There have been no positive tests for any of those raw milks.

In shutting down Raw Farm and Desimilk, CDFA effectively took well over 90 percent of the raw milk produced in California off the market. All this for a "virus" that has never gotten anyone sick, has never been proven to exist and that uses an unreliable test for detection. It's a brazen attempt to shut down the raw milk market in California over something that isn't a threat. ☹☹

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INSPECTORS ON YOUR RAW DAIRY FARM?

What to do if inspectors or agents show up on your farm wanting to test your milk for bird flu? We suggest using the two forms provided on pages 85 and 86. Make sure you have one or more witnesses as you hand them the forms.

Be polite but firm, making it clear that you have a right to the information you are requesting. Each one should fill out the Inspector Information form. Be sure to ask for their driver's license and badge, and take photos of these documents, as well as a photo of each inspector.

The inspector in charge should fill out the Questionnaire for Inspector. Obviously he or she will not be able to fill out the form or provide the information requested. Make it clear that they can return to their office to obtain the information required and that no milk sample will be provided until the information provided is satisfactory. The hope is that they will leave and never return.

Farmers have also used this strategy with inspectors looking for bird flu in chickens, and indeed have successfully fended them off in the U.K.

INSPECTOR INFORMATION

NAME: _____

NAME OF FARM: _____

ADDRESS OF FARM: _____

Each inspector coming for a milk sample should fill out this form. Please write legibly.

DATE: _____

NAME: _____

TITLE/POSITION: _____

BADGE NUMBER: _____

AGENCY: _____

OFFICE PHONE: _____

CELL PHONE: _____

DIRECT EMAIL: _____

OFFICE ADDRESS: _____

PURPOSE OF VISIT: _____

TYPE OF SAMPLE REQUESTED: _____

WHAT WILL THE SAMPLE BE TESTED FOR? _____

NAME OF SUPERIOR: _____

TITLE OF SUPERIOR: _____

PHONE OF SUPERIOR: _____

EMAIL OF SUPERIOR: _____

I certify that the above information is correct.

SIGNATURE

QUESTIONNAIRE FOR INSPECTOR

All information must be provided before the release of any sample.

Name: _____ Date: _____

Type of sample requested: _____

What will sample be tested for? _____

Regulation that allows the taking of this sample: _____

If sampling for a virus:

1. Attach peer-reviewed study showing the appropriate isolation, purification, characterization and genetic sequencing of purported virus you will be testing for.
2. Attach valid, rigorous, repeatable scientific evidence showing that (under conditions that actually occur in nature and/or on farms) it is transmissible to other animals.
3. Attach valid, peer-reviewed studies showing that the virus causes the illness/symptoms it is purported to cause, and that the illness/symptoms are contagious.

Type of test to be used:

Whole Genome Sequencing (WGS) _____

Polymerase Chain Reaction (PCR) _____ If PCR, how many cycles? _____

Other (please specify): _____

For each type of test that you propose to administer, attach peer-reviewed studies showing that it has been validated for detecting the purported virus (not simply a target sequence, protein or antibody) in the same context that you propose to apply the test.

For each type of test that you propose to administer, supply the following:

Sensitivity: _____

Specificity: _____

Positive predictive value: _____

Negative predictive value: _____

Name of Lab doing the testing: _____

Contact Person at Lab: _____

Address of Lab: _____

Phone number of Lab: _____

Email of Lab: _____

I certify that the information given in this form or attached to this form is accurate and true:

Signed: _____

Position/Title: _____ Date: _____

REAL MILK UPDATES by Pete Kennedy, Esq.

DELAWARE - GOVERNOR SIGNS RAW MILK BILL

On September 26, Governor John Carney signed Senate Bill 273 (SB 273) into law. (See *Wise Traditions* Fall 2024 for background.) The bill legalizes the direct-to-consumer sales of raw milk and raw milk products. SB 273 charges the Delaware Department of Agriculture with writing and adopting regulations to administer and enforce the production and sale of raw dairy; the bill and regulations are to go into effect in January 2025.

OREGON - RAW MILK DAIRIES DROP LAWSUIT AGAINST CAFO REGULATIONS

On October 2nd, four micro raw milk dairies withdrew a lawsuit against the Oregon Department of Agriculture (ODA) over a requirement to register as a Confined Animal Feed Operation (CAFO) in compliance with CAFO regulations that were written to apply to only large-scale farms. (See *Wise Traditions* Summer 2024 for more background.) ODA had previously warned farms that they could be fined if they failed to register as a CAFO; one of the requirements as a CAFO was to have a wastewater management plan—cost-prohibitive for the microdairies. All the plaintiffs in the suit were selling under Oregon law that allowed on-farm sales of raw milk as long as the dairy did not have more than two lactating cows, nine lactating goats or nine lactating sheep.

The dairies filed a lawsuit on January 24 claiming in federal court that the CAFO requirements subjected them to burdensome operational procedures, recordkeeping requirements and equipment expenses, none of which made sense due to the small amount of wastewater each of the plaintiff farms generated. On September 25, ODA adopted final rules for the CAFO regulations which required registration and compliance with the CAFO program only if the farm owned twenty or more dairy cows and if the cows were kept inside for at least twelve hours per day, one hundred twenty days per year. The new rules moved the four microdairies to voluntarily dismiss their suit.



ONLY THREE STATES REMAINING!

2000 Raw milk available in 27 states

2024 Raw milk available in 47 states
(thanks to the efforts of A Campaign for Real Milk)

Our Goal
Raw milk available in all 50 states! **Help farmers provide raw milk legally in all 50 states.**



Do you drink Real Milk?

Support the Foundation that has made real, raw milk widely available. Membership fees and donations to WAPF make possible:

- Ongoing administration of realmilk.com (which offers free listings for dairy farmers)
- Scientific information on raw milk benefits and safety
- Raw milk updates on westonaprice.org and in *Wise Traditions*
- The WAPF chapter system, which helps you find raw milk in your area
- Initiatives such as founding the Farm-to-Consumer Legal Defense Fund to protect raw milk producers

Raise a glass and support the efforts of the Weston A. Price Foundation to keep raw milk flowing for you and your family.
westonaprice.org and realmilk.com



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

Spring 2014	Dr. Price's Scientific Approach; Weston Price and the Fluoridationists; Cows and Climate; Economics of Raw Milk.
Fall 2014	What Causes Heart Attacks? The Myogenic Theory of Heart Disease; Thrombi in Heart Disease.
Summer 2015	Vaccination Dangers Issue.
Winter 2015	Water Issue: The Fourth Phase of Water; Sewage in a Glass; Water Stressors; Teaching WAPF to College Students.
Spring 2016	Folic Acid and Glyphosate; Why We Need Saturated Fats; Cod Liver Oil Testing; Flint, Michigan Cautionary Tale.
Fall 2016	Recovery from a Low-Carb Diet; Why We Need Carbs; Salt; Nutritional Yeast; Big Box Stores; Addictions.
Spring 2017	Type 2 Diabetes; Couch Potato or Marathon Runner?; Weight Loss; Costa Rica; Moving Heavy Loads; MSG.
Winter 2017	The HPA Axis; A Primer on the Thyroid; Recovery from Bioidentical Hormones; WAPF in Peru.
Spring 2018	Mercury Issue: Mercury as Anti-Nutrient; The Thimerosal Travesty; Poisoning Our Children; The Cutler Protocol.
Summer 2018	Treating GERD; Gallbladder Health; Herbal Bitters; Hidden Histamine Problems; Constipation.
Fall 2018	Seniors on Drugs; Chronic Hyperinsulinemia; Dangers of Daily Aspirin Use; Incontinence; Nepal.
Spring 2019	Surviving in the Aluminum Age; The Cannabis Craze; Fluoride Dangers; Risks from Tablet Use.
Summer 2019	Rancidity Testing of Cod Liver Oil; Getting Informed about 5G; The Ketogenic Diet; Ukraine's Traditional Foods.
Fall 2019	Why We Cook; Mitochondria and Health; Prenatal Ultrasound, Not So Sound; Dissecting Fake Burgers.
Winter 2019	Dietary Support for the Alcoholic; Vitamin B6 and Nutritional Dependencies; Switzerland's Sourdough Bread.
Spring 2020	Vitamin A-Mazing; Sunlight and Vitamin D; Vitamin K2 MK-4, Dr. Price's X Factor.
Summer 2020	Is Coronavirus Contagious? Air Pollution, Biodiesel, Glyphosate and Covid-19; The Current Health Crisis.
Fall 2020	Toxic Iron, Arsenic and Anthrax, Traditional Foods of Morocco; Modified Food Starch.
Winter 2020	Chlorine Dioxide Controversy; Coconut and Encocados; Infant Constipation; The Elder Plant; Arsenicum.
Spring 2021	Bringing Up Baby; MSG-Glyphosate Connection; Advice for the EMF-Sensitive; Colonoscopy Risks.
Summer 2021	Hidden Food Ingredients; Glyphosate and the Gut; Questioning Covid; Foodways of the Australian Outback.
Fall 2021	Sound Frequency Therapy; Covid Vaccine Shedding; Outlawing Meat in India; The Batwa Pygmies of Uganda.
Winter 2021	Money and Public Health Policy; Cell Phones and Thyroid Cancer; DIY Covid Treatment; Low-Fodmap Diet.
Spring 2022	The Great Virus Debate; Solving the Mystery of TB; RFK, Jr. Speech; Covid and Mechanical Ventilation.
Summer 2022	Devil in the Garlic; MSG and Obesity; Sunscreen Dangers; Reducing EMF Exposure; Mediterranean Diet.
Fall 2022	Salt, Dopamine and Health; Gallbladder Health; Lung Health; A Soy Prison Saga.
Winter 2022	Optimal Hormonal Development in Your Child; Living in the Plasticene; Gender Surgery; Scottish Porridge.
Spring 2023	What Makes Us Sick?; Transcending the Narrative; The Kazakh Eagle Hunters; Medical Testing.
Fall 2023	Vitamin A for Fertility; Vitamin K ₂ , MK-4; Dr. Price's Remedy; Weight-loss Drugs; Adrenal Fatigue.
Winter 2023	An Update on GAPS; A Cannabis Suicide; The Lyme Disease Lie; Dangers of Stevia.
Spring 2024	The Gut Microbiome, Oxalate and Your Kidneys; Reducing Anemia in India; Snapshots from Omo Valley Tribes.
Summer 2024	The Curse of Cottonseed; Staying Out of the Emergency Department; Contagion in Jewish Law.
Fall 2024	Effects of Glyphosate; Dental Metals and Neurodegenerative Diseases; Kayaking the Greenland Coast.

HEALTHY BABY ISSUE: Traditional Remedies for Childhood Illness; Baby Food and Formula; Vitamins for Fetal Development; Wrong Advice in Baby Books; Vaccinations; Baby Food; Gut and Psychology Syndrome.

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All articles from all journals are posted at westonaprice.org.

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FREE JOURNAL COPIES: Request a free issue from between 2015-2020 on the westonaprice.org homepage.

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Suggested donation for flyers is 25¢ each (includes shipping), 15¢ each for 50 or more

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Myths & Truths About Cholesterol	Nutrition for Mental Health	Sugar Alert!
A Campaign for Real Milk	A Message to Grandparents	Vaccination Dangers

Covid-19: Contagious Virus or 5G Microwave Technology?

Order online at westonaprice.org or by phone (703) 820-3333 OR send checks to The Weston A. Price Foundation.

Healthy Baby Gallery



First-time parents welcomed their son Asher into the world in September. He made his debut in the arms of his father and in the comfort of his own home after twelve hours of back labor. His mom attended the Wise Traditions conference in 2022 and read *The Nourishing Traditions Book of Baby & Child Care* cover to cover before the pregnancy. Her “prenatal vitamins” consisted of cod liver oil and beef liver capsules, plenty of sourdough and a huge glass of raw milk every day. Mama was never nauseous during pregnancy and stayed as active as ever—including snowboarding and hot yoga in the early months. Asher is unvaccinated and getting as much breast milk as he wants. His parents feel extremely blessed to have had the resources to make informed decisions about bringing Asher into the family.

In spite of having been conceived by parents in their late forties, AmeliaMae is a robust, stout and intelligent little lady. Born at home after a fast-paced six-hour labor, she entered the world with a hearty vocalization which has not ceased since. Her mother and father have faithfully adhered to the WAPF diet for more than fifteen years now, including staple foods like bone broths, raw milk, organ meats and fermented foods as part of their daily intake. Her brother Moses, eight years her senior, was the beneficiary of a traditional foods diet as well. Much praise and thanks go to our Lord and Savior Jesus Christ who gave revelation to this more holistic way of living.



Breast is Best.

But for those who can't, we recommend:

WAPF Homemade Baby Formulas

Developed by Dr. Mary Enig, with a PhD in nutritional sciences, and used successfully for twenty years.

- Safe and nutrient-dense.
- Raw Milk-Based formula developed to mimic human milk.
- Liver-based formula for those unable to consume milk.

<https://www.westonaprice.org/health-topics/childrens-health/formula-homemade-baby-formula>



Local Chapters

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

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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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San Antonio: Debra Roach (408) 390-7435, eggsandbutterDR@proton.me & Danielle Roach, (916) 889-4634, dmcintosh.botany@gmail.com wapfsanantonio.com/
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Terrell: Hilary Holt (469) 931-8353, Hilarydb2709@gmail.com
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Randolph Center: Marilyn Lambert (802) 249-1714, MarilynLambertntp@gmail.com
Southwestern Vermont: Cynthia Larson (802) 645-1957 cynthialarson32@gmail.com
Winooski Valley: Jean Palmer (802) 288-9566, jeanpa813@gmail.com

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Jefferson County: Nala Walla (360) 643-3747 nala@bwellnow.org
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Spokane: Cheryl Fagras (509) 981-6779, clfagras@comcast.net
Tacoma/Olympia: Rebeka Vairapandi rebeka@vairapandi.com
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Dane & Sauk Counties: Richard & Vicki Braun (608) 495-6117 richbraun70@gmail.com
Fremont: Ruth E. Sawall (920) 850-7661
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Laramie: BJ Edwards (307) 399-4893, BJ@tasteofthewind.com



RICHMOND, VA CHAPTER

The chapter had a lovely meeting on a lake in central Virginia this summer, sharing wonderful food, all prepared according to WAPF principles. They even barbecued rabbit! The chapter is active and welcomes new members in the greater Richmond area.

Interneational Chapters

AUSTRALIA

ACT

Canberra: Brenda Rogers 61 4097 74790, brenda@qwomen.com.au

NSW

Bega Valley: Emily Stokes 0407 192 899 thewordgarden@hotmail.com

Lismore: Deborah Perry doryanthes41@gmail.com facebook.com/WAPFNorthernrivers/ 0429 781 392

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VIC

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Perth (East Metro): Denise Curtis 044 75 66662, deecurtis20@gmail.com

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BELGIUM

Oudenaarde: Sofie De Clercq 32 496 93 39 89, info@sofiedeclercq.be, holisticnutrition.be

Are you a pasture-based farmer seeking customers?



Membership:
\$40 \$30/year for our quarterly journal and more. Use code **wapf30**

The Weston A. Price Foundation can Help!

1. **Contact a volunteer chapter leader near you to be added to their Local Food Resource List.** ("Find Food/Local Food" tab on our website.)
2. **Advertise in our quarterly journal**, which goes to 15,000 members. ("Get involved" tab on our website.)
3. **Are you a dairy farmer? Advertise for free on our site, RealMilk.com.** (At the bottom of the homepage is a link to add a listing.)

For a list of how we can help farmers and food producers, go to: westonaprice.org/farmhelp



westonaprice.org

info@westonaprice.org (703) 820-3333

International Chapters

CANADA

AB

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NB

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CHAPTER RESOURCES

Resources for chapter leaders can be accessed at westonaprice.org/local-chapters/chapter-resources, including our trifold brochures in Word format, the chapter handbook, PowerPoint presentations, business cards and more.

The Weston A. Price Foundation currently has 495 local chapters:
427 serve the District of Columbia and every state in the U.S.
except West Virginia and 68 serve 23 other countries.

LOCAL CHAPTER CHAT GROUP

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

International Chapters

HUNGARY

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Sussex: Lyann Kemal (0) 447 310 601143, lyannkem

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CO

Meadow Maid Foods, 100% grass-fed, grass-finished beef. On pasture year-round at the family ranch in WY. Production practices detailed on our website. Custom beef, Farmers markets, and food co-op in Fort Collins. meadowmaidfoods.com, (307) 534-2289.

Rafter W Ranch, Simla, CO. A family-owned ranch, practicing regenerative agriculture, bringing you nutrient-dense food. Our animals are **100% certified American Grass-fed**. Our beef is 30-day dry-aged. We also offer pasture-raised lamb and broiler chickens. Bones, offal (liver, tongue, oxtail, kidney, cheek, heart) and other choice cuts available. Bulk and piece orders. We are part of the Harvest Host. Pick-up locations along the Front Range and **NOW shipping** in CO. (719) 541-1002, rafterwranch.net.

IL

Devon beef, 100% grass fed, no antibiotics, no growth hormones. Full cow, 1/2 cow or individual cuts from my ranch in St. Leon, Indiana. Pastured pork, 100% antibiotic free, fed minimum amount of organic corn, 100% outdoors on pasture and woods. All meat USDA inspected. Information on how we raise our beef and pork plus important health links at abundantgreenpastures.com or Mike at (513) 646-8739.

ORGANIC, HEIRLOOM, GRAINS, FLOURS, BAKED GOODS AND MEATS. Small family farm using heirloom varieties and growing methods then processing grains in a traditional manner. We accomplish this by doing everything on our farm in Dwight, Illinois. www.qualityorganic.net (815) 584-1850.

IN

Providence Pastures produces and shares pasture-raised, regenerative, nutrient-dense food through long-term relationships with customers. We raise grass-finished beef, pasture-raised poultry and organic eggs, pasture-raised sheep and Mangalitsa lard pigs, organic maple syrup, produce, wheat and fruit. Sullivan, Indiana (812) 572-4293. pasturesofprovidence.com.

MD

Nick's Organic Farm, since 1979 offering quality products to Washington, DC, suburban MD, No. VA, Baltimore and Frederick areas. 100% grass-fed beef (no grain ever), pastured chicken, turkey, eggs. Using a regenerative 12 year crop rotation, we constantly move our livestock to fresh pastures to build our soils. Our animals receive only organic feed raised on our farm, no hormones, no antibiotics, no animal by-products, no GMOs. Beef and poultry liver, organ meats, fat, and bones, chicken/turkey

feet, beef sausage and jerky. Hay, straw, poultry feeds, food grade grains, popcorn, stone ground heirloom cornmeal (301) 983-2167; nicksorganicfarm.com; nicksorganicfarm@comcast.net. **JOIN our mailing list** to receive **order forms** and an invitation to our annual **Buckeystown Farm Tour**.

100% soy-free chicken, eggs, pork and beef. Chicken livers, chicken feet and heads. Bacon and sausage. Raw pet milk. Raw milk blue and cheddar cheese by cheesemaker Sally Fallon Morell. **Will ship** whole cheese wheels. Southern Maryland, within 1 hour of downtown Annapolis and Washington, DC. Saturday farm tours. Store open Thursday and Friday 10-6, Saturday 10-4 and by appointment. P. A. Bowen Farmstead, 15701 Doctor Bowen Road, Brandywine, MD. (301) 579-2727, pabowenfarmstead.com.

MI

Grassfed Beef and Lamb, Pastured Pork & Chicken sold from farm or delivered monthly to your home including Grand Rapids, Big Rapids, Muskegon and more. No GMOs and no chemicals. Come visit the farm to see the real deal! provisionfamilyfarms.com provsionfamilyfarms@gmail.com.

Grass fed raw milk for sale through herd share. Jesse and Morla Hochstedler Family 59525 Beaver Lake Road Colon, MI 49040 (269) 432-3169.

MN

Farm On Wheels offers animals raised green grass-fed & organic. USDA inspected. Nutrient-dense beef, lamb, chicken, eggs, turkey, goose, duck, and pork, no corn or soy or GMOs. Farmers Market year around in St. Paul, Prior Lake. Linda (507) 789-6679, farmonwheels.net, farm_on_wheels@live.com.

MO

1984Farms.com - Regenerative farm in Atlanta, Missouri, providing pastured-raised/finished beef, lamb and pastured corn/soy-free pork. Shipping weekly nationwide. No synthetic or toxic chemicals used. Order online and read more information on our values and methods. Kerissa info@1984farms.com, (435) 224-4593.

NC

Little Way Farm in central North Carolina offers food as it should be: wholesome, simple, and without all the junk you're trying to avoid. We believe that buying natural food should bring you peace of mind, nourish your body, and offer long term health for all of nature, including you! Our natural farming practices honor the cycles of nature. We offer local farm-pick up and home delivery in North Carolina as well as shipping to all lower 48 states. Shop 100% grass-fed and

grass-finished beef and lamb, and non-GMO, pasture-raised poultry, pork, and eggs. Plus, you'll find raw honey, 100% organic and sprouted flour, rendered lard, and lard dish soap in our online store. We also offer ways to save through our subscribe & save model, or our multi-pack bulk options. Order online at littlewayfarmnc.com.

NY

Dutch Meadows brings you the finest in high-quality grass-fed meats and organic dairy products, raised in harmony with the land. Order online and choose from hundreds of farm products, **WE SHIP**. Convenient pick-up locations in NYC. (717) 442-9208 info@dutchmeadowsfarm.com - DutchMeadowsFarm.com.

Farm fresh brown eggs. Chickens are free range on organic pasture and are fed non-gmo feed. Verdant Lea Farm, 5320 Pre-emption Road, Dundee, New York 14837 Samuel: (607) 243-5816.

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

Wyndfield Acres: diversified organic family farm in the Adirondack foothills overlooking the Kuyahoor. We offer 100% grassfed/finished beef, lamb; pastured, non-GMO Mangalitsa pork; pastured, organic-grain-fed poultry/eggs. Visit our farm store: healthful ingredients, herbal tinctures, salves, more. Little Falls, NY (315) 823-0171.

OH

COPIA FARM, Dan & Caitlin, Short drive from Columbus, Johnstown Ohio. Farm store open daily, 9 am-7 pm. Raw milk herd-shares, grass-fed meats, pasture-raised eggs, organic produce, organic sourdough bread & more! Regenerative, GMO-free, organic, paleo. (614) 915-9269, CopiaOhio.com.

Sugar-tree Ridge Grassfed Herdshare/PMA, located 60 miles east of Cincinnati in Highland County. We deliver 100% grassfed A2-A2 milk, pasture raised eggs, and many other products to sixteen delivery sites in Cincinnati. Farm and contact address is: Scott Richardson Family, STRG Herdshare, 6851 Fair Ridge Road, Hillsboro, OH 45133-9548.

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Grass-based biodynamic raw milk dairy offering Jersey Hi-creamline milk, cream, golden butter, cottage cheese and aged cheeses.

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PA

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

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

Enjoy eggs from ducks that are on better pastures. Safe nutrition, direct from the wilds of God's creation. Call or text Cleason Weaver at (717) 706-5961 to order or visit: 501 Shippensburg Rd. Newville, PA 17241.

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

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

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

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

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

Stone Meadow Farms offers raw milk cheese from our grass-fed dairy. 100% grass-fed beef and pastured pork. Everything is raised

outdoors and rotated on pasture with no antibiotics, hormones, GMOs or soy. **We ship cheese.** Woodward, PA (814) 349-5182.

TN

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

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

VA

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

WY

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Temple-Wilton Community Farm in Wilton NH has an opening for an experienced biodynamic vegetable grower who wishes to farm in and for community. Can start 2024 or 2025. Competitive salary, housing, and food from the farm, including vegetables, milk, yogurt, cheese, bread, and meat. Arrangements can be made for your children to attend High Mowing Waldorf School: <https://www.highmowing.org/> Your partner can explore local work options close to the farm. Must have the ability to work and collaborate with our other farmers (dairy and creamery) to cover the needs of the farm and its members and must have long term experience in growing high quality biodynamic vegetables. We work according to the needs of the farm rather than by the clock! Contact Anthony Graham at agraham@tellink.net.

CRAFTS & CLOTHING

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Nest Handmade - Home of the mason jar sized kraut tamper! We are a family of artists making handmade cherry kitchen tools, bentwood boxes and baskets and other all-natural goods for home and body. www.nest-handmade.com.

DVDS/ON-LINE VIDEOS/BOOKS

DVD **"Nourishing Our Children"** recently launched a DVD that may be used for one's self-education or to present to an audience. You will learn how to nourish rather than merely feed your family. nourishingourchildren.org/DVD-Wise.html **Free shipping!**

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seen in the USA, in our large and growing video library that will host and fund future events. Subscribe for just £2 a month. (about \$2.50). <https://westonaprice.london>.

FARMING VENTURE/LEASE/SALE

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

ISO organic/biodynamic/regenerative farm lease. We are a WAPF family of 5 seeking to manage/lease a working organic farm which includes animals. We have extensive experience in both Costa Rica and the Northeastern United States where we have owned large farms. Please contact us at crgreatescape@gmail.com if interested. THANK YOU!

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

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

RESEARCH/OUTREACH

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

SERVICES

Seeking adoption connection. We wish to welcome a baby into our family and rural Wisconsin homestead. We follow WAPF health practices and are looking for a birth mother or adoption agency with similar

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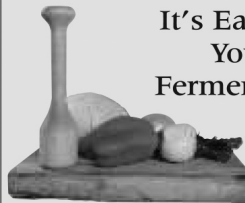
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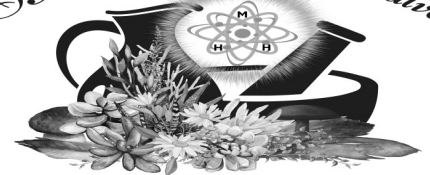
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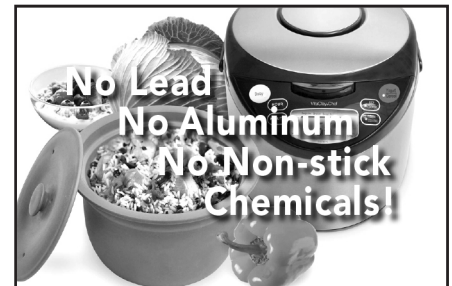
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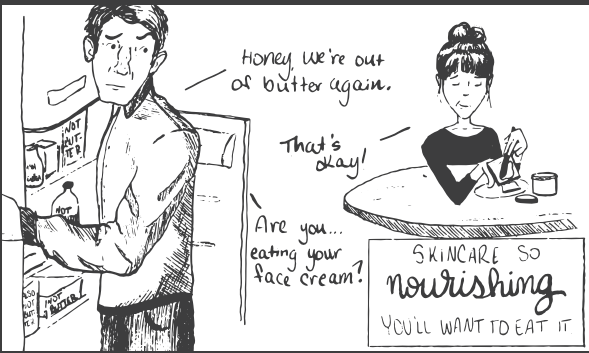
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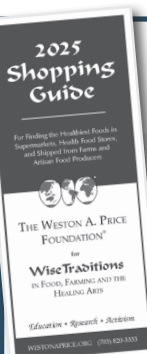
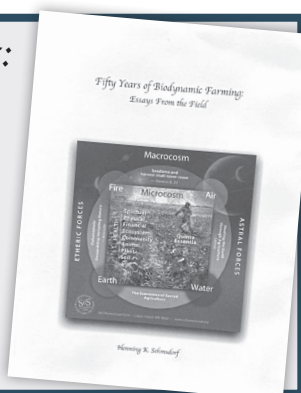
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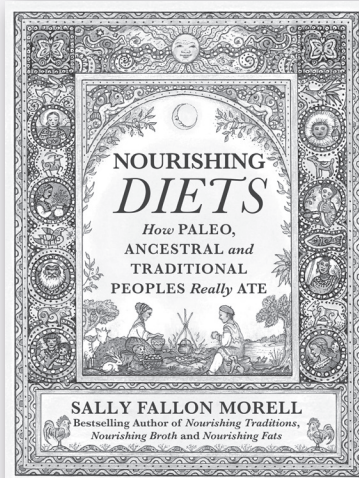
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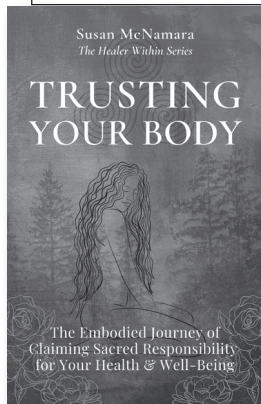
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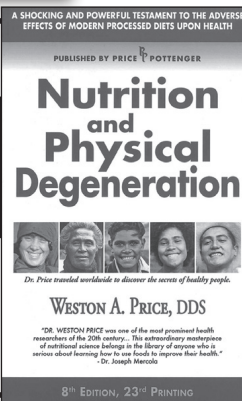
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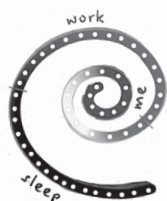
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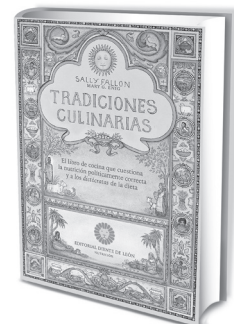


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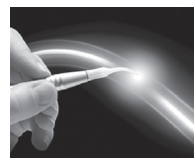
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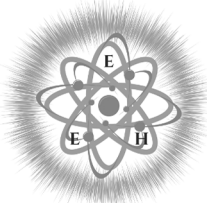
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MAY 18 BRANDYWINE, MD: Nourishing Traditional Diets: The Key to Vibrant Health by Sally Fallon Morell, at P.A. Bowen Farmstead. **CONTACT:** westonaprice.org

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