# FOOD FIGHTS AND FLIP FLOPS Part II

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When considering carnivorous vs. vegetarian or vegan cuisine, non-nutritional factors come into play as well, with global ecological and economic factors being prominent. To produce so and so many grams of protein or so many calories of energy as meat, requires an enormously greater amount of water, animal food, and land mass than to produce the same amount of protein or calories, when eaten as plants or plant products. Eggs and dairy are also much more energy-intensive than the plants that provide the same amounts of nutrients. The question arises, "Is it sustainable to feed every human on the planet the amount of animal products that are commonly consumed by people who can afford them? Now considering that plant protein is of a little lower quality than animal protein, and larger amounts of plant protein may be required to achieve the same results as animal protein, this pales in comparison to the much more energy and resources required to make the animal protein.

An issue cited by vegans is the cruelty to animals that is allowed by large Confined Animal Feeding Operations (CAFO's), keeping animals in unnatural and unhealthful living conditions, justified because they are "needed" for human food. They are not necessary because there is not a minimum daily requirement for meat. Now, not all animals are treated that way. Grass fed cattle herded in the fashion of Joel Salatin's methods at Polyface Farm, raised organically, having plenty of space to roam, are restoring and regenerating soil with their manure, and they are living the good life, until they are killed. Commercial slaughterhouses are the only ones that are allowed to butcher cattle, and Polyface Farm has no control over that, although they can butcher chickens more humanely on the farm. Now, I just said there is no minimum daily requirement for meat for the general population, but for some people with genetic defects in certain enzyme systems, they may require eggs or meat to provide the larger, more concentrated quantities of amino acids needed for their specific needs, but maybe only temporarily until the function of all their genes is supported sufficiently. Refer to Dr. Ben Lynch's book, Dirty Genes.

Speaking of killing, another issue raised by vegetarians is the moral issue of killing large animals (and for some, any animals at all) for meat. Hunter-gatherers who have neither the agriculture nor the technology to obtain adequate protein from plants or from eggs and dairy from domesticated animals, are obliged to hunt and kill animals, including insects, which are also high in protein. But for many of these societies, the hunters would pray and fast and study the animal carefully before killing it, and would pray and give thanks to the animal while butchering and preparing the meat, and eating it. They would use every part of the animal, including bones, tendons, claws, brains, intestines, eyes, tongue, etc. It seems to me that the purported "paleolithic" diet, is not really paleolithic unless the eaters do those things that paleolithic people did in hunting and killing the animals.

Vegetarians point out that when an animal is killed, it is a violent shock to the animal's system, producing stress and fear hormones that stay in the meat and affect the people eating it. When we truly do conscious eating, we are aware that a large animal with many of the feelings we have, had to be sacrificed for our food, when we could have eaten plant products instead. Most people just eat the meat without being in relationship with the food and the animal from which it came. Most eating is done unconsciously anyway, while doing other things, and not paying much attention to the food. (Some people with eating disorders pay too much attention to the food.) When we eat consciously, what do we feel when we are eating flesh? Even eating unconsciously, the awareness is there, and it can affect our bodies unconsciously. How we feel, what we think, and how we eat affects our digestion, our gut microbiome, and its effects on many things in the body, as well as many other energies in the body.

Vegetarians also look at the anthropological aspects of eating. Humans have much longer digestive tract than carnivores, for digesting all the fiber in plant based foods. Likewise vegan animals have long digestive tracts. A carnivore needs to get the products of digestion out of the body quickly before the meat putrefies and produces all manner of toxins. Thus, a short digestive tract. Carnivores have many canine teeth for tearing raw meat. Humans have only one set of canine teeth, and the rest of the teeth are more like those of vegetarian animals. One thing humans share with carnivores, however, is a set of eyes both pointing forward to hunt prey with focus. Vegan animals, since they are the prey, usually have one eye on each side of the head to give almost 360 degrees of peripheral vision, to look out for predators.

So my perspective is that humans are omnivores, but highly weighted toward vegan.

Fiber is a major issue. Most modern humans get a fraction of the optimal amount of fiber, and the gut microbiome suffers and promotes inflammation, obesity, and build up of toxins. Does that sound familiar, that those factors are involved in almost all of our chronic modern diseases? Dr. Alan Gaby, M..D, author of the Textbook of Nutritional Medicine, remarks often that less economically developed countries have large bowel movements and small hospitals, and we have small bowel movements and large hospitals. It is more important to feed the microbiome with fiber than to take probiotics. "If you feed them, they will come" applies here. If you take probiotics and don't provide food for them, they will die. Fiber is a basic requirement that plant based foods have in abundance, and of which meat and dairy have almost none. To eat an equivalent number of calories from vegetable matter and animal products, the plant products take up a huge space, a much bigger volume than the animal products, due to all the fiber. That makes large bowel movements and less diverticulosis because of less tension on the bowel wall, with lower pressure and expanded volume.

I must point out another anthropological perspective, that there never has been a society in known history that survived long term on a vegan diet. It seems that there is a need for some substance or energy heretofore not clearly described, that is required from an animal source. I can't say what the minimal requirement is, but it may be similar to the converse need of carnivores to eat a little plant substance. I see the cat eating grass occasionally. Large carnivores, after a kill, go first for the internal organs (of the vegan animal) containing plant materials in the stomach and intestines. Or maybe it is because the softer food is easier to eat quickly?

So most of the dietary studies and headlines don't look at all these complexities.

My perspective is that we need to eat organic vegetable products mainly, with small amounts of foods sourced from grass fed organic animals. How small is small? Meat mainly as a condiment or relish, if at all, and eggs and dairy in much smaller quantities than the vegan sources of food.

As a society, I think we are addicted to having large amounts of meat as a main course, which we really do not need, be it chicken, fish, or red meat. We think we need meat to be strong. (Actually we need exercise to be strong.) How can an elephant, eating only plants, be so strong?

Most modern studies show major health benefits for the Mediterranean diet, which has lots of vegetables, whole grains, olive oil, and some fish. The DASH Diet (Dietary Approaches to Stop Hypertension) is similar. Most studied diets that have health benefits have large amounts of vegetables.

A high fat diet like the Atkins diets can have a lot of low starch vegetables, but they are not required, and often people just eat a lot of fatty meat. People can get too much protein and build up too much

acid. The main health benefit is cutting out sugar, breads, and alcohol. Also they pay attention to eating consciously. Most people could lose weight, recover from diabetes, and improve health just by eating no sugar, juices, alcohol, or anything made with flour.

The ketogenic diet, a very high fat program designed to shift metabolism from burning carbohydrates to burning fat, has proven benefit for people with seizures, and many find it helpful as a part of an anti-cancer program, but there are downsides to it as well, such as acidification of metabolism, which can increase inflammation, and inhibiting detoxification, and it is difficult to get enough fiber by restricting carbohydrates severely.

So what about coffee? Decaffeinated coffee as well as regular coffee has many beneficial polyphenols, plant compounds with strong antioxidant, anti-inflammatory, and detoxification benefits. The caffeine, in a small amount, can coincide with and augment the morning surge of energy, but some people cannot tolerate it, and some have difficulty sleeping at night from the downstream metabolites of the caffeine. Some people have difficulty detoxifying caffeine, so small amounts cause greater effects, with anxiety and tremors. Some people are genetically wired to get a blood pressure rise from caffeine, and others can drink all the caffeine they want with no effect on BP. People prone to cardiac rhythm problems such as tachycardia and atrial fibrillation, all too common, can worsen these conditions by consuming caffeine. I think the main health problems from caffeine is the addiction to the dopamine rush, as with sugar, alcohol, cocaine, etc. Too many people are hooked and would have withdrawal headaches and depression without it. It doesn't help the sympathetic (adrenaline) overdrive, with exaggerated stress response that our culture is addicted to, the over-activity, and the lack of the parasympathetic relaxation response that is characterized by rest, digestion, sleep, meditation, prayer, music, etc. A major part of chronic health problems could be cured or significantly decreased by increasing the parasympathetic/sympathetic ratio, getting people to rest more.

Decades ago chocolate was considered unhealthful by health conscious consumers, and carob was substituted. Maybe it was because it has a small amount of caffeine, and small amounts of some other psychoactive substances, like anandamide and phenylethylamine. The main problem with most chocolate is the sugar content. Dark chocolate with at least 70% cocoflavinoids usually has less sugar, and 5 grams a day of cocoaflavinoids can have enormous health benefits due to the flavinoids, polyphenols, etc. These have antioxidant and anti-inflammatory benefits. There is an indigenous population in South America that drink cocoa all day long, as one of their main foods, from the local cacao beans they harvest. They have almost no cardiovascular disease, diabetes, or cancer, in contrast to other local societies that have lots of those diseases and don't drink cocoa. That doesn't prove anything, but it made me take notice when I listened to a lecture by Chris Kilham, "The Medicine Hunter," when he told of his visit to these people.

I addressed the controversy over alcohol in my article in the archives, "Moderate Drinking – Health Food or Hazard?" My conclusion was that the purported health benefits are not validated, or likely. Most likely the upper income level people who are not alcoholics drink more than lower income people (who are also not alcoholic) because they can afford it, and they do more social drinking with networking, dinner parties, etc. Upper income people also have better health outcomes because of accessibility of good quality food (no food deserts), have more access to health spas and gyms, better access to health care, safer working conditions, higher education level, more healthful diet, and other health habits, and have stronger social connections. So all these aspects of a higher level of income lead to longer life expectancy, and at the same time they are correlated with more people who consume alcohol in moderation. The alcohol just comes "along with the ride," and it is what is called a "confounding variable", something that is associated with a health outcome, but is not causative.

Alcohol is still a toxin that uses up glutathione and other compounds needed for detoxifying the environmental toxic soup that we are all served up, just by our breathing air. The health benefits of moderate drinking are very questionable.

When looking at food controversies, I like to go to Michael Pollan's Food Rules, about which I wrote a report, to be found in the archives, under "A Book Review of Food Rules." He succinctly summarizes in 7 words: "Eat food (that is, real food), not too much, mostly plants." Another article, "Food - Putting It All Together," encapsulates issues from many other articles I wrote about food.

Vaccines comprise a host of controversies, which I cannot begin to adequately cover here. It is not a food fight, but it certainly sets people's hair on end. Hyperbole, misinformation, demonizing and mistrust pervade the issue, on both the pro vaccine and anti vaccine sides. How can we make sense of it and create a sensible understanding and policy?

Smallpox, one of the most deadly viruses that has plagued humanity, has been eliminated from the earth (except for in laboratories), almost entirely due to vaccination with cowpox virus. This was done by multiple minute skin punctures, a fairly natural way to introduce the virus, not needing many accompanying adjuvants to further stimulate the immune system, and in a way the body could naturally encounter the cowpox virus. This was the first vaccine, invented by Dr. Edward Jenner in 1796. It had its hazards. People could get a minor illness similar to cowpox, or even widespread systemic illness. People who milked cows got their natural "vaccination" from the cows, and were protected from smallpox. The term "vaccine" came from the name of the cowpox virus, Orthopoxvirus vaccinia. Since smallpox was extinct by 1952, the vaccination has not been used for the public since 1972.

Poliomyelitis used to be pandemic, and it has been almost eradicated with oral and injectable polio vaccine, and better sanitation, as it can be spread through contaminated food or water.

Many other severe and sometimes fatal conditions have been reduced by vaccines, such as diphtheria, pertussis, and tetanus. The rates of many of these infectious diseases dropped enormously over several decades, due to better sanitation, clean running water, and more availability of many foods year round with refrigeration. As vaccines were instituted, there was further reduction in the diseases, but was that brought about by vaccines, or by further improvement in healthful standards of living?

The effectiveness of vaccines have never been proven by double blind, placebo controlled, randomized studies, required of drugs for approval, but that would be impractical to administer. We can infer effectiveness of some vaccines by trends in disease since the introduction of the vaccines. For example, more older people are now getting shingles because they are no longer in contact with children with chickenpox. Previously that would boost their immunity against shingles. Fewer children now have chickenpox because of the vaccine against it. Also since the Hemophilus influenzae type B (Hib) vaccine, the types of Hib now in circulation are more of the types not covered by the vaccine, indicating the success in reducing the types covered by the vaccine. Herbalists who treat children in areas of the country where vaccination rates are low, report higher incidence of whooping cough.

Vaccines are not without adverse effects, evidenced by the consent forms required before they are given, describing many adverse effects, the immunity against litigation conferred on vaccine manufactures, and the vaccine injury compensation programs. Considering the many adjuvants, chemicals, and other foreign substances in the vaccines to boost the effectiveness, parents have reason to be suspicious, especially when thimerisol, a form of mercury, was at such a concentration in each injection, that with the multiple vaccines given to children in short period of time, the total load of

mercury was beyond permissible levels. This does not build trust, when parents have to discover this on their own by study, that such a toxic substance was so cavalierly administered, thinking that parents are just supposed to do as told, not questioning the process, for something that is required in order to attend compulsory education. Parents who did not investigate this would never have known about the mercury. After much public outcry from parents, the thimerisol was finally phased out over many years, from most vaccines, often replaced with aluminum, also a toxic metal. The increase in the number of required vaccines, with thimerisol, coincided with the dramatic rise in incidence of autism.

Thus, we saw the big controversy arise about vaccines and the autism epidemic. To many parents the connection was obvious, when their normal child, normally conversant, suddenly stopped being able to talk, one or 2 days after a DPT or measles injection. Too many hundred coincidences to be ignored.

Many studies have been done to prove that autism is not caused by vaccines, and the proof is proclaimed as a certain truth by all major medical and public health authorities, and anyone speaking to the contrary is accused of spreading false and dangerously misleading information. Yet "anti-vaxxers" point out flaws in the research, and flawed interpretations. They also point out that the advisory boards and CDC officials have financial interest in the vaccine manufacturers, and with such conflicts of interest, that adds further mistrust.

Regarding research, why is there no curiosity to answer the question of why in the Amish communities, who do not vaccinate, there is no autism, except in the children who were adopted into the community, and who had already received vaccines? Is it the lack of television, or the lack of vaccines? Research needed. Lack of curiosity about this adds to further mistrust of the research institutions.

When an outbreak of measles occurs, starting with unvaccinated children, we see panic that there is going to be a huge epidemic of measles among children who are already vaccinated. If vaccines are so effective, why the panic about an epidemic among vaccinated children? The parents of the unvaccinated children are demonized as irresponsible, dangerous, and selfish. I think we must admit that the vaccines are partially effective, and we can't be complacent that since a child is vaccinated, he or she cannot get the measles, thus depending on nearly 100% of the population being vaccinated to make up for the incomplete immunity conferred by the vaccine, thus the concept of "herd immunity." Thus, the conflict between individual rights, and the rights of the group.

Then the issue arises about legal requirements for vaccines. That is where the emotions run high, especially because children are involved. Anti-vaxxers mistrust the financial and pharmaceutical drivers behind the push for more and more required vaccines, with more in the pipelines. They mistrust the medical elites and the mainstream news media that constantly slant the evidence in favor of the CDC and public health authorities. They see legal requirements as a violation of human rights, constitutional rights, and individual liberties. As mentioned above, anti-vaxxers are often demonized as irresponsible, but most of these parents are unusually conscientious, protective of their children, highly educated, studious, reading widely and in depth about the issue. They have tenacity, moral energy, and the fight of a mother bear. Pro-vaccination people say "immunizations," and anti-vaxxers say "vaccinations." Neither term is exactly correct, as the smallpox was the only "vaccination", from the vaccinia virus, and people's immune systems are already present and alive before they ever get the "immunizations."

Regarding annual flu vaccines, which are sometimes only 10% effective for the oldest and most vulnerable people, I question whether we want to give that artificial stimulus to the immune system every year, activating inflammatory cells repeatedly? Consider that most of the chronic and fatal health conditions, such as cardiovascular disease, Alzheimer's, cancer, autoimmune conditions, are all driven by inflammation and an *over-activated immune system*, do we know what we are doing? The ongoing pandemic much bigger than Covid-19 is air pollution, that kills 8.8 million people globally each year. Pollution causes oxidative stress and inflammation. Do we want to promote inflammation by continuing more stimulation to the immune system? To reduce these inflammatory conditions, the immune system needs to be *balanced, modulated, strengthened, not "boosted."* We, as a nation, seem to have a cavalier attitude and an overconfidence in vaccines, that we look forward to have vaccines for every infection. I say there has to be a *very good reason* to incur many known and *unknown* risks by developing another vaccine. It appears that an effective Covid-19 vaccine would be worth the risks, but would it be worth it to fire an employee for refusal to take the vaccine? This issue is going to come up. I think children are given too many vaccines too frequently, and parents should have the freedom to discuss the vaccine schedule with the provider, and should not be expelled from a medical practice just because they disagree with the schedule. As it is, parents have only two options, either to take the whole schedule as mandated, or to not be able to send their children to school. Many parents see this as draconian, autocratic, and a violation of human rights.

Instead of continuing this angry public conflict, I think we need forums where pro and con can attempt to have rational discussions, where all issues are laid out, forums that are not dominated by the CDC, health departments, and other conventional medical authorities. There are many issues which are not currently addressed adequately. In my perspective, the authorities do not like to see much discussion if these issues. They want an airtight consensus in favor of mandatory unlimited vaccines, and in schedules established by the medical guidelines, no questions asked.

For the general public, we need to be willing to question authority (without getting too wound up with conspiracy theories), and to look at all the questions that are not commonly answered, and to know that no issue is entirely all or nothing, black or white. We need to be willing to listen.