

Healing Basics

Prevent Cancer or its Recurrence

Achieve Ideal Weight Without Hunger

Build the Foundation of True Health

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A Learning Experience

This book was born out of a learning experience I have been having for about three and a half years at the time of this writing. I was not seeking to learn new ways to improve my health. I was comfortable with the “status quo” of living in a body which requires a food allergy rotation diet containing uncommon foods, LDA treatment twice a year (see pages 48 to 50 for more about LDA and EPD) and supplements. I had not had a flare-up of Crohn’s disease in about 20 years since shortly after I started EPD shots. I was grateful for being in better condition than anyone else I know with inflammatory bowel disease.

However, during the last few years, I have been repeatedly led to information that, when applied, has helped me make progress on the road to better health. I feel compelled to tell you what I have learned so you don’t have to learn it in a similar way. The process of applying the information in this book is a journey, but given time, I hope you too will have the opportunity to achieve better health than would have been possible without this book.

The details of the learning experience are recorded at the end of the book beginning on page 275. A short summary is that I got viral pneumonia three and a half years ago which went into asthma that was continual and uncontrolled. Inhalers did not help. Nine months into the journey, my doctor discovered a bacterial sinus infection. He started treatment with antibiotic nasal rinses which were ineffective. The oral antibiotics that did rid me of the infection led to a sinus infection with *Candida albicans*. A post-treatment comprehensive stool test revealed opportunistic resistant yeast and bacteria, no *Lactobacillus*, chemical markers that were way off, and impaired digestion. Drug-based medicine had been ineffective in restoring my health. However, if the bacterial sinus infection had been left untreated, I would have been stuck where I was. Because of the severe state my asthma was in, antifungal drugs were used to treat the *Candida* sinus infection and intestinal yeast, but herbal products and probiotics were also used. They were effective in restoring some beneficial intestinal flora to acceptable levels although I still have opportunistic bacteria and have yet to reach “normal.”

The next step my allergy doctor took was based on his intuition about why I had infection after infection. Thyroid test lab results were within the normal range but my TSH (thyroid stimulating hormone) and T3 (triiodothyronine) were at the lower limits of normal. My TSH had been at the high end of the normal range a few years before, which he thought might indicate a common pattern of post-menopausal thyroid decline. Addressing my thyroid problem was pivotal. He also decided to order a dust test on our house. To read everything I learned about mold remediation in the wake of this, see pages 232 to 235.

Because I always try to treat any problem with food, early on I made changes in my diet. At my first office visit when asthma symptoms returned after a 40 year hiatus, my

allergy doctor's physician's assistant told me I should eat cultured vegetables to improve my intestinal flora which would help the asthma. She rightly realized that asthma, like many chronic health problems, has roots in intestinal health.

As I was learning about cultured vegetables, I came across information about bone broth, soaking and dehydrating nuts to make them more digestible, and other traditional ways of making foods more digestible and making it easier to absorb their nutrients. Traditional food preparation methods are steps back to a nutritionally better time.

That diet was crucial to good health was nothing new to me. A surprising discovery came when a friend of mine told me about the Buteyko breathing method for asthma. It is important that we take our breathing back to the way it used to be before modern occupations, lifestyles, and diets.

Then a crisis led me through a detour of willingness to use standard medical practices. Although I eschewed drug-and-surgery medicine for most of my life, the diagnosis of breast cancer made me agree to surgery without a pause. Initially, I said there was no way I would take chemotherapy, being an allergy-sensitive person. However, due to my husband's distress over the diagnosis, I told him I would take chemotherapy if needed. Thankfully, it was not needed. Now that I know more about chemotherapy for breast cancer, I have returned to my original no-chemotherapy position.

There are times when invasive or toxic conventional treatments are warranted for life-threatening diseases. Some forms of cancer are highly responsive to chemotherapy, such as lymphocytic leukemia in children. However, even in these situations, natural strategies can also be used to help people tolerate and recover from the treatment better and even make the treatment more effective.

Although there are times when we must use conventional medicine, there are often less invasive or toxic alternatives which this book presents. Some conventional treatments do not actually help and may even do more harm than good. We need to know all of our options and make the best decisions *for ourselves*. This book strives to give you information you need to make decisions based on what is best for you rather than what standard (sometimes meaning most profitable) practice is.

After the crisis had passed, I returned to my usual approach to health problems and made changes in my diet and lifestyle to give me the best chance of preventing a cancer recurrence. I learned that what is good for the allergy patient is good for the cancer patient is good for the heart patient or diabetic who needs to lose weight, and so on. My habits due to allergies put me on my holistic oncologist's "You're doing everything right" list, and the changes I made due to cancer were good for allergies. A wide range of health conditions can be helped by many of the same nutritional and lifestyle principles.

The discovery of this broader perspective is the impetus behind this book. Almost everyone can improve their health using the principles in this book. If your health is good, read and apply these principles to help prevent future problems. Then I hope we all will enjoy the sunrise of good health.

In a Nutshell

There are times when conventional medical treatment is the wisest choice, such as after a major accident or for life-saving surgery. However, for most chronic illness the medical system manages rather than even attempts to cure disease. We keep paying exorbitant sums to refill prescriptions month after month for the rest of our lives but never really feel good, healthy or even normal.

This book offers an alternative: It provides well-documented information demonstrating that a better way to improve health often is naturally by improving lifestyle and diet. Helpful lifestyle changes include avoiding exposure to toxic substances, moderate exercise, correct breathing, and pursuing peace.

The best help for health problems is often found in the kitchen. I discovered much useful advice in the Weston Price Foundation book *Nourishing Traditions*. Their principles for returning to dietary basics are very wise; unfortunately many of us with food allergies or gluten-intolerance cannot eat the ever-present favored foods that are included in many of their recipes. Therefore, I have adapted their principles to be friendly for people following food allergy or gluten-free diets and have done the same with advice from other sources. The recipes in this book focus on easy digestibility and maximum nutrition, as well as fitting requirements of the special diets discussed in this book.

The incidence of cancer in the United States is over forty percent and is rising. Therefore, in my opinion, everyone should consume a diet that will help prevent cancer and promote good health. The basic principles of this basic diet are (1) to eat whole natural foods, not processed foods, including many fruits and vegetables and (2) to keep blood sugar and insulin levels low and stable. For individuals with food allergies or gluten intolerance, an additional principle is avoiding foods which cause reactions. For individuals whose health may be improved by weight loss, such as those with heart disease and diabetes, strict glycemic control also is a principle that is added to the anti-cancer diet. Low energy can be improved by the circadian rhythm diet which advises eating high-carbohydrate and high-protein foods at the time of day when needed metabolically. Individuals with candidiasis, autism, irritable bowel syndrome, inflammatory bowel disease and other conditions may consider adding the dietary principles specific for their condition to the anti-cancer diet. See pages 25 to 39 for more information about how to eat to treat specific health problems.

Although this book does not contain as many recipes as I often include, the recipes here offer a good start. These recipes are mostly special-diet-friendly recipes not available elsewhere. For more options, recipes from other sources are referenced at the end of each recipe chapter.

My hope is that by implementing the nutritional and lifestyle advice in this book, you will be able to optimize your health and prevent future health problems.

How Did We Get Here?

Americans' health has changed dramatically in the last several decades, with major diseases striking people at ever younger ages. Type 2 diabetes used to be a disease of people middle aged and older. Now it is not unusual to find it in people as young as their late teens. A Centers for Disease Control (CDC) report on diabetes from 1980 through 2014 showed that it rose from two to two and a half times its 1980 incidence for all age groups (18 to 79 years old) by 2014.¹ Over one quarter of people over 65 currently have diabetes, and the CDC projects that one in three adults could have diabetes by 2050.² In 1940, women under age 50 almost never got breast cancer. The breast cancer rate in younger women has tripled since World War II.³ Very few people had allergies then. Those who did usually had simple problems like hayfever from pollen or an allergy to cats. Now one billion people world-wide suffer from allergies, many of them life-threatening.⁴ Weight problems have skyrocketed since the 1980s when a third of Americans were overweight and only 15% obese. Now two thirds of people are overweight and over one third are obese.⁵ What happened? Why did our health deteriorate so terribly in the span of these decades?

Many things changed when we entered World War II. Food rationing was necessary to supply the military with food, which created changes both good and bad. A positive change was the advent of Victory Gardens that encouraged many people to grow their own vegetables. However, I remember my parents describing a change that, in retrospect, we know was terrible for health. With most of the butter going to the military, the substitute was a stick of rubbery white oleomargarine which came with a little packet of yellow coloring that could be kneaded into the substance if you wanted it to look more like butter. The slogan, "Better living through chemistry," also was coined about that time. In the 1950s, TV made us more sedentary than in previous years. That was coupled with the birth of fast food when McDonald's Hamburgers franchises opened in the mid-1950s. Less cooking was done at home, so processed foods became a major part of most people's diets. Finally, as small family farms were replaced by agribusiness, changes occurred in farming methods and animal husbandry.

1 Incidence of Diagnosed Diabetes per 1,000 Population Aged 18-79 Years, by Age, United States, 1980-2014. <https://www.cdc.gov/diabetes/statistics/incidence/fig3.htm>

2 Diabetes in the United States. <http://stateofobesity.org/diabetes/>

3 Servan-Schreiber, David, MD, PhD. *AntiCancer: A New Way of Life*. (New York: Penguin Group, Inc., 2009), 62.

4 Galland, Leo, MD. *The Allergy Solution*. (Carlsbad, CA, Hay House, Inc., 2016), 19.

5 Kash, Peter Morgan, and Jay Lombard, DO. *Freedom from Disease*. (New York, NY, St. Martin's Press, 2008), xiv.

Changes in Our Diet

How did the standard American diet (SAD, and it certainly is sad) become so unhealthy? Profit motives were part of the change. Today, corn and soy are in almost all commercially-made foods because they are inexpensive. Trans fats do not go rancid, so it is economically advantageous to use them for whatever fat is in a processed food to extend the shelf life of the food almost indefinitely. Profit is a large part of why cattle and chickens are raised by current methods. Genetically modified foods (GMOs) with their patented seeds bring in untold profit for Monsanto in sales of both seeds and pesticides without, in my opinion, any regard for the health of our planet or the people living on it.

Tastes have also changed. Sugar consumption began rising in the early 1800s and was 11 pounds per person per year in 1830. By the year 2000, it had risen to 150 pounds per person per year. Corn syrup consumption has also skyrocketed and is in many processed foods. One of the largest dietary sources of sugar or corn syrup is soft drinks, and their manufacturers are determined to keep Americans drinking sodas. They pay for research to be done on how “energy balance,” not sugar, is the cause of obesity, and have connections with the CDC to support them.⁶ It is indeed true that eating significantly more than you are burning in exercise will cause weight gain, but sugar causes high insulin which leads to depositing fat even if you are not eating too much. High insulin also causes hunger, which drives you to eat more. High fructose corn syrup, with its higher glycemic index, is even worse for us than sugar. See pages 28 to 29 for the details of why high insulin levels caused by sugary foods are the most important cause of obesity, not calories.

Sugar, which the body makes into glucose, is the preferred food of cancer cells where it is used rapidly and instead of other foods. The way positron emission tomography (PET) scans detect cancer is by infusing the patient with radioactively labeled glucose and then scanning for areas where it is taken up in large amounts. Both sugar and the ever-present white flour in baked goods stimulate a large release of insulin and insulin-like growth factor (IGF). Both hormones promote inflammation which stimulates the growth of cancer cells. IGF also increases the capacity of cancer cells to invade other tissues.⁷

The second change in our diets was in the types of fat we eat. We now eat too much inflammation-promoting omega-6 fat and very little omega-3 fat. This is due to the preponderance of corn, soy and sunflower oils in processed foods as well as to the way animals are now raised. Beginning in the 1950s, cattle were no longer raised on pasturelands, but instead were fed corn, wheat and soy in feedlots. Chickens no longer

6 Gillam, Carey. More Coca-Cola Ties Seen Inside U.S. Centers For Disease Control. August 1, 2016. <https://usrtk.org/food-related-diseases/more-coca-cola-ties-seen-inside-u-s-centers-for-disease-control/>

7 Apple, Sam. May 26, 2016. An Old Idea Revived: Starve Cancer to Death. https://www.nytimes.com/2016/05/15/magazine/warburg-effect-an-old-idea-revived-starve-cancer-to-death.html?_r=0

pecked at bugs and seeds but were fed an unnatural diet of corn. As a result, the ratio of omega-3 to omega 6 fatty acids in the body fat of these animals has changed from a healthy 1 to 1 ratio to between 1 to 15 and 1 to 40. Feeding animals linseed as 5% of their diet improves the ratio of fatty acids but is rarely done.⁸

An additional change in the fat we eat was hydrogenation, which makes the omega-6 oils usually used even more pro-inflammatory. Also, hydrogenated fats contain trans- rather than cis- bonds and thus are stiff when incorporated in cell membranes. This does not allow the cell membranes to function normally.

The International Study of Asthma and Allergies in Childhood showed that eating fast food three or more times a week resulted in more asthma, eczema, and rhinitis. Trans fats also have been connected to an increase in asthma in other research.⁹

Another change in our food is the widespread use of inorganic phosphate compounds which are used in sodas and to improve the texture of processed foods. These compounds promote the growth of non-small-cell lung cancer. They are found in a wide variety of foods such as processed cheese, lunch meats, pastries, fruit syrups, ice cream, frozen pizza and fish sticks. The amount of inorganic phosphates Americans consume has more than doubled since the 1990s.¹⁰

Cattle are now given estrogenic hormones and rBGH (recombinant bovine growth hormone) to increase milk production. Treatment with rBGH causes the cows to produce IGF which is excreted in their milk and not destroyed by pasteurization. As discussed above, our endogenous IGF released after eating sugar stimulates cancer cells.¹¹ Monsanto's rBGH drug, Posilac™, poses even more of a problem. The FDA approved this drug in 1993.¹² A 1996 International Journal of Health Services report said that milk from cows treated with rBGH contained ten times the level of IGF-1 (insulin-like growth factor-1) as milk from untreated cows, and more recent reports say it is as much as twenty times higher.¹³ In 1998, the British medical journal *The Lancet* reported that women with small increases in levels of IGF-1 were up to seven times more likely to get breast cancer at a pre-menopausal age.¹⁴ This timeline of events since the introduction of rBGH suggests a reason for the increased incidence of breast cancer in young women.

An even more frightening change in our food supply is the introduction of genetically modified organisms (GMOs) which are made in a laboratory by inserting genes from a totally unrelated organism. GMO plants are usually engineered to be resistant to

8 Servan-Schreiber, 72-73.

9 Galland, Leo, MD. *The Allergy Solution*. (Carlsbad, CA, Hay House, Inc., 2016), 21.

10 Servan-Schreiber, 86.

11 Servan-Schreiber, 75.

12 O'Brien, Robyn. *The Unhealthy Truth: How Our Food Is Making Us Sick and What We Can Do About It*. (New York, Broadway Books, Random House, 2009), 98.

13 O'Brien, 102.

14 O'Brien, 102.

the herbicide Roundup™ which is used to kill weeds. Thus high amounts of Roundup™ can be used on crops without killing the crop. In addition to the pesticides that remain on these foods, GMOs are recognized by the body as foreign. The timeline of events of the last 20 years suggests consuming GMOs result in more food allergies. (See pages 31 to 32 for details about the timeline). Several states have tried to pass or have passed initiatives to require labeling of GMO foods, but they have been struck down by the expenditure of millions of dollars from Monsanto to thwart allowing shoppers knowledge of whether a food contains GMOs.¹⁵ Yet, although there has been no testing done, the FDA insists that GMO foods are safe. The “safety” of Roundup™ is also being protected as the Environmental Protection Agency (EPA) has acted to stall a toxicology review of the herbicide by the Centers for Disease Control (CDC).¹⁶ However, the World Health Organization’s International Agency for Research on Cancer declared glyphosate (the chemical name of the active ingredient in Roundup™) a probable human carcinogen.¹⁷

Over ten years ago I received a phone call from a mother about her recently diagnosed allergic daughter. She was most concerned with why her daughter was severely allergic. She spent much time and effort discovering the reason. Her research led her disagree with the FDA about the safety of GMOs and she has had the opportunity to discuss this on television programs such Oprah and CBN TV.

Until 2006, Robyn O’Brien was an ordinary mother of four children. Then her one-year old daughter had her first small taste of eggs for breakfast and had an immediate severe allergic reaction. How could she be so allergic? Her pediatrician told Robyn that this was not her daughter’s first exposure to eggs because she had been immunized against flu a few months previously. A pediatric allergist said she was at risk for more food allergies and more severe reactions. In response to her questions, he told Robyn not to worry about the “whys” but to concentrate on her job of keeping her daughter safe.¹⁸ Desperate to protect her daughter and other allergic children, Robyn thoroughly researched the “whys” and started a crusade to help “allergy kids” by providing much needed information for parents of allergic children. (See her website at AllergyKids.com). The most important health-changing information she learned was that consuming a diet of processed foods can dysregulate the immune system, leading to allergies.¹⁹ Changing her family’s diet to all organic non-GMO foods has kept her daughter safe.

15 Chow, Lorraine. 8 Battleground States in the GMO Food Labeling Fight. <http://www.ecowatch.com/8-battleground-states-in-the-gmo-food-labeling-fight-1882162099.html> .

16 Gilliam, Carey. Collusion or Coincidence? Records Show EPA Efforts to Slow Herbicide Review Came in Coordination With Monsanto. *Huffington Post*, August 17, 2017, <http://www.huffingtonpost.com/entry/5994dad4e4b056a2b0ef02f1>

17 International Agency for Research on Cancer, World Health Organization. *Evaluation of Five Organophosphates Insecticides and Herbicides*. IARC Monographs Volume 112, March 20, 2015. <http://www.iarc.fr/en/media-centre/iarcnews/pdf/MonographVolume112.pdf>

18 O’Brien, 9-11,

19 O’Brien, 45-47.

Environmental Problems: Exposure to a Myriad of Chemicals

Changes in our environment have also affected our health negatively. In the 1960s, millions of barrels of oil were being pumped from the ground, making gas and petroleum products cheap and available for use in new profitable ventures.²⁰ Everyone owned or wanted to own an automobile. The emissions from vehicles and factories caused air pollution, which not only increases inflammation in general, but it increases airway response to allergens and worsens asthma.²¹

The abundance of petroleum also led to the development of many new chemical products such as plastics, pesticides, herbicides, cleaning products, building products, synthetic perfumes, etc. Since 1940, more than 100,000 new chemicals have been used in consumer products.²² Unfortunately, many of these are unregulated and untested.

The World Health Organization's International Agency for Research on Cancer tracks potentially carcinogenic substances in the environment. Of the nine hundred substances they have tested, only one was recognized as non-carcinogenic. Four hundred two are known or probable carcinogens, many of which are still widely used. Four hundred ninety seven have not been classified yet. In 1995 the National Toxicology Program carried out animal trials. Their conclusion was that we are regularly exposed to over 3,750 carcinogens. Although we may be getting a dose of each that is considered non-problematic, their combined toxicity is thirty seven to seventy five times the dose considered toxic to animals.²³

A most worrisome group of environmental toxins is those that disrupt hormones. They trigger inflammation and amplify allergic responses.²⁴ They are found in herbicides, pesticides, plastics, household products and beauty products. The most commonly known of these is bisphenol A (BPA) which promotes the progression of several cancers. It also blocks the effects of some chemotherapeutic drugs.²⁵

Another group of endocrine disruptors, the phthalates, has been linked to allergies. Diethyl hexyl phthalates (DHEPs) cause wheezing in children. They are in adhesives, coatings, toys, childcare products, and cosmetics. Butyl benzyl phthalates, associated with asthma, rhinitis and eczema, are found in plastics, floor tile, and carpet backings.²⁶

Formaldehyde is emitted from wood products such as plywood and particle board, floor finishes, paint, wallpaper, new fabrics, laser printers, copiers and personal comput-

20 Galland, 25.

21 Galland, 33.

22 Galland, 26.

23 Servan-Schreiber, 83.

24 Galland, 33-34.

25 Servan-Schreiber, 83.

26 Galland, 84.

ers.²⁷ Exposure to it is associated with increased sensitization to common airborne allergens. A 1999 study published in the journal *Allergy* found that the increase in allergies and asthma over the last few decades has paralleled the use of formaldehyde containing products in homes.²⁸

The slogan I heard as a child, “Better living through chemistry,” was untrue. We should support environmental activism and do whatever we can to encourage change, but it is not likely to happen quickly because of the economic forces at work. The one thing we can do about chemicals is wisely select what we allow in our homes. Use unscented natural cleaning products, wash all new clothing and fabric items thoroughly and with a pre-soak before you wear them, and buy solid wood furniture rather than particle board furniture. If that is too pricey, explore your options in antique stores, flea markets, etc. Also consider purchasing unfinished solid wood furniture and finishing it yourself with non-toxic coating or paint from a source such as American Formulating and Manufacturing. (For more about AFM cleaners and their Safecoat™ paint, sealants and stains, see “Sources,” page 269).

Lifestyle Changes

Our lifestyles have also changed since the 1940s. The rise in automobiles contributed to a more sedentary lifestyle. Instead of walking, or at least walking to a bus stop, everyone began driving. Our occupations now are also sedentary, many involve sitting in front of a computer all day. Television became a major consumer of time in some families. Therefore, sedentary habits and lack of exercise have contributed to obesity, diabetes, and other health problems.

Lack of exercise contributes to the development of cancer. Only 14% of active Americans will get cancer, much lower than the 42% national average.²⁹ My oncologist was pleased at my first office visit to hear that I take at least one, sometimes two, walks every day. You don't have to do a lot of intense exercise to reap major benefits.

Growing up as part of a large Italian extended family in an Italian neighborhood, I thought every home had a garden and every family's dinners contained a bountiful supply of home grown vegetables dressed with olive oil. We canned and froze much of the harvest from my father's garden and our fruit trees so we had nutritious home-grown food year round. In the 1970s, when economic changes caused most families to need two incomes to survive, there was not enough time for gardening nor the amount of home cooking I had grown up with. Today's apartment and condominium living also prevents gardening most of the time.

27 Servan-Schreiber, 86.

28 Galland, 36-37.

29 Quillin, Patrick, PhD, RD, CNS. *Beating Cancer with Nutrition*, (Carlsbad, CA,, Nutrition Times Press, 2005), 49.

The decline of gardening, rise of automobiles and thus less walking have affected our health in an additional way. Because we spend less time in the sun than our great-grandparents did, vitamin D deficiency is common and rising.

Over ten years ago my allergy doctor learned that low vitamin D levels are associated with leaking of the tight junctions between intestinal cells,³⁰ thus allowing food fragments to escape into the bloodstream. Because this contributes to food allergies, he suggested I have a blood test for vitamin D. My blood level was 7 ng/ml, far below the 50 ng/ml that he considered optimal.

In addition to food allergies, low vitamin D levels are associated with bone health issues (see pages 50 to 51), high blood pressure, cardiovascular disease, cancer, inflammatory diseases, infections,³¹ and increased all-cause mortality.³² Low vitamin D increases the risk of developing cancer as well as decreasing survival rates, so cancer patients should have blood levels checked and supplement if needed.

The articles cited below recommend the blood level of vitamin D be 30 ng/ml or above. For cancer prevention and general good health, supplementing with vitamin D₃, the active form, is recommended if blood testing shows a level below 30ng/ml. Then the blood level should be monitored at least until the dosage required for maintaining an optimal level has been determined. Vitamin D supplementation is a wise step for preventing and addressing many health problems.

There is no way to turn the clock back, but we can personally enjoy regular exercise, carefully read labels on the commercially made foods we buy, and do as much cooking from scratch as we can. Knowing how we as a nation reached our current state of health helps us understand what we can do to regain our health. Now, and for the future, we need to get back to basics and take charge of our diets and health.

30 Sun, Jun. "Vitamin D and mucosal immune function." *Curr Opin Gastroenterol*. 2010 Nov; 26(6): 591-595. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2955835/>

31 Pilz S, Kienreich K, Tomaschitz A, Ritz E, et al. "Vitamin D and cancer mortality: systematic review of prospective epidemiological studies." *Anticancer Agents Med Chem*. 2013 Jan;13(1):107-17. <https://www.ncbi.nlm.nih.gov/pubmed/2309492>

Pilz S, Tomaschitz A, Obermayer-Pietsch B, et al. "Epidemiology of vitamin D insufficiency and cancer mortality." *Anticancer Res*. 2009 Sep;29(9):3699-704. <https://www.ncbi.nlm.nih.gov/pubmed/19667167>

32 Whiteman, Honor. Study links vitamin D deficiency to 'all-cause mortality and cancer prognosis.'" *Medical News Today*, June 18, 2014. <https://www.medicalnewstoday.com/articles/278323.php>

Back to Basics

We must make changes if we want to be exceptions to the current American state of health. If you are a parent, take this opportunity to prevent your children from being part of the trend toward progressively worse health. If you currently have a health condition, possibly one that is part of a national epidemic, work on improving the outcome by changing your diet and lifestyle now. In my opinion, treatments offered by conventional medicine will usually not significantly improve your lot. You must help yourself.

Since our health started spiraling downward after 1940, we might think we should take our diets and lifestyles back to the way they were in the 1930s. However, this is not back far enough; you may remember that sugar consumption was already on the rise in the 1800s. It's also difficult to re-create diets and lifestyles from history books or memory, and we can't ask great-grandma about her personal health in detail. A good way to determine what an ideally healthy diet is would be to find and study ideally healthy people. This is what Dr. Weston Price did in the 1930s when he visited and studied fourteen isolated societies around the world. They were like small pockets of traveling back in time.

Although the diets of these traditional groups differed in what they specifically ate, there were dietary principles they all held in common. They ate fruits, vegetables, legumes, whole grains, fats, nuts, seeds, and meat or fish in their whole, natural state. No part of an animal was left unused. When fish were eaten, the heads and skeletons were made into soup. Their diets contained both cooked and raw foods.³³ Organ meats were prized because they seemed important for fertility and children.³⁴ The groups that consumed milk drank it "as is" or ate it as yogurt or cheese.³⁵

Although isolated from each other, the groups had food preservation and preparation techniques in common, such as using lactofermentation to preserve vegetables, fruits and meats, allowing milk to ferment to produce yogurt and cheese and the making of bone broths. Highly nourishing broth served as an extender of the animal by providing a nutrient-dense easily digested base for meals. These isolated groups also shared the practice of soaking cereals, grains and legumes before cooking them.³⁶

The animal fats and tropical oils they ate had antimicrobial properties.³⁷ Animal fats also supplied vitamins A and D, the meat supplied protein, B vitamins, and minerals. Because people ate everything in its entirety, they undoubtedly obtained nutrients that

33 Fallon, Sally with Mary Enig, PhD. *Nourishing Traditions*, (Brandywine, MD, NewTrends Publishing, 2001), xi.

34 Fallon with Enig, 16.

35 Fallon with Enig, 25.

36 Fallon with Enig, xii.

37 Fallon with Enig, 13.

have yet to be discovered. Rather than dissecting and analyzing foods as we do, they simply enjoyed their traditional diets.

When I was a child, we were closer food-wise to the cultures that Dr. Price studied than most of us are now. Americans of some ethnic extractions still cooked almost everything “from scratch.” I remember helping my mother make chicken soup from a chicken, learning to make bread with my grandmother, and lessons on crimping the edge of a pie crust from my aunt. My mother and I made pasta together with a crank-type pasta maker, and my grandmother made pasta with a chitarra (wooden frame with metal wires strung across it) that came from Italy.

We had dessert only on special occasions such as birthdays and holidays. Candy was strictly rationed. When we received Halloween or Easter candy, we ate a few pieces, and the rest was put in a high cupboard. Every Saturday night we could choose one piece of candy to eat, and then we brushed our teeth.

I have fond memories of closeness enjoyed while doing food-related tasks with friends and family. When the cherries on our neighbor’s tree had been picked and were ready to can or make into pies, the women and girls on our block sat under the tree and pitted cherries for hours, and then each took some cherries home. When my dad picked Italian beans from his garden, I always helped him snap them. I remember sitting on the patio in the cool of the evening talking while we snapped beans. My mother and I talked for hours while peeling apples from our trees to make into applesauce or freeze for pies.

When I was first married, my husband taught me some new habits, like eating sugar more freely and picking up “broasted chicken” for dinner. We ate out once a week. I did not go so far as making the open-and-pour casseroles³⁸ my mother-in-law told me about, hoping to make my kitchen time easier. There were, and still are, some things no self-respecting Italian will do! I taught my husband to eat many vegetables instead of just peas and corn. He quickly became accustomed to foods made from scratch and has never returned to eating meals made of highly processed foods. He even eventually gave up sugar, after a childhood of having dessert every night and a candy drawer in the kitchen that he could snack from whenever he wished.

When I developed food allergies after a few years of marriage, I didn’t experience the panic that many people do because I knew it was possible to make everything from scratch and thus eliminate the problem ingredients.

When you begin to take your diet and cooking back to basics, start with small changes, such as reading labels and purchasing bread, crackers, etc. that are made from whole grains and healthy fats with no added sugar. Then prepare meals at home from whole foods. If there are nights when you need a shortcut to dinner, avoid highly pro-

³⁸ Open-and-pour casseroles were made from cans of cream of mushroom soup, spam, and other unthinkable things, opened and poured into a casserole dish, mixed, sometimes sprinkled with crushed potato chips and then baked until warm.

cessed foods and substitute pre-made foods from a health food store. Use frozen rather than fresh vegetables to save washing and chopping time. Take your diet back to basics by doing the type of cooking done by the traditional cultures Dr. Price studied. With the information and recipes on pages 108 to 192, you will be able to make your food easier to digest and extremely nutritious.

Taking your home environment back to healthy basics is easier than the transition to mostly home cooking. Though the world around you is swimming in chemicals, you can improve what you are exposed to in your home. Start with cleaning out the cupboards where you store cleaning and laundry products and the cabinet under the kitchen sink. Throw away everything that is fragranced or carries a long list of chemicals or warnings on the label. That will probably be almost everything you purchased at a grocery or discount store.

What is wrong with fragrance if you are not sensitive to it? It is there to cover the smell of toxic cleaning ingredients. Also, chemical fragrances are themselves toxic. A study was done in on what was in the air clothes dryers vented to the outside. Laundry done with fragranced detergents produced twenty one harmful volatile organic compounds (VOCs). If both fragranced detergents and dryer sheets were used, the list was much longer. There were no VOCs emitted from the laundry washed with unscented detergent.³⁹

Air fresheners don't actually freshen the air, they just cover unpleasant odors with chemical perfumes that are as toxic as those in laundry products. The use of air fresheners is linked to allergies and worsening asthma.⁴⁰ Remove whatever is causing offensive odors, like garbage in your kitchen wastebasket. Then open the windows to really freshen the air.

Alternatives to chemical cleaning products can be found at health food stores, but read the labels even there. I am unable to give recommendations for products you can find at the health food store because, like the packaged foods there, the ingredients change often. Old standbys for non-toxic cleaning include vinegar, baking soda, borax and BonAmi™ scouring powder. When you need serious cleaning power, try some AFM SuperClean™. A bottle of this concentrate will last you a long time. The label directs how to dilute if from between 1:15 to 1:2 to clean everything from kitchen counters to walls to difficult-to-remove soap scum deposits. For soap scum, you may want to moisten the surface with 1:2 SuperClean™, let it stand a while, and then scrub with BonAmi™. For information on where to get SuperClean™, see "Sources," page 269.

Microfiber cloths and dusters can eliminate the need to use many cleaning products. My old favorite cloths contained 80% polyester and 20% polyamide fibers and were reasonably priced but, unfortunately, came from a company that recently closed. Since then I have tried several brands of microfiber cloths in all price ranges. Cloths sold by multi-level marketing are not more effective than my favorites but are much more expensive. (The marketing method adds to the price). The cloths sold at grocery stores

39 Galland, Leo, MD. *The Allergy Solution*. (Carlsbad, CA, Hay House, Inc., 2016), 88.

40 Galland, 93.

and discount stores seemed much less effective to me. When I inspected the labels on the few cloths that came with fiber content information, I discovered that they contained no polyamide. Before purchasing such cloths, feel them. Microfiber that works well contains polyamide and feels sticky. The surface of most microfiber cloths is covered with loops. If washing windows, use looped cloths for washing and a smooth window cloth for drying the windows. Unfortunately, I have been unable to find a smooth cloth that works as well as the multi-level marketing window cloth and is reasonably priced. My new favorite looped cloths contain 20% polyamide like my old favorites and are made by VibraWipe™. See “Sources,” page 269, for more information.

Use water with microfiber cloths when cleaning, either by wetting the cloths or with a spray bottle. Although microfiber can be used dry for dusting, I slightly dampen cloths before dusting to minimize the amount of dust that escapes the cloth and is inhaled. I also change cloths frequently while cleaning and deposit the soiled cloths in the washer to wash when I finish cleaning. Do not wash microfiber cleaning cloths with cotton fabrics or they will pick up lint that destroys their effectiveness. Wash the cloths in cool water with laundry detergent only and hang them to dry.

Although I usually use non-toxic cleaning agents, there are times when what you are trying to get rid of is worse than a “big gun” cleaner. See pages 232 to 235 for more about getting rid of mold. If you must use something like Clorox™, open the windows so the fumes will be diluted with fresh air rather than building up. If you are sensitive to the smell of Clorox™, have someone else treat a moldy area with Clorox™, let it dry and sit for an hour or for as long as overnight, and then rinse the area thoroughly and air out thoroughly before you use the room. Be sure to buy unscented Clorox™.

When you buy an item of new clothing, remove the chemicals it is laden with before wearing. I have always washed new clothing before wearing, but recently read about a new twist on this. In *The Allergy Solution*, Dr. Galland recommends soaking new clothing overnight in the washer with warm water first, and then washing it repeatedly until it smells all right.⁴¹ I was surprised when I soaked a rust-colored turtleneck top overnight and the water was deep orange the next morning.

Personal care products should be natural, unscented products, not petroleum-based and without parabens or phthalates.⁴² Shop for them at health food stores and read the labels. Interestingly, recent studies have linked the rapidly rising incidence of peanut anaphylaxis in children to early exposure to peanut oil in skin care products.⁴³ Thus, be careful of what you put on your skin because it will be absorbed. The practice of slathering children with toxic DEET to prevent mosquito bites is ludicrous considering that vitamin B1 works better and is non-toxic. For more about this, see pages 42 to 43.

41 Galland, 91-92.

42 Servan-Schreiber, David, MD, PhD. *AntiCancer: A New Way of Life*. (New York: Penguin Group, Inc., 2009), 6 of “AntiCancer Action” section in the center of the book.

43 Galland, 49.

We also must get back to exercise basics. A few generations ago, many Americans got plenty of exercise in their daily lives. Farmers, manual laborers, and hard-working housewives did not have modern appliances or equipment to help with the heavy work. When I was a child, we had a washtub and scrub board that were saved as a memento of my Grandma Jiannetti who had used it for family laundry. I remember watching my aunt wash clothes with the time-saving device that came next, a wringer washing machine. The clothes agitated in a tub of soapy water, and then she lifted heavy, wet clothes to the wringer. Here she fed them through the rollers to remove most of the soapy water. The process was then repeated a time or two with pure water before she carried a heavy laundry basket outside to hang clothing on the clothes line. After clothes were dry, we had to do the ironing. (I did plenty of ironing as a teenager). A lot of exercise was certainly involved in doing laundry years ago.

Now we have appliances to help us at home. At our workplaces, we are much more likely to sit at a computer all day than to lift a shovel or do any kind of physical exertion. Thankfully, many Americans exercise regularly. If you don't, start now on exercise that is simple to do and that you enjoy. You might try taking a brisk thirty-minute walk most days. Some people do this on their lunch hour. With a healthy lunch brought from home, you can eat at your desk while working and then use your lunch time to walk.

Exercise is important for everyone. Moderate exercise, used with a glycemic control diet, is a vital tool for weight loss. Asthmatics especially benefit from exercise, although some avoid it for fear of provoking an asthma attack. (Consult your doctor before you begin an exercise program if you are asthmatic). A gradually built up walking program is an ideal place to start. Walk with your mouth closed and breathe through your nose. Start each walk at a slow pace and gradually increase the speed. If you feel you must breathe through your mouth, slow down. Opening your mouth during exercise thwarts the purpose of exercise for asthmatics and may lead to an asthma attack.⁴⁴ For more about Buteyko breathing see pages 70 to 73 and 273. The advice Patrick McKeown, a major force in promoting the Buteyko breathing method, gives to all asthmatics is, "Spend as much time as possible outdoors and take some form of exercise."⁴⁵

While exercise is important for everyone, it is essential for people with cancer. Our defenses against cancer can be directly stimulated by exercise. It helps rid the body of excess fat, which is where carcinogenic toxins are stored. Exercise improves our hormonal balance, decreasing excess estrogen and testosterone that stimulate reproductive system cancers. For all cancers, exercise is beneficial because of its effect on natural killer (NK) cells. If people who regularly exercises hears bad new (as in a threatening medical report), their level of natural killer (NK) cells remains relatively stable. In non-exercisers,

44 McKeown, Patrick, MA, H Dip. *Asthma-Free Naturally*. (San Francisco, CA, Conari Press 2008),102-104.

45 McKeown, 97.

the number of NK cells may drop rapidly.⁴⁶ Cancer cells metabolize best in anaerobic environments (with little or no oxygen), so exercise, which sends more oxygen to tissues, slows their metabolism.⁴⁷ An editorial in the *Journal of Clinical Oncology* reported that exercise decreases the chance of relapse 50 to 60 percent for breast cancer, including cases that are not sensitive to estrogen.⁴⁸

In *AntiCancer*, Dr. Servan-Schreiber gives cancer patients advice on how to succeed in an exercise program. His advice, useful for anyone, is to begin slowly and gently with exercise like walking, possibly progressing to running. Walking to get wherever you can get easily on foot is very beneficial. He emphasizes exercising anywhere and everywhere, just get into the habit. By exercising in small doses, a person gets a lot of exercise without becoming exhausted. Exercises such as yoga or tai chi stimulate the body gently and can be done by almost anyone, regardless of their physical condition. As you are able to take on more, if you're ready for a change, choose the exercise you most enjoy. Join an exercise group if that suits you. Exercise on an exercise bicycle, treadmill or elliptical trainer while you watch a movie DVD.⁴⁹

A friend who had a mastectomy about three months after mine and learned about what she should do to help prevent a recurrence told me that she could not believe how good she felt after starting to eat better and walk every day. You too can make changes that will help you improve your health. How to eat in the way that is *best for you* is discussed in the next chapter.

⁴⁶ Servan-Schreiber, David, MD, PhD. *AntiCancer: A New Way of Life*. (New York: Penguin Group, Inc., 2009), 197-198.

⁴⁷ Quillin, Patrick, PhD, RD, CNS. *Beating Cancer with Nutrition*, (Carlsbad, CA., Nutrition Times Press, 2005), 45.

⁴⁸ Servan-Schreiber, 201.

⁴⁹ Servan-Schreiber, 202-203.

Nutrition for True Health

Good nutrition is a cornerstone of optimal health. As a person with food allergies, I focused on foods that were different from what “normal” folks eat. However, in the last few years I’ve learned that there are over-arching dietary principles that we all can benefit from following. Dr. David Servan-Schreiber’s anti-cancer diet⁵⁰ is good for all of us to follow because 42% of Americans will get cancer. This diet’s principles will not only lessen cancer risk, but maintenance of stable blood sugar and insulin levels is also helpful for weight issues and inflammation which can promote allergies, arthritis, etc. The types of fat eaten on the anti-cancer diet, in addition to less concentrated carbohydrates eaten for blood sugar control, will be helpful for heart patients, diabetics, and anyone who does not want to be pressured to take statins as discussed on page 57.

Because so much chronic disease is connected to overweight, if you need more weight loss help than the anti-cancer diet provides, try the glycemic control diet (pages 27 to 30) which will allow you to lose weight without experiencing hunger. Hunger is absent because the diet keeps your insulin level low and stable and blood sugar stable. Feeling hungry occurs when blood sugar is falling or low or insulin is high. On this diet, at the first feeling of hunger, you should eat a small protein-containing snack. Many of us know we need to lose weight. However, those who are slim may also need to control their blood sugar and insulin levels for optimal health even though their appearance does not suggest health problems.

The most basic advice for a healthy diet is to eat food in the most natural state you can find. If it won’t rot or sprout, don’t eat it. Avoid highly processed foods. Cook most of what you eat from basic whole-food ingredients. For foods like bread that can take more time to make than you have, read ingredient labels carefully and choose the item with the “cleanest” ingredients. Look for bread which contains no high-fructose corn syrup or sugar, no hydrogenated fats, little or no refined white flour, little or no sweeteners in general, and no long list of chemicals on the ingredient list. Be aware that if the item contains any white flour, vitamins that it was enriched with will be at the end of the ingredient list. These vitamins are acceptable ingredients unless you are allergic to yeast. The B vitamins required for enrichment of foods made with white flour usually are made from yeast because this is the least expensive source. To avoid yeast-derived vitamins, you must avoid all products made with white flour as well as white rice.

This chapter contains information about a variety of diets in addition to the anti-cancer and glycemic control diets. They include diets for food allergies, for a number of intestinal conditions, and the circadian rhythm diet for energy when you need it. You may need to combine the principles of a few of these diets for your own best diet.

50 Servan-Schreiber, David, MD, PhD. *AntiCancer: A New Way of Life*. (New York: Penguin Group, Inc., 2009), 104-145.

Forsake unhealthy eating habits and old ideas about foods (as in what foods can be eaten for breakfast) and follow the diet that is best for *your* health. Nothing tastes as good as healthy feels.

The Anti-Cancer Diet

The anti-cancer diet Dr. David Servan-Schreiber presents in his book *Anti-Cancer: A New Way of Life* resembles the Mediterranean diet⁵¹ with one important difference: it puts great emphasis on blood sugar control. This is because sugar feeds and stimulates the growth of cancer cells. In 1923, Otto Warburg studied cancer cells and discovered “the Warburg Effect,” which is that cancer cells consume sugar voraciously and metabolize it without oxygen. The idea then was to treat cancer by starving the cancer cells. With the discovery of DNA in 1953, all attention was turned to mutations and other genetic aspects of cancer cells. We are now taking a step in the right direction by returning to a natural dietary way to control cancer.⁵²

The most important principle of the anti-cancer diet is control of your blood sugar and insulin levels. This means eating little or no sugar or other refined sweeteners and few or no baked goods made of mostly white flour. For those on allergy or gluten-free diets, baked goods made with brown rice flour are as bad as those made with white flour for raising your blood sugar and insulin levels. Traditional long-fermented sourdough breads and breads made with whole grain flour plus nuts, seeds and whole grains⁵³ are advised because they have a lower glycemic index.⁵⁴ For an explanation of and more information about the glycemic index, see pages 208 to 210.

Eliminating sugar and corn syrup is the most important change a cancer patient can make because sugar is the preferred food of cancer cells. High fructose corn syrup is even worse than sugar, and it is found in most processed foods, which should be avoided. Stevia is the best substitute for sugar. Dr. Servan-Schreiber also allows lower glycemic index nutritive sweeteners such as agave, coconut sugar, and acacia or orange blossom honey to be used occasionally in moderation.⁵⁵

51 A traditional Mediterranean diet contains fruits and vegetables (veggies were the stars of meals in my childhood), proteins from legumes, cheese, and nuts, grain products such as pasta (not overcooked, so it has a low glycemic index), good crusty bread, olive oil, and fish and meat in moderation.

52 Apple, Sam. “An Old Idea Revisited: Starve the Cancer to Death”. *New York Times*, 5-16-2016. https://www.nytimes.com/2016/05/15/magazine/warburg-effect-an-old-idea-revived-starve-cancer-to-death.html?_r=0

53 To make bread more easily using much less of your time, see *Easy Breadmaking for Special Diets*, 3rd Edition as described on the last pages of this book. The third edition contains recipes to make fermented sourdough with a variety of grains, including gluten-free grains. These recipes use a freeze-dried gluten-free starter so you do not have to maintain a sourdough culture.

54 Servan-Schreiber, 68-69.

55 Servan-Schreiber, 71.

Anything you eat that causes the release of a large amount of insulin also provokes the release of insulin-like growth factor (IGF) which stimulates the growth of cancer cells.⁵⁶ Before I learned this, I'd eat a large bunch of grapes for a snack without eating protein at the same time to balance the carbohydrate. After the cancer diagnosis, I realized how I had been raising my insulin level, so I switched to fruits that provoke very little release of insulin, such as cherries, blueberries, raspberries, peaches, plums, and apples. I eat them in moderate quantities, usually with nuts, or eat only nuts for a snack.

The second principle of the anti-cancer diet is to eat only healthy fats. Hydrogenated fats should be completely avoided. Olive oil and canola oil are good oils that do not promote inflammation. Butter and cheese from free-range animals are also good choices.⁵⁷

Eat meat that has a healthy ratio of omega-3 to omega-6 fatty acids. Corn and soy-fed meat and poultry are very high in omega-6 fatty acids, which promote inflammation and stimulate the growth of cancer cells. Meat from free-range raised animals is your meat of choice. Be aware that not all organic meat is free-range. Game meat is an excellent choice⁵⁸ as is wild-caught fish.

The third principle of the anti-cancer diet is to eat a wide range of fruits and vegetables including highly-colored produce. My oncologist, who is far above her peers on prevention, tells me at every visit that the more fruits and vegetables I eat, the less chance I have of a recurrence. A six-year study published in the *British Journal of Cancer* showed that breast cancer patients who consumed many fruits and vegetables rich in carotenoids lived longer than those who consumed few.⁵⁹

Most fruits and vegetables can be eaten cooked or raw. However, cooking with oil is essential for making the anti-cancer lycopenes in tomatoes available for our use. Cabbage family vegetables are most helpful eaten raw. Freezing preserves the anti-cancer substances in foods, so enjoy frozen berries when fresh berries are not in season or are more expensive. Although organic is ideal, the positive effects of the anti-cancer agents in the foods overrides the negative impact of contaminants, so if you can't find or afford organic, eat as wide a variety of thoroughly washed conventional produce as you can find. Eat locally grown produce whenever you can; it spends less time in transit and may retain more nutrients.⁶⁰

A number of foods have anti-cancer properties. They include green tea at three or more cups per day, olive oil, berries, cherries, peaches, plums, nectarines, cruciferous and onion family vegetables, tomatoes, turmeric, ginger, and terpene-rich herbs such as

56 Servan-Schreiber, 80.

57 Servan-Schreiber, 75-58, 143.

58 Servan-Schreiber, 80.

59 Ingram, D. "Diet and Subsequent Survival in Women with Breast Cancer." *British Journal of Cancer* 69:3. 1994, 592-595.

60 Servan-Schreiber, 123-125.

mint, thyme, marjoram, oregano, basil, and rosemary. See *AntiCancer* for more about which foods are best for you and your type of cancer if you are a cancer patient.⁶¹

The type of water you drink is also critical for cancer patients.⁶² I switched from bottled water to water from a purifier when I found out that the bottles water comes in, even the “safest,” leach a variety of phthalates, inorganic phosphate, and other chemicals used to produce the plastic. Avoiding BPA (Bisphenol A) is not enough! Do not use canned goods because the plastic can linings leach the same cancer-stimulating chemicals into the food. Get rid of your Tupperware™ and purchase some Glasslock™ food storage containers, or use glass and ceramic jars and bowls to store your food. Substitute cellophane bags and wrap for plastic. For sources of these products, see pages 270 to 271. For more about how to store food without plastic visit the “Treading My Own Path” website here: <http://treadingmyownpath.com/2016/08/04/the-definitive-guide-to-storing-food-without-plastic/>

Cancer patients with allergies must “deal with your allergies,” says Patrick Quillin, PhD, in *Beating Cancer With Nutrition*. He says that the immunoglobulins responsible for allergies depress the production of cancer-fighting immune factors such as natural killer cells and tumor necrosis factor. Eating foods you are allergic to distracts your immune system from its most important job of fighting cancer cells to attack food allergens. He recommends a rotation diet for those who have multiple food allergies.⁶³

Cancer patients who are recovering from surgery or taking chemotherapy may be too exhausted to shop or cook for the anti-cancer diet. My hope is that you have a friend or family member or can hire someone to do some cooking and shop for nourishing food, avoiding processed foods, sugar and unhealthy fats. Good nutrition will help you endure and recover from treatments and give you the best outcome. For more ideas about how to eat well at this stage of your treatment, see “When Cooking is Difficult” on pages 82 to 83.

The Glycemic Control Diet for Weight Loss Achieve Your Ideal Weight Without Suffering Hunger

The focus of a glycemic control diet is to keep your blood sugar and insulin levels low and stable. Anyone beginning the diet will have unstable levels at first, causing hunger, which is a sign of high insulin and/or falling blood sugar. When hunger strikes, you should immediately eat a snack that contains protein to return your blood sugar and insulin to healthy levels. Starvation and deprivation are the hallmark of high-car-

61 Servan-Schreiber, 110-120.

62 Servan-Schreiber, 86.

63 Quillin, Patrick, PhD, RD, CNS. *Beating Cancer with Nutrition*, (Carlsbad, CA,, Nutrition Times Press, 2005), 102-110.

bohydrate low-fat and calorie counting diets. You will have a whole new mindset with glycemic control eating, which is to correct your blood sugar and insulin levels quickly and banish hunger. This means you can forget about willpower. You won't need it.

The glycemic control diet is useful for many conditions in addition to overweight including diabetes and heart disease. Glycemic control can be simple if your blood sugar doesn't take wild swings, as in my description of giving up grapes and instead eating cherries or nuts in the anti-cancer diet section above. Simple control is good for slim people on the anti-cancer diet. However, if you want to make consistent progress on weight loss, you may be better off with a formal balancing of carbohydrates and proteins. You should eat protein-containing snacks two to three times per day and follow other guidelines as presented on the next few pages. With either approach, simple or formal, most of the carbohydrates you eat should be low on the glycemic index (GI), with some moderate GI foods in small quantities. For more about the glycemic index and tables of these values for foods, see pages 208 to 223.

Glycemic control is the best way to lose weight because (1) you do not have to experience hunger and (2) it enables you to work with your body rather than struggling against your body in the weight loss process, as in calorie counting diets, which often end up making us fatter in the long term. To lose weight, we need to control the hormones that determine whether the body stores or burns fat. These hormones include insulin, cortisol, and leptin, among others. In optimally healthy people of normal weight, the leptin system raises metabolic rate and reduces appetite if we overeat, thus restoring us to a normal weight. Decreasing your level of inflammation helps leptin to function normally. Inflammation can be reduced by eating anti-inflammatory fats and anti-inflammatory foods. See page 227 to 229 for a list of anti-inflammatory foods.

Insulin is the most important hormone for controlling weight. To burn fat rather than store it, you must also keep your insulin level low and stable. The way to accomplish this is to always balance carbohydrates with protein and to eat protein or balanced protein plus carbohydrate snacks between meals, eating something every two to three hours. **If you feel hungry, it means your insulin level is high. You need to eat a protein snack immediately.** A more detailed discussion of how to balance proteins and carbohydrates is below

The reason insulin levels are critical for weight control is because a high level of insulin activates an enzyme called lipoprotein lipase. This enzyme catalyzes the production of triglycerides from any fatty acids (digested fat units in the form that is absorbed by the intestine) eaten in a meal. Thus, excess insulin promotes storage of fat by our fat cells rather than using it for fuel after a meal.⁶⁴ In a person with normal insulin levels, any recently eaten fats could have been used for energy during the two hours after a meal. **If insulin levels are high, dietary fat is more likely to be stored in the fat cells.**

64 Montignac, Michel. Scientific Principles: Basic Principle Behind the Montignac Method. <http://www.montignac.com/en/scientific-principles/>

In addition, high insulin levels in the blood inhibit the activity of the enzyme triglyceride lipase which breaks down stored fat for use as energy. Thus, **if you have chronically high insulin, you cannot burn your own body fat!**⁶⁵ For more about how hormones control weight loss, see *Food Allergy and Gluten-Free Weight Loss* as described on the last pages of this book or visit www.foodallergyandglutenfreeweightloss.com.

Here is a list of the most important things to do to lose weight with this no-hunger plan. Following these principles here will stabilize your blood sugar, insulin, and other hormone levels and enable you to burn fat. Do not allow the numbers below to make you legalistic about counting as if you were on a calorie counting diet. Weigh a portion of the food once when starting this eating plan, and then eat about that amount the next time. See the glycemic index tables on pages 211 to 223 to determine what amount of a specific food is one unit, meaning that it contains 15 grams of carbohydrate (for carbohydrate foods) or 7 grams of protein (for protein foods).

1. **All of your meals should contain the correct balance of protein to carbohydrate.** Consume carbohydrates low on the glycemic index as much as possible. Keep your carbohydrate intake at or below two units (30 grams at 15 grams per carbohydrate unit) per meal and balance it with the same or a greater number of units of protein (7 grams per protein unit). Add a little fat (especially if the protein food doesn't provide some) and enough additional protein and non-starchy vegetables to satisfy your hunger.

2. **Every morning eat a breakfast which contains enough protein to satisfy you plus carbohydrates in the correct amount to balance the protein or less.** Eat breakfast as early, ideally within the first hour after arising.

3. **Eat protein-containing snacks three times a day**, mid-morning, mid-afternoon, and at bedtime. They don't have to be large; a handful of nuts will do. If you desire, sometimes you can add carbohydrates to your snack in the correct balance with the protein you are eating. Eat enough at each snack to quell any hunger.

4. **Think nutrients.** Eat plenty of the anti-inflammatory foods listed on pages 227 to 229 and consider taking a supplement that provides general nutritional support as well as the nutrients most important for control of insulin levels and inflammation such as chromium and omega-3 fatty acids. Eat lots of low-carb fruits and vegetables, and make sure you're eating healthy fats as described in the anti-cancer diet section on page 26. Fat is a friend with this type of weight loss, so do eat healthy fats.

5. **Do some moderate exercise** or brisk walking. Intense or prolonged exercise, especially without food, can cause your body to hold onto fat and burn muscle, which will decrease your metabolism and make weight loss more difficult. Never exercise when you are hungry; have a protein-containing snack first. See the "Exercise Right" page here http://www.foodallergyandglutenfreeweightloss.com/exercise_right.html for what type and how much exercise is right for you.

⁶⁵ Hart, Cheryle R., MD and Mary Kay Grossman, RD, *The Insulin Resistance Diet*, (New York: McGraw-Hill, 2001, 2007), 5; and www.montignac.com/en/la_methode_scientifique.php

See *Food Allergy and Gluten-Free Weight Loss* for more information about weight loss, exercise that is right for you, and recipes. See Appendix C on pages 224 to 226 if you have food allergies and want to lose weight.

The Circadian Rhythm Diet for Energy When You Need It

In *The Circadian Prescription*, Dr. Sidney Baker presents a diet that he developed after learning about the research of Dr. Charles Ehret on human circadian rhythms. The principle behind this diet is to give our bodies the foods they need when they need them for optimal energy, cognitive function, mood, detoxification and healing. This diet helps stabilize blood sugar, so it is useful for weight loss. The diet's rhythmic shake (recipe on page 190) which is consumed every morning also contains phytonutrients that decrease the risk of reproductive cancers.

If you are eating a healthy diet without processed foods, adopting this system of eating probably will not change what you eat in the course of a day, just when you eat it. All or almost all carbohydrates should be eaten at dinner time or in the evening. Breakfast consists of the rhythmic shake either alone or with other high protein foods. Lunch is also mostly protein foods.

A breakfast heavily reliant on protein is the opposite of what most people eat. We think the carbohydrates in cereal, toast, orange juice, etc. are what we need for energy. Actually, protein is what we need for morning energy. Our bodies need to make adrenal hormones to get us going in the morning, and protein is required for that. The window for making these hormones is brief, and if the required substances are not available then, the hormones will not be made in sufficient quantities. Protein eaten in the morning can be saved by the body for use later in the day. Tryptophan, the amino required to make serotonin for sleep, can be absorbed most easily in the morning and, with sufficient carbohydrates consumed in the evening, will be used to make the serotonin we need to sleep well.⁶⁶

While we are asleep at night, detoxification, biochemical replenishment, and synthesis of new substances needed for repairs are all occurring. Carbohydrates provide the fuel for all of this activity. In order to get rid of worn-out molecules or toxic substances, the liver must add something (usually a methyl group) on to them before they can be excreted. Carbohydrates are also needed to transport tryptophan into the brain where it is converted into serotonin, which is needed for sleep.⁶⁷

Dr. Baker writes that he has always felt the amount of carbohydrate allowed on some anti-*Candida* diets was too low for good health. He finds that those with *Candida* prob-

⁶⁶ Baker, Sidney M., MD. *The Circadian Prescription*. (New York: Berkley Publishing Group- Penguin Putnam Inc., 2000), 64-65.

⁶⁷ Baker, 45-47.

lems can eat more healthy carbohydrate without problems as long as they eat it late in the day. However, sugars and sweeteners, refined flour, and yeast-containing foods must still be avoided at all times of the day if you have *Candida*.⁶⁸

Dr. Baker's rhythmic shake contains dairy products or rice dairy products, soy, flaxseed, and blueberries. Except for the blueberries, these foods are not tolerated by many people with food allergies. Therefore, in addition to including his shake recipe in this book, there are recipes for four shakes without these ingredients that can be used for each day of a rotation diet. See pages 187 to 189 for these recipes. I try to have one of these shakes every morning, and they improve my energy as well as giving me enough omega-3 fatty acids to keep the skin on my fingertips crack-free and in good condition.

The Food Allergy Elimination Diet

Individualized elimination diets are commonly used to treat food allergies. If the patient is allergic to only one or two foods, eliminating the offending foods in all of their forms may be the only treatment necessary. This is the course usually taken in the case of children with peanut anaphylaxis. My father was able to treat the milk allergy he developed from drinking large quantities of milk for an ulcer by simply eliminating dairy products. He was allergic to no other foods.

The problem with elimination diets is that if you replace wheat in your diet with rice, for example, in a few years you may find yourself allergic to rice. Rice allergy used to be uncommon, but now that so many people are on gluten-free diets and daily eat rice at every meal, rice allergy is no longer rare. If you can eliminate the offending few foods without relying on the same replacements often, and if there is not a continuing problem like a leaky gut that led to your food allergies, an elimination diet can be very effective and less work than a rotation diet. See the next page for more about rotation diets.

All of us with food allergies should avoid genetically modified foods to avoid developing more food allergies. Although the FDA did no testing before approving GMOs and insists that they are safe, the timeline associated with the epidemic of peanut anaphylaxis in children casts grave doubt on the safety of GMOs. In 1996, GMO soy, the first GMO food the FDA approved, came into widespread use. Soy and peanuts are both in the legume family, and it is not unusual for a person allergic to one member of a food family to react to other members as well. In 1997, the incidence of peanut anaphylaxis rose by 20%.⁶⁹ This trend in the United State has continued every year so at the time of this writing one in thirteen children have peanut anaphylaxis. Their lives are at risk if they are exposed to peanuts.

⁶⁸ Baker, 106-107.

⁶⁹ O'Brien, Robyn. *The Unhealthy Truth: How Our Food Is Making Us Sick and What We Can Do About It*. (New York, Broadway Books, Random House, 2009), 65.

In 1998, GMO soy was introduced in the United Kingdom, and the rate of soy allergies rose 50% in 1999.⁷⁰ These examples may not constitute proof that consuming GMOs is unsafe, but since I personally do not want to develop more food allergies, I avoid GMO foods.

At this time, the list of GMO foods in the United States includes soy, corn, sugar beets (beet sugar), canola (oil), cottonseed (oil), papaya, zucchini, yellow summer squash, some tomatoes, some apples (including non-browning apples), some potatoes (but not sweet potatoes or yams), and alfalfa. When you shop for these foods, if you want to avoid GMOs, you must buy organic produce. For packaged foods, look for a logo that says the food is certified GMO free. So far the government has not prohibited producers of healthy foods from putting this non-GMO logo on their products.

The World Health Organization (WHO) has developed a protocol for determining whether GMOs might cause the development of allergies to those foods, but unfortunately none of the GMO foods developed in the United States has been tested using the protocol.⁷¹ European countries take the “better safe rather than sorry” approach and do not allow GMOs to be used in their food. The powers that be in the United States have not followed the example of the Europeans. However, nothing keeps us from personally avoiding GMO foods and instead supporting organic food production with our dollars.

The Food Allergy Rotation Diet

The purpose of a rotation diet is to prevent the development of new food allergies. For additional allergy prevention, readers of this section will want to follow the advice in the previous section and also strictly avoid GMO foods. In my opinion, everyone with food allergies in their family should avoid GMOs in order to prevent the development of allergies.

If you have multiple food allergies, you may have some degree of allergy to many foods that you do not suspect. A way to help yourself is to “rotate” your foods, or eat a rotation diet. A rotation diet is a system of controlling food allergies by eating biologically related foods on the same day and then waiting at least four days before eating them again. Such a diet will help those with food allergies in several ways. It may help prevent the development of allergies to new foods. Any food, if eaten repetitively, can cause food allergies in allergy-prone individuals. A rotation diet also helps you detect allergies to foods for which you were not tested and may not have suspected were problems. A rotation diet may enable you to eat foods to which you have a mild or borderline allergy and which you might not tolerate if you ate them often.

⁷⁰O’Brien., 66, 89-90.

⁷¹O’Brien., 138.

You may need to expand the number of foods you include in your diet to include foods you may have never heard of or eaten so you have a wide variety of foods to rotate. This will give you the best nutrient intake and also prevent you from having a rotation day with, for example, only two or three foods. In that case, you would be eating those few foods in large quantities and may sensitize to them in spite of rotating. To discover and learn how to prepare less common foods, see *The Ultimate Food Allergy Cookbook and Survival Guide*. This book contains food family tables to explore for new foods, everything you need to know to follow a rotation diet, a diet that can be personalized to fit your allergies, and recipes that fit the diet. For more information about *The Ultimate Food Allergy Cookbook and Survival Guide* see the last pages of this book.

Another option if you are allergic to many foods is to undergo treatment with LDA (low dose allergens) or EPD (enzyme potentiated desensitization). These two treatments are very much alike, with LDA containing allergens that Americans are exposed to and EPD having been developed for the British. (EPD is not available in the United States). The treatments involve taking injections every two months initially and at longer intervals as time progresses. Dietary and environmental controls must be adhered to around the time of your shots. For more about this type of treatment, see pages 48 to 50.

The Gluten-Free Diet

The gluten-free diet is a diet that eliminates one protein, gluten. It was originally developed for people with celiac disease. Although the immunological mechanisms behind celiac disease and food allergies are different, how to implement an elimination diet is the same. The principle behind both diets is to eliminate all sources of foods that cause you problems. See pages 238 to 239 for hidden sources of gluten.

Gluten damages the intestinal lining in people with celiac disease. They must strictly avoid all gluten to allow their intestinal lining to heal and sometimes must also avoid other foods such as dairy products during the initial healing time. After the lining is healed, they must avoid gluten for life to maintain a healthy intestinal lining.

The gluten-free diet eliminates wheat (by all of its names⁷²), rye, kamut, spelt, triticale and barley. Until recently, oats were also avoided on the gluten-free diet. Now the “rules” have been liberalized to allow some patients to have ½ cup per day of oats processed under gluten-free conditions after a year of avoidance of gluten. All oats, includ-

⁷² Wheat of various strains or processed in various ways goes by these names: bulgur, couscous, durum, farina, semolina and graham flour. When reading labels, watch for and avoid starch, modified starch, or modified food starch from an unspecified source, dextrin, hydrolyzed vegetable protein, textured vegetable protein, seitan, germ, bran, and grain vinegar. This list is not exhaustive, and wheat derivatives can be hiding in places like the solutions injected into frozen poultry, etc. For information on how to recognize wheat and other common allergens when reading food labels, see pages 238 to 241 of this book.

ing gluten-free oats, contain a protein called avenin which is very similar to gluten and may be a problem for some celiacs.⁷³

However, there are many grains and grain alternatives left to eat on a gluten-free diet in addition to ubiquitous rice. They include amaranth, buckwheat, corn, Job's tears, millet, montina, quinoa, sorghum, teff, and wild rice. These can be ground into flour or you can use flours and starches from other plants such as arrowroot, beans, cassava, flax, nuts, peas, potatoes, tapioca, and yucca. This is not an exhaustive list. If you find another flour or grain you would like to try, consult this Celiac Support Association list to see if it is allowed: https://www.csaceliacs.org/grains_and_flours_glossary.jsp.⁷⁴ The Celiac Support Association (formerly called the Celiac Sprue Association) is the definitive source for information on the gluten-free diet. To learn more, visit www.csaceliacs.org.

The incidence of celiac disease in the United States has increased four-fold in the last few decades.⁷⁵ As with the recent spike in the incidence of food allergies discussed earlier in this chapter, we might wonder why this rapid change occurred. Dr. William Davis, MD thinks it is because wheat ceased being the tall, flexible “amber waves of grain” we sing about and was replaced with high-yielding dwarf wheat during those decades.⁷⁶ This is not a GMO strain: it was developed between 1948 and 1980 by intensive hybridization. The yield from this wheat may be ten-fold that of what was common in the mid-20th century, but it cannot survive and thrive without chemical pest control and high-nitrogen chemical fertilization. It has enormous seed heads and stiff short stalks and is easier than the older strains of wheat to harvest and thresh.⁷⁷

Dr. Davis, who is wheat sensitive, did an experiment using himself as the test subject. He obtained some einkorn (see “Sources,” page 263), the wild 14-chromosome grain that is the original parent of all wheat, and made bread from it. He also made bread from organic modern 42-chromosome whole wheat. He ground each grain into flour and added only water and yeast to make each grain into a loaf of bread. He ate four ounces of the einkorn bread with no reaction. On another day he ate four ounces of the modern wheat bread and had a reaction that lasted for one and a half days.⁷⁸ Dr. Davis wondered what difference between einkorn and modern wheat could have caused the reaction. Therefore, he searched scientific journals for an answer to this question and learned that the types gluten in modern wheat are about 95% from their parent strains of wheat, but 5% of the gluten is different, unique to modern wheat, and not found in the older plants. In one hybridization experiment, fourteen unique new gluten proteins

73 Celiac Support Association. “The Scoop on Oats.” https://www.csaceliacs.org/guide_to_oats.jsp

74 Celiac Support Association. “Grains and Flours Glossary: Grains and Flours for Those With Gluten-related Conditions.” https://www.csaceliacs.org/grains_and_flours_glossary.jsp

75 Davis, William, MD. *Wheat Belly*. (New York, NY, Rodale, Inc., 2011), 78-79.

76 Davis, 17-18.

77 Davis, 22-24; also Shewry, PR. “Wheat.” *Journal Exp Botany* 2009;60(6):1537-53.

78 Davis, 26-27.

were produced.⁷⁹ Additionally, he learned that the quantity of genes in modern wheat that code for gluten types associated with celiac disease is higher than in the wheat we ate fifty years ago.⁸⁰

In recent years, many individuals who test negative for celiac disease have discovered that removing gluten from their diets provides relief from a variety of chronic conditions and symptoms. This has led to an abundance of gluten-free commercially prepared foods which are usually made with rice. Because of their convenience, these foods are often eaten at every meal. Eating any food every day, including rice, can lead to an allergy to that food. If you have developed intolerance to rice, see *Gluten-Free Without Rice* as described on the last pages of this book.

The Anti-Candida Diet

Candida albicans is a yeast that is normally present in our intestines in small numbers. The presence of large amounts can cause a wide range of symptoms. There are drugs that help eradicate *Candida*, but no drug will solve the problem unless you also follow an anti-*Candida* diet. About 25 years ago, I heard Dr. William Crook speak in Boulder, Colorado, and he said, “No amount of Diflucan™ will get rid of yeast if you keep eating sugar.”

Diets for *Candida* control vary in their strictness. Initially, you may be required to follow a low-carbohydrate diet that permits unprocessed meat, fish, non-starchy vegetables, nuts and oils in quantities sufficient to satisfy hunger. Some fruits, some starchy vegetables, milk, and non-yeast baked goods may be allowed in very small quantities. As your health improves, you may be able to add more fruit, starchy vegetables and grains. Foods that are strictly prohibited on *Candida* control diets include all sugar and sweeteners (except stevia), processed foods, yeast-containing baked goods, long-aged cheese (farmer’s or pot cheese is allowed), vinegar, dried fruit, fruit juices, melons, mushrooms, malted products, coffee, tea, and alcoholic beverages.⁸¹

The reason for avoiding foods like mushrooms, tea, and coffee is not because these foods will stimulate the growth of *Candida* in your body, but that you may have an allergic cross-reaction to them if you have a *Candida* problem. As your health improves, you may be able to enjoy them occasionally. Sugar does stimulate yeast growth and must be avoided entirely.⁸²

79 Davis, 25-26; also Song, X; Ni, Z; Yao, Y et al. “Identification of differentially expressed proteins between hybrid and parents in wheat seedling leaves.” *Theory Applied Genetics* 2009 Jan;118(2):213-25.

80 Davis, 25-26; also Gao, X; Liu, SW, et al. “High frequency of HMW-GS sequence variation through somatic hybridization between *Agropyron elongatum* and common wheat.” *Planta* 2010 Jan;23(2)245-50.

81 Crook, William G., MD. *The Yeast Connection*, 2nd Edition. (Jackson, TN, Professional Books, 1984), 75-78, 95-100.

82 Crook, 94.

A final suggestion for overcoming *Candida* permanently is to have your thyroid function checked and treated correctly. (See pages 54 to 55 for more about correct treatment). Although conventional medicine does not concur, it has long been suspected that there is a connection between thyroid problems and *Candida* overgrowth.⁸³ I struggled with yeast related intestinal problems for decades and was treated with drugs off-and-on and herbs and diet continuously. I never really felt the problem was solved until I had been on thyroid replacement medication for about a year.

The Specific Carbohydrate Diet

The specific carbohydrate diet (SCD) is the first of three diets presented here whose purpose is controlling the bacterial flora in the intestine. Which of these diets suits a person depends on the type of problem individuals have with their intestinal flora. The SCD was developed to treat inflammatory bowel diseases (IBD) such as ulcerative colitis and Crohn's disease. The GAPS diet below was developed from the SCD to treat autism.

The SCD began its journey from obscurity when Elaine Gottschall's eight year old daughter was on the brink of needing surgery for ulcerative colitis after every kind of medical treatment had failed. Elaine took her to Drs. Sidney and Merrill Haas, who put the girl on a diet that eliminated starch and sugars composed of two single sugar molecules (disaccharides) such as table sugar and lactose in milk. After being on the diet less than two years, she was symptom-free. A few years later she returned to eating starches and sugars in moderation and has been healthy ever since.⁸⁴

The principle behind the SCD is that some people can not digest disaccharides and some starches. These remain in the intestine and fuel the growth of bacteria rather than being absorbed and nourishing the person. Then intestinal bacteria ferment the sugars and starches, and byproducts of bacterial metabolism injure the surface of the small intestine, which increases the inability to digest sugars and starches. It is a vicious cycle. Some of the products of the bacterial fermentation may be absorbed and produce symptoms outside the intestine such as behavioral problems.⁸⁵

There are two kinds of starch in plant foods, amylose and amylopectin. Amylose is chains of single sugars that are broken down into single sugars fairly easily. Amylopectin is a complex branched molecule that is much harder to digest. The SCD permits vegetables that contain mostly amylose and it forbids foods containing amylopectin, including all grains and starchy vegetables.⁸⁶

83 Shomon, Mary. "Yeast Overgrowth, Candidiasis, and Thyroid Disease: Is There a Relationship Between Yeast and Your Thyroid?" July 17, 2017.

<https://www.verywell.com/candidiasis-yeast-overgrowth-and-thyroid-disease-3231788>

84 Gottschall, Elaine, BA, MSc. *Breaking the Vicious Cycle: Intestinal Health Through Diet*. (Baltimore, Ontario, The Kirkton Press, 2000), 1.

85 Gottschall, 17-18.

86 Gottschall, 29-30.

Foods that are absolutely prohibited on the SCD include sugar (sucrose), milk (which contains lactose) and all dairy products except homemade yogurt that has been fermented at least 24 hours to remove the lactose, maltose and isomaltose (in malt and candies), all grains, including non-grain family members like amaranth, buckwheat and quinoa, all types of starch such as tapioca or corn starch, and starchy vegetables. Baked goods, pasta, and products made from grains or starches are not allowed. Some legumes are high in amylopectin and must be avoided. These include garbanzo beans, bean sprouts, soybeans, mungbeans, and fava beans.

The foods permitted on the SCD include unprocessed meats, non-starchy vegetables, some legumes (see exceptions above), fruits that are fresh, frozen, canned or dried without sugar or starch, natural nuts (no starch coating used for roasting), homemade yogurt that has been fermented for at least 24 hours, honey, very dry wine, and weak coffee or tea. For more details about allowed and restricted foods, see *Breaking the Vicious Cycle* or the legal/illegal food list on the SCD website here: <http://www.breakingtheviciouscycle.info/legal/listing/>. The SCD is also good for other intestinal diseases. In addition to ulcerative colitis and Crohn's disease, celiac disease that does not respond to a gluten-free diet and irritable bowel syndrome may respond well to the SCD.

The Gut and Psychology Syndrome (GAPS) Diet

The GAPS diet was developed for autistic children by Dr. Natasha Campbell-McBride. She is the mother of an autistic son who recovered from autism after being on the GAPS diet. Her book contains numerous examples of other recovered autistic children.

Autistic children almost always have some kind of digestive problem. When Dr. Campbell-McBride asks parents about their child's stools, it is very rare for them to respond that they are normal.⁸⁷

The GAPS diet was developed from the SCD but has an introductory phase designed to heal the intestine and put the patient on the road to recovery quickly. I tried the GAPS diet when I was making no progress on reducing diarrhea seven weeks after having finished a course of antibiotics. It got me back to normal stools within a week.

The introductory phase of the GAPS diet begins with a diet of bone broth, thoroughly cooked meat used in making the broth, all of the gelatinous tissues and fat from the bones and broth, and the marrow from the bones. She has her patients eat all of the fat because it is highly saturated fat and its short chain fatty acids can be absorbed directly into intestinal cells without needing any digestion first, so it nourishes the intestinal cells quickly and easily to speed their healing. Thoroughly cooked non-starchy vegetables can

⁸⁷ Campbell-McBride, Natasha, MMedSci. *Gut and Psychology Syndrome: Natural Treatment for Autism, Dyspraxia, ADD, Dyslexia, ADHD, Depression, Schizophrenia*, Revised and Expanded Edition. (Cambridge, Medinform Publishing, 2010), 9.

be added to make the broth a soup. Probiotic foods are also in the introductory phase, starting with cultured vegetables. Cultured dairy products are introduced as soon as possible. After the first several days, avocados, ghee and egg yolks are introduced, and then eggs and cooked peeled apples.⁸⁸ Finally, the patient moves to the full GAPS diet which includes all of the foods permitted by the SCD.

Dr. Campbell-McBride says that healing the intestine and establishing healthy flora will clear up food allergies. As you can see from the foods on the introductory diet, she is generous with dairy products and eggs. She says that homemade ghee is so pure that her patients, even those with severe dairy allergy, tolerate it.⁸⁹ (I made ghee from goat butter, and did not tolerate it. I also ate avocado every day for three weeks, and began reacting to that). This diet is a good natural treatment for autistic children and is excellent for quick intestinal healing, but if you have food allergies and try this diet, you should be careful and take your allergies more seriously than the GAPS diet does.

The Low FODMAP Diet

The low FODMAP diet is a third diet that aims to control the bacterial flora of the intestine. It was developed to help irritable bowel syndrome. It eliminates several kinds of short-chain carbohydrates and sugar alcohols, and gets its name from the substances it eliminates which are Fermentable Oligosaccharides, Disaccharides, Monosaccharides And Polyols. These substances are poorly absorbed in the small intestine and are fermented by bacteria to produce gas. They can also cause diarrhea by drawing water into the intestine.

Foods may contain one or more of the eliminated carbohydrates, and how much is present of all of them combined in a food determines if that food is acceptable on this diet. Furthermore, there is individual variation in how much of each kind of carbohydrate can be tolerated. Although some foods are to be strictly avoided and there is a list of foods that possibly may be used, there is no list of foods that will be tolerated by everyone on the low FODMAP diet. Each individual must test foods to determine what he or she can tolerate.

Your Personalized Combination of Diets

In my opinion, all of us should follow the principles of the anti-cancer diet. Some of you may have more than one of the health problems discussed in this chapter, and will also need to follow principles from other diet(s). You may feel that if you combine the “rules” of more than one diet, you will starve, but this is not true. Because food is

⁸⁸ Campbell-McBride, 142-152.

⁸⁹ Campbell-McBride, 121.

your best medicine and other treatment may have side effects, may fail, or may not work as well alone as if with good dietary support, you should use a combination diet. Your body will thank you, and you will be happy you made all needed dietary changes as you begin to feel better.

Combining diets is not as hard as it may seem. I will use myself as an example so you can see that it is do-able. I started with an allergy elimination diet. When I developed many more food allergies, I went to a rotation diet. Adding the anti-*Candida* diet to that meant that I used no nutritive sweeteners and no longer ate bread made with yeast. Since I was not eating wheat already, this was not much of a loss.

When I added the rules of the specific carbohydrate diet (SCD), it did seem like a loss. There were no more homemade crackers or starchy foods of any kind. So I made stevia-sweetened cookies out of nut butters (four varieties) and had a baked good to eat every rotation day. My Crohn's disease improved to the point that I have almost forgotten I have it. Using the SCD was well worth doing. After two years on the SCD, starchy foods are allowed occasionally. I do occasionally eat sweet potatoes and eat white potatoes rarely. I no longer miss baked goods at all and don't bother to make the nut butter cookies any more.

The anti-cancer diet was very easy to add. The only dietary change I made was to control my blood sugar better. I no longer eat high-glycemic fruits and instead eat nuts for most snacks. I got a water filter and stopped drinking bottled water unless it is in glass bottles. I now use glass and cellophane for food storage instead of plastic.

When I have an office visit with the oncologist, I usually have to wait a while. Seeing the other patients in the multi-doctor waiting room is disturbing. Often I am the only patient with abundant hair, good facial color, always-open eyes, and normal weight. The anti-cancer diet is very much worth following because it may give me a better chance of never being in the same condition as the other patients in the waiting room. In addition, the better blood sugar control has eliminated ever feeling ravenous hunger.

Adding the circadian rhythm diet meant eating fruit later in the day and adding the allergy versions of the rhythmic shakes to my breakfasts of game meat and vegetables. The shakes are delicious and give me more energy. The only "problem" is that I sometimes neglect to keep up with making a supply of frozen seed milk (the base ingredient of the shakes). Then I either skip my shake for the day or get cooking right away. Cooking right away is well worth it, but I really should keep a good supply of seed milk at all times. However, perfect discipline is unrealistic, so cut yourself some slack.

Once you reach the point of feeling healthy, dietary changes are worth the time and effort you've put into them. Go for it! You'll be glad you did.

Why You Must Help Yourself

Up to this point, the focus of this book has been on nutrition and lifestyle practices that will enable us optimize our health. “What to do” has been the subject, and now we move to considering what not to do.

The medical system is an influence on our health that we should use carefully and with caution. It is essential that we be fully informed when making medical decisions, including knowing the potential benefits, possible side effects, and other options we may have for treatment. This chapter is a primer in learning how to weigh all factors when making decisions about using common medical treatments. It is not exhaustive coverage of the subject, does not include the vast majority of treatments, and will not be current for very long. If you are faced with a medical decision, *you must help yourself* by thoroughly researching your options. You need to protect yourself.

Reasons why *you* must help yourself:

1. Others may not protect you as well you can. The medical system as a whole does not exist to help you with your health¹, although some individual medical professionals are devoted to helping others. Many of them honestly believe that drugs and surgery are the best treatments and nearly all of them know little or nothing about nutritional and natural options. Medical professionals may help you medically, family members and friends can help you with researching medical decisions, cooking, etc., but *you* must take charge.

2. No one else can carry out certain advice, such as using breathing techniques and managing your peace of mind.

3. The feeling of helplessness has a detrimental effect on health. You escape helplessness when you realize that *you* are in charge and can be doing any number of things to help yourself.

Following the nutritional and lifestyle advice in this book which applies to you will give you the best chance of optimizing your health. Do read the references to studies, etc. so you know this advice has as much or more scientific relevance as drugs and conventional treatments. However, taking charge and realizing *you are not helpless* or at the mercy of the system is the most basic of the options for improving your health. If you take charge and do anything to help yourself, you will banish the feeling of helplessness and increase your chances of a good outcome. The study discussed in the next paragraph demonstrates how amazingly beneficial non-medical help can be.

¹ Rosenthal, Elizabeth, MD. *An American Sickness: How Healthcare Became Big Business and How You Can Take It Back*. (New York, NY, Penguin Press, 2017),1. In the first paragraph of the book Rosenthal writes, “In the past quarter century, the American medical system has stopped focusing on health or even science. Instead it attends more or less single-mindedly to its own profits.”

Psychiatrist David Spiegel, MD, was upset with those who attributed cancer to psychological problems, feeling that this placed a burden of guilt on patients for possibly causing their own cancer. He devised a study to prove that this was not true. For the study, groups of eight to ten women with metastatic breast cancer met weekly in support groups. They were compared with women who had the same diagnoses and treatments but did not attend support groups. The women who attended the groups confronted their fear, expressed their feelings, and developed close relationships. They also experienced significantly less anxiety, depression, and pain than the women in the control group.²

Dr. Spiegel experienced a surprise when he followed up with these women about ten years after they'd been diagnosed with cancer and participated in the support groups. Three of the fifty women who attended the groups answered the phone themselves when he called. No women in the control group had survived that long. The support group women who did not survive lived twice as long as the control group women. There was even a difference between those who went to the support group regularly versus sporadically. The more often a woman attended, the longer she lived. Dr. Spiegel's study proved that doing something to help yourself, such as attending a support group, increased survival time.³ (Concerning the question this study was designed to answer, Dr. Servan-Schreiber reports that no psychological factor starts the cancer process, but such factors can influence its progression.⁴)

After the publication of this study, a prospective study was done on the impact of the feeling of helplessness on mortality of young men in an area of Finland where young men had an excessively high rate of mortality, especially from cardiac disease. Men who answered both study questions to indicate that they felt helpless had three times the mortality rate six years later and also developed 160% more fatal cancers than those who did not feel helpless.⁵ Furthermore, a number of studies have shown that women with breast cancer who were in good psychological condition had NK (natural killer) cells that were much more active than the NK cells of women who felt persistent discouragement or helplessness.⁶

Although I have not seen information on feelings of helplessness with other medical conditions, I remember a time when I was facing seemingly unsolvable intestinal dysbiosis. I decided to research every possible natural treatment and follow as many

2 Servan-Schreiber, David, MD, PhD. *AntiCancer: A New Way of Life*. (New York: Penguin Group, Inc., 2009), 155. Also Spiegel, D., J.R. Bloom, and I. Yalom. "Group Support for Patients with Metastatic Cancer, a Randomized Outcome Study." *Archives of General Psychiatry* 38:5. 1981:527-533.

3 Servan-Schreiber, 156. Also Spiegel, D, et al., "Effect of Psychosocial Treatment of Survival of Patients with Metastatic Breast Cancer." *Lancet*. 2:8673. Nov. 18, 1989: 1209-1210.

4 Servan-Schreiber, 147.

5 Servan-Schreiber, 156-157.

6 Servan-Schreiber, 159.

treatments as I could. This activity immediately improved my attitude, and progress on eradicating the dysbiosis⁷ also improved. I also learned not to be too upset about things like stool test results and accept the fact that mine would probably never be perfect.

Long before this, I had worked as a medical technologist with a woman whose husband was a medical student. One day she walked into the lab incensed because he had been told, “Treat the patient, not the lab.” She said, “No wonder nobody listens to us!” However, he had been given good advice. How you feel as a whole person, physically and mentally, is what counts, more than any test results. Learn to take test results and some of what medical professionals tell you with a grain of salt. Having a positive attitude and defusing the feeling of helplessness are two of the best and most essential things you can do to help yourself.

The major focus of our current medical system as a whole is profit.⁸ Helping patients is a lower priority for the system. Some individual medical professionals want to help and are well intentioned, but medical education and the medical profession as a whole are based on pharmaceutical treatments that mostly manage rather than cure diseases. Nutrition education is not taught in most medical schools and barely touched on in residency programs.⁹ Natural and nutritional health information will come from your family and friends, the internet or the library because the professionals rarely know about these things.

The rest of this chapter is about “help” you might receive from the medical system. Some of the more commonly prescribed drugs and medical treatments carry risks that you should be aware of so you can make informed decisions about using them. This section also contains information about natural remedies that you might try using with or instead of conventional treatment. I don’t want you to get bogged down in negativity, so I suggest that you glance at the headings and only read the sections that apply to you.

Mosquito repellents

This section applies to everyone because I suspect that none of us has escaped mosquito bites. The standard way to prevent mosquito bites is to apply a mosquito repellent containing DEET (diethylmetatoluamide) which was originally developed as a pesticide.¹⁰ A study done on Everglades National Park employees in the 1980s reported that one-fourth of the employees using repellents had adverse effects such as rashes, skin irritation, numb or burning lips, nausea, headaches, dizziness and difficulty concentrating.¹¹

7 For more information about dysbiosis see <http://www.food-allergy.org/root3.html> .

8 Rosenthal, 1.

9 Blaylock, Russell L., MD. *Natural Strategies for Cancer Patients*. (New York: Kensington Publishing Corp., 2003), 128.

10 Wikipedia article on DEET. <https://en.wikipedia.org/wiki/DEET>

11 *Scientific American*, DEET. www.scientificamerican.com/articles-is-it-true-that-deet.

Many years ago a nurse told me about a non-toxic, inexpensive alternative to DEET. One to two hours before you expect to be encounter mosquitoes, take 100 mg of vitamin B-1 (thiamine) and you will not be bitten. Mosquitoes dislike the smell of the vitamin emerging from the skin. One 100-mg tablet of B-1 is good for the whole day unless the day is extremely long. When I expected to be gardening most evenings last summer, I took a B-1 tablet every morning and never had a bite. However, this summer I got a bite at 9 pm when I had taken B-1 at 6 am. I moved taking vitamin B-1 to lunchtime and was not been bitten again.

If you are going to take B-1 daily for an extended period of time, be sure you also take a multiple vitamin or multi-B supplement daily so your B vitamins do not get out of balance. If B-1 seems to not be working for you, smell the tablets. I once had a bottle of B-1 that did not work, bought another brand, and when I opened the new bottle I could smell the slightly-unpleasant odor of B-1. Make sure each new bottle of vitamin B-1 has the B-vitamin odor that mosquitoes dislike.

Cancer Treatments

Like most doctors, oncologists rarely receive training in nutrition. Instead they learn about radiotherapy and pharmaceuticals including the latest cancer drugs. However, in spite of what we hear about new drugs and “cures,” there has been little change in the death rate for the major cancers in the last thirty years. All that has changed is that earlier diagnosis is possible due to better screening, meaning that patients may live a few years longer. This may take some patients past the five-year survival mark, and five years is the point at which one is counted as a “survivor.”¹² Yet, although there has been progress in nutritional treatment for cancer, most oncologists are unaware of it and/or refuse to believe it. They often tell patients to discontinue all supplements during chemotherapy because they might interfere with the effectiveness of the cancer treatment. Actually, the opposite is true. Most oncologists do not even tell their patients that they can improve the outcome of their treatment by eating more fruits and vegetables.¹³ (I searched to find an oncologist who sounded more holistic, and she does encourage her patients to improve their outcomes with diet).

There is ongoing data manipulation to convince the public that chemotherapy is more effective now than it was in the past. Improved early detection of cancer makes it seem as if patients are living longer, and studies in which current data is compared to older studies give the impression that the increased survival time is due to new treatments. Another misleading strategy is to compare high-dose to low-dose use of a chemotherapeutic drug. The high-dose patients live longer because they are the patients who are in better shape to begin with. (The sickest patients may not tolerate the toxicity of

¹² Blaylock, 129-130.

¹³ Blaylock, 132-133

the high dose). Furthermore, if a patient is started on the high dose and must drop down on dosage or drop out of the study, that patient is not counted.¹⁴

The decision about what type of treatment to pursue after the diagnosis of cancer is very personal, unique to each individual. I cannot and do not want to appear to be telling you what to do. In the first chapter of this book I wrote about agreeing to take chemotherapy, if needed, in reaction to my husband's despair, so I realize that personal circumstances are factors in the decision. However, I would urge you to choose your oncologist carefully. Be sure he or she is willing to let you pursue natural strategies along with conventional treatments. In addition, check the track record of any doctor you are considering. There are doctors who over-treat, and may actually seem to eradicate the cancer, but the patient then dies of side effects like heart failure.¹⁵ Although there is always a feeling of urgency to get started on treatment, you would do well to take a little time and choose your oncologist wisely.

Chemotherapy is very effective in saving lives with some kinds of cancers. For example, there is a greater than 90% cure rate for children with T-cell acute lymphocytic leukemia (ALL) when treated with chemotherapy. Our great-nephew took a three and one half year course of chemotherapy for ALL and is doing very well. In the case of cancers which have a high cure rate from chemotherapy, if your personal circumstances make it reasonable, you might consider taking it. **There are other types of cancer, often solid tumor cancers, for which chemotherapy is not likely to save your life.** Oncologists speak of chemotherapy bringing about "tumor response." This means the tumor shrinks or stops growing. It may or may not buy you a little time, but it is not a cure, although it might be implied that it could be.¹⁶

Chemotherapy is toxic; the hope is that it is more toxic to dividing cancer cells than it is to normal cells. Patients who are not well nourished are more likely to suffer toxic effects and are more likely to suffer a relapse of the cancer later on.¹⁷

Chemotherapy may be given when the lymph nodes are clear and there is no indication that the cancer has spread. A friend who had a mastectomy was told by her oncologist that she needed to have a genetic test, and if she was at high risk for cancer genetically, should take chemotherapy. (I suggested that she insist on having a PET scan that showed evidence of metastasis before considering chemotherapy). Thankfully, her genetic tests results were good. It made no sense for her to take chemotherapy without some indication of spread because a study showed that breast cancer patients who were given chemotherapy had earlier relapses of their cancer than women given hormone

14 Blaylock, 75-76.

15 Quillin, Patrick, PhD, RD, CNS. *Beating Cancer with Nutrition*, (Carlsbad, CA., Nutrition Times Press, 2005), 16, 26.

16 Blaylock, 73-74.

17 Blaylock, 77.

therapy alone.¹⁸ Dr. Russell Blaylock reports that it is his clinical impression, backed up by medical literature dating back to 1987, that chemotherapy makes cancer more aggressive and likely to metastasize.¹⁹ When I agreed to take chemotherapy if needed because of my husband's despair, I did not have the information in this paragraph. Now I would refuse to take chemotherapy no matter what the circumstances.

Chemotherapy can cause complications and side effects in every and any part of the body, some of **which can be lessened with nutritional support**. (See pages 82 to 106 of *Natural Strategies for Cancer* for more about this). Since a primary audience for this book is people with allergies, I must tell you that one of chemotherapy's side effects can be causing food allergies, even in previously non-allergic people. Chemotherapy kills the rapidly dividing cells that line the intestine, and can cause leaking of whole or partially digested food proteins into the bloodstream, thus inducing new food allergies. This diverts an already over-burdened immune system away from the more important job of fighting cancer cells. Chemotherapy can also cause an overgrowth of *Candida albicans* in the intestine or other parts of the body. Intestinal yeast can potentially lead to more or worsening food allergies.²⁰ Radiotherapy to the abdominal area also damages the intestinal lining, leading to food allergies, and also causes intestinal overgrowth with *Candida albicans*.²¹

Although they are much less problematic than chemotherapy or radiotherapy, the decision to take hormone drugs for reproductive cancers should be considered carefully before you begin treatment. My cousin suffered a complex tibial plateau fracture after being on hormone drugs for breast cancer for a short time. Several months later she broke her pelvis in a fall that was minor enough that got up from it and didn't get an X-ray until the next day. After the first fracture, she was given a bone density test that showed osteopenia. I told her that she should have her vitamin D blood level checked and get on the *correct* dose of vitamin D *for her*, plus take not just calcium, but magnesium and critical bone-building trace minerals and vitamins.²² See the PDF *20 Key Nutrients For Bone Health* footnoted here for more about what nutrients are needed and "Sources," page 271, for a hypoallergenic bone supplement.

Although my breast cancer was hormone receptor negative and would not be influenced by hormone drugs, my oncologist discussed them with me so I would know all the options. She said if I were to take the drugs, they would not prevent a recurrence of the same cancer, but could prevent a new breast cancer. She also told me that hormone

18 Blaylock, 78. Also Houston, S.J. "The Influence of Adjuvant Chemotherapy on Outcome After Relapse in Patients with Breast Cancer." Proc Ann Meet ASCO 11: A108, 1992.

19 Blaylock, 78-79. Also McMillan, T.J. and I.R. Hart. "Can Cancer Chemotherapy Enhance Malignant Behavior of Tumors?" Cancer and Metastasis. Rev 6:503-520, 1987.

20 Blaylock, 97.

21 Blaylock, 116.

22 Brown, Susan E. PhD. 20 Key Nutrients For Bone Health. <http://www.betterbones.com/wp-content/uploads/2016/11/20keybonenutrients.pdf>

drugs can cause ovarian cancer. We agreed that I would skip the drugs and practice every possible natural strategy instead.

Allergy Drugs

The most profitable drugs for allergies have historically been asthma inhalers with their continually rising prices (at least until 2016 when the price of the life-saving Epi-Pen™ for anaphylaxis was raised 600%!) There is a captive audience for inhalers because asthma can be life-threatening and the feeling of being unable to breathe is frightening. People will pay whatever the drug companies demand in order to be able to breathe. However, there are dark secrets about asthma inhalers which I learned the hard way.

I had asthma when I was young but outgrew it and had no trouble with it for over 40 years until viral pneumonia and undetected mold in our house brought it back. I was treated with inhalers which helped for a few days and then became ineffective. Then I was put on a series of more and more potent inhalers, none of which really worked. When I took an LDA shot (see page 49 for more about this treatment), I had to avoid inhalers as part of the protocol. The evening of my first day without them, I felt as if a tremendous allergy burden had been lifted. The only change I had made, and had not made with previous shots, was eliminating the inhalers. I Googled “allergy to asthma inhalers” and read the experiences of bloggers who had problems with inhalers. One mother wrote about her daughter being helped by Albuterol™ administered by a nebulizer²³ at home, but whenever she used an Albuterol™ inhaler when they were out, she got much worse. They had to rush home to stop her reaction by using the same drug with a nebulizer. Another blog told of a man whose asthma had been getting worse and his inhalers were ineffective. Then he used an old inhaler that had been stored in an exercise bag in his hot car, and it worked like magic. See “Sources” page 272 for where online to read these and other stories of life-threatening reactions to asthma inhalers in the last several years.

In January, 2009, the FDA banned the propellant which had been used in asthma inhalers for many years ostensibly because it might affect the ozone layer adversely. It was replaced with hydrofluroalkane (HFA) in all propellant activated asthma inhalers and nasal sprays. The well-kept secret of asthma inhalers is that HFA is made with corn-derived ethanol. The official position is that there is not enough corn or yeast residue in HFA to cause problems. This may be true for most people, but some corn and/or yeast sensitive patients do react to the propellant. Dry powder inhalers contain lactose and traces of milk protein, so milk-allergic patients cannot use them. The only safe way to administer inhaled medications to some asthma patients is with a nebulizer.

²³ A nebulizer is a device that turns the asthma drug solution into an aerosol which the patient then inhales for five to ten minutes.

A “side effect” of the FDA mandated change in propellants is that there likely will be no generic inhalers for twenty years after the 2009 propellant change which caused all asthma inhalers to be reclassified as new drugs. (Twenty years is how long some of the patents on the new inhalers will be in effect). An online *Consumer Reports* article found that the price of non-generic inhalers nearly doubled in the first three years after the propellant change.²⁴ Although the inhaled steroid drug I used was generic (because it was taken with a nebulizer and did not contain the new propellant) and had been around for decades, its cost was over \$500 for a month’s supply without insurance, and it cost about \$120 per month with insurance.

In 2013, *New York Times* writer Elizabeth Rosenthal wrote about the massive hikes in the price of asthma inhalers. The fact that the FDA would not have been forced by the CFC regulations to change the propellant came to light. However, the drug companies spent a tremendous amount of money lobbying for the change so they could have new patents and a free hand in raising prices for a long time.²⁵ Rather than becoming even more negative here, I will let you read the articles footnoted online.

I am not advising anyone to discard their inhalers because that could create a potentially life threatening risk. However, I think everyone should know about the natural treatments for asthma that may reduce or eliminate dependence on inhalers. There are effective natural bronchodilators that are free. One is nitric oxide (NO) which is made in the paranasal sinuses and is in every breath taken through your nose.²⁶ A second and more important natural bronchodilator is carbon dioxide (CO₂). Asthmatics lack these for two reasons: (1) many breathe mostly through their mouths, and (2) asthmatics breathe a much higher volume of air per minute, up to five or six times as much as normal people. This lowers the CO₂ level in their blood and the alveoli of their lungs which reduces the ability of hemoglobin to release oxygen into the tissues where it is needed. Over-breathing also resets the CO₂ trigger that tells us when to breathe to a lower level, which perpetuates the vicious cycle of over-breathing, bronchoconstriction and asthma.²⁷ The cycle can be broken by practicing the Buteyko breathing method. It is not a quick fix and requires work, discipline, and commitment, but it is worth the effort to avoid the unpleasant side effects and expense of bronchodilator drugs, which you should need less as you make progress with the method. Studies in Australia and New Zealand

24 Inhaled Steroids, *Consumer Reports*. https://www.consumerreports.org/health/resources/pdf/best-buy-drugs/Inhaled_SteroidsFINAL.pdf, page 6.

25 Rosenthal, Elizabeth. “The Soaring Cost of a Simple Breath.” *New York Times*, October 13, 2013 <http://www.nytimes.com/2013/10/13/us/the-soaring-cost-of-a-simple-breath.html?pagewanted=all&r=0> Also see <http://www.motherjones.com/kevin-drum/2013/10/heres-why-your-asthma-inhaler-costs-so-damn-much>

26 Cardell, Lars Olaf. The Paranasal Sinuses and a Unique Role in Airway Nitric Oxide Production? *American Journal of Respiratory and Critical Care Medicine*, 166:2 (2002) pp.131-132.

27 McKeown, Patrick, MA, H Dip. *Asthma-Free Naturally*. (San Francisco, CA, Conari Press 2008), 20-21.

found that after three months of using Buteyko breathing, patients used reliever inhalers 90% less often and used 50% less inhaled steroids.²⁸ When patients using Buteyko breathing become symptom-free and the set-point of the CO₂ trigger reaches a high enough level, under a doctor's supervision, the amount of inhaled steroids can slowly and gradually be reduced, possibly eliminating the need for all inhalers.²⁹

In *The Allergy Solution*, Dr. Leo Galland tells about a respiratory therapist who got asthma. When he told her about Buteyko breathing, it made wonderful sense to her, and she wondered why, as a respiratory therapist, she had never heard of it.³⁰ That is something we might wonder about every alternative to a Big Pharma high-profit-making drug in this chapter and alternatives for some conventional treatments.

An exhaustive discussion of the Buteyko breathing method is beyond the scope of this book. However, you can read more about it and the natural bronchodilator CO₂ on pages 70 to 73. Also see page 273 of "Sources" for how to get books, a CD and a DVD that you can use to learn this technique and for sources of more information about the Buteyko breathing method. See pages 246 to 248 for my experiences with Buteyko breathing.

Allergy Shots

With conventional allergy shots, patients are injected with gradually increasing amount of extracts of the pollens, dust, molds, etc. to which they are allergic. Individuals make IgG antibodies to the extracts, which compete with the IgE antibodies involved in allergic reactions, thus offering some protection from reactions.

I took allergy shots from age 10 to 39, and although they did help some, they did not eliminate my inhalant allergy problem. They also are not effective for and thus are not used for food allergies. Since there is a risk of anaphylaxis after a conventional allergy shot is given, shots must be given in a doctor's office where the patient is observed for a half hour after the shot.

In the 1960s, a new type of allergy shots was developed in England. It then was used in the United States in the 1990s through 2001 and was called EPD for Enzyme Potentiated Desensitization. This treatment employs very low doses of allergens and many more allergens than are in conventional shots. The American version of EPD which is currently used in the United States is called LDA (Low Dose Allergens). These shots are effective for food allergies and chemical sensitivities as well as inhalant allergies. They cover essentially all foods and everything an individual might breathe. They are very effective for inhalant allergies, which may take just a few shots to eliminate. My hayfever went from "I hate spring" to nonexistent at twenty days after my first EPD shot. The

28 McKeown. *Asthma-Free Naturally*, 18.

29 McKeown, Patrick, MA, H Dip. *Close Your Mouth*. (Loughwell, Buteyko Books, 2004), 88.

30 Galland, Leo, MD. *The Allergy Solution*. (Carlsbad, CA, Hay House, Inc., 2016), 231.

response for food allergies and chemical sensitivities can take up to two years, but it is worth the extra time and work.

With EPD and LDA, all of the patient's problems are treated at once, so an improvement in general health should occur. Because LDA exploits a natural phenomenon, it can be diverted by high-dose exposures to allergens at the time of the injection and for three weeks afterwards while the lymphocytes induced by the treatment are maturing. Therefore, patients must exercise strict control of their environmental and dietary exposures to allergens as well as avoiding many medications at the time of their treatments and for up to three weeks after a treatment.³¹ For this reason, LDA has the reputation of being an ordeal to take. Indeed, it does involve much participation on the part of the patient. If you do not have chemical sensitivities or major inhalant allergies and dietary manipulation is sufficient to solve your problems with food allergies, you may want to work with your diet rather than taking LDA.

LDA injections are usually taken at two month intervals initially. As the patient progresses, the interval between injections is gradually extended until they are taken at intervals of a year or more. In my opinion, LDA comes closer to a cure for allergies than any other treatment, and for some people it really is a cure. My son Joel is one of those people. He started EPD at age 11. Since pre-adolescent children respond more quickly than adults, his eczema from food allergies cleared up ten days after his first shot. Two weeks later, when he was allowed to try his problem foods, he could eat everything without the eczema returning. It returned about five weeks later when it was almost time for another shot. In a few years he reached the point that one shot a year was enough. He did things he would not have done as easily with food allergies like attend college and graduate school far from home and travel for his job. He is now in his 30s and takes one shot a year. However, to be realistic, patients with very severe food allergies and dysbiosis may not have the experience he did. I still don't eat "normally," but I have plenty to eat and a very nutritious diet that may have contributed to my breast cancer not spreading. I started EPD because I literally did not have any safe foods to eat. Considering how far I have come, it has been worthwhile to take this treatment.

So why have you never heard of LDA? Part of the reason is that those who give it keep a low profile. EPD was used in the United States in the 1990s as part of an Investigational Review Board study. When the IRB expired, the use of EPD continued for a year or two. Then the political climate changed and in 2001 the FDA shut down EPD. It was on the FDA's import alert list so it could not be brought into the country under the "compassionate use" designation for use by an individual, a provision which is allowed for many other treatments, drugs and products.

Aside – Here is an interesting tidbit of information about import alert. The herb stevia was on the import alert list in the 1990s. Now it is sold as a supplement rather

31 Shrader, W.A., MD. Low Dose Allergen Immunotherapy Patient Instruction Booklet. 8th Edition, May, 2014, 18, 20, 38.

than a sweetener. It has a record of hundreds of years of safe use as a natural non-caloric sweetener in South America and Japan. Could putting a safe herb on import alert have been due to fear of competition with aspartame?

After the FDA shut-down of EPD, LDA was developed. As an American-made product, using the same type of allergen extracts as in conventional allergy shots, it is legal, but the FDA has harassed the makers of LDA to the point that the first one quit. Considering the constraints of the protocol that must be followed at shot time, I can't realistically see that it can be that much of a threat to Big Pharma, but....

For more information about LDA visit www.drshrader.com, www.food-allergy.org/epd, and see *The Low Dose Immunotherapy Handbook* as described on the last pages of this book.

Bone "Building" Drugs

Our bodies continually remodel our bones to keep them strong. Bone cells called osteoclasts resorb old bone, and osteoblasts replace these areas with new bone. Drugs that are given for osteoporosis, such as Fosamax,TM Actonel,TM Boniva,TM Reclast,TM and ProliaTM suppress the activity of osteoclasts, so resorption of the bone doesn't occur. Although this makes bones look denser on bone density tests, unfortunately the normal remodeling of the bone does not occur. As time goes by, the bone becomes composed of more and more old, brittle, worn out bone. **Taking these drugs actually increases your risk of fractures, the problem they are supposed to prevent.** These fractures often occur with no injury that would cause a fracture, just during normal use.³²

FosamaxTM has also been linked to **esophageal cancer**. One bone building drug, Forteo,TM stimulates osteoblasts, so although it really does build bone, the stimulus can result in osteosarcoma, a form of **bone cancer**, in patients who take it.³³

One side effect of biophosphonate bone-building drugs is that if a tooth is extracted, the extraction cavity might not heal, and the **jaw bone may die** (osteonecrosis), leading to infection and exposed bone. Even with extensive dental surgery, the condition may be painful for the rest of one's life.³⁴ The only action taken was that these drugs currently carry a black box warning which says that they may cause osteonecrosis of the jaw.

Natural treatments for osteopenia and osteoporosis include participating in a weight-bearing exercise such as walking and making sure blood vitamin D levels are high enough, namely, at least above 50 ng/ml, not the low amount considered normal on most lab tests. Individuals also should take a complete supplement designed for these

32 Simpson, Lani. Fractures Caused by Osteoporosis Drugs? Is Anyone Listening? <http://www.lanisimpson.com/blog/fractures-caused-by-osteoporosis-drugs-is-anyone-listening>)

33 The Top 5 Reasons You Should Never Take Osteoporosis Drugs <https://saveourbones.com/top-5-reasons-why-you-should-never-take-osteoporosis-drugs/>

34 Roberts, Barbara H., MD. *The Truth About Statins*. (New York, NY, Pocket Books, Simon & Schuster, 2012), 159-160.

conditions such as a supplement which contains calcium, magnesium, critical bone-building trace minerals such as chromium, boron, manganese, and silica, and vitamins A, D, B6, B12 and folic acid. For more information on nutrition for your bones, see the PDF *20 Key Nutrients For Bone Health* (<http://www.betterbones.com/wp-content/uploads/2016/11/20keybonenutrients.pdf>). See “Sources,” page 271, for a hypoallergenic bone supplement that contains a broad spectrum of needed nutrients.

Proton Pump Inhibitor Drugs

Everyone, but especially those prone to food allergies, should be wary of taking proton-pump inhibitor (PPI) drugs, or stomach acid suppressing drugs such as Nexium™, Prilosec™, and Prevacid™. Stomach acid is essential for proper digestion of food. Without it, partially digested food ferments in the intestine. This leads to leakage of food fragments into the bloodstream thus contributing to food allergies.³⁵

Stomach acid is essential for proper digestion and absorption of food. Since minerals are especially difficult to absorb without sufficient stomach acid, suppressing stomach acid can lead to nutritional deficiencies. **PPI users are more likely to have bone fractures due to reduced absorption of calcium and other minerals.** There is a higher incidence of **pneumonia** and other infectious diseases among those taking PPIs. This is because stomach acid is the first line of defense against bacteria entering our bodies by way of the digestive system. These drugs also lead to increased risk of heart problems, kidney disease, and dementia.³⁶

Two of the more serious side effects of PPIs have been reported in the *Journal of the American Medical Association*. A data analysis study was done on elderly people who were initially free of dementia. After seven years, those who had taken PPIs were 52% more likely to have developed **dementia** than those who did not take PPIs.³⁷ Chronic **kidney disease** also increased 20 to 50% with PPI use. The incidence was higher in those who took PPIs twice daily than those who took them once daily.³⁸

PPIs are frequently prescribed for gastro-esophageal reflux disorder (GERD) which occurs when the irritating contents of the stomach enter the esophagus. Stomach acid

35 Kresser, Kris. Proton Pump Inhibitors: So Dangerous That Prescriptions Border on Being Criminal. June 14, 2016. <https://www.sott.net/article/320501-Proton-Pump-Inhibitors-So-dangerous-that-prescriptions-border-on-being-criminal>

36 Kresser, Kris. Proton Pump Inhibitors: So Dangerous That Prescriptions Border on Being Criminal. June 14, 2016. <https://www.sott.net/article/320501-Proton-Pump-Inhibitors-So-dangerous-that-prescriptions-border-on-being-criminal>

37 Gomm, W., Von Holt, K., et al. “Association of Proton Pump Inhibitors With Risk of Dementia: A Pharmacoepidemiological Claims Data Analysis.” *JAMA Neurology*, 2016 Apr;73(4):410-6. doi: 10.1001/jamaneurol.2015.4791.

38 Lazarus, B, Chen, Y, et. al. “Proton Pump Inhibitor Use and the Risk of Chronic Kidney Disease.” *JAMA Internal Medicine*. 2016 Feb;176(2):238-46. doi: 10.1001/jamainternmed.2015.7193.

is necessary to signal the pyloric valve between the stomach and the esophagus to close. What is needed for GERD is not acid-suppressing drugs, but a hydrochloric acid supplement taken with every meal and snack so the pyloric valve closes well.

Heartburn commonly occurs when we age because of the decline in the ability to make enough hydrochloric acid (HCl) after a big meal when it is most needed. Since the signal to “make acid” persists for hours, we end up with too much stomach acid several hours later, often in the middle of the night. Although it seems counter intuitive, the natural treatment for heartburn is to take hydrochloric acid with meals to cause the pyloric valve to close, facilitate digestion, and turn off the “make acid” signal that causes secretion of HCl much later, thus producing heartburn.

Consult your holistic medical practitioner about whether and how you should take hydrochloric acid supplements. This is not intended to be advice but rather is an account of how I started taking HCl. I had several stool tests for dysbiosis with undigested food in them and was not making progress. Therefore, I was instructed to take a hydrochloric acid supplement to see if it would help the dysbiosis. I was told to start with one 300 mg tablet per meal for a few days. Then I was to increase to two tablets per meal for a few days and to continue increasing to six tablets. If I felt any burning sensation in my stomach after meals, I was to decrease the dosage to the previous level and stay there. I took six tablets with every meal, and smaller amounts with snacks, for several years. As my health improved, my ability to make stomach acid improved, and I began to notice a burning sensation after meals. Therefore I gradually decreased the dosage. When my health became worse again recently I had to return to six tablets per meal. Other supplements such as slippery elm can increase comfort while in the process of adding HCl, or if you forget to take sufficient HCl. Slippery elm is most effective when taken as the powder mixed into water so it can coat the esophagus.

Over-the-Counter Pain Medications

Over-the-counter pain medications such as nonsteroidal anti-inflammatory drugs (NSAIDs) and acetaminophen (Tylenol™) can be problematic for individuals with food allergies or liver problems. The NSAIDs include aspirin, ibuprofen (Motrin™, Advil™), celecoxib (Celebrex™), naproxen (Aleve™), the prescription arthritis drug indomethacin (Indocin™), and others. Although most are sold without a prescription, these medications can harm some people.

A single dose of aspirin or other NSAIDs can increase intestinal permeability tremendously in individuals with possibly compromised intestinal health. This includes people with food allergies as well as intestinal diseases such as Crohn’s disease, other inflammatory bowel disease (IBD) or irritable bowel syndrome (IBS). This increased permeability can lead to worsening food allergies especially if the drug is taken long-

term.³⁹ The *Physician's Desk Reference* warns about the possibility of gastrointestinal bleeding, ulceration and perforation when using nonsteroidal anti-inflammatory drugs and reports that a NSAID arthritis drug can lead to the development of inflammatory bowel disease.⁴⁰ Dr. W. A. Shrader, Jr. says that all nonsteroidal anti-inflammatory drugs cause some degree of mucosal atrophy in the intestine.⁴¹

Acetaminophen (Tylenol™) also can be problematic because the liver can be challenged by the task of detoxifying it. It should be avoided by those with liver disease or who consume alcohol.⁴²

What can we do for pain instead of using drugs? The most effective treatment is to treat the problem causing pain. Dr. Leo Galland reports that having patients avoid all foods to which they are allergic can eliminate arthritis pain and the need for drugs.⁴³ For other types of joint and muscle pain, seek treatment from a physical therapist who pays attention to the whole body, not just the painful area. Sometimes postural problems or issues with neighboring joints can affect the painful area even if the original problem was due to an injury. Then diligently do the exercises the therapist prescribes.

There are many natural remedies for pain; this list is not exhaustive. For sore muscles or injuries, application of cold (initially) or heat can help. A half-hour soak in a bathtub of warm water with one cup of Epsom salts relaxes achy muscles and soothes joints. Herbal remedies taken regularly, such as feverfew for migraine headaches, can reduce dependence on drugs. Acupuncture is also effective for pain.

I have found homeopathic arnica to be very effective. Before my mastectomy, I told a nutritionist about my desire to avoid drugs. She told me that when she had surgery, she had her family slip her arnica beginning as soon as possible after surgery. She said arnica could be used as often as every half hour and then less frequently when the pain did not return in a half hour. She also told me what drug to ask for instead of the more “potent” narcotics if needed. (It wasn't needed). I did very well with the arnica, an intravenous form of ibuprofen which was started at the conclusion of the surgery and continued through my twenty-two hour hospital stay, and Tylenol for about two weeks at home. Since then I have used arnica for muscle and joint pain and arthritis.

Homeopathic remedies come in different strengths depending on how they are diluted; which strength is needed may vary between individuals and with the condition

39 Galland, Leo, MD. “Leaky Gut Syndromes,” <http://mdheal.org/leakygut.htm> .

Also an interview with Leo Galland, MD by Marjorie H. Jones, RN., “Leaky Gut – What Is It? What Factors Cause It? What Can Be Done?” *Mastering Food Allergies Newsletter*, #86, July/August 1995, 4.

Also Jenkins, R.T., et al., “Increased intestinal permeability in patients with rheumatoid arthritis: a side-effect of oral nonsteroidal anti-inflammatory drug therapy?” *Br J Rheumatol*, 1987.26(2): 103-7.

40 1996 *Physician's Desk Reference*, 817, 862, 1619, 1681, 2579. (On page 1681, it says of indomethacin, “The development of ulcerative colitis and regional ileitis have been reported to occur rarely.”)

41 Personal communication from W. A. Shrader, Jr., MD, April, 1997.

42 “Tylenol™ Precautions,” <http://www.webmd.com/drugs/2/drug-7076/tylenol-oral/details#precautions>

43 Galland, Leo, MD. “Leaky Gut” interview, 2.

treated. I tried homeopathic arnica for surgical-type pain when I had a 2½ hour needle biopsy to remove all calcifications from the non-affected breast to determine if it also needed to be removed. The 200C strength was effective then so I took it for my surgery. Now I use the 30C strength for aches and pains. Homeopathic combinations for pain or arthritis also are helpful.

Finally, consume anti-inflammatory foods and supplements regularly. Omega-3 fatty acids and boswellia taken daily can reduce inflammation and chronic pain. See the list of anti-inflammatory foods on pages 227 to 229, the “Ginger Tea” recipes on pages 191 to 192 and the high-omega-3 seed milk and smoothie recipes on pages 188 to 189.

Thyroid Drugs

Our thyroid glands make two main hormones, triiodothyronine (T3) and thyroxin (T4). T4 is often called a storage hormone. It has four iodine atoms and loses one of them to make the more active, shorter-lived T3. Sometimes it loses the wrong iodine atom and makes a mirror image of T3 called reverse T3. Reverse T3 ties up the receptors for T3 on cells, so the normal T3 molecules cannot exert their effect. This basically neutralizes the normal T3 that is present. Individuals on too high a dosage of synthetic T4 may convert some of it to reverse T3, thus making them more tired, etc.

The most commonly prescribed drug for hypothyroidism is Synthroid,TM a synthetic form of T4. It is the fourth most commonly prescribed drug in the United States at more than 70 million prescriptions annually.⁴⁴ Its sales come to over one billion dollars annually.⁴⁵ Some hypothyroid patients can adequately convert this to T3, but many cannot. Those who can't never get adequate relief from their symptoms, yet their TSH (thyroid stimulating hormone) blood test returns to normal, so they are told that they are fine, and just have to stay tired, cold, depressed, and having weight or cardiac problems.⁴⁶

Why is thyroid disease so often mismanaged? Dr. Jeffrey Dach says, “Follow the money trail.” The pharmaceutical companies which have made SynthroidTM over the years pay for meetings, research, speakers, etc. to support their position, and most doctors are influenced by the companies' advertising.⁴⁷

If you are taking synthetic T4 and not experiencing relief from your symptoms of hypothyroidism, try to find a holistic doctor who will prescribe **natural desiccated thyroid**, such as ArmourTM thyroid. If a person is allergic to pork or if the ratio of T4 to T3

44 Bowthorpe, Janie A, M.Ed. Stop the Thyroid Madness II: How Thyroid Experts are Challenging Ineffective Treatments and Improving the Lives of Patients. (Dolores, CO, Laughing Grape Publishing, 2014),103.

45 Pulse of Nat Health Newsletter, “Natural Thyroid Medications at Risk,” March 22, 2016 <http://www.anh-usa.org/natural-thyroid-medications-at-risk/>

46 Bowthorpe, Janie A, M.Ed. Stop the Thyroid Madness: A Patient Revolution Against Decades of Inferior Thyroid Treatment. (Dolores, CO, Laughing Grape Publishing, 2012),168-169.

47 Bowthorpe, Janie A, M.Ed. Stop the Thyroid Madness II, 103.

in natural thyroid is not correct for that individual, he or she will need a combination of **synthetic T4 and synthetic T3 (Cytomel™) in the correct ratio.** To find such a doctor, consider members of the American Academy of Environmental Medicine (AAEM) who have taken courses in thyroid disease at AAEM meetings. These doctors will do testing that is more helpful than the TSH test, and which may show that a patient has a high amount of reverse T3, anti-thyroid antibodies, etc. See “Sources,” page 272, for a searchable physician database for the AAEM.

Statins

Statins are cholesterol-lowering drugs which came into use in the 1990s and include Lipitor™, Lescol™, Lescol XL™, Mevacor™, Altoprev™, Crestor™, Zocor™, and others. The use of statins is based on a false premise called the “lipid hypothesis” which says high cholesterol causes heart disease. The truth is that it does not, and that statins accelerate the progression of heart disease.⁴⁸

Cholesterol is essential for life. It makes up 25% of the weight of our brains and is especially important for mental function. Low cholesterol levels are associated with increased mortality from all causes.⁴⁹ Those with lower blood cholesterol levels have higher death rates from cancer, stroke, violence, and suicide.⁵⁰ Cholesterol is vital for making vitamin D and hormones, including sex hormones. It also is an essential molecule for the structure of the cell membrane of every cell in our body. The normal blood values for cholesterol and other blood fats have decreased from the levels they were forty years ago when I worked as a medical technologist. How “normal” changed baffles me. Do the new normal values exist to support the sales of more statins?

While statins do decrease the levels of cholesterol on a patient’s blood test, this does not mean the patient’s heart health is better. Rather, it means that there is an increased risk of dying from a heart attack. In a study published in *Atherosclerosis*, 6,673 users of statins who had no previously known coronary artery disease (i.e. they were taking statins preventatively) had coronary CAT scan angiography (CCTA) which enabled the researchers to see their coronary arteries and determine the composition of plaque in the arteries. Patients taking statins had a 52% increase in presence and extent of calcified coronary plaque compared to those not taking statins.⁵¹

48 Mercola, Joseph, DO. The Cholesterol Myths That May Be Harming Your Health. October 21, 2011. http://mercola.ebeaver.org/2011/10/22/the_cholesterol_myths_that_may_be_harming_your_health/

49 Iribarren, C., Reed, DM, et. al. “Low serum cholesterol and mortality. Which is the cause and which is the effect?” *Circulation*. 1995 Nov 1;92(9):2396-403.

50 Fallon, Sally with Mary Enig, PhD. Nourishing Traditions., (Brandywine, MD, NewTrends Publishing, 2001), 6.

51 Nakazato, Ryo, Gransar, H., et al. “Statins use and coronary artery plaque composition: results from the International Multicenter CONFIRM Registry.” *Atherosclerosis*. 2012 Nov;225(1):148-53. doi: 10.1016/j.atherosclerosis.2012.08.002. Epub 2012 Aug 24.

A study in *Diabetes Care* showed that diabetics with advanced artery disease and taking statins had significantly more calcification in their arteries than non-statin taking diabetics. In those who began taking statins during the course of the study, progression of coronary and abdominal aorta calcification increased significantly when they began using statins. Calcification is dangerous in major arteries; they become stiff and inflexible when lined with calcium deposits and individuals are more likely to experience a blockage (heart attack) or abdominal aortic aneurysm, which is usually fatal.⁵²

Diets that contain more cholesterol and naturally saturated fat such as butter do not increase cardiac risk. The Framingham Heart Study, which has been monitoring the heart health of over 6,000 people every five years since 1948, does not support the lipid hypothesis. After 40 years, the study director admitted that the people who ate the most saturated fat and cholesterol had lower rates of heart disease and weighed less.⁵³

In a British study of several thousand men, half of them reduced saturated fat and cholesterol in their diets, increase consumption of unsaturated oils and margarine and stopped smoking. The other half continued to eat and smoke as they pleased. After one year, those on the “good” diet had twice as many deaths as those who did not change their eating habits and even continued smoking.⁵⁴

The purpose of statins is to reduce the amount of cholesterol in one’s blood. They do improve blood test numbers, which does not improve heart health. At what risk of serious side effects are patients taking statins to improve their blood tests? The number of side effects caused by statins is staggering. Here is a partial list:⁵⁵

Statins interfere with the synthesis of CoQ10, essential for our mitochondria to produce energy. This affects every cell in the body because CoQ10 is required by the electron transport chain, which is how we get most of the ATP “energy molecules” (adenosine tri-phosphate) from our food most efficiently.

Statins create problems with muscle weakness, cramping, and pain. Dr. Barbara Roberts estimates that in her practice she sees this side effect in 20% of patients on statins. A severe form of this problem is rhabdomyolysis, which affects muscles all over the body and can be fatal.

Statins can cause joint and tendon problems, including tendonitis.

Statins can cause liver damage.

52 Saremi, Aramesh, Bahn, G, et al “Progression of vascular calcification is increased with statin use in the Veterans Affairs Diabetes Trial (VADT).” *Diabetes Care*. 2012 Nov;35(11):2390-2. doi: 10.2337/dc12-0464. Epub 2012 Aug 8.

53 Fallon with Enig, 5.

54 Fallon with Enig, 5.

55 Roberts, 46-71. Also The Grave Dangers of Statin Drugs, Pulse of Natural health newsletter, July 14, 2016 <http://www.anh-usa.org/the-grave-dangers-of-statin-drugs-and-the-surprising-benefits-of-cholesterol/>

Statins cause cognitive problems in many patients, including the inability to concentrate and remember.

Statins can cause nerve damage, including painful neuropathy.

Statins cause a 25% increase in the incidence of cancer.

Statins also cause a 25% increase in the incidence of new cases of diabetes.

Statins increase the risk of hemorrhagic stroke.

Statins can cause depression.

Statins can increase appetite and block the beneficial effect of exercise, thus encouraging weight gain.

In spite of the fact that **statins do not prevent the dire consequences they claim to treat**, one in four Americans over the age of forty five take statin drugs.⁵⁶ Why are so many people taking statins? Cardiologist Dr. Barbara Roberts explains that there are clinical practice guidelines determining when a person should be taking them. If a doctor neglects to prescribe them according to these guidelines and the person suffers a heart attack, the doctor can be sued.⁵⁷ (I wonder who wrote the guidelines, and if they were influenced by drug companies).

If you are being pressured to take statins, I would suggest telling your doctor that you would like to try changing your diet instead. In the 1980s, the Lyon Diet Heart Study showed that eating a Mediterranean diet lowers the LDL “bad” cholesterol and CRP (C-reactive protein) blood tests as much as statin usage.⁵⁸ Those eating a Mediterranean diet had an approximately 70% decrease in risk for both heart attacks and mortality from heart disease.⁵⁹ If you decrease your blood cholesterol level naturally with diet, you will avoid the risks of statins and lower your risk of heart attack. The anti-cancer diet on pages 25 to 27 is a Mediterranean diet with the additional benefit for blood fats of glycemic control.

YOU are the person who is in charge of your health. You do not have to take treatments that are risky or that you do not want to take. Use your mind, think about all your options, make wise decisions, and use whatever natural strategies you can to optimize your health.

56 Wehrwein, Peter. “Statin Use is Up, Cholesterol Levels are Down.” *Harvard Health Publications*, April 15, 2011. <http://www.health.harvard.edu/blog/statin-use-is-up-cholesterol-levels-are-down-are-americans-hearts-benefiting-201104151518>

57 Roberts, 44.

58 Roberts, 113.

59 Roberts, 107-114.

Putting Good Nutrition into Practice

In previous chapters of this book we discussed how to optimize health by practicing good nutrition and breathing, pursuing peace, and making wise choices of treatments. More pages were devoted to nutritional ways to help yourself than to anything else. Now it is time to put the information about good nutrition into practice.

Readers of this book have a variety of health problems that can make cooking difficult. Cancer patients often have extremely low energy or are incapacitated by chemotherapy. Those with food allergies and gluten intolerance may also experience limitations of energy and time yet realize that they have best control of their diets and health if they prepare most foods themselves.

The question that arises is, “How can I do what is best health-wise with no energy to cook?” A simple change to address problems of low energy or insufficient time is to use commercially prepared healthy foods rather than preparing everything at home. See pages 251 to 257 for sources of healthy prepared foods, including foods for allergy and gluten-free diets. If you have someone who can shop for you or are able to shop yourself, check grocery and health food stores for healthy prepared foods and read labels of foods that seem promising. Then see “When Cooking is Difficult” on the next page for easy meal ideas and for more advice about how to eat well when low on energy.

If you are able to cook or have a friend or family member who will do some cooking for you, see “Easy Dinners” on pages 94 to 107 and the other recipe chapters that follow. At the end of each chapter you will find suggestions for foods featured in the chapter that you can purchase already made as well as sources of related recipes.

Enjoy the healthy foods in the following chapters. I hope that much improved health accompanies better nutrition.

When Cooking is Difficult

Some readers of this book may be recovering from surgery, undergoing chemotherapy or suffering from incapacitating illness. In spite of their misery, they have read about ways to improve their health. Some ways, such as meditative breathing, require little energy. However, even thinking about making cultured vegetables or bone broth may be exhausting. Here are some ideas for what to do when cooking is difficult that I hope will be helpful.

One suggestion is to let major food preparation tasks be done by companies which make and sell bone broth, cultured vegetables or dairy products, or even bread, English muffins and cereal made with sprouted grains. See pages 252 to 257 for a list of companies that make health promoting-foods and search their websites to find where their products are sold nearby or how to order them online. Although pricey, if you are searching for bone broth, cultured vegetables, sprouted grain bread, and nut butters made from soaked nuts, Wise Choice Market carries all of these for one-website shopping. See “Sources,” page 251 for ordering information.

My hope is that you have family members or friends who will help you with meals, laundry, and shopping. The “Easy Dinners” chapter that follows will provide ideas for oven or crockpot meals that can cook while the helper is away.

Another option is to hire help. In the Denver, Colorado area, there is a caregiver agency called Elderlink™ that is considerably less expensive than other agencies because the caregivers are self-employed. Elderlink™ screens caregivers, has them bonded and insured, connects them with clients, and helps with schedules. The caregivers will help with anything from an occasional four-hour shift to 24-7 care. If there is a moderately priced agency such as Elderlink™ nearby, and especially if you will need help for a short time only, hiring a caregiver may be something to consider.

Cooking, even when done by a family member, friend, or paid caregiver, can and should be kept simple. See the recipes on pages 95 to 98 for whole meals that can be cooked in the crockpot, or try crockpot bean soup for dinner. (Several types of easy legume soup recipes are on pages 178 to 180). One-dish meals baked in the oven are found on pages 98 to 100. Another option is to plan an oven meal, which is an oven entrée (pages 101 to 102), oven vegetable (pages 103 to 105) and oven grain (pages 146 to 149) baked in the oven at the same time. Perhaps you or the cook will even make an easy and comforting warm oven fruit dessert (pages 105 to 107).

Use frozen vegetables and pre-washed salad greens to save on washing and chopping. Frozen vegetables are just as nutritious as fresh and may even contain more nutrients if the fresh vegetables have been stored for some time or shipped long distances.

Here is an example of how home care can work, especially for those on special diets. In her older years, Marjorie Hurt Jones, author of *The Allergy Self-Help Cookbook*, had a stroke that left her with mobility problems. Her husband, Stan, was legally blind. She

told me they had “assisted living at home.” They had a caregiver come most mornings to cook, do laundry and take them to appointments. Marge taught her helper about allergy cooking. Her helper was then able to prepare a wide variety of wheat-free baked goods, dinners that could be put in the oven in the afternoon, and other easily warmed or ready-to-eat foods. The Joneses did quite well, ate healthily, enjoyed being in their own home, and escaped problems of institutional living such as over-medication and infections.

There is quite a contrast between what Marge and Stan ate and what my 93-year old aunt is served in the assisted living center where she ended up after a fall. I listen to her and her diabetic friend complain about the biscuits and gravy for breakfast, white flour and sugar laden baked goods at every meal, sloppy Joe sandwiches on Wonder Bread™-style buns, and especially the Tex-Mex food served several times a week, which is too spicy for both of these ladies in their 90s. This illustration makes it obvious that I would prefer to age at home, but as with medical decisions, *you* must make the decision that is best for *you*.

What I am about to write is my opinion biased by living with inhalant allergies from early childhood and food allergies from my mid-20s to the present in my mid-60s. A second disclaimer is that I am assuming the audience for this discussion is people of adequate mental condition to read this book. In my opinion, *each person* should be allowed to make *his or her own decision* about relinquishing control of aspects of life such as what to eat and where to live. All of us should be allowed to control our diet and the quality of the air we breathe because these can have a tremendous impact on health. We should have the right to breathe and eat in a way that improves our health rather than to have medical professionals apply unwanted “bandaids” to health problems that can be treated by diet.

Current law gives us the right to refuse any medical treatment. However, when my aunt had a routine eye treatment for macular disease that she had taken many times while living at home, the assisted living facility nurse brought Vicodin™ and insisted that my aunt take it. Each of us must realize that we are not helpless and be assertive about our rights if necessary. Knowing that we have rights and fleeing from helplessness is good for both mental and physical health. See pages 40 to 42 for more about the benefits of dispelling helplessness.

With good nutrition and loving help, I hope you will be much better very soon! For now, read the easy dinner recipes starting on page 94 and the prepared food section of “Sources,” pages 251 to 257, and decide what you would like to eat.

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NOTES on ^{GF} and ^{GFO}

1 Gluten-free recipes are marked ^{GF}. This marking is used only with grain-containing or baked good recipes. All other types of recipes in this book are gluten-free: Unlike in restaurants or “normal” cookbooks, there is no flour added to thicken soup, etc.

2 Recipes which contain multiple ingredient list options, both gluten-free and gluten containing, are marked ^{GFO} for “gluten-free options.” The cook can choose a gluten-free ingredient list if needed. This marking is used only with grain-containing or baked good recipes.

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