Pandemic Preparedness
(3rd) Edition of

ALLERGY COOKING WITH EASE

How to Boost Your Immunity

Deprivation-Free Living
With Multiple Food Allergies

PANDEMIC PREPAREDNESS (THIRD) EDITION of
ALLERGY COOKING WITH EASE
HOW TO BOOST YOUR IMMUNITY
DEPRIVATION-FREE LIVING WITH
MULTIPLE FOOD ALLERGIES

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Dedication

To my beloved husband, Mark,
for over forty years of
hard work, steadfast love and
unwavering dedication to our family,

To our sons, Joel and John,
who bring so much joy into our lives,

To our daughter-in-law, Dannica,
the ultimate creative cook who
delights Joel with her cooking,

And to the memory of my parents,

Eugene Jiannetti
who was my best taster and

Mary Jiannetti
who taught me to love cooking

who now bask in the light and
love of our gracious God in heaven.

Acknowledgement and Second Dedication

To the memory of my dear friend,
Ann Fisk,
whose allergy cooking class I attended
after learning I was allergic to many foods.
She told me there were "new" foods
I could eat and gave me hope.
She taught me natural nutritional
ways to help myself and my family
and, most significantly,
She was an example of a mature
and very godly wife, mother,
and helper of all in distress.

I hope this book is an echo of Ann
that will help those with food allergies
to do what is the most beneficial,
to cook what they need for their
allergy diets and improve their health.

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Disclaimer

The information contained in this book is merely intended to communicate food preparation material and information about possible treatment options which are helpful and educational to the reader. It is not intended to replace medical diagnosis or treatment, but rather to provide information and recipes which may be helpful in implementing a diet prescribed by your doctor. Please consult your physician for medical advice before embarking on any treatment or changing your diet.

The author and publisher declare that to the best of their knowledge all material in this book is accurate; however, although unknown to the author and publisher, some recipes may contain ingredients which may be harmful to some people and some treatments and natural remedies may be harmful to some people.

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Recipe Disclaimer

Each person with food allergies has his or her own unique personal list of problem foods. This book is written for many people with multiple food allergies. Therefore, it is impossible for every recipe to fit each person's individual list of food allergens exactly.

The reader chooses the recipes which fit his or her personal needs. Individuals with gluten intolerance or celiac disease may have the impression that gluten is all that matters. This is not true for many patients. The grain index beginning on page 260 will help the gluten-intolerant locate gluten-free recipes and help those on rotation diets or allergic to some gluten-free as well as gluten-containing grains find the recipes they need.

Do not be disturbed when you encounter a recipe that contains ingredients which you do not tolerate. Generously accept the presence of that recipe; it fits someone else's needs. Keep looking, and you will likely will find recipes that meet your needs. If you do not find this book helpful in any way, you may return it to the publisher for a full refund.

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Foreword

During the past 35 years I've helped thousands of patients with food allergies and other types of food sensitivities. I've accomplished this by putting people on one week trial elimination diets. If and when the person's symptoms improved (as they usually did), the eliminated foods were eaten again one food per day and reactions were noted.

Using this program, many of my patients found that they were sensitive to milk, wheat, corn, egg, and other of their favorite foods.

So, they would come back to me and say, "What can I eat and how can I prepare foods for my family?" In responding to these questions over the years, I have used and recommended many different recipes and many books. Yet, I'm always keeping my mind and eyes open in my search to help my patients.

Then, in the summer of 1991, I received the manuscript of Nickie Dumke's *Allergy Cooking with Ease.* I reviewed this book and liked it. Because I don't claim to be a cook, I passed it along to my allergy colleague, Nell Sellers, who has worked with me and prepared recipes for my patients during the past 30 years. Here are Nell's comments:

"*Allergy Cooking with Ease* is a gem of a book. It incorporates all of the key points I've been telling our patients for years! She even includes starting the rotation diet day at dinner so you'll have food for breakfast and lunch the next day. Her book includes something for everybody. She agrees that the diet has to be livable or people won't follow it for long."

Features of this book include:

- Maintaining a positive attitude
- Diversifying and rotating the diet
- Providing readers with treats using ingredients which are least likely to cause problems.

Other tips in this book include stocking up so as to always have permissible foods on hand to lessen the chances of cheating and making big batches of baked foods and storing them in the freezer for later rotation.

A final word: Nickie Dumke's book isn't only a recipe book. It encourages people to enjoy family, friends, work, and recreation. She says in effect, "Be good to yourself. Don't worry if you fall off your diet now and then. You can always pick yourself up and go at it again."

If you or members of your family are troubled by food allergies or sensitivity intolerances, you'll value this book as a treasured friend!

William G. Crook, M.D.
Author of The Yeast Connection

Introduction to the Third Edition

Allergy Cooking with Ease originally grew from keeping my son Joel happy on a restricted diet. He was allergic to wheat and eggs in early childhood, and when he was four, we learned[1] that he was also allergic to milk, corn, soy, peanuts, chocolate, and rice. After eliminating all of his problem foods for six months, he was able to eat some of them in rotation, but he still had to strictly avoid wheat and eggs.

When he was in elementary school, I tried to make sure what he took in his lunch looked normal and tasted as good as what the other children had so he would not feel deprived. For school parties and friends' birthday parties, I brought look-alike party foods. I cooked family meals that he could and would enjoy. When Joel's younger brother, John, began eating his first solid foods, he ate them on a rotation diet that eliminated all major food allergens just in case he might also be prone to developing food allergies.

Every evening my mother and I spoke on the phone. She always wanted to hear what I had been cooking that day and advised me to write a cookbook so other mothers would not have to develop recipes. At first I said, "Naah!" Eventually I decided to do what she said.

As time went by, Joel's food allergies got better[2] and mine got worse. I wrote a book for people with severe food allergies. The new book, *The Ultimate Food Allergy Cookbook and Survival Guide*, contains medical information, tables of about 800 foods and their place in the classification of food families, a rotation diet that eliminates all major food allergens, rotates all other foods and can be personalized to fit your family's allergies, and recipes that fit the diet. These recipes run the gamut from near-normal to extremely exotic (rare foods). When people called for help with their food allergies at that time, I told them that the newer book contained everything I knew and that if they wished to purchase only one book, the new book was the one to get. However, *Allergy Cooking with Ease* remained my bestseller.

Hard times fell on the original publisher of *Allergy Cooking with Ease,* and after thirteen years, the book went out of print. However, people still wanted it, so I bought used copies online so I could supply those who called looking for a copy of the book. Eventually, there were no more used books left. I decided to revise and add to the book, creating a revised second edition.

Now, over sixteen years later, in the aftermath of the COVID-19 pandemic, there are more recipes and information to add. Some of the new recipes use types of protein foods not in the previous editions. There are also a few new vegetable and side dish recipes. However, most of the new recipes and recipe changes are due to my increasing aware-

1 The additional allergies were suggested by a blood test. Then we confirmed that he was allergic to the additional foods by elimination and challenge tests.

2 His eczema vanished ten days after his first EPD treatment. For more about EPD and LDA read pages 239 to 240.

ness of health problems which can be caused or worsened by sugar consumption.[3] New-to-me natural nonnutritive or low-glycemic sweeteners that are now available online and in many health food stores are used in many of the new recipes in this book.

I also learned things from the pandemic that have been added to the third edition. For instance, in the last two years I spent much longer to do grocery shopping because stores were out of many foods. On an allergy rotation[4] diet, due to eating different foods on each rotation day, we need, for example three kinds of fruit for the next three days. We cannot eat apples every day if that is the only kind of fresh fruit the first store we visit has in stock. I often went to two grocery stores and two health food stores in an attempt to get everything I needed. I did not always succeed in finding enough of the foods on my shopping list to rotate foods strictly. Therefore, another addition to this edition is information on how those of us with food allergies can prepare for and cope with food shortages such as those that occurred during the COVID-19 pandemic. Finally, changes in sources and suppliers for nearly everything in the "Sources of Special Foods" section made it very clear that a third edition was needed.

As I have talked to people with food allergy problems in recent years, I've become aware of vocabulary issues on the subject of food allergy. This was not a problem in the early 1900s when the first edition of this book was written. The basis of this problem is a change in how the word "allergy" is used. Originally, it meant any adverse reaction to a substance that was harmless to most people. Then, it came to mean only an immediate IgE mediated reaction. This is unfortunate, because it makes individuals who suffer from food reactions caused by other types of immune mechanisms second-class citizens medically. In my opinion, less dramatic reactions that are being called "food intolerance" should be taken just as seriously as traditional food allergies.

Food "intolerances" most likely cause or contribute to migraine headaches, irritable bowel syndrome, mood disorders, and other food-related problems that are delayed or deemed less major. These reactions may be may be mediated by IgG5. They are every bit as real as IgE mediated food allergy reactions and can impact one's life just as much or more. Some of them, such as the migraine headaches a close friend of mine has, can incapacitate a person for a week. My food allergy reactions due to asthma get more respect, and although I cannot use drugs for them, they don't incapacitate me or bother me as long as her headaches sometimes bother her.

Lack of respect from the medical profession is not as serious as it would seem, however, because the power to correct problems caused by what we eat lies with patients. All of the medical conditions listed above **can be eliminated by strictly avoiding one's**

3 Recipes requiring a sweetener in the first edition usually were fruit-sweetened, but the book contained a few recipes sweetened with sugar. This edition gives alternative sweetening options for such recipes or a non-sugar-sweetened recipe for a similar food nearby. Also, the third edition contains recipes which use new non-nutritive or low-glycemic sweeteners such as monk fruit, enzyme-treated stevia, and agave.

4 See *The Ultimate Food Allergy Cookbook and Survival Guide* as described on the last pages of this book for more about rotation diets.

problem foods. Changing your diet is the simplest and most natural way to get rid of your symptoms quickly and have a normal life.[5]

My experience when I first eliminated all the problem foods that showed up on allergy testing was that after I had not eaten any of the offending foods for a few days, I felt good again for the first time in years. This experience was the same for many patients who are described in Dr. Jonathan Brostoff's book *Food Allergies and Food Intolerance.*[6] Therefore, let's not quibble about food allergy vs. food intolerance. Instead, we should take charge of our own health. The first step may be finding a doctor who will take your or your child's problems seriously enough to try to diagnose what foods may be causing them. A member of the American Academy of Environmental Medicine may be able to help you. (See this web page - https://www.aaemonline.org/find-a-practitioner/ to hopefully find one nearby).

Once we have list of foods to avoid, we can cook[7] and eat to avoid our problem foods and thus **improve our health quickly and dramatically**. (See footnote 6 below if this sounds impossible or overwhelming).

If you've never cooked before, it is possible and valuable to learn to cook. Within a few weeks you and/or your family member(s) will feel so much better that you will know that the time spent cooking for a special diet is time very well spent.

GO FOR IT! YOU CAN DO IT!

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5 However, in cases when children's food allergies cause anaphylaxis, they should be desensitized to prevent life-threatening reactions if they have a dietary slip. Read pages 238 to 240 of this book and *Treating Food Allergies with Modern Medicine* by Elizabeth Muller ("References," page 228) for more information about how she dealt with this for her children.

6 Brostoff, Jonathan MD and Linda Gamlin. Food Allergies and Food Intolerance . Healing Arts Press, Rochester, VT, 2000. See pages 3-5, 10, chapter six, The Great Controversy" to begin. The book is full of stories of patients who regained their health by eliminating problem foods from their diets. On page 7 he discusses how large food companies influenced doctors and others to accept the "IgE definition" of food allergies, and thus protected their profits.

7 If you are new to cooking, contact us using the contact form here - contact@healingbasics.life - to receive a no-charge PDF of *Easy Cooking for Special Diets* and/or *Allergy and Celiac Diets with Ease* which are described on the last pages of this book.

About This Book

The purpose of this book is to provide a wide variety of recipes for multiple food allergies to meet a broad range of dietary and social needs and, whenever possible, to save you food preparation time.

Because of the scope of allergies addressed by the recipes in this book, not all of the recipes will fit each individual's specific dietary needs. There are grain-free recipes for those who are sensitive to all grains and recipes using a large variety of different and non-grain alternatives for those who rotate several grain-type foods. There are cracker, muffin, and baking-soda-raised bread recipes for those who cannot tolerate yeast and yeast bread recipes for those who can.

There are dessert and cookie recipes sweetened with fruit and fruit juices for those who can tolerate fruit sweeteners and recipes sweetened with stevia and/or monk fruit for those with blood sugar and yeast problems. Some recipes offer several sweetening options including a choice of non-sugar sweeteners such as coconut sugar as substitute for cane sugar. Coconut sugar works well in most recipes that called for cane sugar in the first edition of this book and is very low-glycemic. A very few rare recipes include an option for using cane sugar for kids, young and old, who can occasionally tolerate some sugar and may feel deprived without it in some social situations.[1]

This edition contains new recipes such as more vegetables and side dishes that were not in the previous editions. The new main dish recipes include some made with game meat for those allergic to ordinary meats, vegetarian recipes, and recipes that can be made with meats usually found in your grocery store. Rather than concentrating on the recipes that you cannot use (possibly the majority of them), be positive and use those that you can use. "Avoid chronic negativity at all costs," said the late Marge Jones, RN in her *Mastering Food Allergies* newsletter.

Although the first edition of *Allergy Cooking With Ease* was written before the epidemic[2] of celiac disease and gluten-intolerance began, all editions of this book contain gluten-free baking recipes made with sorghum, amaranth, quinoa, teff, garbanzo, cassava or almond flour, as well as gluten-free versions of main and side dish recipes that sometimes are made with wheat- or gluten-containing products such as thickeners or pasta.

If you are on a gluten-free diet, DO NOT ASSUME THAT ALL RECIPES IN THIS BOOK ARE GLUTEN-FREE. It is unwise for anyone to restrict their diet more than is individually necessary because a wide variety of foods in one's diet improves nutrition and also reduces the risk of developing new allergies. Individuals who are aller-

1 All of the sugar-containing recipes include non-sugar sweetening options or have non-sugar-sweetened recipes for the same foods on neighboring pages.

2 For information about the changes in wheat possibly caused the gluten-intolerance epidemic, see pages 229 to 230 of this book.

gic to wheat but not non-grain alternatives and non-grains should cook for themselves rather than eating only commercially made gluten-free products. Replacing the wheat in your diet with one grain, such as rice which is in most commercially made gluten-free foods, can lead to developing an allergy to the "replacement" grain.[3] Every reader needs to pick and choose recipes that are right for himself or herself and/or family. The "Index of Recipes by Grain or Grain Alternative" beginning on page 260 will help with this task.

Meeting social needs may be as important as meeting dietary needs, especially for children. Therefore, this book contains cookie press cookie recipes for Christmas, cake recipes for birthdays, and a large variety of cookie recipes for school lunches, and pumpkin pie recipe and a grain-free stuffing recipes for Thanksgiving. Hopefully the many easy cookie recipes will keep children from having no dessert in their lunches and thus reduce the chance of them swapping a nutritious turkey sandwich on yeast-free grain-free bread for a wheat-containing cupcake or Oreo™ that they should not eat.

The amount of time that must be spent cooking for an allergy diet can seem overwhelming, so timesaving ingredients and techniques are used in these recipes. The yeast breads are made with quick-rise yeast which can save a little time, but active dry yeast may be used if you have more time for rising. Sources of commercial non-wheat pasta and breads are given as well as recipes for making your own non-yeast and yeast breads and pasta. The recipes include frozen and canned vegetables and fruits to save on time spent washing and chopping. However, when a shortcut method could cause allergy problems, other options are included. For example, canned tomato products can cause problems for individuals who are very sensitive to yeast and mold, so more time-consuming recipes using fresh tomatoes are also provided. Use the timesaving tricks and devices that you can, and think of the time you spend cooking as an investment in good health for yourself and/or your family.

Although the focus of this book is cooking for enjoyable meals and snacks, the third edition has a serious undertone. In the years since the first publication of *Allergy Cooking With Ease*, my family has faced challenges such as cancer and macular degeneration. The role that sugar plays in cancer and other serious diseases motivated me to add sugar-free options to the few recipes that were formerly sweetened only with sugar as well as to add new sugar-free recipes. Sweeteners which are "new" to most Americans such as agave, coconut sugar, monk fruit, and the more neutral-tasting enzyme treated stevia are featured in this edition. The original versions of the recipes are still here, and the choice of which to sweetener to use is yours. There are still times when a child needs a treat nearly-identical to those of his classmates; the adult psyche may have similar needs on special occasions.

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3 This common occurrence was the reason for the book *Gluten-Free Without Rice*. See the last pages of this book for more about *Gluten-Free Without Rice*.

The pandemic has made all of life a more serious for people of all ages, including children. It seems that everyone, especially parents, can benefit from advice on how to make themselves and their children better prepared health-wise for possible future pandemics. Our family may have fared better than many people during the pandemic because of previous nutritional preparation. The naturopath who gave my husband IVs for macular degeneration and my nutrition-aware oncologist gave us nutritional advice that may have made us more "pandemic resistant." With what you learn in the "Boost Your Immunity NOW" chapter on pages 20 to 26, you also can prepare yourself and your family for future health challenges and may have less trouble with routine minor illnesses such as colds. Keep reading to learn more about eating well for immunity and important nutritional supplements for immunity at every age. Also learn about life-style practices and other ways to increase your ability to resist infections of all kinds and even death from other causes.

Our Family's Pandemic Experience

Everyone has a story to tell about how the pandemic affected their life. For the first year and a half of the pandemic, our story was surprisingly positive. My family most likely gained natural immunity to the alpha strain of COVID-19 by having mild cases of it earlier than the vast majority of the people in our state of Colorado.

The story began in November, 2019 when a family with small children moved into the house across the street from us. The wife is from Iran but has been in the US over a decade. They enjoy eating fish tacos. On January 30, 2020, I had some frozen fish I could no longer eat and that my family didn't want to eat, so I took it to our new neighbors. Her parents were there, having just come from Iran to see her new house and their grandchildren. I met them and talked to them for about five minutes.

About March 8th, only three days after the first case of COVID-19 was confirmed in Colorado in an international traveler, my husband Mark said, "I must be very suggestible. All this talk about getting sick with the new virus is making me feel like I'm getting sick." So we all quit talking about it. Our younger son John, who lives with us, also had what he thought was a "very bad cold."

Then, before the official stay-at-home order began, our older son Joel came to see us and said he thought he might also getting a cold. I printed out a document from the Internet on how to tell a cold from flu from allergies from "the coronavirus" as COVID-19 was called then. All three of my men had symptoms that matched the online symptom list for a cold.

Later that week, Joel developed a fever, bad cough, and lost his sense of smell. He said his nose was totally open yet he could not smell a thing. Although I was diligently keeping up with every bit of medical news about the coronavirus, it wasn't until twelve days after Joel began complaining about his inability to smell that I first read that loss of the sense of smell was a symptom of the new virus. Once I learned that inability to smell was a unique symptom of COVID-19, we were pretty sure that Joel had contracted it. Mark and John both still had no fever and seemed to have colds.

Although we didn't know this at the time, Joel and his wife Dannica had talked online in January, 2020, had four-hour phone conversations every evening in February, and had their first "live" date on March 7th at the Denver Botanic Gardens near her apartment in Denver. When he was sick in mid-March, she drove thirty miles to his house in Lafayette, Colorado and made chicken soup for him in his kitchen.

The next week, during one of their long evening phone conversations, she said, "I need to go to bed, I don't feel well." She had a bad headache and felt like she had a fever for a few days but she didn't own a thermometer so was unable to take her temperature.

About that time, Mark started feeling better and it was *dramatically* better, not like recovering from an ordinary cold.

The last week in March, I was walking on the bike path and saw our across-the-street neighbor walking with her children. She told me that her father had died very suddenly from pneumonia and her mother was not allowed to go home to Iran. (Her mother was here for over a year).

When I got home I told Mark, "I saw Azadeh on the bike path and she told me her father died suddenly from pneumonia and her mother is not allowed to go home and.... blah, blah, blah... Her dad didn't look that old! He had a full head of gray hair..."

Mark interrupted, "How do you know what he looked like?" I said, "We had some fish nobody was going to eat and..."

Then Mark called me "Typhoid Mary." I never felt like I had anything other than asthma and allergies. No fever, no bad cough, no loss of sense of smell, etc. However, Mark was sure I was the source of giving the virus to everyone else in the family. We hadn't traveled or been exposed to anyone who had been diagnosed with COVID. All three of my men had gotten sick when COVID-19 was running rampant in Iran but had first been confirmed in Colorado among international travelers just a few days previously.

In late July, 2020 we learned about another unique and unusual symptom of COVID-19 that further convinced us that our family had it. In May, Mark had a toe that hurt so badly that he screamed and groaned from the pain. He thought it was gout although it was not the big toe, which is usually affected by gout. The next day it was a bit better and continued to improve over several days. In July he read that "COVID toes," which include rashes, extreme pain and more severe problems, can be a delayed symptom of COVID-19 in people who had mild cases. They described the pain as being so bad you could not stand a sock touching your toe, which was what he experienced.

We sailed through all but the first few weeks of the pandemic without the anxiety and worry about our health that most of the population experienced. Having caught the alpha strain of COVID-19, we felt confident that we had developed natural immunity to the coronavirus[1] See the footnote below for why assuming long-lasting immunity after being infected with most viruses, which are unlikely to mutate, is a valid belief.

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1 Unlike immunity from some, but not all vaccines, natural immunity to viruses lasts for life. I was taught this as a college student majoring in microbiology in the early 1970s, and more importantly, was taught WHY. It is because viruses from infections and some live-virus vaccines lurk in the body for life after an infection, whether acquired naturally or from, for example, the Sabin polio vaccine. Occasionally the virus resurfaces and re-stimulates natural immunity produced by long-lasting memory T- and B-lymphocytes, the most important mediators immunity to viruses, and short lasting antibodies. For more information, see https://www.britannica.com/science/lymphocyte. In 2022, the CDC finally stated that natural immunity was as good as immunity from taking the COVID-19 vaccine when this study was published: León, Tomás M. PhD et al. -"COVID-19 Cases and Hospitalizations by COVID-19 Vaccination Status and Previous COVID-19 Diagnosis — California and New York, May–November 2021," *CDC Weekly Morbidity and Mortality,* January 28, 2022 / 71(4);125–131. https://www.cdc.gov/mmwr/volumes/71/wr/mm7104e1.htm

We are law-abiding citizens, so in spite of thinking we were immune, we wore our masks, stayed at least six feet from other people when shopping or on the bike path, and followed all but one of the directives of the Colorado health officials and governor. Our omission was that we did not avoid the members of **one** other household, that of Joel and Dannica. Joel had been exposed to "Typhoid Mary," and Dannica spent several hours near him making chicken soup while he was at the height of his symptoms. It was likely that both of them also were immune to the alpha variant of COVID-19.[2]

The big question was - How did I manage to catch the virus and spread it to my whole family without knowing it? Since I have asthma, the respiratory symptoms I have almost continuously could have "disguised" the symptoms of COVID, but *only* for a very mild case of COVID-19. I suspect I was asymptomatic due to a strong anti-viral immune response produced by an inexpensive and easy-to-take vitamin D supplement. See the next chapter for more about this.

When the delta variant of COVID-19 emerged, our confidence in our safety was abruptly shattered. Although Mark was fully vaccinated and boosted with the Pfizer vaccine, he came home from work one day in mid-September, 2021 feeling terrible, and his COVID test was positive. Several days later, John and I both had symptoms. (John was also fully vaccinated). We both had positive COVID tests the next week. Since the delta variant of the virus was causing nearly 100% of the cases sampled for strain-testing in Colorado at that time, we suspected that we had the delta variant. Because the delta variant was more infective and aggressive, we were not protected by most likely having had the alpha variant early in the pandemic nor by being vaccinated.

The week Mark got sick, out of about 200 employees at his workplace, twelve of his co-workers also got COVID which was confirmed by testing. The week before and weeks after added dozens of other employees to the number of cases of COVID at his workplace. His company's policy was to terminate any employee who was not fully vaccinated and boosted, so all these employees were fully vaccinated.

We and the families of other employees were not the only ones who were not protected against COVID by the vaccine. In one of the most highly vaccinated countries in the world, Israel, COVID infections soared in the fall of 2021. The reason was that immunity produced by the current COVID-19 vaccines wanes quickly. Since most of the population of Israel was vaccinated, very few people caught the alpha variant and developed the robust, long-lasting immunity to multiple viral antigens that comes from COVID infection.[3] A study that collected data from 68 countries and 2947 counties in

2 Because COVID tests were in short supply during early 2020, only patients with severe symptoms were tested. Therefore, no one in our family was tested to confirm that we had the COVID-19.

3 Estrin, Daniel. "Highly Vaccinated Israel Is Seeing A Dramatic Surge In New COVID Cases. Here's Why." *CPR News*. August 20, 2021. https://www.npr.org/sections/goatsandsoda/2021/08/20/1029628471/highly-vaccinated-israel-is-seeing-a-dramatic-surge-in-new-covid-cases-heres-why and Wadman, Meredith. "Having SARS-CoV-2 once confers much greater immunity than a vaccine—but vaccination remains vital. "*Science*. August 26, 2021. https://www.science.org/content/article/having-sars-cov-2-once-confers-much-greater-immunity-vaccine-vaccination-remains-vital

the United States also showed major increases in COVID cases at that time, *with the most highly vaccinated countries and counties in the United States actually having the most cases.*[4]

When Mark and I were children in the 1950s and when our children got their childhood vaccinations in the 1980s, the goal of a vaccine, which was proven to be to be achieved by the vaccine before it was approved by the FDA, was to prevent cases of the disease the vaccine was for. The goal of the COVID-19 vaccine is to reduce the incidence of severe illness and death. *It does not prevent anyone from catching COVID and then infecting everyone he or she has close contact with. Therefore the virus can spread unchecked to anyone whose immune system is not able to resist infection.* For more about how to enhance your immunity to many types of infections, see the next chapter.

The current COVID-19 vaccines were made quickly with new messenger RNA technology, which allowed for speedy production. At the time of this writing in 2022, these vaccines still have not gone through the usual FDA process for approving new drugs, but rather were rushed through the "emergency use" process. Having the vaccines as soon as possible undoubtedly saved many lives, but one can hope that a pharmaceutical company will eventually make a more effective vaccine using the Omicron variant to give the world robust immunity to many parts of the virus and long lasting protection. The company's motivation would have to be something other than profit, however, because continuing boosters would not likely be needed with a better vaccine.

I am not against vaccination for ideological or political reasons, but I do think there are some medical concerns about the current COVID-19 vaccines. I did not get vaccinated because I have extreme food allergies. I was advised by the physician's assistant who oversees my allergy treatment that the polyethylene glycol in the vaccines is highly allergenic and also highly over-stimulating to the immune system and could make my allergies worse. He warned that I could progress from being allergic to most common foods and many exotic/rare foods to being even more food-allergic. Since good nutrition is the root and basis of good health, a diet that is so limited that it could lead malnutrition was something I want to avoid.

Another potential problem with the current COVID-10 vaccines is that they stimulate immunity to the spike protein only. A natural infection produces robust and long-lasting immunity to all parts of the virus. Watch this video on the potency of natural immunity if you can[5].

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4 Subramanian, S.V. et al. "Increases in COVID-19 are unrelated to levels of vaccination across 68 countries and 2947 counties in the United States." *European Journal of Epidemiology* (2021) 36:1237–1240 https://doi.org/10.1007/s10654-021-00808-7 and https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8481107/pdf/10654_2021_Article_808.pdf

5 Dr. John Campbell in the UK and a Ugandan doctor he interviewed said that the omicron variant was the vaccine that man did not make. Having an infection with the omicron variant confers immunity to the alpha, delta, omicron BA-1 and BA-1 variants - all of the variants at the time of this writing. https://www.youtube.com/watch?v=L_CvfiJ3QRQ&t=200s&ab_channel=Dr.JohnCampbell

The spike protein of COVID-19 contains proteins similar to proteins in the human placenta. Therefore theoretically, although this has not been proven, antibodies against spike protein could attack the placenta and lead to miscarriages. Women of childbearing age who are hoping to conceive in the near future, such as my daughter-in-law, have not taken the vaccine for that reason. This possible effect of the vaccine on pregnancy was another potential unintended consequence of the COVID vaccines that the PA who treats my allergies was concerned about.

Additionals area of concern about the vaccine surfaced later are the vaccine's potential to lead to health problems that can be fatal such as an increased incidence of cancer and the development of blood clots, usually in the veins of the leg.

In April, 2022 a paper was published on a study that showed that the spike protein production in our cells which was induced by the vaccine affects control of protein synthesis and cancer surveillance. The authors gathered data from the CDC's Adverse Event Reporting System fo vaccines (VAERS) from patients who reported developing cancer and other serious illnesses after a COVID-19 vaccination. The data showed that the occurrence of cancer especially and other serious problems was much higher than from all other man-made (i.e. not smallpox) vaccinations that were previously used in the US combined.[6] Messenger RNA vaccinations had never been used before the vaccine for COVID-19 became available, so this data possibly reflects badly on mRNA vaccines.

The second potentially fatal problem, that of the vaccine causing blood clots, I learned long before the paper was published. While I was in the hospital being treated for blood clots in my leg a few weeks after having COVID in the fall of 2021, we heard a clot-related story that I considered a caveat although it was just one incident. A nurse told us that they had a patient who developed clots in the arm where she received the vaccine. Thankfully, neither that patient nor I had clots that broke loose and caused a pulmonary embolism or sudden death. The nurse also told us that deep vein thrombosis (DVT), a known after-effect of having COVID-19, was so common that when patients were admitted to the hospital with respiratory illness due to COVID, they were tested

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6 Seneff, Stephanie, Senneff, Greg Nigh, Anthony Kyriakopoulos, Peter A McCullough. "Innate Immune Suppression by SARS-CoV-2 mRNA Vaccinations: The role of G-quadruplexes, exosomes and microRNAs." *Food Chem Toxicol.* January 2022.DOI:10.22541/au.164276411.10570847/v1 https://www.researchgate.net/publication/357994624_Innate_Immune_Suppression_by_SARS-CoV-2_mRNA_Vaccinations_The_role_of_G-quadruplexes_exosomes_and_microRNAs

Quoted from the paper: "In this paper, we present evidence that vaccination induces a profound impairment in type I interferon signaling, which has diverse adverse consequences to human health... We also identify potential profound disturbances in regulatory control of protein synthesis and cancer surveillance. These disturbances potentially have a causal link to neurodegenerative disease, myocarditis, immune thrombocytopenia, Bell's palsy, liver disease, impaired adaptive immunity, impaired DNA damage response and tumorigenesis. We show evidence from the VAERS database supporting our hypothesis. We believe a comprehensive risk/benefit assessment of the mRNA vaccines questions them as positive contributors to public health."

for clotting abnormalities and routinely treated with heparin to prevent DVT if the test results were normal, meaning that the patient would be safe taking heparin.

The patient in the preceding paragraph had likely received the Pfizer vaccine because she lived in an area of Colorado that received only that vaccine. However, the Johnson & Johnson and AstraZenaca vaccines have been associated with vaccine-induced immune thrombotic thrombocytopenia (VITT), a rare clotting problem characterized by blood clots in conjunction with a low number of platelets in the patient's blood.[7] [8]

The CDC's assertion that breakthrough infections after vaccination with the current vaccines were extremely rare was certainly not true at my husband's workplace. Although the problems at his company were an isolated incident, vaccination was a failure for Mark, his co-workers, and families of employees who gave the virus to family members in the fall of 2021. The Omicron variant, which is currently predominant, is also very good at evading the so-called immunity provided by the current vaccines.

At the time of this writing in the summer of 2022, my husband's company requires all employees test themselves for COVID-19 three times a week and upload a photo of their test results before coming to work. Last week, out of the same 200 fully vaccinated and boosted employees, they had twenty-four new cases. Most of the employees who had positive tests did not realize they were sick before testing because the omicron variant causes mild symptoms. Vaccination did not prevent those twenty-four new cases. However, my husband never tests positive since he has natural immunity. His company succeeds in limiting their legal liability by requiring all employees to do continual routine testing. However, as quoted in footnote 6 on the previous page, whether the benefit of the vaccine outweighs the risk remains to be proven.

Since vaccination does not curb the spread of COVID-19, what are we to do? Perhaps look to our bodies' own defenses for help and make efforts to boost immunity through diet, supplements, and lifestyle practices. Following the advice in the next chapter possibly might hopefully put you in an anti-viral state and increase the odds in your favor for a "next" pandemic (which I hope we don't have). In any case, following the immunity-promoting practices discussed in the next chapter might lessen how often we catch the common cold. Keep reading to learn more about how you might help protect yourself and your loved ones from infections in general.

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7 Gallagher, James. "Covid: Trigger of rare blood clots with AstraZeneca jab found by scientists." BBC News, December 2, 2021. https://www.bbc.com/news/health-59418123 https://www.nejm.org/doi/full/10.1056/NEJMoa2104840 and https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8481107/pdf/10654_2021_Article_808.pdf

8 Ledford, Heidi. COVID vaccines and blood clots: what researchers know so far. *Nature* (News feature). August 24, 2021. https://www.nature.com/articles/d41586-021-02291-2 ; Ledford, Heidi. Scientists probe how a COVID vaccine could cause blood clots https://media.nature.com/original/magazine-assets/d41586-021-02291-2/d41586-021-02291-2.pdf; Greinacher, A, Schultz, N A, et al. Thrombotic Thrombocytopenia after ChAdOx1 nCov-19 Vaccination. N Engl J Med 2021; 384:2092-2101, DOI: 10.1056/NEJMoa2104840, June 3, 2021 https://www.nejm.org/doi/full/10.1056/NEJMoa2104840

Blonde Brownies

Who says brownies have to be brown? These blonde brownies are delicious!

1½ cups rye flour
¼ cup uncooked rye flakes or cream of rye cereal (Order Eden Foods™ rye flakes here - https://www.vitacost.com/eden-foods-organic-rye-flakes-16-oz
1 cup coconut sugar
¼ teaspoon baking soda
⅛ teaspoon unbuffered vitamin C powder
⅛ teaspoon salt
½ up water
3 tablespoons oil
1 teaspoon corn-free natural vanilla flavoring

Preheat your oven to 350˚F. Oil and flour an 8 inch square cake pan. Combine the flour, rye flakes, coconut sugar, baking soda, vitamin C powder, and salt in a large bowl. Mix together the water, oil, and vanilla and stir them into the dry ingredients until they are just mixed in. Spread the dough the prepared pan. Bake at 350˚F for 30 to 35 minutes. Immediately cut them into 2 inch squares. (They should still be moist inside).

Cool the cookies before you remove them from the pan. Makes 16 cookies. If you wish to make a smaller batch, cut the amounts of all of the ingredients in half and bake in a 8 by 4 inch loaf pan to make 8 cookies.

Pineapple-Coconut Cookies

These fruit-sweetened cookies are a flavorful delight.

1 cup unsweetened canned pineapple with its juice or fresh pineapple with juice to cover
¾ cup pineapple juice, concentrate, thawed
½ cup oil
2 cups rye flour
½ teaspoon baking soda
1 cup shredded unsweetened coconut

Preheat your oven to 350˚F Oil two to three cookie sheets. Puree the pineapple with its juice in a blender or food processor or with a hand blender. Add the pineapple juice concentrate and oil and blend again briefly. In a mixing bowl, combine the flour, baking soda, and coconut. Stir the pineapple mixture into the dry ingredients until they are just mixed. Drop heaping teaspoonfuls of the dough onto the oiled cookie sheet. Bake for 15 to 20 minutes, or until the cookies begin to brown. Makes about 3½ dozen cookies.

Millet or Teff Apple Cookies

These fruit-sweetened cookies are fragile but delicious when made with the carob chips.

2 cups millet **[GF]** or teff flour **[GF]**
½ teaspoon baking soda
½ cup unsweetened applesauce
¾ cup apple juice concentrate, thawed
½ cup oil
¾ cup chopped nuts OR milk-free unsweetened carob chips (optional)

Preheat your oven to 350˚F. Combine the flour and baking soda in a large bowl. Mix together the applesauce, juice, and oil in a small bowl, and then stir them into the flour until they are just mixed in. Quickly fold in the nuts or carob chips. Drop the batter by heaping teaspoonfuls onto an ungreased baking sheet. Bake for 15 to 20 minutes, or until the cookies begin to brown. Makes about 3½ dozen 1½ inch cookies.

Carrot Cookies

3 cups quinoa **[GF]** or spelt flour, preferably Arrowhead Mills™ brand
1 cup tapioca flour **[GF]** or arrowroot **[GF]**
1½ teaspoons baking soda
⅜ teaspoon unbuffered vitamin C powder if you are using the apple juice OR
½ teaspoon unbuffered vitamin C powder if you are using the stevia and water
1½ teaspoons cinnamon
2¼ cups grated carrots
1 cup raisins or chopped dates (optional)
One sweetener + liquid of your choice:
1⅜ cups apple juice concentrate, thawed
¾ to 1 teaspoon Berlin Seeds™ stevia powder plus 1⅜ cups water
1 teaspoon of monk fruit powder plus 1⅜ cups water
½ cup oil

Preheat your oven to 350˚F. Mix together the flours, baking soda, vitamin C powder, cinnamon, and stevia or monk fruit, if you are using them, in a large bowl. Stir in the carrots and raisins or dates. Combine the juice or water and oil and stir them into the flour mixture until they are just mixed in. Drop the batter by heaping teaspoonfuls onto a baking sheet and bake for 12 to 15 minutes. The monk fruit or stevia-sweetened cookies will not brown very much, but will feel dry when they are touched. Makes 4 to 5 dozen cookies.

Oatmeal Raisin Cookies

These taste just like Mom used to make but contain no sugar. They are also an excellent source of fiber.

2 cups white raisins
2 cups white grape juice
½ cup oil
2 cups oat flour
2 cups oatmeal
1 teaspoon baking soda
1½ teaspoons cinnamon
1 cup brown raisins
½ cup chopped nuts (optional)

Soak the white raisins in the grape juice overnight. The next day, preheat your oven to 375°F. Puree the soaked raisins and juice in a blender or food processor. Add the oil and blend again briefly. Combine the oat flour, oatmeal, baking soda, cinnamon, brown raisins, and nuts in a mixing bowl. Stir in the raisin puree until it is just mixed into the flour mixture. Drop the batter by heaping teaspoonfuls onto a baking sheet and bake for 15 to 18 minutes, or until the cookies are lightly browned. Makes about 6 dozen cookies.

Spelt Carob Chip Cookies

Because chocolate is quite allergenic, this book uses carob powder and carob chips instead. However, if your family members are not allergic to chocolate, you may chose to substitute sugar-free chocolate chips instead in the following three recipes.

2½ to 2¾ cups spelt flour, preferably Arrowhead Mills™ brand
½ teaspoon baking soda
¾ cup apple juice concentrate, thawed, OR 1¼ cups apple juice concentrate, depending on the degree of sweetness desired
½ cup oil
¾ cup milk-free unsweetened carob chips (optional)

Lightly oil two baking sheets. If you like your cookies fairly sweet, boil 1¼ cup apple juice concentrate down to ¾ cup in volume and allow it to cool. For minimally sweetened cookies, use ¾ cup apple juice concentrate. Preheat your oven to 350°F.

Stir together the spelt flour and baking soda in a large bowl. Mix the oil and apple juice concentrate and stir them into the flour mixture until they are just mixed in. Fold in the carob chips. Drop the dough by heaping teaspoonfuls onto the prepared baking sheet and bake the cookies for 10 to 14 minutes, or until they begin to brown. Makes 3 dozen cookies.

Quinoa Carob Chip Cookies

3 cups quinoa flour **[GF]**
1 cup tapioca flour **[GF]**
1½ teaspoons baking soda
⅜ teaspoon unbuffered vitamin C powder if you are using the apple juice OR
½ teaspoon unbuffered vitamin C powder if you are using the stevia and water
One sweetener + liquid of your choice:
2 cups apple juice concentrate
¾ to 1 teaspoon Berlin Seeds™ stevia powder plus 1⅜ cups water
1 teaspoon of monk fruit powder plus 1⅜ cups water
½ cup oil
1¼ cups milk-free unsweetened carob chips

If you are using the apple juice, boil it down to 1⅜ cups and allow it to cool. Preheat your oven to 350°F. In a large bowl, combine the quinoa flour, tapioca flour, baking soda, vitamin C powder, and stevia or monk fruit, if you are using them. In a separate bowl, stir together the juice or water and the oil, then stir them into the dry ingredients until they are just mixed in. Fold in the carob chips. Drop the dough by tablespoonfuls onto an ungreased baking sheet and flatten them to about ¼ inch thickness with your fingers held together. Bake for 10 to 15 minutes, or until the cookies are lightly browned. The monk fruit or stevia-sweetened cookies will not brown much, but will feel dry to the touch. Makes about 5 dozen cookies.

Kamut Carob Chip Cookies

3¼ cups kamut flour
1 teaspoon baking soda
¾ teaspoon unbuffered vitamin C powder
¾ cup honey or agave
¾ cup water
¼ cup oil
1 cup milk-free unsweetened carob chips (optional)

Preheat your oven to 350°F Lightly oil two to three baking sheets, or if using the agave, line the baking sheets with parchment paper. Stir together the flour, baking soda, and vitamin C powder in a large bowl. Mix together the honey or agave, water and oil and stir them into the flour mixture until they are just mixed in. Fold in the carob chips. Drop heaping teaspoonfuls of the dough onto the prepared baking sheet. If you prefer flat rather than domed cookies, flatten them to about ¼ inch thickness with your fingers held together. Bake them for 15 to 20 minutes, or until they begin to brown. Makes about 5 dozen cookies.

Index of Recipes by Grain or Non-Grain Alternative

General Index

Informational sections appear in italics. Recipe titles appear in standard type.