


WHAT DOCTORS DON'T TELL YOU



Vaccine watch

A new series reviews
all the *other* shots

Exercise after cancer

The right moves to get
your oomph back

PLUS The truth about Covid and its 50 shades of gray

- Alternative ways to treat Raynaud's disease
- Water shortage: how much should you be drinking?
- DCIS: it's not cancer • Healing your dog's cataracts

Reversing prostate cancer

How to avoid surgery
and radiation

Holistic ways to heal childhood illnesses

Keep these simple remedies
in your medicine chest





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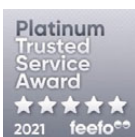
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O

ver the Christmas period, we both had Covid. We didn't die or go to a hospital, despite not being in the first flush of youth. It was a flu/cold by any other name, and we both got fully better within a few weeks without much more than vitamin C, vitamin D and a salt pipe with iodine.

It being Christmas, we were both fascinated during our convalescence to witness two wildly different interpretations from clergymen about the pandemic and what Jesus might have made of it all.

First, there was none other than the Archbishop of Canterbury, Justin Welby, who managed, in one extended ITV News soundbite, to suggest both that those who refuse to get jabbed were "immoral" and that he was taking his cue about whether to get a vaccine from Jesus.

Jesus would have gotten his own booster shot, implied Welby. "It's not about me and my right to choose. It's about how I love my neighbor.

"Go and get boosted, get vaccinated. It's how we love our neighbor. Loving our neighbor is what Jesus told us to do. It's Christmas: do what he said."

Then there was a Catholic priest from Oklahoma City, Oklahoma called Father Daniel Nolan. Nolan, a former marine who served in Iraq and has a degree in engineering from the US Naval Academy, is one of The Priestly Fraternity of St. Peter, a band of some 300 priests who perform the mass and all sacraments in traditional Latin.

From such a strict constructionist, we get a very different view of Jesus on Covid and what he might have thought of it. Father Nolan, for instance, calls it: "One of the world's greatest human rights violations of human history."

In one 20-minute fiery sermon, he enumerates the "untruths and



Editors

Lynne McTaggart and Bryan Hubbard

COMMENT

WHAT WOULD JESUS DO?

contradictions" we've been told: first we're told that masks won't help, then we're told they will; first we're told that millions will die, but then we find out they didn't; thousands of cases labeled as Covid deaths were from some other cause; doctors in America are financially incentivized to pronounce deaths from other causes as solely Covid-related; the vaccine side-effects are being hushed up, and more.

To Welby's idea that we have a "moral obligation" to get

9/11, waiting for updates about the planes that had just hit the Twin Towers:

"By all accounts what people saw in that room in that terrible day, there was confusion, fear, uncertainty. But Dick Cheney saw something else that no one else did. *He saw an opportunity.*"

I'm always uncomfortable when people say they know what someone who lived more than 2,000 years ago would do nowadays, particularly as records



"One thing he might have insisted on is just this single point: the people in power should finally start telling us the truth"

vaccinated, Father Nolan simply says, "Our moral obligation is to resist participating in a delusional version of reality. People are being denied medical treatment for not being vaccinated. How is that about health? That is about power."

Father Nolan sees the pandemic as providing corporate and political elites with an opening not unlike that recognized by former Vice President Dick Cheney, as depicted in the movie *Vice*, while in the White House situation room with other government officials on

about his life were written decades after his death and underwent multiple translations.

But the emerging evidence is on the side of Father Nolan.

Although the US Food and Drug Administration is resisting Freedom of Information requests for the 329,000 of pages of documents used to approve Pfizer's mRNA vaccine, the 91 pages that have been released have shown that Pfizer ignored the 42,086 reports of side-effects, including 1,223 deaths, that occurred in just the first two

and a half months after its release.

To put this in some sort of context, when the swine flu vaccine was rolled out in the US in the mid-1970s, it was withdrawn after causing just 25 deaths.

And when a research scientist named Spiro Pantazatos at Columbia University Medical Center studied data from 21 European countries collected by the European Mortality Monitoring database, he concluded that the vaccine fatality rate is 10 times greater than estimated, or 0.04 percent.

New statistics also offer a few other inconvenient truths. When Italy's Higher Institute of Health studied the supposed 130,468 deaths caused by Covid, they concluded that only 2,783 of them had been directly caused by Covid. Virtually all the rest of the people who died had comorbidities, such as arterial hypertension, irregular heartbeat and heart failure. Many had more than one condition.

Some of the latest evidence demonstrates that the vaccine doesn't prevent you from passing on the virus. In Massachusetts in July, for instance, 469 new Covid-19 cases were identified. Of those cases, 346, or 74 percent, were either fully or partially vaxxed, and 274 of the vaccinated cases (79 percent) were symptomatic.

And in Germany, 55.4 percent of symptomatic Covid-19 cases among people 60 years old and older have occurred in fully vaccinated individuals—a proportion that is increasing with every passing week.

I'm always uncomfortable when people say they know what someone who lived more than 2,000 years ago would have done about a modern situation had he lived today.

But I think we're on safe ground with one idea. Like us, it's clear that Jesus lived in a time of corrupt power brokers.

And one thing he might have insisted on is just this single point: the people in power should finally start telling us the truth.

Lynne McTaggart

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Covid vaccine safety trials hid reports of serious side-effects; high-dose vitamin C can counter severe Covid

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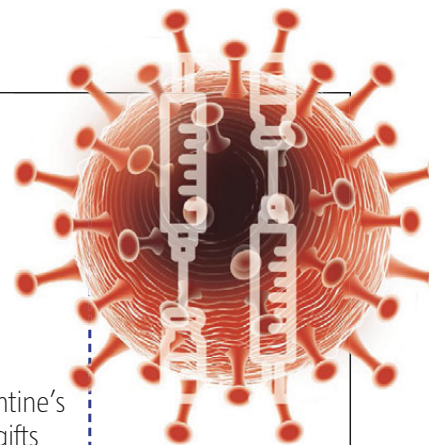
The politics of health

There's an extraordinary movement of health professionals working together for the greater good, says Rob Verkerk

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The last word

A quarter of all breast cancer cases aren't cancer at all, says Bryan Hubbard



"The UK's Office for National Statistics, which has been tracking Covid infections and deaths, has said there is no evidence that vaccines offer greater protection than catching the virus"

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Dr Sarah Myhill has worked in the UK National Health Service and private practice since 1981. Honorary Secretary of the British Society for Ecological Medicine for 17 years, she is a frequent lecturer and author of *Sustainable Medicine* and *Diagnosis and Treatment of Chronic Fatigue Syndrome and Myalgic Encephalitis*.



Craig Sams is the co-founder of Whole Earth Foods and founder and president of Green & Blacks Organic Chocolate, as well as director of Soil Association Certification, executive chairman of Carbon Gold Ltd., a carbon sequestration business, and a trustee of the Slow Food Trust UK. He has authored four books, including *The Little Food Book*.



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Dr Jonathan Wright, medical director of the Tahoma Clinic in Washington, pioneered nutritional medicine in the US. A board member of the American Preventive Medical Association and the International College of Advanced Longevity Medicine, he has published 11 books.



Janet Balaskas, who named and inspired the Active Birth Movement in the 1970s, helped revolutionize maternity practices worldwide. Janet is the founder and director of the Active Birth Centre in North London and author of nine books including *Active Birth*, *Preparing for Birth with Yoga* and *Easy Exercises for Pregnancy*.



Sally Bunday is founder of the The Hyperactive Children's Support Group, the first organization to draw attention to the role of diet and nutrition, particularly food additives and essential fatty acid deficiencies, in childhood behavior problems. The charity has helped thousands of families in its more than 30-year history.

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Vegetable confusion

Thank you for one more compelling issue of your journal. I read the January issue from cover to cover. The article "Your starters for 10" on page 26 bothers me. In the '70 Plus' column, there is only one vegetable, not counting the two juices and the possibility of ceviche as a complete recipe.

I have been teaching that three cups of vegetables and two cups of fruit are highly recommended. This is fortified with some recent research. Of course, there are some qualifications regarding choices. Then to confuse readers more are two articles further in the journal telling us veggies are superfoods, and we should try them to meet the suggestions of the rainbow diet, Mediterranean diet and keto diet. I guess the intermittent fasting diet just cares if you eat by the clock but has no other requirements. Maybe that's where the rye bread comes in handy. I think traditional pumpnickel beats rye bread, but I was raised on the Northern European version of that with plenty of good butter and Norwegian cheeses.

I'd be interested to hear your thoughts on this.

Bruce Homstead, Easthampton, MA, USA

WDDTY replies:

The study did assign high scores (>70) to hundreds of vegetables, as can be seen in the supplementary data tables published online. However, the researchers placed more emphasis on other food categories such as snacks and "mixed" foods in their discussion, and we echoed this in our reporting.

Thank you note

I'd like to express my gratitude for WDDTY magazine, which

I've been getting for years, since it was in a very different form. I teach reflexology at Level 5, and this publication is, in my opinion, absolutely invaluable for my students to check for relevant aftercare advice for the various pathologies that we deal with in our reflexology sessions. I recommend they take out a subscription in the very first class!

I have also enjoyed the conferences organized in London. Wow! Confirmation on so many levels and such amazing scientists.

G. Underwood, via email



“Recommending a largely plant-based diet overlooks the metabolic benefits of a carnivore diet”

The metabolic benefits of meat

Thank you for the recent article on cardiovascular disease and the vaccinated/unvaccinated debate (WDDTY November/December 2021).

The problem with recommending a "largely plant-based" diet as being healthy, however, is that this overlooks the science on metabolic disease and the benefits of a carnivore

diet. And metabolic disease is clearly identified as the main factor causing vulnerability to cardiovascular disease.

Dr Sarah Myhill knows a lot about this issue and would be an excellent resource for a future article on this. It would also be very topical given the rise in veganism/vegetarianism, related climate change concerns and the epidemic of metabolic disease in our Western culture.

Andrew Allington, North Yorkshire

Glucose or fructose?

I believe there is a typo in the third column of the 'It's the

fructose sugars, stupid' news article on page 15 of the November/December issue. It says, "But consume too much glucose, and the villi can lengthen by as much as 40 percent..." Should that not be "... consume too much fructose..."?

Michael Fox, via email

WDDTY replies:
Thanks for pointing this out, Michael. You are correct, it should

be fructose. Apologies for the confusion.

Flower power

I was disappointed that your article "A drug-free approach to depression" in the November/December issue's Natural Medicine Casebook made no mention of the Bach Flower Remedies, which have nearly a century's reputation for effectively treating every type of emotional negativity.

It's simple and inexpensive to treat oneself, or the Dr Edward Bach Centre holds an international Register of Practitioners to supply advice and guidance (www.bachcentre.com). The remedies are an indispensable part of my life.

Jill Woods, Bach Foundation Registered Practitioner, via email

The Mouth Detox That Speed-Heals Leaky Gum Syndrome And Whitens Teeth Up To 16 Shades In 16 Minutes

If your gums ever bleed when you floss, or you wake up with bad breath at least 3 days a week, your teeth have a faint yellow tint, you have tartar buildup behind the bottom row, or your tongue isn't perfectly pink...



Then you may have “Leaky GUM Syndrome”...

Which is exactly like leaky GUT syndrome...

Except it starts in the mouth and may create serious health concerns. Like...

- Heart problems...
- High blood sugar...
- Forgetfulness...
- Joint pain...
- Digestive troubles...
- Immunity issues...
- And sexual health concerns...



A recent study found 47% of Americans over 30 and 70% of Americans over 65 have “Leaky GUM Syndrome”—yet most don't realize it.

Even worse—most dentists don't learn about “Leaky GUM Syndrome” in dental school. So they have no clue about the danger their patients are in. But the good news is...

You Can Reverse “Leaky GUM Syndrome” From The Comfort Of Your Own Home, Your Car, The Gym, And Everywhere Else... Using A Simple “Mouth Detox!”

Even better—this convenient “mouth detox” gives you a gorgeous, pearly white smile, too! Which can be life changing. Because studies show your smile impacts every area of your life. For example...

Did you know the color of your teeth directly affects your personal and professional relationships more than any other part of your appearance?

New studies show that a whiter smile gives you a 58% greater chance of being hired for your dream job and makes you 53% more likely to earn a generous salary.

And a recent survey found 96% of single men and women call a dim smile a “deal-breaker.” Maybe the most shocking, is a study that shows white teeth can make you look up to 10 years younger and 20% more attractive.

And thanks to breakthrough research, you can now power wash years of coffee and tea stains, plaque buildup, even discoloration from smoking—right off your teeth in minutes.

All You Have To Do Is Follow A Simple “Mouth Detox” That Speed-Heals The Gums And Makes Teeth Up To 6 Shades Whiter...

Best of all—you can do it from the comfort and privacy of your own home while doing a load of laundry, getting ready for work, cooking dinner, or taking a bath! If you're in a pinch you can even do it while driving or in the parking lot before a big meeting or first date.

The difference is so noticeable, that folks who use this teeth-whitening “mouth detox” receive praise from their dentists.

“Your last appointment was 13 months ago,” they say. “But your gums have never looked healthier and your teeth have never looked better!”

Their peers notice a difference, too.

“You're smiling a lot more these days,” they say.

And that's because for the first time in forever, folks who use this gentle “mouth detox” feel confident with the color of their teeth—which means they can smile freely. No more tight-lipped grins. No more covering their mouth when someone tells a funny joke. No more feeling self-conscious about their smile.

In fact—it's hard NOT to smile when you have shiny, pearly whites and healthy, pink gums!

And folks who follow this simple 16-minute “mouth detox” don't just smile more. They get compliments about their smile—even while drinking coffee and tea everyday...

Because This Simple Mouth Detox Tackles The Real Root Cause Of Puffy Inflamed Gums And Gross Yellow Teeth At The SAME TIME!

How does it work?

By using a gentle yet powerful breakthrough known as “light therapy.”

Studies show light therapy can quickly upgrade your oral health and smile.

All you need is 16-minutes and you'll feel like you've gone to the spa—for your mouth!

And it's the combination of two research-backed mouth-friendly lights...

That gives you a complete, gentle mouth cleaning—without wincing and having to hold your spit while your dentist pokes and prods around your mouth.



And in those very same few minutes, your smile will look like you've gotten a Hollywood-grade teeth whitening treatment, without any burning or sensitivity afterwards.

What Exactly Does This Light Therapy Mouth Detox Consist Of?

1) Red LED Light: Red LED light heals inflamed gums and restores gum health, strengthens teeth, and eliminates sensitivity. And it's so gentle you won't feel any pain, even if you have sensitive teeth right now.

2) Blue LED Light: Blue LED light lifts and removes plaque from your teeth without any scratching or scraping and brightens your teeth so they shine like bright, glossy porcelain.

When you pair Red and Blue LED lights together for a complete mouth detox—you get faster and better gum-healing and teeth-whitening results than you ever could without them.

And now, for the first time...

Anyone Can Follow This Life-Changing Mouth Detox From Home!

This breakthrough solution was created by BioHacker and dental healthcare expert, Trina Felber, and her team at Primal Life Organics—a premier natural healthcare company whose mission is to create non-toxic, chemical-free, immune friendly personal care products.

Her 16-minute “mouth detox” utilizes the latest LED teeth whitening research for safe, attention-grabbing results. It’s called...

The Primal Life Organics LED Teeth Whitening System

The Primal Life Organics LED Teeth Whitening System uses dual action RED and BLUE LED light technology to reverse years of “wear and tear” from your smile and support a complete mouth detox in minutes.

How does it work?

1) To reverse “Leaky GUM Syndrome”—the LED Teeth Whitening System shines a special Red LED light (to reduce inflammation, and speed-heal your gums).

2) To give you a gorgeous smile—the LED Teeth Whitening System shines a Blue LED light (to remove plaque at the enamel layer and whiten teeth).

This combination of red and blue LED light therapy treats an aging smile, provides youthful healing power to your oral care routine, and makes years of brown and yellow stains vanish in minutes.

Best of all—the LED Teeth Whitening System is convenient and portable. Whenever you want to whiten your teeth, just wear the comfortable mouthpiece, press the button, and go on with your day. The mouthpiece will automatically shut off after 16-minutes.

Just use the LED Teeth Whitening System for 16-minutes 3-5 days per week for a healthy mouth and gorgeous smile.

What Makes The LED Teeth Whitening System Better?

Other teeth whiteners use toxic chemicals found inside floor cleaners and STD treatments. You don’t want to put those in your mouth, do you?

It’s not only gross. It’s also dangerous. Because your mouth is the gateway to the rest of your body.

However, the LED Teeth Whitening System only uses safe and natural ingredients to effectively whiten your teeth.

There are no harsh chemicals or toxic ingredients. No messy bleaching agents or trays to keep track of.

Who’s Using The Primal Life Organics LED Teeth Whitening System?

“I teach health on tv around the world, so I’m glad that I can do something to make my teeth look white and give me a little bit more confidence. I absolutely love it.”

- Dr. Chris Zaino - Celebrity Chiropractic



“This uses gentle technology that whitens your teeth and improves your gum health. It’s got food-grade ingredients without any harsh chemicals and teeth whitening LEDs... And it totally works!”

- Dave Asprey - Creator of Bulletproof Coffee

“I started using the Teeth Whitening System and now my gums are healthy and my smile is white. A smile is everything to me, and oral health is where all health begins. You’ve gotta try this.”

- JP Sears - Celebrity Comedian



How To Order Your Primal Life Organics LED Teeth Whitening System:

For a limited time, Trina and the team at Primal Life are offering **60% OFF** the Real White LED Teeth Whitening System for What Doctors Don’t Tell You readers.

All you have to do is go to naturalteethwhiteners.com/wddty to claim your LED Teeth Whitening Kit while this limited time offer is available.



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When you pair Red and Blue LED lights together for a complete mouth detox—you get faster and better gum-healing and teeth-whitening results than you ever could without them.

And now, for the first time...

Anyone Can Follow This Life-Changing Mouth Detox From Home!

Stop taking aspirin if you're over 60

Anyone over the age of 60 should stop taking an aspirin a day to prevent heart disease—the risks of stomach bleeding outweigh any benefits.

Current guidelines recommend those over 60 should take an aspirin as part of their daily health regime to reduce their chances of cardiovascular disease, heart attack and stroke.

But the US Preventive Services Task Force has said the risks of serious—and

possibly life-threatening—stomach bleeding are too great, and only those who have already had a heart attack or stroke should continue taking the medication.

The benefits of daily aspirin are marginal in people over 50 and offer only a small benefit to those who are in their 40s.

The task force is an independent group of researchers who have assessed the latest

evidence, and their conclusions go against current medical advice.

Only previous heart attack and stroke patients should continue taking aspirin, they say, and should come off the medication only after consulting with their doctor.

Daily Telegraph, October 13, 2021

Eat wholegrain rye to lose weight faster

Replacing wheat for wholegrain rye could help you lose weight. You might shed those pounds quicker and burn more body fat, a new study has found.

A group of 242 people who were overweight or obese were put on the same low-calorie diet for three months—but half ate wholegrain rye products and the rest were given refined wheat alternatives.

Both groups lost weight—but those eating wholegrain rye lost an average of one kilogram (2.2 lb) more body weight and 0.54 percent more body fat than those in the wheat group.

Earlier studies that had noticed a similar effect from eating rye had assumed it was because the volunteers weren't so hungry and so ate less, but researchers from Chalmers University of Technology and Uppsala University in Sweden say both groups in their study ate similar amounts, and so rye must be causing a different metabolic reaction that is causing the extra weight loss.

Clin Nutr ESPEN, 2021; 45: 155–69



Depressed? Start eating mushrooms

If you're feeling depressed, put some mushrooms on your plate. They can lift your spirits and make you less anxious.

We already know that mushrooms lower our risk of cancer and early death, but researchers have recently discovered they're also good for our mental health and wellbeing.

Researchers from Penn State College of Medicine analyzed the health of around 24,000 adults who were tracked for 11 years from 2005 to 2016 and found that those who ate mushrooms were less likely to suffer from depression.

It could be because of their content of ergothioneine, an antioxidant that lowers the risk of oxidative stress—a precursor to depression—while button mushrooms, the most popular variety in the US, contain potassium, which lowers anxiety.

J Affect Disord, 2021; 294: 686–92



Gentle exercise will help you remember

Forgetful? A little gentle exercise every day can help improve your memory.

Light workouts create new connections in areas of the brain such as the hippocampus that are responsible for memory.

Exercise including walking, yoga and tai chi may not make you sweat, but it is making a difference to your brain, say researchers from the University of California at Irvine. They scanned the brains of 36 young adults before and after 10 minutes of light exercise and discovered new connections between the hippocampus and cortical regions of the brain were already being created.

The hippocampus is vital for memory recall and is one of the first areas to deteriorate with Alzheimer's disease.

Proc Natl Acad Sci, 2018; 115(41): 10487-92

AFTER TRACKING THE DIETS OF AROUND 41,000 AMERICANS, ULTRA-PROCESSED FOODS—including FROZEN PIZZA, SODA, FAST FOOD, SWEETS AND MOST BREAKFAST CEREALS—MADE UP

57%
OF TOTAL CALORIES

WHOLE FOODS ARE MAKING UP JUST

27%
OF CALORIES



Americans eating more processed food than ever

Despite the dire warnings, Americans are eating more processed food than ever before. Pizza, fast food and soda and other sugary drinks account for more than half the total amount of calories the average American consumes, a rise of 4 percent in 15 years. Conversely, whole foods are making up just 27 percent of calories.

The diet is causing chronic disease, such as obesity, diabetes and heart problems, and also increasing the risk of a severe Covid infection, say researchers from New York University.

They tracked the diets of around 41,000 Americans from 2001 to 2018. Ultra-processed foods—including frozen pizza, soda, fast food, sweets and most breakfast cereals—made up 57 percent of total calories.

Every demographic group was eating more processed foods, the researchers discovered, with the sharpest increase among those over 60. Only Hispanic adults and college students were eating less.

The increase may be partly explained by the growing popularity of online services like Instacart and DoorDash allowing people to do less shopping and rely instead on deliveries and takeaways.

It's time to change the way we assess food, the researchers say.

"Most of the foods that are marketed to us are industrial formulations that are far removed from whole foods, such as vegetables, fruits and grains. Despite this, nutritional science tends to focus on the nutrient content of foods and has historically ignored the health implications of industrial food processing," said Filippa Juul, one of the researchers.

Am J Clin Nutr, 2021; nqab305

Photizo Light Therapy

Bringing natural healing into every home



Photizo Home Care is a range of hand-held LED photobiomodulation devices some of which are Medically CE approved for use on both short-term acute, and long-term chronic pain caused by a variety of health conditions, as well as skin conditions including wounds.

Photizo Home Care devices are simple to use, rechargeable and portable for use in the home or by a professional practitioner to integrate into a therapy or holistic practice.

“Light is the medicine of the Future” Dr. John Ott, Pioneer in Photobiology author of Health and Light

Like the fuel & ignition system of a car working together in harmony, the human body requires fuel (in the form of nutritional high quality food), oxygen, clean water and a spark (in the form of light) to ignite the process of metabolism.

Photobiomodulation (PBM) or Red Light Therapy also known as LLLT (low level light therapy) with red and near-infrared light is one of the most scientifically researched areas of photomedicine (LLLT) to date.

Just like photosynthesis in plants, the response of our body to PBM is photochemical. PBM assists the body to increase cellular energy and ignite the body's innate healing mechanisms resulting in faster, more efficient natural healing and regeneration.



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Even one drink is harmful? That's just bad science

Even one glass of alcohol is supposed to be bad for us—but those dire warnings have been based on flawed research. In fact, moderate drinking won't do us any harm and may even be good for our heart, new research has confirmed.

The prevailing wisdom that the occasional drink helped the cardiovascular system was overturned by a study in 2019 concluding that even one drink could be harmful, raising our blood pressure and increasing our stroke risk.

But researchers from University College London (UCL) have put a slide rule against the original data and found the conclusions were wrong. Usually, research into the impact of alcohol on our health produces a J shape. In other words, people who don't drink at all have a higher risk of heart disease than those who drink moderately, and then the risk starts to rise again as people drink more, with excessive drinkers being at the highest risk.

The UCL researchers couldn't see a J shape when they ran the original data that fueled the 2019 study, produced by Oxford University, which suggests it was flawed. In that study, the researchers had compared drinkers against another group who were genetically unable to drink.

Sir Nicholas Wald, one of the UCL researchers, said:

"Occasionally a glass of wine or no more than a glass of beer, say every other day, would be acceptable. . . you don't have to feel that the only safe alcohol intake is zero."

While we don't need to abstain, their research still advocates moderate drinking of around 14 units of alcohol a week, which translates into six pints of beer or a bottle and a half of wine.

Int J Epidemiol, 2021; dyab162

Fast foods trigger memory loss in just four weeks

Just in case you didn't get the message that processed foods are bad for you, new research has discovered they also cause memory loss.

Eating fast food for even a month starts to trigger inflammation in the area of the brain that controls memory, at least in animals.

Fast foods such as potato chips, frozen pasta and pizzas and deli meats that include preservatives can lead to memory loss, say researchers at Ohio State

University. If you must eat fast foods, at least take omega-3 fatty acids, as the supplements seem to offset some of the worst effects of the diet.

The impact of the food seems to increase as we get older, the researchers said, as the effects haven't been seen in the young.

It's especially worrying that the diet started neuroinflammation so quickly, the researchers said.

Brain degeneration can also be a precursor to diseases such as Alzheimer's and dementia,

the researchers warn. As we get older, it becomes important we top up with omega-3 fatty acids, either from supplements or by eating more oily fish such as salmon.

Brain Behav Immun, 2021; 98: 198–209



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- ✓ The integrated progress analysis shows the progress of the therapy on a weekly, fortnightly or monthly basis.
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- ✓ Future updates of the module can be downloaded free of charge on the Rayocomp PS1000 polar 4.0.
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35 YEARS





Routine antidepressant for dementia is lethal

An antidepressant is routinely handed out to people with dementia—but not only is the drug useless, it also increases the risk of an early death.

The drug, mirtazapine, is supposed to reduce agitation, but researchers at the University of Plymouth have discovered it is no better than a sugar pill, or placebo. Worse, it also increases the chances of the patient dying prematurely.

The drug was thought to be a safer option than antipsychotics—often described as the “chemical cosh”—which can be lethal.

The researchers tested mirtazapine against a placebo on a group of 204 Alzheimer’s patients, but after 12 weeks of treatment, the drug hadn’t controlled agitation any better than the placebo, although there were more deaths in the drug group.

Lead researcher Sube Banerjee urges clinicians to stop prescribing the antidepressant.

Lancet, 2021; 398(10310):1487–97



Healthy diet better than drugs to stop chronic disease

Don’t rely on drugs—improving your diet is the best way to prevent diabetes, heart disease and stroke.

A healthy, balanced diet trumps drugs such as the antidiabetic metformin and heart drug rapamycin—and helps slow biological aging and maintain overall metabolic health as well.

Drugs to prevent or manage chronic diseases are often prescribed without any thought about diet—but it’s the wrong way around. A diet that balances proteins, fats and carbohydrates is far more effective than drugs, say researchers from the University of Sydney.

What we eat is how we age, say the researchers, who tested the impact of different variations of the balanced diet on the liver. Protein and total calorie intake were especially important for maintaining healthy metabolic functions and the way our cells age. The diet also influences the mitochondria, the ‘energy packs’ in our cells.

This also has a positive impact on our cells’ ability to make new cells, the researchers say.

But metformin and rapamycin both blocked these processes and stopped proteins from reaching the mitochondria. “People would get better value from changing their diet to improve metabolic health rather than taking the drugs,” said Stephen Simpson, one of the researchers.

Cell Metab, 2021; S1550-4131(21)00528-3

New symptoms of pancreatic cancer

Feeling thirsty or having dark urine are two new symptoms of pancreatic cancer.

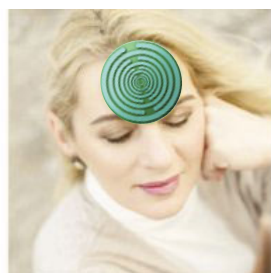
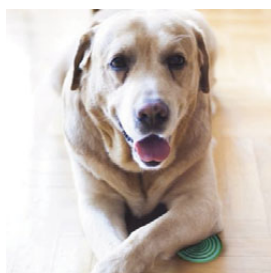
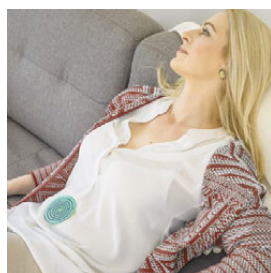
Researchers have discovered 21 new signs of the cancer, and these can become apparent up to a year before a diagnosis.

Researchers at Oxford University have confirmed 23 symptoms of PDAC (pancreatic ductal adenocarcinoma), the most common form of the cancer; two of the most serious are jaundice (skin yellowing) and stomach bleeding. Problems swallowing, diarrhea, change in bowel habits, weight loss, fever and tiredness are some of the others.

While one or two of the symptoms on their own probably don’t indicate pancreatic cancer, doctors need to be aware of them so that an earlier diagnosis can be made. And, as with all cancers, catching it early is the key. The five-year survival rate for pancreatic cancer is just 7 percent, one of the lowest among the major cancers.

Br J Gen Pract, 2021; 71: e836–45





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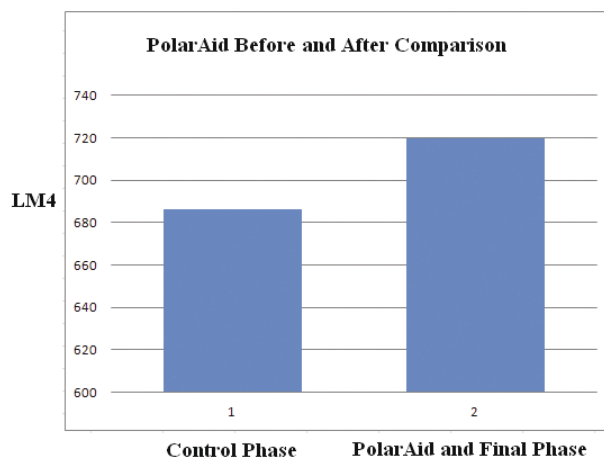


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<https://www.youtube.com/watch?v=mUqTyM1kB2g>



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Five cups of tea a day reduce stroke and dementia risk

Drinking up to five cups of tea a day can lower your risk of stroke and dementia.

People who drink that amount of tea—or make up the amount with a couple of cups of coffee—reduce their risk by up to 32 percent compared to non-drinkers.

Those who drink up to three cups of coffee or five cups of tea had the greatest protection, say researchers from Tianjin Medical University in China.

The researchers tracked the health of 365,682 participants in the UK Biobank survey, among whom 5,000 developed dementia and 10,000 suffered a stroke during the 14 years of the study. The risk was lowest in those who drank up to three cups of coffee or five cups of tea or up to six cups of coffee and tea combined.

PLoS Med, 2021; 18: e1003830



Whole grains reduce diabetes risk

Adding whole grains to your diet can reduce your risk for type 2 diabetes. Just one serving starts to have a positive impact, and the risk drops significantly when people follow current nutritional guidelines of three to six servings a day.

It's part of a healthy diet that also prevents weight gain, which is often a precursor to diabetes, say researchers from the University of Eastern Finland.

Countless studies have demonstrated that eating whole grains reduces the risk of diabetes, but "one-third of Finns do not eat even one dose of whole grains on a daily basis, and two-thirds have too little fiber," said researcher Jaana Lindstrom.

Adopting a healthier diet also has an impact on the economy. In just 10 years, Finland alone could achieve cost savings of up to one billion euros, the researchers estimate.

Nutrients, 2021; 13: 3583

It's not just sugars—fast food also has harmful chemicals

It's not just the sugars in processed and fast foods that make them deadly—they also contain life-threatening chemicals.

Harmful chemicals, including plastic-softening phthalates, have been found in most of the samples of fast foods tested by researchers.

More than 80 percent of the 64 fast food products tested by a research team from George Washington University contained up to 10 harmful chemicals, including phthalates or more modern types of plasticizers.

It's not clear how the chemicals got into the food—including cheeseburgers, burritos and pizzas—but some of the plastics were also found in the gloves used by the serving staff in the restaurants. Food conveyor belts and packaging may also have been sources.

The plastics can cause fertility problems, as well as ADHD-type issues in children.

The solution is simple: people should cook from scratch in their homes, and the fast-food industry also needs to be regulated so that the chemicals don't get into the foods in the first place, said lead researcher Ami Zota.

J Expo Sci Environ Epidemiol, 2021; doi: 10.1038/s41370-021-00392-6





COVID-19 NEWS

Covid vaccine safety trials hid reports of serious side-effects

Researchers testing the safety of Pfizer's Covid-19 vaccine before its worldwide launch falsified data and hid some of the worst cases of adverse reactions. A whistleblower at one of the test centers was fired the same day she alerted the US Food and Drug Administration (FDA), to the bad practices that were hiding data on the vaccine's dangers.

Brook Jackson, a regional director at Ventavia Research Group, a clinical research company contracted by Pfizer, has now voiced her concerns to the press to reveal the company falsified data, 'unblinded' patients to staff members regarding whether they had received the vaccine or a placebo, and was slow to follow up on adverse reactions to the vaccine.

In short, poor safety trials underpinned one of the world's largest-ever vaccine roll-out programs—and people were told the vaccine was safe when there was insufficient evidence to support the claim.

In her testament to medical journal *The BMJ*, Jackson said Ventavia's staff overseeing quality control were overwhelmed by the number of problems they faced, and she secretly recorded their concerns in September 2020, just a few months before the vaccine's launch. In the conversation, a director said: "In my mind, it's something new every day. We know that it's significant."

Several of the participants Ventavia had recruited reported "severe symptoms or reactions" to the vaccine that were not followed up.

Frustrated by the mismanagement of the trial, Jackson reported her concerns to the FDA in September 2020 and was fired later that day. Jackson had more than 15 years of experience in clinical research. An FDA official phoned her a few days later and told her the agency couldn't supply further information into any ongoing investigation into her claims.

The vaccine was approved in December, and no concerns about its safety were mentioned. Last August, the FDA revealed that during the safety trial period, it had inspected only nine research sites among 153 involved in the trial, and none of Ventavia's centers were among them.

Since making her claims, several other former Ventavia employees have come forward to support Jackson. One told *The BMJ*: "I've never had to do what they were asking me to do, ever. It just seemed like something a little different from normal—the things that were allowed and expected."

BMJ, 2021; 375: n2635

A Covid infection has the same protection as a double vax

Catching Covid-19 gives you the same protection against getting a second infection as being double-vaxxed.

People who have had Covid are 71 percent less likely to catch the infection again, while being double-vaxxed, either with the Pfizer or AstraZeneca jabs, reduces the risk of infection by 67 percent.

The UK's Office for National Statistics, which has been tracking Covid infections and deaths, has said there is no evidence that vaccines offer greater protection than catching the virus—and the vaccine's protection wanes over time. It could fall to just 16 percent after six months, as Israeli researchers reported recently.

It isn't clear how long natural immunity lasts, but some researchers estimate it can be anything from 12 months to two years.

The ONS had analyzed more than 8,000 cases of the Delta variant between May and August.

UK Office of National Statistics, Coronavirus (COVID-19) Infection Survey Technical Article: Impact of vaccination on testing positive in the UK: October 2021. www.ons.gov.uk



Obesity biggest risk factor for severe Covid infection

Obesity is the single biggest risk factor for a serious Covid infection.

Nearly 80 percent of people being treated in intensive care for Covid are overweight or obese, a new study has discovered—and the most obese also had the greatest risk of dying from the infection.

Those with the highest BMI (body mass index) were more than twice as likely to die or suffer severe symptoms, say researchers from the University of Gothenburg in Sweden. They profiled 1,649 Covid patients who needed intensive care treatment during the first phase of the Covid epidemic between March and August last year.

The risk from obesity remained the same even after the researchers had accounted for heart disease, high blood pressure, diabetes or liver and kidney disease, suggesting it is an independent risk factor.

PLoS One, 2021; 16: e0257891



High-dose vitamin C can counter severe Covid

Vitamin C can counter the worst symptoms of a Covid-19 infection and even save lives, a new study has found.

Patients in critical care are more likely to survive if they are given intravenous (IV) doses of the vitamin—and those with less severe symptoms can also recover quicker if they take vitamin supplements.

Covid patients tend to have extremely low levels of the vitamin that are comparable to those seen in people with sepsis and septic shock, say researchers from the Institute for Optimum Nutrition.

They analyzed 12 studies that had looked at the relationship between vitamin C levels and the severity of a Covid infection.

Critical patients need at least 2 to 3 grams of vitamin C every day—and for much longer than the two to four days the therapy is typically used in hospitals. When patients do get high IV doses for longer periods, the severity of an infection can be reduced, as can mortality rates, the researchers found.

High doses are especially vital in patients with any severe respiratory infection, as the condition quickly uses up the body's own stores of the vitamin.

Life, 2021; 11: 1166



Pfizer jab ineffective by seven months

The Pfizer jab's effectiveness against a Covid infection disappears after six months.

Its protection wanes dramatically; it is still 47 percent effective between months four and six, but this had been as far as scientists had tracked it.

Researchers from Umea University in Sweden analyzed the rates of severe Covid infections—those requiring hospital care or resulting in death—in 1.68 million vaccinated and unvaccinated people between January and October last year.

Overall, the Pfizer jab's effectiveness was around 92 percent for the first 30 days after inoculation, but “no effectiveness could be detected” at 211 days, or seven months, after getting the jab, the researchers said.

Its effectiveness waned the quickest in the most vulnerable—those who needed its protection the most—including the elderly, frail and those with one of the comorbidities associated with severe Covid infection, including obesity, diabetes and heart problems.

Lancet, 2021; preprint: papers.ssrn.com/sol3/papers.cfm?abstract_id=3949410



Not so black and white: Covid's 50 shades of gray

Health agencies are not releasing the truth about the dangers of vaccines, the real death rate from the Covid virus or alternative therapies that can help. The black-and-white world of Covid they present is tearing communities and families apart

Has anybody in your family refused the Covid vaccine? Have you socially shunned them and not invited them to family gatherings? Or perhaps you're an 'anti-vaxxer,' and you've fallen out with friends and family who blame you for Covid's continued spread.

Families are being torn apart—and it's because they are being told a very clear message that Covid is a killer and that vaccines are the only way out of this.

As the saying has it, truth may be the first casualty of war, but it's also taken quite a knock in another type of conflict: our battle against Covid-19. Forgetting conspiracy theories, reliable and trusted sources reveal that the number of deaths directly caused by the virus is much lower than official figures suggest, and adverse reactions and deaths from the vaccines are far higher than we're being told, while proven alternative therapies are being suppressed.

These inconvenient truths are not mentioned in the official narrative, which is more akin to propaganda than reasoned debate. The result is a schism in society—even in families—where anyone questioning it is branded an 'anti-vaxxer' and faces hostility from the vaccinated, and in some countries is treated as a social pariah, barred from shops and restaurants.

The basis for the narrative is that the SARS-CoV-2 virus that causes Covid-19

can be lethal, and that vaccinations are safe and prevent serious infection and transmission. Getting vaccinated is, therefore, a social duty that protects the most vulnerable.

While there is merit in each of those statements, the truth is more nuanced, and it's being excised from the public debate. And getting the truth isn't always easy, as the Public Health and Medical Professionals for Transparency group has been discovering.

The group, made up of doctors and other healthcare providers, filed a Freedom of Information request last September with the US drug regulator, the Food and Drug Administration (FDA), for the documents that were used to approve Pfizer's mRNA vaccine, Comirnaty, a month earlier.¹

As the FDA ignored the request, the group sued. In its initial response, the FDA has released just 91 pages of a file it says includes 329,000 pages and has asked the court to allow it 55 years to release all the rest, as it has to read them first and redact any sensitive information.

Even the few pages that have been released reveal a worrying picture. Within a few months of the vaccine's initial rollout at the beginning of 2021, Pfizer had received 42,086 reports of adverse reactions, which included 1,223 fatalities.

Do your own math

According to the US Vaccine Adverse Events Reporting System (VAERS), which logs reports of adverse reactions to all vaccinations, the Covid vaccines' fatality rate (VFR) is around 0.002 percent, which is calculated by dividing the number of reported deaths by the total number of doses given out.

As a passive reporting system, VAERS has its limitations and relies on doctors and individuals to report on cases they suspect may have been caused by a vaccination. Instead of relying solely on the VAERS data, research scientist Spiro Pantazatos at Columbia University Medical Center widened his search to include data from 21 European countries that was collated by the EuroMOMO (European Mortality Monitoring) database.²

He concluded that the VFR is 20 times greater than the VAERS estimate, putting it at around 0.04 percent as an average. If this is a more accurate fatality rate, the vaccine has claimed the lives of up to 187,400 Americans between last February and August alone. Extrapolated across a year, the calculations suggest around 321,257 Americans died as a direct result of the vaccine in 2021.

His regression analysis reveals a more granular picture in which the current "vaccines-for-all" campaign is unethical, with only the elderly seeing benefits greater than the risks that come with vaccination. Covid's fatality rate among those over 75 is around 1 percent—orders of magnitude greater than the vaccine's risk of death for that age group (0.06 percent).

But the risks from the vaccine start outweighing the benefits in younger age groups, and there is the added danger that people are three times more likely to get a Covid infection in the first week after vaccination. Pantazatos also confirms that the vaccine's effectiveness wanes after five months—and it doesn't stop infection or transmission, negating the argument of vaccinating for the public good.

Not so many

Nonetheless, Covid-19 can be lethal, and WDDTY has calculated that in the same period Pantazatos tracked up to 187,000 vaccine deaths in the US, around 250,000 Americans died from the virus.



Despite all the statistics available, it's hard to ascertain Covid's true lethality rate. According to John Ioannides, an epidemiologist at Stanford University, the upper level is around 0.3 percent among those over 70, making it three times more deadly than seasonal flu.¹

But that's assuming Covid deaths are being properly recorded. Most health authorities are using the definition of a Covid death as being one within 28 days of a positive Covid diagnosis, but that does not necessarily mean the person died from Covid.

When Italy's Higher Institute of Health took another look at the country's 130,468 deaths, it discovered that just 3,783 of them were a direct result of the virus. Nearly 66 percent of the infected Italians were suffering from arterial hypertension, which can be a killer, while 23 percent had dementia and 24 percent had atrial fibrillation (irregular heartbeat). In addition, 17 percent had lung problems, 16 percent had suffered from cancer in the previous five years and 15 percent had heart failure. As those figures add up to more than a hundred, some victims were very sick and were suffering from at least two of the conditions.²

Nothing else works

Doctors treat severe Covid cases with antivirals and anti-inflammatories—and ventilators for the very sick—and several Covid pills are on the horizon, including Merck's antiviral molnupiravir and Pfizer's nirmatrelvir (Paxlovid).

But don't expect to be given vitamins, minerals or herbs in the intensive care unit—there's not enough evidence that suggests they help, says the US National Institutes of Health.

That's not what researchers at the University of Nottingham in the UK have found. They've discovered that a plant-based antiviral—thapsigargin (TG), from the *Thapsia sarganica* plant, commonly known as 'deadly carrot'—blocks the SARS-CoV-2 virus, including the more virulent Delta variant.³

In laboratory tests, TG was around 95 percent more effective than other therapies in stopping infection and inhibiting the virus's spread. TG was effective against all Covid variants, and especially Delta, which replicates at four times the rate of earlier variants.

The number of deaths directly caused by the virus is much lower than official figures suggest, and adverse reactions and deaths from the vaccines are far higher than we're being told

The discovery builds on earlier work at the university showing that TG therapy blocks three human respiratory viruses, including SARS-CoV-2.

Lead researcher Kin Chow Chang said TG therapy could be used both as a preventative and as a therapy after infection.

High-dose vitamin C could also be a lifesaver; patients in critical care are more likely to survive if they are given high-dose intravenous (IV) therapy. Researchers at the Institute of Optimum Nutrition analyzed 12 studies that had explored the relationship between vitamin C levels and the severity of a Covid infection. Covid patients tend to have levels of the vitamin so low they are comparable to someone with sepsis.⁴

But the doses need to be high, say the researchers, ranging from 2 to 3 grams every day, and they should be given for far longer than the two to four days the therapy is used in hospitals.

Intensive care doctors have also been having success with high-dose vitamin D, and researchers at Purdue University have discovered why it works: they've found that the vitamin reduces inflammation caused by the immune system's killer T cells.⁵

Analyzing lung samples taken from eight Covid patients, the researchers noticed their immune system had gone into overdrive—the cytokine storm often seen in severe Covid—which causes severe inflammation that creates breathing problems.

Th1 cells, a subset of T cells, go through an inflammatory phase, when infections are killed off, before becoming anti-inflammatory. But sometimes the inflammatory phase can last for days, and in cases where a person's vitamin D stores are low, never switch off.

Giving the patient high doses of the vitamin speeds the T cells' transition to

the anti-inflammatory phase or kick-starts it if it isn't happening.

The researchers emphasize that the type of vitamin D in health stores won't be adequate, and that very high doses are needed to help support the T cells.

The truth is out there

These concerns—and especially that the vaccine is more dangerous than we're being told, and doctors are not being allowed to use alternative treatments that are effective—were raised by the British family doctor Samuel White last summer in two videos he uploaded to Instagram.

The UK's medical regulator, the General Medical Council, ordered him to take down the videos and barred him from practicing medicine. The GMC rescinded the bar on practicing a month later, but Dr White was banned from posting any new material on social media or commenting on others' posts.

Dr White challenged the ruling on the basis that his freedom of speech had been unreasonably curtailed and asked the UK High Court of Justice to overturn the ban. Last November, they did just that, although it was because the GMC had not followed proper process.

However, the judge, Mr Justice Dove, did not believe the GMC had proven Dr White's claims were false and would cause 'national panic,' two of the measures that determine our right to freedom of speech.

The GMC had not proven that mask-wearing was necessary—another of Dr White's claims, that Covid vaccines were entirely safe, or that proven alternatives had not been suppressed, and doctors discouraged from using them.

The judge's ruling suggests that the truth is found in the granular, the many shades of gray. But while we continue to live in a polemical, black-and-white Covid world, people, families and communities will continue to be divided.

Bryan Hubbard

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over-ups have brought down leaders before. Watergate was one. It involved the exposure of break-ins to opposition offices, bugging and other clandestine activities designed to steal power and control from political opponents. Nixon resigned as a result—having had his administration's dirty laundry hung out to dry during a lengthy impeachment process.

What's been happening under the Biden administration, or that of Boris Johnson, Justin Trudeau, Emmanuel Macron, Jacinda Ardern or any other head of state who has imposed radical measures justified by Covid-19 makes Nixon's antics seem quite innocent by comparison.

The imposition of authoritarianism that has stripped millions of their liberties, often hard-won by their forebears, has caused innumerable citizens around the world to lose their jobs or be sent into a spiral of mental health challenges. Then there's the almost complete reliance on a single therapeutic intervention—an experimental gene therapy jab—for an infectious disease that behaves so differently in different population groups, while then attempting to cover up the consequences of this extreme form of medical nihilism.

Or what about the hunting down, persecution or ostracization of the few frontline doctors who pioneered successful early treatment protocols with nutrients and repurposed medicines like ivermectin? I could go on.

The question remains: what stops all those involved in what appear to be clear crimes against humanity from facing the kind



Rob Verkerk The Politics of Health

THE PHOENIX IS RISING

There's an extraordinary movement of health professionals working together for the greater good, says Rob Verkerk

of interrogation that Nixon and his administration faced for lesser offenses during his impeachment proceedings? I suggest three main reasons why no one responsible for these crimes is yet in the dock.

First, there's safety in numbers. The lockstep system of divide, conquer and control foisted on the public has been executed immaculately.

It's been aided by a global mass media co-opted by governments and pharmaceutical interests, forcing vast numbers of people around the world into a state of paralysis generated by

involved in most of the key levers of power.

It's like having only one boardroom that makes decisions for an entire planet's population with impunity. The companies making the gene therapy products that so many have taken under the illusion it will buy them freedom have been indemnified without our permission, but with our taxes.

Third, millions have been disempowered. Hundreds of thousands of doctors have not been brave or committed enough to practice the best medicine. They perceive the risk as too great



Mainstream medicine has allowed all the major principles of bioethics and good clinical practice to be put aside for the sake of one-size-fits-all public health

continuously stoking hysterical fear of an invisible virus.

This way, despite the visible flaws or irrationality of the ideologies of the controlling elite, they remain palatable because they embody the status quo of the in-group, just like during the era of Hitler's rule in Germany.

Second, the increasingly centralized locus of control of human activities on Earth means it's now much easier to avoid contests or criticism. The "billionaire's club" currently

to be part of an out-group.

The Peter McCulloughs, Pierre Korys and Paul Mariks of this world are the few who have maintained their allegiance to the Hippocratic Oath, putting themselves at dire professional risk to deliver life-saving treatments used by a minority in the face of major pressure from the mainstream medical establishment.

The public, hypnotized by mainstream media channels, have put their trust in

governments to find a solution, not realizing governments and centralized control are the major part of the problem.

The majority of health professionals have been too timid or risk-averse to do what they know is right, failing to recognize that their apathy is contributing to an increasing sense of public distrust of mainstream medicine that might never be repaired.

Mainstream medicine is more broken than ever before because it has allowed, during these last two years, all the major principles of bioethics and good clinical practice to be put aside for the sake of one-size-fits-all public health that is making a killing for a handful of pharma companies, while actually killing tens of thousands unnecessarily.

The US Vaccine Adverse Events Reporting System (VAERS) for deaths and injuries from Covid jabs looks bad enough, but it's just the tip of the iceberg—and information from only a single country.

Dark this may all sound. But like anything that is no longer fit for purpose, it has to collapse fully to allow the rebirth of something better from the ashes.

We are unlucky enough to witness the agonizing downfall of patent-hungry, 'magic bullet' Big Pharma, and most of us will have lost family members and friends to its business model.

But the phoenix is rising. There is already an extraordinary movement of doctors, scientists, nurses and other health professionals who are done with the old model. Together we're already working on the new.

Many who are passionate about working for the greater good have already united—and I know with every cell of my body that the fruits of this collaboration, in which I am closely involved, will offer future generations an approach to wellness that is truly for the benefit of humanity.

Robert Verkerk PhD is the executive and scientific director of the Alliance for Natural Health International, a consumer group that aims to protect our right to natural healthcare and nutrition. For more information and to get involved, go to www.anhinternational.org, or check out ANH's Facebook and Twitter pages (www.facebook.com/ANHInternational and www.twitter.com/anhcampaign).

Water shortage

Most of us are dehydrated. We don't drink anywhere near enough of the stuff every day to keep us healthy—and a new study emphasizes the point

You don't have to part with your hard-earned cash for *WDDTY* to tell you that water is important. Of course it is, and yet surprisingly few of us drink (or eat) anywhere near enough of it to keep us hydrated.

A recent study underscores the point. Researchers from the US National Institutes of Health discovered that staying hydrated helps maintain a healthy heart and can even slow heart deterioration, which can eventually lead to heart failure. By the time we reach the age of 70, we're at a much higher risk for heart failure and hypertrophy, when the heart has expanded unexpectedly.¹

They tracked the levels of sodium in 15,792 people for up to 26 years. You know if you're drinking enough liquids from the amount of sodium in your blood. A high serum sodium reading suggests you should be drinking more water; if you're not, your body will try to conserve the water it has, and this can eventually lead to heart failure.

High sodium levels were reliable predictors of heart failure over the life of the study, with each 1 mmol/L increase in sodium level increasing the odds of heart failure by around 20 percent.

It's a new insight into the importance of water for our health. We already know it's vital for so many functions—even in maintaining a good mood and our ability to remember—but as we're made up of nearly 70 percent water ourselves, perhaps that's not so surprising.



How much should you be drinking?

Plus:

- + before and after sweaty exercise
- + the weather is hot and humid
- + you have a fever, diarrhea or vomiting
- + you're pregnant or breastfeeding
- + you're over the age of 75

What's a fluid?

GOOD FLUIDS	SO-SO FLUIDS	POOR FLUIDS
Water	Coffee	Alcohol
Herbal teas	Black tea	Sweetened juices
Pure fruit juices	Colas	
Fruits, such as watermelon	Milk	
Vegetables, such as spinach		

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CANADA
54%
USA
43%

UK
53%
GERMANY
52%
FRANCE
52%

CHINA
4%

JAPAN
11%

AUSTRALIA
51%

Who's dehydrated?

Most of us are dehydrated. For instance, the average liquid intake in the UK is 1.7 liters (3 Imperial pints) when it should be closer to 2.5 liters (4.3 pints) if you're a man and 2 liters (3.5 pints) for women.

Despite this shortfall, the UK is one of the most-hydrated nations in the world. Britons on average drink 53 percent of the daily requirement for maintaining health. According to Water Logic, a water dispenser company, most are doing far worse.

Knowing your liters and pints

Recommended daily fluid intake

MEN



UP TO
3 LITERS



Which is...

5.2 PINTS



Which is...

12 CUPS



Which is...

**96
FLUID OUNCES**

WOMEN



2.1 LITERS



3.7 PINTS



9 CUPS



**72
FLUID OUNCES**

Why water's important

- Maintains a healthy temperature
- Lubricates your joints
- Helps the body get rid of waste
- Protects sensitive tissues
- Helps keep you even-tempered
- Helps you concentrate
- Keeps your heart healthy
- Keeps up energy levels

Reversing prostate cancer

Modern medicine has convinced men that prostate problems are inevitable, but Celeste McGovern investigates new research showing that problems—and solutions—for the prostate begin in the gut





Men don't usually think of their prostate until it starts acting up.

An obscure little gland—often compared to a walnut—it lies under the bladder, quietly and thanklessly performing its endless and vital task of mixing enzymes and ingredients into the seminal plasma to allow sperm to flow freely, until one day a man may notice that he's suddenly making trips to the toilet in the middle of the night, or that his stream just isn't as powerful as it used to be.

For Kevin McNamara, he suddenly noticed that it was a bit of a wait and an effort to urinate in the morning, which seemed odd. He went to the doctor.

McNamara went through mainstream medicine's prostate protocol. He had a PSA blood test (see box, page 30) and got a high reading of 6 on the scale that adjusts according to age and race. A magnetic resonance imaging (MRI) scan showed his prostate was enlarged, so he was scheduled for a prostate biopsy.

Biopsies are billed as being a simple 10-minute procedure that can be "uncomfortable," but they can be excruciating—and risky, too. Doctors used to say they weren't painful. Now they routinely use anesthetic.

A biopsy may lead to erectile dysfunction,¹ and in 2 to 5 percent of biopsies, sepsis results, often requiring hospitalization.² Questions remain about whether cancer can spread from a prostate via biopsy needle tracks, as well. A review of the risk found that so-called "tumor seeding" via the biopsy needle occurs in less than 1 percent of cases,³ but the fact that it occurs at all is still cause for concern.

To perform the biopsy, a hollow-tipped needle is inserted through the wall of the rectum to reach the prostate, and 10 to 12 (sometimes up to 45) small chunks of tissue from the gland are extracted in a sort of lottery that hopes

to find cancer if it's in the gland—like plucking 12 marbles from a bag of 1,000 to find a red one.

McNamara's biopsy was positive for prostate cancer—a diagnosis made 1.3 million times worldwide in 2018, making it the second most common cancer in men. His doctor recommended he just have the thing removed.

Prostate "treatment regret" (see box page 33) had not yet entered the medical lexicon in 2012 when McNamara's prostatectomy was suggested. The immigration officer had his own ideas about surgery, and he wasn't ready for it.

He attended a seminar by "American dude" Don Tolman, a "Whole Foods Cowboy" who preaches a message of health through food, sunshine, healthy living and meditation, and he was sold. Instead of undergoing surgery, he visited Tolman, a "larger than life" character with a black handlebar moustache and a cowboy hat, and took on his anticancer regimen of juicing fruits and vegetables, lots of anti-inflammatory turmeric and a vegetarian diet for at least a year.

Science is catching up with the Whole Foods Cowboy. A study published recently by researchers at the Cleveland Clinic's Genitourinary Malignancies Research Center analyzed the baseline levels of gut nutrients and metabolites (byproducts of digestion) in the blood serum of nearly 700 people.

They compared serum levels between men who later received a diagnosis of prostate cancer and those who died from the disease to healthy men in the sample, all of whom were previously enrolled in the National Cancer Institute's Prostate, Lung, Colorectal and Ovarian (PLCO) Cancer Screening Trial. The comparison revealed that men who had high levels of a molecule called PAGln

To test or not to test?

The standard diagnostic for prostate health is a PSA test, which stands for prostate-specific antigen, an enzyme that breaks down proteins secreted by the prostate gland.

PSA can seep into the blood, and the amount detected can indicate if there is cancer in the gland. However, the PSA test is notoriously problematic—it has been detected in women, and at particularly high levels in pregnant women. It's even been found in breast milk.

PSA tests are plagued by false positives, and they miss one in seven cases of prostate cancer with a false negative.

A positive result can be indicative of size and age rather than cancer, and it's been linked to other conditions like benign prostatic hyperplasia, inflammation and infection.

A positive PSA test is intended to give affected men the opportunity to fight cancer while it is small and harmless, but that's not necessarily the case. More than 70 percent of men over 80 will develop the disease, but most won't die of it—they'll die with it.¹¹

So the test can lead to unnecessary, painful and risky treatment for what in many men would be a benign, perhaps even unnoticeable, growth, while they are 24 times

more likely to die of something other than prostate cancer.¹²

These limitations, though ignored for decades, are now openly acknowledged.

Today in the UK, men over the age of 50 are encouraged to read online information about the pros and cons of the test, emphasizing that it can miss some cancers, it may lead to unnecessary worry and medical tests, it cannot distinguish between aggressive, dangerous cancer and slow-growing benign growth and, "it may make you worry by finding a slow-growing cancer that may never cause any problems."¹³

The PSA test may be accompanied by an equally dreaded digital rectal probe (which involves feeling the prostate with a gloved finger) to marginally improve the PSA test's reliability.

The results almost always lead to a vortex of more and more testing. Biopsies are invasive and have their own risks (see main story). These are followed by watchful waiting (active surveillance and more PSA testing), radiation, hormone therapy, surgery or a combination—all

followed by more regular PSA testing.

Men are told that testing saves lives, and stories of men who tested early and caught their cancer early are featured as medical triumphs. The truth is much murkier.

While survival rates have gone up in recent decades, that could be from improved treatment rather than increased screening.¹⁴ There's no magic genie to say which treatment is best, and cancer treatments don't always work.

While the medical industry has recognized the anxiety and overtreatment that result from PSA testing, there's no sign that the industry is taking action to curb it. A market report projects the prostate cancer diagnostics industry to soar in value from \$3.32 billion in 2020 to \$7.65 billion in 2027.¹⁵

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(phenylacetylglutamine) in their gut were up to three times more likely to be diagnosed with an aggressive form of prostate cancer.

It turns out that the unfavorable PAGln metabolite is produced when microbes in the gut break down an amino acid called phenylalanine, which is found in meat, beans, soy, egg yolk and high-fat dairy. Two other nutrients abundant in meat, egg yolk and high-fat dairy—choline and betaine—also were linked to increased risk for aggressive prostate cancer.¹¹

"We found that men with higher levels of certain diet-related molecules are more likely to develop aggressive prostate cancer," said Dr Nima Sharifi, director of the Genitourinary Malignancies Research Center and lead author of the study.

"As we continue our research in this area, our hope is that one day these molecules can be used as early biomarkers of prostate cancer and help identify patients who can modify their disease risk by making dietary and lifestyle changes."¹²

It worked for Kevin McNamara. He threw himself into Don Tolman's anticancer protocol for 90 days and cut out meat, eggs and dairy. He started each morning with a high-fiber breakfast of rolled oats, flaxseed and citrus juice (see recipe, page 34). He'd also chug down Tolman's signature CABALA juice (an acronym for carrots, three apples, a beet the size of your clenched fist and a lemon) and throw in lots of the anti-inflammatory Indian root spice turmeric to boot.

"Before the 90 days were up, I was urinating like a fire hose!" said McNamara. "My prostate had returned to normal size, and I was no longer struggling to urinate." After about five months, he had his PSA tested again, and his reading had fallen from 6 to 2.

What's good for the prostate, it's been discovered, is also good for other aspects of men's health—including the heart. One of the collaborators on the Cleveland Clinic team, Stanley Hazen, has found a similar relationship between gut metabolites and cardiovascular disease (CVD) risk. In 2020, he and his colleagues published their findings that PAGln increases the risk of heart attack, stroke and death.¹³

“Interestingly, we found that PAGln binds to the same receptors as beta-blockers, which are drugs commonly prescribed to help lower blood pressure and subsequent risk of cardiac events,” Dr Hazen said. “This suggests that part of beta-blockers’ potent efficacy may be due to blocking the metabolite’s activity.”

While the Cleveland Clinic team has set off to investigate the merits of using beta-blockers for prostate cancer, here are some things that can be changed immediately to improve prostate and heart health.

Take a rest from red meat

Red meat has become a sort of modern anti-superfood—with high consumption tied to cancer and CVD. Much of the meat sold in grocery stores comes from concentrated animal feeding operations (CAFOs) where animals are crowded and stressed, fed diets of grains and corn instead of left to free range or graze their food and pumped full of vaccines, antibiotics and, frequently, growth hormones.

However, many of the studies villainizing meat do not distinguish between processed meat, CAFO products and organic, free-range, or grass-fed animal sources, so the results are tricky to interpret. A host of confounding factors such as activity levels and weight also muddle results.

A recent study highlights the problem. In a widely publicized 2021 study, University of Oxford researchers looked at an enormous database of 474,985 middle-aged adults recruited into the UK Biobank study between 2006 and 2010 and followed until 2017, linking available information on meat intake with data on hospital admissions and mortality.

Regular meat eaters who consumed an average of 70 grams of meat per day, either processed or unprocessed (but of unknown rearing and feeding

practices), were 15 percent more likely to suffer from heart disease, 30 percent more likely to get diabetes and almost a third (31 percent) more likely to develop pneumonia in the future.

However, the researchers found that most of the health-related issues were reduced when BMI was considered. The troubles developed primarily in people who were overweight and obese, so there is a question remaining as to how much meat-eating factors into excess weight, which may be the real hazard.¹¹

The trouble with TMAO

One chemical—trimethylamine N-oxide (TMAO)—has been singled out as a culprit in meat-driven heart disease, with studies suggesting it can affect clotting and cholesterol-depositing mechanisms.

TMAO is a digestion byproduct formed by gut bacteria, derived in part from nutrients that are concentrated in red meat. A growing stack of studies ties higher TMAO levels to a greater risk for heart disease, heart attack, stroke and death. People with the highest blood levels of TMAO are 62 percent more likely to have cardiovascular conditions compared to those with the lowest levels.¹²

Dr Hazen of the Cleveland Clinic prostate study enrolled 113 healthy men and women in a clinical trial and fed them three different diets in random order, each for a month. All meals were prepared for the participants and contained one-quarter of their calories from protein, from either red meat, white meat or non-meat sources.

The red meat eaters were given the equivalent of an eight-ounce steak daily, or two quarter-pound beef patties. After one month on this diet, blood levels of TMAO soared to three times their level on the diets based on either white meat or non-meat protein sources. Trial participants placed on high-saturated-fat versions of the three diets

(with an equal number of calories) did not have raised TMAO levels.

What the study showed clearly was that the TMAO increases were reversible. When the participants discontinued the red meat diet and ate either the white meat or non-meat diet for another month, their TMAO levels dropped.

“This study shows for the first time what a dramatic effect changing your diet has on levels of TMAO, which is increasingly linked to heart disease,” Hazen said.

“These findings reinforce current dietary recommendations that encourage all ages to follow a heart-healthy eating plan that limits red meat,” says US National Institutes of Health nutrition researcher Dr Charlotte Pratt. “This means eating a variety of foods, including more vegetables, fruits, whole grains, low-fat dairy foods, and plant-based protein sources such as beans and peas.”¹³

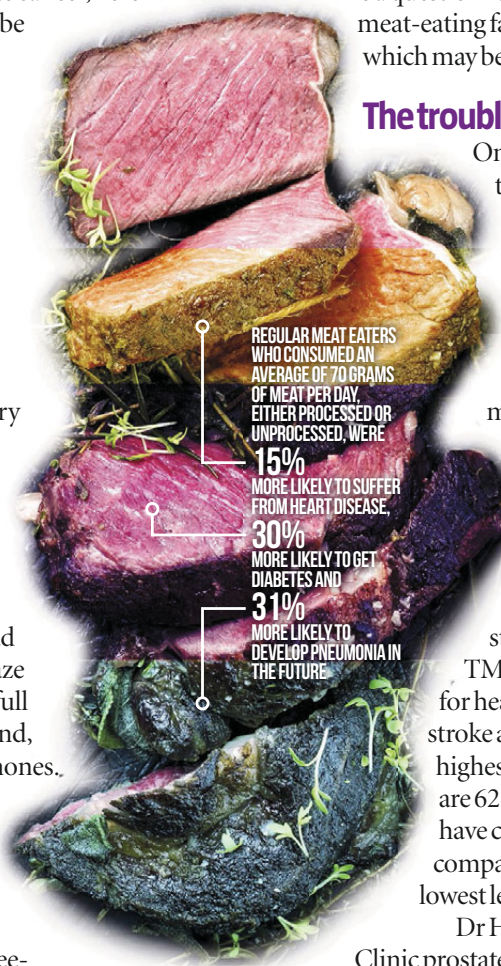
No effect from fish

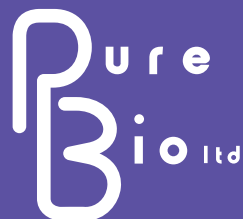
A 2020 prospective cohort study carried out across the US, which included a total of 29,682 American adults who did not have CVD at baseline, recorded the participants’ dietary intake and followed them for 30 years, concluded that “intake of processed meat, unprocessed red meat, or poultry was significantly associated with incident CVD, but fish intake was not.”

The increased risk from meat consumption was not huge—the impact on relative risks of CVD and all-cause mortality ranged from about 3 percent to 7 percent. “The increased absolute risks were less than 2 percent over the 30 years of follow-up,” said the authors.

Eat more plants

Another prospective cohort study published in the *American Journal of Clinical Nutrition* in November 2021 looked at the impact of a plant-





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based diet on prostate cancer using data from 47,239 men in the Health Professionals Follow-up Study (1986–2014).

The researchers, from New York University and Manhattan Veterans Affairs, the Harvard T.H. Chan School of Public Health and the University of California, San Francisco, followed 6,655 men diagnosed with prostate cancer—including 515 with an advanced stage at diagnosis, 956 with lethal disease (metastasis or death) and 806 whose death was attributed to prostate cancer—and concluded, “Greater overall plant-based consumption was associated with a significantly lower risk of fatal prostate cancer.”

In men under the age of 65, but not those over 65, higher plant consumption was associated with a lower risk of prostate cancer overall as well as a lower risk of advanced, lethal and fatal forms of the disease.¹⁰

Tomatoes

If there is one plant that could be considered a “superfood” for men’s health, it might be tomatoes. They’ve been widely recognized for their benefits to cardiovascular health for decades.

A rich source of lycopene, beta-carotene, folate, potassium, vitamin C, flavonoids and vitamin E, raw and cooked tomatoes have different nutritional profiles. Cooking increases lycopene availability, for example, but reduces other nutrients, so there’s a benefit to eating both.

“Many of these nutrients may function individually, or in concert, to protect lipoproteins and vascular cells from oxidation, the most widely accepted theory for the genesis of atherosclerosis,” say researchers from North Carolina State University in a review on the topic. “Other



To treat or not to treat

Treatment-related regret is common among men with localized prostate cancer, especially those who have their prostate surgically removed, according to a new study.

Researchers at Mount Sinai Hospital in Toronto, Canada, conducted a population-based, prospective cohort study that included 2,072 men with prostate cancer and asked them about their satisfaction with the treatments they underwent, five years after their diagnosis. Of these, 279 men (13 percent) reported regretting their choice.

For men who underwent surgery, the regret was highest, at 16 percent. For those who had radiation therapy, 11 percent regretted the decision, as did seven percent of men who opted for active surveillance (with repeat testing and diagnostics).

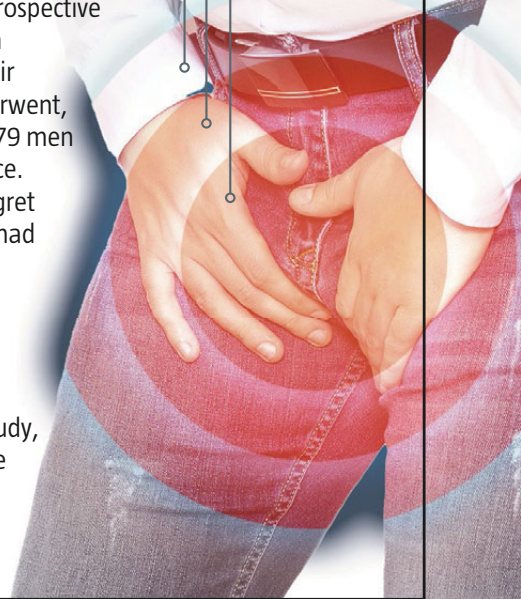
Sexual dysfunction was significantly associated with regret, according to the study, although lasting pain and incontinence are recognized factors as well.¹¹

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REGRET RATE ACCORDING TO TREATMENT MODALITY

16%	SURGERY
11%	RADIATION THERAPY
7%	ACTIVE SURVEILLANCE



cardioprotective functions provided by the nutrients in tomatoes may include the reduction of low-density lipoprotein (LDL) cholesterol, homocysteine, platelet aggregation, and blood pressure.”¹¹

A 2019 review of the medical literature on tomatoes looked at 28 studies on lycopene consumption and blood levels of lycopene and found that high dietary intake or high serum concentration of lycopene was associated with significant reductions in the risk of death (37 percent), stroke (26 percent) and CVD (14 percent).¹²

Several epidemiological studies have also found that tomatoes impact prostate health and prevent cancer, although a 2021 review found no effect overall.¹³

Turmeric

The orange root from the ginger family used traditionally to season Indian food is another plant that has become an all-star health food for its potent anti-inflammatory and antioxidant properties. A 2021 review of 11 studies including a total of 745 prostate patients found evidence

that turmeric or its active component, curcumin, have beneficial effects on PSA levels and quality of life, along with oxidative stress, feelings of incomplete bladder emptying, urination frequency, intermittency, urgency, weak stream, straining and nighttime urination.¹⁴

Turmeric’s role in heart health is well established. A 2020 review of the extensive literature on curcumin for CVD claims that it “plays a critical role in protecting humans and animals from cardiovascular dysfunction which is always the primary step for CVDs including atherosclerosis, aortic aneurysm, MI [myocardial infarction/heart attack] and stroke.”

Studies have reported its efficacy in improving heart enlargement, heart failure and diabetic cardiovascular complications. Given its safety at doses up to 12 grams per day, “curcumin will become a routine food supplement such as vitamins and fish oil, to prevent



or treat CVDs,” the international consortium of researchers concluded.¹⁵

Studies usually give curcumin doses of 400–500 mg per day. However, one 2012 study of 121 patients evaluating the effect of curcuminoids at a higher dose (4 g/day) to prevent heart attack after coronary artery bypass grafting found that the risk of having a heart attack while in the hospital decreased from 30 percent in the placebo group to 13 percent in the treated group and saw other CVD measures improved as well.¹⁶

Beware of PFAS and high-fat diets

Per- and polyfluoroalkyl substances (PFAS) are man-made chemicals designed to resist grease, oil, water and heat. They’re used in nonstick coatings

on pots and pans, fast food packaging, stain-resistant carpet sprays and firefighting foam, and they’re linked to fertility issues, thyroid disease,¹⁷ CVD¹⁸ and cancer.¹⁹

A 2020 study found that women who used dental floss containing fluorine had higher levels of PFAS in their blood.²⁰ Another recent study found PFAS contaminate the water supply of 200 million Americans.²¹

While PFAS are hard to avoid and the US Centers for Disease Control and Prevention says they are found in the blood of 97 percent of Americans sampled, a 2021 study published in the journal *Nutrients* suggests other controllable factors may mitigate their effects.

Researchers from the University of Illinois at Urbana-Champaign and the University of Illinois at Chicago found that mice injected with malignant prostate cancer cells had a faster tumor growth rate when they ate a Western-style high-fat diet and were exposed to PFAS, compared to mice fed a control diet or mice exposed to either a high-fat diet or PFAS alone.²²

HIIT training helps

The benefits of exercise for cardiovascular disease and overall health don’t need to be stated. And new research shows that high-intensity interval training (HIIT)—repeated

bursts of high-intensity, maximum-effort aerobic activity followed by short rest periods—may improve the outcome of men who are in active surveillance for prostate cancer after high PSA readings, too.

Researchers had 52 men on active surveillance (with an average age of 63) either do a supervised treadmill HIIT workout three days a week for 12 weeks or follow their usual low-intensity exercise routine. In the trial, the workouts consisted of two minutes of exercise at 85 percent to 95 percent of a person’s VO2 max (the maximum amount of oxygen the body can use during exercise), followed by two minutes of recovery at 40 percent VO2 max, repeated five to eight times.

Compared with the men doing their usual lower-intensity exercise, men in the HIIT group had lower PSA levels, lower rates of change in PSA levels over time and slower prostate cancer cell growth. As a side benefit, they also had improved cardiovascular fitness—a bonus since, as the researchers noted, men on active surveillance are on average three times more likely to die from CVD than from prostate cancer.²³



Kevin McNamara’s Whole Foods Cowboy breakfast

Ingredients:

Roughly half a bowl of rolled oats

Flaxseeds

Lemon

Half an orange

Organic wheat germ oil

Boiled water

Banana (optional)

McNamara pours about a half a bowl of rolled oats, sprinkles about a quarter cup of flaxseed on top, pours on the juice (and pulp) of half a fresh orange and a full lemon, drizzles on the wheat germ oil, mixes and lets the bowl set overnight. In the morning, he boils the kettle, pours hot water to heat the porridge and slices a banana on top. “I call it magic,” he says. “It shrinks your prostate. It did for mine.”

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VACCINEWATCH

The whooping cough jab

What Doctors Don't Tell You launches a new series
examining all the major vaccines for children and adults

The Covid epidemic and its treatment have put vaccination back in the limelight. They've also created new labels for people who ask questions: "anti-vaxxer," "vaccine denier" or just plain "conspiracy theorist."

However, in the 31 years that *WDDTY* has been publishing and covering vaccination, we've discovered that all vaccines carry a sliding scale of risk and benefit. What's beneficial for one person may be detrimental to another.

To make an informed decision about vaccines, asking questions is essential and the right of every person, particularly every parent.

In our view, there are three main questions to ask of every vaccine before submitting to it:

- How necessary is it?
- How effective is it?
- How safe is it?

In Vaccine Watch, our new series, we do the asking for you.

Pertussis, or whooping cough, is a respiratory infection caused by the *Bordetella pertussis* bacteria first described in the seventeenth century. The disease results when the bacteria attach to cells of the respiratory tract, produce toxins that paralyze the cilia, the tiny hairs lining the tract, and cause inflammation, interfering with the ability to clear lung secretions.

Usually, the disease course begins with a seven- to 10-day incubation period, followed by cold-like symptoms of runny nose, sneezing, low-grade fever and occasional coughing. The cough gradually worsens after one to two weeks, when the second phase distinguished by the "whooping" cough begins.

The disease got its name from the characteristic high-pitched "whoop" noise that sufferers of more severe infections make as they try to catch their breath during frequent bouts of coughing. Children and young infants, especially, might become cyanotic (having bluish skin) just before a spasm of coughs and appear ill and distressed during the attacks. They may vomit after a bout of coughing, but often they appear to be in good health between bouts.

Attacks, which may strike at night, gradually fade in frequency and are usually gone within two to three weeks, but sometimes persist for two to three months.

Prior to World War II, most people would have experienced whooping cough by adulthood, though many with mild or no symptoms would not even have known they had it.¹ Although infants accounted for the most deaths at that time (as now, though it's significantly lessened), a 1937 report from the *Canadian Medical Association Journal* observed that, "for a suckling infant, to have whooping cough is most unusual," supporting the fact that mothers confer some immunity in breastmilk that protects their vulnerable infants.²

How necessary is the vaccine?

As frightening as the cough may sound, particularly in infants, and though infections were more common and more lethal historically, today death from pertussis in the developed world is exceedingly rare and most often caused by secondary pneumonia infection.³ The US Centers for Disease Control and Prevention (CDC) reported seven deaths (four of them in infants) among 18,617 cases in 2019,⁴ and five deaths (three of infants) among 15,609 cases in 2018.⁵

The story is the same in the UK, where deaths from pertussis infection started to fall dramatically even before vaccination was rolled out nationally in 1957, and today they are quite rare, as the table on page 38 illustrates. Curiously, as routine childhood vaccination plummeted in 2020,⁶ the UK experienced a tandem drop in cases of pertussis and zero deaths for the first time in its history.⁷ In the developing world, pertussis is still a high-mortality disease, particularly in infants, largely because of other factors including malnutrition, poor sanitation and poor care.

Complications are rare

Pneumonia is the most common complication in all age groups, and the leading cause of pertussis mortality. Seizures and encephalopathy (a blanket term for altered brain function) are rare and generally occur only among very young infants, according to the CDC.⁸ Most hospitalizations occur in infants under six months old, and most of them survive.⁹

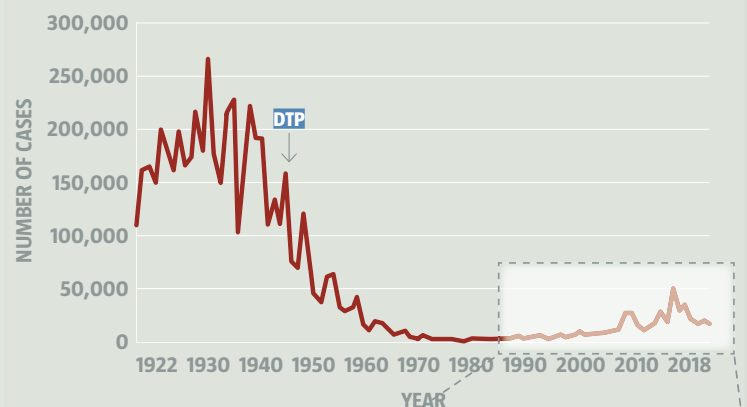
Although it has a low mortality rate, pertussis has experienced a resurgence in recent years, beginning its ascent in the 1980s, then climbing after a change

THE DECLINE IN PERTUSSIS, AS WITH MOST INFECTIOUS DISEASES, HAD MORE TO DO WITH INFRASTRUCTURE AND ENGINEERING OFFERING POTABLE WATER AND SEWAGE SYSTEMS, ALONG WITH INCREASED HYGIENE, MORE THAN ANY MEDICAL INTERVENTIONS

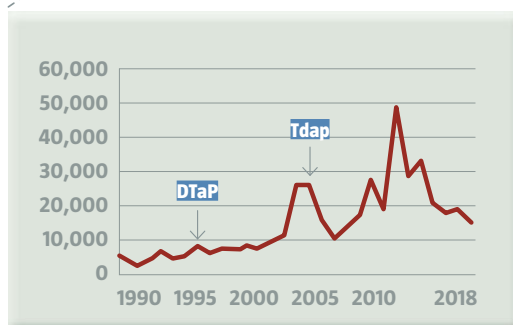
Pertussis by the numbers

Graph 1 shows that pertussis rates had begun falling before the introduction of the first DTP vaccine. The rate then began to increase again after the introduction of the acellular DTaP vaccine in the 1990s (inset).

Reported NNDSS pertussis cases: 1922-2018

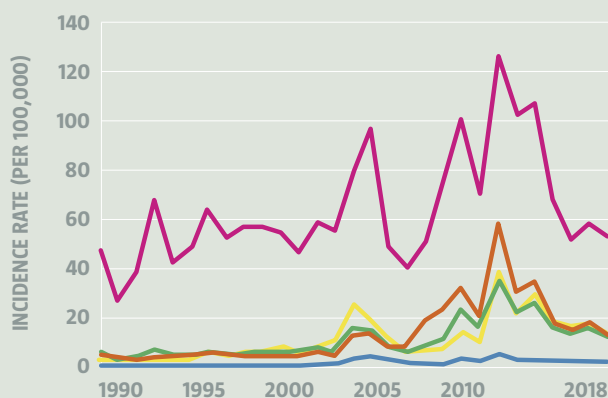


Graph 2 (below) shows that since the introduction of the DTaP vaccine and Tdap booster, which wane in effectiveness over time, cases have begun to increase notably in older children and adults, along with the infants most threatened by pertussis.



Detail of figures: 1990-2018

Reported pertussis incidence by age group: 1990-2018



to the acellular DTaP vaccine in the 1990s. The rise prompted the US National Institutes for Health to place pertussis on the list of emerging pathogens in 2015.

The decline in pertussis, as with most infectious diseases, had more to do with infrastructure and engineering offering potable water and sewage systems, along with increased hygiene, more than any medical interventions including vaccines, and even antibiotics, as the graph on the left illustrates.

How effective is the pertussis vaccine?

The short answer is: we don't know. In the 1940s, a vaccine for diphtheria, tetanus and pertussis (whooping cough)—the DPT or DTP—was introduced in the US. In the UK, in 1957, the pertussis vaccine was a crude preparation of heat-treated whole-cell *Pertussis* bacteria and its toxins, rinsed in formaldehyde, a known carcinogen, with neurotoxic aluminum added as an “adjuvant” to stimulate an immune system response, and thimerosal mercury as a preservative.

The only “testing” of the original whooping cough vaccine was conducted by the UK's Medical Research Council, which rolled it out with only prior experimental evidence on 50,000 children at least 14 months old. The US never conducted tests of its own but rather relied on those conducted in the 1950s in Britain.

It was clear by the 1970s that outbreaks of pertussis were occurring among the fully vaccinated. In one study of whooping cough cases in 1974–5 and 1978–9, and in 1974 in the US and Canada, one-third to one-half of all victims had been fully vaccinated. Furthermore, in a study of 160 cases of infants contracting whooping cough, two-thirds were exposed to the disease by their fully vaccinated siblings.¹⁰

During a nationwide epidemic of whooping cough in 1993, a group of researchers from Cincinnati Children's Hospital, in Cincinnati, Ohio, found that the epidemic mainly occurred among children who had completed the full course of DPT vaccines.¹¹

During that year, 6,335 cases of whooping cough were reported, the most in 26 years. Of those, 352 cases occurred in Cincinnati, an increase of 250 percent over the previous year. Among those affected, three-quarters had received four or five doses of the DPT vaccine, and 82 percent had received up to three doses, considered adequate to provide full protection.

Since many of the children who contracted the disease were between 19 months and six years old, scientists began to agree that the whole-cell pertussis vaccine did not offer long-term protection.

Similarly, in Finland, a study found that in a population with a 98 percent immunization rate, whooping cough infections remained common. Although the study found that whooping cough was common in children younger than school age, the incidence was higher in school-age children and adults. This suggested that protection from the vaccine decreases over time.¹²

Research from Sweden (where whooping cough is a major problem, with epidemics peaking every year in the nation's children) and Italy also concluded that the whole-cell vaccine was effective in just 48 percent and 36 percent of cases, respectively.^{1E}

There is no evidence that the vaccine prevents pertussis. In fact, there is evidence of the opposite—with studies finding two-thirds of children with the disease already fully vaccinated and multiple instances of vaccinated children passing the disease to their unvaccinated siblings.

“Precise information about the efficacy and safety of this vaccine is lacking, because existing provisions, national and international, for epidemiological surveillance and evaluation are inadequate,” wrote Professor Gordon Stewart, formerly of the Department of Community Medicine at the University of Glasgow, in the *Lancet* medical journal in 1977. “No protection by vaccination is demonstrable in infants.”^{1U}

How safe was the original vaccine?

According the seminal book, *DPT: A Shot in the Dark* (Avery Publishing Group, 1991), written by Barbara Loe Fisher, the mother of a baby injured by the DPT and founder of the National Vaccine Information Center in the US, and medical historian Harris L. Coulter, 42 babies who had convulsions within 28 days of having been given the whole-cell vaccine were omitted from the data pool of the early drug trials, and the shot was assumed to be safe even though about one in every 1,000 babies had a serious and potentially brain-damaging adverse effect.

The trials were designed to demonstrate efficacy, not safety, however, and British and US health authorities have used them as evidence that the vaccine is safe to give to babies as young as six weeks of age, say Coulter and Fisher. This means the drug was never assessed for safety in newborns at the dosage given to older children. Dosages were the same from tiny neonates to toddlers many times their weight.

By 1960, the medical literature included case reports of children permanently brain damaged by pertussis vaccination,^{1U} and the medical community knew that whole-cell pertussis vaccine could cause convulsions and other serious problems.^{1U}

The link between the pertussis component in the DPT vaccine and encephalopathy was first raised in 1933. Encephalitis is an inflammation of the brain,

THE DRUG WAS NEVER ASSESSED FOR SAFETY IN NEWBORNS AT THE DOSAGE GIVEN TO OLDER CHILDREN. DOSAGES WERE THE SAME FROM TINY NEONATES TO TODDLERS MANY TIMES THEIR WEIGHT

Official reports of reactions

In the US, vaccine reactions are reported to the Vaccine Adverse Events Reporting System (VAERS), a passive surveillance system established in 1986. A search of the database on November 12, 2021, yielded 197,354 reports associated with diphtheria, tetanus and pertussis-containing vaccines (DTP, DTaP, Tdap, Td and combination vaccines) including 3,280 deaths, 4,033 life-threatening episodes, 23,443 hospitalizations (including 1,076 cases of prolonged hospitalization) and 3,599 cases of permanent disability.

Documented side-effects to pertussis vaccines include:

- Encephalopathy (brain inflammation) within 7 days
- Seizures within 3 days
- More than 3 hours of persistent, severe, inconsolable screaming or crying within 48 hours of the injection
- Collapse or shock within 48 hours
- Temperature of $\geq 40.5^{\circ}\text{C}$ (104.9°F), unexplained by another cause, within 48 hours
- Immediate severe or anaphylactic reaction to the vaccine^{1J}

While the VAERS database stresses that adverse events reported after vaccination are not necessarily caused by the vaccines, it is well-established that the VAERS system only captures a small fraction of the adverse events that *should* be reported following vaccination.

A 2009 Harvard Pilgrim study examining medical records found that only 1 percent of adverse events that ought to have been reported to the government database were in fact reported. If 99 percent of reactions are not reported, the true figures of reactions since 1986 would be closer to 19,735,400.^{2J}

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causing a bulging and red fontanel (the “soft spot” in the skull where the bones haven’t fused yet) in infants.

The symptom of high-pitched crying can be a red flag for the condition. According to author Fisher, “this kind of crying, a thin, eerie, wailing sound quite different from the child’s normal cry, [very much resembles] the so-called *cri encephalique* [encephalitic scream] found in some cases of encephalitis.”

Hypotonic-hyporesponsive episodes (HHEs), characterized by a sudden onset of reduced muscle tone (limpness, floppiness), decreased responsiveness to verbal or other stimuli and change in skin color (pallor or cyanosis, looking very pale or bluish) that occur within a brief period after vaccination were first described in 1961 in association with the whole-cell pertussis vaccine, administered on its own or combined with diphtheria and tetanus in the DTP.¹⁴²

HHEs were seen primarily following a first dose of the vaccine, with rates reported as high as 145 per 100,000 doses. While researchers have concluded recently that these frightening episodes of infant unresponsiveness are “benign,” they also acknowledge that they don’t understand what is happening in these babies.

“Many hypotheses have been postulated about pathogenesis of HHE; activation of inflammatory pathway could play a role, eventually

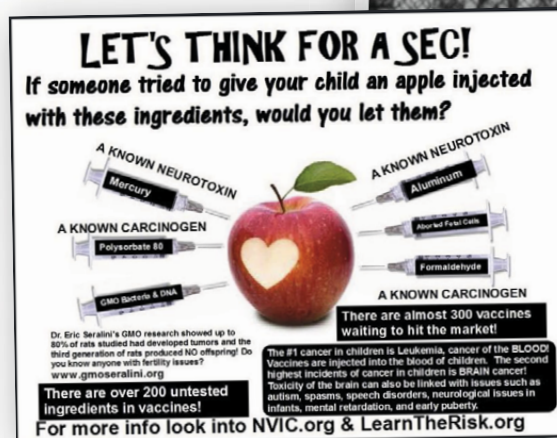
eliciting autonomous nervous system activity. Recent works show how autonomous nervous system can be influenced by inflammation and vice versa,” wrote researchers from Regina Margherita Children’s Hospital in Turin, Italy.¹⁴³

The previously cited 1977 *Lancet* article by Gordon Stewart at the University of Glasgow described 160 adverse events known to him, 79 with a “strong” relationship to the vaccine, including 14 of which were “transient but characteristic of a syndrome of shock and cerebral disturbance,” and in the remaining 65 cases, the vaccine was followed by convulsions, abnormal muscle movements and “severe mental defect.”¹⁴⁴

“It seems likely that most adverse reactions are unreported and that many are overlooked,” and are “more common and more serious than generally recognized,” Stewart added.

A 1981 FDA study by researchers at the University of California, Los Angeles, reported that one in 875 babies suffered convulsions or a shock reaction to DTP shots, and some of the babies suffered serious neurological damage and low IQs as a result.¹⁴⁵ The same year, the British National Childhood Encephalopathy

TEN YEARS LATER, CHILDREN WERE STILL MORE LIKELY TO SUFFER FROM ‘EDUCATIONAL, BEHAVIOURAL, NEUROLOGICAL, OR PHYSICAL DYSFUNCTION’ OR TO HAVE DIED COMPARED TO OTHER CHILDREN WHO HAD NOT HAD AN ACUTE REACTION SHORTLY AFTER VACCINATION



Damage with the DTaP

Nicholas Scott Catone, the 20-month-old son of retired American mixed martial artist fighter Nick Catone, died in his sleep 17 days after a DTaP injection that made him ill in the days following. His parents drew huge public attention to the lethal dangers of the shot on social media. Nicholas had been a perfectly healthy toddler before the vaccine, and his family told the public that the coroner’s investigation into their son’s death was a sloppy sham (www.nickcatone.com).

Baby Nash Grim was a healthy, happy infant who was on target for all of his developmental milestones. On January 22, 2021, he went to a pediatrician check-up where the doctor declared, “He is perfect,” and gave him a DTaP injection.

On February 4, Nash woke from a nap at his daycare with purple lips and limp arms, struggling to breathe. He was intubated and flown to Children’s Hospital in Omaha, where he was diagnosed with a form of paralyzing myelitis that has been linked to the DTaP; his mother is raising funds for Nash to receive stem cell treatment therapy (circleofmamas.com/health-news/one-dtap-shot-paralyzed-baby-nash-from-the-neck-down/).

Study (NCES) estimated that one in 110,000 babies who got a DTP shot developed a serious neurological problem within seven days, and chronic neurological dysfunction was linked to one in 310,000 DTP shots.¹⁴⁶

Ten years later, children in that study were still more likely to suffer from “educational, behavioural, neurological, or physical dysfunction” or to have died compared to other children who had not had an acute reaction shortly after vaccination.¹⁴⁷

Mounting evidence against the whole-cell DPT

In 1982, a documentary called *Vaccine Roulette* aired on national television in the US, highlighting the plight of parents whose children were permanently brain damaged by the vaccine and the intransigence of public health officials.

A year later, a UCLA study of 145 infants who had died of sudden infant death syndrome (SIDS) found

Autism case study

An American doctor, who prefers to remain anonymous, treated a boy of four. He said the boy suddenly started to display characteristics of autism within days of receiving the fourth in a series of childhood vaccines, which included DPT, Sabin polio and hepatitis B. He had suffered fevers after the first three vaccinations, but nothing worse.

Until the fourth vaccine, his parents said he was very bright and affectionate and had a vocabulary of 25 words. But after the fourth, he suffered vomiting, fever, lethargy and excessive sleepiness. After three days, he had an episode of inconsolable, high-pitched screaming (symptoms typical of the *cri encephalique*—see main text). Immediately after this episode, he stopped talking, and there was a rapid change in his sociability.

He also displayed repetitive behavior and hand flapping, all characteristics of autism. Medical tests revealed brain inflammation, although no neurologist would confirm the parents' suspicion that the vaccine was the cause.



OUTBREAKS OF PERTUSSIS STILL OCCURRED IN THOSE VACCINATED SIX TIMES, WITH THE TDAP OFFERING ONLY MODERATE PROTECTION AGAINST PERTUSSIS DURING THE FIRST YEAR AFTER INJECTION AND THEN WANING RAPIDLY

that 53 of them had received a DPT shot and 23 had died within 28 days of the vaccine, 12 of them within 24 hours, pointing to a death rate significantly above baseline for vaccinated infants.²⁴¹

In 1986, with DPT vaccine makers including Wyeth pharmaceuticals—now Pfizer—swimming in lawsuits, the pharmaceutical industry persuaded the government to pass the National Childhood Vaccine Injury Act, which shielded vaccine makers from liability for vaccines and made taxpayers fund a government-run payout scheme for damages. It also removed any financial consequences—and incentive—for vaccine producers to make their vaccines truly safe.

By the early 1990s, the DPT vaccine accounted for most adverse reactions reported to the US Vaccine Adverse Event Reporting System (VAERS), set up by the government to identify vaccine side-effects. From January to August 1991, there were 3,447 reports of DPT reactions in that period—66 percent of all reported events.

The Institute of Medicine (IOM) at the National Academy of Science, a group of 11 leading pediatric figures in the US, spent 20 months reviewing hundreds of scientific papers at that time. They concluded that the whooping cough vaccine could cause encephalopathy and brain damage in previously healthy babies.

Their final statements were weak, but it was the first time that an American medical organization stated on the record that the pertussis vaccine does damage some children.²⁴² Based on a review of 10-year follow-up data from the UK National Childhood Encephalopathy Study (NCES), the IOM said the vaccine could also trigger an acute neurological illness in children with underlying brain or metabolic abnormalities.

Researchers were also concerned that children could develop chronic brain dysfunction or even die if they developed an acute neurological illness within seven days of DTP vaccination. The IOM in 1991 estimated that there have been up to 10.5 excess cases of the condition per million vaccinations.

Although the committee said there was not enough evidence to conclude a relationship with various other disorders, it emphasized that they were not to be ruled out. These include chronic neurologic damage, Guillain-Barré syndrome (a disease characterized by paralysis of the limbs), juvenile diabetes, learning disabilities, attention deficit disorder, infantile spasms and SIDS. There was also concern that premature infants given the vaccine might suffer from episodes of apnea (that is, they stop breathing).²⁴³

The suggested link between the vaccine and SIDS is borne out by the work of Dr Archie Kalokerinos and Glenn Dettman studying aboriginal children in Australia. In the early 1970s, the researchers were puzzled when the death rate of aboriginal children skyrocketed. Then they realized that the rise in the death rates coincided with intensified efforts to immunize these children, many of whom were ill or had serious vitamin deficiencies when they received the shots.²⁴⁴

How effective is the DTaP vaccine?

By the mid-1990s, Western countries halted the deadly DPT and rolled out the “safer” and “purified” new attenuated (killed first with hydrogen peroxide), rather than whole-cell, DTaP (diphtheria, tetanus, attenuated pertussis) vaccine, licensed with brand names Daptacel, Infanrix. A lower-dose Tdap booster shot was marketed with brand names Adacel and Boostrix, as well.

In Sweden, where it was tested on a group of infants, the full three-dose course of the vaccine worked less than three-quarters of the time (71 percent efficacy), and it was only 55 percent effective after two doses.²⁴⁵ A scientist working on the vaccine at the Mayo Clinic in Minnesota explained that they didn't really understand how much pertussin toxin is necessary to protect children; even those with high levels of antibodies in their blood seem to go on and get whooping cough.²⁴⁶

A later Swedish study, which monitored over 80,000 children for three years, found that among three

versions of the acellular vaccine, two were far less effective than the whole-cell vaccine.¹²¹

Just like vaccines against Covid-19, pertussis vaccines are “non-sterilizing” or “leaky” vaccines because they do not actually prevent infection and transmission; they are only designed to reduce symptoms of illness. Asymptomatic infection is common in vaccinated children,¹²² and there are scientific reports of vaccinated individuals spreading pertussis disease to others. One study of an outbreak in Australia discovered that vaccinated 2- and 3-year-olds were the “most important source of pertussis in infants 6 months and younger”—the group most vulnerable to infections.¹²³

“In pre-vaccine era, natural immunity for pertussis was near life-long up until the 1950s, but has since been considerably shortened down to 20 years by 1995, and to 3.5–12 years by 2002,” writes Lawren Pulse of the World Health Collective, citing a 2012 study that concluded flatly: “Our data suggests that the current schedule of acellular pertussis vaccine doses is insufficient to prevent outbreaks of pertussis.”¹²⁴

The US researchers noted a “markedly increased rate of disease from ages 8–12 years, proportionate to the interval since the last scheduled vaccine.”

Whereas the researchers merely recommended more boosters to counter the original vaccine failure, as Pulse notes, even with five doses of DTaP on the schedule, pertussis vaccination has very limited durability. Researchers have observed that the DTaP vaccine effectiveness wanes progressively,¹²⁵ with the odds of being infected with pertussis increasing at a rate of 42 percent per year.¹²⁶

A Tdap booster was introduced for adolescents to try to prolong protection conferred by five childhood DTaP shots, but outbreaks of pertussis still occurred in those vaccinated six times, with the Tdap offering only moderate protection against pertussis during the first year after injection and then waning rapidly.¹²⁷

Shift to the elderly

The drop in vaccine effectiveness has repercussions for who is at risk for the disease. In 1982, children under 14 made up nearly 96 percent of pertussis cases in the UK, and only 0.14 percent of cases occurred in the elderly over age 65. By 2020 (the last year for which there is complete laboratory-confirmed data), those over 15 made up nearly a two-thirds majority (62 percent) of cases, and those over 65 accounted for more than 7 percent of pertussis cases.¹²⁸

As most of the population is vaccinated against the disease, this age shift is indicative of another unintended consequence of mass vaccination with a vaccine that offers fading protection. This, even though the vaccine is primarily aimed to protect newborn children—usually the only ones whose lives are threatened by an otherwise relatively benign disease.¹²⁹

Celeste McGovern



How safe is the DTaP vaccine?

According to the large Swedish study mentioned above, acellular vaccines appeared to carry the same side-effects as the whole-cell vaccine, including convulsions and HHEs, but at a lower incidence rate.¹³⁰

The package inserts for DTaP vaccines (Daptacel and Infanrix, Section 6.2 Post-Marketing Experience) report a laundry list of adverse events including: lymphadenopathy (swollen lymph nodes), thrombocytopenia (low blood platelet count), cyanosis (skin turning blue from lack of oxygen in the blood), nausea, diarrhea, injection site nodule/mass, extensive swelling of injected limb (including swelling that involves adjacent joints), hypersensitivity, allergic reactions, angioedema (swelling of tissue under the skin), erythema (reddening of skin), pruritus (itching), urticaria (hives) and other types of rash, hypotonia (low muscle tone), headache, ear pain, apnea, fatigue, somnolence (sleepiness), syncope (fainting) and SIDS.¹³¹

Package inserts for Tdap vaccine boosters (Adacel and Boostrix) include: lymphadenitis (infected lymph node), lymphadenopathy, allergic reactions, including anaphylactic and anaphylactoid reactions, myocarditis (heart inflammation), myositis (inflamed muscles), muscle spasms, arthralgia (joint pain), back pain, myalgia (muscle pain), large injection site reactions (>50 mm), extensive limb swelling from the injection site beyond one or both joints, injection site induration, injection site inflammation, injection site nodule/mass, injection site pruritus, injection site bruising, sterile abscess, hypersensitivity, angioedema, edema, rash (exanthem, Henoch-Schönlein purpura, urticaria), hypotension, convulsions (with and without fever), encephalitis, facial palsy, loss of consciousness, paresthesia (burning or prickling sensation), hypoesthesia (numbness), Guillain-Barré syndrome, brachial neuritis, syncope and myelitis.¹³²

Case reports in the medical literature describe infants having seizures¹³³ and hypotonic-hyporesponsive episodes,¹³⁴ children developing welts¹³⁵ and adults developing autoimmune conditions after DTaP shots.¹³⁶

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Part 2: More on the DTP vaccine: tetanus and diphtheria



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Natural remedies for Raynaud's

I have Raynaud's disease. Thankfully it's not caused by an underlying condition or too serious, but I really struggle in the winter with cold hands and feet. Even when wearing warm gloves or mittens outside, my fingers go white and numb. Can you suggest any natural remedies that can help?

P.P., via email

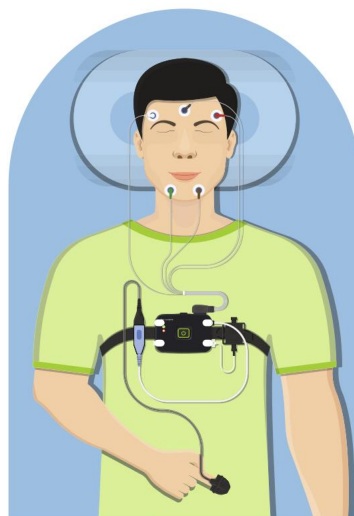
Raynaud's disease, also known as Raynaud's phenomenon or just Raynaud's, is a condition whereby the small blood vessels in the extremities overreact to changes in temperature, cold conditions and sometimes emotional stress. The classic symptoms are cold fingers and toes, color changes in the skin (fingertips may turn white in the cold, then red when you warm them up), numbness and pins and needles, and difficulty moving the affected area.

The most common form of the condition is primary Raynaud's (often called Raynaud's disease), where the cause is unknown and symptoms tend to be mild. Secondary Raynaud's (also known as Raynaud's phenomenon), on the other hand, is typically more serious and caused by an underlying condition such as scleroderma or lupus.

The usual treatment for Raynaud's ranges from simple lifestyle advice to keep warm, stay active, not smoke and avoid caffeine for mild cases, to drugs such as the calcium channel blocker nifedipine for more severe cases. But there are a number of alternative options showing promise for both types of Raynaud's, especially biofeedback and nutritional supplements.

Just bear in mind that there's not a whole lot of research into natural remedies for Raynaud's yet, and the studies tend to be small, so it's a good idea to consult with an experienced practitioner for personalized advice, particularly when it comes to supplements.

Here's a guide to what to try based on the evidence so far.



CHECK YOUR MEDS

Several medications can cause Raynaud's, including beta-blockers, cyclosporine (an immune system-suppressing drug), amphetamine-like drugs, selective serotonin reuptake inhibitors (SSRIs) and the cancer drugs cisplatin and bleomycin.¹ And some experts recommend avoiding oral contraceptives if you have Raynaud's.² Check with your doctor about any medication you are taking and, if need be, consider suitable alternatives.

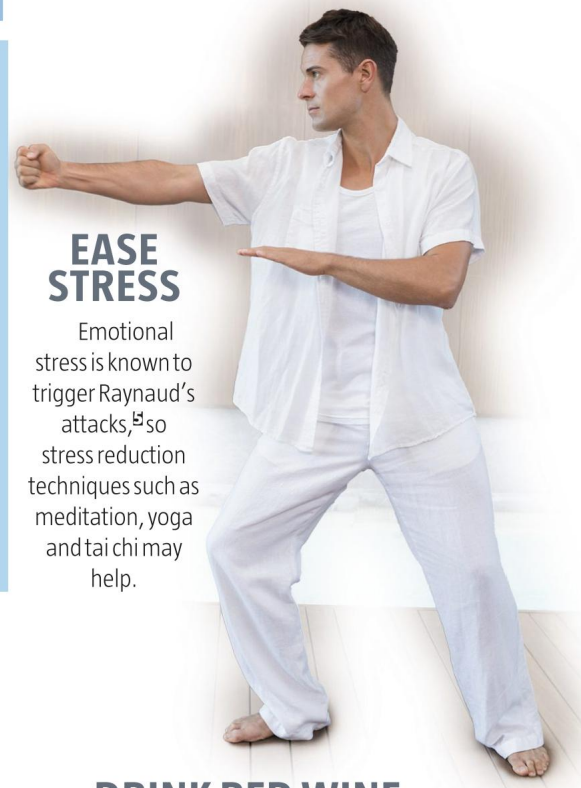
TRY BIOFEEDBACK

This mind-body technique, which involves learning to control normally involuntary bodily functions using electronic monitoring, can be useful for Raynaud's. Thermal biofeedback, where patients learn to control the constriction and dilation of their blood vessels, was found to be effective for hand warming and reducing Raynaud's attacks in two high-quality trials.³

Another study reported that patients with both primary and secondary Raynaud's saw improvements that lasted a year after biofeedback training.⁴ To find a biofeedback practitioner, visit www.aapb.org (US) or www.findatherapy.org (UK).

EASE STRESS

Emotional stress is known to trigger Raynaud's attacks,⁵ so stress reduction techniques such as meditation, yoga and tai chi may help.



DRINK RED WINE

Men and women who enjoy an occasional glass of red wine have a significantly reduced risk of Raynaud's, according to one study.⁶ This might be because red wine contains the antioxidant resveratrol, which may help support blood vessel health.⁷

Avoid drinking too much alcohol in general, though. Moderate drinking in men (two to 14 drinks a week) and heavy drinking in women (more than seven drinks a week) is associated with an increased risk of Raynaud's.⁸





TRY ACUPUNCTURE

A small study found that traditional Chinese acupuncture reduced the frequency of Raynaud's attacks by 63 percent, while the control group saw a reduction of 27 percent.¹² And an uncontrolled study of auricular electroacupuncture, a type of acupuncture using electrical currents and focusing on the ears, reported that the technique can reduce both the frequency and severity of Raynaud's attacks.¹³

To find a qualified acupuncturist near you, visit www.acunow.org.

SUPPLEMENT

Fish oil. One study found that taking fish oil capsules, supplying a high daily dose of the omega-3 fatty acids eicosapentaenoic acid (EPA) and docosahexaenoic acid (DHA), improved tolerance to cold and delayed blood vessel spasm in people with primary Raynaud's disease (although not in those with secondary Raynaud's).¹⁴

Suggested dosage: Try a high-quality supplement, such as Bare Biology's Life & Soul Pure Omega-3 Liquid, which supplies 3,500 mg omega-3 per teaspoon, and follow the label instructions

Evening primrose oil (EPO). Compared to a placebo, supplementing with EPO reduced the number and severity of Raynaud's attacks in a small trial.¹⁵

Suggested dosage: 3,000 mg/day

L-carnitine. Raynaud's sufferers given this amino acid for 20 days had improved blood flow in their fingers after being exposed to cold.¹⁶

Suggested dosage: 2 g/day

Antioxidants. Low levels of antioxidant vitamins and minerals, including vitamin C, vitamin E and selenium, have been linked to Raynaud's,¹⁷ so supplementing with these nutrients may be beneficial.

Suggested dosages: 1–2 g/day vitamin C; 400 IU/day vitamin E; 200 mcg/day selenium

Vitamin D. Raynaud's sufferers with low vitamin D levels given high-dose vitamin D3 supplements reported improvements in their condition after eight months.¹⁸

Suggested dosage: Home testing kits for vitamin D are available via the Vitamin D Society (www.vitaminDsociety.org) and Better You (www.betteryou.com), along with a personalized supplementation plan based on your results

Vitamin B3. A compound made of niacin (vitamin B3) and inositol known as inositol nicotinate (also called inositol hexanicotinate and inositol hexaniacinate) was found to relieve Raynaud's in a few studies.¹⁹

Suggested dosage: High doses of 3–4 g/day of inositol hexaniacinate were used in studies, so it's best to consult with a qualified practitioner to work out what's right for you

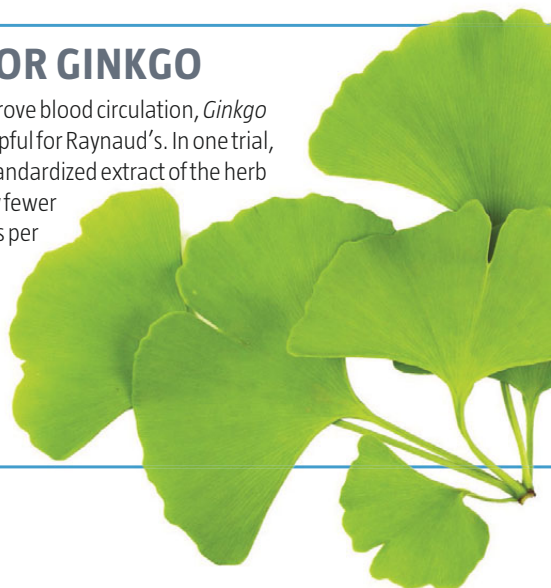
Magnesium. Low levels of this mineral have been linked to Raynaud's, and magnesium infusions have had beneficial effects.²⁰

Suggested dosage: 200–600 mg/day

GO FOR GINKGO

Known to improve blood circulation, *Ginkgo biloba* may be helpful for Raynaud's. In one trial, those taking a standardized extract of the herb had significantly fewer Raynaud's attacks per week compared to those taking a placebo.²¹

Suggested dosage: 120–160 mg/day



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Try these herbal home remedies

Herbalist Meilyr James, owner of the Herbal Clinic in Swansea, Wales (www.herbalclinic-swanea.co.uk), recommends the following herbal recipes for improving circulation and helping with Raynaud's.

Rosemary and cinnamon hand/foot bath

Ingredients

0.7 oz/20 g fresh rosemary

2 medium cinnamon sticks

Optional: 5 drops black pepper, clove or nutmeg essential oil diluted in 1 tsp (5 mL) of olive oil

Note: This recipe can be adapted using other warming circulatory herbs you have available, such as thyme or fresh ginger.

Directions

① Place the herbs in a teapot with 4 cups (1 L) of boiling water. Let this stand for 5 hours or overnight. Once ready, strain the liquid into a hand or foot bath and add 8 cups (2 L) of very hot water and the essential oil (if using).

② Ensure the water temperature is just hot enough to tolerate, but not uncomfortably hot, before using. This mix can be reused for two days, refrigerating once cool and reheating for each use.

③ Use the hand or foot bath twice daily, once in the morning before breakfast and once in the evening before dinner. Find a comfortable position to sit and soak the area for a minimum of 5 minutes.



Prickly ash bark tea

Ingredients

½ tsp (2 mL) prickly ash bark tincture

1 Tbsp grated fresh ginger

Optional: honey

Directions

① Place the ginger into a pot of boiling water for 15 minutes to make a tea.

② Add the prickly ash bark and honey if desired.

③ Drink one cup daily.



Holistic therapies for ALS

A friend of mine has just been diagnosed with amyotrophic lateral sclerosis (ALS). He's been prescribed riluzole, but are there any complementary and alternative therapies that might be able to help?

A.P., via email

Amyotrophic lateral sclerosis (ALS), or motor neuron disease (MND) as it's known in the UK and Europe, is one of the most common neuromuscular diseases worldwide.¹ A degenerative disorder that destroys the motor neurons, the nerve cells that control muscle movements, ALS often starts with muscle twitching, a weak limb or slurred speech and eventually causes problems walking, chewing, swallowing, speaking and breathing.

The average survival time for ALS is two to five years, but some people, like cosmologist and theoretical physicist Stephen Hawking, can live much longer.

There is no cure for ALS, at least according to mainstream medicine, but the drug riluzole—approved in both the US and UK for treating ALS—can prolong survival by about two to three months.² Other conventional treatments are focused on relieving symptoms. Noninvasive ventilation, for example, where the patient is given a mask ventilator system to wear, usually overnight, may improve quality of life and extend survival by a few weeks for some.³

As for complementary and alternative medicine for ALS, the research is still in its infancy, with many studies only being conducted in animals so far. But there is promising evidence from studies in patients, especially in the realm of nutrition.

It's becoming clear that nutritional status is closely related to survival time in ALS and that diet and nutritional supplements can play an important role in managing the disease.⁴

An experienced naturopath or functional medicine practitioner would be a good call for your friend, as they can investigate potential causes and come up with holistic personalized plans. But here's a general guide to the natural options that may be beneficial for ALS based on human studies.



CONSIDER A HIGH-FAT DIET

Malnutrition and weight loss can negatively impact survival in ALS,⁵ so patients are usually offered nutritional support, especially if they experience trouble swallowing. One group of researchers looked at the effect of two different high-calorie food supplements on stabilizing body weight in ALS patients who were losing weight: one that was high in fat and another that was high in carbohydrates. Both diets were effective, but the one high in fat had a slightly greater effect.⁶

Another study, albeit in animals so it may not apply to humans, found that a ketogenic diet, which is high in fat and low in carbohydrates, may slow the progression of ALS.⁷



CHECK FOR MINERAL DEFICIENCIES

Some evidence suggests that deficiencies in zinc, calcium, magnesium and copper may play a role in ALS.^{8,9} There don't appear to be any clinical trials assessing the effects of supplementation with these minerals, but two case studies of copper-deficient patients given a diagnosis of ALS reported improvements in weakness after copper supplementation.¹⁰

Consider getting your levels tested and then supplementing with a high-quality mineral supplement.

SUPPLEMENT WITH VITAMINS

Certain vitamins may be beneficial for ALS, according to preliminary evidence. But bear in mind that the dosages used in the studies tended to be very high, so it's important to see a qualified practitioner who can advise on safe, individual dosages and monitor your progress.

Vitamin B12. Studies carried out in Japan suggest that ultra-high doses of methylcobalamin, a form of vitamin B12, may be helpful for ALS. Short-term trials have reported that the nutrient can slow muscle wasting and increase survival time in patients,¹¹ while a long-term study found that methylcobalamin may reduce symptom progression and prolong survival if treatment is started early (within 12 months of symptoms starting).¹²

Dosage: High doses of 25–50 mg/day of methylcobalamin were given intramuscularly in the studies, so it would be essential to see a qualified practitioner for this treatment

Vitamin E. Regularly taking vitamin E supplements was associated with a lower risk of dying of ALS in one study.¹³ And those with a high dietary intake of vitamin E as well as polyunsaturated fatty acids had a 50–60 percent reduced risk of developing ALS in another.¹⁴ In a placebo-controlled trial of patients taking vitamin E supplements alongside riluzole, although there appeared to be no effect in terms of motor function and survival time, the vitamin E group were less likely to progress from a milder form of ALS to the more severe form.¹⁵

Dosage: 500 mg/twice a day was used in the trial

Vitamin D. Low vitamin D levels have been linked to ALS and specific symptoms.¹⁶ In one study, patients taking D supplements for nine months saw less decline compared to those not taking the supplements.¹⁷

Dosage: 2,000 IU/day was used in the study, but higher doses may be needed if levels are very low; ideally, get tested first



OPT FOR ACUPUNCTURE

One small clinical trial found that this traditional Chinese technique may be helpful for ALS. Acupuncture treatment twice daily for five days led to improvements in oxygen saturation and pulse rate in ALS patients, although the size of the improvements was small.¹⁷

More impressive results have been reported in a couple of case studies. One noted improvements in speaking, sensation, walking and breathing in a 60-year-old man treated with Chinese scalp acupuncture and auricular (ear) acupuncture.¹⁸ In another, a 55-year-old woman treated with acupuncture for four months alongside the drug riluzole became free of disabling symptoms.¹⁹



TRY MAGNET THERAPY

Repetitive transcranial magnetic stimulation (rTMS)—a noninvasive brain stimulation technique using magnets—is showing promise for ALS. In a six-month trial, patients receiving rTMS showed a slower rate of decline compared to those receiving a placebo treatment.²⁰ Another controlled study reported that rTMS improved motor function and quality of life in ALS patients, although the effects were not long-lasting.²¹



WATCH OUT FOR ENVIRONMENTAL POLLUTANTS

Exposure to pesticides and heavy metals like lead, mercury and aluminum, all of which are widely found in our everyday environment, has been linked to ALS.²²

And researchers have hypothesized that an impaired ability to break down these toxic pollutants because of differences in vital detoxification genes could underlie some cases of the disease.²³

An experienced naturopath or functional medicine practitioner can suggest appropriate testing, such as hair tissue mineral analysis, to work out your exposure levels and then recommend a suitable holistic detox program.

To find a functional medicine practitioner, visit the Institute for Functional Medicine website (www.ifm.org) or Natural Health Worldwide (www.naturalhealthworldwide.com).

For some general guidance on detoxification and how to reduce chemical exposure, see *WDDTY* May 2021 and January 2020.

EXERCISE

An individualized exercise program, prescribed by a physical therapist, can be helpful for improving body function and spasticity, evidence suggests. Moderate-load, endurance-type exercises for the limbs and trunk, performed for 15 minutes twice a day, were beneficial in one study,²⁴ while another trial found that three times weekly resistance exercise in combination with daily stretching exercises was effective.²⁵



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Far from resting after cancer treatment, patients do much better doing exercise, says cancer survivor and specialist exercise professional Carolyn Garritt. Here's her prescription for restoring strength and energy



Getting your o o o m p h back after cancer

Over recent years, the term “exercise oncology” has emerged to describe the idea that exercise could be considered a form of cancer treatment. The persuasiveness of evidence around the idea was reinforced in 2018 when the Clinical Oncology Society of Australia produced a position statement that hit the headlines globally.

They advised, based on scientific evidence, that exercise should be prescribed to all cancer patients, just like a drug. They went further than this, though: they stated that exercise should be embedded as part of standard practice in cancer care, and they said that to not do so would be harmful.¹ Although it perhaps sounds counterintuitive, there is substantial evidence to show that exercise can help people to cope with cancer-related fatigue and, in some cases, to reduce the risk of developing fatigue or lessen the severity.

There are consistencies within the data—particularly in encouraging people to exercise regularly rather than occasionally and at a manageable intensity and duration.

There is also evidence about the positive effects of higher intensity exercise.

There are many psychological and emotional advantages to taking regular exercise. It can help people cope with depression, anxiety and weariness. Running and gardening were my absolute saviors during my diagnosis of breast cancer and surgery.

Part of the reason that exercise can be useful for cancer patients is because it can help restore appetite, thus increasing your nutritional intake, and it can help promote good sleep. Both factors, in turn, can help increase your sense of stability and ability to cope.

Exercising outdoors can add further beneficial dimensions, and so-called “green exercise” is believed to offer even greater potential support to our mental and emotional wellbeing. Part of the reason for this is that exercise helps us generate endorphins—our ‘good time’ hormones that can give us a happy glow.

If you’ve been out of action for a while, the chances are you’ll have lost some of your muscle strength, and this can be why simply climbing the stairs or getting out of a chair feels harder than it used to. Resistance training can help to rebuild your functional strength.

Alongside muscle loss, cancer treatments can leave us with stiff or painful joints and with a reduced range of motion, and exercise can be used to help diminish pain and build strength in the connective tissue—the tendons and ligaments that support the joints and help them to remain mobile.

Some of the hormones used in cancer treatment are linked to lowered bone density, and there’s very good evidence to show that weight-bearing exercise can help to slow down bone mineral loss and, in some cases, to actually increase bone density. Similarly there is specific evidence that exercise, when performed with good technique, can help prevent and manage lymphoedema.

According to Cancer Research UK, each of the main forms of treatment (surgery, radiotherapy, chemotherapy and biological and hormone therapies) can cause cancer-related fatigue.

Exercise can also help you to get back to normal, to feel more like yourself or to build your own ‘new normal.’ It can help you get your oomph back.

Exercise should, however, feel like you are definitely doing something—for example, walking as exercise should not be an amble. Regardless of the speed you can reach, walking should be as purposeful and as fast as is comfortable for you. This is because the evidence that

we’re using as a foundation for being more active is invariably based on “moderate exercise” unless it states otherwise. For example, one study suggested a specific link between walking pace and cancer survival.²

Fatigue in cancer survivors is a significant issue—it is perhaps the most common side-effect. Not everyone calls it fatigue, but tiredness, exhaustion and lack of energy are reported by up to 95 percent of people with cancer.³ Moderate exercise often entails working at 70 percent of your maximum heart rate. It’s working at a level where you’re warm and you might want to take a layer of clothes off. You’re breathing deeper than usual, but you can still talk in short sentences.

This might, of course, sound like far too much exertion for you, especially in the early days of getting fitter. If that’s the case, don’t worry; just make sure that you continue to push yourself gently to work as hard as you reasonably can.

As you walk, or indeed as you start any cardio-based exercise after cancer, try to get used to maintaining a pace where you are lightly out of breath, for as much of the walk as you can.

High-intensity interval training (HIIT) has become an extremely popular mode of exercise, and it’s been found that exercising in short, fast bursts might be as effective as more traditional moderate exertion. A 2018 study of men recovering from testicular cancer treatment found that “HIIT significantly improved post-intervention fatigue.”⁴ Similarly, a study published the following year found HIIT to be as effective as moderate exercise in addressing fatigue.⁵

The importance of strength training

There’s also a really important and often overlooked role for strength training in overcoming fatigue. Building stronger muscles will help to make daily life—climbing stairs, carrying shopping—feel less exhausting. Clinical studies show

“Although it perhaps sounds counterintuitive, there is substantial evidence to show that exercise can help people to cope with cancer-related fatigue and, in some cases, to reduce the risk of developing fatigue or lessen the severity”

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that a combination of cardio exercise and resistance training is your best bet in improving a sense of wellbeing after cancer.^[3]

Your strength training doesn't need to be complicated or time-consuming: all you need to do is a routine where all your major muscles are worked against resistance. I highly recommend using resistance bands rather than weights at first—they're easy, adjustable and cheap, and you're less likely to get injured with them.

A meta-analysis of 34 controlled studies on exercise and cancer noted reductions in fatigue and depression and improvements in quality of life among people who were physically active, with particular positive effects on psychological outcomes in those with breast cancer.^[4]

One Australian study examined psychological distress in men with prostate cancer, and its findings were very clear—exercise can help, but it's better if we get the level of intensity right. Whether you do aerobic exercise or resistance exercise it doesn't matter; as long as it's at moderate to high intensity, exercise is beneficial for reducing symptoms of depression and anxiety.^[5] A much smaller-scale study found that exercise could improve the mental health of people with brain cancers.^[6]

Impact of cancer treatment on bones

There are strong links between bone health and our hormone system, and therefore certain cancer-related hormone treatments can have an impact on bone density. This is particularly the case for breast cancer treatment in women that lowers estrogen levels, such as chemotherapy that causes early menopause, and drugs such as Zoladex or aromatase inhibitors (anastrozole, exemestane, letrozole). Radiotherapy or surgery to the ovaries can also affect bone density.^[10]

Similarly, hormone deprivation therapy in men with prostate cancer is known to cause reduced bone density, and people who had acute lymphoblastic leukemia (ALL) as children are known to have a higher risk of reduced bone density later in life.

There's a great deal of evidence that exercise can noticeably help restore bone density. Weight-bearing exercise—where you transfer your body weight from one foot to another—is particularly helpful. This is because the effect of that weight transfer is to cause jolts to the bones, and these jolts stimulate the bones into repair mode.

By far, your best bet is to combine aerobic, weight-bearing exercise (on your feet, getting out of breath) with strength training (getting strong). Schwartz et al. found that doing exactly this during chemotherapy helped preserve bone density in women being treated for breast cancer,^[11] and Almstedt et al. saw similar responses in women after treatment.^[12]

It's the same picture for men, too: those taking hormone treatments for prostate cancers have improved their bone mineral density by combining aerobic exercise with strength training.^[13]

“A combination of cardio exercise and resistance training is your best bet in improving a sense of wellbeing”

Understanding how weight-bearing exercise works

Imagine you're refilling a coffee or tea caddy, or the pepper mill. If you tap the pot, the jolting causes the contents to pack down more densely. That, in essence, is how weight-bearing exercise works on your bone density—the jolting as you move stimulates your bone to pack down more tightly.

Examples of weight-bearing exercise are:



Yoga's combination of stretching, breathing and relaxation can help lymphoedema wherever it is, as it is a holistic form of exercise, affecting the whole body. And there are yoga poses for the face, neck and shoulders that may help specifically with lymphoedema around the head and neck. Some yoga poses (such as downward dog and child's pose) might be inappropriate for people with lymphoedema, depending upon the site of the swelling.

Hormone treatments are used long term for people with breast, prostate and some gynecological cancers, to help prevent cancer recurrence or to slow down disease progression. The side-effects can leave us vulnerable to reduced bone density, muscle loss, weight gain and increased body fat.

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Cancer treatments can also cause “muscle wasting” in the short term, which can lead to a sense of weakness and fatigue. It is a common side-effect of hormone treatment for prostate cancer, and it’s one of the more compelling reasons for lifelong strength training for men who’ve had this cancer.¹⁴

One condition that can arise from cancer-related weight loss is cachexia—a long-term loss of muscle that is experienced by many people, particularly those with pancreatic, gastric and esophageal cancers. It is linked to inflammation and metabolism. Several clinical trials recommend the use of progressive strength training to reduce cachexia and the risk of it.¹⁵

Active daily living

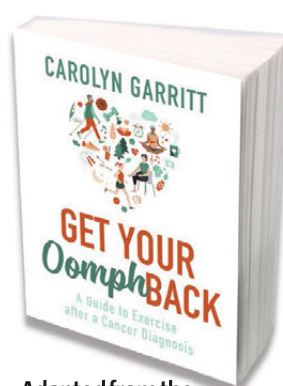
The American College of Sports Medicine (ACSM) states that we should all aim for:

- at least 150 minutes of aerobic exercise (i.e., getting out of breath) per week
- at least two sessions per week of resistance (strength) training on nonconsecutive days
- stretching our major muscle groups every day when possible.

Exercise ‘snacks’

One way to increase your activity levels in small amounts is to start doing ‘exercise snacks’—quite literally something small and light rather than a big feast! Exercise snacks are intended to be very brief—perhaps 20 to 60 seconds long—and to be done as frequently as you want to. Also sometimes referred to as ‘movement breaks,’ the idea is being studied by some of the scientists involved in devising HIIT,¹⁶ who found that physical activity in short, fast bursts can be surprisingly effective. Some examples are:

- Practice controlling core muscles or doing pelvic floor exercises between stops if you’re standing on public transport.
- Sit with good posture and try to hold it for a given period of time. Sit on a Swiss ball. Stand on a Bosu balance trainer.
- Do squats while you’re washing the dishes, lunges while cleaning your teeth, stretches while you wait for the kettle to boil.
- Move during the ad breaks when you’re watching TV.
- Take a break while you’re working to climb the stairs or walk briskly to the end of the garden.
- A few caveats. Exercising should not be painful: if it is, stop. Check that your posture and technique are correct and that you aren’t trying to increase the amount of resistance you are using by too much, too quickly. Start light and build up over time.
- Avoid exercise if you have cellulitis. Avoid strength exercises if you’ve had surgery in the last eight weeks.
- If your affected limb or area becomes heavy or more swollen quickly, or if you are experiencing pain, seek the advice of your specialist nurse, physiotherapist or doctor.



Adapted from the book *Get Your Oomph Back* by Carolyn Garritt (Hammersmith Health Books, 2021).

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Nordic walking—the perfect exercise

Nordic walking is brilliant exercise in general, and near-perfect for people with cancer. It worked for me during my recovery from breast cancer, acting as a stepping-stone from gentle walking to running again. I’m convinced that it helped reduce the postsurgery swelling and helped get my arm moving fully again.

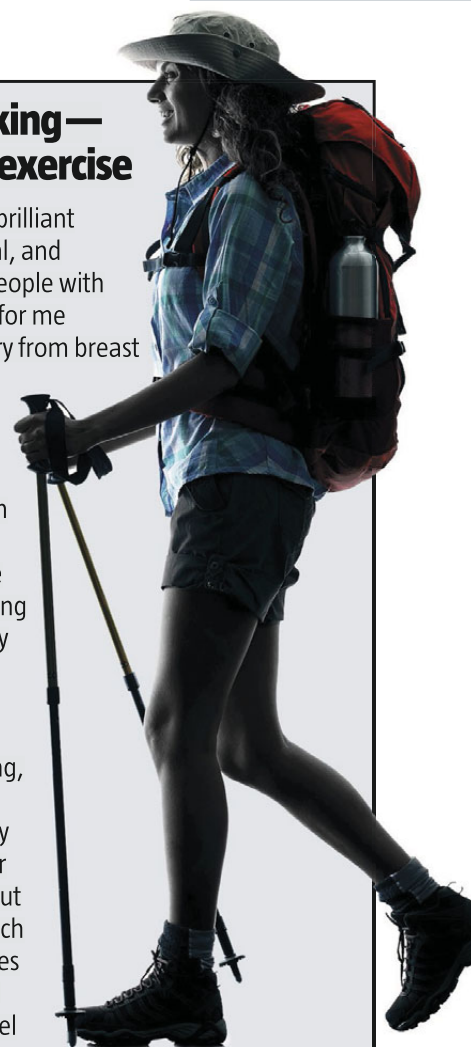
Based on cross-country skiing, Nordic walking is an outdoor activity that will work your whole body without impacting too much on your back, knees and ankles. This is exercising at a level at which you can chat, have a giggle and at the same time become stronger and get a real sense of satisfaction.

Nordic walking works the whole body. What’s more, it’s hard enough, but not too hard—it can be adapted to suit everyone’s individual fitness levels. For most people it will feel like a very spirited, energetic walk, but without that “I can’t breathe” feeling that sometimes happens with running. The difference between Nordic walking and walking briskly, or with trekking poles, lies in the way we use the poles to propel the body forward. Trekking poles, also called hiking poles, are used to support people’s balance while they walk, whereas Nordic poles are used to assist momentum.

Nordic poles hit the floor by your feet, and you push them down and backward; they therefore cause your body to move up and forward. You wear a special strap that attaches to the pole, so there’s no need to grip it hard, and you can’t drop it.

You strengthen your shoulders, arms and core with this movement, and it’s this propulsion that gives you the added oomph to walk faster and stronger. You then get into a fabulous cycle where the poles help you do more, and you use your body strength to push them, thus building your strength and fitness.

I’ve known people who say they feel like they’re flying. It makes walking feel good.



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Stay clear

Holistic vet Rohini Sathish rounds up her top natural remedies for dogs with cataracts

Q Jake, our 10-year-old American Cocker Spaniel, has developed cataracts. Can you suggest any alternatives to surgery or ways to stop them getting worse?
P.L., via email


A Cataracts are when cloudiness develops in the lens of the eye, which is usually clear. They're not the same as nuclear sclerosis, which is a normal age-related condition resulting in a hazy appearance to the eyes and seen in most old animals.

The eyes of pets with cataracts look cloudy to milky, and in most cases, the lens looks solid white even to the naked eye. This is a result of biochemical changes occurring in the proteins that are present in the lens structure. Free radicals have been known to cause damage to the eye tissues causing cataracts.

Cataract is a common inherited condition in dogs and is also seen in cats. Certain dog breeds, such as the Afghan Hound, American Cocker Spaniel, Australian Shepherd, Bichon Frise, Boston Terrier, Chesapeake Bay Retriever, Labrador Retriever, German Shepherd, West Highland White Terrier, Welsh Springer Spaniel, Staffordshire Bull Terrier, Siberian Husky and Havanese, are predisposed to cataract formation even at a young age.

Diabetes is the second most important cause of cataracts in dogs and cats. Poor diet, radiation exposure, trauma and inflammation, especially an inflammation of the middle layer of the eye called anterior uveitis, are other reasons for developing cataracts.

It's important to remember that, unlike in humans, vision is not that vital for dogs and



“Supplementing with antioxidants like vitamins E, C and A is important and may be useful for slowing down the progression of cataracts”

cats as they rely on smell. However, they do struggle to find their way and can bump into objects as they develop cataracts, so they need extra care.

Diagnosis and treatment

A veterinary ophthalmologist will use eye examination techniques such as ophthalmoscopy or slit-lamp biomicroscopy to diagnose cataracts and rule out other conditions like nuclear sclerosis.

Cataracts are classed as incipient, immature, mature or hypermature depending on how much of the lens is affected, so treatment depends on the type of cataract your dog has.

For mature cataracts, where the entire lens is affected, surgical removal of the lens is the only definitive therapy. However, if during surgery the lens-capsule barrier is damaged, the immune system attacks this lens as foreign material, resulting in severe lens-induced uveitis (inflammation) postoperatively, which is quite dramatic and needs long-term monitoring.

This is not the case in humans, which makes cataract surgery in humans a lot simpler comparatively.

Top tip

Doggy eye massage

Gently massaging the area around your dog's eyes with your fingers in a circular motion, starting from the nose and going under the eyelid, over and back again three to five times, can stimulate circulation to the eyes.

Incomplete or immature cataracts, on the other hand, can be treated with the drug atropine applied as a topical ointment three times a week.

Holistic alternatives

Diet

Feed your dog fresh food with plenty of yellow and green vegetables like kale, carrots and spinach, as these are rich in free-radical fighting antioxidants—vital for eye health.

Vitamins

Supplementing with antioxidants like vitamins E, C and A is also important and may be useful for slowing down the progression of cataracts.

If you can afford it, intravenous vitamin C therapy given weekly is a better option. But it has to be administered slowly over two hours. A holistic vet may be able to offer this.

Vitamin A also protects ocular tissue and the lens. Cod liver oil is a good option and can be added to food. Giving your dog beta-carotene, which is converted into vitamin A, is another option, although not for cats, as they can't make this conversion.

Suggested dosages: Vitamin E, 50 IU per 10 lb (4.5 kg) of body weight once daily; vitamin C, 100 mg per 10 lb of body weight twice daily; cod liver oil, ¼ tsp daily for pets under 15 lb (7 kg), ½ tsp daily for pets 15–50 lbs (7–23 kg) and 1 tsp daily for pets over 50 lb (23 kg)

Flavonoids

Plant compounds called flavonoids, especially those found in bilberries or European blueberries, are beneficial for eye health and can help protect the lens. **Suggested dosage:** For a medium-sized dog, add 50 mg of bilberry (1 capsule) to food

Homeopathy

It's best to see a homeopathic vet, but the following remedies can be effective.

Calcarea 30C, Phosphorus 30C or Silica 30C can improve lens health. Your homeopathic vet can help guide you in picking the correct one.

Suggested dosage: 3 pellets daily for a week

Conium maculatum 6X can be used if cataracts are trauma-induced. You can add the pellets crushed into milk or place them directly onto your dog's tongue. **Suggested dosage:** 2 pellets daily for five days

Cataract Crystalline Lens eye drops by Natural Ophthalmic is a homeopathic

product featuring homeopathic *Cineraria* (*Cineraria maritima*), a powerful herb capable of healing cataracts. It also contains other homeopathic ingredients like *Euphrasia*, *Silicea* and *Sepia*.

Suggested dosage: 1 drop three times per day

Commercial products

Other commercial products that can be helpful include:

Ethos Bright Eyes Eye Drops for Cataracts,

which contain the antioxidants N-acetylcarnosine (NAC) and vitamins A and E (popular in the UK).

LumenPro Pet Cataracts Eye Drops,

which contain NAC and lanosterol, a biomolecule effective for cataracts (popular in the US).

Vital Eye by Earth Animal, an organic herbal remedy containing eyebright, chamomile, ginkgo, *Lycium* and bayberry given orally to support healthy eye function.

Suggested dosages: Follow the label instructions

Acupressure

This traditional Chinese technique may be helpful for cataracts. See my book *You Can Heal Your Pet* for a detailed guide on how to give acupressure to your pet, but here are the basics.

Apply gentle pressure on the following acupressure points for one to three minutes up to five times daily.

GB 1. Located at the outside corner of the eye

GB 41. Located on the hind foot just below the ankle

ST 2. Located in the middle of the bony orbit just under the lower eyelid of the eye.



Rohini Sathish, DVM, MSC, MRCVS, MHAO, MCIVT

Dr Sathish is an award-winning holistic vet with 22 years of experience. After training in

acupuncture, acupressure, energy healing, Emotional Freedom Technique (EFT), animal communication and herbal medicine, she now actively integrates conventional veterinary treatments with complementary therapies and is co-author of *You Can Heal Your Pet* (Hay House UK, 2015). You can contact Dr Sathish at her website: www.rohinisholisticvetcare.com

Your childhood illness cheat sheet

Coughs, colds and other minor illnesses are an inevitable part of childhood. But Dr Sarah Myhill has a handy guide for treating them naturally and improving the immune defenses

Sooner or later your child will get an acute febrile (feverish) illness, cough or cold. Welcome this—coughs, colds and fevers are a desirable and essential part of training the immune system—but first be prepared with what I call ‘Groundhog’ regimes.

Because I constantly refer in my practice to the same approach, which I believe is fundamental to the treatment of all infections, and by inference to the avoidance of the major killers (cancer, heart disease, dementia), which are all driven by chronic infection, I call it Groundhog. In the film *Groundhog Day*, the protagonist is caught in a time loop where the same day is repeated again and again until there is a shift in his understanding. My Groundhog regimes represent another sort of loop that bears constant repetition. Groundhog done well will do much to prevent acute illness from developing and chronic disease getting a foothold.

For everyone, including children, I recommend ‘Groundhog Basic’ all or most of the time. This involves eating a paleo-ketogenic (PK) diet (high fat, high fiber, very low carb, no dairy or grains), a basic package of nutritional supplements including multivitamins and minerals along with vitamin C, and getting enough sleep, exercise and sunshine.

At the first sign of any infection, it’s vital to immediately put in place ‘Groundhog Acute’ (see page 62). Do not forget the wise advice of Dr Fred Klenner: “The patient should get large doses of vitamin C in all pathological conditions while the physician ponders the diagnosis.” Strike soon and strike hard because time is of the essence.

Make sure you’re stocked up with the essentials for Groundhog Acute—that is, ascorbic acid (vitamin C), Lugol’s 12% or 15% iodine and coconut oil. Kick out the acetaminophen (paracetamol), aspirin, ibuprofen and cough syrups.

Here’s my guide to treating minor and common childhood ailments using Groundhog Acute and other methods. The principles of treating these are three-fold: 1) improve the immune defenses, 2) minimize the loading dose of an infection, and 3) give the immune system the weapons to fight with.

How to treat common problems in children

PROBLEM	WHY	WHAT TO DO
Acute febrile illnesses, e.g. coughs, colds, fevers, rash, mumps, measles, chickenpox, fifth disease (also called slapped cheek), coronavirus and so on	A vital part of immune programming. Identifying the infection is not important; treatment is determined by symptoms	<ul style="list-style-type: none"> • Groundhog Acute • Do not suppress symptoms with drugs • Good nursing care: rest, warmth, fluids (as below), love • Vitamin C (ascorbic acid) immediately, little and often in water. I suggest at the very least 5 g ascorbic acid (approx. 1 g per 1 kg body weight) given over 24 hours, up to bowel tolerance. You cannot overdose with vitamin C. • Iodine oil (10 parts coconut oil to one part Lugol’s 12-15%) smeared over the nose and upper lip for respiratory symptoms and/or: • Salt pipe or atomizer with a couple of drops of iodine to sniff—if the iodine can be smelled, you have a therapeutic dose. • Topical iodine oil for mumps, chicken pox lesions and swollen lymph nodes
Febrile convulsion	If the fever is too high	<p>These are rare. They are only serious if prolonged.</p> <p>Cool baby or child down by removing all clothing and sponging with tepid water—this evaporates quickly and cools</p>
Acute vomiting and/or diarrhea Norovirus	A vital part of immune programming	<ul style="list-style-type: none"> • As above • No food (fast) until the symptoms stop but drink freely: Sunshine salt/ascorbic acid/water mix: 1 tsp Sunshine salt (5 g) per 1 liter water to give a 0.5% solution. Taste it to be sure—you should be just able to detect a slight saltiness. • If vomiting persists you may need an urgent medical opinion to deal with dehydration
Warts and verrucas, molluscum contagiosum, chickenpox, shingles	Kill viral infection	<ul style="list-style-type: none"> • Topical iodine works really well—apply with a cotton bud accurately and as often as needed to keep the lesion stained slightly yellow
Any skin breach—cut, graze, burn	Prevent infection with bacteria	<ul style="list-style-type: none"> • As above—topical iodine. Yes, it stings a bit. This will teach the child to be a bit more careful in the future!
Any fungal infection		<ul style="list-style-type: none"> • As above—topical iodine
Head lice	A side-effect of school	<ul style="list-style-type: none"> • Most head lice preparations contain highly toxic chemicals. Do not poison the child; instead apply coconut oil to make the hair slippery, then use a nit comb

Thriving in a Toxic World

The body is a natural wonder and it has adapted mechanisms in order to filter out and eliminate harmful toxins. Specifically, the five major organs responsible include the lungs, skin, kidneys, colon and liver.

As efficient as these organs are at detoxifying, they have been overburdened with toxins from a young age with food ingested, the environment (through the air we breathe and products we use), genetics and even as a result of illnesses. However, due to ineffective systems or sheer toxic load, toxins can build up silently and go unnoticed for a long period of time. Only when there is an overload do symptoms present themselves, including gastrointestinal disturbances (bloating, stomach aches, reflux), skin irritation (rashes, eczema, acne, urticaria), low energy, headaches and disrupted sleep. Although the body continually detoxes to protect us and prevent illness, it sometimes needs a helping hand to do this effectively.

Three of the main contributors to toxin burden include elevated levels of histamine, ammonium and heavy metals.

- Histamine is essential; however, some people fail to break this down effectively, causing wide spread inflammation in the body which can show as an allergic type response.
- The kidneys control the pH level in the body by producing the alkaline substance ammonium. When the body is acidic, they produce ammonium, and when the body is too alkaline, they expel ammonium. Ammonium created from protein metabolism in the intestines increases the toxic load on the kidneys and contribute towards decreased functionality.
- Repeated exposure to heavy metals within our environment due to home usage, agriculture, medicine and technology increases the likelihood of improperly degraded and re-absorbed heavy metals. These can recirculate in the body and cause wide-spread symptoms, including inflammation and symptoms affecting the central nervous system.

Gentle manipulation of the body's own detoxification processes allows for improved elimination pathways and optimised communication between organ systems. This supports the body long-term; allowing it to do what it does best.

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Common problems in children not raised according to Groundhog principles

PROBLEM	WHY	WHAT TO DO
Cradle cap, diaper rash	Fungal infections	Iodine oil (10 parts coconut oil to one part Lugol's 12–15%) — apply to keep the skin stained slightly yellow
Oral thrush (white crud on the tongue)	Fungal infection of the mouth—fungi love sugar and carbs	Miconazole oral gel applied after every meal—this is very safe and will not upset the gut flora when swallowed
Tooth decay—this is the most common reason for acute surgery and general anesthetic in children. Both carry dangers—26,000 children were admitted in the UK in 2017–2018 ¹	<ul style="list-style-type: none"> • Fermenting mouth from sugar and carbs • Soft food, so little chewing, which discourages saliva production 	<ul style="list-style-type: none"> • PK diet • Tough foods • Toothbrushing does little to prevent tooth decay
Colic, eczema, rhinitis, asthma, croup	Allergy, most often to dairy. May also be triggered by infection	<ul style="list-style-type: none"> • PK diet • Groundhog Acute
Coughs, colds and ear infections (kids are 'expected' to have eight episodes a year) ² Gastroenteritis	Poor immunity—any such infection should be minor and pass within 24–48 hours	Groundhog Acute
Gut symptoms—tummy ache, burping, bloating	<ul style="list-style-type: none"> • Allergy • Fermenting gut 	<ul style="list-style-type: none"> • PK diet • Vitamin C
Joint pain	<ul style="list-style-type: none"> • Allergy to foods • Allergy to microbes from the fermenting gut 	<ul style="list-style-type: none"> • PK diet • Vitamin C to bowel tolerance
Bedwetting or enuresis	Same as above	<ul style="list-style-type: none"> • PK diet • Vitamin C
Anxiety disorders, depression, and attention-deficit hyperactivity disorder, eating disorders and anorexia/bulimia	<ul style="list-style-type: none"> • Carbohydrate addiction • Immunotoxicity • Toxicity • Fermenting brain • Poor energy delivery mechanisms 	Easy to prevent with PK diet. Do not vaccinate!
Autism, atypical autism, Asperger's, Rett's, childhood disintegrative disorder	These are not diagnoses, but psychiatric clinical pictures—see my book <i>Ecological Medicine</i>	Good results can be achieved with all the above. Especially consider immunotoxicity from vaccinations and general toxicity

Michelle's top PK recipes

Artist and mother of two Michelle McCullagh has been putting Dr Myhill's protocols into practice for several years. Here are some of her favorite recipes, for those without the time, energy or inclination to cook more than the minimum.

Linseed mash

This is a great PK option for breakfast

Ingredients

¼ cup ground linseed

1 cup coconut cream

1 Tbsp kefir

1 tsp hemp oil

Desert spoon of stewed blackcurrants/plums/rhubarb/fruit of choice

Directions

- 1 Mix all the ingredients apart from the fruit together
- 2 Allow to soak for 5 minutes as it thickens. Warm up if it's a cold morning, then eat with the fruit.



Seed balls

These can be eaten straight from the freezer as a delicious snack.

Ingredients

1 large Tbsp coconut oil

1 large Tbsp ghee

Sunshine salt

¼ cup mixed seeds

¼ cup nuts of choice

Directions

- 1 Melt the coconut oil and ghee together in a saucepan and add a healthy sprinkling of Sunshine salt OR salt.
- 2 Grind a similar amount of seeds and nuts in a Nutri-bullet and add to the melted fats.
- 3 Let the mixture go semi-cold so that you can form it into balls.
- 4 Drop these into mini-cake casings and pop into the freezer OR
- 5 Pour the mixture into a square container lined with baking paper and pop into the fridge.
- 6 Once cold and fully set, cut into small squares and freeze.



Bone broth

I have a hot pot that is constantly on the go. A slow cooker works as well. Into the hot pot go all bones, trotters, water in which vegetables have been boiled, bacon rinds, and any meal leftovers. I ladle out the liquid as required for drinks, soups and stews. Every two or three days I take out all the fluid and store this in the fridge, chuck the remains to the chickens and start again. There is no food waste in the PK kitchen. Also see www.ohbabynutrition.com/blog/bone-broth-for-babies.

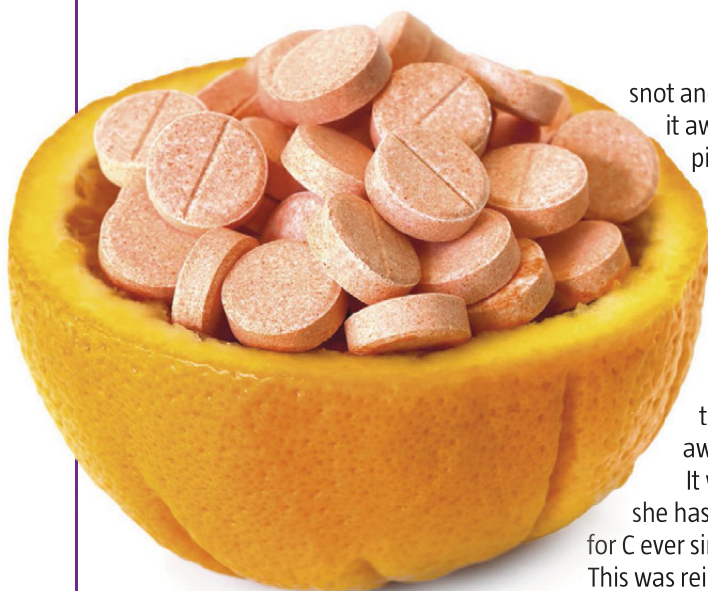


Groundhog Acute

WHAT TO DO	WHY AND HOW
<p>The Paleo-Ketogenic (PK) diet</p> <ul style="list-style-type: none"> – high-fat, high-fiber, very low-carb probiotic foods like kefir and sauerkraut – no dairy or grains – two meals a day with no snacking 	<p>Diets based on fat and fiber are unfriendly to invading microbes, which thrive on sugar and starch. The starting point for preventing and treating all infection is the PK diet, which inhibits the upper fermenting gut. This, in turn, improves digestion and absorption of food and prevents leaky gut—and reduces the toxic load of Western diets, which has the potential to overload the liver.</p> <p>See my website for more information (www.drmyhill.co.uk) or my book, <i>The PK Cookbook</i> (Hammersmith Books, 2018).</p>
<p>You may consider a fast—this is essential for any acute gut infection.</p> <p>Drink rehydrating fluids freely—that is, Sunshine salt (a mix of sea salt and 12 essential minerals plus vitamin D and B12, available from www.drmyhill.co.uk), 1 tsp (5 g) in 1 liter of water</p>	<p>“Starve a cold; starve a fever” (No, not a typo—starve any short-lived infection)</p>
<p>Vitamin C to bowel tolerance. The need for vitamin C increases hugely with any infection. Interestingly our bowel tolerance changes, so one needs a much higher dose to get a loose bowel movement during an infection. If you do not have a very loose bowel movement within one hour of taking the initial 10 g, take another 10 g. Keep repeating until you get diarrhea. Most of us need 3–4 doses to abolish symptoms</p>	<p>Vitamin C greatly reduces any viral, or indeed any microbial, load in the gut (be aware that some of the infecting load of a respiratory virus will get stuck onto the sticky mucus which lines the lungs and is coughed up and swallowed). Vitamin C improves the acid bath of the stomach. Vitamin C protects us from the inevitable free-radical damage of an active immune system.</p>
<p>A good multivitamin Sunshine salt 1 tsp daily in water 1 tsp hemp oil</p>	<p>Sunshine salt in water—because you should be fasting—at a ratio of 1 tsp (5 g) in 1 liter of water to provide a 0.5% solution</p>
<p>Take Lugol’s iodine 12%: 2 drops in a small glass of water every hour until symptoms resolve. Swill it around your mouth, gargle, sniff and inhale the vapor</p>	<p>It is well documented that 30 seconds of direct contact with iodine kills all microbes</p>
<p>With respiratory symptoms, put 4 drops of Lugol’s iodine 12% into a salt pipe and inhale for 2 minutes; do this at least four times a day. Apply a smear of iodine ointment inside the nostrils</p>	<p>As above, 30 seconds of direct contact with iodine kills all microbes. This will contact-kill microbes on their way in or on their way out, rendering you less infectious to others</p>
<p>Apply iodine ointment 10% to any bite, skin break or swelling</p>	<p>Again, iodine contact-kills all microbes and is absorbed through the skin to kill invaders</p>
<p>Consume plenty of herbs, spices and fungi</p>	<p>If you are still struggling, then see <i>The Infection Game: Life Is an Arms Race</i> (Hammersmith Books, 2018) for effective herbal preparations and how to deal with complications of infection</p>
<p>Rest</p> <ul style="list-style-type: none"> – Listen to your symptoms and abide by them – Sleep is even more important with illness 	<p>I see so many people who push on through acute illness and risk a slow resolution of their disease with all the complications that accompany such. The immune system needs the energy to fight! I find vitamin C to bowel tolerance combined with a good night’s sleep has kept me cold- and flu-free for 35 years</p>
<p>Heat. Keep warm</p>	<p>Fevers kill all microbes. Some people benefit from sauna bathing. Do not exercise</p>
<p>Light. Sunshine is best</p>	<p>Sunbathe if possible</p>
<p>Use your brain. Do not suppress symptoms with drugs</p>	<p>Symptoms of infection help the body fight infection. Anti-inflammatory drugs inhibit healing and repair—they allow the microbes to make themselves permanently at home in the body</p>
<p>If you develop other acute symptoms...</p>	<p>See my book <i>The Infection Game: Life Is an Arms Race</i>. But all treatments start with Groundhog Acute</p>

Putting it into practice

Michelle McCullagh shares her experience using two of Dr Myhill's top recommendations, vitamin C and iodine, with her two daughters, Bobby and Etta, three years and 20 months old at the time of writing.



VITAMIN C

On realizing the importance of vitamin C in our bodies, it has become part of our daily routine. I have a pint glass of warm water first thing in the morning with a teaspoon of ascorbic acid diluted in it. I use a straw to protect my teeth from the acidity. I drink on average another two or three glasses of the same throughout the day.

I drank a lot of this mix throughout pregnancy, often 3–4 teaspoons daily (20 g or 20,000 mg), particularly near the end with Etta. During those winter months there were so many snotty colds going around in Bobby's playgroups. Etta was certainly getting plenty of vitamin C through my pregnancy and while breastfeeding her.

As soon as the girls were on water in their sippy cups, they were having vitamin C in it at half my strength (2½ g or ½ tsp in a liter of water). It came everywhere with us.

Bobby went through a stage of quite definitely saying, "Mummy, no vit C!" as I mixed her water. One morning she woke up with a runny nose. She did not like the

snot and kept wiping it away with a piece of tissue.

I told her all about how vitamin C will sort this out: "Some C-drink a day keeps the snotties away."

It worked, and she has been keen for C ever since.

This was reinforced when Bobby was given a book for Christmas: *Buttercup, Me and Vitamin C*. It's about a boy and his cow, Buttercup. He discovers that she can make her own vitamin C and must do so to remain healthy.

Bobby really understands it now and says she, too, wants to be as well as Buttercup. Now she asks for her health drink and makes sure her little sister is in receipt of the same.

Both the girls now have vitamin C in every cup of water. This is too weak to damage their teeth. Of course, the greatest damage to teeth comes from sugars.

IODINE

Way before Covid was ever mentioned, when I used to take Bobby to playgroups, I would always have a pot of iodine oil in the car. This is made up of 10 parts coconut oil mixed with one part Lugol's 15% iodine.

I would put this on hands and face, and slightly up her nose.

During the winter months when snot was streaming from kiddies' noses and being spread on just about everything they touched, I would bring Bobby in with a yellow tinge to the end of her nose and hands, because we were doing our best to get a milder dose of the snots.

Of course, she did get coughs and colds, but I always felt they weren't half as bad as most others' and her body dealt with them so well. They never once kept her up at night.

During the Covid pandemic when I had to take the girls to the shops with me, before getting out of the car I would smother us all, hands, forearms, faces and noses, and off we would go.



Adapted from *Green Mother: Families Fit for the Future*, by Dr Sarah Myhill, Michelle McCullagh and Craig Robinson (editor), Hammersmith Health Books, 2022

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THE HEALTHY **HOT** LIST

Set a romantic mood this Valentine's Day with these aromatherapy gifts, says Joanna Evans, all scented with 100 percent natural essential oils



HEAVEN SCENT LIHA

Asé Goddess Rollerball Perfumes, \$56.79/£42 (3×14mL)
www.lihabeauty.com

Each named after a West African Yoruba Goddess from the Pantheon of Orishas, these all-natural rollerball perfumes can be used alone or layered and mixed and matched to create a signature scent. Made up of a marula oil base and blends of pure organic essential oils, all ethically sourced, the scents include calming Yemoja, a combination of petitgrain, frankincense and ylang ylang; uplifting Oya, a mix of grapefruit, rosemary and juniper berry; and sensual Oshun, a fusion of orange, jasmine and ylang ylang. Perfect for the goddess in your life.



IN THE MOOD WELEDA

Aroma Showers,
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(6.8fl oz/200mL)

US: www.weleda.com
UK: www.weleda.co.uk

This 'Love' creamy body wash from Weleda's new Aroma Showers range is completely natural and fragranced with the romantic floral scents of rose, jasmine and ylang ylang essential oils. Designed to boost mood and wellbeing while gently cleansing the skin with plant-based biodegradable cleansers, the body wash is ideal for Valentine's Day and every day.

SPA EXPERIENCE SCENTERED

Self Care Recovery Set,
\$150/£118.80

US: scentered.com
UK: www.scentered.me

This luxurious gift set includes an all-natural aromatherapy candle to scent your space, a portable aromatherapy balm to apply to pulse points, a super soft microfiber and cotton bathrobe to keep you cozy and a natural silk eye pillow to help you sleep. The aromatherapy products feature Scentered's 'Love' pure essential oil blend, a comforting combination of orange, clove, rose, ylang ylang, patchouli, vanilla and cedarwood

designed to help you rebalance and reconnect emotionally.



LIGHT UP NEOM

Wellbeing Pod Luxe & Precious Essential Oil Blends Collection, £189

www.neomorganics.com

Aromatherapy vapor diffusers are a fantastic way to enjoy the benefits of essential oils. This new Wellbeing Pod from Neom is larger than your average diffuser and designed to scent large spaces in minutes. Crafted with a ceramic cover and a sustainably sourced wooden base, the Pod comes with a remote control and a light you can set to sync with your breathing for moments of mindfulness. Also included are four of Neom's 100 percent natural essential oil blends to boost your mood: Orange Blossom & Neroli; Grapefruit, Mandarin & Eucalyptus; Jasmine, Bergamot & Geranium; and Ylang Ylang, Vetivert & Tonka Bean. Smaller versions of the Pod are also available. Neom only offers this package on their UK site, but all the same products can be ordered individually on the US site as well.



DEEP SLEEP KISS THE MOON

Love Rose Ritual Bedside Set, £35 (about \$48)

www.lovelula.com

Specializing in 100 percent natural nighttime aromatherapy to help you to sleep beautifully, Kiss the Moon offers a brilliant range of Valentine's-worthy gift sets, including this Rose Ritual Bedside Set, featuring a nourishing overnight hand cream and an aromatic pillow mist. Both are infused with the brand's 'Love' fragrance, a blend of rose, frankincense, palmarosa and ylang ylang essential oils to instill a feeling of peace and wellbeing at bedtime.

A quarter of all breast cancer cases aren't cancer at all

When it isn't cancer

Bryan Hubbard

What's in a name? A rose may smell just as sweet, but in medicine—and its drive for immediate diagnosis—the name takes on its own power and life.

Several of our friends recently had debilitating chemotherapy—and, in one case, a full mastectomy—after they had been diagnosed with breast cancer, or so they thought. While we would have counseled caution and other less aggressive approaches first, we completely understood the women had been shocked into immediate, aggressive action. The very word “cancer” can have that effect even on the best of us.

The trouble was that our friends didn't have cancer at all. They had DCIS, or ductal carcinoma in situ. It's also sometimes called intraductal carcinoma—there's that dreaded word again—but it is in fact a noninvasive or pre-invasive breast cancer, often classified as “stage 0” breast cancer. Cells around the breast tissue ducts are showing some abnormalities, but there is no certainty they will spread or invade breast tissue.

In fact, 98 percent of women with a DCIS diagnosis are alive and well 10 years later, even without any treatment. Only around 1 percent of DCIS cases develop into breast cancer every year.

DCIS is a phenomenon of mass breast cancer screening. It was almost never detected before mammography, and yet today accounts for a quarter of all breast cancer “cases.”

This means that 60,000 American women and around 7,000 Britons are told each year that they have breast cancer when, in fact, they have nothing of the sort.

It could be worse. Mammography picks up only around 75 percent of DCIS cases, which means that 25 percent of screened women happily get on with their lives, unaware of

any cancerous burden that medicine would otherwise place upon them.

Even in the small percentage of cases that do develop into breast cancer, the form seems to be the lowest grade and slowest growing, making it eminently treatable.

Despite all the reassurance that DCIS invariably doesn't become cancer—and even if it does, it is one of the most benign types—women not unnaturally suffer stress and anxiety when they are given a DCIS diagnosis.

Worse, they face an arduous treatment path, with mastectomy still the preferred option. But with DCIS not even being cancer, it's not surprising the number of health researchers who have concluded that the condition is being over-treated. This has a knock-on effect on the woman herself, of course, as the Marmot Report concluded a decade ago.¹

In heralding the results of important reports like Marmot, it's a form of lazy journalism to append adjectives like “influential,” but as its findings made not a

jot of difference in the world of oncology, we should instead perhaps just say it was “vaguely interesting.”

This stubborn terrain is the home of cancer researcher Shelley Hwang from Duke Cancer Center, who for years has been trying to change the way we see, and treat, DCIS. In case oncologists weren't keeping up with the latest research, *Time* magazine made their job a little easier by making Hwang one of their most influential people in 2016.

But there's something deeper going on, suspects medical researcher Maartje van Seijen at the Netherlands Cancer Institute. Essentially, it's about naming things. He asks, is cancer always cancer?²

Of course, cancer is always cancer, but DCIS almost never is.

This opens up a richer seam of questions. Why, for instance, are women never told what DCIS actually is—that they don't have cancer, and possibly never will? And why do oncologists follow the most aggressive treatment protocols possible when they know the very low risk that DCIS represents?

Hwang and others have campaigned to get the “cancer” word taken out of DCIS altogether, and that would be a start. If, instead, it was called something like “minor cell abnormality”—which is what it is—a woman wouldn't immediately stress, and perhaps it might even change the oncologist's perception of the problem.

As to the latter, we doubt it. With DCIS taking up a quarter of the oncologist's work—and so, as a consequence, making up 25 percent of revenues—we don't see any change on the horizon.

That's the power of naming things.

Why, for instance, are women never told what DCIS actually is—that they don't have cancer, and possibly never will?

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