

The Weston A. Price Foundation

Wise Choices, Healthy Bodies: Diet for the Prevention of Women's Diseases

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Wommen desyren to have sovreyntee
—Chaucer, *The Book of the Duchess*

And sovereignty they have achieved, in many fields. While barriers remain, women have taken their proper place in the work force, in education, in law and in politics. Yet in the field of health, sovereignty is elusive. In fact, the recent increase in women's diseases—from breast cancer to infertility—undermines the advances that women have gained in other areas. The demands on career women with families are great, requiring excellent health and stamina. Even minor health problems make it difficult to fulfill the dual role of homemaker and wage earner. Severe health problems pose the specter of catastrophic disruption to family life and to economic solvency.

As the incidence of women's diseases has increased, so have the number of books on the subject. Peruse the shelves of any bookstore and you will find dozens of works on women's health. Some merely present allopathic treatments for women's diseases. Others describe alternative therapies—like exercise, yoga, acupuncture, aromatherapy, art therapy, biofeedback, positive thinking, meditation, light therapy, massage, herbs, homeopathy, hydrotherapy, vitamins and Chinese medicine. All of these therapies have their place and may be helpful, but only when practiced in conjunction with a diet that supports the female reproductive system. Unfortunately, the dietary advice dished out in the various books on women's diseases is appalling—simplistic, fatuous and dangerous—consisting mostly of

prescripts to consume lots of soy foods, whole grains, legumes, fruits and vegetables with warnings against animal foods, particularly dairy fats and red meats.

Dangers of Vegetarianism

Writers on women's issues may denigrate animal foods with insouciance but, in fact, the scientific literature offers very little in the way of long-term studies on the value of a vegetarian diet. Dr. Russell Smith, a statistician, analyzed the existing studies on vegetarianism¹ and discovered that while there have been ample investigations which show, quite unsurprisingly, that vegetarian diets significantly decrease blood cholesterol levels, studies evaluating the effects of vegetarian diets on mortalities continue to be few in number. In fact, Smith speculated that the available data from the many existing prospective studies are being shelved because they reveal no benefits of vegetarianism. For example, mortality statistics are strangely absent from the Tromso Heart Study in Norway which showed that vegetarians had slightly lower blood cholesterol levels than nonvegetarians.²

In a review of some 3,000 articles in the scientific literature, Smith found only two that compared mortality data for vegetarians and nonvegetarians. One was a 1978 study of Seventh Day Adventists (SDAs). Two very poor analyses of the data were published in 1984, one by H. A. Kahn and one by D. A. Snowden.³ The publication by Kahn rather arbitrarily threw out most of the data and considered only subjects who indicated very infrequent or very frequent consumption of the various foods. They then computed "odds ratios" which showed that mortality increased as meat or poultry consumption increased (but not for cheese, eggs, milk or fat attached to meat.)

When Smith analyzed total mortality rates from the study as a function of the frequencies of consuming cheese, meat, milk, eggs and fat attached to meat, he found that the total death rate decreased as the frequencies of consuming cheese, eggs, meat and milk increased. He called the Kahn publication "yet another example of negative results which are massaged and misinterpreted to support the politically correct assertions that vegetarians live longer lives."

The analysis by Snowden published mortality data for coronary heart disease (CHD), rather than total mortality data, for the 21-year SDA study. Since he did not eliminate the intermediate frequencies of consumption data on meat, but did so with eggs, cheese and milk, this represents further evidence that both Kahn and Snowden based their results on arbitrary,

after-the-fact analysis and not on pre-planned analyses contingent on the design of their questionnaire. Snowden computed relative risk ratios and concluded that CHD mortality increased as meat consumption increased. However, the rates of increase were trivial at 0.04 percent and 0.01 percent respectively for males and females. Snowden, like Kahn, also found no relationship between frequency of consumption of eggs, cheese and milk and CHD mortality “risk.”

Citing the SDA study, other writers have claimed that nonvegetarians have higher all-cause mortality rates than vegetarians⁴ and that, “There seems little doubt that SDA men at least experience less total heart disease than do others. . .”⁵ The overpowering motivation to show that a diet low in animal products protects against CHD (and other diseases) is no better exemplified than in the SDA study and its subsequent analysis. While Kahn and Snowden both used the term “substantial” to describe the effects of meat consumption on mortalities, it is more obvious that “trivial” is the appropriate descriptor. It is also interesting that throughout their analyses, they brushed aside their totally negative findings on foods which have much greater quantities of fat, saturated fat and cholesterol.

The second study was published by Burr and Sweetnam in 1982.⁶ It was shown that annual CHD death rate among vegetarians was only 0.01 percent lower than that of nonvegetarians, yet the authors indicated that the difference was “substantial.”

The table below presents the annual death rates for vegetarians and nonvegetarians which Smith derived from the raw data in the seven-year Burr and Sweetnam study. As can be seen, the “marked” difference between vegetarian and nonvegetarian men in Ischemic Heart Disease (IHD) was only .11 percent. The difference in all-cause death rate was in the opposite direction, a fact that Burr and Sweetnam failed to mention. Moreover, the IHD and all-cause death rates among females were actually slightly greater for heart disease and substantially greater for all causes in vegetarians than in nonvegetarians.

Annual Death Rates of Vegetarians and Nonvegetarians

	IHD	All-Cause
Male vegetarians	.22%	.93%

Male nonvegetarians	.33%	.88%
Female vegetarians	.14%	.86%
Female nonvegetarians	.10%	.54%

These results are absolutely *not* supportive of the proposition that vegetarianism protects against either heart disease or all-cause mortalities. In fact, they indicate that vegetarianism is more dangerous for women than for men.

The claim that vegetarians have lower rates of cancer compared to nonvegetarians has been squarely contradicted by a 1994 study comparing vegetarians with the general population.⁷ Researchers found that although vegetarian Seventh Day Adventists have the same or slightly lower cancer rates for some sites, for example 91 percent instead of 100 percent for breast cancer, the rates for numerous other cancers are much higher than the general US population standard, especially cancers of the reproductive tract. SDA females had more Hodgkins disease (131 percent), more brain cancer (118 percent), more malignant melanoma (171 percent), more uterine cancer (191 percent), more cervical cancer (180 percent) and more ovarian cancer (129 percent) on average.

Hormones and Health

The female reproductive cycle is governed by two hormones-estrogen and progesterone. For a period of about two weeks, from the end of menses until ovulation, the ovaries secrete relatively large quantities of estrogen. Estrogen stimulates new growth, more blood vessels and more nutritive supply to the endometrium, the lining of the uterus, thus preparing the womb for the implantation of the egg should fertilization take place. During the second phase, estrogen production decreases while progesterone, the other female hormone, increases.

Progesterone causes a decrease in the blood supply to the endometrium so that, if no fertilization occurs, the endometrium is expelled during menstruation, ten to fourteen days later.

The secretion of these hormones is cyclical and governed by complex factors, including other hormones from the thyroid, adrenal and pituitary glands. Thus, the entire endocrine system is involved and requires nourishment in order for the menses to occur with regularity and ease.

In order to produce estrogen and progesterone as required for the reproductive cycle, the body needs adequate amounts of cholesterol, because all the sex hormones are made from this vital substance. For this reason alone vegetarian diets for women are unwise as vegetarian diets will lower cholesterol. Furthermore, in order to avoid animal fats, vegetarians are likely to consume large amounts of trans fatty acids found in "cholesterol-free" margarine, spreads and vegetable shortenings. There is considerable evidence that trans fatty acids interfere with reproduction,⁸ possibly because they disrupt the action of the P450 cytochrome enzyme systems needed for the conversion of progesterone into the various types of estrogens.⁹

Thyroid Function

The thyroid gland is intimately involved in the female reproductive cycle. As early as 1899, physicians were successfully treating menstrual and fertility problems with natural thyroid supplements.¹⁰ Dietary factors that contribute to healthy thyroid function include adequate protein and iodine (thyroid hormone is composed of iodine and tyrosine, a protein found in animal foods); trace elements such as iron, zinc and selenium (needed to prevent anemia and for key enzymes to make hormonal conversions); B vitamins, including B₁₂; vitamin C; and, above all, adequate vitamin A from animal sources.¹¹ Many substances in the modern diet depress thyroid function, including soy foods,¹² fluoride¹³ and possibly even aspartame, the artificial sweetener found in nutrasweet.¹⁴ Pesticides and other pollutants may also depress thyroid function.

The condition of hypothyroidism is widespread. The American Association of Clinical Endocrinologists estimates that 1 in 20 Americans or 13 million people are afflicted with thyroid disorder. Many researchers feel that this number reflects only the tip of the iceberg and that it is actually three or four times as high. Thyroid disorders affect women more often than men and tend to flair up during middle and late middle age. Symptoms include weight gain, fatigue, headaches, constipation, cold hands and feet and depression, in addition to disorders of the reproductive system. A surprising indication of thyroid disorder is high HDL, the so-called "good" cholesterol.¹⁵

Adequate thyroid function is particularly critical for women during their childbearing years. Children born to mothers with low thyroid function score lower in intelligence tests.¹⁶

The Fat-Soluble Activators

In his pioneering studies of isolated indigenous peoples, Dr. Weston Price discovered that the diets of healthy population groups contained much higher levels of the fat-soluble vitamins A and D than the American population of his day.¹⁷ In fact, foods rich in these factors, such as butterfat from cows eating rapidly growing green grass, liver and other organ meats, cod liver oil, fish, shellfish and fish eggs, were considered important for reproductive health and great effort was expended to provide these foods to prospective parents, pregnant and nursing women and growing children. Sadly, these are the very foods that women tend to avoid as they are seduced by the false promises of vegetarianism.

Modern medicine has largely ignored Price's research, even though recent studies have provided a complete vindication of his findings. Vitamin A is now recognized to be essential for normal reproduction and endocrine function, particularly for a healthy thyroid gland. Adequate vitamin A during the growing years is necessary for sexual maturation. Deficiencies in adolescent girls can result in infertility, excessive bleeding during menstruation, anemia and retarded growth.¹⁸ Vitamin A stores are depleted by stress, including the stress of pregnancy. Women in particular need to consume vitamin-A-rich foods including butter and cream from grass fed cows, eggs, liver and cod liver oil.

As for vitamin D, researchers now recommend 4000 IU vitamin D daily for optimum health, or ten times the current RDA.¹⁹ Vitamin D supports the production of estrogen and has been used successfully to treat PMS.²⁰ Low levels of vitamin D are associated with menstrual migraines, infertility and breast cancer.²¹ Research is accumulating that indicates that vitamin D is essential for full reproductive function in both sexes.²² Food sources of vitamin D include cod liver oil, oily fish, shellfish and lard from pigs allowed to spend time in the sunlight.

Endometriosis and Menorrhagia

Endometriosis occurs when the endometrium does not slough off normally at menstruation. It is usually accompanied by menorrhagia (heavy bleeding), severe menstrual cramps, and pain

with defecation, intercourse and even ovulation. In severe cases the endometrium or lining of the uterus migrates to other sites such as the intestines and the bladder. The islands of the endometrium cause pain when they go through the cycle of menses and bleed as if they were normal uterine tissue. Cysts and fibroid tumors are common side effects.

It is thought that endometriosis and related disorders are associated with a disruption in the estrogen-progesterone cycle, resulting in high levels of estrogen and low levels of progesterone. In monkeys, exposure to dioxin, which is an estrogen-like compound, resulted in moderate to severe endometriosis.²³ In horses, endometrial fibrosis has been treated successfully with dimethyl sulfoxide (DMSO), which is approved for use in animals but not in humans.²⁴

Orthodox treatment includes estrogen-blocking drugs, such as Danocrine, and laser treatment of the endometrium. Unfortunately Danocrine can provoke many side effects, including weight gain, fatigue, dizziness, headaches, acne, increased facial hair, pelvic and back pain, breast problems, cramps, hot flashes, depression, rashes and allergies. When laser treatment is not successful, the only remaining surgical option is hysterectomy. In fact, the leading cause of hysterectomy is excessive bleeding, often associated with endometriosis.

Most popular books on endometriosis warn patients not to eat animal foods such as butter, liver and eggs because these contain arachidonic acid, a long-chain fatty acid which serves as the substrate for localized tissue hormones-called prostaglandins-that provoke inflammation. Actually endometriosis is not really an inflammation of the type that occurs after an injury; and arachidonic acid also serves as the substrate for prostaglandins that counteract inflammation.²⁵ The irony-actually the tragedy-of this advice is that animal foods like butter, liver and eggs are excellent sources of vitamin A. And endometriosis and excessive bleeding respond very well to vitamin A therapy. In South Africa, vitamin A has been used as standard practice for the treatment of menorrhagia (excessive bleeding) since 1977 with a 92 percent cure rate!²⁶

Virtually every popular book dealing with women's health contains fundamental misinformation on vitamin A (<http://www.westonaprice.org/health-topics/abcs-of-nutrition/vitamin-a-vagary/>), asserting that vitamin A from animal foods is toxic and recommending carotenes from plant sources instead. Typical of the confusion about vitamin A

is this statement from a book on endometriosis: "Vitamin A taken too enthusiastically can be toxic, since it is stored in the liver. Beta-carotene, however, is not converted into vitamin A unless the body requires it, and you cannot suffer from toxic levels of it."²⁷ Actually natural vitamin A from cod liver oil and other animal sources is not toxic except in very large amounts. The liver is exquisitely designed to store vitamin A so that this vital nutrient is available in times of scarcity. Many conditions prevent the conversion of beta-carotenes into true vitamin A, including low thyroid function; and even individuals who convert beta-carotene easily cannot obtain optimum amounts from plant foods.²⁸ Finally, both synthetic vitamin A and synthetic beta-carotenes can be toxic.²⁹ Yet books on women's health usually recommend supplements containing the synthetic forms.

Calcium, phosphorus, magnesium, zinc, potassium, iron and good quality protein are all recommended for endometriosis and related conditions. Yet the body cannot absorb these minerals and protein without adequate amounts of natural, animal sources of vitamin A and D in the diet. Iron deficiency is a critical problem for women suffering from heavy bleeding but iron cannot be absorbed without adequate vitamin A.³⁰ Many women have reported that bleeding worsened when iron was given without supplementation with vitamin A.

Breast Cancer

Breast cancer was a rare disease in 1900. Today it occurs in epidemic proportions-by some estimates one in every eight women will contract breast cancer, many of them during their childbearing years. Peruse the scientific literature on breast cancer and you will find that the following nutrients are considered protective against this terrible disease: vitamin C, carotenes, vitamin A, vitamin D, vitamin CoQ10, conjugated linoleic acid (CLA), sphingomyelin and butyric acid.³¹ Of these, only the first two (vitamin C and carotenes) are found in plant foods. The rest are provided exclusively from animal foods, particularly butter and fats from animals allowed to graze, but the vast majority of popular books on breast cancer promote a lowfat vegetarian diet for women with breast cancer!

The animal-based nutrients promote breast health in many ways. In particular, they support both thyroid and adrenal function. Low cortisol salivary levels are associated with decreased survival in breast cancer patients.³² Corticoid steroid hormones are secreted by the adrenal glands and help the body deal with stress. Like the various sex hormones, they are made from

cholesterol.

For patients with benign breast disease, treatment with 150,000 IU vitamin A resulted in notable pain reduction in nine of 12 participants.³³

Breast cancer has a strong association with low levels of vitamin D and lack of sunlight.³⁴

Although women with breast cancer often develop a deep fear of dietary fats, a study by Walter Willet of Harvard found no correlation with fat intake and breast cancer.³⁵ In other words, women on lowfat diets had just as much breast cancer as women on high-fat diets.

Popular writers point to other studies which do show a correlation between fat consumption and breast cancer. The problem with such studies is that all fats are lumped together for purposes of analysis when actually some fats can cause breast cancer while others are protective. *Trans* fatty acids from partially hydrogenated vegetable oils have been positively associated with cancers of organs rich in fat tissues, such as the breast and prostate glands.³⁶ Yet when we checked the indices of all the popular books on breast cancer in one bookstore, we found not one entry for *trans* fatty acids. These altered fats are found in almost all processed foods, particularly foods consumed by vegetarians who want to avoid "cholesterol and saturated fat." Processed liquid vegetable oils high in omega-6 fatty acids have also been associated with increased rates of breast cancer.³⁷ The diets of healthy traditional peoples, including Americans at the turn of the century, did not contain these factory-produced oils.

Conjugated linoleic acid has been shown to be very protective against breast cancer.³⁸ It is found in butterfat, beef fat and lamb fat of grass-fed animals. Unfortunately, most butter in the US comes from cows fed only dry feed.

The biggest scam promoted in the guise of women's health is, quite possibly, the promotion of soy foods, rich in plant-based estrogens such as genistein, for the prevention and treatment of breast cancer. "I think soy protein is still the best choice for breast cancer prevention," says

Susan Love, an author and researcher noted for her writings on breast cancer. "I have a soy protein drink for breakfast and I eat tofu."³⁹ Women are not being told that an exhaustive report by the UK Ministry of Agriculture, Forestry and Fisheries found that the phytoestrogens in soy offer no protective effect;⁴⁰ or that Mark Messina, author of a popular book on soy

foods, now admits that soy does not protect adult women from breast cancer.⁴¹ In fact, in 1997, researchers found that dietary genistein stimulated breast cells to enter the cell cycle, a condition that presages malignancy.⁴² The same books that recommend calcium, zinc and magnesium for protection against breast cancer do not mention the fact that soy blocks absorption of calcium, zinc and magnesium.⁴³ Soy is also a known goitrogen-it depresses thyroid function.⁴⁴

Women diagnosed with breast cancer face difficult choices-do they submit to surgery and if so, how extensive should that surgery be? Do they take tamoxifen or chemotherapeutic drugs, all of which have serious side effects, or do they choose less toxic “unproven” remedies? Only the individual patient can make that choice, but whatever route she chooses, whether orthodox or alternative, the right diet will go a long way to increasing her chances for long-term survival and improving her quality of life. That means a diet rich in protein and fat from grass-fed animals and from which all processed foods, including all soy foods, are excluded.

Infertility

An estimated 25 percent of American couples cannot conceive children. The fault may lie with either the male or the female. In both sexes, influences on the development of the sexual organs during infancy and childhood can determine the ability to conceive later in life. Unfortunately, damage to the reproductive organs from lack of nutrients or exposure to environmental estrogens during early life is frequently irreversible.

Even when the reproductive system has developed normally, nutritional deficiencies can inhibit conception. Much of the heartbreak of infertility can be traced to the substandard diet of teenage girls, diets usually high in sugar and trans fatty acids and low in the all-important fat-soluble activators. The fad of vegetarianism, so prevalent today in American high schools and universities, puts young women at great risk for infertility problems.

The fat-soluble vitamins play a critical role in fertility. Vitamin A is essential to the proper development of the follicle of the ovary, the structure that develops monthly to extrude an egg from the ovary and produce hormones that foster its successful implantation in the uterus.⁴⁵ Low levels of vitamin D are also associated with infertility.⁴⁶

Any woman trying to get pregnant, either in the traditional way or with the aid of the various methods offered at fertility clinics, can benefit from the kind of diet that Weston Price recommended, one high in nutrient-dense animal foods from grass-fed animals. That often means overcoming a fear of cholesterol and saturated fats as these are contained in the very foods that nature uses to ensure successful reproduction.

Actually, cholesterol is a woman's best friend. At a workshop held in 1992 at the National Heart, Lung and Blood Institute, researchers looked at every study that had been published about the risk of having high or low cholesterol and came to the same conclusion: mortality was higher for women with low blood cholesterol than for women with high cholesterol.⁴⁷

Menopause

Natalie Angier, author of *Women: An Intimate Biography*, points out that the condition of menopause is unique to humans.⁴⁸ In all other species, the female is fecund throughout her life, able to give birth until the time of death; but human females enjoy a long period in later life in which they are freed from the role of child-bearer.

Actually, menopause occurs in human females for a very practical reason. Human mothers in foraging societies can care for one infant, but because human children develop slowly, they are not able to provide food for themselves and their children when a second child is born. Assistance comes from grandmothers and aunts who no longer bear children and are thus freed up to aid in the nourishment of the younger generation.

Humans differ from other animals in the complexity of their nervous systems, complexity that requires many years to develop. If human females did not experience the cessation of fertility that allows them to assist in providing for growing children, the human race could not exist. Yet modern medicine treats menopause as a disease requiring treatment with powerful drugs.

The drugs used to "treat" menopause are estrogens, derived from mares' urine (as in Premarin); plant foods (such as soy); or even "natural" estrogens extracted from human urine. They are prescribed to millions of women with the promise of prolonged youth, protection against osteoporosis, relief from vaginal dryness and freedom from hot flashes. According to

the popular press, "Estrogen helps keep skin thicker and less wrinkled by slowing the breakdown of collagen."⁴⁹ How can any forty-ish woman resist such claims?

But the search for the fountain of youth through Hormone Replacement Therapy (HRT) carries considerable risk. According to the patient insert that comes with Wayerst Laboratories drug Premarin, side effects include nausea and vomiting, breast tenderness or enlargement, enlargement of benign tumors of the uterus, retention of excess fluid that may worsen certain conditions such as asthma, epilepsy, migraine, heart disease or kidney disease, and "a spotty darkening of the skin, particularly on the face." More serious side effects include cancer of the uterus and breast, gallbladder disease and abnormal blood clotting, according to the insert. When these dangers are cited in magazines and newspapers, the most common response is the claim that HRT reduces the risk of heart disease, so much so that this reduction more than compensates for the "slight increase in risk" for breast or uterine cancer. But a 1998 study reported 24 percent more deaths from heart disease in a group of women taking HRT than those taking a placebo.⁵⁰ These results were not statistically significant but they do suggest that HRT is not protective against heart disease.

To counteract the effects of estrogen therapy, some practitioners are recommending progesterone as an antidote-either in synthetic form or as a "natural" ingredient of various rub-on creams. Because the "natural" progesterones come from plant sources, they are assumed to be safe. But these "natural" progesterones must undergo several synthetic chemical conversions. The soybean product is derived from a sterol compound called stigmasterol, which is then synthesized to progesterone. The yam product is derived from diogenine. Whether rubbed on or taken by mouth, progesterones, like estrogens, can interfere with the body's natural cycle of hormone production. The long-term effects are largely unknown and it is easy to overdose. The amount of progesterone in a cream may vary greatly from one product to another and there is no way of telling how much reaches the bloodstream.⁵¹

Not to be outdone in the hormone-meddling activities foisted on the American woman, some clinicians now recommend the addition of androgens-male hormones-to the estrogen cocktail. They cite evidence that these male hormones may improve a woman's energy and mood, reduce breast pain, energize waning libido and protect against osteoporosis, citing "a direct,

positive correlation between post menopausal circulating levels of androgens and protection from vertebral crush fractures.”⁵²

The truth is that every woman in the world experiences a decline in the level of female hormones and a rise in the level of male hormones at menopause. This is nature’s way of equipping the female sex for her new role as forager, worker and sage. Like the male youth of eighteen, she experiences hotbloodedness, signaled by hot flashes, as she prepares for a lustier life than the cloistered one she led as a mother of small children. If she falls for the promises of the estrogen-peddlers, she inhibits the forces that push her into the role of activist and extrovert and throws cold water on the fire that her hormones have set to pry her out of her nest and into the brave new world of adventure and challenge.



Photo © Price-Pottenger Nutrition Foundation
www.price-pottenger.org

(<http://www.westonaprice.org/wp-content/uploads/Grandmother.jpg>)

Photographed by Weston Price, this sturdy and self-reliant grandmother living

in the Torres Straits went fishing every day to provide food for her beautiful daughters and healthy

Androgens may be given to counteract estrogen-induced mood swings, tender breasts, waning libido and softening bones (claims that estrogens prevent bone loss notwithstanding) but the real question is this: why bother emasculating ourselves with estrogens in the first place? Why second guess our glands by flooding the bloodstream with estrogens at a time when the body doesn’t want them? Why not let our own bodies make the sex hormones they need, when they need them and in the quantities that work most efficiently. For the vast majority of women, production of sex hormones is best left to the body’s exquisitely tuned endocrine system. Any woman will stay young for a long time if she eats properly and launches herself into a project worthy of her enthusiasm and love.

That means, of course, that women must make wise dietary choices so that the endocrine system is properly fed. It means avoiding processed foods and consuming only foods that are dense with nutrients. Modern women must forage just as their

ancestors did-forage for nourishing foods in a forest of junk and forage for the truth about nutrition in a briar patch of lies. Like the brave heroines of the fairy tales, women who come to the age of menopause find happiness not by tending the hearth but

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by venturing into the world to outwit dragons and discover hidden treasures that can be shared with their offspring and their communities. Hormone Replacement Therapy is a tender trap that keeps potential heroines from enjoying the adventures that await them outside their castle walls.

Wise Choices, Healthy Bodies

In indigenous societies, women's roles and women's diets were dictated by the tribal culture and did not require the individual woman to exercise her decision-making powers. By contrast, modern society gives us unlimited freedom. Every trip to the grocery store, every visit to the refrigerator presents the opportunity for wise or foolish choices about our diet.

So, too, with how we spend our time. The modern woman has been told that she can do everything-work full time, raise a family, provide meals, keep a household that runs smoothly and peacefully and remain appealing and young. Nature tells us something different. By conferring on women the gift of menopause, nature informs us that mothers of small children need help. They cannot do it all, not in indigenous societies, much less in the modern age. The pressures for young women to be both wage-earner and mother can place enormous stress on our bodies at just the stage when our strength is needed for the production and care of healthy children. That stress often leads to disease.

Feminists need not cringe. This is not a summons for women to give over newly won political freedoms or withdraw from the workplace but rather a plea for common sense. The future of both ourselves and our children is best served when full-time careers are delayed until after the childbearing years. And when young mothers are obliged to work full-time, older female relatives-aunts, grandmothers, childless siblings-should be ready to pitch in and help with child-rearing duties. In every family unit, at least one person needs to have the time to prepare nutritious meals, whether mother, father, relative or housekeeper.

Likewise, when children are grown, the wise mother will step back from the mothering role and launch herself into a career or project that takes her out of the home. Then the advice and help she proffers to her daughters and daughters-in-law can be that of friend and sage rather than of interfering nag with too much time on her hands.

The choices women make determine the health of the entire nation. Wise choices in what a woman eats and how she spends her time sustain healthy bodies, healthy children, healthy spouses, healthy households and healthy careers.

Sidebars

Cholesterol: The Mother of All Hormones

All the steroid hormones (which help us deal with inflammation, injury and stress) and all the sex hormones (including estrogen and testosterone) derive from cholesterol. Lowfat and low-cholesterol diets often have the effect of depriving the body of the raw material from which to make these vital substances.

Figure which accompanied the hard copy is unavailable at this time.

Treating Low Thyroid

Many doctors believe that the best way to test low thyroid function is to take the underarm temperature immediately upon awakening in the morning. A reading below the normal range of 97.8 to 98.2 strongly suggests low thyroid function. For women during their childbearing years, this test is best performed on the second and third days of the period after flow starts. Treatment with natural thyroid hormone, such as Armor thyroid, is more effective and has fewer side effects than treatment with synthetic thyroid hormone (Synthroid). Physicians familiar with this protocol for thyroid treatment can be contacted through the Broda O. Barnes, MD Research Foundation at (203) 261-2101.

Carotenes and Vitamin A Are NOT the Same!

Check out the label on a can of tomatoes or a bottle of ketchup and it will tell you that the products contained therein contain vitamin A. Most popular writings on nutrition create the impression that the body's requirements for vitamin A can be met exclusively with plant foods like carrots, squash, green leafy vegetables and orange-colored fruits.

But true vitamin A is found only in animal foods, a fact confirmed by none other than the Merck Manual. The water-soluble nutrients called carotenes found in plant foods are not true vitamin A but are the precursors or pro-vitamin A. The best sources of true, or preformed, vitamin A is cod liver oil, liver and other organ meats, fish, shell fish and eggs, butter and cream from grass-fed animals.

Under optimal conditions, humans convert carotenes to vitamin A in the upper intestine by the action of bile salts and fat-splitting enzymes. But this conversion is rarely optimal. Diabetics and those with poor thyroid function—a very large group in the US—cannot make the conversion. Strenuous physical exercise, excessive consumption of alcohol, excessive consumption of iron, use of a number of popular drugs, excessive consumption of polyunsaturated fatty acids, zinc deficiency and even cold weather can hinder the conversion of carotenes to vitamin A. Furthermore, carotenes cannot be converted with a lowfat diet because the conversion takes place in the presence of bile and bile is excreted only when fat is consumed.

Infants and children convert and store vitamin A very poorly, if at all. They need generous amounts of true vitamin A from animal sources for normal growth and development.

Weston A. Price discovered that indigenous diets contained at least ten times the amount of true vitamin A as the American diet of his day. Ample amounts of this fat-soluble nutrient are necessary for the utilization of protein and minerals. Vitamin A ensures good reproductive health, protects against birth defects, strengthens the immune system and contributes to healthy eyes, skin, bones and blood. Under optimal conditions, humans can make some vitamin A from carotenes and do store reserves in the liver, but for good health generation after generation, we are dependent on seafood and fats and organ meats from healthy animals. (See [Vitamin A Saga \(http://www.westonaprice.org/health-topics/abcs-of-nutrition/vitamin-a-saga/\)](http://www.westonaprice.org/health-topics/abcs-of-nutrition/vitamin-a-saga/).)

Recipe for Healthy Skin

- Avoid polyunsaturated oils and eat plenty of saturated fats. Consumption of vegetable oils is associated with wrinkles while saturated animal fats and coconut oil help prevent

wrinkles.

- Expose your skin to moderate amounts of natural sunlight or UV-B radiation from a Sperti sunlamp.
- Avoid stimulants such as coffee, tea and sugar.
- Never wash your face with soap.
- Avoid most face creams. Instead use a natural oil formulation based on olive oil or peanut oil, such as Aura-Glow by Heritage Products.

Estrogen Dangers

It is generally accepted that high levels of estrogen are associated with cancer of the breast, uterus and cervix; with cystic breast disease, uterine fibroids and endometriosis; with heavy bleeding and premenstrual syndrome; with depressed thyroid function; and with fluid retention and weight gain. Some lesser known associations are the following, as reported in the Nutri-Spec Letter of Guy R. Schenker, DC (1-800-736-4320):

Estrogen levels increase under the stress of injury, surgery, exposure to cold, infection and fasting. (*Am J Vet Res*, Feb 1998; *Keio J Med*, Sept 1989; *Prog Clin Biol Res*, 1989; *J Clin Endocrine Metabl*, 1974; *Am J Clin Nutri*, 1989)

Postmenopausal women with higher levels of circulating estrogen experience greater cognitive decline. (*J Am Ger Soc* 1998, Vol 46, Pages 816-21)

Alcoholism is associated with abnormally high levels of estrogen. (*S Gastroenterol*, Oct 1988 German)

Estrogen exacerbates symptoms of allergies and asthma. (*Rev Rheumatol Clin*, Oct 1999, Vol 55, No 5, Pages 296-300; *Ann Allergy Asthma Immunol*, Sep 1998, Vol 81 No 3, Pages 243-6) One study presented evidence that the increasing incidence of asthma in children is due to the mother's oral contraceptive use prior to pregnancy. (*Pediatr Allergy Immunol*, Nov 1997, Vol 8, No 4, Pages 200-4.)

Tampon Alert

Three substances found in most commercial tampons give cause for alarm:

- **Asbestos**, an irritant that can cause excessive bleeding.
- **Rayon**, which is super absorbent and can lead to Toxic Shock Syndrome.
- **Dioxins**, used in the bleaching process, which are estrogen-like substances that can be absorbed by the skin. Excessive exposure to dioxins has been linked to cancer and problems with the immune and reproductive system.

Safe alternatives in the form of unbleached cotton tampons are available. They are made by Organic Essentials at 1-800-765-6491 and Terra Femme at 1-800-755-0212 and can be purchased at most natural products stores.

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