

# Diet

## (for maximizing health & longevity)

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Living indisputably takes a toll on us all. There is abundant fossil evidence of arthritic-like conditions in some dinosaurs. Sharks, rats, humans and other species get cancer. But by and large, most nonhuman mammals are spared high blood pressure, heart disease, diabetes, obesity, and similar conditions collectively referred to as "the diseases of civilization." (See ***U.S. Health Statistics*** – follows this chapter) Why? Is it because they do not live as long as humans? Not necessarily, as some species are relatively long-lived. Some species of tortoises can live nearly two hundreds of years, as do some fish. But they are not genetically close to us. What of our evolutionary cousins and siblings?

In the wild, chimpanzees live to on average about 35-40 years. This lifespan matched or exceeded that of our forbearers for countless millennia, but was surpassed by humans during the past 60 years or so. This, most scientists concede, is attributable to improved nutrition and disease prevention and treatment. So it would seem that we are doing better than our evolutionary relatives on the whole. But are we really?

Let's turn this question around. Do hypertension, heart disease, diabetes, and other chronic conditions appear in chimpanzees that reach middle age and advanced old age?

While some diseases such as cancer do occur in ageing chimps, the rates appear to be far lower than one would expect if just the ageing process alone were the culprit. All things considered the "diseases of civilization" occur at remarkably low rates in our aged evolutionary relatives. The "why" behind this health discrepancy between chimps and humans should, in all probability, hold the key to our collective quest for maximal health and longevity.

In chimps and other nonhuman animals, diet and physical activity patterns are basically in harmony with each species evolved nature. In short, taking

our evolutionary siblings as an example, chimpanzees eat and engage in patterns of physical exertion that are consistent with very ancient and entrenched patterns. *Humans, on the other hand, have deviated greatly from the dietary and health-conducive physical activity that characterized our particular branch of the primate family tree for hundreds of thousands of years.*

During the course of the past forty years or so evidence has steadily accrued indicating that humans achieve and maintain optimal health on a diet that consists largely of protein, specific complex carbohydrates, and certain fats. Indeed, the dietary pattern that anthropologists and various nutrition experts have found is most consonant with our evolved nature is one referred to as “Paleolithic” or “Old Stone Age.” It is one *few* people in the West follow today. And it is this mismatch between our ancient metabolic machinery and relatively recent dietary patterns, i.e., food intake patterns that rose during the last 10,000 years (Neolithic or “New Stone Age” to present) that many experts feel underlies the rise and proliferation of many chronic diseases.

### **But aren't we living longer and healthier?**

At the turn of the last century, the average American woman could expect to live to be about 51 years of age. The average man could expect to blow out at least 48 candles on his cake before being visited by the *Grim Reaper*.

By 1998 these averages had grown considerably. Women can now expect to live to be 80 years old, and men 74 years old (CDC statistics, 2002).

According to government public health sources, these gains in the American life span are the result, *at least in part*, of reductions in infant mortality, infectious diseases among infants and children, and such basic public health measures as safer drinking water, widespread vaccination programs, better nutrition, and an improved standard of living. Other players include improved screening and treatment of certain cancers, declines in tobacco use among adults, and improvements in the medical management of many chronic diseases.

We are indisputably living longer. But -- and this is a big BUT -- there is

plenty of room for improvement.

Americans are on-the-whole overweight and out-of-shape. Researchers have linked obesity and a lack of exercise to the development of adult onset diabetes, heart disease, many forms of cancers, and to high blood pressure.

Today, heart disease, cancer and stroke are the leading causes of death among adults in the United States. These are the *Diseases of civilization* -- diseases whose development and course are, many scientists tell us, slowed or otherwise beneficially impacted by dietary, nutritional, and exercise factors.

So yes, we *really* do need to enhance our dietary, nutritional, and exercise patterns in the USA.

This brings us to the question of the mechanics of change.

We read almost daily newspaper articles on the health benefits of specific foods, beverages, fitness pursuits, and such. And yet, swimming in information though we are, the polls indicate that maybe only about 3% of Americans actually act on what they know.

Is this attributable to laziness or simply information overload or both? Or maybe it is that other concerns crowd out doing what we know is best. Grabbing a burger at a corner fast food place makes it possible to eat and get back to work in 30 minutes time. Or maybe we have just come to expect instant answers in what has become an age of instant foods, instant online access to information, and instant gratification.

Then, too, we are by-and-large inveterate gamblers insofar as we have a tendency to think the guy down the street will not get away with his or her unhealthy lifestyle choices, but we will.

If you think in terms of your own life, you probably see many of these factors at play. Human nature being what it is, most of us prefer convenience, speed, and comfort over working at staying well and fit.

In light of this, a compromise of sorts would seem in order; which is to say,

we need to zero in on simple, relatively easy to make changes that will help us maximize our health and quality of life. But do such simple but effective measures exist?

- **Simple changes that confer rich health dividends**

Medical researchers are increasingly finding that significant health benefits including disease prevention result from relatively simple dietary and nutritional changes combined with low time investment, low impact physical activities.

Let's take a look at a few you can readily and easily introduce into your particular lifestyle.

The western diet is by-and-large too high in fat. And with cause: We humans like, yes even *crave* fat. Sugary things too. This ancient pattern is wired into our brains. In a word, early people needed energy to stay healthy and survive. Fats and sugars are to us what **Ever Ready™** batteries are to the perpetual motion bunny on TV.

We are, according to many anthropologists, modern folk running about with "Stone Age" brains. We are adapted to seek out fatty foods and sweet stuff, and it is a preference, a deep-seated craving if you will, that isn't easily surmounted or tamed.

And perhaps it shouldn't be. Consider:

In a study carried out involving people on the tropical island of Kitava in Papua New Guinea, researchers surveyed 2300 natives aged 20-96 with respect to heart disease patterns (1.)

The Kitavans are a so-called "primitive" people who get a lot of their daily calories from fat. In a nutshell, the scientists found that sudden cardiac death and stroke were extremely rare in Kitavans. All the adults surveyed had blood pressure readings lower than average westerners, and were relatively thin. Interestingly, serum cholesterol was a little high, probably due to the Kitavans high intake of saturated fat from coconuts.

The diet of the Kitavans, you ask? They eat mainly tubers, fruit, fish and

coconuts, with little western food or alcohol. Saturated fat intake from coconut was high, as was their intake of omega 3 polyunsaturated fatty acids, soluble fiber, and minerals. Salt intake was quite low compared to levels in the West.

As for physical activity, the Kitavans were found to be slightly more physically active than sedentary western populations. Eighty per cent of both sexes were daily smokers. Other published research underscores what was seen in the Kitavans.

So does fat play a role in the genesis of heart disease or not?

Here we have a population eating a lot of fat, smoking, and being only slightly more active than we westerners, and they are thinner, have a lower average resting blood pressure than most of us, and virtually no heart disease. So what's protecting the Kitavans? What are they doing that we in the U.S. and elsewhere are not?

Well, while there is as of yet no clear consensus among scientists, there is sufficient evidence to indicate that the *kind of fats* consumed is a key player in the development heart disease. In a word, Westerners eat too much of the artery-clogging fats like trans fatty acids -- the "bad" fat in stick margarine -- as well as saturated fat.

But wait a minute, the Kitavans eat *lots* of saturated fat, have higher serum cholesterol levels than most Westerners, and yet have almost no cardiovascular disease. What gives?

The verdict isn't in, but the protective factor appears to be the high levels of omega-3 fatty acids in the "Stone Age" diet of the Kitavans. This is the main fat in cold water fish that has been shown to protect people from developing blood vessel blockage.

So why isn't the Kitavan's smoking wrecking havoc in their arteries? Again, the answer appears to lie in the amounts of omega-3 fatty acid-rich food the Kitavans consume daily. These fatty acids protect cell membranes from incurring the sort of damage that appears to favor the development of heart disease and even some cancers.

In Japan, where 59% of men smoke, ..that's right, a whopping 59% according to CDC statistics published during 1996,.....lung cancer rates are lower than what one would expect. Many epidemiologists and other researchers feel that the Japanese penchant for eating lots of omega-3 rich suchi, sushimi, and such underlies this trend.

No, this is not to say that it is OK to smoke. Smokers consuming high levels of omega-3 fatty acids still get Chronic Obstructive Pulmonary Disease, e.g., emphysema and lung cancer.

What this body of evidence suggests in terms of fleshing out a "balanced diet" is this: When the daily fat bug bites, satiate it with the health protective fats. Instead of gobbling down foods rich in saturated or trans fatty acids, make a practice of eating omega-3 rich fish such as lake trout, tuna, and salmon, and monounsaturated fat-rich foods such as olives, flaxseed, and peanut oils, and avocados.

Peanuts, walnuts, and wheat germ are good sources of omega-3 rich fatty acids, by the way.

If you do not happen to favor fish, omega-3 rich fish oil capsules can be found at most health food stores and even many pharmacies. Please note that diabetics and people on blood thinners should discuss fish oil supplements with a physician, as they can exacerbate or complicate these conditions.

- **What exactly is a balanced diet?**

The term "a balanced diet" was mentioned above. So what goes into making a balanced diet? And what exactly is a balanced diet anyway?

Briefly, a balanced diet is one in which you eat a varied enough intake of foods to furnish your body with the vitamins and minerals it needs to avoid deficiencies of same, as well as prevent certain chronic diseases like adult onset diabetes and heart disease. Dietary needs vary according to life stage, your lifestyle, and particular health pedigree, so to speak.

The experts suggest that we select food from 5 major food groups each day. These are:

**Vegetables**

**Fruits**

**Breads, cereals, rice, and pasta**

**Milk, yogurt, and cheese  
and**

**Meat, poultry, fish, dry beans, eggs, and nuts.**

Since breads, cereals, rice, pasta, beans, milk, yogurt, and cheese were introduced into the human diet during the past 10,000 years or so, some anthropologists and health care professionals feel that we are not really adapted to consuming them. Our metabolic machinery, if you will, is much older and is geared to thrive on a diet high in protein, low in sodium but high in potassium, and high in fruit and certain vegetables.

There is a growing body of evidence which indicates that a balanced diet lies in adopting a paleolithic or so-called "Stone Age" diet. Proponents point to the fact that many of the more recent dietary add on such as wheat, beans, and milk evoke allergic reactions in many people. Milk proteins have been implicated in the onset of juvenile diabetes (2.)

On the other hand, peoples who eat a so-called "primitive diet", one high in protein, complex carbohydrates such as potassium rich fruit, but low or devoid of beans, potatoes, rice, cereals, and milk, typically have few of the chronic diseases that plague Western societies. Interestingly, this kind of "primitive diet" is high in the powerful antioxidant compound alpha lipoic acid, as well as those B-vitamins that reduce elevated homocysteine levels (Homocysteine is a sulfur-containing amino acid that is produced during normal metabolic activity in the body and which, in high enough amounts,

contributes to the development of cardiovascular disease.)

All in all, while still controversial, it does make sense that a diet consistent with our evolved nature is probably going to produce more health benefits than a diet at odds with this nature. Recent scientific studies appear to be bearing this out. For example, in a 14-year study involving more than 80,000 women, scientists at Harvard Medical School discovered that women with the highest protein intakes were 26 percent less likely than those who ate the least protein to develop ischemic heart disease (IHD) (3.)

More importantly, protein-rich diets benefited these women *regardless* of their fat intake.

There are also studies that indicate that people who have the highest intakes of vitamin K2 have lower rates of arteriosclerosis (Hardening of the arteries). This is owed to the fact that isomers or forms of vitamin K2 such as menaquinone-7 in Vitamin K2 rich foods such as the Japanese fermented soybean food called natto help shuttle calcium from blood vessels and other soft tissues to bone where it belongs! [Health Benefits of Vitamin K2](#)

In addition to dietary sources of K2, there are now supplements available that contain menaquinone-7. A simple Google search will turn them up.

Until a consensus emerges from all the studies, it is probably wise to give credence to the government's dietary guidelines. However, in line with the evidence discussed in this article, we should strive to include lots of choices rich in omega-3 fatty acids (4.)

- **Herbs that may help keep disease at bay**

In light of the fact that the leading causes of death in adults are heart disease, cancer, and stroke, we will consider some herbs and herbal blends that will likely prevent or otherwise impact these conditions. Of course, as was true of the suggestion that folks eat more omega-3 rich fish, the herbs introduced will for the most part involve simple additions to your basic dietary and supplement use patterns.

### **Heart Disease (Arterial Blockage), Hypertension & Stroke**

The first thing we will briefly look at is common herbs and one herbal blend (Adaptrin™) that impact the players in artery disease, especially vessel blockage with plaque. Since plaque-narrowed arteries can lead to hypertension, heart attack, and stroke, we will so to speak, be knocking off 3 bad birds with one herbal volley!

The first herb we will consider is cayenne, also known as hot red pepper.

Several scientific studies have been carried out in which it was found that cayenne lowers artery-clogging cholesterol and triglycerides.

In Thailand, medical researchers took particular note of the fact that people who consume fairly large quantities of cayenne or hot red pepper have a lower incidence of potentially dangerous blood clots (called thromboembolisms). Intrigued, the scientists surveyed medical records of people in countries where hot spicy foods are regularly consumed, and found that folks who eat a diet high in cayenne have a much lower incidence of blood clotting diseases (5.)

This is logical given the fact that cayenne contains compounds that have fibrinolytic activity, meaning they are able to break up blood clots.

Working cayenne into one's diet is, of course, relatively easy. Just begin seasoning food with cayenne. Some cayenne-savvy folks carry a small bottle of hot red pepper with them to work and even to restaurants, and just sprinkle it on various foods during the course of their day.

Supermarkets carry plenty of foods laced with hot red pepper, and it is fairly easy to locate a Mexican restaurant in most metropolitan cities throughout the world.

Garlic may also help fight arterial blockage in many ways. Various studies have found that garlic does such things as protect against free radicals, reduce the tendency of the blood to clot, and possibly lower both blood pressure and cholesterol levels. In at least one published study, garlic was found to raise patient levels of the artery protective lipid, HDL -- High Density Lipoproteins (6.)

The yellow spice Tumeric, used in curry dishes, has also shown effectiveness in terms of lowering cholesterol.

While you are relishing that hot red pepper, garlic, and tumeric dish, you will no doubt want or *actually need* something to wash down your spicy load. This brings us to the 2nd easily introduced dietary measure to help prevent or retard arterial blockage: **Tea.**

Black, white and green teas contain compounds called polyphenols that lower cholesterol and triglyceride levels, as well as flavinoids that prevent the artery-blocking cholesterol, LDL, from undergoing significant oxidation. If you are not acquainted with oxidation, leave a pat of butter out at room temperature for a few weeks. It will go rancid due to the oxidation process.

During 1989, “yours truly” carried out a pilot medical study involving the effects of a Chinese black tea variety called ***Yunnan Tuocha*** on patients with high serum cholesterol levels. The participants in the study drank one cup of the tea with meals and did not change their diet or lifestyle at all. Age-, sex and health matched people who did not consume tea in any form served as a control group. At the end of one month it was found that those who consistently drank the tea experienced an average drop in total cholesterol of 19.33% after one month. The controls did not experience any significant changes in serum cholesterol.

P.C. Teas Company of Burlingame, California remains one of the very finest sources of organic Yunnan Tuocha tea here in North America: [Ling Chi Tuocoa](#)

**P. C. Teas Company**

882-888 Mahler Road

Burlingame, CA 94010

Phone: 650-697-8989

650-697-8989

Fax: 650-697-9016

[info@teastohealth.com](mailto:info@teastohealth.com)

One note of warning: If you are taking an MAO inhibitor, the caffeine in green tea could cause problems. Also, if you are taking a blood-thinning drug such as warfarin, please be advised that large amounts of green tea could interfere with its effectiveness, because green tea contains vitamin K, which directly counteracts warfarin's blood-thinning action.

And last, but by no means least, is an herbal formula called Adaptrin™ from Tibet that has been shown to significantly lower cholesterol, triglycerides and other players in heart disease in at least five randomized double-blind, placebo controlled studies carried out in Europe. This herbal drug has, in fact, been approved in Switzerland by the Swiss equivalent of the FDA for the treatment of peripheral arterial occlusive disease (PAOD). It also prevents clots from forming not unlike aspirin, but without aspirin's side effect such as erosion of the gastric lining and development of ringing in the ears in some folks with prolonged use. To learn more check out his website: [ADAPTRIN](#)

## Cancer

A lot of very compelling research being done on foods and herbs that are known as "chemopreventative compounds";, i.e., food and supplement items that prevent cancer. Among the more promising are green tea, Karawatake and possibly reishi mushrooms, ginseng, garlic and soy. We will take a cursory look at green tea, ginseng, and garlic.

Green tea, as most of you probably know, is one of the most popular beverages in Asia, where it has been used as a medical purposes and disease prevention for over 4,000 years. Many researchers feel that green tea contributes to the relatively low incidence of stomach cancer in certain areas of Japan.

The most bioactive compound in green tea is called epigallocatechin gallate or EGCG, which has been found to inhibit cancer development. During 1992, a study was published in which medical scientists reported that EGCG inhibits the "promotion stage" of chemical carcinogenesis in the liver.

The consensus among many scientists is that green tea, or more specifically EGCG, is a potent cancer prevention agent.

A recent observational study on ginseng indicates it may exert a chemopreventative effect. The study in question was carried out in South Korea and involved keeping track of 4,587 men and women aged 39 years and older from 1987 to 1991. People who regularly used or rank *Panax ginseng* were compared with individuals matched in terms of sex, age, .alcohol use, smoking, education and economic status who did not use ginseng (7.)

The results were impressive. Those who used ginseng showed a 60% decrease in risk

However, it should be noted that a great deal of controversy surrounds this study. For one thing, it was reported that persons who used ginseng less than three times per year experienced a 54% reduction in risk. It seems unlikely that occasional use of ginseng could reduce cancer mortality by more than half! Even so, this study may point to some "smoke in the woodpile". Given that ginseng has shown immune boosting properties in many studies, its use as a cancer prevention tool seems warranted.

Garlic is another ancient herb that looks promising as a chemopreventative agent. Allicin, the principal active chemical ingredient in garlic, boasts a number of benefits, including cancer prevention. In a July 1997 press release from the Mercy Cancer Institute of Pittsburgh, laboratory tests indicated that garlic could help to slow the growth of tumors, as well as inhibit their formation in the bladder and breast. A West Virginia University study found that oral application of *allium sativum* inhibited the growth of tumors and reduced mortality in lab mice with bladder cancer. It should be pointed out that garlic compounds have also shown antimutagenic properties, which means it protects cells from incurring genetic changes that set the stage for cancer. Many scientists feel that specific sulfur compounds in garlic both inhibit cancer and suppress tumor cells. Supportive evidence of this comes from the Shandong Province in China, where stomach cancer morality risk was found to be 13 times lower in those folks who ingested 20 grams of garlic daily than in those who consumed only one gram daily.

Working green tea, ginseng, and garlic into the average person's diet is relatively easy and inexpensive. Green tea and ginseng are widely available in tea bag, powder, and tea bag forms. Garlic can be found in grocery stores everywhere.

- **EXERCISE**

Humankind evolved in an environment where physical agility, stamina, and fitness paid rich dividends in terms of survival and leaving behind viable offspring. Accordingly, physical exercise would be expected to have a positive impact on both our physical health and even mood -- and it does. For example, intense activity along the lines of aerobic exercise has been found to improve the cardiovascular system, muscle strength and flexibility. It also tends to increase artery size and elasticity, prevent plaque build-up in circulatory vessels, and prevent blood clots. Regular exercise has been shown to boost HDL (good) cholesterol levels, and lower both total cholesterol and blood pressure. The lungs, too, benefit insofar as physical exertion and exercise enhance ability to breathe deeply, easily and efficiently. Exercise burns fat and often alleviates stress.

According to experts, one should engage in vigorous activity such as fast walking, bicycling, jogging, swimming or doing aerobic exercises for at least 30 minutes, three times weekly. For those over 35 years of age, as well as those who have been sedentary for a long time who have (or suspect they might have) a medical condition, it would be wise to consult a physician concerning the kinds of exercise that will not compromise one's health.

Exercise need not be regimented or ritualized, although many folks probably do better on a program that requires adherence to a routine. In light of the fact that health benefits have been documented from low impact activities like just walking 30 minutes or so per week (Recall the Kitavans!), many "vehicle-dependent" folks would do well to park their machines and take to foot. In Japan, daily physical exertion is part of life. Most people, for example, use trains to get to and from work or school, which requires negotiating stairs and train platforms. This consistent, moderate physical activity may be part of the reason the Japanese have the longest life span in the world (82 years for men, 84 years for women). In the U.S., where cars

are virtually considered a necessity, physically taxing activity is minimized and a great many wind up proverbial couch potatoes. Turning the tables need not involve grueling, boringly repetitive exercise but, rather, may be as simple as doing by choice what the Japanese do by “design”: Walk, climb, and move about.

- **Concluding Remarks**

People today are generally living longer, but many are struggling with chronic illnesses and health challenges such as cardiovascular disease and adult onset diabetes. *The diseases of civilization*. Many are linked to the wear and tear associated with a long life, while unhealthy dietary choices, a lack of exercise, stress, and a multitude of other players give rise to or contribute to others. As you’ve read, a growing body of scientific evidence indicates that people in societies where diet and exercise patterns mirror those of our “Stone Age” ancestors have few, if any of these maladies. This strongly suggests that we can circumvent or ameliorate many of them by simply bringing our lifestyles into harmony with our evolved nature.

Readers interested in learning more about the “Stone Age” diet are urged to acquire and peruse Dr. Loren Cordain’s excellent book, “The Paleo Diet: Lose Weight and Get Healthy by Eating the Food You Were Designed to Eat.” Also recommended is “The Paleo Diet web site”, which sports a wealth of material, both popular and scientific: [Paleodiet Home Page](#)

### **Recommended Supplemental Reading**

Online article: Cave Men Diets Offer Insights To Today's Health Problems, Study Shows, 2/5/2002, [Science Daily - Cave Man Diet](#)

Book: “The Paleo Diet: Lose Weight and Get Healthy by Eating the Food You Were Designed to Eat” by Loren Cordain, Ph.D.

**Shameless book plug:** I also discuss the Paleodiet in “Health Benefits of Vitamin K2” (coauthored with Larry M. Howard)

Website: [Health Benefits of Vitamin K2](#)

## **U. S. Health Statistics**

### **Leading Causes of Death**

**(All figures are for U.S.)**

**Final 2000 data**

#### **Ten Leading Causes of Death in the U.S.**

Heart Disease: 710,760

Cancer: 553,091

Stroke: 167,661

Chronic Lower Respiratory Disease: 122,009

Accidents: 97,900

Diabetes: 69,301

Pneumonia/Influenza: 65,313

Alzheimer's Disease: 49,558

Nephritis, nephrotic syndrome, and nephrosis: 37,251

Septicemia: 31,224

Source: National Vital Statistics Report, Vol. 50, No. 16

### **DIABETES**

**(All figures are for U.S.)**

Deaths Annually: 69,301 (2000)

Age-Adjusted Death Rate: 25.2 deaths per 100,000 population (2000)

Cause of Death Rank: 6 (2000)

Source: National Vital Statistics Reports, Vol. 50, No. 16

Number of Americans With Diabetes: 10 million (1997)

Source: Vital and Health Statistics Series 10, No. 205

### **Heart Disease**

**(All figures are for U.S.)**

Deaths Annually: 709,894 (2000)

Age-Adjusted Death Rate: 257.9 deaths per 100,000 population (2000)

Cause of Death Rank: 1 (2000)

Source: National Vital Statistics Reports, Vol. 49, No. 12

## Hypertension

(All figures are for U.S.)

Percent of Americans Ages 20-74 With Hypertension: 23% (1988-94)

Hypertension Is Most Prevalent in the Black Population

Over Three-Quarters of Women Aged 75 and Over Have Hypertension

Sixty-four Percent of Men Aged 75 and Over Have Hypertension

Source: Health, United States, 2002 Table 68

Deaths Annually: 17,964 (2000)

Death Rate: 6.5 deaths per 100,000 population (2000)

Source: National Vital Statistics Reports, Vol.49, No. 12

## Overweight Prevalence

(All figures are for U.S.)

Sixty-four percent of U.S. Adults are overweight or obese. (1999-2000)

Twenty-three percent of U.S. Adults are obese (BMI greater than or equal to 30.0). (1999-2000)

Percent of Adolescents (ages 12-19) Who Are Overweight: 15% (1999-2000)

Percent of Children (ages 6-11) Who Are Overweight: 15% (1999-2000)

Source: Health-E Stat

Source for statistics and facts in this table:

CDC - National Center for Health Statistics

[CDC Health Statistics](#)

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