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Nasty, Brutish and Short?

Posted on January 1, 2000 by Sally Fallon Morell • 0 Comments

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In order to believe that our society has “progressed,” we must believe first that the lives of our ancestors were indeed nasty, brutish and short. But, as study after study has confirmed, the health of traditional peoples was vastly superior to that of modern industrial man.

Modern technology-father of the combine harvester, the automobile, the flush toilet and the fully electric house-does not bestow his blessings without a price. These twentieth century tools that have conferred freedom of movement and comfort, and freedom from drudgery and dirt, leave dark trailings of pollution, congestion and alienation. This much is apparent. The wise use of technology has exercised the minds of thinkers and writers for a fair number of decades. Less obvious is the connection between modern technology and health. Conventional wisdom asserts that our current health crisis-in which one in three people in the Western world develops cancer and almost half suffer from heart disease-will be solved by *more* technology, not less, and that disease, like drudgery and dirt, will give way to a combination of innovation and funding.

My colleague, Dr. Tom Cowan, likes to tell the story of a typical patient who comes in for a checkup. “It’s just a precaution,” says the patient, “I’m actually very healthy.” Yes, he had his tonsils removed when he was a youngster; he had his wisdom teeth taken out and his teeth straightened with braces; he has a mouth full of fillings and several root canals; he had a hernia operation a few years ago and his back bothers him sometimes. True, he often feels under stress, even depressed, and wishes he had more energy, but he passes these off as normal conditions, just what one would expect in the course of an average life-span.

A family history reveals a sister who died at the age of 40 from breast cancer and a father who is senile with Alzheimers living in a nursing home. Both his children were born by Cesarean section. They needed extensive (and expensive) orthodontics. His daughter suffers from allergies and his son attends a special school for the hyperactive and learning disabled.

What allows Dr. Cowan’s typical patient to claim that he is healthy is, indeed, the same technology that gave us the vacuum cleaner and the computer. Without the modern inventions used to shore up his teeth, safely remove his tonsils, repair his hernia and help his wife give birth, our typical patient would be a toothless, childless cripple-or dead before adulthood. But the technology that allows him to fly to California in five hours and illumine his living room with the flick of a switch was not able to save his sister from cancer nor his father from Alzheimers. The solutions proffered for his depression and fatigue, his daughter’s allergies and his son’s difficulties in school are palliative at best, and dangerous at worst.

Modern technology allows the appearance of health but not the substance. The age of solutions has a health crisis it cannot solve. Although heart disease and cancer were rare at the turn of the century, today these two diseases strike with increasing frequency, in spite of billions of dollars in research to combat them, and in spite of tremendous advances in diagnostic and surgical techniques. In America, one person in three suffers from allergies, one in ten will have ulcers and one in five is mentally ill. Every year, one quarter of a million infants are born with a birth defect, who then undergo expensive heroic surgery, or are hidden away in institutions. Other degenerative diseases-arthritis, multiple sclerosis, digestive disorders, diabetes, osteoporosis, Alzheimers’s, epilepsy and chronic fatigue-afflict a significant majority of our citizens. Learning disabilities such as dyslexia and hyperactivity make life miserable for seven million young people-not to mention their parents.

These diseases were extremely rare only a generation or two ago. Today, chronic illness afflicts nearly half of all Americans and causes three out of four deaths in the United States. Most tragically, these diseases, formerly the purview of the very old, now strike our children and those in the prime of life. We have almost forgotten that our natural state is one of balance, wholeness and vitality.

It seems as if the twentieth century will exit with a crescendo of disease. Things were not so bad back in the 1930’s, but the situation was already serious enough to cause one Cleveland, Ohio dentist to be concerned. Dr. Weston Price was reluctant to accept the conditions exhibited by his patients as normal. Rarely did an examination of an adult patient reveal anything but rampant decay, often accompanied by serious problems elsewhere in the body, such as arthritis, osteoporosis, diabetes, intestinal complaints and chronic fatigue. (They called it neurasthenia in Price’s day.) But it was the dentition of younger patients that alarmed him most. Price observed that crowded, crooked teeth were becoming more and more common, along with what he called “facial deformities”-overbites, narrowed faces, underdevelopment of the nose, lack of well-defined cheekbones and pinched nostrils. Such children invariably suffered from one or more complaints that sound all too familiar to mothers of the 1990’s: frequent infections, allergies, anemia, asthma, poor

vision, lack of coordination, fatigue and behavioral problems. Price did not believe that such "physical degeneration" was God's plan for mankind. He was rather inclined to believe that the Creator intended physical perfection for all human beings, and that children should grow up free of ailments.

He had heard utopian stories about the good health of primitive cultures and resolved to find out if the "backward" societies that American was intent on evangelizing and colonizing were indeed healthier than his own. **For the next ten years, he traveled to various isolated parts of the earth, where the inhabitants had no contact with "civilization," in order to study their health and physical development.** His investigations took him to isolated Swiss villages and a windswept island off the coast of Scotland. He studied traditional Eskimos, Indian tribes in Canada and the Florida Everglades, Southsea islanders, Aborigines in Australia, Maoris in New Zealand, Peruvian and Amazonian Indians and tribesmen in Africa.

Once Price had gained the confidence of the tribal or village elders, he did what came naturally to him—he counted cavities. Imagine his surprise at finding groups of people in whom less than 1% of the permanent teeth were decayed. He found 14 isolated groups in all where tooth decay was rare to nonexistent, in people who had never seen a dentist and never brushed their teeth. Freedom from caries always went hand in hand with freedom from disease, both chronic disease like cancer and heart disease, and infectious disease like tuberculosis, which in Price's day afflicted much of the world in epidemic proportions.

These studies occurred at a time when there still existed remote pockets of humanity untouched by modern inventions; but when one modern invention, the camera, allowed Price to make a permanent record of the people he studied. The photographs Price took, the descriptions of what he found and his startling conclusions are preserved in a book considered a masterpiece by many nutrition researchers who followed in Price's footsteps: *Nutrition and Physical Degeneration*.¹ Yet this compendium of ancestral wisdom is all but unknown to today's parents and the medical community.

Nutrition and Physical Degeneration is the kind of book that changes the way people view the world, because it describes not only societies in which excellent health was the norm, but also because it shows us how healthy people look. Healthy people have faces that are broad, well-formed and noble. Their teeth fill the smile with a band of dazzling whiteness, as even and perfect as. . . false teeth. **Price took photograph after photograph of beautiful smiles, and noted that "healthy primitives" were invariably cheerful and optimistic. Such people were characterized by "splendid physical development." The women gave birth with ease. Their babies rarely cried and their children were energetic and hearty. Many others have reported a virtual absence of degenerative disease, particularly cancer, in isolated, so-called "primitive" groups.**²

Price observed a number of societies in transition where stores or outposts had been established and native foods were replaced by the products of western civilization—sugar, white flour, condensed milk, canned foods, chocolate, jams and pastries—what Price called the "displacing foods of modern commerce." His photographs capture the suffering caused by these foodstuffs—chiefly rampant tooth decay. Even more startling, they show the change in facial development that occurred with modernization. Parents who had changed their diets gave birth to children who no longer exhibited the tribal patterns. Their faces were more narrow, their teeth crowded, their nostrils pinched. These faces do not beam with optimism, like those of their healthy ancestors. The photographs of Dr. Weston Price demonstrate with great clarity that the "displacing foods of modern commerce" do not provide sufficient nutrients to allow the body to reach its full genetic potential—neither the complete development of the bones in the body and the head, nor the fullest expression of the various systems that allow humankind to function at optimal levels—immune system, nervous system, digestion and reproduction.

The diets of the healthy "primitives" Price studied were all very different: In the Swiss village where Price began his investigations, the inhabitants lived on rich dairy products—unpasteurized milk, butter, cream and cheese—dense rye bread, meat occasionally, bone broth soups and the few vegetables they could cultivate during the short summer months. The children's teeth were covered in green slime but Price found only about one percent decay. The children went barefoot in frigid streams during weather that forced Dr. Price and his wife to wear heavy wool coats; nevertheless childhood illnesses were virtually nonexistent and there had never been a single case of TB in the village. Hearty Gallic fishermen living off the coast of Scotland consumed no dairy products. Fish formed the mainstay of the diet, along with oats made into porridge and oatcakes. Fishheads stuffed with oats and chopped fish liver was a traditional dish, and one considered very important for growing children. The Eskimo diet, composed largely of fish, fish roe and marine animals, including seal oil and blubber, allowed Eskimo mothers to produce one sturdy baby after another without suffering any health problems or tooth decay. Well-muscled hunter-gatherers in Canada, the Everglades, the Amazon, Australia and Africa consumed game animals, particularly the parts that civilized folk tend to avoid—organ meats, blood, marrow and glands, particularly the adrenal glands—and a variety of grains, tubers, vegetables and fruits that were available. African cattle-keeping tribes like the Masai consumed no plant foods at all—just meat, blood and milk. Southsea islanders and the Maori of New Zealand ate seafood of every sort—fish, shark, octopus, shellfish, sea worms—along with pork meat and fat, and a variety of plant foods including coconut, manioc and fruit. Whenever these isolated peoples could obtain sea foods they did so—even Indian tribes living high in the Andes. Insects were another common food, in all regions except the Arctic. The foods that allow people of every race and every climate to be healthy are whole natural foods—meat with its fat, organ meats, whole milk products, fish, insects, whole grains, tubers, vegetables and fruit—not newfangled concoctions made with white sugar, refined flour and rancid and chemically altered vegetable oils.

Modern nutrition researchers are showing renewed interest in the foodways of our ancestors, but myths about primitive diets abound. The first is easily dismissed—that traditional diets were largely vegetarian. Anthropological data confirm what Price found, namely that throughout the globe, all societies show a preference for animal foods and fats.³ Modern

scientific literature does not support the claims made for vegetarian diets.⁴

Dr. Price's trip to Africa gave him the opportunity to compare primitive groups composed largely of meat eaters, with those of similar racial stock that were mostly vegetarian.⁵ The Masai of Tanganyika, Chewya of Kenya, Muhima of Uganda, Watusi of Ruanda and the Neurs tribes on the western side of the Nile in the Sudan were all cattle-keeping people. Their diets consisted largely of milk, blood and meat, supplemented in some cases with fish and with small amounts of grains, fruits and vegetables. The Neurs especially valued the livers of animals, considered so sacred "that it may not be touched by human hands. . . It is eaten both raw and cooked." These tribes were noted for their fine physiques and great height-in some groups the women averaged over 6 feet tall, and many men reached almost seven feet. Until his Africa trip, Price had not found groups that had no cavities at all, yet Dr. Price found six cattle-herding tribes that were completely free of dental decay. Furthermore, all members of these tribes exhibited straight, uncrowded teeth.

Bantu tribes such as the Kikuyu and Wakamba were agriculturists. Their diet consisted of sweet potatoes, corn, beans, bananas, millet and kaffir corn or sorghum. They were less robust than their meat-eating neighbors, and tended to be dominated by them. Price found that largely vegetarian groups had some tooth decay-usually around 5% or 6% of all teeth, still small numbers compared to Whites living off store-bought foods. Even among largely vegetarian tribes, dental occlusions were rare, as were degenerative diseases. It is a mistake, however, to think that these groups consumed no animal products at all, as is often claimed. Some Bantu tribes kept a few cattle and goats which supplied both milk and meat; they ate small animals such as frogs; and they put a high value on insect food. "The natives of Africa know that certain insects are very rich in special food values at certain seasons, also that their eggs are valuable foods. A fly that hatches in enormous quantities in Lake Victoria is gathered and used fresh and dried for storage. They also use ant eggs and ants." Other insects, such as bees, wasps, beetles, butterflies, moths, grubs, cricket, dragon flies and termites are sought out and consumed with relish by tribes throughout Africa.⁶ It is significant that groups who consumed mostly plant foods practiced the feeding of special animal foods during gestation and lactation. Apparently carnivorous groups found no need to supplement the diet, as it was already rich in the factors needed for reproduction and optimum growth.

Another myth about primitive diets, and one that is harder to dispel, is that they were low in fat, particularly saturated animal fat. Loren Cordain, PhD, probably the most well known proponent of a return to Paleolithic food habits, recommends a diet consisting of "lean meat, occasional organ meats and wild fruits and vegetables." While this prescription may be politically correct, it does not jibe with descriptions of Paleolithic eating habits, either in cold or hot climates.

Vilhjalmur Stefansson, who spent many years living with the Eskimos and Indians of Northern Canada, reports that wild male ruminants like elk and caribou carry a large slab of back fat, weighing as much as 40 to 50 pounds. The Indians and Eskimo hunted older male animals preferentially because they wanted this backslab fat, as well as the highly saturated fat found around the kidneys. Other groups used blubber from sea mammals like seal and walrus.

"The groups that depend on the blubber animals are the most fortunate in the hunting way of life," wrote Stefansson, "for they never suffer from fat-hunger. This trouble is worst, so far as North America is concerned, among those forest Indians who depend at times on rabbits, the leanest animal in the North, and who develop the extreme fat-hunger known as rabbit-starvation. Rabbit eaters, if they have no fat from another source-beaver, moose, fish-will develop diarrhoea in about a week, with headache, lassitude, a vague discomfort. If there are enough rabbits, the people eat till their stomachs are distended; but no matter how much they eat they feel unsatisfied. Some think a man will die sooner if he eats continually of fat-free meat than if he eats nothing, but this is a belief on which sufficient evidence for a decision has not been gathered in the north. Deaths from rabbit-starvation, or from the eating of other skinny meat, are rare; for everyone understands the principle, and any possible preventive steps are naturally taken."⁷

Normally, according to Stefansson, the diet consisted of dried or cured meat "eaten with fat," namely the highly saturated cavity and back slab fat that could be easily separated from the animal. Another Arctic explorer, Hugh Brody, reports that Eskimos ate raw liver mixed with small pieces of fat and that strips of dried or smoked meat were "spread with fat or lard."⁸ Pemmican, a highly concentrated travel food, was a mixture of lean dried buffalo meat and highly saturated buffalo fat. (Buffalo fat, by the way, is more saturated than beef fat.) Less than two pounds of pemmican per day could sustain a man doing hard physical labor. The ratio of fat to protein in pemmican was 80%-20%. As lean meat from game animals was often given to the dogs, there is no reason to suppose that everyday fare did not have the same proportions: 80% fat (mostly highly saturated fat) to 20% protein-in a population in which heart disease and cancer were nonexistent.

Obtaining adequate fat in the diet was a greater challenge for the Australian Aborigine, living in a very different climate.⁹ They were close observers of nature and knew just when certain animals were at their fattest. For example, kangaroos were fat when the fern leaf wattle was in flower; possums when the apple tree was in bloom. Other signs indicated when the carpet snake, kangaroo rat, mussels, oysters, turtles and eels were fat and at their best. Except in times of drought or famine, the Aborigine rejected kangaroos that were too lean - they were not worth carrying back to camp. During periods of abundance "animals were slaughtered ruthlessly, and only the best and fattest parts of the killed game were eaten." Favorite foods were fat from the intestines of marsupials and from emus. Highly saturated kidney fat from the possum was often eaten raw. The dugong, a large seagoing mammal, was another source of fat available to natives on the coasts.

Other sources of fat included eggs - from both birds and reptiles - and a great variety of insects. Chief among them was the witchety grub, or moth larva, found in rotting trunks of trees. These succulent treats - often over six inches

long – were eaten both raw and cooked. Fat content of the dried grub is as high as 67%. The green tree ant was another source of valuable fat, with a fat-to-protein ration of about 12 to one. Another important seasonal food in some parts of the country was the begong moth. The moths were knocked off rock walls on which they gathered in large numbers, or smoked out of caves or crevices. They were roasted on the spot or ground up for future use. Moth abdomens are the size of a small peanut and are rich in fat.

Modern investigators find it hard to accept the fact that groups exhibiting superb physical development and perfect health ate liberally of the very dietary component that modern nutritionists have demonized: Saturated animal fat. Yet, even a cursory look at disease trends exonerates traditional fats like butter, lard and tallow. As these fats have been replaced by commercial vegetable oils in the western diet, cancer and heart disease have soared. Dietary saturated fats actually play many important roles in the human biochemistry: Saturated fatty acids constitute at least 50% of the cell membranes, giving them necessary stiffness and integrity; they play a vital role in the health of our bones;¹⁰ they lower Lp(a), a substance in the blood that indicates proneness to heart disease;¹¹ they protect the liver from alcohol ingestion;¹² they enhance the immune system;¹³ they are needed for the proper utilization of essential fatty acids;¹⁴ they are the preferred food for the heart;¹⁵ and they have important antimicrobial properties, protecting us against harmful microorganisms in the digestive tract.¹⁶

Even more important, animal fats are carriers for vital fat-soluble vitamins A and D, needed for a host of processes, from prevention of birth defects to health of the immune system, to proper development of the bones and teeth. In fact, Price was convinced that these "fat-soluble activators" were key to the beautiful facial development and freedom from dental caries that characterized the people he studied. When he analyzed their diets, he found that they contained at least four times the minerals-calcium, phosphorus, magnesium, iron and so forth- and TEN times the fat-soluble vitamins as the American diet of his day. The richest sources of vitamins A and D are the very foods modern man eschews: animal fats, organ meats, lard, fish eggs, shellfish, eggs and butter-but not pale, commercial store bought-butter. Butter rich in fat-soluble vitamins is the soft, orange-yellow product that comes only from cows eating green grass on fertile pastures, a commodity that is almost impossible to find in western supermarkets. Vitamin A from animal sources is not the same as its precursors, the carotenes found in plant foods. The conversion of carotenes in the human body is often compromised, and even under optimal conditions is not efficient enough to supply the amount of true vitamin A Price found in the diets of healthy isolated populations.¹⁷

A surprising source of nutrients in traditional diets is shrimp, which contains ten times more vitamin D than liver. Shrimp sauces and shrimp pastes made from dried shrimp, and therefore a concentrated source of vitamin D, are used throughout Africa and the Orient. This is the most likely explanation for low rates of osteoporosis in these regions, as well as a virtual absence of diseases linked to vitamin D deficiency-colon cancer and multiple sclerosis.

Price accurately predicted that western man would develop more and more diseases as he substituted vegetable oils for animal fats, and that reproduction would become increasingly difficult. By some estimates, 25% of American couples are now infertile, a condition that may send the population reductionists into paroxysms of glee but that causes untold heartache to millions of individuals. Infertility treatments are problematic, painful and expensive compared to the primitive prescription: More animal fat. "The flesh of bear hath a good relish, very savory and inclining nearest to that of Pork," wrote American colonist Col William Byrd in 1728. "The Fat of this Creature is least apt to rise in the Stomach of any other. The Men for the most part chose it rather than Venison. . . . And now, for the good of mankind, and for the better Peopling an Infant colony, which has no want but that of Inhabitants, I will venture to publish a Secret of Importance, which our Indian . . . disclosed to me. I asked him the reason why few or none of his Country women were barren? To which curious Question he answered with a Broad grin upon his Face, they had an infallible SECRET for that. Upon my being importunate to know what the secret might be, he informed me that, if any Indian woman did not prove with child at a decent time after Marriage, the Husband, to save his Reputation with the women, forthwith entered into a Bear-dyet for Six Weeks, which in that time makes him so vigorous that he grows exceedingly impertinent to his poor wife and 'tis great odds but he makes her a Mother in Nine Months."

Dried fish roe was highly valued by a number of tribes Price studied-from the Eskimos of Alaska to Indian tribes living high in the Andes. When Price asked these disparate groups why they ate fish eggs, the answer was the same: "So we will have healthy babies." Scientists have discovered numerous factors in fish roe that contribute to fertility-vitamins A and D, iodine and other minerals and special elongated fatty acids-but such is the mindset of modern medicine that this information is not passed on to parents-to-be. Other special foods given to pregnant women and growing children included shell fish, organ meats and deep yellow butter, all of which Price found to be extremely rich in minerals and "fat-soluble activators."

The response of orthodox paleo-diet researchers to overwhelming evidence that the hunter-gatherers sought out and consumed large quantities of animal fat and high-cholesterol foods, rich in fat-soluble vitamins, is that while the primitive diet allowed for optimal reproduction and development-borne out not only by Dr. Price's photographs, but by skeletal remains of hunter-gatherers from throughout the world-it had the unhappy side effect of shortening his life-span. Yet Arctic explorers reported great longevity among the Eskimo;¹⁸ Australian Aborigine communities were noted for containing a sizeable number of old people, who lived together as a separate group and for whom were reserved special foods that were easy to gather and hunt.¹⁹ The diets of traditional groups noted for longevity are rich in animal fats: The people of Hunza consume large quantities of fermented goat milk products, and goats milk is higher in fat, and contains more saturated fat, than cows milk; the inhabitants of Vilcabamba in Equator consume fatty pork and whole milk products; and the long-lived inhabitants of Soviet Georgia also eat liberally of pork and whole milk yoghurt and cheeses. In fact, a Soviet study found that longevity was greatest in rural communities where people ate the most fatty meat, compared to town dwellers who ate more carbohydrates.²⁰

Yet carbohydrates, in the form of whole grains and related seed foods, are not absent in healthy traditional diets, even in the diets of hunter-gatherers. Price found that millet and corn were consumed throughout Africa; quinoa and amaranth in South America. American Indians consumed wild rice, corn and beans; Australian Aborigines gathered a species of wild millet and consumed a large variety of legumes. One school of thought claims that grains and pulses should be avoided, arguing that they were absent from the Paleolithic diet and citing the obvious association of grains with celiac disease and studies linking grain consumption with heart disease.²¹

What researchers often overlook is the fact that seed foods-grains, legumes and nuts-are prepared with great care in traditional societies, by sprouting, roasting, soaking, fermenting and sour leavening.²² These processes neutralize substances in whole grains and other seed foods that block mineral absorption, inhibit protein digestion and irritate the lining of the digestive tract. Such processes also increase nutrient content and render seed foods more digestible. For example, in India, rice and lentils are fermented for at least two days before they are prepared as idli and dosas; in Africa the natives soak coarsely ground corn overnight before adding it to soups and stews and they ferment corn or millet for several days to produce a sour porridge called ogi; a similar dish made from oats was traditional among the Welsh; in some Oriental and Latin American countries rice receives a long fermentation before it is prepared; Ethiopians make their distinctive injera bread by fermenting a grain called teff for several days; Mexican corn bread cakes, called pozol, are fermented for several days and for as long as two weeks in banana leaves; Cherokee bread was similar, but wrapped in corn husks; before the introduction of commercial brewers yeast, Europeans made slow-rise breads from fermented starters; in America the pioneers were famous for their sourdough breads, pancakes and biscuits; and throughout Europe grains were soaked overnight, and for as long as several days, in water or sour milk before they were cooked and served as porridge or gruel. Grains carefully prepared in this manner confer far more nutritional value than modern quick rise breads, granolas, rice bran concoctions, extruded breakfast cereals and, of course, denuded white flour products.

Weston Price's studies convinced him that the best diet was one that combined nutrient-dense whole grains with animal products, particularly fish. The healthiest African tribe he studied was the Dinkas, a Sudanese tribe on the western bank of the Nile. They were not as tall as the cattle-herding Neurs groups but they were physically better proportioned and had greater strength. Their diet consisted mainly of fish and cereal grains. This is one of the most important lessons of Price's research-that a mixed diet of whole foods, one that avoids the extremes of the carnivorous Masai and the largely vegetarian Bantu, ensures optimum physical development.

Purists argue that, as with grains, man should not eat dairy products because the keeping of herds dates back only a few thousand years, a mere drop of time in the evolutionary bucket. But there are many healthy milk-drinking populations including disease-free traditional Europeans, Americans up to the first World War, Greeks and other inhabitants of the Mediterranean, Africans, Tibetans, the long-lived inhabitants of Soviet Georgia and the hearty Mongols of Northern China. Even today, the use of relatively processed milk products is associated with longevity in countries like Austria and Switzerland.²³ Modern milk is denatured through pasteurization and homogenization; stripped of its valuable fat content; filled with antibiotics and pesticides; laced with additives and synthetic vitamins; and comes from cows bred to produce huge amounts of milk and fed everything under the sun except what cows are supposed to eat-green grass.²⁴ There is evidence to link such milk with the whole gamut of modern ailments including heart disease, cancer, diabetes, breast cancer, osteoporosis, autism and allergies.

Other practices common to traditional groups throughout the world include the use of animal bones, usually made into broth that is added to soups, stews and sauces; the preservation of vegetables, fruits, grains and even meats through the practice of lacto-fermentation to make condiments, meat products and beverages; and the use of salt. In areas where salt is not available, sodium-rich grasses and other plants are burnt and added to foods.

Familiar lacto-fermented foods include old-fashioned sauer kraut and yoghurt. Almost any food can be preserved by this method, which encourages the proliferation of beneficial bacteria. The lactic acid they produce is an excellent, natural preservative prevents spoilage in plant foods as pickles and chutneys, meats as sausage and haggis, milk as a variety of soured products and grains as chewy breads and thick sour porridges. Lacto-fermented beverages are ubiquitous in traditional cultures-from kaffir beer in Africa to kvass and kombucha in Slavic regions. Lacto-fermented foods are artisanal products-instead of mass produced items preserved with vinegar and sugar-which taste delicious and confer many health benefits. They add valuable enzymes to the diet, and enhance digestibility and assimilation of everything we eat.

Gelatin-rich broth also enhances digestion and provides the gamut of macro-minerals in easily assimilated form. Broth-based soups are snack foods in Asian countries, usually prepared in mom-and-pop shops; and they form the basis of both peasant and gourmet cuisines throughout Europe. But in most western countries, the stock pot has given way to convenience foods whose meat-like favor derives from flavor enhancers-MSG and other neurotoxic additives.

The first happy lesson gleaned from a study of traditional diets is that healthy food can and should taste good; that we can put butter on our porridge and cook in lard, that it's OK to consume whole milk, fatty meats, liver and onions, lox and cream cheese, shrimp and lobster, even insects, if you like them; that heavenly sauces made from bone broth and cream confer more benefits than pills and powders and ersatz low-fat concoctions, the stepchildren of technology, pawned off as health foods.

Wisely used, technology can take the drudgery out of cooking, and help us bring properly grown and prepared foods to the marketplace. Wrongly used, technology produces breads that are soft and sweet rather than sour and chewy; coca-cola rather than cottage-industry lacto-fermented soft drinks; bouillon cubes rather than homemade broth; sugar-embalmed ketchup with infinite shelf life rather than enzyme-rich condiments and pickles preserved to last a few

months in a way that adds nutrients instead of taking them away.

The second lesson is that healthy eating is good for the ecology. The building blocks of a healthy diet are pesticide-free foods raised on mineral-rich soil, and healthy animals that live free to manure the paddocks of thousands of farms, rather than suffer in factories, confined to misery and disease. The road to health starts with a willingness to pay a good price for such food, thus rewarding the farmer who preserves the land through wise farming practices, rather than the agribusiness that mines the soil for quick profits.

And, finally, a return to traditional foods is a way of taking power away from the multinationals and giving it back to the artisan. The kind of food processing that makes food more nutritious is the same kind of food processing that the farmer or the farming community can do in situ—sour milk and grain products, aged cheeses, pickles, sausages, broth and beverages. All the boxed, bottled and frozen products in modern supermarkets—the cheerios, crackers, cookies, egg-beaters, margarines, diet sodas and TV dinners—have made fortunes for a few and impoverished the rest of us. The way we eat determines not only how healthy we will be, but what kind of economy we have—the kind where a few people make millions and millions of dollars or the kind where millions of people make a decent living.

Technology propels us headlong into the future, but there will be no future unless that technology is tamed to the service of wise ancestral foodways.

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