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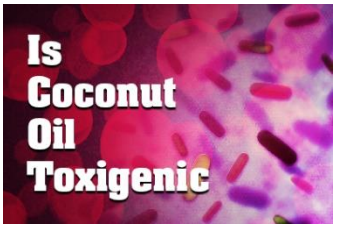
Stories in this issue



Is Coconut Oil Toxigenic?

Dietary fat, and saturated fat in particular, is essential for good health. Not only does it provide the basic building blocks for cells, tissues, and hormones, but is essential for establishing a healthy gut microbiome and an effective immune function. read more

Protect Your Vision with Coconut Oil

New research has shown that the MCFAs in coconut oil can kill *Enterococcus faecalis*, a disease-causing bacterium that is responsible for as much as 80 percent of all human infections. read more

Natural versus Allopathic Medicine

Canola oil is one of the most commonly used foods in food processing and restaurants. A new study suggests that frequent consumption of canola oil can lead to brain damage and memory loss. read more

Coconut Oil for A Healthy Planet

According to a new study published in the journal *Neurology*, lowering LDL cholesterol too much can increase the risk of stroke. read more

Did you miss the last newsletter, 16-4?

Issue 16-4 covers: The Protective Power of Dietary Fat—Study Shows Medium Chain Fatty Acids Kill Disease-Causing Bacteria—Canola Oil May Promote Memory Loss—Does Low Cholesterol Increase Stroke Risk?—The World's Most Powerful Superfood read more

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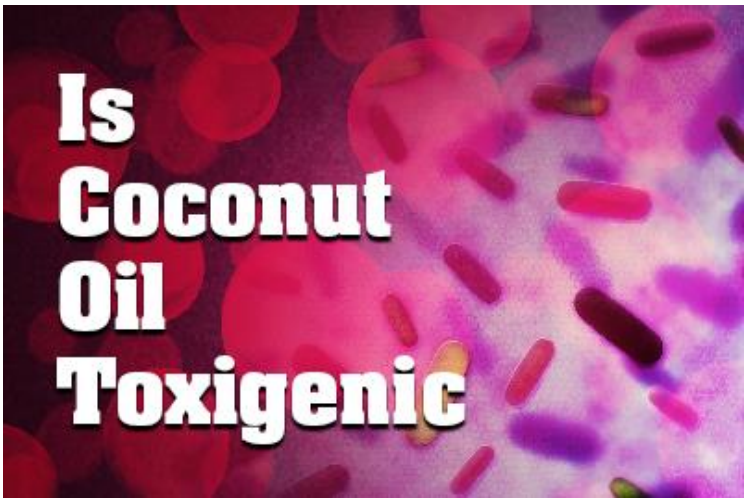


Is Coconut Oil Toxigenic?

By Bruce Fife

"Coconut oil is the most toxigenic fat. It increases the number of endotoxins in the blood," says microbiologist. Coconut oil comes under attack again.

You may have heard it recently on a podcast or seen it on a blog, magazine article, or YouTube video, "Coconut oil is toxic. It causes endotoxemia." That sounds pretty serious. It appears that coconut oil is under attack again. Now it is supposedly flooding our bloodstream with poisons, causing chronic inflammation leading to inflammatory disease, such as heart disease and diabetes. On a YouTube video microbiologist Kiran Kishnan, PhD claims coconut oil is a toxigenic fat and unhealthy for pets and humans alike.[1] According to these naysayers, those who eat coconut oil should be dropping dead by the thousands.

Is coconut oil as deadly as they claim? Charisa Antiqua, owner of CocoTherapy—a company that produces coconut products for pets—wanted to find the truth behind all of the hoopla. In this article Charisa interviews Dr. Bruce Fife, N.D. C.N., about coconut oil and endotoxemia.

"I always know when there is some kind of negative news about coconut oil, says Charisa Antiqua. Most recently, within a two day period, I've been contacted by a well-known animal health blogger and influencer, a certified animal nutritionist, an integrative vet, a slew of very concerned pet parents, and of course, a post on Facebook by a vet — about a podcast with a microbiologist

regarding coconut oil and how it can cause leaky gut in dogs and promote inflammation due to endotoxemia.

"In this interview, the microbiologist stated that because coconut oil is 'predominantly a long chain fatty acid (LCFA)', it promotes the increase of an endotoxin called lipopolysaccharide (LPS) in the blood. He went on to say that that coconut oil is the most toxigenic fat, because when digested, it forms chylomicrons, which then transports these endotoxins into the circulatory system, thereby leading to chronic systemic inflammation.

"Needless to say, the interview caused a lot of panic. Unfortunately, he made several erroneous statements about coconut oil and how it's metabolized in the body. First of all, we know that coconut oil is about 63 percent medium chain fatty acid (MCFA), and it contains only an average of 37 percent long chain fatty acids (LCFAs). We also know that medium chain fatty acids (MCFAs) in coconut oil are not converted into chylomicrons. No fat is converted into chylomicrons. Chylomicrons are lipoproteins that carry fat, protein, and cholesterol from the digestive tract throughout the body for redistribution. Chylomicrons are formed inside the intestinal wall. Few MCFAs, if any, are incorporated into chylomicrons. MCFAs are absorbed into the portal vein and sent directly to the liver where they are either utilized to produce energy or converted into ketones.

"I decided to reach out to my friend and foremost expert on fats and coconut, Dr. Bruce Fife, ND, CN, to dig deeper and get the real scientific facts on coconut oil and its effects on endotoxins and inflammation. I sent him the link to the interview, as well as some published studies on this topic. "

Charisa: Bruce, there is a study on coconut oil that has surfaced on social media and the news, and it's causing a lot controversy and confusion among animal lovers who feed coconut oil to their dogs. It basically states that coconut oil can increase endotoxemia in dogs and increase the absorption of lipopolysaccharides, causing chronic inflammation. Have you heard about this?

Bruce: Charisa, thank you for contacting me about this issue and providing the links. I have had a few others mention this issue as well. People aren't just warning us not to feed our dogs and other pets coconut oil, but saying we shouldn't be eating it either for the same reasons.

Charisa: Before we jump into the interview and studies, I can't help but notice — when it comes to saturated fat studies, why do researchers use coconut oil as their source of saturated fat? Why not use a more commonly consumed saturated fat, such as beef or butter fat?

Bruce: Sometimes researchers use coconut oil as the source of saturated fat because it has a higher percentage of saturated fatty acids than other fats, including animal fats. But unlike animal fats, coconut oil is composed predominately of medium chain fatty acids (MCFAs). Much of the confusion about coconut oil and endotoxemia stems from a study published in the journal *Nutrition and Metabolism* titled "Dietary oil composition differentially modulates intestinal endotoxin transport and postprandial endotoxemia."[2] Others have used this study as the basis for their criticism of saturated fats and coconut oil. However, there are some concerns about the study.

First, it appears that the authors of this study are inherently anti-saturated fat and also anti-coconut oil. They indicated this bias by their opening statement that they hypothesized that saturated fat

(coconut oil in this case) would cause inflammation and thus promote inflammatory diseases and that polyunsaturated oils would not. So, there is an inherent prejudice before the study was ever conducted. This suggests that the study was conducted to prove the author's point of view rather than to uncover scientific truth.

Second, why did they choose coconut oil to test as a saturated fat and not butter or beef fat? Coconut oil is unique and unlike animal fats and far less often consumed. It appears they chose coconut oil for a specific reason.

Charisa: Well, it's very apparent that these researchers don't make any distinction on the types of saturated fats. They lump all saturated fats in the same bucket — long chain and medium chain fats. Why do you think this is done?

Bruce: These researchers did not explain why they used coconut oil as their source of saturated fat. And the fact that they make no distinction on the types of saturated fats is a major problem in the first place. MCFAs are very unique and used in the body very differently from LCFAs. This is quite common in nutritional research — designing a study to achieve the outcome you desire. In this case, to find evidence in which to cast criticism and doubt on saturated fat in general, and coconut oil in particular. I believe they chose coconut oil for its high MCFA content and its associated antimicrobial properties.

Charisa: Let's talk about the author's claim that coconut oil is pro-inflammatory. I've always believed that coconut oil is anti-inflammatory! Why would they say that?

Bruce: Although they claim it is pro-inflammatory, coconut oil has shown to be anti-inflammatory in other studies. [3] They alluded to the possible danger of using coconut oil for Alzheimer's, saying it promotes the development of plaque. However, other studies have shown that coconut oil actually reduces the formation of plaque in the brain and improves brain function in Alzheimer's patients. [4, 5] Hundreds of testimonials also support these findings.

Keep in mind that coconut oil is predominately composed of MCFAs — all of which are saturated fats. Mother's milk is a good source of MCFAs. Something like 60% of the fat in mother's milk is saturated. Did nature purposely put MCFAs and other saturated fats in milk to kill infants? All mammals' milk contains MCFAs and is high in saturated fat. If saturated fat was so deadly why are we alive? How did we ever survive childhood when saturated fat-rich milk was our only food? These scientists don't look at the obvious!

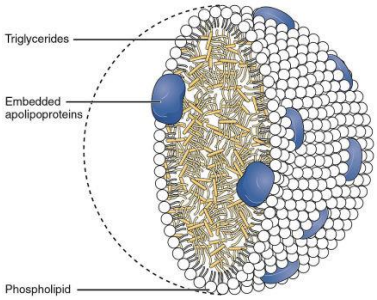
Charisa: We know that MCFAs contain potent anti-bacterial, anti-viral, anti-microbial properties. We also know that it supports a healthy immune system. Is there a connection between bacteria die-off and an increase in inflammation? How does it function when babies drink mother's milk, which is full of saturated MCFAs?

Bruce: MCFAs perform many vital functions in milk and are considered conditionally essential fatty acids — meaning they are essential during infancy, we must have them when young in order to avoid deficiency symptoms and grow and develop as nature intended. Some of these functions are to

protect us from infections and to train our immune system to recognize potential threats and quickly deal with them. MCFAs kill disease-causing bacteria in the gut. Some fragments of these dead bacteria can be absorbed into the intestines and into the bloodstream. Here they activate a mild immune response which trains the infant's immune system to recognize a bacterial threat and mount a defense without the actual threat of an infection (the bacteria are already dead).

Charisa: I've always believed that coconut oil does not convert to chylomicrons as it goes directly through the portal vein to the liver. And because of this, it cannot transport the endotoxin, lipopolysaccharide (LPS) through the circulatory system. Is this true or am I missing something?

Bruce: In general, you are correct. However, the process is not perfect. Most MCFAs are absorbed through the portal vein but some are still absorbed into the intestines. What few MCFAs that are not absorbed into the portal vein are absorbed by the cells lining the intestinal wall. MCFAs pass through the cell membrane into the cells themselves and are used as fuel to produce cellular energy. Very little, if any, ever gets incorporated into chylomicrons.
Chylomicrons are formed in the intestines and are filled with whatever type of fatty acids are available, almost always LCFAs. They will also absorb fragments of LPS — bacteria cell membrane from dead bacteria killed by MCFAs. This is how gut LPS gets into the bloodstream.



Schematic image showing a chylomicron
by OpenStax College - Anatomy & Physiology, Connexions Web site. http://cnx.org/content/col11496/1.6/, Jun 19, 2013., CC BY 3.0, https://commons.wikimedia.org/w/index.php?curid=30148502

Charisa: Let's talk about the endotoxin, lipopolysaccharide (LPS). How does it cause inflammation?

Bruce: LPS, which is derived from the membrane that encases gram negative bacteria, initiates an immune reaction. The immune system identifies LPS as an invading bacteria and attempts to dispose of it. This process involves an inflammatory reaction to speed white blood cells to the LPS to get rid of the invader. This is a temporary action. Once the LPS is taken care of, inflammation stops. This is how the body normally protects itself. It is a positive short lived response to a threat.

The authors of this study point out that high blood levels of LPS are associated with systemic inflammation. This is especially true when the LPS is associated with living bacteria that are invading the body. An inflammatory response is essential to remove the infection and prevent death.

Charisa: And can MCFAs transport LPS into the circulatory system?

Bruce: MCFAs do not transport LPS themselves. They only produce fragments of LPS that are small enough to be absorbed into the intestinal wall — a normal healthy intestinal wall. It does not have to be a compromised leaky gut. This is how MCFAs in mother's milk trains the infant's immune system to recognize danger and respond appropriately.

Absorbing LPS is not a disease or a mistake of nature but part of the perfect design of nature. It serves a vital function. These scientists are twisting the facts to make coconut oil/saturated fat a villain when it is doing what it is designed to do to keep us healthy. Coconut oil can increase the amount of LPS in the bloodstream because it is killing these harmful bacteria in the gut and fragments of the dead bacteria can be absorbed via the chylomicrons into the bloodstream.

Charisa: What about the studies that state that MCFAs from coconut oil increase blood levels of LPS?

Bruce: It has been seen that some fats, primarily MCFAs, increase blood levels of LPS. Not bacteria but just the LPS — fragments of *dead* bacteria. This is because MCFAs kill harmful bacteria in the gut and fragments of LPS are absorbed into the bloodstream.

In an effort to blame saturated fat as the cause of various health issues, some people have claimed that eating saturated fat (in this case coconut oil) causes an increase in LPS and, therefore, may possibly cause systemic inflammation. If saturated fat is consumed frequently, then it would theoretically promote chronic inflammation and, therefore, promote inflammatory diseases such as atherosclerosis, diabetes, autoimmune diseases, etc. If this were true, it would mean that saturated fat might indeed contribute to the development of heart disease because it is now accepted that inflammation is the primary cause of arterial plaque and, consequently, heart attacks and strokes, and not excess cholesterol.

The LPS that is absorbed after eating coconut oil or other saturated fats does not produce a strong enough or long lasting enough immune response to cause chronic inflammation or promote inflammatory disease. It is chronic inflammation that leads to inflammatory disease, not transitory inflammation that the body uses to protect itself from infection. A study published in the journal *Lipids in Health and Disease* titled “Postprandial serum endotoxin in healthy humans is modulated by dietary fat in a randomized, controlled, cross-over study,” investigated the inflammatory effect of LPS from coconut oil.[6] While the increase in blood LPS resulting from the ingestion of coconut oil does initiate an immune response, an increase in inflammation was undetectable. Therefore, coconut oil could not promote inflammatory diseases.

As I mentioned earlier, if MCFAs did promote chronic inflammation, then mother’s milk, which is a rich source of both MCFAs and saturated fat, would cause great harm to infants that consume only

milk, the same goes for all mammals, including our pets. Mothers don't produce milk to kill off their young. Carnivores, including dogs and cats, and many omnivores, which consume diets high in saturated fat, normally do not suffer from inflammatory diseases. The idea that LPS from saturated fats cause chronic inflammation is absolutely absurd.

Charisa: Bruce this is a lot of fascinating information. And while it all makes sense, scientifically — sometimes people forget to see the forest through the trees, take studies out of context, and only look at one part of a process. Can you, in couple of sentences, quickly summarize why people don't have to be afraid of coconut oil increasing chronic inflammation?

Bruce: While coconut oil does raise LPS, it does not instigate a measurable rise in systemic inflammation and, therefore, does not contribute to inflammatory diseases. The LPS is from dead bacteria so there is no threat of an infection and no need for a robust inflammatory response. As I've said, absorbing LPS is not a disease or a mistake of nature, but part of the perfect design of nature.

My deepest thanks to Dr. Bruce Fife for taking the time to talk about this topic.—*Charisa Antigua, Co-Founder and Chief Science Officer, CocoTherapy.*

To learn about CocoTherapy and coconut products for pets go to:

Website: https://www.cocotherapy.com/

Facebook: https://www.facebook.com/cocotherapy.

For more information on how coconut oil can protect the body from inflammatory disease, please see: "The Protective power of Dietary Fat: Fatty Acids and Immune Function", by Dr. Bruce Fife, N.D.C.N.: http://coconutresearchcenter.org/hwnl_16-4.htm

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Protect Your Vision with Coconut Oil

By Dr. Bruce Fife

Can you avoid age-related degenerative eye disease? Our eyesight naturally diminishes to some extent as we age, but regardless of our age, our eyes should provide us with good service for a lifetime. New research reveals that age-related eye disorders can be prevented and possibly even reversed. The key to maintaining good vision depends on your diet.

The body has an amazing ability for self-repair. If we get a cut, a bruise, break a bone, or suffer some other injury, the body knows exactly what to do to repair the damage. In time, the cut is completely healed, damaged blood vessels in a bruise are repaired, and broken bones are fused back together, in many cases the repair is so complete that there is little or no trace that an injury ever occurred.

Like other tissues, peripheral nerves throughout our bodies have a high capacity for regeneration after injury, however injury to nerve cells within the central nervous system (brain and spinal cord) do not. In fact, for many years it was believed that brain tissue, could not be repaired or regenerated. Once an injury occurred, the neurons, or brain cells, were gone forever. It was thought that the brain cells we were born with were all that we would ever have. We now know that this is not correct, brain cells can be regenerated and new brain cells do grow and develop just like other cells throughout the body.

The eyes are extensions of the brain and consist of neurons or nerve cells similar to those in the brain and, likewise, have the potential to regenerate. The light sensitive portion of the eye is the retina, which lines the inside of the eyeball. When light hits the retina it sends nerve impulses to the brain. These impulses are sent to the brain through long thread-like appendages of the retina that combine to form the optic nerve.

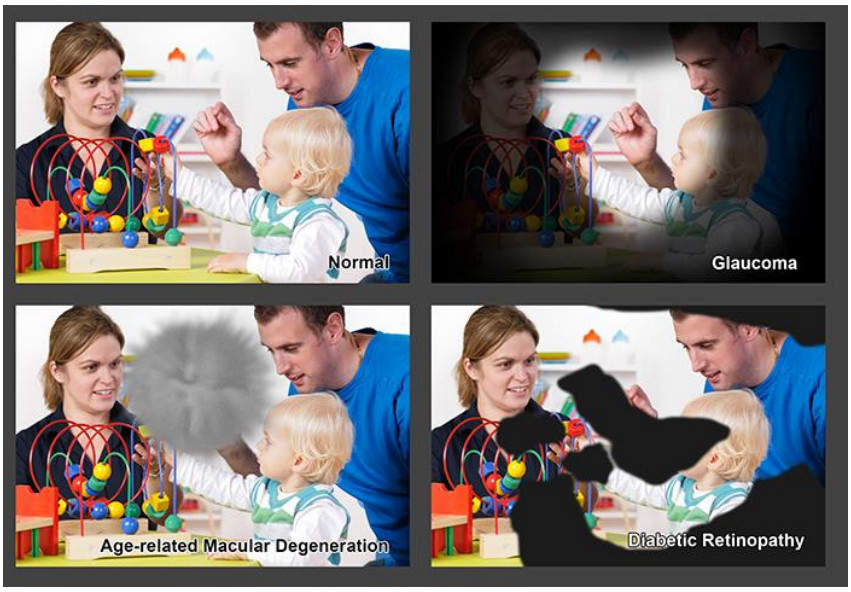
Any damage that occurs to the retina or optic nerve can cause visual impairment and if serious enough, complete blindness. When injured, the retina and optic nerve generally have little ability for self repair and eventually die, eliminating any chance for regeneration. Injury to the optic nerve usually leads to lifelong visual impairment.

The most common degenerative eye diseases that involve damage to the retina and optic nerve are glaucoma, macular degeneration, and diabetic retinopathy. These three conditions cause the vast majority of irreversible vision loss in people living in affluent countries.

Glaucoma is believed to be caused, in part, by abnormal pressure within the eye. The eyeball is filled with a viscous fluid that helps maintain the shape of the eye and circulate nutrients. This fluid is constantly entering and leaving the eyeball. If it enters faster than it exists, the pressure within the eye builds up damaging the retina and optic nerve. Treatment is focused on lowering fluid pressure with the use of medicated eye drops, drugs, laser therapy, surgery, or some combination of these. However, once the retinal cells are damaged they are considered gone for good.

Diabetic retinopathy is caused by inadequately controlled diabetes. High blood sugar causes the blood vessels feeding the retina to degenerate and become leaky. This distorts the retina leading to permanent damage. Besides trying to get blood sugar under control, treatment may involve laser surgery to burn or cauterize damaged blood vessels to keep them from leaking. This permanently scars the retina, but may prevent or slow further vision loss.

Macular degeneration is the slow destruction of the macula—the portion of the retina that is needed for sharp, central vision. In macular degeneration central vision is lost first and gradually progresses out affecting side or peripheral vision. Vision loss is permanent. The cause of macular degeneration is unknown and there is no effective treatment. When macular degeneration occurs later in life it is usually referred to as age-related macular degeneration to distinguish it from other forms that may be inherited and appear early in life.



Visual representation of what the eye sees when affected by degenerative disease. Upper left: Normal vision, Upper right: glaucoma, Lower left: macular degeneration, Lower right: diabetic retinopathy.

For many years the inability of damaged retinal neurons and optic nerve to regrow was accepted almost as a "law of nature," and on the clinical level, retinal injury was seen as being irreversible and corresponding vision loss was permanent. Today medical researchers are starting to unlock the secrets of neuronal regeneration. Under the right conditions, injury to the retina and optic nerve can be healed. A growing number of studies over the past two decades have demonstrated that the retina can be transformed into an active regenerative state allowing these neurons to survive injury and to regenerate the damaged optic nerve.

Almost all clinical studies using drugs as a means to protect the retina, optic nerve, and other components of the eye have failed. However, a special group of naturally occurring proteins called brain-derived neurotrophic factors (BDNFs) show great promise. BDNFs play a key role in regulating survival, growth, and maintenance of neurons. They help support the survival of existing neurons and encourage the growth and differentiation of new neurons.

Normally, injury to the optic nerve induces a rapid die-back leading to retinal cell death. However, when an adequate amount of BDNFs are present, the effects of injury are diminished and the optic nerve and retina can be repaired or regenerated.

Animal studies have shown that after cutting the optic nerve in adult rats, retinal cells progressively degenerate until, after two months, a residual population of only about 5 percent of these cells survive. When BDNFs are present, however, survival rate significantly increases. For example, in one study researchers cut the optic nerves in a group of rats. The injury to the optic nerve caused a rapid, progressive degeneration and death of the retinal neurons. After 3 weeks, only 10 percent of the retinal neurons survived. After 5 weeks, the number dropped to 8 percent, and by the 7th week only 5 percent remained. In a second group of rats BDNFs was injected into their eyes before the optic nerve was severed. In this group, two to three times as many retinal neurons survived compared to untreated controls.1

Studies show that after cutting the optic nerve, BDNFs not only protect the retinal neurons from dying, but promote regrowth. The retinal neurons sprout new growths that elongate and form functional connections with other neurons. In lab mice that have had their optic nerves severed, BDNFs allowed the animals to recover the ability of light-dark discrimination.2 In essence, researchers have been able to restore partial sight to blind mice.

We always have some BDNFs circulating in our central nervous system that helps protect our brains and eyes from degeneration. However, people with diabetic retinopathy, glaucoma, and macular degeneration have a deficiency of BDNFs, which makes them more susceptible to neurodegeneration and visual problems.3-4

BDNFs provide the potential for preventing degenerative vision loss and possibly even partially restoring lost vision. In animal studies, BDNFs can be injected directly into the eyeball to boost levels of these protective proteins. Clinically, this process is not feasible because in order to maintain therapeutic levels of BDNFs, multiple injections are needed over a period of time to maximize the benefit.5

Fortunately, BDNFs are produced naturally in our bodies. Using this fact, another approach to raise BDNFs to therapeutic levels is to boost the body's own production of these protective proteins. This can be done quite simply through diet.

The production of BDNFs is stimulated by the presence of ketones. Ketones are produced from fatty acids stored in body fat and provide an alternative to glucose as a source of fuel for the brain. Normally, our cells, including our brain cells, use glucose as their primary source of fuel. Most the glucose in our bodies comes from carbohydrates in our foods. When we eat a meal, carbohydrates are converted into glucose and released into our bloodstream. Between meals or when we don't eat carbohydrates, blood glucose levels fall. Our cells need a continual supply of energy to function, so when this happens, fat stores in the body are mobilized and fatty acids are released into the bloodstream. Our cells can use fatty acids for fuel just like they do glucose.

The brain, however, cannot use these fatty acids and must have an alternative source of fuel. Some of these fatty acids are converted into ketones, which are readily used as fuel by neurons. Ketones not only supply the brain with energy, but also trigger the production of BDNFs.

One way to increase the body's levels of BDNFs is to eat a low-carb diet. A low-carb diet keeps blood glucose levels low, which causes the release of fatty acids and the production of ketones. A very low-carb or ketogenic diet stimulates greater ketone production and higher BDNF levels. Therapeutic levels of BDNFs can be attained and maintained for an indefinite period of time on a very low-carb diet.

Another way to raise ketones, and consequently BDNFs, is by eating coconut oil. Coconut oil is composed predominately of the unique group of fatty acids known as medium chain fatty acids (MCFAs). When consumed, a significant proportion of these MCFAs are automatically converted into ketones, regardless of blood glucose levels. You can raise blood ketone and BDNF levels simply by adding coconut oil into your daily diet.

If you eat enough coconut oil, you can raise blood ketones and BDNFs to therapeutic levels. This would require the consumption of 2-4 tablespoons of coconut oil daily. A smaller amount would be needed if you combine coconut oil with a very low-carb diet.

If you want to preserve your vision and protect yourself from encountering age-related degenerative eye disorders that affect the retina and optic nerve, your safest and most effective approach would be to incorporate coconut oil into your daily diet. If you have already experienced some vision loss due to glaucoma, macular degeneration, or diabetic retinopathy, combining coconut oil with a low-carb diet can help you prevent any further vision loss and possibly even regain some of your lost vision.

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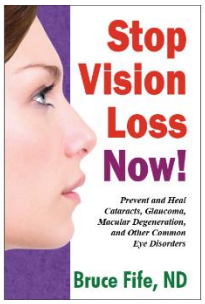

For further reading on this subject see Dr. Fife's book:
Stop Vision Loss Now
Prevent and Heal Cataracts, Glaucoma, Macular Degeneration, and Other Common Eye Disorders

Available here

Natural versus Allopathic Medicine

The medical profession often portrays natural or alternative therapies as outdated and worthless home remedies or wishful thinking. While the methods and techniques may vary in effectiveness, alternative medicine does work. A few years ago I read a study that showed that treatments using alternative therapies were just as successful as those using conventional (allopathic) medicine. This is actually remarkable because often people seek alternative medicine as a last resort after conventional medicine has failed. Despite getting the hopeless cases cast aside by conventional medicine, alternative medicine is still just as effective overall. Some physicians recognize the value of natural therapies and have embraced the best from both alternative and conventional medicine into what is known as complementary medicine.

The maxim "first do no harm" is a guiding principle for all natural therapies. Alternative treatments focus on using methods that are harmless. They strive to correct nutrient, energy, chemical, and other deficiencies and encourage the body to summon its own innate healing powers to provide the cure. Treatment may include vitamin, mineral, and herbal supplements, special diets, exercise,

physical therapy (e.g., chiropractic, massage), energy work (acupuncture), visualization techniques, and other non-invasive, harmless therapies.

In contrast, conventional medicine relies primarily on drugs, surgery, radiation procedures, and other treatments that are inherently harmful and may have serious consequences. All drugs, even over-the-counter drugs, are accompanied by undesirable side effects. Surgery always injures tissues. Radiation, whether it is used for diagnostic purposes (x-rays, CT scans) or treatment, causes damage. Doctors know the treatments are potentially harmful but justify their use in the belief that they do more good than harm.

The medical profession often criticizes natural therapies as dangerous. In rare instances alternative medicine can cause harm. It is possible, for example, that a person can have an allergic reaction to an herb or take an excessive amount of a certain vitamin or mineral supplement. But these situations can and do happen with conventional medicines as well. In fact, it far more likely to happen with medicines, which are far more dangerous than vitamins or herbs.

Looking at a copy of the 2009 report of the American Association of Poison Control Centers published in the journal Clinical Toxicology it shows zero deaths from any vitamin, mineral, amino acid, or herbal supplement for that year, which is typical for most years. This data verifies the safety of the most often used tools of alternative medicine.

Since alternative treatments are far less harmful than drugs, it is ridiculous to attack them for being dangerous. The medical and pharmaceutical industry knows this, so their primary focus of attack is to criticize the use of "worthless" alternative treatments in place of "life-saving" medicines. "Perhaps the most serious harm occurs when effective therapies are replaced by ineffective alternative therapies," says Dr. Edzard Ernst, a professor of medicine at Peninsula Medical School. "In that situation, even an intrinsically harmless medicine, like a homeopathic medicine, can be life-threatening." In some cases, this argument may have some validity. If a child has bacterial meningitis, antibiotics will work better than most alternative therapies. For some conditions,

conventional medical treatment is preferred. Likewise, for many conditions alternative medicine is superior and would have saved the lives of patients who died using conventional medicine.

The total number of iatrogenic (doctor caused) deaths in the United States is over 1 million per year. This includes adverse reactions to prescribed drugs, medical errors, surgery related errors, etc. This is more than the number that dies annually from heart disease (850,000), cancer (570,000), or automobile accidents (34,000). Over 100,000 Americans die each year from adverse reactions to drugs.

The study cites four deaths due to alternative therapies in the year 2009. To criticize alternative medicine for being responsible for four deaths is outlandish in comparison to over a million caused by conventional treatments. And these deaths are generally not actually caused by alternative therapies but, according to the study, they resulted from not getting proper medical attention.

The number of iatrogenic deaths are actually much higher than 1 million. Only 5 to 20 percent of iatrogenic deaths are ever reported. This implies that if medical errors were completely and accurately reported, the death rate due to medical error would be at least 5 million and up to 20 million a year.

Collecting reliable data on medical errors is difficult because of underreporting due to the fear of being blamed and the potential for legal liability. Relatively few doctors ever report adverse drug reactions to the FDA. The reasons range form not knowing such a reporting system exists to fear of being sued. Nurses don't report medical mistakes for fear of retaliation. It is this flawed system of voluntary reporting from doctors that we depend on to know whether a drug or a medical intervention is harmful. If no one notices the error, it is never reported. So who is reporting medical errors? Usually it is the patient or the patient's surviving family. Mandatory reporting would be helpful. But the American Medical Association is strongly opposed to it.

In comparison to conventional medicine, natural medicine is extremely safe. It is no more dangerous than taking a vitamin tablet or eating healthy foods or getting regular exercise. Is there risk? Sure. There is risk in anything, you can be allergic to a healthy food, overdose on too many supplements, or pull a muscle when jogging. But the risks are far less than taking a drug that is reported to cause a dozen or more adverse reactions, some so serious that it may result in death or disability.

Medications are taken off the market or restricted every year due to their dangerous side effects and the unscrupulous marketing tactics of the pharmaceutical industry. After being on the market for only a few years the diet pill Meridia and pain pill Darvon were withdrawn from the market and the diabetes drug Avandia was severely restricted. Other drugs voted into the Hall of Shame, but not necessarily withdrawn, include Yaz, Singulair, Ambien, Tamoxifen, Lipitor, Crestor, Boniva, Prozac, Zoloft, Ritalin, and Advair, to name a few. For a complete listing go here.

Is alternative medicine effective? Some alternative treatments have been proven effective in controlled studies. Acupuncture helps relieve pain. Yoga, aerobics, art therapy, and aromatherapy are good for stress. Ginger can ease nausea, turmeric reduces inflammation, and coconut oil fights infections. However, just because there are no studies showing a particular therapy is effective does

not mean it isn't. The effectiveness of the therapy really depends on the skill and knowledge of the individual practitioner.

The philosophy behind alternative medicine is the belief that the body is capable of healing itself from just about any ailment, if given the right nutrients and support (good diet, exercise, vitamins, etc.) and if negative influences (drugs, tobacco, unhealthy foods, chemicals, toxins, etc.) are removed. Strengthening the immune system and empowering the body's natural tendency for survival will correct the underlying problem. The therapies don't cause harm but support better overall health.

In conventional medicine, the aim is to kill or remove harmful microorganisms or diseased cells that cause ill health and to counteract any chemical imbalances in the system. Such therapies are often dangerous and do not correct the underlying problem. In most illnesses the cause is not well understood so a cure is unavailable. The approach in these cases is to treat the symptoms rather than the disease itself.

Let's look how both methods approach the problem of treating cancer. The conventional approach is to remove the cancerous tissues. This is accomplished by surgically removing the tumor, poisoning it with drugs (chemo therapy), or killing it with radiation. Often, all three methods are employed. In the process, damage is caused to the patient. You cannot surgically remove a tumor without cutting healthy tissue, or kill cancerous tissue with drugs and radiation without also killing healthy tissue. Cancer is not an isolated disease. It is systemic. We all have cancer cells developing in our bodies. We don't all get cancer because our immune system protects us. It is only when the immune system is incapable of efficiently neutralizing the cancerous cells that they get out of hand and develop into life-threatening tumors. Removing the tumors eliminates the immediate threat, but it does not cure the problem. The body remains weak and unable to stop the cancer cells from developing. Often, the medical treatments weaken the body even further so that relapses are common. A person may survive a year or two or even five or more years but eventually succumb to cancer.

The alternative approach would be to strengthen the immune system using various natural approaches and anti-cancer therapies (immune boosting foods, anti-cancer herbs, oxygen therapy, etc.). This way the body itself attacks the cancerous cells and removes them. No harm is done to surrounding tissues. The immune system is enhanced so the underlying problem is solved. The cancer won't come back unless the immune system is somehow compromised again. Because the body dismantles the cancerous growth cell by cell, this process takes time, often months. You don't see the quick results you would from surgery, but the end result is more complete and longer lasting.

Both alternative and conventional approaches have their strengths and their weaknesses. Alternative medicine is superior for prevention. The goal is to achieve the best health possible so that sickness does not occur, and if it does, the body will be strong enough to quickly overcome it. Conventional medicine is very poor at prevention. It focuses on crisis management, waiting for something to happen first, before taking action. What preventative measures that are recommended, such as low-fat dieting and consuming polyunsaturated vegetable oils and margarine in place of natural fats, usually degrade health.

Alternative medicine is also more effective for most chronic illnesses (e.g., candidiasis, Crohn's disease, celiac disease, diabetes, etc.). By improving the health of the entire body, chronic problems are gradually corrected and health improves. Conventional medicine handles chronic illness very poorly. Treatment generally consists of suppressing the symptoms with drugs or surgery, which in the long run cause more problems or leaves the patient crippled.

Acute illness is handled by both forms of medicine more or less equally. Alternative medicine is perhaps better for non-critical illnesses, such as ringworm (a skin fungus) or insect bites, while conventional medicine is better at handling serious disease such as syphilis, dysentery, bacterial pneumonia, and such.

The place where conventional medicine really shines is in the treatment of serious injuries such as broken bones, severed limbs, collapsed lungs, gunshot wounds, and the like. Modern medicine has been able work miracles for such conditions.

In summary, alternative medicine is best for prevention and for treating chronic and minor illnesses, while conventional medicine has it greatest value in treating serious acute diseases and severe trauma.

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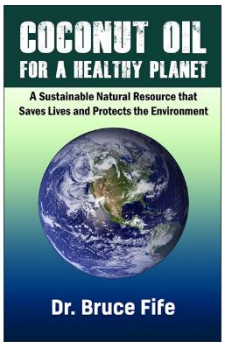

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