

Food and Health

In the 1960s a book was published called ‘Concentrated *Incomplete* Fertilisers’. This book documented concerns about the prevalence of the use of artificial fertilisers for grassland and crops, a practice that was encouraged by government subsidies. This kind of fertiliser (known in farming circles as ‘bag muck’) provided a cheap source of nitrogen, potassium and phosphorus to crops at levels that produced lush growth. Not only was the fertiliser itself cheap, but also the cost of spreading it (when compared with farmyard manure) was low, a situation that encouraged its long and widespread use.

In the 1960s it was known that organochlorine and organophosphorus pesticides were dangerous. The residues of these chemicals had been shown to build up in the body fat stores of animals and humans. Once that build-up had exceeded a certain critical level, symptoms of ill health would appear – including disabling neurological symptoms. Farmers severely affected by over-exposure to sheep-dip containing these chemicals were not uncommon. Containers of such pesticides were labelled with warnings, including directions about handling and disposal of empty cans. However, the warnings and guidelines were not always adhered to by the users, and skin contact was all too easy in the absence of protective clothing, as was pollution of nearby streams. In a domestic context you will all remember the Vapona strips. These gave off an organophosphorus pesticide, and users cheerfully hung them in their kitchens, where food could become contaminated.

In our modern society, we have a situation where organically grown products are being promoted, and increasing numbers of people are buying them. The benefit of eating such food is that under the Soil Association standards toxic chemicals cannot be used for pest control, and inorganic fertilisers are not permitted. However, to be accepted for organic status, the land on which the food is produced has to be farmed under organic standards for a minimum of only three years. The production of food that is free from toxic residues from pesticides is relatively straightforward to achieve, whereas the production of food that has its natural content of trace elements is a more difficult task. If a soil has been treated only with

artificial fertiliser for several decades, it is not possible to restore it to its full nutrient status within three years. It is even possible to have soils *without* organic status that are more fertile than those that have it – if they have been properly fertilised for more of the time. In short, organic status does not guarantee adequate trace element composition of food.

It is now generally accepted that when human beings are stressed, their daily requirement of certain vitamins and minerals is increased. There is much in our culture that promotes situations of long-term stress. Such conditions have become so ‘normalised’ in our society that many of us are barely aware of them; but our lack of awareness does not mean that our bodies are not being stressed, and consequently have certain increased nutrient requirements.

The government Recommended Daily Allowances (RDAs) for vitamins and minerals were based on studies that identified the levels of intake required to avoid the development of gross deficiency symptoms. For example, supplies of vitamin A sufficient to avoid the development of night blindness, and supplies of calcium and vitamin D sufficient to avoid the development of rickets. However, there is a different kind of concept that can, and should, be applied – that of Optimum Health. The body operates through a myriad of complex metabolic processes, and if we are not taking in the nutrients which are needed for this, we risk operating at a sub-optimal level, and we are then predisposed to ill health.

For example, we are habitually taught in our current culture that the consumption of low fat or fat free food is desirable for good health. This is a dangerous assumption to make. It is true that, in general, saturated fats are not good for our health – these are the fats that when cooled to room temperature appear as lumps of lard. But it is not true that all fats are bad for our health. In fact, if we do not take in enough of certain fats – those that provide the essential fatty acids – we can become ill. Oils such as olive oil and fish oils are good sources. Without these essential fats, cellular metabolism begins to founder, and health declines.

In a culture where we are groomed to reach for ‘quick food’ and ‘ready meals’, the real meaning of the word ‘food’ has been eroded. We have been taught by manufacturers and advertisers to assess the quality of food by the ‘hype’ that is given to it, and not by its origin and integrity. Real food is that which provides adequate nourishment, and is not something that merely creates a ‘buzz’. Belief systems promoted by those who are

reaching for personal gain rather than for the well-being of our population tend to be accompanied by the evocation of 'buzz' feelings.

Our true hunger is for reality – real food, real relationship, life lived out in an authentic way – but aspects of our culture so often seek to misdirect our impulses towards objects and activities that can never satisfy the hunger. Hunger for food itself cannot be truly satisfied by substances that do not provide the range of nutrients essential for our well-being. Eating food that is inadequate in its integrity and nutrient content can easily lead to the development of cravings that can then be mistaken for hunger for yet more of these inadequate unsatisfying substances.

We have been taught to reach for help from the NHS when we become ill, yet that service is the one least able to supply information about real nourishment and the achievement of optimum health. It is a service in which many of the central employees are unaware of the serious consequences for our health of the degradation of our soils and therefore our crops, and the damage done to our food by wrong methods of processing. It can provide access to technology to reduce the likelihood of disability or death due to disease or trauma, but it does not yet focus its resources into the promotion and establishment of optimum health, and prevention of disease by a broad understanding of life itself.

There is much information available now which leads to the promotion of consumption of fruit and vegetables for better health. The huge EPIC study (European Prospective Investigation into Cancer and Nutrition) demonstrated a clear link between low consumption of such foods and a higher incidence of cancers. Cancer is a response by the body to maltreatment. Our Health Service has developed, and still is developing many courses of treatment to try to suppress or remove cancers, but our real task is to support our bodies in ways that reduce the likelihood of cancerous cells developing and spreading. Encouragement towards eating more fruit

and vegetables is a step in the right direction, but it cannot be hailed as the solution, since the way in which such foods are produced and used has a bearing on their efficacy in disease prevention, and it is not really sufficient merely to add the consumption of these items to a daily routine that is inadequate or detrimental in many respects.

Some years ago, one of the top heart surgeons in the USA began to take stock of his lifestyle when he realised that patients who had benefited from

his high-tech operations would return with the same problems in around three years. He observed that he himself was carrying a lot of extra weight, was not feeling well, and that he 'kept himself going' between operations by eating chocolate bars. He studied his situation in detail, and began to change his life. He then began to advise his patients about lifestyle changes – asking them to undergo such changes for six months before attending for surgery. He soon found that there was frequently a sufficient reversal of serious symptoms, such as narrowed arteries, for surgery to be no longer necessary. After this he dedicated his life primarily to the promotion of lifestyle changes and non-invasive alternative therapies.

Exercise for good health, and its attendant sense of well-being, does not necessarily have to involve frequent trips to the gym with intense 'workouts', particularly if the gym is only accessible by car. It is far better to weave activity into one's life in a more natural way. The best exercise is that which is easily embarked upon, such as the daily discipline of walking up and down stairs, sweeping up leaves, and walking to the post box or the shops. It is perfectly possible to devise more focused exercise in the home through resourceful planning, using simple props. There are certainly those who enjoy more vigorous activity, and that is fine, so long as it is within the true capacity of the individual.

Always remember that we were not made as robots to which spare parts can be fitted.

It is not a good thing to sit or slump in a sagging chair in front of the TV for hours at a time (although certain advertisements would have us believe that this is the preferred way to relax). It is a habit that stresses the mind, can produce large adrenalin surges when viewing aggressive and horrific scenes, constricts the arteries at the knees, and damages the back. For those of you who have prostate problems, do not forget that the nerve supply to that whole area is from the base of the spine – the place that is most likely to be damaged by long periods of sitting with lack of proper support – and once that supply is compromised, the health of the organs it serves is also at risk.

A further thought... When we are born, we require to be attached to a person who is our main carer in our early life, and that person is usually our mother. That is the person who feeds us, keeps us clean and warm, and provides emotional nourishment. Without this we cannot survive. Food manufacturers and advertisers use and abuse this basic reality by trying to

attach us to objects and activities for their financial gain. They do not usually have our well-being in mind as their primary objective! Please be aware that breast milk, and therefore baby milk substitutes for the human infant, are high in simple sugars and therefore taste very sweet. An advertisement showing an adult lolling back in a chair in the 'being-nursed-as-an-infant' posture, about to eat a chocolate bar or a bag of sweets, is cashing in (literally) upon our distant memories. For those of us (and there are many) whose care at that stage was not adequate, we are vulnerable, as there is a longing, conscious or unconscious, to return to that baby state and be properly cared for. The epidemic of type II diabetes is not due to an illness or genetic disorder. It is due to the manipulation and exploitation of our underlying insecurities in a way that leads us to believe that daily overdoses of sugar mean happiness and contentment. High intakes of certain sugars are a necessary part of infant nutrition, but they are not appropriate to the health of those who are no longer babies.

Facing the true roots of our emotional hunger, and identifying the real needs of our physical hunger, is a task which each of us must address. The former can be very painful, but leads to our being less vulnerable in the face of possible exploitation. The latter is easier to address, as through the application of ones innate intelligence and the gathering of appropriate information, it is not hard to learn the art of providing adequate physical nourishment for oneself. It is not necessary to remain a victim of those in society who seek to exploit us for their own financial gain.

The medical profession has a valuable part to play, but is not the source of all answers, and it is unfair to view it as such. Its members try their best, but are limited by their necessarily finite resources, and by their own experience and areas of expertise.