

Nourishing Traditions:

The Cookbook that Challenges Politically Correct Nutrition
and the Diet Dictocrats

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MILK & MILK PRODUCTS

What about milk? Among nutritionists, there is no other subject that arouses so much controversy, even animosity, as the debate on milk consumption. While our hunter-gatherer ancestors did not use milk products, there are many healthy nomadic and agricultural societies, dating back as far as 9,000 years, that depend on milk of cattle, sheep, goats, horses, water buffalo and camels for their animal protein and fat and value this "white blood" for its life-sustaining properties. Just a few decades ago, Americans accepted without question the premise that milk was good for us and that a safe, plentiful supply was actually vital to our national security. Today, however, milk consumption is blamed for everything from chronic ear infections in children to cancer and diabetes in adults.

Many people have a low tolerance to milk because they lack intestinal lactase, an enzyme that digests lactose, or milk sugar. All baby mammals produce lactase but production of the enzyme declines and may even disappear after weaning. In humans, a mutation or recessive gene allows the continued production of lactase in some individuals. In an isolated population that is forced to depend on milk products for animal protein, those with this gene would have an advantage. If a gene for the persistence of lactase had a frequency of 5% in such a population, in 400 generations its frequency would have risen to 60% assuming that those who possessed it had 1% more children per generation than intolerant individuals.¹¹⁹ Natural selection is the mechanism for adapting isolated populations to the food available to them. But modern man is highly peripatetic, and no society in the western world is composed entirely of people whose ancestors come from the immediate region. By some estimates, only 30-40% of the world's population produces lactase in adulthood. Overuse of antibiotics also contributes to lactose intolerance. However, most lactose intolerant individuals can consume milk products in small quantities without problems.¹²⁰ Asians are said to be lactose intolerant but many of the inhabitants of Japan and China drink milk and eat cheese when they can obtain them.

In addition, some people are allergic to a milk protein called casein, which is one of the most difficult proteins for the body to digest. Once again, the process of natural selection will result in a population more able to digest casein if milk and milk products are part of the traditional diet.

The practice of fermenting or souring milk is found in almost all traditional groups that keep herds. This process partially breaks down lactose and predigests casein. The end products, such as yoghurt, kefir and clabber, are often well tolerated by those who cannot drink fresh milk. Butter and cream contain little lactose or casein and are usually well tolerated in their natural state, even by those who are lactose intolerant. Even so, fermented or soured butter and cream are more digestible. Those with an extreme intolerance for milk protein can take butter in the form of ghee or clarified butter from which the milk solids have been removed. Cheese, which consists of highly concentrated casein, is well tolerated by some and best completely avoided by others. Cheeses made from raw milk contain a full complement of enzymes and are, therefore, more easily digested than cheeses made from pasteurized milk. Natural cheeses, whether from pasteurized or unpasteurized milk, will be more digestible when eaten unheated. Processed cheeses contain

emulsifiers, extenders, phosphates and hydrogenated oils; they should be strictly avoided.

While some lucky people are genetically equipped to digest milk in all its forms, the milk sold in your supermarket is bad for everybody, partly because the modern cow is a freak of nature. A century ago cows produced 400 to 500 pounds of milk per year; today's Holsteins routinely give 20,000 to 30,000 pounds annually. This is accomplished by selective breeding to produce cows with abnormally active pituitary glands. The pituitary gland not only produces hormones that stimulate the production of milk, it also produces growth hormones. Recently the FDA approved a genetically engineered growth hormone for cows to be given by injection. These hormones are identical to those produced by the pituitary gland in today's high-production cows. This practice will simply add to the high level of bovine growth hormones that have been present in our milk for decades. These hormones are present in the water fraction of the milk, not in the butterfat. Babies receive growth hormones from their mothers through their mothers' milk. Small amounts of these hormones are necessary and moderate amounts are not harmful, but a superfluity can result in growth abnormalities. Excessive pituitary hormones are also associated with tumor formation, and some studies link milk consumption with cancer. The freak-pituitary cow is prone to many diseases. She almost always secretes pus into her milk and needs frequent doses of antibiotics.

Another serious problem with today's dairying methods is the feeding of high-protein soybean meal to the cows. This stimulates them to produce large quantities of milk during their first two lactations but contributes to a high rate of mastitis and other problems that lead to sterility, liver problems and shortened lives. Little research has been done to determine what these soy feeds do to the kind and quality of protein in cow's milk. Is the current high rate of milk-protein allergies due to the use of inappropriate feed in our dairy herds? The proper food for cows is green plants, especially the rapidly growing green grasses in the early spring and fall. Milk from properly fed cows will not only contain the Price Factor and cancer-fighting CLA but will also be richer in the full gamut of vitamins and minerals. Unfortunately, under the current system, farmers have little incentive to pasture feed their herds nor follow other practices that result in high quality milk.

Another factor contributing to the degradation of today's milk is pasteurization. We have been taught that pasteurization is a good thing, a method of protecting ourselves against infectious diseases; but closer examination reveals that its merits have been highly exaggerated. The modern milking machine and stainless steel tank, along with efficient packaging and distribution, make pasteurization totally unnecessary for the purposes of sanitation. And pasteurization is no guarantee of cleanliness. All outbreaks of salmonella from contaminated milk in recent decades—and there have been many—have occurred in pasteurized milk. This includes a 1985 outbreak in Illinois that struck over 14,000 people causing at least one death. The salmonella strain in that batch of pasteurized milk was found to be genetically resistant to both penicillin and tetracycline.¹²¹ Raw milk contains lactic-acid-producing bacteria that protect against pathogens. Pasteurization destroys these helpful organisms, leaving the finished product devoid of any protective mechanism should undesirable bacteria inadvertently contaminate the supply. Raw milk in time turns pleasantly sour, while pasteurized milk, lacking beneficial bacteria, will putrefy.

But that's not all that pasteurization does to milk. Heat alters milk's amino acids lysine and tyrosine, making the whole complex of proteins less available; it promotes rancidity of unsaturated fatty acids and destruction of vitamins. Vitamin C loss in pasteurization usually exceeds 50%; loss of other water-soluble vitamins can run as high as 80%; the Wulzen or anti-stiffness factor is totally destroyed as is vitamin B₁₂, needed for healthy blood and a properly functioning nervous system.

Pasteurization reduces the availability of milk's mineral components, such as calcium, chloride, magnesium, phosphorus, potassium, sodium and sulphur as well as many trace minerals. There is some evidence that pasteurization alters lactose, making it more readily absorbable. This, and the fact that pasteurized milk puts an unnecessary strain on the pancreas to produce digestive enzymes, may explain why milk consumption in civilized societies has been linked with diabetes.¹²²

Last but not least, pasteurization destroys all the enzymes in milk—in fact, the test for successful pasteurization is absence of enzymes. These enzymes help the body assimilate all bodybuilding factors, including calcium. That is why those who drink pasteurized milk may suffer from osteoporosis. Lipase in raw milk helps the body digest and utilize butterfat.

After pasteurization, chemicals may be added to suppress odor and restore taste. Synthetic vitamin D₂ or D₃ is added—the former is toxic and has been linked to heart disease¹²³ while the latter is difficult to absorb.¹²⁴ The final indignity is homogenization, which has also been linked to heart disease.

Powdered skim milk is added to the most popular varieties of commercial milk—one-percent and two-percent milk. Commercial dehydration methods oxidize cholesterol in powdered milk, rendering it harmful to the arteries. High temperature drying also creates large quantities of cross-linked proteins and nitrate compounds, which are potent carcinogens, as well as free glutamic acid, which is toxic to the nervous system.¹²⁵

Modern pasteurized milk, devoid of its enzyme content, puts an enormous strain on the body's digestive mechanism. In the elderly, and those with milk intolerance or inherited weaknesses of digestion, this milk passes through not fully digested and can build up around the tiny villi of the small intestine, preventing the absorption of vital nutrients and promoting the uptake of toxic substances.¹²⁶ The result is allergies, chronic fatigue and a host of degenerative diseases.

All the healthy milk-drinking populations studied by Dr. Price subsisted on raw milk, raw cultured milk or raw cheese from normal animals eating fresh grass or fodder. It is very difficult to find this kind of milk in America. In California and Georgia raw milk was formerly available in health food stores. Intense harassment by state sanitation authorities has all but driven raw milk from the market in these states, in spite of the fact that it is technically legal. Even when available, this milk suffers from the same drawbacks as most supermarket milk—it comes from freak-pituitary cows, often raised in crowded pens on inappropriate feed.

In some states you can buy raw milk at the farm. If you can find a farmer who will sell you raw milk from old-fashioned Jersey or Guernsey cows, tested free of tuberculosis and brucellosis and allowed to feed on fresh pasturage, then by all means avail yourself of this source. Some stores now carry pasteurized but not homogenized milk from cows raised on natural feed. Such milk may be used to make cultured milk products such as kefir, yoghurt, cultured buttermilk and cultured cream. Traditionally cultured buttermilk, which is low in casein but high in lactic acid, is often well tolerated by those with milk allergies and gives excellent results when used to soak whole grain flours for baking. If you cannot find good quality raw milk, you should limit your consumption of milk products to cultured milk, cultured buttermilk, whole milk yoghurt, butter, cream and raw cheeses—which are available in all states. Much imported cheese is raw—look for the words "milk" or "fresh milk" on the label—and of very high quality.¹²⁷

For pasture-fed New Zealand butter and organic ghee by mail order, see Sources. See also www.Realmilk.com for a listing of good quality milk and milk products.