



Margarine vs Real Butter

The Professor's NEWSFLASH!

Prior to the advent and huge rise in margarine (and other hydrogenated oil) use:

- Death rates from Heart Disease & Cancer were at only 3%.
- Obesity was at only 5%.
- Diabetes was practically nonexistent!

The strong case against margarine:

Eating margarine (and other trans-fats), not getting enough of the critical healthy essential oils (EFAs), along with high sugar consumption and lack of sufficient protein in our diets has caused an epidemic of disease and ill health in this country and around the world. Margarine plays a key role in our deteriorating health because it is **unnatural - our bodies are not designed to use it**. A plastics engineer would call margarine “plastic food,” - meaning that **margarine's molecular structure resembles a low-grade plastic**. Margarine is not real food by any stretch of the imagination. If you leave margarine sitting out, no insect will touch it and it won't spoil. They seem to know better than us what is edible and what isn't.

Margarine contains a tremendous amount of harmful distorted EFAs called trans-fatty acids.¹ Hydrogenation is the chemical addition of hydrogen to another chemical. When applied to oils, the process turns the healthy essential oils into dangerous trans-fatty acids, which are very unhealthy for humans.² The process of hydrogenation requires a metal catalyst, like nickel, and is stopped when the margarine looks butter-like, without regard to the unnatural fat by-products, which have been produced.³ These by-products include trans-fatty acids, lipid peroxides and other potentially **toxic compounds**. Some large studies have been published, which suggest that ingestion of trans-fatty acids is considered a risk factor for heart disease.⁴ In 1956 *Lancet* published a 16-page article warning physicians of its dangers but few listened.

Trans-fatty acids can block the body's ability to use healthy Essential Fatty Acids (EFAs) in the production of eicosanoids and they lessen the transfer of the life-giving nutrient, oxygen, across cell membranes.⁵ Sufficient transfer of oxygen is crucial for cellular health, prevention of cancer, energy, and a healthy immune system.

In 1939, *The American Journal of Cancer* published that **eating trans-fats produced cancer** when skin was exposed to ultra-violet rays. Your skin needs unadulterated parent omega 6 EFAs (it contains NO omega3), but most people have been consuming trans-fats or excessive amounts of omega 3 instead, so their skin (and other tissues) are deficient in EFAs, causing it to be susceptible to UV rays that can lead to

the development of cancer. It is important to understand that your skin doesn't utilize omega 3 EFAs (like in fish or flax oils), which is one reason why I recommend a formula with a higher balance of organic, cold-pressed "parent" omega 6 than omega 3.

It is difficult to get undamaged parent omega 6 oils in your diet. Despite what you may read from popular health publications and "professionals" about omega 6 oils, ALL of my research clearly shows that **nearly every bit of omega 6 in the foods we eat has been damaged in one fashion or another** so that we absolutely need to get it in a high-quality supplement. The balance of parent omega 6 and 3 is crucial as well. Simply taking flax oil (I NEVER recommend fish oil – because it is excessive in harmful omega 3 derivatives) is not enough. Flax is excessive (unbalanced) in omega 3, and without enough **unprocessed** omega 6 there will be an imbalance. It is nearly impossible to avoid all trans-fats, so the best way to ensure your cells get the good oils you need is to take a high-quality supplement.

You can also expect vision-related problems when you consume too many trans-fats in your diet.⁶ This is because your eyes are supposed to contain healthy EFAs, but are getting the distorted oils instead.

Studies show that the trans-fatty acids we eat do **get incorporated into brain cell membranes**, including the myelin sheath that insulates neurons. They **replace the natural DHA** in the membrane, which affects the electrical activity of the neuron. Trans-fatty acid molecules **disrupt communication**, setting the stage for **cellular degeneration** and **diminished mental performance**.⁷ This shows that EFA deficiency likely plays a key role in mental and emotional disorders from children to the elderly.

Researchers have found that trans-fats are more **detrimental to the ability of blood vessels to dilate**, a marker for Heart Disease risk. "This suggests that trans-fatty acids **increase the risk of heart disease more than the intake of saturated fats**," concluded the scientists at Wageningen University in the Netherlands. It suggests that if French fries were cooked in saturated fat instead of in hydrogenated vegetable oils, they would probably be safer.⁸ It is important to note that even though margarine is promoted as "heart-healthy,"

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Margarine eaters have twice the rate of heart disease as butter eaters.⁹

The actual numbers will prove to be much greater.

The truth about real, full-cream butter:

Real butter is a fat-soluble vitamin activator.¹⁰ Rather than being stored as excess body fat, butter is used directly for energy.¹¹ Biologically no dietary fat gets stored as excess body fat.¹² And With regards to heart disease, the fact is that no saturated fats can be found in aortic plaque!¹³ This means that **eating saturated fat does not cause heart disease**. The complex process in which heart disease develops cannot be so simply compared to "clogged pipes" as in your kitchen sink.

Scientists around the world have discovered that, once again, insulin overproduction [from high sugar/carb consumption] is a significant issue. Excess carbs stimulates overproduction of insulin, leading to elevated blood levels. It reduces the elasticity of arterial walls, increasing the risk of plaque formation, and causes the kidneys to increase salt and fluid retention - all of which increase blood pressure and heighten risk of heart disease and stroke.¹⁴

Dietary intervention by **lowering saturated fat intake does not lower the incidence of nonfatal**

CAD; nor does such dietary intervention lower coronary disease or total mortality.¹⁵ We have all been looking in the wrong place for the solution to heart disease.

Dr. Walter Willett of Harvard states, “The *problem* with low-fat diets is that people replace fats with carbohydrates, primarily sugars and refined starches which can have adverse effects on coronary risk....”

Cholesterol is also vastly misunderstood. I highly recommend reading the report, *The Cholesterol Myth* for the truth.

Gross misconceptions of the development of Heart Disease and the myths about cholesterol have caused a change in eating habits and increased prescription drug use that have seriously been damaging our health. Don't be misled by bad information. My years of meticulous research, backed-up by real-life results after following my recommendations: eating a low carbohydrate diet, adding EFAs in the scientifically correct ratios, essential minerals and a gentle herbal detoxifier, show how simple dietary changes prevent illness and maintain overall health at the cellular level.

(Endnotes)

- 1 *Fats That Heal, Fats That Kill*, Udo Erasmus, Published by Alive Books, Burnaby, BC, Canada, 01 January, 1999, pages 103, 105.
- 2 *Ibid.*
- 3 *Fats and Oils*, Erasmus U., Alive Books, Vancouver, Canada, pp 84-89, 1986.
- 4 Mensink RP, Katan MB. Effect of dietary trans fatty acids on high-density and low-density lipoprotein cholesterol levels in healthy subjects. *N Eng J Med* 323:439-445, 1990.
- 5 Kinsella JE, et al. Metabolism of trans fatty acids with emphasis on the effects of trans, trans-octadecadienoate on lipid composition, essential fatty acids and prostaglandins - an overview. *Am J Clin Nutri* 34:2307-2318, 1981.
- 6 *Essential Fatty Acids and Eicosanoids*, 1992, pgs: 107-115; *Invest. Ophthalmol. Vision Science*, 1992, 33(11): 3242-3253.
- 7 *Lipids*, 1994; 29/4:251-58.
- 8 *Atherosclerosis, Thrombosis and Vascular Biology*, July 2001, American Heart Association/ Lippincott Williams & Wilkins January 1995, Division of Cardiology, UCLA School of Medicine, 0833 LeConte Avenue, Room 47-123, CHS, Los Angeles, CA 90095-1679.
- 9 *Nutrition Week*, 3/22/91 21:12.
- 10 *Nutrition and Physical Degeneration*, by Weston A. Price, McGraw Hill - NTC; 15th edition (June 2003) ISBN: 0879838167. (out of print).
- 11 *Textbook of Medical Physiology*, pg. 843.
- 12 *The American Journal of Clinical Nutrition*, Dept. of Human Studies and Nutritional Sciences, University of Alabama at Birmingham, 1996, vol. 64, pgs. 667-84.
- 13 *Lancet*, 1984;344:1195-96.
- 14 American Diabetes Association's 59th Annual Scientific Sessions, June 1999 and *Basic Medical Biochemistry*, pgs 25, 26, 475, 512, 566.
- 15 Ravnskov U. The questionable role of saturated and polyunsaturated fatty acids in cardiovascular disease. *J Clin Epidemiol* 1998;51:443-60 and Hooper L, Summerbell CD, Higgins JP, et al. Dietary fat intake and prevention of cardiovascular disease: systematic review. *BMJ* 2001;322:757-

If you have any questions or comments about this month's newsletter please e-mail the professor at: info@brianpeskin.com

This Month's Low-Carb Recipe: Wild Mushroom Veal Chops

INGREDIENTS

4 Veal loin chops 3/4 inch thick

Olive oil

Garlic or paprika

Salt and pepper

Mushroom Sauce:

Madeira 1/4 cup

Butter 1/2 stick

2 Shallots, finely chopped

1 lb mixed wild mushrooms (sliced if large)

2 cups vegetable stock

nutmeg (freshly grated)

Salt and Pepper

PREPARATION

Veal Chops:

1. Preheat broiler to high.
2. Brush veal chops with oil and season to taste with salt and pepper, then transfer to broiler rack and broil for 3 minutes.
3. Turn veal chops over, brush with oil and season again with salt and pepper then continue broiling for another 3 to 4 minutes or until tender and fully cooked.
4. Transfer chops to plates for serving and spoon on mushroom sauce.

Sauce:

1. Put Madeira in a small pan and boil on high heat until it is reduced to about half. Set aside.
2. Melt butter in a large sauce pan or a skillet on medium heat.
3. Add shallots and saute for 2 to 3 minutes until softened but not browned.
4. Stir mushrooms into pan and saute until liquid is released.

5. Reduce heat to low and let simmer until it is reduced by half.
6. Stir in Madeira and simmer until about 6 teaspoons of liquid is left.
7. Add gratings to taste and nutmeg, then season with salt and pepper.

Enjoy!