

THE MANNERS REPORT

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The Food Intolerance Institute of Australia

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'...if we are concerned about reducing chronic disease including obesity - we must let go of old assumptions about good and bad nutrients – and embrace the science around New Nutrition.'

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Main Findings Re Stated Objectives

1. The Health Star Rating system (HSR) and nutrient labelling systems both rely on 'old' nutritional tenets – now known to contribute to chronic disease including obesity. Therefore the HSR fails to meet this objective:
 - To help consumers select foods which reduce the risks of chronic disease and obesity.

2. The HSR fails to meet this objective:
 - To make it easy for consumers to compare the relative health value of similar foods

3. The HSR succeeds in this objective:
 - To communicate clearly and concisely with all facets of society – because of its excellent design and graphics

FOOD ADVISORY SYSTEMS STILL USING ‘OLD’ NUTRITION

The Australian Government correctly understands that illness is connected to inappropriate diet. So the idea was sound: a visual guide to educate consumers to select more healthy foods. ‘The more stars – the healthier the choice’ says the caption.



But ever since its instigation two years ago – the food Health Star Rating (HSR) system has been battered.

Differences among health officials, consumer watchdogs and retailer bodies; criticism from nutrition and medical experts – and unhappy producers faced with yet another round of pack labelling.

The Institute finds three basic flaws in the HSR.

But many before us have pointed out anomalies and cited cases where common sense is absent.

Case in point: Coles brand Hash Browns: cooked potato mashed, processed and mixed with flour – then deep fried and salted.

It rates four stars out of five. By any standards this is ridiculous.



But this beautiful smoked salmon rates only two stars.

How confusing this must be for time-poor folk trying to ‘navigate by the stars’.



The science says disease is certainly linked to diet – but exactly which foods are right for us? . . . That is the question.

Three flawed fundamentals

We find the HSR rests on superseded knowledge – so is fundamentally flawed.

1. **The 'blanket' approach:** The government looks to nutritionists, amongst others for assistance with food labelling. But these people are not up to date with the science on the *ideal diet* for our species.



The inability to digest 'modern' foods like grains and milk – (food intolerance) affects three in four people.

Foods which are fine for some cause headache, eczema, stomach pain, diarrhoea, inflamed joints, infertility and miscarriage in others.

The nutritionists' strategy assumes a *one-size-fits-all* approach.

2. **Focus on energy value:** Nutritionists also focus on a food's capacity to produce energy in the body – so a kilojoule or calorie count is almost always given. But this assumes everyone burns food in exactly the same way.

For millions however, foods are only *partially* digested – producing '*antinutrients*' which trigger organ malfunction or inflammation.

So what gets burned as energy by Nancy – may be stored as fat by Jeremy due to his malfunctioning thyroid (caused by antinutrients). And for Julia who has undetected fructose intolerance – foods pass right through her - without delivering energy, protein, carbs, fat, vitamins or fibre.

Kilojoule counts for these folk are not useful.

3. **Sorting nutrients into 'buckets:** Nutritionists classify 'nutrients'. This approach divides them up by chemistry: protein, fats, sugars, fibre, calcium, sodium etc. But the method lands all proteins in the same bucket, and all sugars in another bucket . . . as though the digestive system treats them thus.

- So the good proteins – like chicken, red meat and fish - are lumped in with gluten and casein – despite the latter's devastating effects on much of the population. Similarly sugars like lactose and fructose and filed together with sucrose.
- The method ignores other *antinutrients*: alkaloids, saponins, lectins – as well as glutes and caseins - found in dozens of foods. Antinutrients are causatively linked to chronic diseasesⁱⁱ – including metabolism issues leading to obesity.

Abiding by these flawed fundamentals is how a milk food product consisting of malted barley, milk solids, sugar and cocoa (therefore with large percentages of gluten and casein) is offered up as a 'health' choice for children. Four and a half stars.



It is also how a fruit juice made from reconstituted fruit (more concentrated fructose and acids than natural fruit) gets five stars.

. . . So are consumers being directed into poor food choices (and obesity and chronic disease) by the very initiatives set up to do the opposite?



We cannot say – but the statistics on chronic disease are telling.

A century of 'old' nutrition: a hundred years of chronic disease

Here at the *Institute* our experience across a decade with thousands of members is that people generally try to do the 'right thing'. They listen to their doctors - and to health recommendations on lifestyle, diet and exercise.

But the statistics say we are moving in the wrong direction . . . that chronic disease - including obesity is increasing.

We have been receiving nutrition advice since about 1920. So ... how does a century of 'old' nutrition stack up?

Chronic disease

- In the United States – often an indicator for Australia - some figures for the twentieth century -1900 to 1997ⁱⁱⁱ:
 - Heart disease tripled - from 13% up to 39% of the population
 - Cancer increased almost five-fold - from 6% to 29%

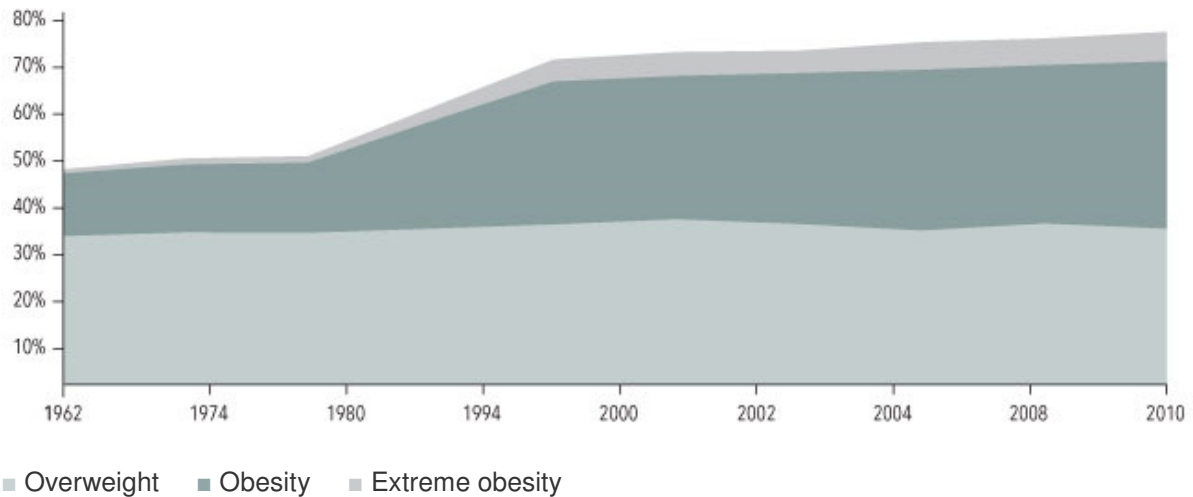
Current Australian figures for chronic diseases: diabetes, heart disease, cancers, depression, and rheumatoid arthritis are at all-time highs.

- For people aged 45 - 64, 53% have one or more of these conditions^{iv}
- For those 65 or over the number is 71%.

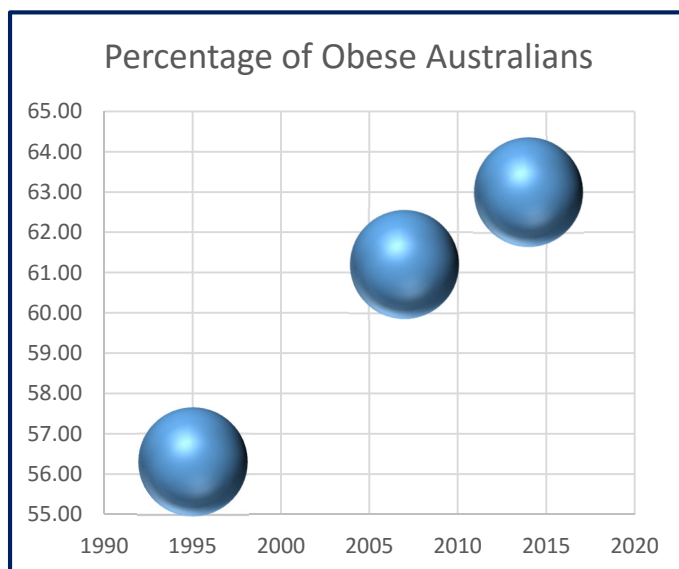
Obesity and overweight conditions

We all know overweight conditions are increasing – but the numbers are confronting.

In the United States - across five decades from 1962 to 2010 – the percentage of overweight or obese adults climbed from 48% to 69%^v. The graph shows variations according to degree of obesity.



From the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK)



In Australia we have followed the same trend. Across only two decades – from 1995 to 2014 overweight and obesity in Australia increased from 56% – to the current rate of 63%^{vi} of people.

From the Australian Institute of Health and Welfare, AIHW.

- Do most consumers deliberately go against nutrition advice?
- Or should we be reviewing 'old' nutritional principles?

No chronic disease - until grains and milk appeared

The 'New Nutrition' begins with up-to-date knowledge of **our species**, *Homo sapiens*. It springs from modern archaeology. Two million years of successful human existence has delivered the most extensive bank of data on *Homo sapiens* ever found.

The study of ancient fossils looks at bones, and these days, DNA. Data drawn from fossils about how disease arises naturally trumps historical theories of disease – or so it should. Initially published in the late 1970s by pioneering archaeologists – and anthropologists, the work has been built upon by others in adjacent fields.



One major finding was that there was **no disease in Paleolithic (Old Stone Age) humans**. From this our 'ideal' diet emerges.

It is marked by no grains, milk, pulses or nightshade vegetables – and is the diet which kept prehistoric humans **disease-free** for *more than two million years*.

This is a vital piece of information for anyone shopping for food . . . or raising a family . . . or struggling with headaches, poor skin, constipation, colds and 'flu, excess weight - or chronic disease.

Indeed this information has driven the entire *Paleo* movement worldwide with millions now championing the health benefits of the hunter-gatherer diet.

Unfortunately the Australian government food advisory systems *do not reflect* the findings. So - the health star rating system – along with conventional food advice - sits at odds with the current knowledge of our 'ideal' diet.

⇒ '*Facts are stubborn things*' – so said John Adams in 1770.

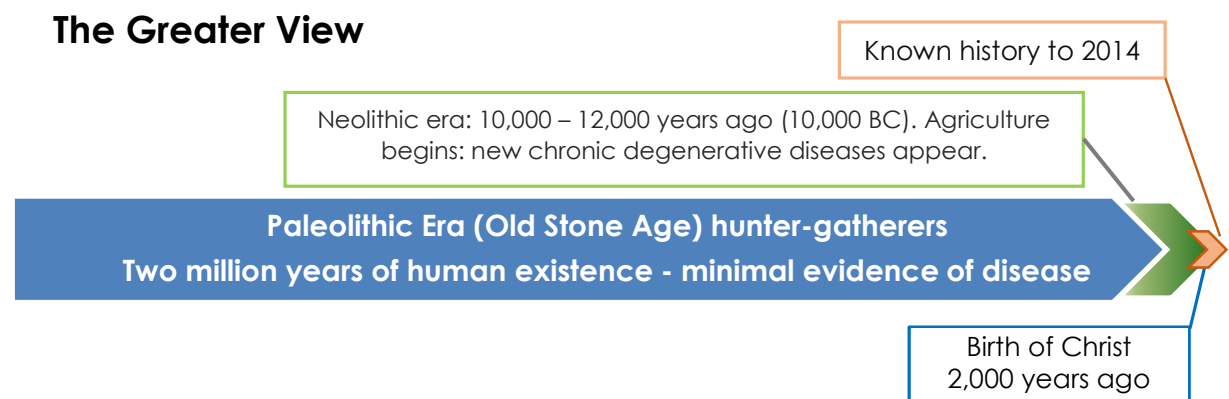
The facts are certainly inconvenient. But they are facts nonetheless. And if we are concerned about chronic disease, including obesity, we must let go of old assumptions about good and bad nutrients and embrace the science around New Nutrition.

Regarding healthy food choices – the science instructs us:

1. To constantly remind ourselves that *Homo sapiens* was a disease-free species - until grains and milk products came into our diet and ...
2. To remember our 'ideal' diet is the one our hunter-gatherer ancestors ate – and *moving towards* it will naturally improve our health.

Our First ‘Helicopter View’ of Human History

Major archaeological findings are captured in this famous diagram:



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Features of the hunter-gatherer diet:

- Fresh meat, fish, green leafy vegetables, fruit, nuts, seeds, eggs, water.
- **No grains, no milk, no nightshades, no pulses.** Minimal salt and sugar.
- NO DISEASE: Despite four decades of research, Paleolithic fossils show no evidence^{vii, viii, ix, x, xi, xii, xiii, xiv} of chronic or communicable disease – only injury-induced conditions and parasites.

Around 10,000 to 12,000 years ago, Neolithic era - farming began.

- Cultivating grasses delivers **wheat and barley** crops - and keeping livestock like sheep and cows for meat leads to the **practice of milking**
- DISEASE APPEARS: Unmistakeable evidence of disease^{xv, xvi, xvii, xviii} first appears in fossils from this era: chronic disease: osteoporosis, rheumatoid arthritis, tooth decay; and infectious disease: leprosy, tuberculosis, poliomyelitis, syphilis, hepatitis, pulmonary disease and others.
 - Whatever humans were doing up until farming began gave them a life *free of disease*.
 - So it is clear that the new foods brought disease upon our species.

Excellent graphics – but missed opportunities



Consumers have both the star system – with its so-called 'halo' effect – and the older pop-up tabs with nutrient and energy measurements.

One stated objective of the HSR is to clearly communicate ratings to all people of any background. This is certainly achieved with the excellent graphic design of stars in a circle.

Another objective was to make comparisons easy for consumers.

With this one there is a snag. Because it is a voluntary system - only those products which rate well carry stars – or tabs.

Who would want to put one star on their product? And who would want to admit that their product contained too much salt?

We must assume then that some foods will never carry either stars or tabs.



So because it is not compulsory for producers to use either system – consumers cannot compare apples with apples.

But more than this - the HSR has missed an opportunity. The science tells us - even if all manufacturers complied – the wrong foods are being promoted due to 'old' nutrition tenets. So the prevalence of chronic disease is unlikely to change.

Breakfast: many accolades - but no warnings

Breakfast was hijacked long ago by very convenient cereal products – pushing out other options. On this page common choices are sampled. In line with 'old' nutritional values – all score highly as 'healthy' choices.

Star ratings then serve as inducements to purchase.



But – at risk of being the *bad sports* of the piece – we reiterate that food advisory systems neglect the effects of *antinutrients*, especially glutes and caseins in grains and milk.

We believe these products should carry appropriate warnings.

In addition, most milk packages carry *no warnings* about lactose - responsible for a raft of gut issues in millions of people. Instead we see the 'good source of' device used boldly as inducement to buy.

Even the 'gluten-free' cereal above (based on sorghum) gets four stars. It contains no *wheat gluten* – as the label says But we note it contains kafirins – indigestible proteins which proceed right on through the gut delivering no nourishment at all – whilst carrying more kilojoules and fat than the regular variety.

A nutshell comparison of ‘Old’ and ‘New Nutrition’

Aspect	‘Old’ Nutrition	‘New Nutrition’
Origin	Nineteenth century US Dept. of Agriculture groups foods as cereals, meat/fish, dairy foods, fruit, vegetables etc. Document released to farmers – intended for planning crops - evolves into food pyramid chart.	Mid 1980s: peer-reviewed archaeological findings on <i>Homo sapiens</i> published - Paleolithic fossils show no disease. But Neolithic fossils show diseases appeared when farming brought new foods into our diet.
Main planks	Main focus is on foods e.g. the energy they produce when ‘burned’ by the body. Food elements are sorted by chemistry – ‘nutrients’ - and grouped as proteins, fats, carbohydrates etc. Good and bad nutrients are named – and recommended serving sizes are put forward.	Main focus is on our species - from fossil evidence – and the foods which delivered two million years of disease-free human existence: the hunter-gatherer diet. ‘Modern’ foods including grains, milk and pulses appeared only 10,000 years ago coinciding with the debut of chronic disease.
Current situation	Food labelling regulations require food manufacturers to include list of ingredients, serving sizes, nutrients, energy, recommended daily intakes (RDIs) on labels. Govt. food advisory systems introduced – but are voluntary.	Scientists recommend an ‘ideal’ diet approximating what Paleolithic hunter-gatherers ate. ‘The Paleo Diet’ by Loren Cordain is published – followed by other versions. Millions embrace it claiming health benefits.
Disease prevalence	Prevalence of chronic disease - including obesity – rises during a century of conventional nutrition advice. New diseases appear at the rate of 30 in two decades ^{xix} : infectious, auto-immune and inflammatory conditions.	‘No evidence of disease’ in Paleolithic fossils becomes a benchmark. Peer-reviewed medical literature reports generally improved disease metrics when ‘modern foods’ are substituted e.g. arrest of disease progress – and/or healing.

Why food intolerance is central to ‘New Nutrition’

Food intolerance was the **first sign of disease ever experienced by humans**: Neolithic farmers ten to twelve thousand years ago. Their bodies were unable to deal with the new foods – and very slowly they became ill with ailments like arthritis and osteoporosis - among others.

This *single finding* by archaeologists is stunning if we care about *why disease appears*.

Connecting the dots between this and modern medical studies reveals the rest:

- ⇒ **‘The inability to fully digest grains, milk products and some other foods’** is known as **food intolerance – and if left unattended - leads to disease¹**.
- ⇒ The Health Star Rating system ignores this

Instead of complete digestion – we get partial digestion – and so the trouble begins. Particles are released which the human immune system does not recognise as ‘friendly’ – triggering immune responses.

These include inflammation, disruption of bodily processes – and organ malfunction.

Simply stated:

- ❖ **We have not evolved far enough to digest ‘modern foods’ fully**
- ❖ **And partial digestion releases ‘antinutrients’ into our bodies**

The consequence is the appearance of diseases: osteoporosis, diabetes, thyroid disorders (e.g. obesity) clogged arteries, heart disease, cancers, rheumatoid arthritis, depression, chronic pulmonary conditions, intestinal disorders and others.

Conclusion: Advisory system at odds with main objectives

Because the government's advisors subscribe to ‘Old’ nutritional principles - any rating given by the HSR will be *at odds with its own major stated objective*:

- **To assist consumers to make healthy food choices with the purpose of lowering the risks of obesity and chronic disease’.**

The government has spent millions of taxpayer dollars on a labelling system and education campaign – which encourages consumers to select foods now known to increase the risks of chronic disease and obesity.

We recommend they familiarise themselves with the full story of foods and disease: *On the Origin of Disease* – published at the *Institute’s* website.

¹ Further reading: *Xenos Theory* in ‘On The Origin Of Disease’ Food Intolerance Institute 2014

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