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The Bond Briefing

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RATIONAL EVIDENCE-BASED COMMENT FOR THE GENERAL PUBLIC & HEALTH PROFESSIONALS. WE SAY EXACTLY WHAT WE THINK

Q of Month: Need to put on Weight. **Human Behavior:** Co-sleeping with Children. **Evolutionary Lifestyle:** Golf Fights Cancer. **Q&A:** Green Plantain OK? **Hints:** Waist Height Ratio beats BMI. **Human Behavior:** Muscled Men more Militant. Intermittent Fasting Revisited. **Humbug Watch:** NASA calls 'BS' on Gwyneth Paltrow's latest GOOP product. **Letters:** re 'Are Liberals Physically Weak?' **Ancestral Health:** Our Living Gut – part XII. **From the Journals:** Magnesium nixes Depression. **Spreading the Word:** Judge for UK Paleo Competition.

Question of the Month

Need to put on Weight

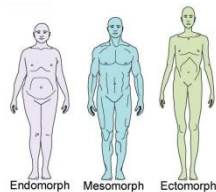
Q. My doctor says I need to put on weight. I am 70 years old, female, 5'-1½" (156.2 cm) tall and weigh 6st 12lb (96lb, 43.5kg). What is your view and how should I do it?

A. According to BMI, (the least useful measure of weight status – see **Waist-Height Ratio Beats BMI**, page 2) – your BMI is 18.5.

That is at the lower limit of what is conventionally regarded as the healthy range.

However, we know that 18.5 is the **AVERAGE** for a hunter-gatherer – at least for the slender boned ones like the San and Australian Aborigine.

So the first question is, what is your basic body shape? Ectomorph, Endomorph, Mesomorph or some combination of all three? See **Basic Body Shapes**, [Feb 2013](#) [1].



Enlarge: <http://bit.ly/2uUeK77>

Secondly, if you are tending to ectomorph (slender) then you could still be harboring unhealthy internal fat. See: **Slim People Might Not Be as Healthy as They Appear**, [Dec 2006](#) [2].

A much better indicator of weight status is *Percentage Body Fat* and I recommend that you get that tested. If it is below about 15%...

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Human Behavior

Co-sleeping with Children



In a challenge to modern wariness about co-sleeping, Australian researchers assert that sleeping with children from birth fulfils basic psychological needs and reinforces and maintains social relations [3].

They observe that co-sleeping is still the norm in many modern cultures, and among primal tribes. There are good reasons: breast feeding – and consoling infant distress – amongst others[4]. In addition, both mother and child get more sleep [5].

Another pediatrician goes even further: he insists that baby should **NEVER** sleep alone [6].

Quite erroneously, say the Australians, experts focus too much on possible dangers of co-sleeping such as sudden infant death syndrome (SIDS).

My View? Forager babies **ALWAYS** slept with an adult, usually the mother. We can believe that, over the eons, both mothers and babies came to rely on it happening, otherwise things don't go right.

In particular, the most dangerous thing that can happen to a baby is to be abandoned. As soon as he loses physical contact with mom, he is programmed to noisily **PANIC**.

What about conjugal relations? >4

Evolutionary Lifestyle

Golf Fights Cancer



In: **Golf Prolongs Life**, [Nov 2008](#) [7], I highlight how a study found that low-handicap golfers (who therefore play frequently) live 5 years longer on average than non-golfers [8].

The reason, as I never fail to say in my talks, is that golfers walk some 4 miles (12,000 steps) in a round, carrying a load (their bag), in the open air (in daylight and, perhaps, in sunshine) and in an environment which, evocative of our ancient homeland, is reassuring and soothing.

Now a cancer charity, Macmillan Cancer Support, persuaded by this study (and many others) promoted a fund-raising golf event where participants played **FOUR** rounds of golf in a day – the longest day – June 21st.

My View? At last a cancer charity recognizes that cancer is a lifestyle disease and that changes in lifestyle can prevent and regress cancers.

I trust that the money raised – over £1.5 million (\$2 million) – will go into promoting lifestyle changes.

I hope it will not go into the self-perpetuating, cancer-industrial complex's black hole of never-ending investigation into chemotherapy, radiation and other invasive 'fixes'.