



The science & art of living the way nature intended

The Bond Briefing

www.thebondeffect.com | Subscribe: \$18 for 12 monthly issues



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

Ancient Lifestyle: Sunlight-starved Myopia. **Briefing:** Fructose Revisited. **Health Policy:** Medical Error a Leading Cause of Death. **Daft Headlines:** Daily Mail and Boa Constrictor in the Sun. **News Flashes:** Paleolithic Diet for Diabetics; Cholesterol Hypothesis Debunked; "Not all Calories are the same"; Obesity & Male Infertility. **Ancient Lifestyle:** Ocean Views for Mental Health. **Spreading the Word:** Edith Morrey & Extreme Age.

Ancient Lifestyle

Sunlight-starved Myopia

This?



Or this?



The myopia (short-sightedness) epidemic in children is due to lack of sunlight, according to Professor Scott Read of Queensland University of Technology, Australia [1].

In the study, children with the least amount of outdoor light had the fastest progression of myopia. Says Prof. Read: "Children should spend at least 1 hour a day outdoors."

In February it was announced that half the world's population will be myopic by 2050 with 10% at risk of blindness if present trends continue.

My View? Of course foragers, who spend their entire lives out-of-doors, famously have perfect eyesight to the end of their days. But all this is familiar territory: see [Outdoor Life for Eyesight, Aug 2013](#) [2] and [Myopia and Time Indoors, Nov 2015](#) [3].

See: [Ocean Views for Mental Health](#), p?

Briefing

Fructose Revisited

We have come a long way since the 1990s when dietitians thought that fructose, being kind to blood sugar levels, was the perfect answer to the mischiefs of table sugar. We now know that fructose has a dark side which is just as bad.

Professor George Bray estimates that as long ago as 1997, the average American was consuming 60 grams of fructose per day and rising [4].

Researchers find that a diet high in fructose has drawbacks. By "high in fructose," they mean an intake of 100 grams (20 teaspoons) per day. That is not so much by today's standards: many teenagers get to this level by drinking just four 12-ounce cans of cola.

At this level of consumption, fructose undermines blood sugar control, provokes diarrhea and bloating, and drives up glucose intolerance, blood pressure, cholesterol, triglycerides, and insulin resistance.

Why does fructose create such mischief? One reason is the way it is metabolized. The power-plant in every cell relies on an enzyme called 'ATP'. However, the conversion of fructose in the liver *also* requires ATP.

Here lies the danger. If too much fructose is consumed, the excess fructose, by *competing* for ATP, drains it from its primary duty – of powering the cell [5].

One result of ATP depletion is increased inflammation and scarring in the liver... > **p. 3**

Health Policy

Medical Error: a Leading Cause of Death



It is one of the better disguised statistics: that medical treatment can kill you – and at massive rates that are only surpassed by death from cancer and heart disease.

In my talks I introduce this controversial fact with an air of apology, but the latest assessment has just been published in the reputable BMJ, the UK medic's trade journal [6].

According to Martin Makary MD and team, Johns Hopkins School of Medicine, USA, more than 250,000 deaths per year in USA can be attributed to medical error.

The researchers are keen to say that the problem is **NOT** bad doctors – it is just that, given the incredible complexity of modern medicine, things will go wrong. The system doesn't help itself. Death certificates have to give the cause of death – and the doctor chooses from a menu of options given by the International Classification of Diseases (ICD) billing codes. There is no code for 'medical error' let alone the facility to identify what the error is, or how it came about.

Says Makary: "The medical coding system was designed to maximize billing for physician services, not to collect health statistics." > **p. 4**

Daft Headlines

“A Columbian Red Tailed boa constrictor is taken out into the sunshine to top up his vitamin C levels”



Daily Mail: <http://dailym.ai/1WJMvUp>

The UK's tabloid *The Daily Mail* provides much amusement for our critical mill, but this is the first time it gives us a 'Spot the Mistake' opportunity!

Our readers are exceptionally discerning so no prizes for pointing it out. Thanks to sharp-eyed Natalie Morris, UK, for bringing this to our attention.

News Flashes

Paleolithic Diet for Diabetics

A much needed study has just been published [7] to reinforce the work of Prof. Karin O'Dea, University of South Australia, who, in the 1980s, cured diabetic Aborigines by returning them to live a traditional, hunter-gatherer, lifestyle [8].

This new, ground-breaking study, put diabetic patients on a Paleolithic diet. Furthermore, one group did regular exercise, a second group did extra-strength physical activity.

The subjects were overweight or obese diabetics aged 30 – 70 years for males and post menopausal for women.

What was this Paleo diet? In one way (see later) it is more strict than even we propose! It was based on: "lean meat, fish, seafood, eggs, vegetables, fruit, berries, and nuts. Excluded were: Cereals, dairy products, legumes, refined fats, refined sugars and salt." [So far, so good.]

"Up to 15 grams per day were allowed of olive oil or rapeseed oil (Canola oil) and 'small amounts' of honey and vinegar." [Also good].

"Coffee and tea were restricted to 300 grams (1.2 cups) per day,

and red wine to a maximum of one glass per week."

Wow! That is really purist and, in my view, beyond what is strictly necessary. But of course this regimen produced spectacular results.

With regard to physical activity, all participants had to do at least 30 minutes per day of brisk walking or something similar.

In addition, the heavy exercise group did a fairly grueling regimen of resistance training including "leg presses, seated leg extensions, leg curls, hip raises, flat and incline bench presses, seated rows, dumbbell rows, lat pull-downs, shoulder raises, back extensions, burpees *, sit-ups, step-ups, and wall ball shots."

Yes, the results were spectacular for BOTH groups. The researchers conclude that: "A Paleolithic diet improves fat mass and metabolic balance including insulin sensitivity, glycemic control, and the hunger hormone, leptin in subjects with type 2 diabetes." In addition: "Exercise training ... preserves lean mass in men and increases cardiovascular fitness." (Women did not experience similar benefits.)

Significantly, the Paleo regimen was **MORE EFFECTIVE** than a Mediterranean diet, particularly with control of leptin.

My View? About time! It is thirty years since Karin O'Dea did her pioneering studies with diabetic Australian Aborigines – and almost as long since we have been promoting the Paleo lifestyle to control type II diabetes.

We even have many followers who have succeeded with these precepts: see Steve Sellin, diabetes survivor [9,10].

See also: my YouTube video for www.uggfoods.com:

As a Type II diabetic, what kind of food is best for me? <http://bit.ly/1ZLZG5h> and,

Food for Diabetics, Aug 2013 [11].

My thanks to reader [James Vakos](#) for drawing this study to my attention.

* Never heard of a Burpee? See <https://youtu.be/JZQA08SIJnM>

Cholesterol Hypothesis Debunked

I have written on many occasions about how we have been bamboozled into believing that cholesterol is a 'CAUSE' of arteriosclerosis when even the birds in the trees sing that it is simply a symptom of other things going wrong. See: **Statin: Two-faced Harlot**, [March 2015](#) [12].

In support there is yet another study – in the prestigious BMJ no less – calling into question the common wisdom [13].

The study by an international team, headed by independent researcher, Uffe Ravnskov M.D. of Denmark, finds that there is absolutely **NO** connection between levels of 'bad' LDL and CVD or, indeed, death from all causes.

In fact, in people over 60 years old, LOW 'bad' LDL levels were linked to **INCREASED** risk of death!

My View? We simply cannot allow ourselves to be hoodwinked by BigPharma's vested interests and the medical establishment's intellectual inertia.

We **KNOW** that cholesterol dysfunction is a product of lifestyle errors. The only way is to **TAKE CONTROL** for ourselves and **APPLY** that knowledge. See: **The Role of Cholesterol**, *Deadly Harvest*, [Chapter 9](#), page 239 [14].

Oh, and by the way, another member of the research team, Dr Malcolm Kendrick, wrote a book back in 2008 (which is still selling well): *The Great Cholesterol Con*, <http://amzn.to/1WOTf3m>

"Not all Calories are the same"

I wrote on this very topic in [May 2013](#) [15]. I now find that Dr Cara Ebbeling and her team at Harvard University, USA carried out an interesting experiment which adds a level of detail [16]. Three groups of subjects were put on each of three controlled diets:

- A) Low fat, high carb;
- B) Low GI, medium Glycemic Load;
- C) Very low starches and sugars.

Although each diet contained the SAME NUMBER OF CALORIES, the A) diet REDUCED Total Energy

Expenditure (TEE) and REDUCED Resting Energy Expenditure (REE).

In other words, it didn't burn off calories as well as the other diets.

The B) diet was intermediate and the C) diet was best at burning off calories. Compared to the A) diet it burned off 67 kcal/day more while resting (REE), and 300 kcal/day total (TEE).

The authors have no ready answer as to what might be going on. They measured physical activity, thyroid hormone, energy used in digestion, stress hormone levels and many other possible factors – to no avail.

But they did find that the A) diet had other drawbacks: it increased levels of the hunger hormone, leptin, increased insulin resistance and increased triglycerides.

Meanwhile the C) diet REDUCED inflammation in general, and REDUCED a major indicator of inflammation, 'C-reactive protein'.

My View? Good news: The C) diet most closely resembles the Paleo regimen – in fact, according to one of the research team, Dr David Ludwig, although "low carb", the C) diet had lashings of vegetables, salads and fruits [17].

But it is still a mystery why it should be so good at burning calories – but it reinforces the notion that: 'not all calories are created equal'.

Obesity & Male Infertility

"Obesity is a metabolic disease that promotes a strong hormonal dysfunction." So opines Professor Pedro F. Oliveira at University of Porto, Portugal [18]. "Sub-fertility or infertility are silent problems that overweight/obese men have to face."

"It is well known that male reproductive health is under the control of the individual's nutritional status and also of a tight network of regulatory signals, particularly hormonal signaling."

My View? In a very real way, obesity is not just a lifestyle

choice, it threatens removal from the gene pool.

If this carries on, will we see people who are genetically predisposed to leanness, spread their genes more fruitfully? That is the Darwinian logic of the current worldwide obesity epidemic.

Ancient Lifestyle

Ocean Views for Mental Health



Enlarge: <http://tinyurl.com/zuv6x86>

I have reported many studies finding that the absence of green spaces leads to a deep sense of alienation. Our savanna-bred natures need to feel 'at home'!

Now, in an interesting twist, a study finds a similar effect with the absence of 'blue space' – that is: 'ocean views' [19].

New Zealand researchers find that people with sea views suffer fewer mood disorders and less anxiety & psychological distress.

Why would we find views of large bodies of water so reassuring? Perhaps that too recalls our ancestral homeland.

Our ancient ancestors grew up in the African Rift Valley which was, and still is, richly endowed with fresh-water lakes of which the largest is Lake Victoria.

Indeed the fish and shellfish from these lakes were (and are) a rich source of the omega-3 fish-oils, DHA and EPA, which enabled our ancient ancestors to grow large brains [20]. Maybe our brains are deeply wired, beseeching us to seek out this kind of resource.

My View? We see it all the time here in the Mediterranean: not only do people want to reside in the sunshine and the palm trees, like us (the photo above is the view from our patio), they want the sea-views too!

First Night Effect & Poor Sleep

In an unfamiliar environment, people often sleep less well. For

example, a difficult first night in a strange hotel room is particularly well known by business travelers.

Now Japanese researchers have measured precisely what is happening. They find that the left hemisphere in the brain stays more awake – in effect, keeping watch [21].

They explain that: "Troubled sleep in an unfamiliar environment is an act for survival over an unfamiliar and potentially dangerous environment.

"It keeps one hemisphere more vigilant than the other hemisphere as a night watch. It wakes the sleeper up when unfamiliar external signals are detected."

My View? Is this a 'Just-so' story? It is as plausible as any other explanation for the so-called 'First Night Effect' which, apparently, is a common phenomenon.

In our modern lives we shift around unfamiliar physical locations all the time. We just do it quite uncaring as to any impact on our psyches.

But, however we rough-hew them, our lives are subtly manipulated by our savanna-bred natures.

Continued from Page 1

Briefing: Fructose Revisited

Another is boosted creation of fats leading to fatty liver and increased production of uric acid.

Too much uric acid is a factor in gout, high blood pressure, cardiovascular disease, type 2 diabetes, metabolic syndrome, and a form of kidney stones.

Much mischief, therefore, comes just from this aspect of overdosing on fructose.

Recent studies [22] find that even moderate consumption of fructose by adolescents increases blood pressure, fasting glucose levels, insulin resistance, and inflammatory cytokines; they have lower 'good' HDL cholesterol and adiponectin, a hormone which regulates (amongst many things) glucose and fatty acid oxygenation; they also are more likely to have internal belly fat, a risk factor for CVD and diabetes.

Continued: [Next Month](#)

Continued from Page 1

Medical Error

Other commentators have said that the medical industry should adopt the same attitude as the airline industry where there is no culture of blame or litigation, just the desire to find out what went wrong and to learn the lessons.

My View? I often say that the best health plan is not to get sick!

That might sound a little flippant, but we are not born to be decrepit at any age.

In old age, foragers stayed fully functioning until the last days of their lives. That is the famous 'cliff-edge mortality'. Unlike us moderns, who suffer infirmity for many years before the end of our lives, forager infirmity is delayed until the last few days – a phenomenon known as 'compression of morbidity'.

When the time came, there was no identifiable cause – just 'general system failure' where everything shuts down at once. Then we can truly say that people died of 'Old Age'.

But even if a modern person does die of 'Old Age' the doctor cannot put it down as a cause of death. That, too, is not an option on the International Classification of Diseases menu of options. So this vital piece of information is also missing from the statistics.

Spreading the Word

Edith Morrey & Extreme Age



Enlarge: <http://bit.ly/1USQqux>

We were happy to visit our oldest supporter, Edith Morrey, when on speaking tour in California during February.

We are delighted to report that Edith, who is still fully functioning, celebrated her 104th birthday last month.

Edith, inspired by pioneering naturopath to the stars, Gayelord Hauser, has been diet conscious since the 1930s. Above all, she fights, successfully, to avoid the need for medical treatment. See: **Medical Error**, page 1.

For more about Edith, see: **Centenarian Edith Morrey**, [May 2012](#) [23].

On-going Program of Talks

This month, private audiences only



Deadly Harvest: Geoff's latest work encapsulates current thinking on lifestyle anthropology. www.deadlyharvest.com



Paleo Harvest Cookbook: Over 170 delicious, Bond Precept conforming recipes www.paleo-harvest.com

SUBSCRIBE TO THIS BRIEFING!

\$18 Electronic (with active hotlinks). \$59 Hard copy.

email: admin@NaturalEater.com

Tel: +357 99 45 24 68 **Skype:** gvlbond

Twitter: [@savvyeater](https://twitter.com/savvyeater)

FaceBook Group: <http://on.fb.me/Group-Bond>

LinkedIn: <http://cy.linkedin.com/in/naturaleater>

1 Global Prevalence of Myopia and High Myopia and Temporal Trends from 2000 through 2050 Holden, Brien A. et al. *Ophthalmology*, May 2016 Volume 123, Issue 5, 1036 – 1042.

2 <http://bit.ly/1NbWBU>

3 <http://bit.ly/1PAJ3ZR>

4 *Am J Clin Nutr.* 2004 Apr;79(4):537-43. Consumption of high-fructose corn syrup in beverages may play a role in the epidemic of obesity. Bray GA, Nielsen SJ, Popkin BM.

5 Cynthia D. Guy et al. Hedgehog pathway activation parallels histologic severity of injury and fibrosis in human non-alcoholic fatty liver disease. *Hepatology*, 2012.

6 Martin A Makary, Michael Daniel. Medical error—the third leading cause of death in the US. *BMJ*, 2016; i2139 DOI: 10.1136/bmj.i2139

7 *Diabetes Metab Res Rev.* 2016 May 27. doi: 10.1002/dmrr.2828. Effects of a Paleolithic diet with and without supervised exercise on fat mass, insulin sensitivity, and glycemic control: a randomized controlled trial in individuals with type 2 diabetes. Otten J et al.

8 *Diabetes.* 1984 Jun;33(6):596-603. Marked improvement in carbohydrate and lipid metabolism in diabetic Australian aborigines after reversion to traditional lifestyle. O'Dea K

9 <http://bit.ly/PcDdNn>

10 <http://bit.ly/1YmJcBF>

11 <http://bit.ly/1NbWBUU>

12 <http://bit.ly/1A32e70>

13 Ravnskov U, Diamond DM, Hama R, et al. Lack of an association or an inverse association between low-density-lipoprotein cholesterol and mortality in the elderly: a systematic review. *BMJ Open* 2016;6: e010401. doi:10.1136/bmjopen-2015-010401

14 <http://bit.ly/DH-Ch9>

15 <http://tinyurl.com/h5bcb47>

16 *JAMA.* 2012 Jun 27;307(24): 2627-34. doi: 10.1001/jama.2012.6607.

Effects of dietary composition on energy expenditure during weight-loss maintenance. Ebbeling CB et al

17 Personal communication

18 Pedro Oliveira et al. Male fertility and obesity: are ghrelin, leptin and glucagon-like peptide-1 pharmacologically relevant? *Current Pharmaceutical Design*, 2016; 22 (7): 783

DOI:10.2174/1381612822666151209151550

19 *Health Place.* 2016 May;39:70-8. doi:

10.1016/j.healthplace.2016.03.002.

Residential exposure to visible blue space (but not green space) associated with lower psychological distress in a capital city. Nutsford D et al.

20 Rift Valley lake fish and shellfish provided brain-specific nutrition for early Homo; C. Leigh Broadhurst, Stephen C. Cunnane, Michael Crawford; *British Journal of Nutrition / Volume 79 / Issue 01 / January 1998*, pp 3-21; DOI: 10.1079/BJN19980004

21 Tamaki et al. Night Watch in One Brain Hemisphere during Sleep Associated with the First-Night Effect in Humans. *Current Biology*, 2016 DOI: 10.1016/j.cub.2016.02.063

22 N. K. Pollock et al. Greater Fructose Consumption Is Associated with Cardiometabolic Risk Markers and Visceral Adiposity in Adolescents. *Journal of Nutrition*, 2011; 142 (2): 251 DOI: 10.3945/jn.111.150219

23 <http://tinyurl.com/gqcutwz>