NEW, CRUCIAL, SCIENTIFICALLY-PROVEN FACTS

on

ESSENTIAL FATTY ACIDS

Vitally important information on the physiological impact of the correct form of Essential Fatty Acids (EFAs) has been discovered that can dramatically improve the health of almost anyone who implements the new guidelines. Moreover, the discovery has been experimentally tested and scientifically proven to be valid in spite of it contradicting long-held traditional beliefs about EFAs. Some of the potential benefits include the following:

Heart Health

- ✓ Flexible Arteries
- ✓ Clean Arteries
- ✓ Faster Blood flow
- ✓ Lower Blood Pressure
- ✓ Better Cholesterol characteristics

Cancer

- ✓ Prevents Cancer Development
- ✓ Promotes Cancer Reversal

Diabetes

- ✓ Less Sweet Cravings
- ✓ Lower Blood Sugar
- ✓ Less Neuropathy/Retinopathy

Hormone/Endocrine

- ✓ Better Sexual Function
- ✓ Smoother Pregnancies
- ✓ Less PMS
- ✓ Fewer Headaches

Brain Health

- ✓ Better Clarity
- ✓ Better Focus
- ✓ Improved Memory
- ✓ Helps Improve ADD & ADHD

Anti-inflammation

- ✓ Less Arthritis
- ✓ Less Joint Pain/Swelling
- ✓ Faster Healing

Energy

- ✓ Higher Energy Levels
- ✓ Less Fatigue
- ✓ Less Sleep Requirements
- ✓ Greater Intensity
- ✓ Faster Recuperation

Personal Appearance

- ✓ Healthier Skin
- ✓ Less Dandruff
- ✓ Less Cellulite
- ✓ Healthier Hair
- ✓ Eczema Improved

Weight Loss/Appetite Control

- ✓ Fewer Cravings
- ✓ Less Hunger
- ✓ Better Appetite Fulfillment

The Discovery: The Profound Health Benefits of Parent Essential Oils (PEOs)

The human body is constructed of anywhere from 60 to 100 trillion cells. These highly complex structures make up the tissues, organs, and organ systems – the integumentary (skin), skeletal, muscular, nervous, endocrine, cardiovascular, lymphatic, respiratory, digestive, urinary, and reproductive. When physiological problems take place with any of these systems, they occur at the cellular level. For example, according to Nobel Prize winner (1931) Otto Warburg, cancer begins to develop when a cell is deprived of 35% of its oxygen requirement. The oxygen deprivation Warburg referred to occurs at the cell membrane. Another example is that of Type II Diabetes, which occurs when insulin absorption is defective, also at the site of the cell membrane.

The cell membrane is an incredibly intricate structure that contains numerous passageways called receptors and channels. Individually, these receptors and channels are designed to only allow entry or exit of specific substances such as minerals, hormones, neurotransmitters, and enzymes. For example, there are two known Iodine receptors, the sodium-iodide symporter and the chloride-iodide transporter. Other examples are the insulin receptor, opiate receptor (named the "molecule of emotion" by Dr. Candace Pert), and the calcium channel. When the cell membrane isn't functioning properly, the receptors and channels in the membrane can also malfunction, causing absorption and secretion problems.

About 50% of the cell membrane is composed of protein. According to Pharmacist/Biochemist, Ben Fuchs (*The 8 Chapters of Nutrition, YouTube*), whey is the most bio-available form of protein, measuring at 104%, while eggs are the second most bio-available form of protein, measuring at 100%. The other 50% of the cell membrane is composed of fat. Of the 50% fat, 25% to 33% is made from functional parent essential oils.

Parent Essential Oil is a term used by EFA researcher/scientist, Professor Brian Peskin, to describe oil made from organic, unrefined, and cold-pressed seeds or nuts. These oils have been minimally processed so that the health-promoting ingredients are present and unadulterated. As a result, the PEO contains parent omega-6 (linoleic acid) and parent omega-3 (alpha-linolenic acid) fats, which are substances the human body will take and convert to other substances such as Eicosapenataenoic Acid (EPA) and Docosahexaenoic Acid (DHA) **AS NEEDED**. EPA and DHA are called Derivatives by Professor Peskin because they are derived (manufactured) from parent omega-3 fats.

These definitions present a significant shift in the understanding of Essential Fatty Acids, especially as they relate to the widespread belief that fish oils are the supplement most associated with meeting the body's EFA needs. Fish oils consist entirely of EPA and DHA. When fish oil is consumed, the consumer effectively works against creation because EPA and

DHA are manufactured in small amounts by the body **as needed if the body is given the proper building material (PEOs) to make them.**

Moreover, when fish oil is consumed, it amounts to -- as Professor Peskin describes it -- taking a pharmacological overdose of EPA/DHA by a factor of anywhere from 20 to 400. Then there's the specter of how fish oil (cod liver oil included) is manufactured. According to Professor Peskin, approximately 17 pounds of fish are used to make one (300 to 500 mg.) fish oil capsule. When the price of fresh fish is considered (very expensive these days), it becomes quite clear that fresh fish aren't used to manufacture the oil. It's apparent that some enterprising entity found a way to profit from some of the tons of rotten fish available daily that isn't suitable for human consumption. The end-product supplement went through an extensive, chemical-intensive, process before it reached the marketplace.

Supplementing with Substances the Body Produces Internally is Risky Business

Taking a supplement that replaces a substance the body produces internally when in proper working order and when given the right building material is a flawed strategy. This issue is well known by professionals knowledgeable about Hormone Replacement Therapy -- a practice found in both alternative and orthodox medicine. One example, Premarin, which is made from pregnant mare (female horse) urine), is used by allopathic physicians to Increase estrogen levels in menopausal women. It can cause side effects such as depression, seizures, edema, stroke, myocardial infarction (heart attack), and weight gain (*Mosby's Drug Guide for Nurses*).

In alternative medicine, hormone replacement therapy using plant-derived, bio-identical, herbs such as yohimbe, sarsaparilla, and ginseng are often used to increase male sexual performance. One of the risks here is if too much of the herbal substitute is consumed over time, the body will stop producing the substance internally, sensing that there's enough available.

It's a better strategy to give the body the material it needs to make the substance in question, thereby allowing that substance to be made **as needed** in proper amounts. If the gland/organ that is supposed to make the deficient substance isn't working properly, then one of the initial strategies should be an attempt to fix the problem at the cellular level, which is what PEOs do. With fish oil (a derivative) supplementation, substances (EPA and DHA) are consumed that the body produces internally, as needed, and in proper amounts, if the PEOs are available to do so.

When one works against the design of the human body in this manner, negative results (scripturally described as curses) are sure to follow. Case in point is pharmaceutical drugging – scripturally described as sorcery – which David Brownstein, MD, describes as substances that "block an important receptor or poison a crucial enzyme" (*Drugs that Don't Work and Natural Therapies That Do*). The curses of consuming pharmaceuticals are the many negative side effects they cause, some far more serious than the condition they are prescribed to treat.

Going off on a bit of a tangent but nonetheless a relevant example of working against the design of the human body is use of narcotics. For example, in heroin addiction, the heroine closely resembles a powerful pain-alleviating neurotransmitter the body manufactures called beta-endorphin. When the body senses that there's enough beta-endorphin-like substance available, it stops producing it internally, saying in effect, there's enough available, I don't need to make anymore. The resulting curse is heroin addiction along with the perilous life-style that accompanies it.

When the heroin addict tries to kick the habit "cold turkey," the withdrawal symptoms of pain, insomnia, and other feelings of extreme discomfort follow because there's no beta-endorphin or similar substitute available – in this case the heroin – to manage the pain, insomnia, etc. Studies show that it takes approximately four days for the body to resume producing normal levels of beta-endorphin – contingent, of course, on the addict being able to endure the ordeal of withdrawal.

Trans-fats Turn Human Cell Membranes into Plastic

Many are aware of the population reduction agenda, which according to sources such as the United Nations sponsored project, Agenda 21 (Agenda for the 21st Century), and the Georgia Guidestones, proposes to reduce the earth's population from roughly 7 billion currently down to 500 million. When the profound effects of trans fatty acid consumption on creating chronic, life-threatening diseases are considered, the suspicion that this is a strategic aspect of the population control/reduction agenda must be considered.

According to Professor Peskin and numerous other sources easily found in an Internet search, two of the most dangerous and ubiquitous trans-fats in the food supply are Soybean Oil and Canola Oil. These oils and all other trans-fats such as margarine effectively change cell membranes into material resembling plastic at the molecular level. This change causes cell membrane malfunction that also results in malfunctioning cell receptors and channels. Notice the following comments from healthcare industry professionals:

> **Trans-Fat: What is it? Why is it so Dangerous?,** by Dr. Bob Marshall
>
> Trans fatty acids are also known as trans fat or hydrogenated oil. Trans fat is an artery-clogging fat that is formed when vegetable oils are artificially hardened into solid fat. This form of fat does not occur in nature and is sometimes called "plastic fat". Trans-fat is associated with initiating poor health and degenerative diseases, including cancer. In fact, Dr. Johanna Budwig, a famous German biochemist and leading European authority on fats and nutrition, proved that trans-fat help to initiate cancer. Trans fat does not belong in the human body if good health is desired. (http://www.drheise.com/transfat.htm)

Nahanni River Herbs

The average consumer uses 4 gallons a year of refined oils, 25-50% of which are **trans-fat**. This means that you are taking into your body 1-2 gallons of an extremely toxic chemical. When observed under a microscope, a hydrogenated fat molecule looks similar to a plastic molecule. Lipid chemists actually talk about plasticizing oils. Ironically, in terms of saturation, there is little difference between hydrogenated oils such as those found in margarine and the animal fats they are meant to replace. http://www.nahanniriverherbs.com/94,201

Natural Health Information Centre

Hydrogenated fats are literally "plastics", which do not have the same properties as natural fats. (http://www.natural-health-information-centre.com/hydrogenated-fats.html)

When cell receptors or channels malfunction due to the plasticizing of the cell membrane, the stage is set for chronic disease. With cancer, as previously mentioned, the oxygen requirements of the affected cells at the membrane site have been reduced by 35% or more. With Type II Diabetes, the insulin receptor is defective causing insulin resistance. With atherosclerosis, the arteries begin to lose flexibility and stiffen. The intima is the innermost layer of the arterial wall. When healthy, it is made from unadulterated parent omega-6. When diseased, it is made from adulterated omega-6 – the type contained in soybean oil, canola oil, and other trans-fats.

What causes this circumstance is the following: If the right material (unadulterated parent omega-6) isn't available, the body will use the defective material (adulterated omega-6), which usually is readily available, to construct the intima. The adulterated omega-6 oils cause inflammation and subsequent tears of the arterial wall. The arterial tears are then patched up by cholesterol, a very necessary substance that has been unjustly demonized by the pharmaceutical industry.

By inserting trans-fats (also called hydrogenated fats) into their products, food manufacturers create patients for the orthodox medical system who are treated for the heart disease, cancer, diabetes, and other chronic conditions caused by the toxic oils. It's interesting to note that pharmaceutical drugs also do their work – poisoning crucial enzymes and blocking important receptors – to some degree at the cell membrane. Some examples, whose activities are identifiable by name, are Calcium Channel Blockers, ACE (**A**ngiotensin **C**onverting **E**nzyme) Inhibitors, Beta Blockers, and SSRIs (**S**elective **S**erotonin **R**euptake **I**nhibitors), also known as anti-depressants or psychotropic drugs.

These examples and the actions of all other drugs also provide a major clue that fixing the root cause of these diseases would involve treating the problem at the cell membrane. This can be accomplished by avoiding the toxic substances that helped create the problem, providing the body with the best building materials available, and then allowing it to heal itself. Recall that the cell membrane is constructed of approximately 50% protein and 50% fat. Once again, the best building materials available for the job are whey and eggs to fulfill protein requirement and PEOs to satisfy an important portion of the lipid (fat) requirement. Doing so would provide an excellent strategy to not only reverse chronic disease but also to slowly wean patients off pharmaceutical drugs, as many healthcare professionals have done.

Why PEOs are Effective

Page one of this article listed a wide range of conditions both anecdotally reported and clinically proven to be resolved by daily PEO supplementation and avoidance of trans-fats. These resolutions are possible because the overwhelming physiological requirement is for EFAs in the form of unadulterated PEOs. **Less than 5% of the PEOs are converted to derivatives, such as EPA and DHA.** This is one of the most compelling facts that prove fish oil, which consists entirely of the derivatives EPA and DHA, can't possibly work as advertised. And of the two PEOs -- omega-6 and omega-3 -- the body requires far more parent omega-6 than parent omega-3. Notice the ratios below showing a significantly greater parent omega-6 requirement when compared to parent omega-3 (taken from *The Peskin Primer*, www.brianpeskin.com):

Ratio of Tissue Composition

Tissue	Percentage of Total Body Weight	Omega-6 PEO	Omega-3 PEO
Brain/Nervous System	3	100	1
Skin*	4	1000	1
Organs and Other Tissues	9	4	1
Adipose Tissue (bodyfat)	15-35	22	1
Muscles	50	6.5	1

* There is virtually NO omega-3 in skin tissue.

Another reason PEOs are effective is their ability to physiologically and biochemically satisfy food cravings correctly. When the body lacks an important nutrient, it craves it, which causes appetite triggers to seek to satisfy the craving. The medical term for the phenomena is **pica**. The craving, however, can masquerade as something other than what would correctly satisfy it. As seen in the chart above, there's a tremendous physiological requirement for parent omega-6 fats. When one considers the number of cells in the body – 60 to 100 **trillion** – and that all those

cells require parent omega-6 fats, the power of the craving for these fats can be fully appreciated.

Many who began supplementing with organic, unrefined, cold-pressed PEOs have been pleasantly surprised by their unexpected weight loss. This comes from properly satisfying the physiological/biochemical crave for the PEOs that may have previously been mistaken as a craving for potato chips, candy, soda, or other foodstuff. When these cravings are eliminated, the result many times is weight loss, which can sometimes be substantial. Those experiencing excess weight issues caused by overeating should be glad to understand that weight loss isn't necessarily a question of will power but rather one of properly satisfying the physiological craving of an essential nutrient.

An often-heard comment made by people new to PEO supplementation is an increase in energy levels. Adenosine Triphosphate (ATP) -- the energy molecule -- is manufactured inside each cell by an organelle (little organ) called the mitochondria. The mitochondria is a membranous capsule containing a large folded membrane encrusted with enzymes. Twenty-five percent of this membrane is constructed of parent omega-6 fats, which may account for the increased energy levels.

Research scientist, Garth Nicholson, PhD, founder of The Institute for Molecular Medicine (www.immed.org) remarked that when the lipids that make up a portion of the inner mitochondrial membrane are damaged, the membrane becomes leaky, which adversely affects energy production and becomes a causal factor in chronic diseases of all types. Dr. Nicholson notes that fixing the lipids in the membrane often results in increased energy levels and significant improvement in many chronic diseases.

Studies Proving Perceived Fish Oil Health Benefits to be False

The IOWA Experiment

IOWA stands for **Investigating Oils With Respect to Arterial Flexibility**. The yardstick used to determine improvement in the experiment participants was biological age versus physical (chronological) age. In other words, the arterial health for each age group was measured using a form of digital pulse analysis called Photoplethysmography, which resulted in an average value for that age group. For example, a 70 year old individual (physical age) with arteries typically found in a person his or her age would measure out having 70 year-old arteries. Another 70 year-old might be found to have arteries typically found in a 45 year-old, thereby having a biological age of 45. Improvement, therefore, would be defined by an individual's biological age showing that individual to have younger biological arteries after using the substance tested over a specific period. **The IOWA Experiment resulted in an overall 11.1 year**

improvement in biological age. Notice the selected highlights of the IOWA Experiment results below (*IOWA Experiment Results*, www.brianpeskin.comi):

Long-term (48 month maximum) PEO use

The effects of long-term PEO supplementation were evaluated in thirty-four (34) subjects with a daily dosage of 2,900 mg PEO formulation and no changes to regular diet. The sub-groups were as follows: thirteen (13) male subjects and twenty-two (22) female subjects aged 35-75, with a *median age of 62-years-old*, utilizing the formulation a minimum of three (3) months to a maximum of forty-eight (48) months. The median duration usage was twenty-four (24) months with half of the subjects using the PEO formulation less than 2 years and the remaining half utilizing the formulation over 2 years but less than 4 years. Vascular assessment was made via Photoplethysmography
measuring arterial flexibility.

Overall Improvement = 73% Effectiveness – Highly Significant

Twenty-five (25) subjects of the 34 subjects in the trial improved. **This corresponds to a seventy-three per cent (73%) effectiveness rating.** The average improvement in arterial flexibility was 9 years improvement meaning the average subject utilizing the PEO formulation had a cardiovascular system with the arterial flexibility of a subject representative of nearly a decade younger.

The best subject measured 39 years less (improvement) than their physical age waveforms would suggest. Of the 34 subjects, there was only one (1) subject who worsened.

Short-term (3-month) PEO use

The effects of short-term PEO supplementation were evaluated in sixteen (16) subjects with a daily dosage of 2,900 mg PEO formulation and no changes to regular diet. The sub-groups were as follows: seven (7) male subjects and nine (9) female subjects aged 46-84, with a *median age of 64-years-old*, utilizing the formulation a median of 2.5 months usage (half of the subjects with less duration and half of the subjects with more duration) and mean average of 3 month's usage. Minimum PEO formulation usage was one (1) month and the maximum subject usage was eight (8) months PEO usage. Vascular assessment was made via Photoplethysmography measuring arterial flexibility.

Overall Short-term Improvement = 43% Effectiveness – Highly Significant

Seven (7) subjects of the sixteen (16) subjects in the trial improved. **This corresponds to a forty-three per cent (43%) effectiveness rating over a very short period of time.** The average improvement in arterial flexibility was 7.2 years improvement meaning the average subject utilizing the PEO formulation had a cardiovascular system with the arterial flexibility of a younger subject.

PEOs versus fish oil

The effects of the PEOs were evaluated in subjects who ceased fish oil supplementation, replacing it with a daily dosage of 2,900 mg PEO formulation and no changes to regular diet. The effects of the PEO formulation were measured in 15 subjects: seven (7) male subjects and eight (8) female subjects aged 46-74, with a *mean age of 60-years-old*, utilizing the formulation an average

duration of 3.5 months. Vascular assessment was made via Photoplethysmography measuring arterial flexibility.

Overall Improvement

Thirteen (13) of the fifteen (15) subjects improved with the PEOs for an **87% effectiveness** rating and an **NNT of 15 / 13 = 1.2**. **Improvement was 11.1 years** as measured by standard population samples.

On average, the PEO formulation quickly improved the cardiovascular system's arterial flexibility by over 11 years (younger) in the subjects. Thirteen (13) subjects improved; one (1) subject remained the same, one (1) subject worsened by 1 year.

Results were highly statistically significant **(p=0.0001) — 99.99% accuracy**.

Notice the results of independent studies below illustrating fish oil failures, which support Professor Peskin's findings:

Shocking Studies Confirming Fish Oil Failures (http://www.cardiocrusaders.com/parent-essential-oils.html)

Negative Placebo-Controlled Studies Connection to Cardiovascular Health

Recent studies during the time that HMG-CoA reductase inhibitors, more commonly known as statin drugs, have become standard care for hyperlipidemia and acute coronary syndrome (i.e., acute MI and unstable angina patients), show consistent failure in effectiveness - **the studies of fish oil supplements have been consistently unsupportive of the efficacy of fish oil in supplement form. Indeed, current experiments are clearly showing the FAILURE of fish oil in cardiology and other areas where if it were to work, such as the brain and helping Alzheimer's patients, it must work - but even here, it failed.** Within a matter of weeks in November 2010, results from four randomized controlled trials, the "gold standard" for clinical research, revealed that various formulations of fish oil, contained in a pill, were undifferentiated empirically from their corresponding placebo (failure to achieve improved results), in several sub-populations of cardiac patients. These studies are summarized below:

Alpha Omega Trial

Among patients post-MI (within ten years of enrollment), the Alpha Omega Trial (AOT; Kromhout et al., 2010) randomized subjects to standard cardiac care supplemented by a margarine for 40 months that contained either: (1) placebo margarine, (2) margarine with a combined total of 400-mg of n-3 eicosapentaenoic acid (EPA) and n-3 docosahexaenoic acid (DHA), EPA/DHA, (3) margarine with 2-g of alpha-linolenic acid (ALA), a plant-derived precursor to EPA/DHA, or (4) a margarine containing a combination of EPA/DHA and ALA. State-of-the-art antihypertensive, antithrombotic, and lipid-modifying therapy was implemented in all four groups. **Results indicated that the fish oil supplements, either alone or in combination, did not significantly reduce the rate of major cardiovascular events among 4,837 enrolled patients in this study of secondary prevention.** The total intake of n-3 polyunsaturated fatty acids among these participants was about 500-mg/day, an amount often recommended for reducing the risk of cardiovascular disease (Lavie, et al., 2009).

German Omega Study

Among German patients who have suffered an acute MI, but were receiving standard-of-care (e.g., statins, Plavix and aspirin, beta-blockers), **the omega-3 fatty acids, found in fish oil [the derivatives EPA and DHA], offer no additional advantages versus placebo** (Rauch, et al., 2010). The German Omega studied enrolled 3,827 patients, 3 to 14 days of their qualifying MI, across 104 German centers who were randomized to omega-3-acid ethylesters 90 (460-mg EPA and 380-mg DHA) 1-g daily or to placebo (1-g of olive oil), on top of multiple standard medications. The primary endpoint, sudden cardiac death, occurred at the rate of 1.5% in both treatment arms. Total mortality was higher numerically in the fish oil than the placebo group (4.6% and 3.7%, respectively, p = 0.18). **Failure, again.**

The SU.FOL.OM3 Study

A total of 2,501 patients, aged between 45 and 80 years, who had a qualifying MI (n = 1151), unstable angina (n = 711) or an ischemic stroke (n = 639), within the past year, were enrolled in the study. The study protocol randomized subjects to a B-vitamin and n-regimen 3 fatty acids (600-mg with an EPA: DHA ratio of 2:1), for one year, as compared to the corresponding placebo for each. The primary endpoint was a combination of myocardial infarction, ischemic stroke and cardiovascular death. Allocation to omega 3 fatty acids was associated with a 37% increase in median plasma concentrations of these fatty acids at one year compared with those allocated to placebo. In terms of the primary composite endpoint, though, the rates of clinical cardiac events for the two treatment arms were "on top of one another" **[no significant improvement]** after five years of follow-up (81 versus 76 events, hazard ratio = 1.08, p = 0.64, ns). **Fish oil fails again.**

Glaxo's Lovaza

Glaxo's Lovaza, a prescription medication made from omega-3 fish oil, was tested in a six-month randomized placebo-controlled study of recurrent symptomatic atrial fibrillation (AF), among patients with paroxysmal AF or persistent AF with no evidence of substantial structural heart disease (Kowey, et al., 2010). AF is characterized by an irregular and often rapid heart rate. The study results failed to demonstrate clinical benefit in reducing the recurrence of symptomatic AF in the group randomized to the high-dose, prescription omega-3 fatty acids, relative to matching placebo. **Indeed, the rate of recurrence to AF or flutter was higher (made worse) in the Lovaza arm versus placebo** (52% versus 48%, respectively), albeit not statistically different. **This new study clearly reversed initial reports that fish oil helps AF patients; it doesn't.**

It's Interesting to Note That:

- One of the longest-living people on the planet -- the Hunzas -- reside in the mountains of Pakistan. It has been documented (*Rare Earths, Forbidden Cures*, Wallach, Lan, pgs. 207 - 213) that they consume no fish, likely because there are no fish in the region they inhabit. To be clear, the author of this article does not condemn fish consumption. It's fish oil supplementation that's being taken to task. Anyone believing that fish oil supplementation is **"essential"** for

health would be hard-pressed to explain why these people who routinely live well past 100 years consume no fish or fish oil supplements.

- As Professor Peskin explains, the normal operating temperature of fish oil is between 30°F and 70°F. One of the functions of the oil in the fish is to keep the fish from freezing in frigid waters. The internal temperature of a human not experiencing fever is approximately 98°F. Fish oils are classified as omega-3 oils. Omega-3 oils are highly reactive to heat, which is the primary reason they're not used for frying. When a human consumes fish oil, the oil is driven almost 30 degrees past its upper temperature limit, which turns it rancid and causes high levels of free radical development. The same would occur if one were to consume food fried in extra virgin olive oil – another heat-sensitive oil -- from the standpoint of causing substantial free radical damage in the body.

- Dr. Weston Price conducted a well-known and well-documented study several decades ago during which he travelled the world to study the lifestyles of the healthiest cultures on the planet. One of the common denominators he found among them was that they consumed no processed food. They exhibited great health characteristics in spite of their diverse diets -- some consumed fish, others consumed no fish because there weren't any in the areas in which they lived; some consumed plenty of meat while others consumed very little meat; some consumed primarily fruits while others consumed primarily vegetables. Processing of food that removes minerals and other vital nutrients creates deficiency diseases, which are quite prevalent in Western culture but noticeably absent in the indigenous cultures that consume no processed, nutrient-deficient foods and no trans-fats.

- It was previously mentioned that nutrients enter human cells through specific receptors in the cell membrane. Once the cell membrane is repaired through supplementation with PEOs, absorption of nutrients should improve as well due to better cell receptor functionality. This means that the health effects of nutrients in general should significantly improve.

- As impressive as the IOWA Experiment results are (11.1 year improvement in biological age), the participants probably weren't aware of eating scripturally clean food. Since eating scripturally unclean foods are a major causal factor in disease development, it can be safely assumed that people who don't consume unclean food should receive even greater benefits from PEO supplementation.

Because the body can't manufacture the vitally important parent omega-6 and parent omega-3 fats, supplements must be consumed to satisfy the PEO

requirements. The chart below lists seed and nut oils along with their parent omega-6 and parent omega-3 content by percentage.

It's critical to understand that the oils listed must be **organic, unrefined, and cold-pressed** for them to fulfill the PEO requirements. Oils that are **expeller-pressed** will not fulfill all of the PEO requirements due to the high heat (between 140ºF and 210ºF) they are exposed to that can destroy some of the important ingredients. Eating a handful of organic nuts and/or seeds daily can also satisfy the PEO requirements:

Parent Omega-6 and Parent Omega-3 Content of Selected Seeds and Nuts

(*The Hidden Story of Cancer*, Peskin, Brian, BSEE, Habib, Amid, MD)

OIL – Must be Organic, Unrefined, and Cold-Pressed	Percentage Parent Omega-6	Percentage Parent Omega-3
Sunflower Oil	65%	0%
Safflower Oil	75%	0%
Flaxseed Oil	20%	55%
Sesame Seed Oil	45%	0%
Pumpkin Seed Oil	43%	0%
Evening Primrose Oil	74%	0%
Borage Oil	38%	0%
Chia Seed Oil	40%	30%
Wheat Germ Oil	50%	5%
Grapeseed Oil	75%	0%
Olive Oil	8%	0%
Mungongo Oil	39%	0%
Walnut Oil	28%	5%
Hazelnut Oil	4%	0%
Cashew Oil	8%	0%
Almond Oil	10%	0%
Brazil Nut Oil	23%	0%
Peanut Oil	29%	0%

Professor Peskin recommends a mixture ratio of 1:1 to 2.5:1 omega-6 to omega-3. Based on the most recent testing, flaxseed must be a component of any blend because it is the oil that best satisfies the omega-3 requirement. Any individual parent omega-6 oil listed above containing sufficient levels of omega-6 or any combination thereof can be used to satisfy the omega-6 portion of the mixture.

The ratio of parent omega-6 to parent omega-3 fats in the body is approximately 11 to 1 (more omega-6 than omega-3). Not counting fat stores, it's about 6.5 to 1. The reason the recommended PEO mixture of 1:1 to 2.5:1 seems out of proportion

to the actual PEO amounts in the body is because it is a conservative yet sufficient mixture ratio range that allows anyone to become optimized. Also understand that the brain and eyes require significant amounts of parent omega-3 fats for optimal health.

Noticeable results from daily PEO supplementation should take place in approximately 18 to 24 weeks. Significant improvement or chronic condition reversals take about 12 to 18 months if it is possible for the condition to be improved. Having said that, many have reported getting results of increased energy and weight loss within a matter of days or a couple of weeks.

The recommended dose is one teaspoon per day for adults and ¼ teaspoon per 40 pounds of body weight for children. Initially taking more than the normal daily dose is suggested in the presence of chronic conditions such as cancer, heart disease, and diabetes. Contact Professor Peskin at www.brianpeskin.com or the author of this article for details.

PEO supplements are available at the Brian Peskin endorsed vendor, Yes Supplements (www.yes-supplements.com). For those who prefer to mix their own PEO formulas, organic, unrefined, cold-pressed oils are available at eBay vendor, Lora's Beauty Shop (http://stores.ebay.com/Loras-beauty-shop).

Roger Wynter

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