



ASSURING LONGEVITY

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The information below was originally published in 2012 in the Millhouse Integrative Newsletter, a monthly publication, primarily designed for clinic patients, highlighting useful strategies which may help prevent disease and improve health.

My Dargaville Experience

In 1977 I began rural practice in Dargaville, a farming service centre with a large indigenous Maori population. I soon developed an interest in animal and human nutrition. I remember Harry, a sheep farmer who suffered from heart disease, saying to me. "I supplement my cattle and sheep with selenium to improve their health, the soil and animals are deficient and probably I am too. Do you think I should take selenium also?"

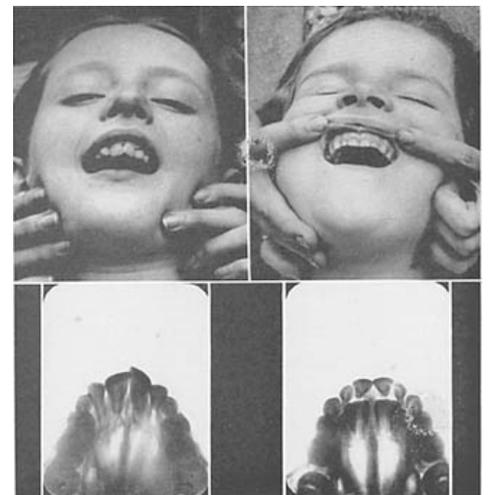
My dairy farmer neighbour Ian informed me that selenium drench effectively cured 'ill thrift' in his dairy herd. Cows (and sheep) with ill-thrift are slow to gain weight even when plenty of grass is available. Their coats lose their sheen, they are thin and scrawny and what really concerned Ian was the cows had difficulty getting pregnant. There are other reasons for ill-thrift which include intestinal worms, infections, copper, cobalt and iodine deficiencies, but for Ian the supplementation of selenium to his dairy herd improved animal wellbeing and made farming more profitable

I also read Dr Weston Price's book '[Nutrition and Physical Degeneration](#)'. Price, a dentist in the 1930's, toured the continents of the world studying the teeth and facial features of local and indigenous people. His itinerary included New Zealand where he studied the Maori. Pre-colonisation Maori skulls showed less than 1% dental caries (holes in the teeth).

Price noted that Maori in isolated communities had less than 2% dental caries whereas the modernised groups had up to 50% and the majority of them showed deformed dental arches (opposite to the 'Colgate Smile' where all teeth are uniform and perfectly placed. See picture). The worst-affected Maori with tooth decay and deformed dental arches were found in the tuberculosis sanatoriums. Price commented that '*the breakdown of these people comes when they depart from their native food to the food of modern civilisation*'.

Tooth decay is less common now with improved dental hygiene but deformed dental arches and crooked teeth are often seen. Many children receive remedial orthodontic treatment with braces to straighten their teeth. Price had a special interest in improving a mother's nutrition in pregnancy and lactation giving enriched full cream milk with cod liver oil, animal (including organ) meats, vegetables and seafoods to improve dentition and growth. The mother's first child (left of image) with deformed teeth received no special food during pregnancy but in the second (right of image) the mother received supplementary food and the child developed a normal full dental arch. Price notes that the time in labour for the first child was 53 hours and the second 3 hours. The first child at age ten years had a underdeveloped jaw, was a mouth-breather and of a nervous disposition whereas the younger at six years had normal facial bone proportions and breathed easily.

Remember that quality nutrition in pregnancy is vital for the developing baby, the success of pregnancy and for life-long health.



Canadian observations

This year I journeyed to Canada and Alaska on vacation and thoroughly enjoyed the wilderness experience but I'm reminded as I write that colonisation brought a darker side to the health and well-being of Canada's Inuit indigenous people.

For thirty years German-born [Doctor Otto Schaefer](#) lived and worked in Canada, and studied the Inuit



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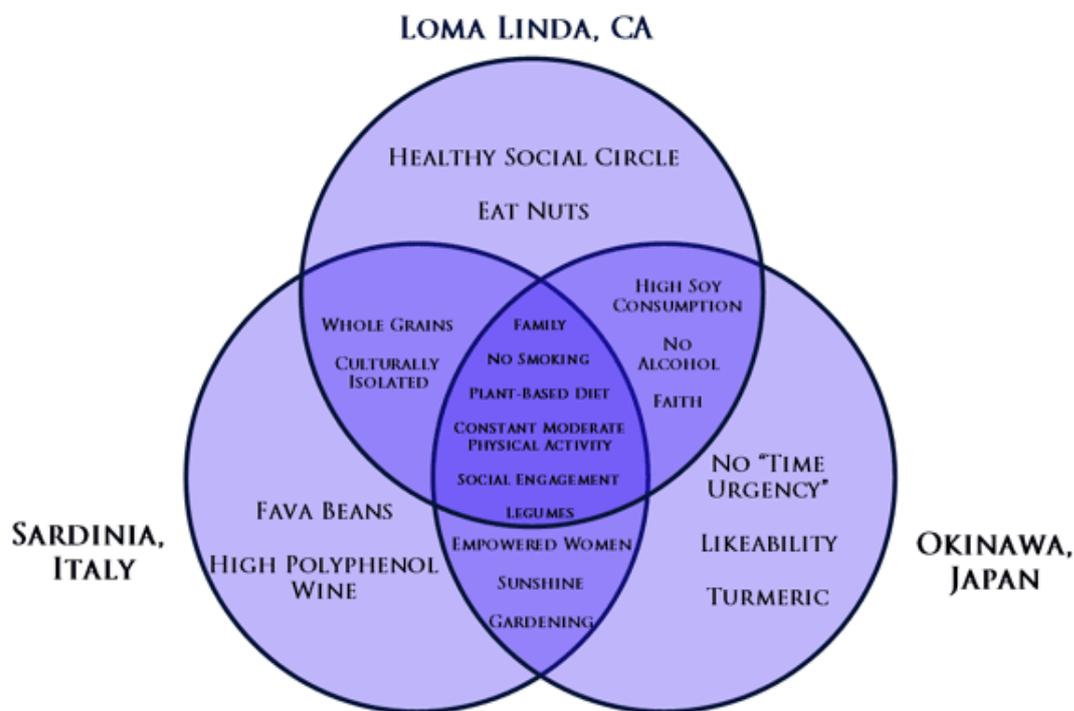


people in areas where Westernisation proceeded unevenly across the Arctic Circle. As the Inuit changed their food source from mostly wild game to highly-refined processed foods, they began suffering from Western diseases. He noted initially a wave of appendicitis and that their teeth began to rot. The younger generation grew much taller than the older, and girls reached puberty at an earlier age. Adolescents developed acne for the first time. Asthma and heart disease appeared, conditions that had not been seen before. Tumours of the nose, throat and salivary glands, probably caused by Epstein Barr viral infections, became less common, but the first cases of breast, cervix and colon cancer appeared. These are the diseases of our community.

Blue Zones

Medical School teaches little about nutrition in human health and even less about the factors that enable successful living beyond 100 years of age; the blue zone. In 2008 the National Geographic investigator Dan Buettner in his book about ['The Blue Zones'](#) described a number of worldwide communities who actively live and work beyond 100 years of age. The Venn diagram below highlights the characteristics of three groups; the Loma Linda Seventh Day Adventists in California (a community who until very recently had avoided the fast food McDonalds chain setting up shop in their area), the Okinawan Japanese and the Sardinian rural mountain community.

These active centenarians are found living in supportive communities. They are physically active and eat a variety of plant based whole foods and nuts. The Okinawans use turmeric which is a powerful anti-inflammatory spice. The Sardinians consume fava or broad beans that contain generous amounts of L-dopa which benefit brain activity, and they drink wine with the highest containing red pigments (including resveratrol).



I encourage you to eat wholesome food, and supplement deficiencies with vitamins, minerals like selenium and essential fatty acids (omega-3 fish oils). Use generous quantities of the spices turmeric, ginger, cinnamon, sage and cumin in cooking. Take particular care with nutrition in pregnancy.

Exercise regularly. Relax.

Live joyfully in community and do something positive for yourself and others each day.