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# MWSHS Student Newsletter

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Autumn 2010

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## Our Alumni in Action: Erica Allen

Erica Allen joined the Midwest School of Herbal Studies in late 2004 and graduated from the Master-Herbalist Diploma Program in 2008. How did it all start? “I was attending a meeting of our local Herb Guild where MWSHS director Matthew Alfs was speaking. At the time, I had been flying to England to study at the College of Phytotherapy, but was starting to realize that it was not for me. When Matthew explained how, at MWSHS, you get to study the similarities between the Greco-Roman tradition, the Eclectics, the Native-Americans, Ayurveda, and other traditions, I was sold! I also liked the ability to study at my own pace and to work through one module at a time. Matthew was very clear, too, about the time commitment and what it was going to take to finish.”

What helped Erica to proceed successfully through the program? She answers: “I did a little bit of studying each day and that worked for me. I would usually study when my son went down for nap or else everybody was sleeping; that way, I had some uninterrupted time. I really enjoyed listening to the tapes in the car on the way to work as well.” To those who may be letting distractions impede their progress in the program, she offers these words of wisdom: “Do not get discouraged, but keep going with the program: The knowledge you will gain is priceless and you will be able to benefit many people. The ability to know even a couple of remedies to aid your family and friends is well worth the money. The biggest joy I find in studying herbal medicine is that you never stop learning! It also makes for great conversation wherever you go—I cannot seem to go anywhere without it being brought up.”

Now several years post-graduation, how is Erica using the knowledge that she gained? “My dream was always to be the local, small-town herbalist,” she explains, and “that is pretty much what I do! I work out of a home office and meet with people weekly, with some of my favorite experiences having been where I helped seemingly infertile women to become pregnant through the power of herbs. I also work part-time in the wellness department of a large, natural-foods store, as well as lecture and teach on various themes, with recent presentations having been entitled 'Beauty in Simplicity,' 'Winterology,' and 'Health & Wellness 101.' (Continued in column 2.)



Erica Allen, M.H.,  
MWSHS graduate,  
and son

## First-Quarter, 2010 Graduates

We hereby offer our heartfelt congratulations to the following 1st-quarter, 2010 graduates of the Western-Herbalism Certificate Program:

*Terry Nelson*

*Shelly Law*

We look forward to hearing how these graduates will apply what they have learned in times ahead!

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## Register Now for MWSHS Workshop on Sunday, Dec. 12th, 2010

*See page 2 for more information.*

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## Student Message Board: A Real Resource!

Have you taken advantage, dear student, of the opportunity to post a thought on our new message board? Many students have already done so, relating herbal experiences, asking about others' experiences with particular situations, etc. So far, the board has had hundreds of visitors, most of whom have viewed most of the messages that have been posted. Why not, then, take *your* turn to post a thought? Undoubtedly, both your fellow students and persons interested in MWSHS who are visiting our site would welcome reading your thoughts! So, then, we encourage you to post a thought today. When logged on to our website ([www.midwestherbalstudies.com](http://www.midwestherbalstudies.com)), simply click on “Message Board” on the menu to the left.

## Erica Allen Profile *(Continued from Column One)*

What are Erica's goals in herbal medicine? “I am finishing up a degree in Early Childhood (Birth-3rd grade). I would love to combine what I know about herbs with teaching children somehow. Right now, though, I am an open vessel to be used as God sees fit for humanity.”

Congratulations, Erica—you a real inspiration to all of us here at MWSHS and no doubt to current students as well!

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# WORKSHOP CREDIT OPTIONS

Except where noted, all of the below-listed events qualify as Workshop (Course-Eight) credits toward the 2-year Master-Herbalist program. Each hour of *verified* attendance (per instructor-completed workshop-credit slips as supplied by MWSHS counts toward an equivalent hour of Workshop Category #3 credits (up to the student limit of 20 hours), unless another category is specified or unless one attends a particular workshop at one of these events that is *strictly* in one of these other categories. ***MWSHS-sponsored workshops are boxed.***

## Workshops, Conferences, Lectures, & Events in Herbal Studies Across North America

**Dec. 12th, 2010. “Invigorating the Vital Force with the Power of Plants!”** This is a combined holistic-assessment and herbal-therapeutics workshop to be conducted by MWSHS faculty at the New Brighton Family Service Center in **New Brighton, MN**, from 11:00 AM to 5:30 PM, CST. The focus will be on how to identify weakness/deficiency and blockage in what the Physio-medicalists and Eclectics called the “vital force,” what TCM calls the “*qi*,” and what Ayurveda calls the “*prana*”—the life force, or what separates living persons from corpses. Supporting this “vital force” is what engenders true healing, in contradistinction to orthodox medicine’s ‘management’ of disease, which simply enslaves sick persons to rounds of harmful drugs! During this workshop, students will learn and practice holistic assessment skills, therapeutic techniques, and herbal formulations! (Workshop credits for attendees will be divided evenly between holistic assessment skills and herbal therapeutics.) Attendance fee is \$90.00; early-bird fee (by Dec. 4<sup>th</sup>, 2010) is \$75.00. *See Registration Form below.*

### PRE-REGISTRATION FORM FOR MWSHS WORKSHOP

Student Name:..... Student I.D. #.....  
 Workshop Title..... Date(s).....  
 Hours.....  
 Total Cost ..... Payment Enclosed: (Check) ..... (M.O.) ..... (C.C) .....

If paying by Credit Card, you must supply ALL of the following information in order for us to process.  
 Note: Will clear as “Midwest Herbs & Healing.”

Credit Card Number..... Expir. Date.....  
 CDC Code (last group of 3- or 4 digits in series of numbers on reverse of card *near signature strip*) .....  
 Digits of Mailing Address to which Credit Card Bill goes to:.....  
 Zip Code of same address..... Telephone Number (     ). .....

*Send completed form with payment to:*

**Midwest School of Herbal Studies, P. O. Box 120096, New Brighton MN 55112**

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# Protein, Fat, and Carbs: The Paleolithic Way!

by Matthew Alfs

With everybody so concerned (and confused!) about the diet crazes sweeping the Western world—from low-carbohydrate diets like Atkins and South Beach to the traditional low-fat ones—it makes one wonder: What *is* the most sensible way to eat?

I believe that Nature's wisdom *always* provides the *very best* guidance. Not surprising in view of this, both history and sciences like physical anthropology and archaeology have revealed that when people have lived exclusively on nature's provisions—eating nothing but fruits, vegetables, seeds, nuts, & the flesh of insects, birds, fish, and animals—they thrived without degenerative diseases. For most of mankind's history, such wise guidance has been the standard. With the birth of the agricultural age, however, the type of food eaten by humans changed radically—for the worse, as skeletons of persons unearthed from ancient agricultural societies have demonstrated when considered in contrast to those excavated from hunter-forager societies.



Interestingly, there are still a few hunter-forager societies left on earth today, but living only in small pockets scattered throughout the continents. Until the last quarter of the nineteenth century, too, such included a number of Native-American tribes. Interestingly, when the European settlers arrived in America, they made note, on numerous occasions in their journals, of the *powerful frames* and *excellent health* of the hunter-foragers (Native-Americans) they had encountered, commenting that this was *in stark contrast* to their acquaintances back in Europe (who were thriving on a grain-fed diet). (See the captivating book *The Early American Wilderness as the Explorers Saw It*, by Bill Lawrence, 1991.)

Such a hunter-forager diet is sometimes referred to as a “paleolithic diet,” in contrast to the “neolithic diet” characterizing the agricultural age. The most popular book advocating this diet is *The Paleo Diet* by Loren Cordain, although I feel that this book is inadequate in a number of respects and instead recommend the full spectrum of available literature on the subject (including one of the original books, *The Paleolithic Prescription*, by S. Boyd Eaton et al).

Here, though, two important questions surface: (1) What has been the ratio of protein:fat:carbohydrates in the paleolithic diet? (2) What has been the *quality* of these macronutrients in such a diet?

First, regarding **protein**: Hunter-forager societies have consistently used animal-flesh protein for about 35% of their diet. (R. B. Lee & I. DeVore, eds., *Man the Hunter*, 1968) In quantity, this has averaged about 120 grams a day—almost *double* the amount recommended by most orthodox dietitians of today! Traditionally, a significant proportion of this has come from insects—probably the single richest source of quality nutrition on the face of the earth!

Many of today's orthodox dietitians have argued that protein in excess of the RDA (currently, at 0.8 g per kg of weight [= 0.37 g per pound], or about 50 g for adult females and 63 g for adult males of average weight) contributes to urinary loss of calcium and can lead to osteoporosis. However, osteoporosis is *not* typically seen in the skeletons of hunter-foragers who, as we've seen, have always enjoyed a protein-intense diet. Of course, these folks had also partaken of a diet rich in greens, which foods exert an alkaline buffering effect on body pH, while the fruits also consumed in the hunter-forager diet (esp. peaches, pears, plums, rose hips, and apples) tend to be high in the mineral boron, both of which resources counter renal calcium loss (one study found that only 3 mg of boron a day reduced urinary excretion of calcium by an incredible 44% [Nielsen et al, 1997. FASEBJ 1:394]). Then, too, while hunter-foragers have typically consumed a diet consisting of about 120 g of animal protein a day, only diets with an *excess* of 150 g of animal protein a day have been shown to cause calcium excretion in any significant amounts.

Several studies by Herta Spencer MD et al have shown that *no* urinary calcium loss occurred with a meat protein intake of 2 g/kg of body weight (about 136g a day for a 150-lb person) in the vast majority of test subjects (it occurred in only two persons and in both cases lasted only two weeks, after which their bodies readjusted themselves)! (Spencer et al, 1983. *American Journal of Clinical Nutrition* [37/6]: 924-29; also 1978 [31/12]:2167-80.) The research by Spencer and her colleagues also suggested: “A diet *low* in protein... may have adverse effects on calcium balance in the body.” (*J Nutr* 1988 118[6]:657-60) (This may well be because such a diet tends to lead to muscle loss and insulin resistance, which duo is a demonstrated cause of osteoporosis.) In fact, the Framingham Study, which is the longest-running nutritional study of all time, found that persons aged 68 and older higher who ate low amounts of protein lost an incredible 4% of their bone mass every four years! Conversely, those eating high amounts of protein—higher, incidentally, than the namby-pamby RDA—lost only 1.5% every four years. This research (published in the *Journal of Bone and Mineral Research* for December of 2000 by Hannan et al) is especially frightening in the light of other research revealing that many Americans, especially females, are not even getting the RDA of protein!

Still, most people are aware that some research has linked meat consumption to degenerative diseases like cancer and heart disease, at least among Americans. How should this research affect meat-protein consumption? It is important here to realize that these degenerative diseases are *relatively absent* in hunter-foragers, who have—as we’ve pointed out above—consumed far more meat than the typical American! This stark fact suggests that simple animal-flesh consumption is not in itself the real culprit and that we must look elsewhere for the answer to this enigma. Here we must logically ask: What might be *the difference* between animal-flesh consumption by modern Americans and that by hunter-foraging societies of past and present? There are two main differences, summarized as follows: (1) The *quality* of the animal flesh consumed; and (2) the digestive efficiency of those consuming such foods.

Most meat consumed by Americans is the product of the meat industry, which typically injects or feeds growth hormones, antibiotics, and a myriad of other artificial chemicals to livestock in an effort

to “plump up” these animals to make them visually appealing to consumers, as well as fetch a good price per pound. However, as numerous publications (one of the most famous being the book *Our Stolen Future*) have evinced, these chemicals are highly carcinogenic. This is *especially* true of estrogens, which are widely used in livestock, and have also been shown to be detrimental to cardiovascular health. These facts—along with the matter of our responsibility to treat animals with respect—is why I have so repeatedly urged the consumption of *only* wild game or organic, free-range meat. Then there is the matter of cooking: Charring meat creates carcinogenic byproducts, as numerous studies have demonstrated, and microwaved food appears to result in the production of pre-carcinogenic factors in the blood of consumers, as demonstrated by the Swiss scientist Hans Hertel in a 1992 study.

As regards number #2 above, it has repeatedly been observed that Americans have the poorest digestion on earth! In fact, in those over the age of 60, up to 75% have been shown to have low levels of hydrochloric acid in the stomach, while research has also found that about 15% of the general population is deficient. The proliferation in the use of acid-blocking drugs of late has no doubt worsened this situation. But the major factor in hypochlorhydria has no doubt been the American abhorrence of the “bitter” taste, in contrast to other cultures (even other moderns, like the Europeans), where such a taste is appreciated. Bitter foods are vital in the diet because they stimulate gastric-juice production to break down meat fibers, comprising the initial stage of animal-flesh digestion. In fact, there are receptors on the rear, upper surface of the tongue that are designed to taste *only* for bitters—which receptors, when stimulated by such a taste, send signals to the rest of the digestive system to prime the gastric-juice jets. Moreover, if such jets are not well primed, the major arena of protein digestion, which is typically in the lower parts of the GI tract, is also impaired, because the food leaving the stomach and entering the duodenum needs a certain pH in order to transform pro-enzymes there (which have entered this region from the pancreas) into active enzymes called proteases. To insure that modern-American consumers of meat maintain adequate gastric-acid levels to initiate a full and complete digestion of it, I have generally encouraged the consumption of a salad of mixed greens (with no

dressing, or only a vinegar-based one) or the use of a few drops of a tincture of digestive bitters on the back of the tongue before meals.

Yet, what connection might poor protein digestion have with cancer? Dr. William Donald Kelly (in his book *One Answer to Cancer*) has published research suggesting that a major factor in the development of cancer relates to *awry protein digestion and assimilation*. Kelly recommended treating cancer with high doses of exogenous proteases (trypsin and chymotrypsin). Nicholas Gonzalez, M.D., the heir to Kelly's work, has used this treatment as the prime therapy in his clinical work with cancer and has published impressive clinical studies to demonstrate its success, even with typically terminal types of cancer such as pancreatic adenocarcinoma.— Gonzalez, N.J. et al. 1999. *Nutr Cancer* 33:117-24; Gonzales, N.J. and L. I. Isaacs. 2007. *Alternative Therapies in Health & Medicine* 13(1):46-55.

The point I am making, then, is this: We all should recognize the importance of protein in the diet and make every effort to secure proper amounts. But: (1) Do not rely on chemical-laden meats from factories which abuse our animal brethren to do so; and (2) Do ensure that you have proper digestive capabilities to extract the protein from your food!

Now, about *fat*: Probably no nutrient has been so vilified as fat, which provides the most long-burning kind of body fuel and performs hundreds of vital functions, especially in the nervous system. Cholesterol, a related and likewise vilified lipid, is made by the liver to generate sex hormones, synthesize both bile acids and vitamin D on the skin in conjunction with ultraviolet light from the sun, protect the intestinal wall and blood vessels from perforations, compose membranes in the body, and aid in the function of serotonin receptors in the brain (low levels of such being connected with violent behavior). Yet, about 20% of this vital lipid *must* come from our diet in order to supply us with optimal amounts! Despite this, we are continually being urged by orthodox dietitians to reduce our intake of cholesterol and fat, while well-meaning physicians are urging more and more Americans to pop cholesterol-reducing drugs (which are hepatotoxic and reduce production of both vitamin D, as mentioned, and co-enzyme Q10, a nutrient that protects our hearts and gums from degeneration). What about this?

I believe that history provides a lesson here as well: When the vegetable-oil industry got going in the 1950s, they convinced the media that animal lipids were bad and that their own lipids were good. However, such a media campaign led to the overuse of these oils, which created an aberrant omega-6-to-omega-3 level in American bodies (it's supposed to be no more than 2.5 to 1), something that has time and again been shown to proliferate diabetes and heart disease. (For example, excessive use of these oils has been shown to interfere with the formation of beneficial prostaglandins and thus favor the formation of blood clots, as opposed to high-omega-3 oils—such as in cold-water fish—which promote beneficial prostaglandins, thus discouraging blood clots.) Sally Fallon, and Dr. Mary Enig in a well-researched article (“The Oiling of America - Part 2,” *Nexus* Feb-March 1999:31+), as well as Fallon alone in her book *Nourishing Traditions* (reviewed in the *MWSHS Student Newsletter* of Winter 2009-2010), have done a great service in showing that animal lipids are not a villain when used as part of a balanced diet, whereas a preponderance of high-omega-6 vegetable oils (comprising the majority of commercial food oils) in the diet are clearly deleterious to health, and doubly so when hydrogenated. (The tremendous impact of trans-fat use, a proven factor in modern American diseases, is revealed in research published by the Univ. of Maryland, which showed that the average American consumes an astonishing 12g of trans fat a day!) Then, too, Fallon and Enig, followed by Dr. Atkins, have published research showing that since 1910 the American intake of animal fat has fallen by 25% and butter by 77%, and yet heart disease was virtually unheard of in 1910, with the first description of a coronary occlusion being published in 1912!

Consumption of trans fats (hydrogenated oils) increased by 400% since 1910, however, and of course, heart disease escalated tremendously in proportion (today, along with cancer, it causes the majority of disease-related deaths in America!). Perhaps the weightiest piece of historical evidence, though, is that modern peoples using a hunter-forager diet, as well as paleolithic peoples having used the same, do not show any significant ratio of these modern diseases (heart disease, diabetes, cancer et al), as I've earlier mentioned, even though their protein and animal-fat consumption is/was *higher* than in modern Western society! (Their consumption of cholesterol was especially higher

than ours—about 520 mg. a day compared to our average of 400 mg a day, according to Eaton et al's research [cited earlier]) In fact, George Mann's study of the Masai in Africa found these hunter-foragers to consume an extremely cholesterol-rich diet, but also showed them to be virtually free of heart disease, causing him to conclude that the animal-fat scare perpetuated by many dietitians and physicians is, as he worded it, “the greatest scam in the history of medicine.” (Mann, G. et al, 1972. *American Journal of Epidemiology* 95:6-37) Actually, Paleolithic hunter-foragers thrived on animal fat! Conversely, whenever the modern, high-carb, high-trans-fat Western diet has been introduced into any non-Western society, diseases like cancer, heart disease, diabetes, and osteoporosis have proliferated. (See esp. Mann, *Lancet* 1994, 343:1268-71)

Moreover, even research now being published in modern, orthodox-scientific journals is starting to dispute the saturated-fat-leads-to-heart-disease theory, such as a recent systematic review of scientific studies investigating dietary links with heart disease that was published in *Archives of Internal Medicine*, which found the media-touted association between animal fats and heart disease to be scientifically weak, but the association between cardiovascular illness and trans fats to be quite strong. (Mente, A. et al. 2009. *Archives of Internal Medicine* 169[7]:659-69) An even more recent meta-analysis of 21 scientific studies following 347,747 trial participants relative to the question of whether saturated fat has anything to do with cardiovascular disease found “no significant evidence for concluding that dietary saturated fat is associated with an increased risk of...CHD [cardiovascular disease].” (Siri-Tarino, P.W. et al, 2010. *Am J Clin Nutr* 91[3]:535-46.) Even William Castelli, M.D., one-time head of the Framingham Study previously mentioned, noted that his study's research tended to show that “in Framingham, Mass., the more saturated fat one ate, the more cholesterol one ate, the lower the person's serum cholesterol.”—Castelli, W. P. 1992. *Archives of Internal Medicine* 152 (7):1371-1372

Moving on from animal fats to vegetable fats, however, I'd like to point out that an important fatty acid especially lacking in the American diet is oleic acid, which is an omega-9 fatty acid. This important lipid—found in abundance in avocados and olive oil—is the basis for the famed “Mediterranean Diet,” which has been shown to be

so health-sustaining, raising HDL [“good”] cholesterol levels. (This diet is advocated and well-referenced in the book *Low-Fat Lies, High-Fat Frauds*, 1999, by Kevin Vigilante and Mary Flynn.)

The greatest fatty-acid deficit in the American diet is probably of the omega-3 variety, however. Flax seeds and walnuts are excellent sources of a primitive omega-3 fatty acid known as alpha-linolenic acid. Unfortunately, clinical trials have shown that alpha-linolenic acid does not convert well in most adult human bodies to a vital long-chain fatty acid abbreviated as DHA, while it does not convert *at all* to such in the bodies of infants—their only typical resource for such being that provided directly by breastmilk or DHA-enriched infant formula. However, Dr. James W. Anderson has published research showing that the DHA content in American women's breastmilk has been diminished some 67% over the last 60 years and is currently at only *half* the level of that found in the breastmilk of European women! Yet, DHA is vitally needed for brain and membrane development in infants and also to preserve the proper functioning of such in adults, including in cellular membranes, enabling such to process the glucose that insulin delivers to their respective cells. Without proper amounts in the diet, insulin resistance (& then Syndrome X [metabolic syndrome]) will result.

Of foods typically available commercially, only cold-water fish can provide DHA (and its immediate precursor, EPA, responsible for this oil's anti-inflammatory prostaglandin activity, as earlier mentioned) directly. Yet, even here there is concern: Greedy, self-serving, nature-abusing commercialists have poisoned our planet's waters, resulting in high levels of mercury in many varieties of fish, so that many authorities caution against the consumption of more than 2-3 servings of such a week, so as to avoid mercuric damage to our bodies. However, sardines and other small, cold-water fish do not tend to concentrate mercury in their tissues as do the larger fish. There are also commercial fish-oil products on the market that have independent certification by labs as to low-mercury content.

So, then, as we have seen, fat and cholesterol are integral nutrients that need to be maintained at a functional level in the diet. Omega-3 and omega-9 fatty acids should be increased and omega-6 fatty acids decreased. Hydrogenated oils must *always* be avoided!

Finally, let's consider *carbohydrates*. This class of nutrients makes a number of valuable contributions, including fiber for intestinal health and cancer prevention and saccharides for a plethora of functions in the body relative to immunity, etc., as outlined in Part Two of the module on Western Herbalism. However, modern Americans consume far too many carbs in relation to quality protein and natural lipids and way too many simple carbs in relation to complex carbs, predisposing them to insulin resistance. This is especially true of the consumption of corn, potatoes, and refined grains—all of which have an *extremely high* glycemic index and an *extremely low* fiber content.

Historically, grain eating has played little or no role in the hunter-forager diet. (In *The Paleolithic Prescription*, Eaton et al showed that paleolithic peoples ate 5-10 times the fiber of modern Americans, but that it came from fruits and vegetables and *not* from grains!)



Moreover, current research correlates heavy grain eating to reduced mineral stores in the body (whole grains are high in phytic acid, which hinders mineral absorption and thereby encourages loss of bone density) and to insulin resistance (also promoting loss of bone density). Thus, when Native-Americans were herded onto reservations and had their hunter-forager diets removed by federal mandate and replaced with high-grain diets, an epidemic of degenerative diseases ensued, chronicled since the 1940s. (See the groundbreaking work by Weston Price, D.D.S., entitled *Nutrition and Physical Degeneration*, 1945, the essence of which is perpetuated today by The Weston A. Price Foundation, [www.westonaprice.org](http://www.westonaprice.org))

One of these is cardiovascular disease, with numerous studies showing a link between this serious health issue and a diet of high-glycemic foods. Then, too, in the 2009 analysis from *Archives of Internal Medicine* cited earlier, which found the media-touted link between saturated fats and cardiovascular disease weak, it was also concluded that both high-glycemic foods and trans fats showed a *significant* association with cardiovascular disease. An even more recent study found that, among 307 trial participants studied over a period of two years, a low-carb diet showed better results with cholesterol (by lowering LDL and markedly raising HDL [the “good” cholesterol]) than a low-fat diet (which decreased LDL, but only slightly raised HDL).—Foster, G. et al, 2010. *Annals of Internal Medicine* 153:1, 147-157.

In summary, the paleolithic diet has much to offer moderns: It consists *entirely* of whole, unrefined foods and is the *only* diet that has been *time-tested* to offer *measurable* nutritional benefits.

## Book Review

Thayer, Samuel. *Nature's Garden: A Guide to Identifying, Harvesting, and Preparing Edible Wild Plants*, Birchwood, WI: Forager's Harvest ([www.foragersharvest.com](http://www.foragersharvest.com)), 2010, 512pp.

In the winter, 2008-09 issue of the *MWSHS Student Newsletter*, I reviewed Thayer's first book on edible wild plants, *The Forager's Harvest*. *Nature's Garden* is a sequel to that book and covers an even greater amount of plants than its forerunner, including rarely covered specimens such as hackberry, toothwort, garlic mustard, ox-eye daisy, black nightshade, wild chervil, and chokeberry.

A number of well-written “extras” round out this wonderful book, including the author's point-by-point critique and refutation (pp. 43-60) of the message conveyed by the popular book *Into the Wild* that the wild-foods forager (Chris McCandless) chronicled in that book died from eating a poisonous plant (a rumor long perpetuated—and likewise incorrectly so—of Euell Gibbons, which sort of nonsense only fosters prejudice against human interaction with nature). Then there is the well-argued chapter entitled “Does Foraging Harm the Environment,” which, in my opinion, puts the final nail in the coffin of the argument by overzealous environmentalists that the human forager's enjoyment of wild foods somehow harms Nature. —*Matthew Alfs*

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