JUST HOW MUCH DOES MILK MATTER:

THE MILK HYPOTHESIS

MAUREEN MINCHIN 2018
AN OVERVIEW OF THE GUTS OF THE INFANT FEEDING PROBLEM AFTER 40 YEARS OF READING AND THINKING AND LIVING AND WORKING WITH FAMILIES DAMAGED BY FORMULAS

www.infantfeedingmatters.com
THE MISSING DOHAD PIECE: THE MILK HYPOTHESIS

➤ DOHAD: DEVELOPMENTAL ORIGINS OF HEALTH AND DISEASE - THE FIRST THOUSAND DAYS OF LIFE

➤ MILK IS THE NECESSARY BRIDGE FROM THE WOMB TO THE WORLD,
➤ UNIQUE SOURCE OF INFORMATION ABOUT, AND
➤ AGENT OF MOTHER/CHILD RESPONSE AND ADAPTATION TO, AND PROGRAMMING FOR,
➤ LIFE IN A SPECIFIC ENVIRONMENT/CULTURE/FAMILY

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THE MILK HYPOTHESIS: NOT NCD BUT VCD

➤ Effects of neonates not getting species-specific milk are immediate, long-lasting, and heritable.

➤ Effects come from what is and is not in food; they compound through generations, via males and females.

➤ Disease is vertically communicated and worsens with each passing generation.

➤ Any recovery will require generations of better than current pregnancy/breastfeeding care.

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VERTICALLY COMMUNICATED INFLAMMATORY DISEASE

➤ IS ARTIFICIAL FEEDING (AF) THE SINGLE MOST IMPORTANT REASON FOR 20TH CENTURY GLOBAL EPIDEMICS?

➤ IS A NEONATAL GUT MICROBIOME SKEWED BY FORMULA EXPOSURE THE SINGLE MOST IMPORTANT CAUSE?

➤ HOW IMPORTANT IS EXCLUSIVE BREASTFEEDING (FOR HOW LONG), AND NORMAL DURATION OF LACTATION (TO THE WHO TEMPLATE)?

➤ HOW IMPORTANT IS THE REALITY OF AND EXPOSURE TO PAST AND CURRENT INFANT FORMULAS?

➤ WAS/IS THE MODERN HOSPITAL THE FIRST TRULY OBESOGENIC ENVIRONMENT FOR WHOLE POPULATIONS?
THE ROLE OF HOSPITAL PRACTICES IS NOT RECORDED

- IN EACH NATION, HOW MANY GENERATIONS HAVE BEEN AFFECTED BY IN-HOSPITAL FORMULA EXPOSURE ALTERING THE VITAL PIONEER MICROBIOME? NOT RECORDED, BUT FECAL PH STUDY A CLUE.

- HOW MUCH OF TODAY’S INFLAMMATORY DISEASE IS DUE TO HOSPITAL PRACTICES WITH CHILD AND MOTHER?

- WHY DOES THAT HOSPITAL PRACTICE PERSIST DESPITE THE NEW SCIENTIFIC KNOWLEDGE OF ITS IMPACTS?
WEIRD NATIONS EXPORTING DISEASE SINCE 1870

- IN WESTERN, EDUCATED INDUSTRIALIZED RICH AND DEMOCRATIC (WEIRD) NATIONS WITH PRIVATIZED MEDICAL CARE SYSTEMS
- WELL-MEANING HEALTH PROFESSIONALS AND INDUSTRIALISTS RECRUITED ADVANTAGED BUT IGNORANT WOMEN WHO LED THE WORLD INTO ARTIFICIAL FEEDING
- POSSIBLE BECAUSE OF MASSIVE GOVERNMENT SUBSIDIES AND PROPAGANDA MAKING FORMULA AFFORDABLE AND BOVINE MILK SEEM ESSENTIAL TO HEALTH

Milk matters ch.3

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WHY WAS SERIOUS HARM NOT INSTANTLY OBVIOUS?

➤ SURVIVAL AND GROWTH THEN THE MEASURE OF SUCCESS AND SAFETY: BABY SHOWS AND EDUCATIONAL LITERATURE BY INDUSTRY

➤ BREASTFED SURVIVOR BODIES GESTATED THE FIRST GENERATION THAT WAS EXPOSED TO AF, AND PROVIDED MORE PROTECTION THAN LATER GESTATIONS WOULD

➤ OBVIOUS HARMs (X7 ECZEMA) WERE NOTED BUT THOUGHT UNIMPORTANT OR DUE TO MATERNAL CARE

➤ IN THE NEXT GENERATION AF-AFFECTED BODIES GESTATE.

➤ DAMAGE IS CUMULATIVE, WORSENING THROUGH AFFECTED CONCEPTIONS AND GESTATIONS

➤ MALES AS WELL AS FEMALES CONTRIBUTE TO ALTERED GENETIC EXPRESSION: SPERM MICRO RNA
POST WW1 - HIGH COWS’ MILK INTAKE URGED

LITERATE WOMEN ADOPTED BOTTLE. BY 1960 ONLY 20% EVER BF; HOME-MADE FORMULA + INDUSTRIAL.

1960+ BF REVIVAL AMONG DAUGHTERS OF LITERATE WOMEN (MANY ONCE-AF SURVIVORS OF FAILED BF).

SO THE ADVANTAGED NOW TRY TO BREASTFEED (MANY FAILING EARLY IN UNSUPPORTIVE CULTURE)

WHILE MOST IN THE ONCE-BF DEMOGRAPHIC, POOR WOMEN, ARE NOW BOTTLE FED AND BOTTLE FEEDING

CREATE WHOLE POPULATION EFFECT
THE MILK HYPOTHESIS

➤ FOR OPTIMAL HUMAN DEVELOPMENT, MILK IS THE NECESSARY BRIDGE FROM THE WOMB TO THE WORLD,

➤ UNIQUE SOURCE OF INFORMATION ABOUT, AND

➤ AGENT OF MOTHER/CHILD RESPONSE AND ADAPTATION TO, AND TOTAL PROGRAMMING FOR,

➤ LIFE IN A SPECIFIC ENVIRONMENT/CULTURE/FAMILY

➤ HOW?
read Milk Matters: all these issues addressed
WHY "NECESSARY"?

➤ BREASTMILK CREATES A GUT MICROBIOME WHICH INHIBITS PATHOGENS, AND SWITCHES THE IMMUNE SYSTEM INTO BALANCED RESPONSES [Fecal PH]

➤ PIONEER MICROBES UNIQUELY STRUCTURE THE GUT TO FACILITATE THEIR OWN PERSISTENCE AND RE-SEEDING AFTER DISTURBANCES

➤ METABOLITES OF MICROBIAL DIGESTION CRITICAL TO GOOD NUTRITION, BRAIN DEVELOPMENT, AND HEALTH

➤ EFFECTS OF ALTERED DEVELOPMENTAL TRAJECTORIES EMERGE OVER TIME AND LAST LIFELONG
THE BREASTMILK INFLUENCE ON INITIAL INTESTINAL MICROBIOTA ALSO PREVENTS EXPRESSION OF IMMUNE-MEDIATED DISEASES (ASTHMA, IBD, TYPE 1 DIABETES) LATER IN LIFE THROUGH A BALANCED INITIAL IMMUNE RESPONSE, UNDERSCORING THE NECESSITY OF BREAST FEEDING AS THE FIRST SOURCE OF NUTRITION.

OUR MULTI-GENERATIONAL INHERITANCE

➤ PARENTAL GENES: EACH GENOME UNIQUE, ITS EXPRESSION INFLUENCED BY INFANT DIET (ETC)
➤ INTRA-UTERINE ENVIRONMENTS: WE ALL BEGIN IN OUR GRANDMOTHER’S WOMB- DOHAD -(CAN MILK STEM CELLS REPAIR DAMAGE?)
➤ IMMEDIATE POSTNATAL ENVIRONMENT/EXPOSURES/STRESSES
➤ INTERACTION OF GENES AND ENVIRONMENT: EPIGENETIC CHANGES
➤ NUTRITION AFFECTS GENE EXPRESSION - FOR GOOD OR ILL, ACROSS A BELL CURVE OF IMPACT

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SCIENTISTS ARE BEGINNING TO SAY THIS NOW

- RECENT REVIEW: NASH MJ, FRANK DN, FRIEDMAN JE EARLY MICROBES MODIFY IMMUNE SYSTEM DEVELOPMENT AND METABOLIC HOMEOSTASIS - THE “RESTAURANT” HYPOTHESIS
- FRONTIERS IN ENDOCRINOLOGY 2017; 8:349
- DOI10.3389/FENDO.2017.00349
Epigenetic changes from dysnutrition persist for some generations but can revert if not being called on.

Nestlé epigenetics infographic

We know that nutrition can change the way our genes are expressed.

By studying the potential epigenetic effects of people’s dietary habits, we might be able to help future generations start healthier, and stay healthier for longer.

And so can exercise and other lifestyle habits.

One study, by researchers from Lund University in Sweden, found that physical activity can cause epigenetic changes in the way cells store fat.

Are epigenetic changes permanent?

Although epigenetic changes may be passed from one generation to another, we know they are dynamic and reversible. This is commonly observed in nature, even in plants.

During droughts, some plants adapt to survive and then pass those adapted genes to the next generation.

If the next two or three generations don’t experience another drought, the epigenetic changes are usually no longer passed on.

Scientists believe that the same is true for humans. Epigenetic changes can be ‘undone’ by changes in behaviour or environment.

How many generations to restore microbiomic normalcy? Nematodes. Will we have to source milk from other cultures?

How is Nestlé contributing?

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MILK: THE APPROPRIATE MINDSET

➤ MILK IS THE VITAL (LIVING) INGREDIENT, A HIGHLY-ADAPTED SPECIES-SPECIFIC BRIDGE FROM THE WOMB TO THE WORLD

➤ MILK IS INCREDIBLY FLEXIBLE AND INDIVIDUAL; ITS FREE STEM CELL TRANSPLANTS PROBABLY EVEN REPAIR SOME DEFECTS

➤ LACK OF FRESH ENVIRONMENT-SPECIFIC MILK (‘WHITE BLOOD’) MUST DISADVANTAGE ANY INFANT MAMMAL (AS FARMERS KNOW)

➤ ANY ALTERNATIVE NON-HUMAN FEEDING MUST BE PROVED SAFE FOR MOTHER AND CHILD ALIKE. (ALL TO DATE HARMFUL.)

➤ THERE MUST BE REALLY GOOD EVIDENCE BEFORE EVER ADVISING NOT BREASTFEEDING: THE HIV DEBACLE - NEXT HTLV1?

➤ STRUCTURAL CHANGE JUST HAS TO HAPPEN ASAP. WILL REQUIRE UNIVERSALLY AVAILABLE MASSIVE FUNDING AKIN TO THAT SPENT ON PROMOTING FORMULA SINCE 1900)

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FACT: FORMULAS ARE UNSTERILE MUTAGENS -WHO KNEW?

• Preliminary study on **DNA damage in non breast-fed infants** (Dundaroz et al *Pediatrics International* (2002) **44**, 127–130) There are many advantages of human milk for infants, including protection against cancer development ...The **level of genetic damage in the peripheral blood** lymphocytes of infants who were fed **mainly** by cow’s milk and breast milk was studied.. A significant increase ($P < 0.0001$) was found in the frequencies of sister chromatid exchange (SCE) analysis, which is a sensitive measurement of chromosomal damage) of infants not breast-fed ($n = 30$, mean SCE/cell ± SD: $8.66 ± 1.15$) compared to those breast-fed ($n = 30$, mean SCE/ cell ± SD: $4.93 ± 0.82$). **Conclusion:** Molecular mechanism of DNA damage caused by the absence of human milk needs to be investigated.

**Formula increases DNA damage in VLBW infants.**

• Not being breastfed increases genetic damage and alters gene expression in varying, unknown, and unpredictable ways

*Milk Matters pp.32*
FORMULAS: THE APPROPRIATE MINDSET

➤ FORMULA IS A FALLIBLE, CONSTANTLY CHANGING, HIGHLY PROCESSED UNSTERILE INDUSTRIAL POWDER

➤ LIQUID FORMS CAN BE STERILE BUT MAY NOT BE: AS WITH ANY CANNED FOOD, CHECK, DO NOT ASSUME SAFETY

➤ GIVEN THE ABOVE, FORMULAS MUST BE TREATED EXACTLY AS THE MAKERS SPECIFY, KEPT COOL, USED PROMPTLY, A/C CAN

➤ FOR MICROBIAL SAFETY CHOOSE A BRAND THAT RECOMMENDS WHO DIRECTIONS RE 70C WATER TEMPERATURE.

➤ WIDEN THE AF DIET AT 4 MONTHS TO REDUCE RISKS OF MONO-DIET, WITH FRESH FOODS NOT MORE PROCESSED FOODS

➤ RECORD ALL ILLNESSES AND BE SUSPICIOUS OF POSSIBLE LINKS TO FORMULA; RETAIN DETAILS OF PRODUCTS USED, EVEN SAMPLES

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INSTEAD, THE WEIRD/AMERICAN MINDSET

➤ WOMEN’S MILK IS DEFECTIVE OR DANGEROUS AND SO CAN’T BE HANDLED, MUST BE PROVED SAFE; YUK FACTOR
➤ FORMULA IS COMPLETELY SAFE AND CLOSE ENOUGH TO, OR EVEN BETTER THAN, MY/OTHER WOMEN’S MILK
➤ BURDEN OF PROOF MUST BE ON THE HIGHLY EVOLVED NATURAL PRODUCT, MILK, BECAUSE IT IS NOT THE NORM
➤ ‘THEY WOULDN’T LET THEM SELL IT…’ IF IT WOULD HARM MY BABY - SUPERMARKET TROLLEY TROLLEY TROLLEY
➤ FORMULA IS NECESSARY FOR OUR SOCIETY: “WE HAVE TO REASSURE….”

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INFANT IMMUNE SYSTEM AND NORMAL BF TEMPLATE

➤ DEVELOPS FROM 16 WEEKS. WHO: PREGNANCY DIET

➤ INFANT PROTECTION VIA MOTHER’S BLOOD, THEN MILK: UNIQUE AND CONCENTRATION VARIES  WHO: EBF

➤ INFANT IMMUNITY DEVELOPING BY 5-7 MONTHS. WHO: EBF TILL THEN, INTRODUCE OTHER FOODS 6-11MONTHS

➤ MICROBIOME STABILIZES AROUND 3YO. HIGH IMMUNE REGRESSION MILK IS IMPORTANT IN DANGEROUS WEANING PHASE. WHO: BF INTO THE SECOND YEAR AND BEYOND

➤ NO JUSTIFICATION FOR MARKETING SUBSTITUTES: GOOD FOOD/UNCONTAMINATED WATER ARE NEEDED FOR ALL THE FAMILY

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NUTRITION AND IMMUNITY ARE INTERACTIVE

➢ NUTRIENTS ARE NEEDED TO MAKE IMMUNE FACTORS: EG, PROTEIN FOR ANTIBODIES, ANTI-OXIDANT PUFAS TO REDUCE INFLAMMATION….
➢ IMMUNE FACTORS ARE NEEDED TO UTILIZE NUTRIENTS FORMULA CANNOT CONTAIN LIVE CELLS (OTHER THAN OPPORTUNISTIC MICROBES)
➢ BREASTMILK NUTRIENTS ARE NOT THE SAME AS INFANT FORMULA NUTRIENTS. FORMULA = DYSNUTRITION AND PRO-OXIDANTS
➢ ENZYMES, HORMONES AND OUR GUT MICROBES DETERMINE WHAT BODIES CAN MAKE OF NUTRIENTS

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NUTRITION AND IMMUNITY INTERACT

➤ SURVIVAL IS THE FIRST PRIORITY

➤ SUDDEN OR EXCESSIVE DEMAND FOR NUTRIENTS FOR IMMUNE RESPONSES AFFECTS CHILD GROWTH. INFECTIOUS CHALLENGES, EVEN VACCINATIONS, CAN ALL AFFECT GROWTH RATES, SOMETIMES FOR WEEKS

➤ ALLERGY WASTES NUTRIENTS: IS EVOLUTIONARILY COUNTER-PRODUCTIVE AND SO WAS ONCE RARE IN NON-WEIRD CULTURES..BUT THAT IS CHANGING FAST
MILK CONTROLS DEVELOPMENT

“WHAT YOU FEED THEM NOW… MATTERS FOREVER”

©Brandon Menzies drawn for/discussed Milk Matters p. 23
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**Concept of modulation in critical periods: early life**

**Allergic inflammation in critical periods**

- **First 1000 days**

**Nervous system subtly altered many years later, such that a mild inflammatory insult could lead to overly exaggerated responses.**

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*Welcome to first 1000 days*

- **Pregnancy:** 270 days
- **First year:** 365 days
- **Year 2:** 365 days
- **First 1000 days**

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*Undem BJ, JACI 2014;133:1521*

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[www.infantfeedingmatters.com](http://www.infantfeedingmatters.com)
IMPACTS ON DEVELOPMENT - MECHANISMS

➤ Physicality of normal biological nurturining and its effects on hormones that regulate appetite, growth, mood, organ function, gene expression

➤ Content of the living milk itself: enzymes, growth factors, cells, hormones, microbes…. thousands of ingredients no dead formula can provide

➤ Entero- and bronchomammmary pathways + breast for environment sampling: the mother’s ongoing risk sensors

➤ Infant gut: lifelong and intergenerational importance of pioneer microbes and colonization, fecal PH

➤ Programming lifelong growth, health, function of infant brain and body, and altering maternal body

➤ The major contributor to postpartum DOHAD but overlooked

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THE BREAST IS A KEY PART OF THE HUMAN IMMUNE SYSTEM

- Google "immune system organs" - not one image includes women's breasts?

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THE PROCESS OF FEEDING MATTERS TOO

➤ THE BREASTFEEDER TAILORS HER MILK TO THE BABY SHE BREASTFEEDS (MAYBE NOT HER OWN)- FEEDBACK LOOPS

➤ SHE BUFFERS THE BABY (AND HERSELF) FROM STRESS BY SKIN CONTACT AND LOVING TOUCH, WHILE THE CONSTANCY OF HER PRESENCE PROVIDES SECURITY AND BUILDS TRUST IN LIFE FOR THE CHILD, AND PRIDE OF ACHIEVEMENT AND SELF-WORTH FOR HERSELF. (BIOLOGICALLY THIS IS NOT AS EASY FOR BOTTLE FEEDING MOTHERS, AND SO THEY DESERVE GREATER CREDIT WHEN NURTURING IN THE WAYS THAT BF HORMONES MAKE INSTINCTIVE.)

➤ THE EXPERIENCE OF PHYSICALLY INTIMATE YET NOT OVERTLY SEXUALISED CONTACT ALLOWS BOTH TO ENJOY SHARING BODIES, AND FOR THE BREASTFEEDER, CAN OFTEN BE HEALING

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ALL MAMMALIAN MILK IS POWERFUL

- Samples the animal’s total environment
- Contains dietary and environmental antigens, antibodies and lots of immune cells and modulators
- No nonhuman pregnant mammal consumes the milk of a different species
- What if another pregnant mammal (consuming milk of a different species) creates antigens to the allergens, and anti-antibodies to those milk antibodies?
WHOSE DIET MATTERS?

What is in stock feed and so in cows’ milk? what medication or antibiotic traces? what microbes? why has this research not continued?

IS HIGH BOVINE MILK INTAKE IN PREGNANCY A GOOD IDEA?

diagram, *Milk Matters*, p. 25

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HOW TO MAKE BABY MICROBIOMES MORE ALIKE

➤ COLONIZE MOTHERS BEFORE BIRTH WITH FORMULA INDUSTRY MICROBES: CHANGE MATERNAL MICROBIOMES (BY FEEDING FORMULA MIXES + HIGH CM INTAKE +/- INDUSTRIAL PROBIOTICS)

➤ THIS MAY CHANGE PLACENTAL, ORAL, MILK, AND FAECAL MICROBIOMES

➤ IF SO, BREASTFED BABIES’ MICROBIOMES WILL BE CLOSER TO THOSE OF BABIES FED INFANT FORMULA WITH THOSE MICROBES

➤ ANOTHER STEP CLOSER TO WHAT? FOR WHOM?

www.infantfeedingmatters.com
HOW TO MAKE FORMULA MORE LIKE BREASTMILK? NO

Making breastmilk more like formula in Vietnam...

http://infantfeedingmatters.com/1152-2/
CHRONIC DISEASE BURDEN


A REVIEW AND SUMMARY OF RECENT META-ANALYSES OF STUDIES LINKING PREMATURE WEANING FROM BREAST MILK WITH LATER-LIFE CHRONIC DISEASE RISK IS PRESENTED FOLLOWED BY AN ESTIMATION OF THE APPROXIMATE EXPOSURE IN A DEVELOPED WESTERN COUNTRY, BASED ON HISTORICAL BREAST-FEEDING PREVALENCE DATA FOR AUSTRALIA SINCE 1927. THE POPULATION-ATTRIBUTABLE PROPORTION OF CHRONIC DISEASE ASSOCIATED WITH CURRENT PATTERNS OF ARTIFICIAL FEEDING IN INFANCY IS ESTIMATED.

AFTER ADJUSTMENT FOR MAJOR CONFOUNDING VARIABLES, CURRENT RESEARCH SUGGESTS THAT THE

RISKS OF CHRONIC DISEASE ARE 30–200 % HIGHER IN THOSE WHO WERE NOT BREAST-FED COMPARED TO THOSE WHO WERE BREAST-FED IN INFANCY. EXPOSURE TO PREMATURE WEANING RANGES FROM 20 % TO 90 % IN POST-WORLD WAR II AGE COHORTS. OVERALL, THE ATTRIBUTABLE PROPORTION OF CHRONIC DISEASE IN THE POPULATION IS ESTIMATED AT 6–24 % FOR A 30 % EXPOSURE TO PREMATURE WEANING.

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TESTIMONIES NOT HEARD

➤ 1930’S: ALLERGIC DISEASE SYMPTOMS AND GUT DISTRESS ('EVENING COLIC'); 1970’S PARENT GROUPS IN WEIRD NATIONS: IGNORED

➤ CHILDHOOD TYPE 1 DIABETES: EXPAT INDONESIAN PAEDIATRICIAN (FIRST NATIONS PEOPLES IN CANADA USA AND AUSTRALIA?)

➤ BREAST CANCER: INUIT, HONG KONG BOAT WOMEN

➤ OTITIS IN CANADA: INUIT EXPERIENCE

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CANCER DEATHS DUE TO NOT BREASTFEEDING

200+ BREAST CANCER AND 51 OVARIAN CANCER DEATHS WERE ATTRIBUTABLE TO WOMEN NOT BREASTFEEDING FOR TOTAL DURATIONS OF 12 MONTHS MORE. “BREASTFEEDING HAS MARKED EFFECTS ON MATERNAL REPRODUCTIVE HORMONES, HAS BEEN INVERSELY LINKED TO BREAST AND OVARIAN CANCER AND..CAN BE PROMOTED TO WOMEN FOR ITS PUBLIC HEALTH AND INDIVIDUAL BENEFITS.”

JORDAN SJ, WILSON SF, NAGLE CM, GREEN AC. CANCERS IN AUSTRALIA IN 2010 ATTRIBUTABLE TO TOTAL BREASTFEEDING DURATIONS OF 12 MONTHS OR LESS BY PAROUS WOMEN. AUST NZ J PUBLIC HEALTH. 2015; 39:418-21; DOI: 10.1111/1753-6405.12457

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“IF NEW MOMS ADHERED TO THE RECOMMENDED GUIDELINES THAT URGE THEM TO BREAST-FEED EACH CHILD THEY GIVE BIRTH TO FOR AT LEAST ONE YEAR, THEY COULD THEORETICALLY STAVE OFF UP TO 5,000 CASES OF BREAST CANCER, ABOUT 54,000 CASES OF HYPERTENSION AND NEARLY 14,000 HEART ATTACKS ANNUALLY.

AVERTING THOSE DISEASES COULD ALSO SAVE $860 MILLION, ACCORDING TO RESEARCH PUBLISHED IN OBSTETRICS & GYNECOLOGY.”

HTTP://HEALTHLAND.TIME.COM/2013/06/07/MORE-BREAST-FEEDING-COULD-SAVE-BILLIONS-AND-PREVENT-THOUSANDS-OF-BREAST-CANCER-CASES/#IXZZ5E8LIY8FW

www.infantfeedingmatters.com
FEMINISM AND INFANT FEEDING

➤ NO ONE WHO DISRESPECTS LACTATION, UNDERMINES BREASTFEEDING, OR TOLERATES AND PROMOTES ARTIFICIAL FEEDING AS ‘GOOD ENOUGH’ CAN LEGITIMATELY CLAIM TO BE A FEMINIST (OR A HEALTH WORKER, OR A LOGICAL THINKER, FOR THAT MATTER)

➤ THE PRICE OF ADVANTAGED WOMEN’S ‘CHOICES’ SHOULD NOT BE THE DEAD BODY OF EVEN ONE MOTHER

➤ LET ALONE 20,000 WOMEN AND 820,000 CHILDREN EVERY YEAR (CHECK OUT THE LANCET SERIES)

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OTITIS MEDIA, FOR INSTANCE

....doctors who travelled through the Eastern Arctic in the 1970s documented elders who had normal ear drums with no tears or perforations. "The elders said their own children didn't have draining ears when they were small, but children in 1970 had a lot of perforated ear drums. So something happened by then and we don't know what it is".... some factors could be change in diet and using a bottle instead of breastfeeding.


Are known to be, not ‘could be’

Are Inuit parents ever told the cause?

www.infantfeedingmatters.com
EVIDENCE SAYS YES, NOT-BREASTFEEDING CAUSES OTITIS MEDIA

This systematic review and meta-analysis provides evidence that breastfeeding protects against AOM until 2 years of age, but protection is greater for exclusive breastfeeding and breastfeeding of longer duration. Exclusive breastfeeding during the first 6 months was associated with around a 43% reduction in ever having AOM in the first 2 years of life. (i.e., the not-breastfed are almost twice as likely to have acute ear infections in the first years of life, and that's a major underestimation since exclusive breastfeeding FROM BIRTH is in fact rare)


90% of NT incarcerated aborigines have some hearing loss, which affects speech, learning etc etc

PROFESSOR GOODARZ DANAEI, CO-LEAD AUTHOR OF THE STUDY AND AN ASSISTANT PROFESSOR OF GLOBAL HEALTH AT HARVARD CHAN SCHOOL, SAID: “THE MOST IMPORTANT RISK FACTOR FOR DIABETES IS OBESITY. YET GLOBAL OBESITY LEVELS ARE SOARING OUT OF CONTROL.” FULL COST OF DIABETES MAY BE $825 BILLION.

WHY ARE WE GETTING SO FAT? PROF GILES YEO, SBS

➤ OBSESE PEOPLE ARE “FIGHTING THEIR BIOLOGY”
➤ IMPORTANCE OF MICROBIOME TO WEIGHT GAIN
➤ TERESA’S FAECAL TRANSPLANT FROM DAUGHTER
➤ OBVIOUS THAT DAUGHTER WOULD HAVE BEEN OBESE: SINCE A FORMULA FED CHILDHOOD?
➤ NO DISCUSSION OF WHY TERESA HAD GUT PROBLEMS, OR WHY AMERICA WAS THE FIRST AND STILL THE FATTEST NATION - OR MENTION THAT IT WAS THE FIRST TO MOVE TO WHOLE OF SOCIETY ARTIFICIAL FEEDING AS WELL AS OBESOGENIC ENVIRONMENT

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OBESITY AND ITS CASCADING HARMS

➤ OBSESE PARENTS PRODUCE CHILDREN AT HIGHER RISK OF OBESITY AND DIABETES, AND MAY HAVE MORE PROBLEMS ESTABLISHING LACTATION

➤ OBSESE PEOPLE NEED TO KNOW ABOUT LIKELY INHERITANCE AND MICROBIOME ISSUES (NOT MADE TO FEEL GUILTY AS IF SOLELY RESPONSIBLE FOR PROBLEMS POSSIBLY RESULTING FROM THEIR INFANCY OR THEIR PARENTS’ AND GRANDPARENTS’)

➤ OBSESE PREGNANT AND LACTATING WOMEN NEED EXTRA EMPATHY AND SUPPORT, ALONG WITH ALLERGY INVESTIGATION, NOT SHAMING AND BULLYING TO LOSE WEIGHT

➤ THEY MUST BE SUPPORTED TO BREASTFEED EXCLUSIVELY FROM BIRTH- OR DONOR MILK FOUND- EVEN IF THEIR MILK MIGHT WELL BE LESS THAN ‘PERFECT’. FORMULA WILL BE WORSE FOR BOTH THAN LONG- CONTINUED BREASTFEEDING

➤ ALL OBESITY, FERTILITY AND DIABETES RESEARCH SHOULD INCLUDE INFANT FEEDING DETAIL AND MICROBIOMIC STUDIES

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OBESITY DIABETES AND BREASTFEEDING

➤ SIGNIFICANT PROTECTION BOTH FOR WOMAN WHO BREASTFEEDS - EVEN THOSE PROVEN GDM - AND THE CHILD WHO IS BREASTFED

➤ EVEN FOR CHILDREN OF OBESE GESTATIONAL DIABETICS

➤ BREASTFEEDING BY GDM MOTHERS FOR LONGER DURATIONS IS MORE PROTECTIVE THAN SHORT TERM BREASTFEEDING

➤ POSITIVE EFFECTS ON MATERNAL GLUCOSE CONTROL DURING LACTATION

➤ EFFECTS ON MILK CONTENT CAN BE MISUNDERSTOOD

➤ HOWEVER, DELAYED INITIATION OF LACTATION CAN MEAN A NEED FOR DONOR MILK OR PRE-EXPRESSED COLOSTRUM IN THE FIRST WEEK

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HE ALSO ADDED THAT **GENETICS** AND FETAL AND EARLY LIFE CONDITIONS MAY PLAY A ROLE IN WHY SOME COUNTRIES SEEM TO HAVE MUCH HIGHER RATES OF DIABETES: “THERE IS INCREASING EVIDENCE THAT THE INTERACTION OF GENES AND THE ENVIRONMENT PLAYS A ROLE IN DIABETES…. INADEQUATE NUTRITION DURING PREGNANCY AND IN EARLY LIFE MAY INCREASE THE RISK OF DIABETES LATER IN LIFE. THEREFORE, LONG-TERM DIABETES PREVENTION SHOULD ADDRESS NUTRITION IN EVERY STAGE OF LIFE.”

**HOW are humans programmed for growth through life?**  **POSTNATAL NUTRITION.**

Are parents ever told the causes?

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OBESITY AND INFANT FORMULA

➤ CLEAR CAUSAL LINKS ACKNOWLEDGED BY INDUSTRY: CARBS, FATS, PROTEINS, GROWTH FACTORS, EXCESS CALORIC INTAKE, IMPOSSIBLE ACCURACY REQUIRED…

➤ CONSTANT INDUSTRY EFFORTS SINCE 1980 TO REDUCE PROTEIN CONTENT, CHANGE CARBS AND FATS, LOWER OXIDATIVE DAMAGE,

➤ INFANCY EFFECTS ON THE BODIES OF WOMEN CANNOT BE UNDONE AND HAS AFFECTED THE NEXT GENERATION

➤ LINKS TO INFERTILITY, LACTATION PROBLEMS AND INFLAMMATORY DISEASES

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UNDER-ESTIMATING FORMULA HARMS

➤ IN A RECENT EMAIL JULIE SMITH REMINDED ME THAT, AS I HAVE LONG SAID, SCIENCE/SOCIETY HAS IGNORED THE ONGOING EFFECTS OF DEPLORABLE SUBSTITUTE FEEDING (MILK AND WHEAT MIXES, CONDENSED/EVAPORATED MILK, SUGAR AND WATER, HIGH MANGANESE/LEAD FORMULAS…)

➤ SUCH FORMULAS (AND OTHERS) HAVE BEEN IMPLICATED IN CAUSING POOREDER EDUCATIONAL ACHIEVEMENT AND MATERIAL SUCCESS.

➤ SO WHENEVER WE CONTROL FOR PARENTAL EDUCATION OR SES, WE MAY BE UNDERESTIMATING THE PRESENT EFFECTS OF NOT-BREASTFEEDING

➤ HANDICAP IS CUMULATIVE AND LOCKS PEOPLE INTO POVERTY - WHICH IS THEN CONTROLLED FOR, IN ASSESSING HARMS - TO WHICH PAST FORMULA FEEDING HAS CONTRIBUTED

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FORMULA AFFECTS REPRODUCTIVE TISSUE....

➢ STUDY DESIGN: BREAST BUDS, UTERUS, OVARIIES, PROSTATE, AND TESTICULAR VOLUMES WERE ASSESSED BY ULTRASOUND IN 40 BF, 41 CM FORMULA FED, AND 39 SOY FORMULA FED INFANTS AT AGE 4 MONTHS.

➢ [ALMOST CERTAINLY NONE WERE EBF, SOME AF MIGHT HAVE BEEN INITIALLY BF]

➢ RESULTS: MF INFANTS HAD GREATER (P < .05) MEAN OVARIAN VOLUME AND GREATER (P < .01) NUMBERS OF OVARIAN CYSTS PER OVARY THAN DID BF INFANTS. ... BOTH FORMULA-FED GROUPS HAD LOWER TESTICULAR VOLUMES THAN BF.
CONCLUSIONS: OUR DATA DO NOT SUPPORT MAJOR DIET-RELATED DIFFERENCES IN REPRODUCTIVE ORGAN SIZE AS MEASURED BY ULTRASOUND IN INFANTS AT AGE 4 MONTHS, ALTHOUGH THERE IS SOME EVIDENCE THAT OVARIAN DEVELOPMENT MAY BE ADVANCED IN MF-FED INFANTS AND THAT TESTICULAR DEVELOPMENT MAY BE SLOWER IN BOTH MF AND SF INFANTS AS COMPARED WITH BF.

“advanced” or excessive/precocious? “slower” or deficient/delayed? Note judgments & assumptions
WHERE MIGHT THIS SEEM RELEVANT?

➤ MENSTRUAL PROBLEMS
➤ HORMONAL DISORDERS
➤ POLYCYSTIC OVARY SYNDROME
➤ ENDOMETRIOSIS
➤ DECLINE IN SPERM COUNTS
➤ REPRODUCTIVE CANCERS
➤ AGE OF PUBERTY
➤ PREOCIOS PUBLERTY SYNDROMES

do researchers include full details of early infant and mother feeding in searching for either causes or prevention?

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BREASTS AT 2, MENSES AT 4, ADRENAL HYPERPLASIA, AUTISM: WHY?

Initially Tam, Matt, 41, and the nurses at their local clinic put Emily’s rapid development down to the use of baby formula. Tam couldn’t breastfeed after testing positive to the breast cancer gene and undergoing a double mastectomy at 33.

**EARLY WARNING SIGNS**

But Tam began to suspect there was more to it when, by the time she was four months old, Emily was the size of a one-year-old. “I brought it up with the nurses at the clinic but they just put it down to genetics,” the 41-year-old said. “It was so frustrating going doctor to doctor and placing a huge financial burden on us to afford it,” Tam said. They couldn’t put their child with a healthcare professional.

One doctor told Tam there was something wrong with her child at every meal – she was always towering over other kids her age. Last year Tam was referred to the NSW Centre for Excellence in Early Intervention. She got some answers – but the test revealed something even more alarming.

How much does this matter? Is this a second or third generation effect?
FORMULAS CAN NEVER BE CLOSE TO MILK

➤ ALIVE OR DEAD? SOME DIFFERENCES ARE ABSOLUTE

➤ JUST AS MIGHT BE THE CASE FOR WOMEN’S MILK (ALWAYS HEADLINES IF SO) THE PROBLEMS OF FORMULA ARE NOT ONLY LACKS AND/OR DEFICIENCIES, BUT ALSO ACTUAL PRESENCES, EXCESSES, AND EFFECTS

➤ IQ AND OTHER STUDIES TRY TO IDENTIFY WHAT IS (AND IS NOT) IN BREASTMILK, AND WHAT THAT MEANS WHEN PRESENT (OR ABSENT)

➤ BUT WHAT IS (AND IS NOT) IN FORMULA ALSO MAKES A HUGE DIFFERENCE TO HEALTH OUTCOMES - A “SEPARATE DETRIMENTAL IMPACT” (MEIER) - AND IS IGNORED
FORMULAS ARE NOT MILKS AT ALL

- Infant formula is a mixed diet, a soup; not a single food, but the most processed of processed industrial dehydrated mixes of foodstuffs and chemicals, which goes on changing over the shelf life of the can.

- It has exposed infants to foods that have become the most common weird allergens: wheat, milk, egg, peanut, corn, soy... as well as to a multitude of microbes, known and unknown, including serious pathogens.

- Other ingredients (oils, carbohydrates, additives, contaminants, heavy metals) and reagents all differ, as does needed water, with nutritional and immunological consequences.
HOW FORMULAS DIFFER - JUST ONE WAY

➤ “It is known that the immunogenicity of formulas will differ depending on the source of the protein (casein or whey \([or fractions of both in different forms]\), degree of hydrolysation (partial or extensive), site of hydrolysation, enzymes/chemicals used and filtration methodology”

SOME EARLY MEASURABLE BIOLOGICAL DEVIATIONS

➤ WHO TELLS PARENTS THAT IF THEY WEREN’T BREASTFED, THEY HAVE NOT REALIZED THEIR FULL HEALTH POTENTIAL AND THEIR CHILD WILL BE DIFFERENT FROM WHAT SHE OR HE MIGHT HAVE BEEN?

➤ THAT IF THEY DON’T BREASTFEED, OR PROVIDE WOMEN’S MILK SOME OTHER WAY, THEIR CHILDREN’S CHILDREN CAN BE AFFECTED?

➤ THAT DIFFERENCES MAY SEEM MINOR, BUT WE CANNOT PREDICT WHICH CHILDREN WILL BE MOST OR LEAST HARMED OVER A LIFETIME?

➤ DNA AND GENE EXPRESSION DIFFERENCES, BODY TISSUES: SKIN, GUT, ADIPOSE, MUSCLE MASS, THYMUS, HORMONES, HEART, OVARIIES, TESTES, REPRODUCTIVE AND BRAIN TISSUE, BRAIN ELECTRICAL ACTIVITY, COGNITIVE, BEHAVIOURAL DIFFERENCES, FOOD SENSITIVITIES…

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summary Milk Matters pp.176-187
CONCLUSIONS: THE DEVELOPMENT OF BRAIN ELECTRICAL ACTIVITY DURING INFANCY IS GENERALLY SIMILAR FOR FORMULA-FED GROUPS, BUT DIFFERS BETWEEN THOSE WHO ARE BREASTFED COMPARED WITH THOSE FED EITHER MILK OR SOY FORMULA. THESE VARIATIONS IN EEG ACTIVITY REFLECT DIET-RELATED INFLUENCES ON THE DEVELOPMENT OF BRAIN STRUCTURE AND FUNCTION THAT COULD PUT INFANTS ON DIFFERENT NEURODEVELOPMENTAL TRAJECTORIES ALONG WHICH COGNITIVE AND BRAIN FUNCTION DEVELOPMENT WILL PROCEED.

MANY CANDIDATES FOR CONCERN ABOUT NEUROLOGICAL IMPACTS

Milk Matters pp.45-61

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WHAT ABOUT PHYSICAL BRAIN STRUCTURES?

➤ MRI IN FACT SHOWS MEASURABLE PHYSICAL DIFFERENCES IN BRAIN WHITE MATTER

➤ DO PREGNANT PARENTS KNOW THAT NOT BREASTFEEDING WILL UNPREDICTABLY ALTER THEIR BABY’S BRAIN DEVELOPMENT?

➤ DO WE INVESTIGATE THIS IN ALL CHILDHOOD NEUROLOGICAL PROBLEMS AND BRAIN RELATED DYSFUNCTION, INCLUDING AUTISM?
ARE FORMULAS EVER SUSPECTED?

➤ HOW MANY CASES OF DYSFUNCTIONAL AND/OR DEGENERATIVE NEUROLOGICAL CONDITIONS IN WEIRD NATIONS?

➤ HOW MANY ARE DISABLED FOR LIFE OR DIE YOUNG?

➤ HOW DETAILED WAS INVESTIGATION OF INFANCY DIET? FOR THIS OR ANY OTHER BRAIN DISORDER? FORMULA THAT CAUSES HARM THAT EMERGES ONLY YEARS LATER MAY WELL BE CAMOUFLAGED BY TIME, BETTER RESULTS FROM OTHER BRANDS, AND THE ABSENCE OF SUSPICION.

➤ IN ANOMALIES AND TRAGEDIES LIKE THESE, DIET MUST BE INVESTIGATED IN GREAT DETAIL. FORMULAS SHOULD BE INDEPENDENTLY AND CRITICALLY TESTED. (MANGANESE, ALUMINIUM...HAS MEDICINE LEARNT NOTHING FROM PINK DISEASE?)

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HOW CAN FORMULA HARMS REMAIN UNKNOWN?

➤ NEVER FUND STUDIES OF TRULY EBF VERSUS FULLY AFF BABIES, ALWAYS MIXED GROUPS, OR JUST ONE FORMULA WITH ANOTHER

➤ NEVER ENQUIRE ABOUT OR CONTROL FOR PREVIOUS GENERATIONS INFANT FEEDING AND INFLUENCES SUCH AS PREGNANCY CM INTAKE

➤ FAIL TO COLLECT AND TEST FORMULA IN USE WHEN A ANY CHILD IS ADMITTED TO HOSPITAL

➤ HIDE INCONVENIENT RESULTS IN TABLES AND WRITE REASSURING ABSTRACTS/ HEADLINES

➤ DIVERT, DISTRACT, REASSURE IN INTERVIEWS

➤ INSULT CRITICS AS SHAMING WOMEN

➤ IGNORE THE ISSUE OF FOOD SENSITIVITY

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Irritability, depression, poor sleep, memory problems, reduced alertness, headache including migraine

Watery eyes, under-eye circles “panda eyes” skin pallor
Hearing blockages ear infections
Sore or scratchy throat, swollen glands

Eczema
Night sweats
Belching, bloating, heartburn, digestive disorders, constipation, diarrhoea

“Brain fog”

Stuffed nose, runny nose, sinus pain or pressure, nasal crease, nosebleeds, postnasal drip, lost sense of smell or taste, snoring
Arched palate, swollen lips, overbite, toothache, mouth ulcers, bad breath
Coughing, wheezing
Redness, rashes
Addiction to foods
Aversion to foods

ignore common minor signs of malaise, allergy

Diagram *Milk Matters* p. 562
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Adapted from: Allergy and Asthma Relief, ©Readers Digest 2007
WHY IS EXTENT OF HARM NOT OBVIOUS NOW?

➤ WHOLE SOCIETY AFFECTED: 20TH CENTURY
➤ “NORMAL” REFLECTS USUAL
➤ VESTED INTERESTS
  ➤ FINANCIAL: MULTI-BILLIONS
  ➤ EMOTIONAL: BREAST INTENTIONS (DIXLEY)
  ➤ SOCIETAL: EMPLOYERS ETC
➤ SILENT SCIENTISTS
➤ RECRUITED REGULATORS

  ➤ LEADS TO MUTED MEDIA
  ➤ ALL NEED TO BE ADDRESSED
AT WHAT COST?

➤ PRESENT DAY $ FIGURES, ALL CONSERVATIVE UNDER-ESTIMATES: BILLIONS. SEE GREAT WORK BY JULIE P SMITH, MELISSA BARTICK, ALISON STEUBE

➤ FUTURE COSTS: EXPONENTIAL, NOT YET CALCULATED

➤ HIDDEN COSTS: BODY IMAGE? SELF-ESTEEM? RELATIONSHIPS? LOST CAPACITY?

➤ HUMAN COSTS IN LOST LIVES AND ORPHANED CHILDREN

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PARTS OF THE ELEPHANT IN THE ROOM

- reluctance
- denial
- ignorance
- avoidance
- diversion
- silence
- awkwardness
- trunk

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DOHAD: HYGIENE OR MILK HYPOTHESIS?

➤ WHAT MAKES MORE SENSE?

➤ ENCOURAGING EXPOSURE OF INFANTS TO UNREGULATED DOSES OF UNNATURAL ANTIGENS, PATHOGENS IN A MIX AND A PROCESS THAT STRESSES THE INFANT BODY OR

➤ EXPOSING INFANTS TO PRIMING DOSES AND RESTRICTED QUANTITIES OF EVERYTHING, PLUS ANTI-INFECTIVE, ANTI-INFLAMMATORY, AND STRESS-REDUCING FACTORS AND SPECIFIC PROTECTIVE CELLS

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WHY THE MILK HYPOTHESIS?

➤ IT SEEMS THE MOST RATIONAL OF ALL PROPOSED HYPOTHESES, WITH THE GREATEST AMOUNT OF BASIC SCIENCE SUPPORTING IT

➤ IT MAKES SENSE OF KNOWN FAMILY REALITIES OVER MANY DECADES AND A KEY FACEBOOK GROUP

➤ BUT IT REMAINS A HYPOTHESIS FOR WANT OF DETAILED RESEARCH AND DATA THAT SHOULD HAVE BEEN COLLECTED AND STILL IS NOT

➤ TO ASSESS THE MILK HYPOTHESIS REQUIRES VAST AMOUNTS OF DETAILED KNOWLEDGE ABOUT INFANT FEEDING, AND A GLOBAL COLLABORATION IS NEEDED

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YOU ARE THE FRONT-LINE TROOPS IN A BATTLE TO CHANGE HISTORY

- MEANWHILE, THERE IS WORK OT BE DONE THAT IS JUSTIFIED BY THE SCIENCE WE DO HAVE

- THERE IS NO WORK THAT IS MORE IMPORTANT THAN HELPING A MOTHER FEED HER BABY AS WELL AS IS POSSIBLE IN HER SITUATION - AND IN WORKING TO CHANGE THAT SITUATION TO ENABLE SUCCESSFUL BREASTFEEDING FOR HER AND EVERY OTHER MOTHER

- A FIRST AND CRITICAL STEP: STOP EXPOSING NEWBORNS TO FOODS OTHER THAN BREASTMILK

- THIS IS AN ASSAULT ON NORMAL DEVELOPMENT

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THIS IS YOUR TOOL

➤ I BELIEVE THE KNOWLEDGE IN MILK MATTERS CAN CHANGE THE WORLD: YOUR WORLD AND OTHERS’
➤ IT EXISTS IN PRINT OR AS 2 E-BOOKS
➤ PLEASE READ IT AND SHARE IT WITH FAMILIES AND THEY WILL CHANGE THE WORLD

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