

A Voice for Eco-Agriculture

Magazine | Events | Books | Audio Tapes | Videos | Toolbox



Real Health, Real Nutrition

Natural Foods Are the Best Medicine
Physician & Scientist Explains Why

Interview with Arden Andersen, Ph.D., D.O.

September 2004, Acres U.S.A.

Arden Andersen was first a soil scientist and agricultural consultant, then a physician. He specializes in nutritional management, and advises farmers in “building biology” to optimize the energy environment of buildings, homes and livestock facilities. He has taught a variety of classes on such subjects as soil and crop management and agricultural radionics. Acres U.S.A. readers will recognize him as the author of the books *The Anatomy of Life and Energy in Agriculture and Science in Agriculture* and the producer of video courses in ecological soil and crop management and agricultural radionics.

Now he’s written a new book, *Real Medicine, Real Health*, drawing on his wide-ranging expertise to share with readers a vision of healing based on creating a sound body through solid nutrition and a healthier environment, rather than expensive “magic bullet” pharmaceuticals. As he explains, patients have many more options for the treatment of disease than mainstream medicine would lead them to believe.

ACRES U.S.A. The thing that strikes me looking over the table of contents of your new book, which is called *Real Medicine, Real Health*, is that there must be a common denominator for most of these anomalies. Is there such a thing?

ARDEN ANDERSEN. Certainly. I think that across the board the literature and clinical practice is showing that it’s environmental and nutritional. And of course, nutrition is part of our environmental milieu, if you will. Unfortunately, more and more our diets in the developed world are not only poor choices, but whatever the choices are, the food itself is deficient in minerals and nutrition—vitamins.

ACRES U.S.A. Isn’t there an even greater danger lurking though? In one of your chapters you mentioned genetically modified foods.

ANDERSEN. Absolutely. I think that the whole issue of trying to circumvent nutrition by playing around with the gene really creates a Frankenstein potential here. I certainly don’t mean to be overly dramatic about that, but the bottom line is that when you start messing with the genes, the body’s enzymes don’t recognize that as food. As the studies in Europe have already shown, these altered, unusual genes can be taken up by other organisms and made a part of them, so you end up with significant potential defects in the genetic structure of

whatever organism consumes those genes. Certainly the research done at the Rowett Institute in England by Pusztai was one of the first official studies to reveal that possibility.

ACRES U.S.A. It seems to us that this monkeying around with these genes would have a cumulative effect over a period of time. What will happen can’t really be discerned, can it, for a generation or two or three?

ANDERSEN. That’s true. Certainly in the insect studies that have been done, it happens in the first generation, but obviously everything that happens to the human genome takes quite a bit of time—one, two, three generations. And we know that by past experiences of those things that alter genetics. For example, with alcoholism, you don’t find fetal alcohol syndrome showing up until the second generation or, worse, the third, even worse in the fourth, and so on and so forth. So absolutely, there’s a cumulative decline in that genetic material and then subsequent physical manifestation of it.

ACRES U.S.A. Is this what we’re seeing with the young people and with obesity becoming a national problem and a few other things like that, including cancer and strokes showing up in kids as young as 1 and 2 years old?

ANDERSEN. I think we definitely have to look at that as a contributing factor. The obvious thing is that the nutrition simply is not there. I hesitate to point to any one individual thing, because the pesticides certainly have an adverse effect. The genetically modified foods have an adverse effect. The lack of mineralization and vitamins and so forth in the food has an adverse effect. When you add all of those things up, each one adds to that negative outcome we’re seeing as far as obesity and diabetes and cancer and a number of other things.

ACRES U.S.A. You attempt to deal with all of these various syndromes in the various chapters of your book.

ANDERSEN. Yes, I do. Really, the theme or the reason I put the book together was that every time I speak around the world to farmers, I find that it’s necessary to speak an hour or two just on medicine as well, because farmers, unfortunately, are a very sick lot. Because of the environmental exposures they experience, there’s a lot of cancer and diabetes and heart disease and allergies, etc.

ACRES U.S.A. And obesity.

ANDERSEN. Absolutely. Over 50 percent of the U.S. population is now classified as obese. So what I saw and heard from farmers was—they kept asking, do you have this written down? Where can we read about these options? So I wrote the book with the intent of simply letting people know that there are options out there for their medical therapy. They don't have to just settle for whatever their conventional or traditional doctor gives to them. There are many other options. It doesn't matter to me what they choose, as long as they know that there are options for them in that whole process. The other thing I wanted to convey to people is that we definitely have the best emergency medicine program in the world. Take the U.S. emergency department along with the U.S. military's combat casualty-care medicine—without question, we have the best in the world. But as soon as that patient leaves the emergency department and now has to be cared for, either chronically or follow-up, the system greatly fails in taking care of people and getting them back to true health. That's where I wanted this book to come in, to let people know that once you leave the emergency department, you then have other choices to consider.

ACRES U.S.A. Is there something inherently wrong with this idea that all medical remedies are to be seated in cold-tar-derivative drugs?

ANDERSEN. I think it really goes back to business. Certainly the chemical industry and the drug industry is all one and same—the same companies, just different departments. It's all business decisions, and it seems to be human nature that any time you can arrange for a monopoly to totally corner the market, some people are going to do it. Certainly the chemical industry has very much put that into their business plan—if not deliberately, then certainly in practice. By doing so—well, the best way you make sure that your business continues is to discredit any of your competitors. In the chemical industry today or the drug industry, your biggest competitors are alternative medicines, so they simply do anything they can to discredit the competitor.

ACRES U.S.A. Going back to the first thing that we asked about, the common denominator. You said it was environmental and nutritional. Where's the breakdown in nutrition?

ANDERSEN. That really starts in the soil, which was certainly recognized as far back as 1936, when Charles Northern read into the Congressional Record that the trace minerals, particularly in the soils around the United States, were significantly depleted, correlating directly to human disease. Dr. Northern was a gastroenterologist, and he was dealing with problems of the digestive system. He recognized that gastrointestinal disease was correlated to lack of nutrition in the food, which was directly correlated to that deficiency in the soil. Along came William Albrecht, who furthered that understanding, particularly in dealing with animal health, where he showed—as you're well aware—the correlation between soil nutrition and animal health. Then Carey Reams took it even further, as far as human health being directly correlated to soil health. It's pretty much common sense that you're not going to have anything in a food commodity, minerally speaking, that doesn't already exist in the soil or in the fertility program growing that crop. Unfortunately, a lot of people would like to assume that, well, gee, since there's only 15 or 16 nutrients that the universities have identified as necessary for plant growth, that's all that's necessary for us to live on. Well, we know that that simply isn't true. Medical literature knows it isn't true, and it's interesting how even

doctors or people who are supposedly in-the-know will say, "Oh well, we don't have a problem with nutrition, it's simply eating a balanced diet." Well, then, why is it that the medical industry years and years ago started adding iodine to our diets through iodized salt? It's because they recognized that nutrition was directly related to disease—in this case, iodine deficiency and goiter. Unfortunately, they seem to think that's the only one. What about selenium deficiency and white muscle disease? We could go on and on, with diseases caused by deficiencies in vitamin C, the B vitamins, calcium and so on. Those things have to be in the diet, and in order to be in the diet, they have to be in the soil or the fertility program.

ACRES U.S.A. In addition to goiter, isn't iodine involved in this pandemic of diabetes that we have?

ANDERSEN. It's not necessarily the absolute thing, but iodine is very important in a number of enzymatic activities in the body. Thyroid seems to be the most dominant one, but with diabetes as well, we're looking at vanadium and chromium as being very important relative to the proper utilization of carbohydrates, function of insulin, and so on, just as zinc is very important relative to insulin manufacturing. When you start looking at Carl Pfeiffer's work—he is a psychiatrist who started the Pfeiffer Center in Naperville, Illinois—you realize that all of those minerals are interactive. If you interfere with zinc, you automatically are going to interfere with copper and manganese, iron and so on. In the same way, any of those nutrients that you start removing from the healthy body are going to affect other enzymatic processes, because all enzymes have metal nutrients that are co-factors to activate them—if we don't have those minerals, those enzymes are idle.

ACRES U.S.A. If trace minerals are the key to enzymes, how does that square with the use of radiomimetic chemicals or radiation or irradiation for food?

ANDERSEN. It's interesting you asked that because, of course, the USDA and FDA have approved irradiation of food commodities, saying that it's absolutely safe. They said that about DDT, and they said that about irradiating tonsils and all kinds of things that we find out after a generation are absolutely false. What we currently see is that the chemistry may not be significantly changed with the microscopic view or the pigeon-hole view they're taking of analyzing food, but we know that when you irradiate food, you alter the metals in those foods, just as you alter the physics—and physics really creates these chemistries because it's ultimately the energy out of the food that we live on. What happens, then, with altering the physics and altering the metals—as far as their energetics, we alter the ability of the enzymes to function, which then affects the ability to digest that food and utilize that food for our energy. Any literature that I have looked at and anywhere that I have seen work done relative to irradiated food or microwaved food, the studies show that the animals tested do not do well at all.

ACRES U.S.A. On microwaved food?

ANDERSEN. Microwaved food or irradiated food. Really, the bottom line with food irradiation is simply that it covers up dirty food. It is an excuse for the industry to continue providing the public with bad food. Rather than cleaning up the nutrition on the farm, cleaning up the system like it should be, they can put dirty food into the market and just irradiate it. Another thing they don't want us to know is that irradiation doesn't necessarily kill all the harmful organisms—it kills most of them, but there's a few that it doesn't kill because they're resistant, they then become genetically altered as well, which

is the nature of irradiation. So we end up with, over time, some very resistant organisms.

ACRES U.S.A. This may be a peripheral point, but since we're talking about irradiation, do you have a fix on what's happening with all these cell phones being held pointed right there at the brain?

ANDERSEN. That's an interesting question, and of course the industry, because it's a business, openly denies that there's any correlation with health problems. I think you have to look at it with a little bit of common sense. The brain is a very delicate electromagnetic organ. Anytime you put an electromagnetic field near it, you're going to affect the way those cells operate. I think it still goes back to the health of the individual and the amount of time they have that cell phone essentially planted to their ear. It's like any other environmental exposure, certain groups of people are going to react adversely, and other people tolerate it much better. I don't think there's any question—at least in my mind, from the physics perspective—that there is going to be an adverse effect. That adverse effect, though, is going to correlate to the overall health of the individual and the amount of time they spend with that thing. I personally recommend something other than having that phone glued to your ear—use some type of earpiece or some mechanism like that.

ACRES U.S.A. Going back to these various syndromes that are troubling America so much, like Alzheimer's disease, Lou Gehrig's disease and so on, where do you fix the etiology of those kind of things? Is it nutrition again?

ANDERSEN. Absolutely, nutrition's the issue. As we study nature more and more, we find that the body's susceptibility to environmental impact is directly related to nutrient density in the body, because the nutrient density in your body determines the strength of your immune system, the ability to detoxify chemicals that come into the body. It determines what's really going to happen to you, your overall energy. It's sort of like whether you have a plastic bag versus a paper bag for carrying your groceries, or a double paper bag versus a thin paper bag. You still have the same load in the grocery bag, but which one is going to hold that load? In our environment today, without question, the latest research shows a correlation of organophosphate pesticides to Parkinson's disease—there's three or four articles that I know of, one out of the University of Texas, and I list those in my book as well. Parkinson's is part of the "big five"—if you look at David Perlmutter's book, Brainrecovery.com (yes, that's the title), he talks about the big five, that is, Alzheimer's, Parkinson's, MS, Lou Gehrig's and stroke. He says, essentially, that the basic chemistry and physics of these diseases are all the same. The area of the brain might be a little bit different, but the essential etiology or cause of the disease, the breakdown in the brain tissue, is still the same. And that, really, is free-radical damage to the tissue.

ACRES U.S.A. What happens with these free radicals in the body?

ANDERSEN. Well, picture a farmer welding something and those sparks flying off from the weld, those are like free radicals. If they drop on the ground into the dirt, they are usually smothered out, so there's no big deal. That's like antioxidants collecting free radicals in your body and smothering them out. However, if you get a few of those sparks down into your boot, they're going to burn your foot. That's what happens to free radicals when you don't have adequate antioxidants to smother them out. Pesticides such as organophosphates cause free-radical damage to nerve tissue, and depending upon the susceptibility of the individual, a

different part of the brain is going to be damaged. Thus, damage to one part of the brain might cause Alzheimer's, another part of the brain, Parkinson's, another part of that system would result in MS, and so on.

ACRES U.S.A. And maybe Mad Cow disease?

ANDERSEN. It could certainly be a part of that. It's interesting to look at the government research on microtoxins—the exact same symptoms from certain microtoxins appear in Mad Cow disease, as well as some of the work out of England with organophosphates causing that prion to develop that's associated with the Mad Cow disease syndrome. The bottom line still is, what is the integrity of the body, its ability to withstand these organophosphates and whatever else might be in the environment, pesticides, etc.?

ACRES U.S.A. Are you familiar with the Mark Purdey theory on bovine spongiform encephalopathy?

ANDERSEN. Which one was that, the one about the cause being organophosphates?

ACRES U.S.A. Yes, rather than the tainted meat being fed back to other animals.

ANDERSEN. Right, that's the work from England that I mentioned. Yes, I am familiar with his theory.

ACRES U.S.A. That would put Mad Cow pretty much in alignment with these other five you're talking about, wouldn't it?

ANDERSEN. Yes, it would. It does anyway. It's still damage. The bottom line is this: if we go into a room full of people, 100 people, let's say, and one or two of those people have the flu virus or a cold virus, do 100 people in that room, 100 percent, get sick? Absolutely not. You're going to have some people who are going to be susceptible to those viruses. Even though everyone's exposed, that doesn't mean everyone gets sick. It's all about the immune system and the integrity of that immune system in dealing with those things.

ACRES U.S.A. Something is certainly creating a pandemic of diabetes. For instance, the theory has been advanced that you have the four halogens: bromine, iodine, fluorine and chlorine. Fluorine bumps the others, and this inhibits the uptake of iodine to create thyroxin, which you need to metabolize sugar. How important do you think this business of putting fluoride into drinking water and thus making it a combination chemical with everything in the medicine cabinet, how important do you think that is?

ANDERSEN. I think it's very important. At the same time, it's just another straw on the camel's back. One thing we definitely see with fluoride is learning disabilities in children in some of these areas where they've had way too much fluoride put into the water system. I think what happens is that again it is another straw on the camel's back adding to the susceptibility to diabetes and so on. If we have a fairly weak system, that may be all it takes to trigger the diabetes. If we have a stronger system, it may take an additional stressor in order to trigger the diabetes. It's interesting—there are a number of ideologies associated with it, because Agent Orange was massively sprayed all over Asia during the Vietnam war. It took the U.S. government 25 years to finally acknowledge that 50 percent of Vietnam veterans exposed to Agent Orange developed diabetes. That's not just an accident. There are a number of issues that seem to be correlated to that. Scandinavia did a very good retrospective study over four decades related to DPT immunizations, showing a correlation between DPT immunization of the population and increased incidences of Type I and Type II diabetes. So there are a number of things that are associated. Thus, if you take

the Agent Orange, you take the immunizations, you add onto that fluoridation of the water, you add to that additional pesticides, you add to that the mercury issue in the environment, and you add to that the lack of minerals necessary for the body to detoxify or throw off these things, and now you have soup, or recipe, for disease.

ACRES U.S.A. You have medicines that are almost ubiquitously used, willy-nilly almost. For instance, take Xanax. Reading the physician's desk reference tells us that prolonged use of Xanax will result in failure of memory.

ANDERSEN. Right.

ACRES U.S.A. Are we not incubating some of these syndromes by the overuse of prescription drugs?

ANDERSEN. I don't think there's any question about that. In fact, in my book I do mention that the third leading cause of death in the United States is the medical system—240,000 deaths are directly attributed to the medical system every year. And that comes from the AMA itself.

ACRES U.S.A. You're not talking just about leaving a sponge inside a patient after an operation?

ANDERSEN. I'm not talking about leaving a sponge—140,000 of those deaths are caused by drugs.

ACRES U.S.A. Drugs?

ANDERSEN. Prescription medications

ACRES U.S.A. Incorrectly prescribed or incorrectly used?

ANDERSEN. They may be correctly used, but still the adverse side effects cause death. So absolutely, we are incubating some very, very significant problems in our population. It's gotten to the point where doctors and the whole medical system don't want to treat patients, all they want to do is run the cash register. The quickest thing that you can do, you spend five to seven minutes with a patient—because of the HMO system. Oh, the patient is depressed? Their favorite solution, of course, has to do with mood-altering drugs, whether they be antidepressants or anxiolytics like the Xanax that you talked about, or the benzodiazepines, or some other drug associated with mood-altering. Then other things that are very, very common: your heart drugs, your acid-blockers for indigestion, as well as aspirin—unfortunately, aspirin causes a tremendous number of bleeding strokes and bleeding gastrointestinal problems every year. Those things are not considered in what people think of as far as disease and then subsequent disease.

ACRES U.S.A. The common denominator for all of these chapters then would be that it's up to the individual to start taking command of his or her own health problems?

ANDERSEN. Absolutely—the power is in the individual themselves, the patient. As I said before, that's exactly why I wrote the book, to let people know you have options. I don't try to force people into any particular option, that's not my choice. But, as a physician, I feel it is my obligation to let you, the patient, know you have a number of options. I am supposed to inform you of all of those options and then perhaps assist you in making the best choice for you—whatever that choice might be. Unfortunately, today patients are not educated that there are alternatives, that there are other ways of solving everything from attention deficit syndrome and autism through heart disease and cancer, diabetes, obesity, allergies, orthopedic problems, all of those things. There are options. And I think people simply need to know that.

ACRES U.S.A. Aren't some of these options related to identifying the food that you're getting, the quality of it?

ANDERSEN. Without question. More and more as the foods have been altered, we find that with many, many people, the majority of their symptoms are due to the foods they eat. If we simply get them off of those reactive foods, they improve. Particularly what I find in the blood testing we do—we use a specific lab, Amino Labs, with what's called an IGG delayed food sensitivity blood test—we're finding that corn, soybean and canola are three of the very, very common reactants. Well, over 70 percent of those three commodities are genetically modified in this country, in North America. We also find a tremendous amount of dairy, eggs and wheat. If you then look at today's agricultural system, you can hardly find a true egg, or true dairy or true grain because we're using Roundup Ready wheat, so they're spraying Roundup all over this, which increases the level of Fusarium growth, which in turn increases microtoxins. In addition, the dairy industry is loading these animals with bovine growth hormone as well as other hormones in a poor diet; the chicken industry, same thing. They're loading these animals and birds with hormones and various elements, including arsenic, in order to get them to gain weight, and then they have to put a coloring, annatto, into chicken feed just to get the egg yolks to be yellow.

ACRES U.S.A. What happens to that arsenic?

ANDERSEN. What it does is cause significant amounts of inflammation in the body, causing the animal to gain weight much more rapidly.

ACRES U.S.A. How about passing it on to the consumer?

ANDERSEN. Without question, it's going to be passed on to the consumer, and it is one of the reasons we have obesity problems in this country. Those things that are put in the animals and the birds to cause them to gain weight rapidly are then consumed by humans. And what do we have? Obesity problems. Can't lose weight.

ACRES U.S.A. What else might readers expect to find in your book?

ANDERSEN. I talk about a number of things regarding conventional therapies that are really considered alternative. For example, hyperbaric oxygen therapy, I talk a little bit about that. We talk about cancer, too, of course.

ACRES U.S.A. Let's just touch on a couple of these therapies that may or may not be conventional, one of them being chelation therapy. What's your fix on that?

ANDERSEN. I was reading about chelation therapy conducted by Dr. Evers back in the late '60s and early '70s, so I was just a kid at that time—kind of unusual for kids to be reading about chelation therapy, but my father had information around on that, so I read it at that time. Chelation therapy was originally developed for lead poisoning of the lead workers, so EDTA [ethylenediamine tetra-acetic acid] was found to be one of the most effective ways of pulling lead out of the body, detoxifying the body. The problem—what the medical industry likes to keep pointing back to—is that in their experimentation, they put in huge quantities of EDTA in the range of 15 or more grams in an IV push. When you put that much EDTA in, it grabs onto all of that lead, and where is it filtered out? Through the kidneys, and so it shut them down. Thus, the medical establishment likes to tell you see how dangerous EDTA is, that it has a history of killing people. No, no, no—it has a history of killing if you overdose it extremely—and even then it's not because of the EDTA, it's the lead in these people that kills them.

ACRES U.S.A. What's the solution to this problem?

ANDERSEN. What we've done over time is this: we recognized that this is a good material, it's fairly safe, it's in a lot of your

food because it is an anticoagulant, it's a strong antioxidant. If we put in low doses of EDTA, and the period of time and dose is coordinated to the weight of the patient and the specific heavy metal load, it is an excellent detoxifier for pulling out lead, cadmium, arsenic, etc., in the body. Most of us are typically highly exposed to these toxins through pesticides, through foods, through leaded gasoline, and it's still in the pollution, leaded paint, all of those kinds of things that people are still exposed to. EDTA is an excellent material to take that out. In fact, it's probably the most effective as far as getting those kinds of things out of the body. Primarily, it's used via IV except for those patients who cannot tolerate IVs, although that really is the best way, in my opinion. There is some work showing that there are also results with oral dosage. It's just that it's not absorbed very well through the gut.

ACRES U.S.A. Do you have anything in your work on hydrogen peroxide?

ANDERSEN. I discuss that a little bit. I mention that under the issue of hyperbaric oxygen because of hyper-oxygenation of the body—particularly in a lot of instances where we have infections or diseases—hyper-oxygenation is very, very beneficial. Ideally, I like to get a person into a hyperbaric-oxygen chamber. However, if that's not available and I can't do that, then very acceptable alternatives would be hydrogen peroxide or calcium peroxide and ozone therapy. More and more people are using ozone therapy in the treatment of viruses, particularly, and difficult infections.

ACRES U.S.A. Cell biologists tell us that once you have a virus in your system, you have a virus in your system, and it'll be there until the day you die. What is your opinion on that?

ANDERSEN. Well, you know, that's probably true. I don't know that I'm enough of an authority on that subject to be able to debate that specifically.

ACRES U.S.A. But will the ozone therapy remedy it?

ANDERSEN. What I can say is that it's not what's there that's so important, it's what is active that causes the problems.

ACRES U.S.A. Whether it's under control?

ANDERSEN. Absolutely, and because the medical system would like you to believe, for example, that if you have measles or something of that nature, then once you're over it, it's no big deal and you'll not have it again. Well, the appearance of AIDS in the '80s proved the medical system absolutely wrong in that theory—in that when the immune system gets depleted, a lot of these viruses wake back up, so to speak—they become reactivated and cause open disease. So, yes, perhaps once you have a virus in the system it's always there, but that's really not important—it's what the virus is doing that's important. If it's just lying there dormant doing nothing because your immune system is keeping it in check, it's never a problem.

ACRES U.S.A. You're familiar with treatment that a few people are using where they take the blood out, much like in dialysis, treat it with ozone, and then put it back in. Do you have any opinion or any information on that in your book?

ANDERSEN. Absolutely, it's an excellent therapy, and I've used that therapy myself on patients, on AIDS patients, on people with Cytomegalo virus, etc., with excellent results.

ACRES U.S.A. It performs well with the AIDS patients?

ANDERSEN. It performs well with the AIDS patients, but we do it in combination with ultraviolet treatment of the blood. We pull the blood out, run it through an ultraviolet light into a flask, add the ozone, and run it back through the light and into the patient. It takes about 20 minutes to run a unit, and

what it does is to deactivate the virus. You're not going to kill a virus because it's not living anyway, technically speaking, but you can deactivate the virus and that allows the immune system to react to it differently and to get it under control and suppress it. It's an excellent therapy, and when we track viral counts, whether it be in hepatitis patients, AIDS patients, Cytomegalo virus, whatever the virus, we track actual viral counts, and they go down. In fact, we can get them to go to zero. It's a comprehensive therapy—it's not just one thing. There are really no cure-alls or magic bullets, death being the big exception, but in combination with good nutrition and appropriate augmentative therapies, ozone or hydrogen peroxide therapy can be very, very helpful.

ACRES U.S.A. It sounds to us like you've got a veritable encyclopedia here, and it's the kind of encyclopedia that's very much in need because it doesn't mince words or beat around the bush or preserve a cash cow for anybody.

ANDERSEN. That's right. I don't beat around the bush. I don't think that's fair to patients to beat around the bush and be politically correct. I let them decide. I don't have everything in the book, of course. You can't put everything in a 275-page book. But I have covered the major issues that people encounter today, and I hope I've shown them that they have options. They have other things that can help them if they choose to use them. Some people choose not to, and that's fine. That's what America should be about—choice. But we need to have freedom of choice as well for those people who choose an alternative route to their medical therapy.

ACRES U.S.A. There certainly are deficits in the so-called accepted or conventional system for treating illnesses.

ANDERSEN. Yes, there are some deficits. Like I said though, our emergency medical system and technology is without question the best in the world. If you are in a car wreck, if you have a near-drowning, if you have a problem that requires emergency medical therapy, the United States is the best place in the world to be for that to occur.

ACRES U.S.A. But they seem to be equally helpless when they're dealing with degenerative metabolic problems.

ANDERSEN. That's correct. As I said, as soon as you leave the emergency department, all bets are off. We have a terrible track record.

Arden Andersen's new book, [Real Medicine, Real Health](#), is now available from the Acres U.S.A. bookstore for \$20 plus \$3 shipping in the U.S.

Arden Andersen will be appearing at this year's Acres U.S.A. Conference in Minneapolis, Minnesota, as well as conducting a pre-conference seminar with Dr. Elaine Ingham on "Improving Soil & Foliar Foodwebs: A Practical Approach."

© 2004 Acres U.S.A.

1-800-355-5313 • (512) 892-4400 • fax (512) 892-4448