

Re: Another lesson from "Eskimos."

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- *From:* "MikeV" <[mavidler@xxxxxxxxxxxxxx](mailto:mavidler@xxxxxxxxxxxxxx)>
  - *Date:* Sun, 29 Mar 2009 12:36:25 -0400
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An interminable walking hypothesis condemned for all eternity to troll for scientific absolution. How sad is that?

" ... It ain't ignorance that causes all the trouble in this world. It's the things people know that ain't so."  
Edwin Armstrong

Mike V  
Celebrating 11 years and counting on fish oil, and vitamin D3.

<[monty1945@xxxxxxxxxx](mailto:monty1945@xxxxxxxxxx)> wrote in message  
[news:bb67a7db-e962-47b9-9133-664d4a9fc184@xx](mailto:news:bb67a7db-e962-47b9-9133-664d4a9fc184@xx)

On page 192 of the book "Diet and Health" (by the Nation Research Council): "Greenland Eskimos have been cited as an example of a population with a high intake of fats and oils from marine sources and very low rates of CHD (Bang and Dyerberg, 1980), but the epidemiologic data are insufficient to confirm this assertion. In fact, the risk of CHD is unknown in this small population, whose members live under harsh conditions and usually die before middle age."

You can see this page via google books. Some have criticized my citation of this, arguing that they died because of the "harsh" lifestyle, but these are the same people who then talk about the Masai and other "primitive" peoples without mentioning the harsh lifestyle. However, as other investigators have pointed out, when you are on an omega 3 rich diet, you run the risk of bleeding to death from minor blunt-force trauma and "bleeding strokes," and so their deaths at early ages are (or were) consistent with what is known at the molecular-level, and probably not related to an especially "harsh" lifestyle. You can do some searches and find the evidence, such as:

Scand J Clin Lab Invest Suppl. 1982;161:7-13.

"A hypothesis on the development of acute myocardial infarction in Greenlanders."

Dyerberg J, Bang HO.

Abstract/summary: Non-emigrated Greenlanders have a low incidence of acute myocardial infarction (AMI), when compared with age- and sex adjusted death rates for ischemic heart disease in western countries. We find that Greenlanders have plasma lipid levels corresponding to favourable risk factor levels for AMI. This can be attributed to their diet, rich in n-3 polyunsaturated fat. This diet further supplies eicosapentaenoic acid which influence platelet vessel wall function in an antithrombotic direction. A high level of plasma-antithrombin-III, raising the anticoagulant activity of the blood, in combination with a genetically high activation threshold for the complement system may further contribute to the resistancy against thrombo-embolic disorders. Bleeding tendency, and susceptibility to infection disorders may be the possible draw-backs. Our data are framed into a hypothesis combining the indications of genetic predispositions and the evidence of exogenous protective factors, inflicting a coherent enhancement of nonsusceptibility to vascular ischemic catastrophies.

The point I've been making for years now is that when you look at the evidence comprehensively (as I was trained to do in grad school), there is only one reasonable explanation, and that is that Mead acid should be in your cells, rather than omega 3s and/or omega 6. I have experimented with this notion directly on myself since 2001, and have seen no problems, only benefits, for my "essential fatty acid deficient diet." That is how science is supposed to work, that is, you test a hypothesis directly and determine if it is accurate. If it is not, then it must be abandoned. Much of the biology-related sciences today, however, seem to operate more like cults, or religions, with authoritative leaders trying to make their followers obey the dogma and never question it.