

Chapter 7

Marine Oil Meltdown and Fish Oil Fallacies: Debunking the Fish Oil Myth

"I carefully and thoroughly read this chapter. I hope everyone does because this is a carefully laid out, proper, evidence-based discussion that requires full attention to understand. Congratulations to you. I know writing of this kind is difficult and time consuming, but you've done it."

– Michael Broffman, LAc,
Chinese medicine expert
Pine Street Clinic, San Anselmo, California

"Dr. Rowen and Prof. Peskin are to be congratulated for bucking mainstream medicine to educate us with the truth regarding fish oils. Their solitary voices were recently supported by a 2013 New England Journal of Medicine article. In this large, rigorous trial with a median of five years follow-up, there was absolutely no effect of fish oil in the high-risk groups. If you value your health, please begin taking plant-based omega oils, PEOs!"

– Edward C. Kondrot, MD, MD(H),
CCH, DHT, FCOS
President of the Arizona Homeopathic and
Integrative Medical Association

WARNING: Fish Oil is neither an EFA Nor Bio-Identical to EFAs in Structure/Function

From Prof. Peskin

Journals prefer positive findings. Recall Dr. Ioannidis' statements from chapter 2. Medical publications prefer to give fish oil a "pass" on safety, *if they can*. **Fish oil researchers always use oils containing adulterated Parent omega-6 in their studies and in animal food, too—ruining the study's validity and poisoning the defenseless animal.** Tragically, most researchers aren't aware of this, nor are the physicians and health professionals who rely on the often highly misleading results.

In 2012, fish oil became America's #1 supplement category. The industry promoting these oils, and many of the physicians and their patients consuming them, will detest this chapter. Yet, both Dr. Rowen and I are obliged to provide the scientific and medical truth regardless of criticism, so you are in a position to know *all the facts* and make your own choice based on them.

Advisory: As I state in my lectures, **before you knew this information you weren't responsible. Once you have seen this information you are responsible.** Knowledge of these critically important articles, published in leading world medical journals, is not yet widespread among physicians. Please read the entire chapter straight through. Then review individual sections of particular interest. Only after understanding this information, and the previous chapter about PEOs,

will you be in position to properly prescribe patients utilizing the world's most up-to-date 21st century medical science.

Essential to Understanding My Position

Chapter 6 proved a positive – “the Power of the Parents.” Now I will prove the corollary (as in a mathematical proof) – FAILURE of EPA and DHA from fish oil and marine oil. Physicians not familiar with my work may think I am a maverick and even a “radical” in the medical field. I am neither of these. Though passionate about the science, I am extremely conservative in my recommendations. I follow the science – physiology first, then biochemistry – wherever they may lead. When lecturing, physicians often introduce me as “controversial.” That may have been correct a decade ago. But, as you will discover, *since 2007* the effectiveness and worth of fish oil supplements have been consistently discredited by the major medical journals. Physician recommendations often lag behind the most current research.

I have been advocating discontinuing fish oil supplementation in favor of a biologically appropriate ratio of Parent omega-6 to Parent omega-3 for years. After years in the wilderness making my argument in print and at medical conferences around the world, having withstood repeated attacks by those blindly defending the status quo, I am happy to report the **2013** changing of the status quo as it relates to fish oil and heart health.

May 2013 is a milestone because this was the time when the medical establishment embraced one of my landmark discoveries – the rejection of fish oil as a heart health measure. First reported in the *New England Journal of Medicine (NJM)*, an extensive, well-done study in Italy showed that fish oil was

completely ineffective in preventing heart disease for a very large group of high-risk patients. Soon thereafter, Dr. Eric Topol—renowned cardiologist at Scripps Health (La Jolla, California) and editor-in-chief of Medscape, and Medscape’s premier publication for cardiologists, theheart.org—**recommended discontinuing all fish oil supplementation for the prevention of heart disease**. It doesn’t get any more mainstream than Dr. Topol, so I gladly accept the designation of advocate for a rational, now mainstream approach for combating heart disease. It is comforting that after being cutting-edge for over a decade, my findings and conclusions are being utilized in mainstream medicine. **Inconvenient Truth #1** (later in this chapter) details the *NJM* article and Dr. Topol’s warning.

2013 Warning: Don’t use outdated recommendations...

If you recommend fish oil supplements it is YOU who are the “controversial” physician—not following the crystal clear 21st century medical science.

Science should not conceal “inconvenient” facts or truths as though they did not exist. Rather, *all progress comes from making all observations known* and using the scientific method to account for them.

As you discovered in chapters 2 and 3, studies tend to be used to support established medical science, not to contradict it. I am not opposed to all EPA/DHA/marine oil supplementation—*IF they are used in proper physiologic amounts—but few*

(if any) researchers or physicians use the proper physiologic amounts of EPA/DHA. However, **I am categorically opposed to supra-physiologic use (overdoses) of fish oil.** That's why my warning is so strong.

Let's examine water consumption recommendations. Water is essential. However, overdosing on water causes great harm and even death—as tragically occurred when a few years ago athletes were “force-fed” water. Like other ill-conceived recommendations, the recommendation to drink 8 ounces of water 8 times each day has been reversed. You likely haven't seen this reversal. There is a simple reason the “experts” made the mistake—**the significant water content in food was ignored.** As an example, lettuce is composed of more than 90% water. But the shocker is that even a food like steak is composed of more than 50% water! “Force-feeding” water *when not thirsty* is one of the worst things you can advise if the goal is to become lean-for-life, energized, and healthy. You will unknowingly dilute blood chemistry and lower insulin levels, inducing (artificial) hunger, too! **The thirst mechanism is one of the most powerful and sensitive of all the body's regulatory processes and a mere 1% decrease in body water content activates thirst.** As Dr. Heinz Valtin of Dartmouth Medical School in New Hampshire makes clear, “...**There is no scientific evidence** to back up this advice [at least 64 ounces of water a day], which has helped *create a huge market for bottled water* (2002).”¹ The fish oil industry chose the same misguided course.

1 CNN Medical Report, May 24, **2002** Posted: 1:07 PM EDT (1707 GMT).

As with water overdosing, you will soon discover the scientific evidence that *supra-physiologic amounts*—**the commonly recommended amounts**—of marine oils are indeed quite harmful to many (if not most) patients, and their effectiveness is unsubstantiated. In the desperation of both physicians and patients to counter America’s ever-increasing health issues, regardless of the lack of science to justify the supposed positive effects of such doses, a huge industry was created.

Physicians are not aware of these important, often *underpublicized journal articles*. After reading them, and the rest of this book, you will be in a much better position to understand their significance and do what is best for your patients. An advocate of skeptical inquiry and the scientific method, the eminent astrophysicist/cosmologist, Dr. Carl Sagan, warns about eager blind acceptance without personal understanding. Both Dr. Rowen and I care *only* about the truth—regardless of consensus.

“One of the saddest lessons of history is this: If we’ve been **bamboozled long enough, we tend to reject any evidence of the bamboozle. We’re no longer interested in finding out the truth.** The bamboozle has captured us. It is simply too painful to acknowledge—even to ourselves—**that we’ve been so credulous.** (So the old bamboozles tend to persist as the new bamboozles rise.)”

— Dr. Carl Sagan, *Cosmos*

Tragically, it is nearly impossible to overturn wrong emotional opinion with fact...

The following statement by Jonathan Swift is unfortunately all too true: “You cannot by reasoning correct a man of ill opinion, which by reasoning he never acquired.” Neither by reasoning, nor by actual demonstration of the facts, can you convince some people that an opinion *which they have accepted on authority* is wrong. This psychology explains how fish oil madness continues in spite of the overwhelming evidence against it.

Some years ago, one of my earliest professional supporters, Abram Ber, M.D., a renowned homeopathic and preventive medicine physician, contacted me. He told me that for 25 years he had recommended various EFA supplements, including fish oil, obtaining only mediocre clinical results (2006).² He went on to say that when he implemented the Peskin (PEO) protocol, he experienced clinical success in over 100 patients. This chapter is about the common misconception that fish oil supplements are

2 “Having implemented EFA supplementation **for over 25 years, clinical results were mediocre until I began using your protocol.** Dr. Rudin’s work with flax oil was important but lacked clinical effectiveness; likewise with Horrobin regarding GLA [**Gamma-linolenic acid**, a plant-based omega-6 fatty acid] from borage, black currant, and evening primrose oils. **Unlike the studies suggested, fish oil, too, was disappointing. With the Peskin (PEO) Protocol I experienced clinical success.** I have seen positive results (dermatological, cardiovascular, pediatric, and neurological) in over 100 of my patients.” Abram Ber, MD.

“the answer” to health issues, and that the more fish you have in your diet, the healthier you are. WRONG!

I admire Dr. Rowen for his commitment to the truth. He sets an example for physicians by utilizing the best 21st century medical science—often updating patient recommendations and treatment protocols. In the past he did *intermittently* recommend fish oil. However, as editor-in-chief of *Second Opinion* with a base of over 50,000 paid subscribers, he has since changed those recommendations (based on the information summarized in this chapter) to his readership and his patients. Dr. Rowen will confirm that both his patients and newsletter subscribers are the better for it. All patients deserve to take the “PEO Challenge” to see how much their health improves and appetite decreases.

I want to make it clear that I started with no bias for or against fish oil. I let the science lead me to the inevitable conclusion. It was only after many years of studying the physiologic causes of cancer and heart disease, utilizing the seminal work of Nobel Prize winner Otto Warburg, MD, PhD, that I gained sufficient insight on why fish oil could not possibly work as claimed. No known metabolic pathways exist in the body requiring the enormous amounts of EPA/DHA found in cold water fish oil. We are told that all humans recently have developed a “natural shortage” and deficiency of EPA/DHA. You will soon discover this is silly, illogical, and scientifically very wrong. In truth, **patients are getting pharmacologically overdosed.** Independent **21st century** experiments prove it.

When Consensus Overrides Science

In the early chapters you saw how most of your colleagues and their patients are misled by the use of pseudo-scientific statistics.

Truth does not require consensus. You saw how failures are hailed as successes. Orthopedic surgeon Lee D. Hieb, MD, past president of the Association of American Physicians and Surgeons, has written a superb article titled, “Why Your Doctor Is Out of Date (2011)”³ that has a lot to say about the *disreputable turn that science has taken recently using consensus instead of the scientific method.* The scientific method requires objective, reproducible results. **With today’s method—where consensus overrules science—** it has become a “given” that fish oil is beneficial to everybody, and the more the better. Consensus requires nothing more than agreement among people. That is superstition, not science. The better we understand this, the better we can protect our health. Dr. Hieb makes these points:

- “Few things in life are as powerful as peer pressure. **Physicians**, like football players, stockbrokers, and many others, tend to slap each other on the back (at least figuratively) and **aspire to be part of the “in crowd,”** *reinforcing current beliefs* at professional meetings and in publications *while ignoring the unpopular guys—* **whose ideas may ultimately prove correct.**
- “Adding insult to injury is the creeping odium [state of disgrace because of loathsome conduct] of consensus in science—the notion that truth is discovered by majority vote among investigators, *not by careful application of testing and scientific method.*”

3 Hieb, MD, Lee, Journal of Physicians and Surgeons, Fall 2011, Vol. 16, No. 3, pages 69–70.

- “As Michael Crichton, MD, stated, ‘Let’s be clear: the work of *science* **has nothing to do whatever with consensus**. Consensus is the business of politics [and finance]. **Science**, on the contrary, **requires only one investigator who happens to be right**, which means that he or she has **results that are verifiable by reference to the real world.**’
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- “The greatest scientists in history [e.g., Einstein, Feynman, Semmelweis] are great precisely because they **broke with the consensus**. In science **consensus is irrelevant**. What is relevant are reproducible results.
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- “There is no such thing as consensus science. **If it’s consensus, it isn’t science....**
- “Best practice is [considered to be] essentially consensus applied to medicine [and the health field in general]. University clinicians decide on the best way to treat something; then this is codified and disseminated to all practitioners. **What was first sold as a ‘suggestion’ has now become writ [‘medical law’].**
- “[So-called] **Evidence-based medicine (EBM) only makes this problem worse**. It sounds good. Evidence. What’s not to like? But EBM is an upside-down approach to medical progress: In the past, clinicians faced with novel problems were able to offer treatments they thought might be effective—based not only on the literature, but on their *understanding of basic science*, their **clinical experience**, and their **judgment**—as long

as the *treatment would 'first do no harm.'* With EBM, on the other hand, we are prohibited from offering treatment unless we can show, preferably with 'high powered,' long-term **studies**, that the treatment is effective.... This has led to incredible '**statistical gymnastics' being applied to collections of studies generating meta-analysis papers** [analysis of collections of studies] that **resemble numerology more than clinical medicine.**"

PEO Solution analysis: Stat-Smart® gives you this tool to make evidence-based medicine work. For hundreds of years everyone thought the earth was flat, yet everyone was WRONG. "Agreement" (consensus) never makes it automatically correct. *True cause/effect experiments – not mere "associations" – are mandatory.* With respect to analyzing the efficacy of fish oil we have *physiology and biochemistry that aren't being utilized.* Regardless of who makes the fish oil suggestion, please think clearly **BEFORE** making or taking the medical recommendation.

You may have read that there are some 15,000+ "studies" on fish oil. Every day there are reports of a new effect. Compounding the problem is that many times the researchers themselves don't even understand what they are truly measuring. **They naïvely credit fish oil for many unsubstantiated benefits.** That immense number alone raises the question: why so many studies? If something works, very few confirmations are required. Delving deeper, we find what you haven't been told: that many of those studies show failure.

The brilliant Nobel Prize-winner in physics and one of my idols, Richard Feynman, insightfully stated:

"It does not make any difference how smart you are, who made the guess, or what his name is—if it disagrees with *real-life* results, it is wrong. That is all there is to it."

He also stated:

"Details that could throw doubt on your interpretation must be given, if you know them. If you make a theory, for example, and advertise it, or put it out, then *you must also put down all the facts that disagree with it.*"

And:

"The first principle is that you must not fool yourself – and *you are the easiest person to fool...* Knowing that scientists are highly motivated by status and rewards, that *they are no more objective than professionals in other fields....*"⁴

Cold-water fish (the type we are told is best) live in temperatures as low as 32° degrees F, but warm-water fish may live in 70° degree F waters and have **14X LESS EPA/DHA content than their cold-water relatives!** Humans live with body

4 Shermer, Michael, **"When Scientists Sin,"** *Scientific American*, July 2010, 34. Ref.: Feynman, Richard P., *"Surely You're Joking, Mr. Feynman!"*: *Adventures of a Curious Character*, W. W. Norton & Company; Reprint edition (April 17, 1997).

temperatures close to 100°F (98.6°F). At that temperature, fish oil spontaneously becomes rancid (spoiled). This fact alone should cause tremendous concern.

If you were thrown into ice-cold, frigid waters, you'd suffer hypothermia, freeze, and likely die. Fish don't freeze because they have higher levels of the essential fatty acid derivatives EPA and DHA than humans.

EPA/DHA acts as “biological antifreeze” to fish living in frigid waters. Humans don't require such copious amounts because we have an internal temperature of 98.6°F.

I will take you through a small sampling of the medical journal articles detailing fish oil's failures, which I will introduce with what I like to call “**Inconvenient Truths.**” Your body alerts you that something is “fishy” about fish oil: most people develop indigestion or suffer an unpleasant aftertaste with its use. Nature tries to warn us but we don't listen.

Fish Oil is Physiologically WRONG, period.

I want to make it perfectly clear that the **failure of fish oil has nothing to do with impurities.** It has **nothing to do with natural triglyceride form vs. processed methyl ester form.** Fish oil is physiologically wrong for a human being, period.

WRONG Conclusions from the Eskimos

You may be thinking that the Eskimos are getting lots and lots of EPA/DHA from fish. This is naïve and false because, once again, researchers made grave mistakes concerning the Eskimo diet. As a result, generations of physicians, health professionals, and their patients were misled.

First, you need to know where the “We (suddenly) need lots of fish and lots of fish/marine oil” nonsense came from. Eskimos have less cardiovascular disease (CVD) than many other populations (although they suffer other ailments and often suffer major skin problems) so it was *assumed that* this was from fish consumption. **These investigators made a huge mistake – they didn’t look at their entire diet.**

The high levels of fats in the Eskimo diet come primarily from **seal meat**. Yes, seal (from a mammal) does have EPA and DHA. However, in seal, the **EPA/DHA is primarily on the first and third positions** of the triglyceride chain, whereas in **fish oils they are mainly on the second position** – an **ENORMOUS DIFFERENCE** in functionality. As the genius EFA physiologist/researcher David Horrobin, MD, PhD, made clear in 1992:⁵

- “It has been *simplistically assumed* that the differences in blood fatty acids composition between Westerners and Eskimos on their traditional diet **are all attributable to the high EPA and DHA intake in the Eskimos**. It has *been further assumed* that **all that is required for Westerners to imitate Eskimos is that they should swallow large amounts of fish oil**. These *assumptions are invalid* as

5 Horrobin, D.F., “Nutritional and Medical Importance of Gamma-linoleic Acid,” *Prog. Lipid Res.*, Vol. 31, No. 2, pages 163-194, 1992.

can easily be shown by inspection of the first paper on the subject which compared Eskimos from Greenland on a traditional diet, Eskimos from Denmark on a Western diet, and Danes on a Western diet. It is generally *assumed* that the high levels of EPA and DHA in Eskimo blood *and the low levels of arachidonic acid are attributable to the dietary EPA and DHA* in Eskimos.”

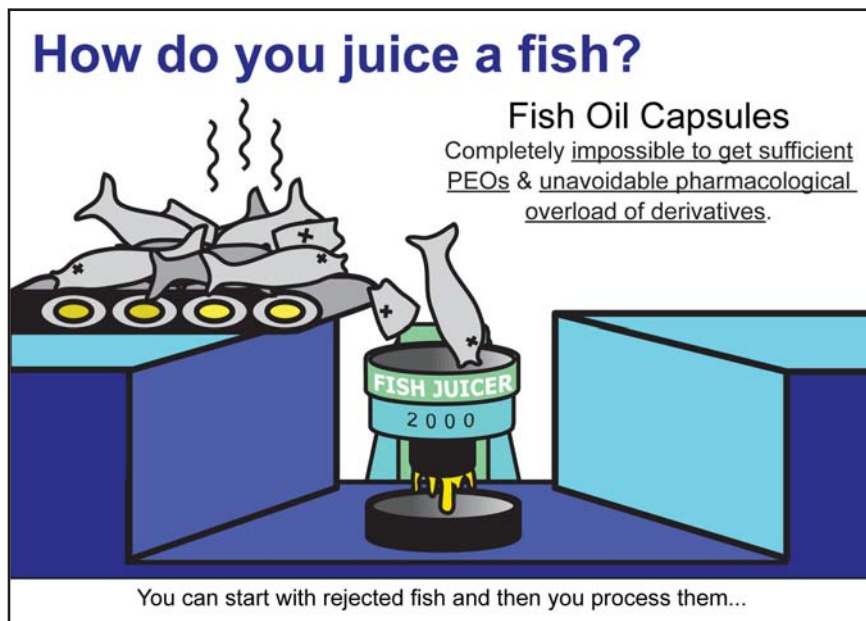
PEO Solution analysis: Researchers often use analyses from completely different cultures to make nutritional suggestions. Any inherent oversight by them will mislead thousands, if not millions of physicians and their patients worldwide. Furthermore, they often don't present the “full story” of adverse effects. The mistakes/oversights/prejudices of researchers continue to cause great harm to patients.

Far from fish being the primary food, Eskimos rely on mammal protein – seal, whale, caribou, bear, muskox – as well as birds and their eggs.

Incredibly, the initial investigation chose to focus merely on the insignificant fish component in the Eskimo diet. This mistake is causing millions of Americans and others around the world to be overdosed with these potentially toxic substances.

ADVISORY: This was a wrong conclusions about the necessity of fish oil. The truth is that IF fish oil works, the patient is likely PEO deficient to begin with, which is the direct cause of the lack of derivatives. PEO supplementation should ALWAYS take precedence over fish oil/ marine oils.

Warning: Fish Oil is typically a highly processed food.



10 Inconvenient Truths About Fish Oil

You will soon discover the situation is *far worse than the processing of, or impurities in, fish oil. Fish oil is physiologically wrong for a human* and potentially extremely harmful in quantities routinely taken by patients.

The **PEO Solution** is about **SUCCESS**. Therefore, we have kept the details of these numerous **FISH and FISH OIL FAILURES** to a minimum. Full, extensive details of each **Inconvenient Truth (later in this chapter), where appropriate**, are in the **Scientific Support** section at PEO-Solution.com.

Here, we present 10 **Inconvenient Truths**. Are there more? Yes, many more. How many do you need before it is “case closed” against fish oil? We will give you 17 additional **Inconvenient Truths** at PEO-Solution.com.

Dr. Topol focused on the failure of fish oil to prevent CVD. We start there, and cite additional problems with fish/ marine oil you likely have not seen mentioned anywhere else.

My colleague and co-author Dr. Rowen is the first physician with a very large national following of both physicians and patients to come on board with a series of articles (published in *Second Opinion*), acknowledge the correctness of my work and publicly announce to his readership that fish oil needs to STOP being prescribed. The eminent cardiologist, Dr. Eric Topol, is now “on board,” sharing Dr. Rowen’s conclusion.

We look forward to your becoming part of the Solution by joining the International PEO Society – the physician’s clinical resource for PEO-based Solutions.

Inconvenient Truth #1: Fish oil **FAILS** to prevent either primary or secondary CVD (2013). Published in *The New England Journal of Medicine*, this double-blind, placebo-controlled clinical trial included 860 general practitioners with over 12,000 patients and a median of five years follow-up.⁶

6 The Risk and Prevention Study Collaborative Group, “N-3 Fatty Acids in Patients with Multiple Cardiovascular Risk Factors,” *N Engl J Med* 2013; 368:1800-1808.

The eminent **Scripps Institute** cardiologist **Eric Topol, M.D. — editor-in-chief** of Medscape, **editor-in-chief** of theheart.org (Medscape’s on-line newsletter for cardiologists) and **voted as the number one most influential physician executive in the United States** in 2012 — has this to say regarding that *NJM* finding:⁷

“I have an awful lot of patients that come to me on fish oil, and **I implore them to stop** taking it. **Fish oil does nothing.** We **can’t continue to argue** that we **didn’t give the right dose or the right preparation.** It is a *nada* effect. It’s been a *fishy story* for a long time.... Fish oil is a ‘no-go.’ *If it doesn’t work in this group* [high risk patients], it’s hard to imagine in lesser-risk groups that it’s going to have any salutary impact.”

2013—It’s now official: Dr. Topol says, “Fish oil is a definite ‘no go.’”

Physicians around the world are applauding and thanking Dr. Topol.

For physicians wishing a peer review article on this subject and wishing to see IOWA in a peer-reviewed journal, both are now available. **“Why Fish Oil Fails to Prevent or Improve CVD: A 21st Century Analysis,”** in the **special Fatty Acid** issue of July’s *Food and Nutrition Sciences*, completely explains fish oil’s

7 From both Dr. Topol’s blog (www.theheart.org/columns/topolog/fish-oils-to-prevent-chd----it’s-now-official-a-definite-no-go.do) and theheart.org (www.theheart.org/article/1536889.do), accessed May 10, 2013.

failure. I was invited to submit a journal article for this special edition. I assure all physicians it is a “must read” and a link to this article is available in the Scientific Support Section.

Inconvenient Truth #2: Fish oil increases *endothelial* [lining of the blood vessels] platelet adhesion in heart patients:⁸ This is not, however, a protective effect. Just the opposite. “In patients with atherosclerosis, however, **prostacyclin** (PGI_2) biosynthesis [produced in endothelial tissue] ... *fell by a mean of 42 percent during the fish-oil period....* Synthesis of the platelet agonist thromboxane A_2 (TXA_2) [produced in the platelets] declined by 58 percent. *Template bleeding times were significantly prolonged in all the patients....*”

Atherosclerotic patients absolutely require increased PGI_2 output, not less output. Decreased TXA_2 without adequate PGI_2 output is insufficient. The overall effect from the fish oil was increased bleeding times, *not* endothelial protection.

Inconvenient Truth #3: DHA and fish oil are shown as **completely worthless in treatment** for Alzheimer’s (2010).⁹ The *Journal of the American Medical Association* (JAMA), dispels the naïve notion that DHA and therefore fish/marine oil is beneficial

8 Knapp, H, et al., “In vivo indexes of platelet and vascular function during fish-oil administration in patients with atherosclerosis,” *The New England Journal of Medicine*, Vol. 314, April 10, 1986, No. 15, pages 937–942: In patients with atherosclerosis, prostacyclin biosynthesis fell by a mean [average] of 42% during the fish-oil period.

9 Quinn, J, et al., “Docosahexaenoic Acid Supplementation and Cognitive Decline in Alzheimer Disease: A Randomized Trial,” *Journal of the American Medical Association*, November 3, 2010, Vol. 304, No. 17, pages 1903–1911.

in cognitive disorders. If it won't work even in low-DHA patients in this trial, it can't help anyone.

Inconvenient Truth #4: Fish oil **increases the risk** of colon cancer (2010).¹⁰ *Cancer Research* **revealed** startling information: "The findings support a *growing body of literature implicating harmful effects of high doses of fish oil consumption in relation to certain diseases.*"

Inconvenient Truth #5: Glycemic (blood sugar) control **worsens** during fish oil administration.^{11,12} Researchers had 90% patient compliance so you can take their results to the bank. Also, fatty fish—the fish we are told is best—decreases the insulin response in diabetics, another bad outcome (2011).¹³

10 Fenton, J., et al., "Link Between Fish Oil And Increased Risk Of Colon Cancer In Mice," *Medical News Today (Colorectal Cancer)*, Article URL: www.medicalnewstoday.com/articles/203683.php#post, October 7, 2010; and Woodworth, Hillary, L., et al., "Dietary Fish Oil Alters T Lymphocyte Cell Populations and Exacerbates Disease in a Mouse Model of Inflammatory Colitis," *Cancer Research*; 70(20); 7960-9; 0008-5472.CAN-10-1396; Published online first on August 26, 2010; doi:10.1158/0008-5472.CAN-10-1396.

11 Glauber, H., et al., "Adverse metabolic effect of omega-3 fatty acids in non-insulin-dependent diabetes mellitus," *Annals of Internal Medicine* (1988): 108:663-668.

12 Stacpoole, P, Alig, A., Ammon, L, and Crockett, E., "Dose-Response Effects of Dietary Marine Oil on Carbohydrate and Lipid Metabolism in Normal Subjects and Patients With Hypertriglyceridemia," *Metabolism*, Vol. 38, No 10 (October), 1989, pages 946-956.

13 Karlström, BE, et al., "Fatty fish in the diet of patients with type 2 diabetes: comparison of the metabolic effects of foods rich in n-3 and

Inconvenient Truth #6: Fish oil ruins mitochondria functionality (2006).¹⁴ Fish oil is the ultimate pro-aging agent. Mitochondrial functionality is a *prime anti-aging factor*, and fish oil negatively impacts mitochondrial functionality—the opposite of what you have been told.

Inconvenient Truth #7: Fish oil accelerates aging (2011). Fish oil increases oxidative stress and *decreases lifespan*.¹⁵ “Conclusion: These findings suggest that intake of fish oil increases oxidative stress, decreases cellular function, and causes organ dysfunction.”

Inconvenient Truth #8: Fish oil does *not slow atherosclerosis in patients with existing arterial disease* (2002).¹⁶ After two years, **the progression of atherosclerosis did not lessen**. Harvard Medical School showed similar results published in the *Journal of the American College of Cardiology* in 1995.¹⁷

n-6 fatty acids,” *Am J Clin Nutr* **2011**;94:26–33.

14 Fantin, VR, et al., “Attenuation of LDH-A expression uncovers a link between glycolysis, mitochondrial physiology, and tumor maintenance,” *Cancer Cell* **2006**;9:425–434.

15 Tsuduki, K., et al., Long-term intake of fish oil increases oxidative stress and decreases lifespan in senescence-accelerated mice,” *Nutrition* **27**, (2011), pages 334–337.

16 Angerer, P., et al., “Effect of dietary supplementation with omega-3 fatty acids on progression of atherosclerosis [plaque buildup in interior of arteries] in carotid [heart to brain] arteries,” *Cardiovascular Research*; **54**:183–190, **2002**.

17 Sacks, Frank M., et al., “Controlled Trial of Fish Oil for Regression of Human Coronary Atherosclerosis,” *Journal of the American College of Cardiology* Vol. 25, No. 7, June 1995: 1492–8.

Inconvenient Truth #9: Fish oil continues to **fail** in preventing cancer (2012).¹⁸ Men taking fish oil showed no improvement. However, “...*women were more than five times as likely to die of cancer if they had taken the omega-3 pills....*” (Women had a **three-fold increased risk of contracting cancer**, too.) (Note: Men were likely not adhering to taking the supplement as requested, thus they at least did not worsen.)

Inconvenient Truth #10: Fish oil adversely affects chemotherapy (2011).¹⁹ Researchers at the University Medical Centre Utrecht in the Netherlands issued a **major new warning** in *Cancer Cell* to **stop taking fish oil because it can make chemotherapy drugs ineffective**. By contrast, *PEOs increase chemotherapy effectiveness*.

Many more Inconvenient Truths are provided as part of the Scientific Support for chapter 7.

18 www.reuters.com/article/2012/02/14/us-vitamin-b-fish-oil-idUSTRE81D1TT20120214. Ref.: Andreeva, Valentina A, “B Vitamin and/or ω -3 Fatty Acid Supplementation and Cancer: Ancillary Findings From the Supplementation With Folate, Vitamins B₆ and/or Omega-3 Fatty Acids (SU.FOL.OM3) Randomized Trial,” *JAMA Internal Medicine* (formerly *Archives of Internal Medicine*), 2012;172(7):540–547.

19 www.medicalnewstoday.com/articles/234263.php, Roodhart, Jeanine M.L., et al., “Mesenchymal Stem Cells Induce Resistance to Chemotherapy through the Release of Platinum-Induced Fatty Acids,” *Cancer Cell*, **2011**; 20 (3): 370 DOI: 10.1016/j.ccr.2011.08.010.

Three Case Studies: Fish Oil Damage

CASE STUDY: Decrease in white blood cells

Breast cancer survivor Marilyn C. speaks of her decreased white blood cell count with fish oil. **“I was taking a lot of fish oil in Nov 2007 [recommended to her for inflammation by her heathcare provider]. As you can see [from the fax], my WBC [white blood cells] didn’t improve much regardless of how many other supplements I would take to boost my immune system. It wasn’t until 2010 that I really stopped ‘playing’ with fish oil. Once I stopped and added PEOs, it took about three months for my WBC to double. I have the blood tests to prove it, but no one seems to want to know this fact. When my oncologist tested me again in June of 2011, my counts were at 4.5, which is just about normal for me. Anyway, I KNOW that stopping the fish oil and adding PEOs is what changed the situation because I had eliminated every other supplement I was taking for a year or so and it [PEOs] is *the only thing that changed the numbers.*”** Marilyn C. (USA)

CASE STUDY: Premature aging

On Mar 30, 2012 (via e-mail):

“I emailed you roughly four months ago regarding my horrible experience with a pharmaceutical grade fish oil I was taking. Like I said, my pulse was raised, and I could literally see my skin change into something abnormal. I literally thought I was prematurely aging/dying.

“You said it would take four months for the fish oil (700 mg of EPA/300 mg DHA twice a day) to leave my skin and for the negative effects to subside. Well, you were right!!! I look in

the mirror and at my body, and I am basically back to normal. I do feel that there may be some residual left over, but I am 90% better. Also, my pulse is back down where it was before I started taking fish oil. **I want to say thank you again for your research, writing me back, and the guidelines of proper supplements.** Keep up the great work, as your voice of reason will serve to help others who have been misled! I hope all is well and again THANK YOU!!!”

D. Amber

Diabetes is the #1 epidemic in America and now the world. Fish oil exacerbates the diabetic condition.

CASE STUDY: High fasting blood sugars

“I had been taking high-dose fish oil for many years in an attempt to prevent cardiovascular disease and retard inflammation. However, I noticed that my *fasting blood sugars (FBS) were **always** in the high range (100–115)* and measurements of oxidative stress also reflected high levels. *No one could explain it* since my hemoglobin A1c always stayed low. Since *switching to* the Parent EFAs (PEOs), my FBS came down to **84** (21% decrease). My lipids also looked better than ever. ***I think many of our colleagues do not appreciate the dangers of high dose fish oil....***” —Ira L Goodman, MD, Ophthalmic Surgeon (retired), Holistic Medicine

Potential Patient EPA/DHA Overdose

Patient plasma overdoses: **Wrongly recommended pharmacologic overdoses** should give all physicians great pause. As verified by the **US Department of Agriculture (USDA)** and **National Institutes of Health (NIH)**, the amounts of EPA/DHA *naturally*

produced and needed by the body are miniscule. *See Scientific Support* at PEO-Solution.com *for this calculation and more riveting unpublicized information*, including how even non-fish-eating vegetarians produce enough EPA/DHA! **Outdated analytic methods misled a generation of medical researchers.**

21st Century Warning: 4½ Months to Rid Patients of the Damaging Fish Oil Excess²⁰

It takes 18 weeks to reverse the negative effect of the incorporation of EPA/DHA from fish oil into the cell membrane. This four-month time frame is important to understand, as it coincides precisely with the time frame of significant vascular health improvement, that was accelerated by ceasing fish oil use, as shown in the IOWA screening experiment.

When is fish oil beneficial? Physicians proceed with CAUTION.

You may be asking the question, “Are there patients who will benefit from taking fish oil supplements for any reason?” Yes, there are two categories.

- a) Those not getting enough PEOs. If you don’t have sufficient, fully functional “Parents,” it is impossible to get sufficient “derivatives.” It really is that simple. Concentrate on the Parents, and the derivatives – the offspring – typically take care of themselves.
- b) Those with “auto-immune” disorders.

20 “Fish-oil supplementation reduces stimulation of plasma glucose fluxes during exercise in untrained males,” *British Medical Journal of Nutrition* (2003), 90, 777-786.

For those in the second category, please be aware of the following warnings:

It is common during question and answer sessions during my presentations at medical conferences that physicians report benefits from prescribing fish oil to treat certain conditions. Specifically, dermatologists report that fish oil clearly helps their patients with psoriasis. Until recently, I did not have a strong response. That changed when dermatologist Jonathan Carp, MD, e-mailed me with his analysis. He found that autoimmune diseases (like psoriasis) are helped when a patient takes fish oil because the fish oil acts as an *immunosuppressant*. (See **Inconvenient Truth #12.**)

CASE STUDY: Eczema

“Brian,

We chatted in November (2011). I just wanted to provide some feedback on one patient that I implemented the use of PEOs for **atopic dermatitis**. He had been **taking 6g of fish oil per day** as he was on some bizarre, weight-lifting-crazy, low-fat diet where the only fat he took was fish oil. I stopped his fish oil (of course!) and started PEOs in combination with good skin care and some mild topical steroids.... After **fifteen doctors, seven years of severe, almost debilitating, eczema** was gone in two months. An absolutely fabulous case!! Made my day!!”

Jonathan Carp, MD — Dermatology (USA)

WARNING: I believe Dr. Carp is quite correct, and his analysis should give pause to anyone taking *fish oil prophylactically*.

While the autoimmune condition may be lowered, you will at the same time be compromising the patient's entire immune system.

In this case fish oil is acting much like a steroid, negatively impacting your body's EFA-related eicosanoid metabolism. This is why they are so problematic and must always be given under direct physician monitoring. Are steroids good? **If** the patient has inflammation that must be reduced, the answer is a resounding **"yes," while under close monitoring by a physician.** However, no competent physician would ever prescribe steroids prophylactically since steroids compromise the entire immune system.

This is exactly the case with fish oil. Millions of people are taking marine-based oils prophylactically when they don't have an autoimmune disorder. To make matters worse, their health status is not physician monitored. With so many taking marine-oil supplements, no wonder patients are now routinely sicker with more colds, flu, and other ailments caused by a compromised immune system.

A Better Solution

A much better solution is to understand that PEOs alone often allow production of sufficient derivatives to help these conditions, without the problematic lowering of the entire immune system. Therefore, **PEOs alone should be prescribed first.** Taking a substance like fish oil prophylactically can bring about a great tragedy. Like steroids, fish oil may have a place in treating specific autoimmune diseases *under direct physician care, for a finite period of time.* Just like steroids, overuse of fish oil can cause a host of problems.

Financial Incentive: The Bernie Madoff/Fish Oil Industry Analogy

As a parallel instance of how hard it is to get people in authority to recognize the truth, consider Bernie Madoff's illusion. His incredible \$65 billion Ponzi scheme – the world's largest – was first exposed in 2000 to the SEC, yet nothing was done:²¹ "Speaking to a crowd of more than 2,000 at the American Certified Fraud Examiners' conference in Las Vegas in July, Harry Markopolos (*No One Would Listen: A True Financial Thriller*) explained how it *took him but a few minutes to determine* that 'Madoff didn't know the first thing about portfolio construction *mathematics* and that *he could not have been using this described strategy to earn the returns he was advertising.*' In May of 2000, Markopolos submitted an eight-page report to the Boston Regional Office of the Securities Exchange Commission (SEC) *listing red flags and mathematical proof of a major fraud but got no reply. He re-submitted his evidence* to the Boston and other SEC offices in 2001, 2005, 2007 and 2008, **to no avail**. "The math was so compelling," Markopolos told the *Guardian*.²² "If there's only one billion dollars of options in existence and he's many times that size, *unless you could change the laws of mathematics, I knew I had to be right.* And the risk-return ratios had *never been seen in human-recorded history.* They were off the charts."

21 Shannan, P, "AFP Interviews Man Who Exposed Madoff to SEC Back in **2000**," www.americanfreepress.net/html/man_who_exposed_madoff_190.html, accessed June 20, **2013**.

22 Clark, A., "The Man Who Blew the Whistle on Bernard Madoff," www.guardian.co.uk/business/2010/mar/24/bernard-madoff-whistleblower-harry-markopolos?INTCMP=SRCH, accessed June 20, **2013**.

PEO Solution analysis: **With fish oil supplements, you have a similar situation where vast amounts of money are involved, and similar difficulty getting people in authority to recognize the truth.** And to finish the parallel, just like Madoff's incredible Ponzi scheme was exposed with science (statistics), fish oil's illusion is just as quickly predicted, proven and exposed with science (human *physiology* and *biochemistry*, and the **Stat-Smart® Analysis**).

WARNING: When financial incentive is the model, people **too easily put on blinders**, and **stop asking the prime question:** "How is this possible?" *When finance masquerades as science, disaster is bound to follow.*

Newsflash 2013: Fish oil fails to help macular degeneration²³

As the book was going to press, another major fish oil failure was published in *Journal of the American Medical Association*. Fish oil completely FAILED to help prevent macular degeneration.

PEO Solution analysis: Daily doses of DHA (350 mg) + EPA (650 mg) FAILED to help this common degenerative eye disorder. The eyes are a significant depository of EPA/DHA, so if the disorder isn't helped

23 Age-Related Eye Disease Study 2 Research Group, "Lutein + zeaxanthin and omega-3 fatty acids for age-related macular degeneration: the Age-Related Eye Disease Study 2 (AREDS2) randomized clinical trial," *JAMA*, **2013** May 15;309(19):2005–2015.

here, the likelihood of fish oil helping anywhere is nearly zero. Recall the massive failure to help Alzheimer's—even in patients with low EPA/DHA levels to begin with. This five-year follow-up experiment with 4,200 enrolled, with 1608 participants progressing to advanced AMD, of which 416 were taking fish oil stated, “ **CONCLUSIONS AND RELEVANCE:** Addition of lutein + zeaxanthin, **DHA + EPA**, or both to the AREDS formulation in primary analyses **did not further reduce risk of progression to advanced AMD.**” For fish oil, it is case closed, closed, closed...

Newsflash 2013: Warning to Men—Fish Oil Causes Prostate Cancer

And yet another bombshell just released! Another major fish oil failure was published by the Fred Hutchinson Cancer Research Center²⁴ with an on-line abstract from the *Journal of the National Cancer Institute*:²⁵

“Study confirms link between high blood levels of omega-3 fatty acids [fatty fish/fish oil] **and** increased risk of aggressive prostate cancer. **Consumption of** fatty fish and fish-oil supplements **linked to** 71 percent higher risk.

24 <http://www.fhcrc.org/en/news/releases/2013/07/omega-three-fatty-acids-risk-prostate-cancer.html> (accessed July, 10, **2013**).

25 <http://jnci.oxfordjournals.org/content/early/2013/07/09/jnci.djt174.abstract>. Ref.: Brasky, Theodore, M., et al., “Plasma Phospholipid Fatty Acids and Prostate Cancer Risk in the SELECT Trial,” 10.1093/jnci/djt174 (online).

"The increase in **risk for high-grade prostate cancer** [71% greater risk] is important because **those tumors are more likely to be fatal**. The study also found a 44 percent increase in the risk of low-grade prostate cancer and an overall 43 percent increase in risk for all prostate cancers.

"What's important is that we have **been able to replicate our findings from 2011** and we have *confirmed that marine omega-3 fatty acids play a role in prostate cancer occurrence...*

"The difference in blood concentrations of omega-3 fatty acids [fish oil] between the **lowest and highest risk groups was about 2.5 percentage points** (3.2 percent vs. 5.7 percent), **which is somewhat larger than the effect of eating salmon twice a week...**

"**Higher** linoleic acid (**Parent ω-6**) was associated with **reduced risks** of low-grade and total **prostate cancer**.

"**Conclusions:** This study confirms previous reports of increased prostate cancer risk among men with high blood concentrations of LCω-3PUFA [fish oil]. **The consistency of these findings suggests that these fatty acids are involved in prostate tumorigenesis.**

"Recommendations to increase LCω-3PUFA [**marine oil**] intake **should consider its potential risks.**"

PEO Solution analysis: Prostate cancer is the #1 cancer in men. You have already discovered that fish oil is inflammatory, and this increased cancer finding is both predicted and expected by Dr.

Rowen and me. The researchers confirmed their same negative 2011 findings.

Plasma phospholipid analysis is the best method for determining quantities of EFAs and their long-chain metabolites. 834 men were diagnosed with prostate cancer and 1,400 men who did not develop the disease, making this a very credible, high-caliber, study. Of course, these are relative risks, but the trend is clear—increasing patient risk of prostate cancer with marine oils. By contrast, **PEOs DID NOT pose such risk—to the contrary—PEOs reduce the risk of contracting prostate cancer.** [Note: The positive effect of PEOs is even shown here with use of adulterated/ non-organic versions. We would expect a much greater preventive effect with organic/unadulterated versions as suggested in *PEO Solution*.]

A Summary of Fish Oil Failures

Fish oil either fails to help or worsens:

1. Alzheimer's
2. Macular Degeneration
3. Colon cancer
4. Immune system disorders
5. Skin cancer
6. Cardiovascular disease
7. Blood sugar levels—increasing insulin resistance and blood glucose levels
8. Incessant hunger—contributing to the obesity epidemic
9. Athletic performance issues

10. Platelet movement in patients with existing vascular disease
 11. Abnormal heart rhythm – atrial fibrillation (AF)
 12. Inflammation
 13. Depression
 14. Chemotherapy ineffectiveness
- ...to name a few.

One of the most compelling arguments against fish oil supplementation is not even on this list. It is the **IOWA screening experiment** – Investigating Oils With respect to Arterial health – an important screening experiment that you learned about in the previous chapter.

Fortunately for fish oil advocates, they are playing in a baseball game where “three strikes and you’re out” doesn’t apply. Since even the thirteen strikes listed above and fourteen more in the Scientific Support section are not enough to end fish oil’s time in the batter’s box, the smart physician and wise patient will have the ammunition they need to stop playing this rigged game.

Answering the critics

When it comes to defending your health, I believe in a strong offense, so I will anticipate some of the criticisms that will most surely be leveled against me for publishing the list of Inconvenient Truths.

Challenge: Fish oil proponents will claim you “pick and choose” studies and experiments that support your position.

Response: Absolutely correct. With over 15,000 claimed “studies” to review and select from, anything else would be idiotic. I choose highly controlled experiments first, followed by well-controlled “studies,” preferably controlling variables upfront—*regardless of outcome*. As an example, fish oil’s isolated “successful” dermatologic results, caused by lowering patients’ immune response, tallied with its steroidal-like effect. Throughout this chapter, researchers make note that many “studies” aren’t worth the paper they are printed on because of errors, gross and otherwise.

Challenge: Peskin’s examples are no more convincing than other studies. Fish oil has many studies that show success, and Peskin has just a few that support his position. Therefore, fish oil prevails because it has more studies on its side.

Response: Peskin’s examples are far more convincing; he relies on discerning only well-conducted studies and experiments. Furthermore, Prof. Peskin looks at the scientifically based causes of fish oil’s massive failures. Chapters 2 and 3 gave you the scientific statistical information so you can discern a valid study from more fish oil nonsense. Recall Nobel Prize winner Richard Feynman’s brilliant quote: “It does not make any difference how smart you are, who made the guess, or what his name is—if it disagrees with *real-life* results, it is wrong. That is all there is to it.” An unanticipated variable may be the true cause of the so-called success, or an ambiguous outcome may have been given a positive spin. In either case, fish oil is wrongly given the

credit. This happens all the time in medical trials: **beware. *Never forget the known and accepted minimal 5% error that will show (incorrectly) more than 750 fish oil FAILURES as SUCCESSES.***

For this reason, I consider **failure** of a medical trial far stronger than success, and so should you. Above, we have **listed ten Inconvenient Truths** (with many more in the Scientific Support) about fish oil, and **thirteen categories (including the Scientific Support section) where fish oil FAILS** to help or makes patients worse. Its failure is unequivocal. Some categories, such as cardiovascular disease failing to be helped with fish oil, and worsened blood glucose control in diabetics, have multiple experiments confirming failure of fish oil. These simply cannot be ignored and should give physicians great pause about their past fish oil recommendations.

We've discussed how fish oil doesn't work because it can't work—there are no known metabolic pathways that would ever lead to such miraculous claims. Numerous journal articles include statements to the effect, "We don't know how it works..." **The reason is that it doesn't work.** The previous chapter about Parent Essential Oils—PEOs—tells you precisely what does work, and why.

Never let finance masquerade as science. The fish oil myth is debunked.



From Dr. Rowen:

Fish oil has become medical lore in the last 15 years. It's promised to treat every ailment you have, from vascular disease to arthritis, to autism, and perhaps prevent cancer. At 62 years young, I am an organic, raw food vegetarian (I'm nearly vegan, but I do eat small amounts of organic raw cheese). But I was eating fish until 2001, having lived in Alaska for 22 years. In fact, I went out and got my own fresh wild salmon, eating it once a week, at most. So, don't think that I am biased against fish. When it comes to fish, I am totally biased towards Alaskan wild salmon as the cleanest fish available in America.

Now, that said, I am also a clinician. **As a clinician, my greatest role is to observe what works and what does not work in patients, and to learn/discover what most likely will work.** I've only become vegetarian in recent years. I can't impose it on my patients, since I do it for spiritual reasons. However, my medical readings, clinical experience and personal experience have overwhelmingly proven to me that moving your diet in my direction will give a better chance at real health than anything else available on the planet. Let's look at some logic first.

It is universally agreed that humans arose in Africa and migrated out. We are land animals. Our digestive systems and teeth are quite similar to the great apes: gorilla, baboon, and chimpanzee. These are mighty strong animals. And guess what? The first two are vegetarian. The chimp does not eat a lot of meat, either. And guess what? **NONE of the three eat ANY fish.** Finally, all their food

is eaten raw. I have not read of any researcher who has found our primate cousins roasting their food over a fire.

Assuming our ancestors were not vegetarians, and that they were hunter-gatherers, as most seem to believe, where does fish come into the human diet? **Certainly our diets did not have fish as a staple a million years ago.** And I assure you that our digestive systems have not changed much in the last million years.

If we were catching fish way back then, on lakes in the African plains, **it *surely wasn't omega-3-loaded, arctic, cold-water fish.*** It would have been fish from warmer waters, which don't have high levels of long-chain polyunsaturated fatty acids (PUFAs) since they simply don't need them. Instead, ***warm water fish are rich in saturated fats with at least 14Xs LESS EPA/DHA than the cold water fish.***²⁶ They don't need or want the long-chain PUFAs because they don't need the "anti-freeze." In fact, long-chain PUFAs in a warm climate might be a real danger. They would be far more susceptible to oxidative damage than the saturated fatty acids found in warm water fish. Hence, logic tells us that rich, omega-3-bearing fish cannot be a required part of the human diet. If they were, the human species would not have made it this far. This raises the question, how much damage is fish oil doing to those who take it as a supplement? **How many people in doctors' offices are there because they supplement with fish oil?** These are frightening questions that I have been forced to ask because of the knowledge I now have about fish oil. When I ponder this question,

26 Gopakumar, K., Rajendranathan Nair, M., "Fatty-acid composition of eight species of Indian fish," *Journal of the Science of Food and Agriculture*, Volume 23, Issue 4, pages 493–496, April 1972.

I know about the difference in cold water versus warm water fish, and how a warm-blooded human being processes these cold water fish oil supplements.

In my research writing my newsletter, ***Second Opinion***, I found myself entering a pitched battle between meat pushers in my own field and those without the medical degrees urging a more vegetarian approach. Which group is correct? Science actually has observational answers.

Consider the societies with the greatest longevity on the planet. Of five of the longest-living societies on earth, only one diet has regular animal protein. Their animal protein is, in fact, mostly fish, but, according to studies, perhaps only twice a week (Okinawa). The other four are: the Hunza in Pakistan, the Vicambamba high in the Andes in Ecuador, the Abhasia of the Caucasus Mountains, and—in the United States—fully vegetarian 7th Day Adventists.

Whatever “the secret” of four of these groups may be, it has absolutely nothing to do with fish or fish oil supplements because they don’t eat any of them, ever!

The group populations are slender. Excepting American Adventists, they get exercise laboring in their fields. These people not only live the longest, but seemingly are the healthiest as well, not experiencing the ravages of degenerative diseases many years before they die like we do. The vegetarian Adventists have similar lives to non-vegetarian Adventists. The difference is lack of meat, fish, poultry, etc. In addition, the vegetarian Adventists live on average seven years longer than their meat-eating cohorts and use the medical system far less. The tribal people are nowhere near fish,

let alone commercial cattle. **So, we can easily conclude that fish (and therefore fish oil) is *not* necessary for a long and healthy life.**

Now, speaking from my own experience, I have eaten no fish in 11 years since coming to California. (No animal food at all except dairy.) My blood pressure, on a “bad day,” is 100/70. On a regular day it is less than 90/60. Is that too low? Dr. Brian Clement of the famous Hippocrates Clinic in south Florida confirms by observations of himself, his wife, and his patients that “raw fooders” usually have blood pressures lower than 100/70. So the “normal” BP at 120/80 might just be another myth.

More numbers for me: cholesterol 170, triglycerides 100. Fatty acid profile (**including EPA and DHA**) in the lab reference range, **absent ingestion of any EPA or DHA**. A non-invasive angiogram that scored “zero” plaque in my coronaries. A digital pulse analysis showing arterial flexibility similar to one 20 years younger (like Prof. Peskin’s). A DNA telomere test, which measures the protective ending of chromosomes, showing my telomeres to be the average length of a 35-year-old’s!

In September 2011, I completed the John Muir Trail in the High Sierras of California. Two hundred miles of the roughest, toughest trekking in America at an average elevation of over 10,000 feet! I get EFAs (and protein) from eating a raw vegetarian diet which *naturally* contains *small amounts* of unadulterated Parent oils (PEOs), which my body is **amply converting** to longer-chain EPA and DHA, “as needed.” It is theoretically possible to obtain enough of your Parent omega-6/-3 (PEO) requirements from a perfect diet (because you will eat absolutely no “junk” whatsoever)—you require less PEOs to overpower the *adulterated* ones, as you learned in chapter 6. At times, even I play it safe by supplementing my diet with a blend of

organic-6/-3 oils. In **chapter ____**, we will give more details on what a vegan needs to do to stay healthy in the EFA department.

So, let's bring human diet "evolution" from the distant past into context with today's observations and with the experiences of many people, including myself, who eat mostly raw/living food. **Humans were not created/evolved to have fish as a dietary requirement. We simply would not be here. Societies eating no fish (Okinawans excepted) are among the longest-living and healthiest people on the planet.**

This is NOT to say that you can't eat fish. **Fish is a natural food; fish oil supplements are an *unnatural, processed* food. This is the difference!**

Admittedly, I did intermittently recommend fish oil until about six years ago when I met Prof. Peskin. After extensively reviewing the science he provided, and his "**connecting-the-dots**," as he likes to say, it ***became quite clear why I did not see clinical results in my patients with fish oil, and why many of my patients who took fish oil actually got worse or had bad "side effects," such as gastrointestinal distress.***

Prof. Peskin was the first to provide experiment after experiment and study after study of numerous fish oil failures. ***Like most physicians, I was brainwashed by only the success and never heard of the failures often swept under the rug.***

I'll be one of the first to tell you that research failures are often hard to publish, especially in the face of a vested, prevailing paradigm/dogma. Hence, the number of fish oil failures is likely many times greater than the research shows.

Next, I began to research on my own. I found scientific papers showing that primates fed fish oil had spontaneous oxidizing

(rusting) of their liver cell membranes that exhausted their vitamin E reserves. That liver condition is quite dangerous. Then I saw the vast amount of data Prof. Peskin sent me about the spontaneous auto-oxidation of marine oil. **DHA is a stunning 320 times more prone to auto-rancidity than monounsaturated olive oil**, and seven times more prone than Parent omega-6. There's just no way that fish oil companies can protect their oils from spontaneous oxidation, or perhaps worse, polymerization (cross linking) of unsaturated bonds, once ingested. This immediate effect explains, to a large extent, the outstanding health of real "raw fooders," who eat the "Living Foods Diet" I have repeatedly written about in ***Second Opinion***. We are getting totally unadulterated Parent oils, which are critical for proper cell membrane functioning.

Then I had to consider the conflicting human findings in fish oil studies. I found that most studies were really improperly performed. You learned all about this deception in chapters 2 and 3. Furthermore, fish oil "studies" were almost never controlled against Parent oils. So, considering that most people are seriously deficient in fully functional PEOs (proven by America's high cancer and cardiovascular disease rates, with no end in sight), many could have benefited from their derivatives such as those that marine oils contain. However, much more significant is that in the very few studies which actually compared marine oils head to head with plant-based PEOs as a control, **PEOs always won hands down**. Why? Chapter 6 detailed this science, but I'll give you a short review here.

First, we are warm-blooded animals. Our body temperatures and high arterial oxygen tensions (degree of oxygen concentration at a specified pressure) can spontaneously derange and ruin long-chain derivatives like EPA/DHA almost immediately. As land animals, our source of EFAs has always been plants, with a conversion to

long-chain derivatives very tightly regulated by the Creator for good reason. Hence, it makes excellent sense that our bodies are going to better respond to what the Creator placed before us for our diet on the land.

Next, it is a myth and simply wrong science that you don't get omega-3 from anything but fish. Grass-fed cattle contain **plenty** of Parent omega 3-oils. Why? Grass makes Parent omega-3. The cattle easily absorb it, and convert the Parent oil to the longer-chain derivatives as needed. Green leafy veggies have omega-3, too (my favorite source). There are also limited amounts in many foods, including walnuts, flax seeds, hemp seeds and many other raw nuts/seeds, which have been clearly associated with reduction of heart disease.

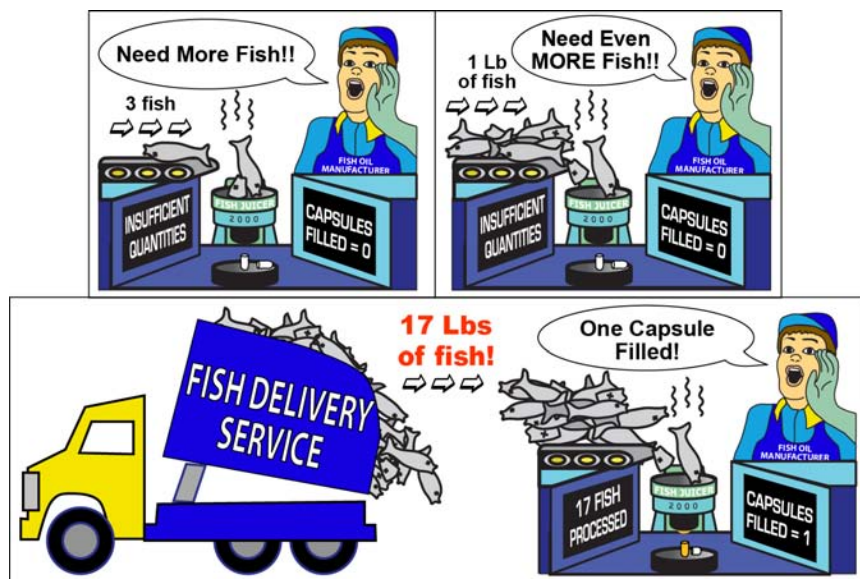
I took many years to make a total break from fish oil. Even I had an extremely difficult time believing that Prof. Peskin could be so right, which would make everyone else so wrong. But it is true. Connecting all the dots, then seeing marine oil failures, then seeing marine oil dangers, and then considering the extreme heat/oxygen liability of marine oils, it became easy to break free of the fish oil myth/paradigm and climb onto Prof. Peskin's PEO bandwagon. Year after year (for at least five years), I have reviewed Prof. Peskin's work, and **my own independent research confirms it.** This is often very complicated and difficult physiology/biochemistry, so I can see why colleagues would rather just follow the crowd: even though it is dead wrong, it is easy. Today, "easy wins."

I have always said that God does not make mistakes. To fault “slow conversion” of PEOs to long-chain derivatives is made-up nonsense. It is an incorrect characterization of a correct process. The Parent-to-derivative conversion amount is extremely limited for a reason. It is called survival! God certainly didn’t make six billion humans or any apes defective. In fact, the vast majority of land mammals do not prey on or consume fish. The few exceptions to this are the bear, the raccoon, the wolf and the fishing cat.

From both Dr. Rowen and Prof. Peskin:

Here are the keys to your success regarding fish oil. Based on the articles and analyses published in the world's leading medical journals and the world's leading medical textbooks:

- 1) Do not take fish/marine oil supplements.
- 2) Do not take krill oil supplements.
- 3) Do not eat algae-based supplements.
- 4) Do not take squid oil supplements.
- 5) Eat wild, not "farmed," fish.



Believe it or not, it takes a WHOPPING 17 Pounds of FISH to fill just 1 PROCESSED Pharma-grade Fish Oil Capsule.

Newsflash: 17 pounds of fish can easily be required for just 1 fish oil capsule! Please save our fish from this needless tragedy.

A typical fish portion is 4 oz (113g). Consuming 1g of crude fish oil is comparable to eating one-sixth portion. That gram of crude fish oil yields about 250 mg of health-grade fish oil, so it takes two-thirds of a portion to produce a single gram of health-food-grade fish oil. But it takes 100g of “health-grade” fish oil to yield just 1g of “pharmaceutical grade” fish oil. Thus, a single capsule of “super pure” omega 3, EPA, DHA, etc. is the equivalent of **71 portions (over 17 POUNDS) of unprocessed FISH!** [Note: 3–5% (av.) oil yield.] Source: Sears B., Q & A with Dr. Barry Sears: Omega-3 ultra-refined fish oil, www.cbn.com/health/NaturalHealth/drsears_qanda.aspx#14, accessed June 20, 2013.

For the best wild seafood...the best canned (wild) tuna, (wild) sockeye salmon and much more—Vital Choice Wild Seafood & Organics (www.Vitalchoice.com) can't be beat!

See Scientific Support at PEO-Solution.com for extensive details about these Inconvenient Truths.
