



## Direct Answers

from Wayne & Tamara  
Castle Walls

When I decided to leave my husband, there was a man who supported me emotionally through it all, alongside all my girlfriends. He is single, deeply spiritual, highly intelligent and he makes me think. His view of things gives me a fresh outlook on life.

His support was my main motivator in going back to school and getting my degree. He pushes me to believe I am worth more than I give myself credit for. This man amazes me with his strength and courage after hearing the things he went through as a child and then the wonderful woman (can you hear the sarcasm?) he allowed into his life.

He has some issues. He always stated he did not want any kind of relationship due to the disappointment in his past relationships. There was a brief time when affection was shared that led to a one-night experience I will never forget as long as I live.

Things remained the same for a long time until he was involved in an automobile accident. The moment I heard the news I walked out of my job and went to the scene. They had just taken him to the emergency room. I rushed there and patiently waited, with the mother of his child, to see him. While standing there waiting, it was like getting struck in the head. I realized I loved this man. Mind you, I was listed as his emergency contact in all his paperwork and stood by his side through the recovery.

Herein lies the problem. I fell in love with a man knowing I could never have my happily ever after with him. I am torn. He told me he loves me, just not the way I want him to.

He told me to find someone to fulfill my needs. Knowing all this, I still love him. I tested the "find someone else" thing several times and each time he found a way to reel me back in. I don't know if he intentionally reeled me back in or if I wanted him so badly I made it easy.

I absolutely abhor the thought of not having him in my life. He's been my strength for so long. My head says I will never be content like this, but my heart says hold on and he will love you as you want.

Danielle

Danielle, in the "Game of Thrones" there is an impregnable castle located on the top of a mountain crag. It is called The Eyrie. Just getting there is an ordeal for the people who live there. The castle has never been successfully attacked from the ground, yet its defenses were overcome once by a woman who flew there on the back of a dragon.

This man is like that castle. In laying siege to him you have two problems. One, you don't have a dragon, and two, dragons don't exist. We say one-way love all the time. "I love ice cream. I love Star Wars. I love Liam Neeson." But the love that is reciprocal is a different kind of love. You can hang your hat on any word you can twist or turn to stay with him. But his walls are high and strong.

He can sit in his castle, on the moral high ground, and think, I told her repeatedly I don't want her that way. When one loves as you do, it is all coming from within. What completes love is that it is returned.

Wayne & Tamara

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## Your Blood Type Holds a Lot of Information — Like What You Should Be Eating

Unlike most diets, the blood type diet was founded on the concept of personalized nutrition — eating different foods based on one's biochemical makeup. Your blood type can provide an analysis on how your body reacts to foods and stress, explain your gut bacteria, and potentially predict your susceptibility for certain diseases.

### How Does the Blood Type Diet Work?

The first step to starting this diet is knowing your blood type (O, A, B, or AB). Once your blood type has been determined, you simply make the necessary adjustments to your diet by following a nutritional plan catered to your blood type.

### Type O

This diet focuses on lean

organic meats, vegetables, legumes, fruits, and avoiding wheat and dairy, which can trigger digestive and health issues like inflammation and autoimmunity. Because Type Os tend to display the "flight or fight" stress response, causing chemical imbalances, caffeine (which raises adrenaline and noradrenaline levels that are already high) and alcohol should be eliminated. Kelp, seafood, red meats, kale, and spinach are all beneficial to those with Type O blood. High-intensity exercise like running is also advised. People with O blood type may be predisposed to certain illnesses like ulcers and thyroid disorders, and tend to have higher levels of stomach acid. Type Os are able to easily digest proteins and fats, due to a higher secretion of two chemicals present in the digestive tract — intestinal alkaline phosphatase and a lipoprotein called ApoB48.

### Type A

People with Type A blood handle carbohydrates very well. They have lower levels of hydrochloric acids in the stomach and an ability to efficiently digest carbohydrates. It can be harder to digest and metabolize animal protein and fat. Type As tend to have naturally high levels of stress and flourish on a vegetarian diet, due to toxin elimination causing higher energy levels as a result. Consuming foods that are fresh and organic paired with calming exercises are great for those who have Type A blood.

### Type B

Those with blood Type B will thrive as a "balanced omni-



## EVIDENCE BASED MEDICINE A JOKE

My usual columns complain bitterly of the huge side effects of excess sugars so I hope this week the topic will make a welcome change for all readers. When I was training in the UK the academic mantra was and still is 'evidenced based medicine'. In other words use evidence to support the use of therapeutic protocols. Evidence was only considered to be of value if it was from peer reviewed professional journals and trials, with allowances made for evidenced personal communications. After I graduated, I began to realise that this mantra that all medicine should be evidenced based was de facto, a rallying call, not

only to inhibit alternative medicine in all its forms but equally ignored or misused in a conventional medical setting. A year ago a Queen's Park civil servant admitted to me that OHIP practises less than 20% evidenced based medicine. Whilst appreciating the fact that the medical cartel in fact has now become about 25 years behind the times, as it is a protected monopoly, which allows it to ignore change. This protection has now become dangerous for patients and has become evidence to show up the inadequacies of the mantra.

Evidence based medicine, particularly in the UK was embraced by the intellectual community, to making clinical practise more scientific, safer, consistent and cost effective. Through this approach, the Cochrane Collaboration for the collation of clinical trials emerged as did standards for research and clinical practise guidelines. Those clinicians with years of experience were deeply concerned that practical experience would count for nothing, those who do not fit the 'average' in disease diagnosis would not benefit, and the quality of clinical studies and trials were designed to be very self serving. That is now seen to be true. Evidenced based medicine it was argued would put the patient first and decisions shared with them by way of meaningful conversations. The debate also envisaged that the patients would demand evidence and such evidence would be applied in a personalised way. Those, who have recently seen a medical professional, will be aware that these claims which support the philosophy of evidence based medicine is ludicrous when it comes to patient engagement. A 10 minute appointment with no meaningful dialogue is the norm under OHIP.

Right from the very beginning of the definition and concept of evidenced based medicine vested interests whether in academia, administration or industrial suppliers worked together to subvert interests which are not in their interests. The whole structure of the research and clinical trials, which has been established with government blessing, has been designed for industrial suppliers. These companies whether makes of devices or drugs or anything used where 'evidence' justifies its incorporation in to the mandated model have driven the research agenda. Primarily, because they pay the costs of this standardised model of evidence. Drug companies define what they consider disease or pre disease states (think bone density tests). They define the tests and treatments; they decide the comparison markers and choose their own markers for establishing 'efficacy'. Within the trial context, they ensure small differences will be statistically significant, define criteria of the selection of participants, manipulating the dose, control drugs and end points. Having done everything to alter any potential research outcomes in their favour they then influence the publishing of those results. They only publish the positive news, are extremely selective in the marketing on the efficacy issues with no discussion on side effects rarely provide evidence of comparison of other drugs/therapies and wield their advertising power in recalcitrant journals who fail to toe the Big Pharma line. Compliance of full data in trials and studies despite a mandatory period of reporting is rarely adhered to or enforced. In addition for those who do try to keep up their knowledge base the sheer volume of research makes it impossible. Each published piece takes an enormous amount of time to evaluate to check what biases are likely due to the author links.....who pays the piper sets the tune; evaluating the detail which may well show a different result than that in the published abstract; evaluating the likelihood of the claims being relevant and so on. All this has created a situation where there is no research which can be relied on and the volume in unmanageable from a physician's perspective and this in turn has led to inflexible protocols and overuse of technology resulting in management driven care and creating further co morbid conditions in patients. Most people over fifty have the beginnings of more than one degenerative disease. The system that has evolved under the pretence of evidenced based medicine is wholly unsuited to the clinical reality of attempting to make one therapeutic remedy fit all especially when older patients are on polypharmacy for which there is no evidence to support either the drug use in this way, the impact on co morbid diseases, and the consequences of polypharmacy. Increasingly research is becoming rarified and totally divorced from the clinical reality and becoming increasingly harmful to real people.

Research is basically bought in the interest of industrial suppliers and twisted in its interpretation to make it easier to understand for managers who have no science or medical skills. The patient's voice is rarely heard and cannot be heard as they are neither trained nor equipped to challenge the application of protocols for their care. Additionally, as the social medicine model remains in place, increasing numbers of the population take no responsibility for their health and become an increasing financial burden on the state and their families. This scenario is to be encouraged for the benefit of industrial suppliers and increases the volume of medical personnel but it does not improve health. Next time your go to a Medical Professional ask for the evidence not the protocol or any summaries.

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vore," eating meat, low-fat dairy, grains, legumes, fruits, and vegetables. With a lot of food flexibility, it is advised to avoid chicken, replacing it with meats like lamb and venison. Moderate exercise with a

ing lingering viruses" and autoimmune diseases. Corn, wheat, buckwheat, lentils, tomatoes, peanuts, and sesame seeds can cause weight gain for those with Type B blood. These foods

face both the benefits and challenges of Types A and Types B. A mixed diet works best for those who are Type AB, eating foods like lamb, dairy, grains, vegetables, and fruits. A combination of calming and moderate exercise is great for those who are Type AB. Small, frequent meals help with digestive problems due to low stomach acid. Caffeine and alcohol should also be avoided, particularly when under stress.



mental component like hiking or cycling are also recommended. Those with Type B blood tend to produce higher than normal cortisol levels when it comes to stress, have a sensitivity to B-specific lectins in certain foods that can lead to inflammation, and are susceptible to "slow grow-

ing" affect the metabolic process which can lead to fluid retention, fatigue, and hypoglycemia.

### Type AB

Having type AB blood is so rare, it's found in less than 5 percent of the population. Type AB are codominant and

### The Verdict

This diet seems to be a great fit for those who are looking to optimize how they feel on a daily basis. While some blood types seem to have more restrictions than others, it's worth trying if it can help you look and feel your best in the years to come! As always, speak to your doctor before making any significant changes to your diet.

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