

# PRIMAL HEALTH RESEARCH

## A NEW ERA IN HEALTH RESEARCH

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**(Free access to the Primal Health Research Data Bank)**

(The importance of pre- and perinatal ecology)

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IN THE AFTERMATH OF THE

### **MIDATLANTIC CONFERENCE ON BIRTH AND PRIMAL HEALTH RESEARCH**

ON BEHALF OF THE UNBORN GENERATIONS

**CONGRATULATIONS!**

To the 1251 delegates representing 41 professions and 35 countries  
To the 63 speakers and 124 authors of posters



To the 45 enthusiastic volunteers who made this conference possible

THANK YOU FOR SHARING POSITIVE ATTITUDES

THIS CONFERENCE WAS FOR A BETTER UNDERSTANDING OF:

- the genesis of the capacity to give birth (not against the caesarean).
- the genesis of the capacity to breastfeed (not against the bottle)
- the genesis of good health (rather than the prevention of diseases)
- the genesis of the capacity to love (rather than the prevention of violence)
- etc.

THIS CONFERENCE WAS A NECESSARY REHEARSAL BEFORE THE

## MID-PACIFIC CONFERENCE ON BIRTH AND PRIMAL HEALTH RESEARCH

HONOLULU, OCTOBER 26-28, 2012

(Details will appear at [http://www.primalhealthresearch.com](#))

**SPREAD THE WORD!**

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## THE PRIME INCONVENIENT TRUTH

Humanity must face a great diversity of “inconvenient truths”. Al Gore, the Copenhagen summit, and the concept of a ‘low-carbon economy’ have made one of them topical. Other examples include the global overpopulation, the depletion of the ozone layer, the pollution of the sea food chain, the crisis in biodiversity, weapons of mass destruction, and the spectacularly sudden increased incidence of several diseases. We’ll qualify all these inconvenient truths as secondary after addressing who is responsible for today’s dilemmas. “*Homo superpredator*” – the kind of Homo who is currently dominating all



**living creatures on planet Earth - is endowed with a huge potential for aggression and is undoubtedly responsible for the many threats our species will be facing during the third millennium: this is the Prime Inconvenient Truth.**

### **Genesis of Homo superpredator**

**The basic questions therefore concern the genesis of the main traits of *Homo superpredator*. Genetic factors are probably important since the potential for aggression of our close relative Pan Troglodytes (the common chimpanzee) is well documented: these cousins practice warfare and rape; it has been observed that human and chimpanzees are the only species that kill their own kind deliberately, with foresight. However, from a practical perspective, and in order to prepare a hypothetical shift toward a renewed humanity able to live peacefully and sustainably, we must consider possible epigenetic factors that reinforce these human traits.**

**To investigate such epigenetic factors we'll first refer to the turning point when our ancestors started to domesticate living creatures. Then, human groups adapted their strategies for survival with the advent of agriculture and animal husbandry. The construction of villages and towns gave a new dimension to the concept of territory. There were renewed reasons for territorial and economical conflicts. From that time the strategy for survival of human groups has been based on the domination of Nature and on the domination - even the elimination - of other human groups. We can easily understand that for thousands of years successful human groups have been those that have transmitted from generation to generation beliefs and rituals that amplify the human potential for aggression. The domination of Nature and of other human groups implies the capacity to destroy life and therefore influences the development of the capacity to love.**

**In 2010 we have some clues about the timing of environmental factors that might influence the development of the main traits of *Homo superpredator*. At a time when concepts such as gene expression, gene silencing, and epigenetic modulation are becoming familiar in the scientific literature, we are learning to raise new questions regarding the genesis of pathological conditions and personality traits. In the past, the main questions were about comparing the**



parts of genetic and environmental factors and the identification of involved genes. Today we must think in terms of timing.

One of the functions of the Primal Health Research Database is to identify the critical periods for gene-environment interaction regarding personality traits and states of health. An overview of the database suggests that concerning the genesis of metabolic traits, the significant critical periods are during fetal life, while the period surrounding birth seems to be critical for the capacity to love and the potential for aggression. Thus, an exploration of the database via keywords indicating metabolic types (such as obesity, diabetes type 2, insulin resistance, or coronary heart disease) leads to studies detecting risk factors mostly during fetal life, while keywords regarding alterations of the capacity to love (including love of oneself) lead to studies detecting risk factors mostly during the perinatal period. This is the case with keywords such as criminality, autism, suicide, drug addiction, and anorexia nervosa.

We can therefore assume that in societies where the development of the potential for aggression is vital, it is via perinatal beliefs and rituals that cultural milieus can effectively interfere — exactly what all cultural milieus have done for thousands of years. They have amplified the difficulties of human birth; they have challenged the maternal protective aggressive instinct by separating mother and newborn baby, and they have delayed the initiation of breastfeeding. (The maternal protective aggressive instinct does not need a definition: one just has to imagine the aggression that would happen if one tries to pick up the newborn baby of a mother chimpanzee).

It would take volumes to review all the traditional ways of interference with the physiological processes during the perinatal period in diverse cultural milieus. An overview of the most widespread beliefs and rituals reveals, in particular, the perineal scars following ritual genital mutilations, different aspects of the socialisation of childbirth, the evolution of the roles of the midwife, beliefs about 'bad' colostrum or dangerous eye-to-eye contact between mother and newborn baby, rituals associated with early cord cutting, the permission the mother must wait for before touching her baby (permission given by the shaman, the godfather, the midwife, or the father, for example). The cumulative effect of such widespread beliefs and rituals is a powerful cultural conditioning that a woman is unable to give birth without the help of birth attendants bringing



expertise and energy, and that a newborn baby urgently needs care provided by a person than the mother.

### From *Homo superpredator* to *Homo ecologicus*

These considerations about the genesis of the main traits of *Homo Superpredator* assume paramount importance at a turning point in the history of humankind, when we realise that it is the health of the planet and the survival of our species that are now at stake. We are learning that there are limits to the domination of Nature. The need to create more unity of the planetary village is increasingly accepted. We must ask how the respect for Mother Earth, as a facet of love, can develop. In other words, we understand that humanity must invent radically new strategies for survival. This implies an evolution of *Homo Superpredator* toward a human being we might call *Homo Ecologicus*.

We must first, in a concise way, clarify the nature of the current turning point in the history of mankind. While for thousands of years it has been an advantage, for the survival of human groups, to develop the potential for aggression, it is now imperative, for the survival of our species, to develop the capacity to love. By referring to our close relative the common chimpanzee, we suggested that genetic factors may explain our potential for aggression. In the same way, by referring to our other very close relative, the bonobo (the bonobo, or *Pan Paniscus*, separated recently from the common chimpanzee) we can assume that our obvious capacity to love also has a strong genetic basis: the altruism and compassion of the bonobos is well-documented, and there has been no confirmed lethal aggression, neither in the wild nor in captivity, no reports of males forcing copulation, battering adult females, or killing infants.

#### Is such a program utopian?

In the current scientific context, it is theoretically feasible to explore the concept of critical developmental periods and to program an evolution of *Homo superpredator* compatible with the survival of our species. First, would be scientific studies, from a physiological perspective, of the basic needs of labouring women. Next, we would need to digest acquired scientific data, to



release a long history of beliefs and rituals that are losing their evolutionary advantages, and to abandon political correctness.

An important discovery of the second half of the twentieth century offers an eloquent example of modern scientific disciplines' power to challenge deep-rooted aspects of cultural conditioning. It took until the 1970s to discover that a newborn human baby needs its mother! When I was a medical student in a maternity unit in 1953, I never heard of a mother asking to keep her newborn baby in her arms, as if, at that time, everybody "knew" that a newborn baby routinely needs 'care' by a third person. Suddenly, there were randomized controlled trials of the effects of skin-to-skin contact immediately after birth. Such studies were inspired by the concept of a critical period for mother-baby attachment introduced by ethologists studying non-human mammals. At the same time, there was a new generation of research regarding the behavioural effects of hormones fluctuating in the perinatal periods. There were also more studies of the composition of early colostrum, the early expression of the rooting reflex and the capacity a neonate has to find the breast in the hour following birth. From an immunologic perspective we learnt that IgG (Immunoglobulins G) easily cross the human placenta, so that microbes familiar to the mother are also familiar to the germ-free neonate. This led to the conclusion that from a bacteriological perspective germs transmitted by the mother ideally should be the first to colonize the baby's body. One can claim today that, thanks to the rapid development of several scientific disciplines, the basic needs of the human neonate have been discovered in the twentieth century.

Since such important scientific discoveries about the basic newborn needs have been possible, we dare to claim that now a discovery of the basic needs of labouring women is not utopian—in spite of similar difficulties. We anticipate that in-depth studies inspired by physiological concepts such as catecholamine-oxytocin antagonism and neocortical inhibitions will open fruitful avenues for research. We expect more studies of how environmental factors influence the release of oxytocin – the 'shy hormone'.

We anticipate that the difficult step will be to digest scientific knowledge and to make it culturally acceptable. The obstacles are already obvious regarding the basic needs of the newborn baby. The intellectual acceptance that a newborn baby needs its mother had some visible practical implications: for



example it made familiar the concept of rooming-in and was followed by the concept of kangaroo care. However, the scientific data were not easily received by the cultural milieu. While scientists were looking at mother-newborn interactions, the cultural milieu translated the findings by claiming that the newborn baby immediately needs its *parents*. Suddenly, the doctrine of the participation of the baby's father at birth was established. It is as if an undisturbed mother-neonate interaction without any cultural interference was not acceptable. This is how we jumped from a generation of birth attendants who had no idea of what mother-newborn interaction can be to another generation familiar with a new aspect of the socialization of childbirth, and who lacked any idea of how a birth can be when there is nobody around the labouring woman apart from an experienced, mature, silent, and low-profile midwife.

Similar obstacles will probably retard a clear understanding of the basic needs of labouring women. The conditioning effects of thousands of years of socialized childbirth have been reinforced during the past two decades by an accumulation of visual messages. There has been a real epidemic of videos of so-called natural childbirth. The power of such visual messages is enormous in terms of cultural conditioning. In most cases, a labouring woman is shown surrounded by two or three persons (including a man), watching her (and, of course, there is a camera). These births are presented as 'natural' because the scene occurs at home, or because the mother is on hands and knees, or because she is in a birthing pool. But the environment is unnatural. The message transmitted by these powerful images and the current vocabulary is: 'you cannot give birth without the participation of persons who bring their expertise (coaching, management, etc.) or their energy (support, etc.). Can we overcome such a strong cultural conditioning?

### An interplay between knowledge and awareness

At a time when scientific research is developing at an unprecedented speed, all questions related to the survival of our species inspire questions about the human capacity to digest scientific knowledge. In other words, exploring the constant interplay between knowledge and awareness is becoming more crucial than ever.



Scientific knowledge can induce and stimulate new awareness. The discovery that a newborn baby needs its mother is a typical example of scientific data being at the root of a new awareness. On the other hand, new awareness can precede scientific knowledge or can help to evaluate the importance of scientific data. Furthermore, too much information provided by a highly specialized discipline can be an obstacle to a new awareness. A good example is the great number of female obstetricians who, according to British and American surveys, plan a cesarean for the birth of their own babies and welcome the operation as a routine way to give birth. Their attitudes are understandable since they are highly-specialized, and they only have in mind the results of countless randomized controlled trials suggesting that, according to the criteria routinely used in medical research to evaluate the practices of obstetrics, a cesarean is an easy and safe option. Other women, who are not influenced by the same sort of information, have reached a more advanced degree of awareness and consider the abdominal route unacceptable as the first option. Awareness can be induced by intuitive knowledge (“knowing”) preceding the effects of scientific data.

#### The importance of being bilingual

All over the world there are cores of avant-garde people who have the special capacity to reach a new awareness before the others. Their duty is to help by initiating and spreading new awareness. As long as they try to transmit just their intuitive knowledge – as long as they only speak the ‘language of the heart’ – they are ineffective. To be influential they need to rationalize their ‘gut feeling’. They need to train themselves to become ‘bilingual’—that is to say to learn to combine the ‘language of the heart’, the transmission of their intuitive knowledge, with scientific language. It is becoming easier to combine these two languages.

To illustrate the need to be “bilingual”, let us begin with the example of those who welcome the cesarean as the preferred way to have a baby. How to help them to reach another degree of awareness? It is easy to explain, in the current scientific context, that to give birth to babies and placentas all mammals – including human mammals – are supposed to release a ‘cocktail of love hormones’. It is also easy to recall that, until recently – in spite of cultural



interferences – a woman could not have a baby without relying on the release of such a hormonal flow. Without presenting sophisticated statistics we can make easily obvious that, at a planetary level, the number of women who give birth to babies and placentas thanks to the release of a natural hormonal flow is approaching zero, since many of those who still give birth vaginally need pharmacological substitutes that block the release of natural hormones without sharing their behavioural effects. This is a simple way to explain that the history of childbirth is at a turning point; this is a simple way to suggest that love hormones are becoming useless in the critical period surrounding birth; this is a simple way to inspire questions in terms of civilization; this is a simple way to clarify what our objectives should be. Our objectives should not be to eliminate the cesarean, which is a wonderful rescue operation. Our objectives should be to create conditions for as many women as possible to give birth to babies and placentas due to the release of their natural hormones. This objective will be realistic only on the day when the basic needs of labouring women are well-understood. All those, whatever their background, who realize that the highly intelligent *Homo superpredator* is able to make love hormones useless will ask what will happen to our civilisation after generations continue in the same direction.

In fact, scientific language helps us realize and rationalize the need to reach a collective dimension. For this we cannot use animal models. Among non-human mammals the effects of disturbing the birth process are spectacular and immediate at an individual level: in general the mother is not interested in her baby. Among humans, long-term studies with huge numbers are needed to detect significant effects. This is obvious when exploring the Primal Health Research Database. For example, a study of the whole female Swedish population born during a period of ten years was necessary to demonstrate that forceps and ventouse deliveries are statistically significant risk factors for developing *anorexia nervosa* later on in life; in the same way the inclusion of more than 50,000 male subjects born in Jerusalem during a period of eight years was necessary to demonstrate that the average intelligent scores were significantly higher among those born by forceps or ventouse. We particularly need this developing branch of epidemiology called Primal Health Research to train ourselves to enlarge our horizons for the necessary shift towards *Homo*



**ecologicus. Can we deliberately and consciously modify the dominant traits of *Homo superpredator* through what would be a process of epigenetic modulation? Can we dream of such a crucial step in the history of humanity!**

**Michel Odent**