

# BRCA, INC.

GEORGE W. SINGLETON III, BA., HD., DD., *President*

435 Spring Mill Lane

Indianapolis, Indiana 46260

317-682-0142 Phone 317-282-0617 FAX

[gws@theuniversityofgod.org](mailto:gws@theuniversityofgod.org)

<http://www.theuniversityofgod.org>



6/23/2011

**Information and Evidence Unit**

**Office of the Prosecutor**

**International Criminal Court**

2500 CM The Hague

The Netherlands

Dear Sir and Madame:

Please find attached an official request with documentation and a **Ninth Draft** of our **Legal Brief as Authentic Rastafarian Victims of America's Drug War** escalated with the **1997 US Supreme Court Repeal of the US Religious Freedom Restoration Act (RFRA) of 1993** which allowed the **American Drug War** to target **Authentic Rastafarians**. Because there are only as estimated 900,000 **Authentic Rastafarians** internationally we have little socio-political economic resources to protest this persecution

In 2005 our **Monastery and Poverty Reduction and Abatement RD & D Headquarters** was taken with a **phony deed** and in **2008** a good and valid grant check for \$310,000 from the **European Union/Special Programmes Body** headquartered in Monaghan, Ireland was confiscated under the slanderous charge it was "stolen."

By the grace of the **Most High God Annu I** and I am here in the Amsterdam area living under a bridge in order to participate in the investigation and trial if the **ICC** decides to initiate these proceedings.

*Sincerely,*

*George W, Singleton, III BA., HD., DD.*

**BRCA, Inc. President, Founding Director**

**State of the World Forum Member # 20827**

**2007 and 2009 European Union Humanitarian Grantee**

**ATTACHMENT**

**NINTH DRAFT**

6/23/2011

**REQUEST OFFICE OF THE PROSECUTOR AND THE PRE-TRIAL CHAMBER JUDGES OF THE INTERNATIONAL CRIMINAL COURT (ICC), THE HAGUE, NETHERLANDS INVESTIGATE AND PUT ON TRIAL FOR "CRIMES AGAINST HUMANITY" THE UNITED STATES OF AMERICA AND UNITED KINGDOM OF GREAT BRITAIN IN THEIR "DRUG WAR" RATIONALE PERSECUTION OF AUTHENTIC ABORIGINAL RASTAFARIANS:**

LEGAL SUMMARY

- 0.) 000\_BRCA\_Hague\_ICC\_Request for Inverstigation and Trial\_Exhibit Inventory\_6\_22\_2011\_final
- 0-1.) 000\_BRCA\_Hague\_ICC\_Request for Inverstigation and Trial\_Exhibit Inventory\_6\_24\_2011\_final
- 1.) I-a-1. \_\_George W. Singeton (GWS) IIII\_Resume\_CBEST Scores\_Commendation\_2011
- 2.) I-a-2. \_\_GWS III\_Media Coverage\_1966-2005
- 3.) I-b. \_\_GWS III Birth Certificate\_BD\_1\_13\_1949
- 4.) I-c. \_\_GWS III\_IN. Drivers License\_IDL\_5\_29\_10
- 5.) I-d. \_\_GWS III\_BRCA\_Inc. Corporate ID\_2006
- 6.) I-e. \_\_GWS III\_US Passport 475751405
- 7.) I-f. \_\_GWS III\_IN. Voter Registration Card\_6\_21\_10
- 8.) II-a. \_\_Blacqendian Royal Coop Association (BRCA) Inc. Corporate Docs\_web
- 9.) II-b. \_\_BRCA\_Inc\_Grants, Donations and Awards Summary
- 10.) III-a. \_\_EUHG\_Gft\_Awrd Cnfrm Lttrs\_EU\_SPB CEO Pat Colgan\_3\_14\_2007
- 11.) III-b. \_\_EUHG\_Gft\_Awrd Cnfrm Lttrs\_EUHG Grant Officer Bill Pauley\_3\_14\_2007
- 12.) III-c. \_\_EUHG\_Gft\_Awrd Cnfrm Lttr\_BRCA Cmpltd Applctn\_6\_09\_2007
- 13.) III-d. \_\_EUHG\_OBP\_ISEDD\_Prjct\_System\_Design\_5\_2007
- 14.) IV-a. \_\_EUHG\_IMP\_D Fraud Investigation Case PD08014966\_6\_9\_2008\_edited
- 15.) IV-b. \_\_2007 EUHG Payment Nightmare\_Complete Blockage Analysis\_8\_2\_2008
- 16.) V-a. \_\_Letter to GB Prime Misiter Gordon Brown\_1\_06\_2010
- 17.) V-b. \_\_Letter to GB PM Gordon Brown\_Attachment II\_Letter to British Ambassador to US Nigel Sheinwald\_6\_19\_2009
- 18.) V-c. \_\_Letter to GB PM Gordon Brown\_Attachment IV\_UK\_DMO\_1\_27\_2010
- 19.) VI-a. \_\_Fax Cover Letter to Her Honor US Secretary of State Hilary Rodman Clinton\_7\_6\_2010
- 20.) VI-b. \_\_American Health National Security Issue Omission\_Green Paper\_legal\_Fax version\_7\_07\_2010
- 21.) VII-a. \_\_Indianapolis Star News Paper\_Request to Editor Dennis Ryerson\_11\_01\_2010\_web
- 22.) VII-b. \_\_BRCA, Inc.\_Desperate Plea to the American People\_Press Release\_10\_29\_2010
- 23.) VII-c. \_\_BRCA Declaration of Socio-Political Economic War on Scythians\_11\_07\_2010\_legal page
- 24.) VIII-a. \_\_UN\_OHCHR\_Help Request and Reply\_7\_13-19\_2006
- 25.) VIII-b. \_\_UN\_OHCHR\_USA Reviw\_Official Human Rights Complaint\_11\_05\_2010
- 26.) VIII-c. \_\_UN\_OHCHR\_HUman Rights Violations\_Rastafarioan High Priest Redemption\_2\_11\_2011
- 27.) VIII-d. \_\_PRESS RELEASE\_UK 5 Lecture Series Tour Feb-March\_1\_31\_2011
- 28.) IX-a. \_\_Rogell Law Suit\_IN. Superior Court\_Jstce Agncy\_Cse Act Rp\_4\_05\_2005
- 29.) IX-b-1. \_\_Rogell Law Suit\_IN. Superior Court\_complete record\_pt1\_2004-05\_section a
- 29.) IX-b-1. \_\_Rogell Law Suit\_IN. Superior Court\_complete record\_pt1\_2004-05\_section b
- 29.) IX-b-1. \_\_Rogell Law Suit\_IN. Superior Court\_complete record\_pt1\_2004-05\_section c

- 29.) IX-b-1. \_\_ Rogell Law Suit\_IN. Superior Court\_complete record\_pt1\_2004-05\_section d
- 30.) IX-b-2. \_\_ Rogell Law Suit\_IN. Superior Court\_complete record\_pt2\_2004-05\_section a
- 30.) IX-b-2. \_\_ Rogell Law Suit\_IN. Superior Court\_complete record\_pt2\_2004-05\_section b
- 30.) IX-b-2. \_\_ Rogell Law Suit\_IN. Superior Court\_complete record\_pt2\_2004-05\_section c
- 31.) IX-b-3. \_\_ Rogell Law Suit\_IN. Superior Court\_complete record\_pt3\_2004-05\_section a
- 31.) IX-b-3. \_\_ Rogell Law Suit\_IN. Superior Court\_complete record\_pt3\_2004-05\_section b
- 31.) IX-b-3. \_\_ Rogell Law Suit\_IN. Superior Court\_complete record\_pt3\_2004-05\_section c
- 32.) IX-b-4. \_\_ Rogell Law Suit\_IN. Superior Court\_complete record\_pt4\_2004-05\_section a\_Interrogatory Affidavit
- 32.) IX-b-4. \_\_ Rogell Law Suit\_IN. Superior Court\_complete record\_pt4\_2004-05\_section b\_Interrogatory Affidavit
- 32.) IX-b-5. \_\_ Rogell Law Suit\_IN. Superior Court\_complete record\_pt5\_Mtn Sty Evctn Dnied\_Human Rights Vltms Cited
- 33.) IX-b-5. \_\_ Rogell Law Suit\_IN. Superior Court\_extract\_pt3\_Forensic evaluation request\_section 1
- 33.) IX-b-5. \_\_ Rogell Law Suit\_IN. Superior Court\_extract\_pt3\_Forensic evaluation request\_section 2
- 34.) IX-c. \_\_ Rogell Law Suit\_IN. Appellate Court\_complete record\_2005\_section a
- 34.) IX-c. \_\_ Rogell Law Suit\_IN. Appellate Court\_complete record\_2005\_section b
- 34.) IX-c. \_\_ Rogell Law Suit\_IN. Appellate Court\_complete record\_2005\_section c
- 35.) IX-d. \_\_ Rogell Law Suit\_IN. SUPreme Court \_complete record\_2005
- 36.) IX-e. \_\_ Rogell Law Suit\_APB Interogatory Affidavit\_2\_28\_2005
- 37.) IX-f. \_\_ Rogell Law Suit\_Human Rights Violations by the Indiana Courts\_7\_01\_2006
- 38.) IX-g. \_\_ Rogell Law Suit\_90 Day Out of Court Settlement Period Given Edward Rogell\_7\_01\_2006
- 39.) IX-h \_\_ Rogell Law Suit\_3 Federal Court Proceedings placed in Perpetual Suspension with 2007 EUHG Reception\_4\_01\_2007
- 40.) X-a-1. \_\_J. Edgar Hoover\_FBI Director\_Mason Member Extract and Complete Wikipedia Article
- 41.) X-a-2. \_\_J. Edgar Hoover\_FBI Director\_New Federslist extract on Office Replica in Mason HDQ in DC
- 42.) X-a-3. \_\_J. Edgar Hoover\_FBI Director\_New Federalist extract and Complete Wikipedia Article
- 43.) X-b. \_\_Spannaus\_Edward\_The Mysterious Origins of J Edgar Hoover\_Am Almanac\_August\_2000
- 44.) X-c. \_\_Tencer\_Daniel\_FBI admits probing 'radical' historian Zinn for criticizing Bureau\_Raw News.com\_7\_30\_2010
- 45.) X-d. \_\_US\_DJ\_FBI\_Indianapolis\_IN\_e-mail cvr\_Fax\_5\_11\_2010
- 46.) X-e. \_\_US\_DJ\_FBI QUESTIONING\_Gloria Goodman\_Facebook.com MessageWeb Version\_5\_27\_10
- 47-1.) XI-a. \_\_Albert Pike\_Complete File\_Anton Chaitkin\_The New Federalist\_1992\_part 1
- 47-2.) XI-a. \_\_Albert Pike\_Complete File\_Anton Chaitkin\_The New Federalist\_1992\_part2
- 48.) XI-b. \_\_Albert Pike - www.Wikipedia.com\_1\_12\_2011
- 49.) XII-a. \_\_BRCA\_OBP ISEDD Project SD First & Second Stage IP\_2\_28\_2011
- 50.) XII-b. \_\_BRCA\_e-Mail\_Reason for Hague\_ICC\_Netherlands Trip\_5\_26\_2011
- 51.) XII-c. \_\_BRCA\_Significance of the Submission to ICC\_6\_16-2011

- 52.) XIII-a. \_\_Tulsa OK World Newspaper Articles\_Mullein and Rosemary DUI Singleton Trial\_9\_2 - 3\_1998
- 53.) XIII-b. \_\_Tulsa OK World Newspaper\_Craig County OK\_Racial Traffic Profiling Political Cartoon\_9\_2\_1998
- 54.) XIII-c. \_\_Craig County OK\_Mullein and Rosemary DUI Singleton Trial Information Document\_9\_14\_2000
- 55-1.) XIV-a. \_\_THE PURPLE SEAL\_TEXT\_6\_06\_11\_ISBN\_9780974172415\_Int. Ed.\_e-Mail attach version\_part 1
- 55-2.) XIV-a. \_\_THE PURPLE SEAL\_APPENDIXES\_6\_06\_11\_ISBN\_9780974172415\_Int. Ed.\_e-Mail attach version\_part 2
- 56.) XIV-b. \_\_e-Book\_THE PURPLE SEAL\_Direct Distribution Price Flyer\_6\_10\_11
- 57.) XIV-c. \_\_e-Book\_Original Prevention of Sickness Pamphlet\_ISBN9780974172484\_2005
- 58.) XV-a. \_\_BRCA\_Comments on Former President Jimmy Carter\_End Global Drug War\_Newsmax\_6\_19\_11
- 59.) XV-b. \_\_Former President JimmyCarter\_Op-Ed\_Call Off the Global Drug War - NYTimes\_6\_16\_2011
- 60.) XV-c. \_\_Global\_Commission\_Report\_English\_War on Drugs\_June\_2011
- 61.) XV-d. \_\_American Drug War\_The Last White Hope 2007- Wikipedia, the free encyclopedia\_6\_21\_2011
- 62.) XV-e. \_\_Planting the Seeds of Hope\_Anna Bond\_Organica Quarterly1997

**US Department of State**

Washington, DC.

202-647-0244 fax

Your Honor Secretary of State Hilary Rodman Clinton:

Please find attached the Green Paper: Resolution of the American Health National Security Issue Omission: The Great Ramifications of Dietary Cholesterol and Bile Acid Metabolism.

It is vital that you and your executive staff review this document immediately and develop the appropriate responses because of its following implications and applications:

A. the implication that America is promulgating an unhealthy lifestyle that supports iatrogenic death and poverty to the other industrial countries especially its allies;

B. the implication that America is promulgating an unhealthy lifestyle that supports iatrogenic death and poverty to the developing countries especially where significant development investments have been made;

C. the implication that America's genocidal levels of maternal and infant death and morbidity could be ameliorated and improve its international standing in these regards;

D. the implication that America will lose its international leadership if this identified "health national security issue omission" is not properly addressed from the deteriorated ability of the American youth to meet military service standards and scientific research, educational and employment opportunities; and

E. The application of various resolution options to address the identified problem would strengthen America's ability to continue its international leadership with a healthier people.

Finally, the cardiovascular heart problems of your husband President Bill Clinton should be immediately reassessed knowing that Dr. Dean Ornish, MD. has definitively developed and authenticated that this condition can be reversed. His "Mostly Plants" editorial from the 2009 American Journal of Cardiology is also attached for your review.

Yours in service,

George W. Singleton III, BA., HD., DD.

**BRCA, Inc. President**

*State of the World Forum Member # 20827*

*2007 and 2009 European Union Humanitarian Grantee*

PS. Green Paper cited Appendixes and Flow Charts not attached can be complementary downloaded at <http://www.theuniversityofgod.org/Page8.html>

**GREEN PAPER: White House, US Congress, US/DHHS & US/DS**  
**Resolution of the American Health National Security Issue Omission:**  
**“The Great Pathophysiological Ramifications of Dietary Cholesterol & Bile Acid Metabolism:”**  
**Request for US White House Office of Health Reform Forum: Scientific Text**  
**[Resolution Text with Abstract, 10 Appendixes, 6 Tables, 2 Flow Charts and Bibliography]**

**Submission History:** US Secretary of State Hilary Rodman Clinton \_\_ GP (7/10)  
(White Paper \_ WP) White House/US. *President* Barach and *First Lady* Michelle Obama \_\_ RP (2/10), GP (3/10) (7/10)  
(Blue Paper \_ BP) White House/Office of Health Reform *Director* Nancy-Ann DeParle \_\_ WP (9/09), BP (11/09), RP (2/10), GP (4/10)  
(Red Paper \_ RP) US Congress *Speaker of the House* Nancy Pelosi (D., CA. 8 th District) \_\_ WP (10/09), BP (11/09), RP (2/10)  
(Green Paper \_ GP) US Congress *Senate Majority Leader* Harry Reid (D., NV.) \_\_ WP (9/09), BP (12/09)  
US Congress *Senate Pro Tem* and US *Vice President* Joseph Biden \_\_ BP (12/09)  
US Congress *Senate HELP Committee Chairperson* Tom Harkin (D, IA.) \_\_ WP (9/09)  
US Department of Health and Human Services Secretary Kathleen Sebelius \_\_ RP (3/10), GP (3/10, (5/10), (7/10)

**Abstract**

This **Green Paper** by America’s 2007 & 2009 European Union Humanitarian Grantee BRCA, Inc. points out that the 2009-10 historic public meeting debates and media analysis that finally led to passage of **Health Care Reform Legislation** by the US Congress, predictably omitted the **Health National Security Issue** that the **major cause** of the ever increasing health care costs in America is the failure to address properly the **complex etiology** of the **chronic diseases and syndromes**. The **key etiological role** of “**dietary cholesterol metabolism**” including especially its derivative “**bile acid metabolism**” in the **chronic diseases and syndromes** was omitted. Included are those of the Heart, the Cancers, Stroke, Asthma, Emphysema, Bronchitis, *Diabetes Mellitus*, Alzheimer's, Influenza, Pneumonia, the Kidneys, the Liver, Hypertension, Parkinson's, and Septicemia. **In addition**, as **Amnesty International USA** has identified America’s **genocidal rate of maternal mortality** as well its associated **genocidal infant mortality rate** can be added for immediate amelioration.

**Specifically**, the **systemic causation** of the **chronic diseases and syndromes** is **Dietary Cholesterol and its related Animal Protein and Animal Fat residues** acting as a “slow poison” and simultaneously nutritionally supporting a **chronic colonic pathogenic anaerobic bacterial infection** and **chronic intestinal constipation** generating **blood transported organ inflammatory** and **autoimmune reactions** with **cellular, tissue and organ toxic necroses, mutagenesis, atherogenesis, cholelithogenesis and carcinogenesis** .

This **Green Paper** projects that since these **chronic diseases and syndromes** consumed last year at least 65% of the nation’s annual \$2.5 Trillion health care expenditures that the just established **Health Care Reform Legislation** if implemented with proper **Sickness Prevention Education and Practice Incentives** would save hundreds of thousands of lives and reduce health care costs annually by **\$600 Billion by 2012**. This saving would result from a properly **sickness prevention educated** public from whom it is predicted a minimal ¼ of the nation’s people would make the properly informed **dietary lifestyle change decision** to avoid ingesting **Dietary Cholesterol foods** and to practice proper body cleansing regimens to remove their residues.

This **Green Paper** invalidates the belief held by the **Congressional Budget Office (CBO)**, many health care industry experts and distinguished news media economic analysts that the **prevention of sickness component** by the just established **Health Care Reform Legislation’s** would not generate significant health care expenditure savings but instead would lead to further deficits.

Consequently, this **Green Paper** proposes that since the previously requested convening of a **2010-2011 US Select Committee on Human Nutrition and Human Needs and/or US House of Representative/Ways and Means Committee Hearing** is **politically impossible now** that the **National Republican Party** has made the **US Congress** passing of the **Health Care Reform Bill** a November, 2010 national election issue and repeal target; that the **White House Office of Health Care Reform** hold a **Forum on American Maternal and Infant Mortality Etiology and Possible Solutions** moderated ideally by **Dean Ornish, MD., Director, Prevention Health Research Center** to address the complicated and controversial etiological roles of **Dietary Cholesterol and Bile Acid Metabolism**.

**It is predicted that the result** of such a **White House Office of Health Care Reform Forum** would be overwhelming bipartisan implementation of the presently bitterly opposed **Health Care Reform Legislation** and its **sickness prevention health education and practice incentives** that is **self-funding saving minimally \$600 Billion a year** by the public and its present political opponents.

The **National Security** relevance of this “omitted health issue” is based on the fact that the **ancient Roman Empire** and the **modern Great Britain Empire** fell in large part from within ignoring this **issue of breaking the law of nature** in regards the **aboriginal natural vegan (herbivore) diet of human beings** presented in the **Bible Genesis 1: 29 (King James Version)**:

“And God said, Behold, I have given you every herb bearing seed, which is upon the face of all the earth, and every tree, in the which is the fruit of a tree yielding seed; to you it shall be for meat.”

**The Greek Father of Medical Writing Hippocrates VI of Cos (460 BC to 377 BC) wrote:**

“Everyone has a doctor in him or her; we just have to help it in its work. The natural healing force within each one of us is the greatest force in getting well. **Our food should be our medicine. Our medicine should be our food.** But to eat when you are sick, is to feed your sickness.”

ii.

**GREEN PAPER: White House, US Congress, USDHHS and USDS  
Resolution of the American Health National Security Issue: “The Great Pathophysiological Ramifications  
 Of Dietary Cholesterol & Bile Acid Metabolism:” Request US White House Health Reform Office Forum  
 (complementary copies available from <http://www.theuniversityofgod.org/Page8.html>)**

<u>SECTION</u>	<u>CONTENTS</u>	<u>PAGE</u>
I. <u>Introduction</u>		1
II. <u>Objective</u>		1
III. <u>The American Health National Security (HNS) Omission of “The Great Pathophysiological Ramifications of Dietary Cholesterol &amp; Bile Acids”</u>		1
A. <u>The “Root Problems” of the American Health Care System</u>		2
B. <u>General Statistics – National</u>		4
C. <u>Esoteric Existence of Iatrogenic Disease and Iatrogenic Poverty Morbidity and Death</u>		5
D. <u>The “Background Noise” of the Cancer Epidemic</u>		6
E. <u>The Top Fifteen Killers (TFK) of Americans in 1996, 2000 and 2006</u>		6
IV. <u>Etiology of Dietary Cholesterol and Related Diseases and Syndromes (DCRDS)</u>		8
A. <u>Dietary Cholesterol is not a Dietary Requirement</u>		8
B. <u>Stereoisomer Specificity &amp; Organic Steroid Chemistry of Cholesterol: Natural-Cholesterol (5 cholesten 3-beta-ol)</u>		8
C. <u>Colorectal Cancer Cause ID &amp; Connection to America’s High Fat Diet</u>		9
D. <u>Secrets of Dietary Cholesterol and Bile Acid Metabolism</u>		15
E. <u>The “So-Called” Amino Acid Taurine and Bile Acid Metabolism</u>		21
F. <u>The Cholesterol Reducing Drugs and the Metabolic Syndrome</u>		22
G. <u>The Sanitation of the Human Body Blood Stream is the Key to Health</u>		23
H. <u>Great Britain’s Prince of Wales Charles Warning to United Arab Emeratus/Abu Dhabi about the Etiology of Diabetes Mellitus</u>		25
V. <u>The American Cancer Society, American National Cancer Institute’s AARP and European Longitudinal Studies of “Meat Intake and Mortality</u>		25
VI. <u>Misconceptions of Allopathic Medical Sciences, Education and Treatment</u>		26
VII. <u>The Solution of Prevention of Sickness Education and Practice Incentives</u>		28
A. <u>The Aboriginal Diet of Human Beings</u>		28
B. <u>The 2010 USDA Food Group Pyramid Needs to Reflect “Bile Acid Metabolism Ramifications”</u>		29
C. <u>Some Examples of Appropriate Diets that Limit, Avoid and Cleanse Dietary Cholesterol and Related Residues</u>		30
D. <u>Global Warming Environmental and Food Production Benefits</u>		31
VIII. <u>Projection of American Health Care Expenditure and Leading Causes of Death Reductions in the World’s Costliest Health Care System</u>		31
A. <u>Sub-Group D: Dietary Cholesterol Avoidance Life Style Change</u>		31
B. <u>Health Care Costs &amp; Causes of Death Projected Reductions</u>		32
C. <u>Vegan/Vegetarian and Body Detoxification Life Style Incentives</u>		32
IX. <u>Addressing the Genocidal Level of Infant and Maternal Mortality in America</u>		32
X. <u>Need to Convene 2010 US Congressional Health National Security Investigations</u>		37
XI. <u>Conclusion</u>		39
XII. <u>Dedication and Certification</u>		40
XIII. <u>Bibliography</u>		42

iii.

GREEN PAPER: White House, US Congress, USDHHS and USDS

Resolution of the American Health National Security Issue: "The Great Pathophysiological Ramifications Of Dietary Cholesterol & Bile Acid Metabolism:" Request US White House Health Reform Office Forum

<u>SECTION</u>	<u>CONTENTS</u>	<u>PAGE</u>
	<u>TABLES</u>	
I.	<u>Leading Causes of Death in USA in 1996, 2000 and 2006:: The <i>Esoteric</i> Top Fifteen Killers (TFK)</u>	7
II.	<u>Fecal Endogenous And Dietary Cholesterol, Coprostanol, Primary And Secondary Bile Acids And Salts In Human Omnivores, Vegetarians And Vegans (Herbivores)</u>	14
III.	<u>Inventory of Mutagenic, Carcinogenic, Atherogenic and Toxogenic Agents Etiologically Implicated in Colorectal Cancer, Heart Disease and other Chronic Diseases and Syndromes</u>	16
IV.	<u>Thirteen of the Top Fifteen Killing (TFK) Diseases Identified as Dietary Cholesterol and Related Diseases and Syndromes (DCRDS): Results of the DCRDS Systems Analysis Body Flow Chart</u>	18
V.	<u>DCRDS Prevention Education and Death Cause Averted and Money Save Annual Projections</u>	33
VI.	<u>Inventory of Toxic Bile Acids and Neutral Steroids Exposed to Fetuses, Neonatals and Infants</u>	35

APPENDIXES

A-1. The *Aboriginal* Diet of Humans (*Homo Sapiens*)

- I. Ancient African, Eastern and Middle Eastern Cultures and Civilizations: "Golden Age"
- II. Ancient European and North Asian Culture and Civilizations: "Mammal Cannibalism"
- III. Origin of the Vegetarian Diets of Africa and Asia: "Accommodation"
- IV. The Omnivore Diet's Deleterious Effects Compounded by *Allopathic* Medicines: "Metabolic Syndrome"

A-2. The *Aboriginal* Christians were Vegans

- I. Writings on the Jesus Christ Disciples as Vegans
- II. Early Christian Clergy and Saints Testimony
- III. Bible References: Vegan and Vegetarianism: Original Ideal and Ultimate Hope
- IV. Bible References: God Cares About Animals and Wants Us to Care About Animals
- V. Bible References: Animal Sacrifices Are Rejected by God
- VI. Past and Present Notable Philosophers, Scientists and Authors Testimony

B. Bruno Meessen, PhD. *et al*, editorial "Iatrogenic Poverty" in Trop Med and Inter Hlth J, 8 (7) pp. 581- 4, 2003

C. Press Release and the Science Magazine, May 17, 2002 article by Makoto Makishima, PhD, *et al*, "Vitamin D Receptor as an Intestinal Bile Acid Sensor."

D. Izrael Hieger, D. Sc., article "Carcinogenesis by Cholesterol" in Bri. J. Cancer, V. 8 (1), pp 439-51, 1959

E. Dean Ornish, MD. editorial "Just Plants" in Journal of American Cardiology, May, 2009

F. George W. Singleton, HD. Holistic Reversal of Alzheimer's Disease and Parkinson's Disease *Dementia*

G. Jay M. Hoffman, PhD.'s Hunza: 15 Secrets of World's Healthiest and Oldest Living People, 1985 synopsis

H-1. George W. Singleton, HD "Avoid the White Foods" extract from Original Prevention of Sickness: General Nutrition Instructions (OPS), 1997, rev. 2005

H-2. George W. Singleton, HD. "The 12 Causes and Prevention of Cancer" extract from OPS, 1997, rev. 2005

I-1. Amnesty International USA Citation of American Genocidal Maternal and Infant Mortality Rates, 3/2010

I-2. Global Maternal and Infant Death Rates Decrease while American Rates Genocidally Increase, 4/2010

I-3. Glantz, Anna, *et al*, article "Intrahepatic Cholestasis in Pregnancy: Relationships Between Bile Acid Levels and Fetal Complication Rates" in Hepatology J, V 40, No. 2, pp 467-74, 2004

FLOW CHARTS

#1. George W. Singleton, HD. General Human Systems Theory (GHST) Poverty Systems Analysis--Detailed 2005

#2. George Singleton, HD. Dietary Cholesterol & Related Diseases (DCRDS) Human Body Systems Analysis 2009

**GREEN PAPER: White House, US Congress, USDHHS and USDS  
Resolution of the American Health National Security Issue Omission:  
"The Great Pathophysiological Ramifications of Dietary Cholesterol & Bile Acid Metabolism:"  
Request US White House Health Reform Office Forum: Scientific Text**

### **I. Introduction**

As the **2007 and 2009 European Union Humanitarian Grantee** in America the objectives of the **United Nations' Millennium Project** of reducing *extreme poverty* within America and outside America are my objectives. Identifying the major cause of **iatrogenic Poverty** and much of **Economic Poverty** as the suppressed and largely unknown, unaddressed and preventable **nutritionally related illnesses** is my priority.

**Consequently**, it is my duty to point out humbly that the debate and documentation leading to the just passed **American Health Care System Reform Legislation (Legislation)** including the nation's health care system problem analysis, the projected costs and savings and the "100 Best Practices Research Topics" **were epistemologically corrupted** as the cause(s) of the **chronic diseases and syndromes** were not addressed. This is because it is a **US "National Security (NS)" Issue** and ideally and practically now requires a **US Executive Branch "NS" Forum** to properly resolve by necessity and ideally behind closed doors beyond *special interest* lobbyist tampering and mass media promulgation until desired.

My **Resume** is linked to <http://www.theuniversityofgod.org/index.html> as the reader needs to know my academic and work background in the synthesis of rural health research methodology, *poverty abatement* adjudication, policy development and demonstrations and the practice for 30 years of *nutritional herbology* \_\_\_the sickness treatment epistemological opposite to *allopathic* medicine \_\_\_ to assess the iconoclastic material presented herein.

### **II. Objective**

It had been requested since September, 2009 that a **2010 US Senate Select Committee on Human Nutrition and Human Needs**, Chaired by the **US Senate HELP Committee** Chairman Tom Harkin (D, IA.) and/or a **US House of Representative Hearing**; e.g. the **House Ways and Means Committee**, now Chaired by Congressman Sander "Sandy" Levin ( D, MI. 12 th District) be convened by necessity initially behind closed doors. The **objective** would be to verify the **"Health National Security Issue Omission"** identified and detailed herein so that a documented quantified savings in the Nation's healthcare expenditures from subsequent properly directed *sickness prevention education and practice incentives* can be achieved. **This would in turn lead to bipartisan support and implementation of Health Care Reform.**

**However**, since the previously requested convening of a **2010-2011 US Select Committee on Human Nutrition and Human Needs and/or US House of Representative/Ways and Means Committee Hearing** is **politically impossible now** that the **National Republican Party** has made the **US Congress** passage of the **Health Care Reform Bill** a November, 2010 national election issue and repeal target; this **Green Paper** now proposes that the **White House Office of Health Care Reform** hold a **Forum on American Maternal and Infant Mortality Etiology and Possible Solutions** possibly on-line moderated ideally by Dean Ornish, MD., *Director, Prevention Medicine Research Center* to address the complicated and controversial etiological roles of **Dietary Cholesterol and Bile Acid Metabolism**.

It is felt that the ignorance of this **"Health National Security Issue Omission"** by the opponents of the **Health Care Reform Legislation** can only be addressed effectively by its exposure because the shame of ignorance will disarm this issue as a November 2010 election again by necessity held initially behind closed doors with the same **objective**.

**Is it possible** for the **US Congress** to do the unexpected and have a **bipartisan and overwhelming majority of both parties** implementing an **American Health Care System Reform Legislation** that reflects this **"Health National Security Issue Omission"** based on an appropriately **self-funding** design and a **"sickness prevention health education and practice incentives"** implementation enrolling all Americans? **Yes, if this request for such a that the White House Office of Health Care Reform hold a Forum on American Maternal and Infant Mortality Etiology and Possible is met!**

### **III. The American Health National Security (NS) Omission of "The Great Pathophysiological Ramifications of Dietary Cholesterol and Bile Acid Metabolism"**

American clinical *allopathic* Medical Doctors (MD's) by definition are taught and use clinically an *allopathic* health care paradigm. In **sickness treatment epistemological** terms "*allopathic*" means a health care paradigm which targets primarily symptoms of a disease or syndrome in order to produce an opposite effect. The *allopathic* clinical MD's standard laboratory references include Todd, Stanford and Davidson's **Clinical Diagnostic and Management by Laboratory Methods**, 2 Volumes; and page 317 of its 1979 edition sums up this **"National Security Health Issue Omission"** best:

**"The pathophysiological ramifications of bile acid metabolism are great and beyond the scope of this chapter (or any chapter in the 2 Volume edition)."**

As the **Todd, Stanford and Davidson, Clinical Diagnostic and Management by Laboratory Methods** represents the standard *allopathic* clinical physician paradigm medical lab reference; it is clear that most medical scientists, practicing physicians and other health care providers are unaware of this complicated medical science subject area. More succinctly for the vast majority of America's *allopathic* medical doctors, *osteopathic* physicians, dentists, nurses, dieticians, physical therapists and chiropractors the "**metabolism of the primary bile acids,**" the "**metabolism of their precursor Dietary Cholesterol**" and the "**enteric bacterial degradation toxemia products of the misnomer 'secondary bile acids' and the 'tertiary bile acids'**" and "**their great pathophysiological ramifications**" are left out of their research and clinical education and training.

Instead American clinical MD.'s and other health practitioners are left with the symptomatic use of high tech health diagnostic electronics, prescription drugs, surgery including the transplant of dysfunctional organs, nuclear radiation and other *allopathic* medical procedures to address the proliferation of **chronic diseases and syndromes**. Because Dietary Cholesterol is involved in their *independent risk factors* they are called herein the **Dietary Cholesterol and Related Diseases and Syndromes (DCRDS)** that have gripped America in the last 30 years.

In other words, the **chronic diseases and syndromes** including the latest "**Metabolic Syndrome**" detailed below are "**the great pathophysiological ramifications of dietary cholesterol and bile acid metabolism**" which are herein called the Dietary Cholesterol and Related Diseases and Syndromes (DCRDS). This **Health National Security Issue** has been suppressed for over 70 years from public knowledge and the **Legislative** debate by the *allopathic* physician lead medical industry and the *Special Interest* pharmaceutical, animal meat, fish, dairy and restaurant industries.

**Note:** The "politically correct" stance that those who know about the 70 year suppression of the "great pathophysiological ramifications of dietary cholesterol and bile acid metabolism" and are trying to ameliorate the *health care crisis* it has spawned by citing its National Security damage and danger to the American body politic are enemies of America is not true. Such critics are not attacking the founding values of the American society and economy but are opposed to the *Special Interest* industry profiteers blood sucking the American people.

### A. The "Root Problems" of the American Health Care System

The "root problems" of America's health care system go beyond private verses public health care insurance and the perennially **increasing per capita cost of the health care industry** that dominates the public debate. These "root problems" are not public debate topics as they have been made *ad hoc* taboo and suppressed by *Special Interest* groups into **National Security** ones that are not to be talked about in the mass media.

**It is declared** herein that in the last 70 years the failure of the American *allopathic* medical research institutions and medical schools to conduct research, teach its students and communicate to the public the knowledge about "**the great pathophysiological ramifications of dietary cholesterol and bile acids metabolism**" are the key etiological elements in the "**Dietary Cholesterol and Related Diseases and Syndromes (DCRDS);**" and has lead to a deteriorated health care status in America with the following "root problems:"

- 1.) The **unbalanced allopathic medical epistemological foundation** of the **medical sciences**, the **medical education** and the **health care industry** which abuses human rights in regards to legal **cancer treatment options** and so-called healthy "**balanced meat diet**" alternatives.

**Note:** a.) The now deceased Vegetarian Mrs. Coretta King wife of Reverend Martin Luther King had to "illegally" go to Mexico to get the alternative cervix cancer treatment she desired.

**Note:** b.) The majority of the *allopathic* and *osteopathic* physicians of elderly patients including those with cancer in most states still advise the best diet is a "balanced meat diet;" although all credible *in vitro*, *in vivo* and objective observational/epidemiological research clearly shows the *aboriginal* **Vegan Diet** and less restrictive **Vegetarian Diet** as superior in lower disease risk factor incidences, lower death rates, **lower infant and maternal mortality rates** and longer life spans than the **Omnivorous Diet**.

- 2.) The proliferation of **chronic diseases and syndromes** which are in reality **DCRDS** where 50% of those who die of a non-cancerous disease when autopsied are also found to have had cancer \_\_\_ the "**cancer epidemic background noise**" caused by the **high fat and high protein** modern American **Omnivores Diet**.
- 3.) Failure of the *allopathic* MD lead **health care industry** to prevent and control the **chronic diseases and syndromes** including the most recent "**Metabolic Syndrome**" attributable to the ingestion of **Dietary Cholesterol and related Animal Protein and Animal Fat residues** whose causative relationship has been suppressed for over 70 years and continues to be so.

Of notable exception is the **allopathic medical specialty of cardiology** including the leadership of **Dr. William C. Roberts, M.D.**, *editor* of The American Journal of Cardiology who is quoted as follows:

"When we kill the animals to eat them, they end up killing us because their flesh, which contains cholesterol and saturated fat, was never intended for human beings."

Again of notable exception is cardiologist **Dr. Dean Ornish, MD.** whose Reversal Diet allows **only 5 mg of cholesterol/day** has been documented [Ornish, D., Scherwitz, L. W., Billings, J. H., Brown, S. E., Gould, K. L., Merritt, T. A. *et al*, "**Intensive lifestyle changes for reversal of coronary heart disease**," JAMA, 1998, 280: 2001- 2007] to be an authentic therapeutic diet capable of reversing the #1 killer of Americans *cardiovascular disease*. Dr. Ornish's **Preventative Diets** are authentic cardiovascular *disease* preventive diets. He attributes the foundation basis of his diets to his religious **Hindu Hatha Yoga Master Swami Satchidananda**. Please read Dr. Ornish's "state of the art" editorial "**Mostly Plants**" in the May, 2009 American Journal of Cardiology included herein as **Attachment E**.

- 4.) Treating the symptom of *high serum cholesterol levels* caused by **Dietary Cholesterol** with expensive and potentially harmful prescription drugs that suppress "**bad**" (**LDL**) **cholesterol** and increase "**good**" (**HDL**) **cholesterol** objectively evaluated by *sickness treatment epistemology* is not the best efficient and effective treatment compared to the *aboriginal sickness prevention approach* of decreased eating of **Dietary Cholesterol** foods with the **Vegetarian Diet** or better abstaining from such "pseudo" foods containing slow poisons with the **Vegan Diet**.

Note that this issue is not even included in the 2009 federally mandated **Institute Medicine's 100 Initial Priority Topics for Comparative Effectiveness Research** of the "best practice" questions as expected since this issue is being suppressed by the special interest lobbies of the meat, restaurant, pharmaceutical and health care industries.

Again the notable exception is Dr. Dean Ornish, MD., *Director* of the **Preventive Medicine Research Institute** whose "**Statins and the soul of medicine**", editorial in the American Journal of Cardiology, V. 89, pp. 1286-1290, June, 2002 takes issue with this questionable drug therapy.

- 5.) The emergence of America's "actual" number 3 leading cause of death after heart diseases and the cancers of **Iatrogenic Disease (caused by physicians and their health care system)** resulting yearly on average 250,000 deaths and the driving force behind the perennially increasing and seemingly excessive malpractice insurance premiums practicing physicians must pay to protect themselves from legal torts (suits). **[D 3]**
- 6.) The unsustainability of the present American health care system being ineffective and inefficient compared with other industrialized nations reflected in America having twice the *per capita health care costs* in 2009 projected at \$8,000/person compared to other industrialized countries and yet producing a below average health status internationally with 41 countries with longer **Life Expectancies** and 27 countries with lower **Infant Mortality Rates**: This is embarrassing as many of these countries are "developing" countries.

From *sickness treatment epistemology* this "**Health National Security Issue Omission**" of "**the great pathophysiological ramifications of dietary cholesterol and bile acid metabolism**" is the root cause of the unrelenting annual escalation of America's health care costs, the unrelenting failure to produce significant improvement in morbidity and mortality rates, the excessive malpractice rates and the 47 million Americans without access to primary health care.

**In summary**, the health care industry *Special Interests* including the *allopathic* and osteopathic physicians and their medical research schools, pharmaceutical companies, insurance companies, the meat industry, dairy industry, fish industry and restaurant industry have suppressed the awareness of this "**Health National Security Issue**" for over 70 years.

## **B. General Statistics -- National**

The American health care industry lead by the *allopathic* MD's is obviously performing inefficiently and ineffectively looking at international comparisons of health care cost/benefit ratios and health care status general statistics. The following general statistics indicate a crisis in health care of **National Security** significance in America incapacitating and killing hundreds of thousands annually that can be easily prevented and would extend millions of American lives, save billions of dollars and significantly increase the nation's **Gross National Product (GNP)**:

- 1.) Per Capita US Health Care Expenditures officially was \$6,714 in 2006, more than twice the average of other advanced countries. It is projected to be over \$8,000 in 2009.

**Note:** Again there is a relationship between this high expenditure rate and the high malpractice insurance rates American physicians must pay to practice. It is believed the *esoteric* iatrogenic Disease factor to be presented below plays a significant role here.

- 2.) US Infant Mortality Rate (IMR) at **6.9% (per 1000 live births)** as reported in 2008 by the **US Center for Disease Control and Prevention (CDC)** places America **29th** in industrialized countries compared with **Japan's IMR of 3.1%** and **3 rd** amongst industrialized nations. **The IMR amongst African Americans at 16.7% is genocidal!** See related 3.) below and Appendixes I-1 and I-2.

**Note a:** The **CDC** in its 2008 Annual Report on the nation's **Infant Mortality Rates** pointed to the lack of progress in *infant mortality prevention* from 2000 to 2006\_\_ a lack of progress in this vital health index not seen since the 1960's. America could once boast about its **IMR** but has steadily lost its health status advantage internationally the last 30 years since passage of the Civil Rights Bill.

**Note b:** This period from 2000 to 2006 coincides with: **i.)** the proliferation of the high fat and high protein fast food restaurants in America; **ii.)** the unannounced substitution of the federally subsidized production of the higher caloric high fructose corn syrup for the lower caloric sugar cane and sugar beet sucrose as a sweetener by America's refined food industry; **iii.)** an attempt to corrupt medical science further with federal research using statistical manipulation of death rates to give overweight and obese individuals' longer life spans than normal and underweight individuals; **iv.)** the appearance of the "**Metabolic Syndrome**" [the cluster of cardiovascular and diabetic risk factors including visceral (waist) obesity, high blood pressure, insulin resistance, elevated triglycerides and low HDL cholesterol]; and **v.)** the manifestation of the **Metabolic Syndrome** as a major dysfunction of the people.

**Note c:** In a disturbing finding the *infant merconum* (first bowel movement after birth) as well as neonatal newly born **infant bile and infant blood** contains **high amounts** of **22-Hydroxy Cholesterol, C-24 mono-hydroxy bile acids** called **3-beta-hydroxy cholenoic acid** and **Lithocholic acid** which are **dangerous co-mutagenic, co-carcinogenic, atherogenic and toxogenic** linked to **liver cholestasis** (gall stone blockage of the gall bladder) and the **Oxysterols (24, 25 and 27 Hydroxycholesterols)**. **In particular** **Premature babies** are associated with the **at risk of high concentration of C-24 mono-hydroxy bile acids** and high Dietary Cholesterol maternal diets. [F14]

Esoterically as documented below and in Appendix A-1 because the **human genome** is encoded as a **herbivore/vegan genetically**, the **human liver of the pre-natal, neonatal and infant** processes any Dietary Cholesterol from the Mother's shared blood system or amniotic fluid as a "**slow poison**" through a "**Third Bile Acid Metabolic Pathway**" producing a unique mix of bile acids that persists from conception but is slowly transformed after birth by the development of *intestinal flora* until about 4 years of age when the **adult pattern of cholesterol and bile acid metabolism** dominates.

- 3.) US Maternal Mortality Rate (MMR) at **13.3% (per 100,000 live births)** as reported in **2006** by the **UN World Health Organization** up from **7% in 1996** places America **41st** in industrialized countries with **Japan's MMR of 7.3%** and **3 rd** amongst industrialized nations. **The MMR amongst African Americans at 36.5% is genocidal!** The last 10 years has seen a nearly **100% increase**.

- 4.) As of **2006** America ranked **42 nd** in Life Expectancy (LE) with 41 countries with longer **LE's** than the **US's 77.7 years** with **Japan's 81.5 years** the leader amongst industrialized nations.
- 5.) Amongst those who die in America and their bodies undergo autopsies it is found on average that in **50%** of the major non-cancer causes of death in America the deceased also suffered from a simultaneous incidence of cancer. **Table One** further details this.

**Note:** This "**background noise**" of **Cancer** can easily be discerned and understood from a study of the DCRDS Systems Analysis Body Flow Chart to be presented below in Section IV.

- 6.) iatrogenic Disease (Doctor & health care Industry caused illness) is the "**actual**" **#3 killer** of Americans after the **#1 killer** of **Heart Diseases** and **#2 killer** the **Cancers** with an underestimated 250,000 deaths annually. **Table One** further details this. [D3]
- 7.) There were an estimated **200,000 bankruptcies** in America in 2008 due to iatrogenic Poverty; i.e. from health care related bills as well as morbidity suffering from **DCRDS**.
- 8.) iatrogenic Poverty Deaths is estimated at 45,000 a year amongst uninsured adults]. [D15]
- 9.) The sudden appearance over the last 30 years of **Metabolic Syndrome (Met S.)** affecting over 20% of Americans can involve simultaneously **9 risk factors** for overweight and **obesity, diabetes mellitus Type II, hypertension, and cardiovascular heart disease**.

Etiologically suspect are the coinciding increased Dietary Cholesterol containing modern American high animal protein and fat fast food diet, and the extensive use of **blood cholesterol lowering prescription drugs** most notably the "**statins**" which decrease the natural production of Endogenous Cholesterol. [D 10]

**Note:** The **9 risk factors** of **Metabolic Syndrome** cited above are:

- a.) increased waist circumference (over weight and obesity),
- b.) elevated blood triglycerides,
- c.) low blood HDL cholesterol,
- d.) high blood LDL cholesterol,
- e.) high blood uric acid,
- f.) high blood pressure,
- g.) fasting blood glucose,
- h.) increased blood coagulation,
- i.) in women high androgen levels, and
- j.) in men high estrogen levels.

**C. Esoteric Existence of Iatrogenic Disease and Iatrogenic Poverty Morbidity and Mortality**

In 1975 the Austrian philosopher and Roman Catholic Priest Ivan Illich's iconoclastic and best selling book entitled Medical Nemesis was released and shocked the American public with the *esoteric* concept fully statistically documented of "**iatrogenic Disease**" caused by the *allopathic* health care industry of America.

Dr. Barbara Starfield, MD, PhD is an internationally recognized MD. and Public Health PhD. teaching at the Johns Hopkins School of Hygiene and Public Health in Baltimore, MD. She has further quantified what Ivan Illich warned of over two decades earlier as to the dangers of "**iatrogenic Disease.**" Dr. Starfield courageously documented in her **July 26, 2000 Journal of the American Medical Association (JAMA)** article "**Is US Health Really the best in the world?**" that *allopathic* MD caused **iatrogenic Disease** (MD's and their health care industry caused deaths) resulted in 250,000 deaths and was the "**actual**" **number 3 killer of Americans behind #1 Heart Diseases and #2 the Cancers in 2000** as follows:

- 106,000 \_\_ non-error, negative effects of drugs
- 80,000 \_\_ hospital infections
- 45,000 \_\_ other hospital errors
- 12,000 \_\_ unnecessary surgery
- 7,000 \_\_ hospital medication error

**Total Iatrogenic Disease Deaths 250,000**

It is contended that nothing has changed for the better in the American health care system since **2000** and that **iatrogenic Disease** remains as the "**actual**" **number #3 killer in America** in 2006 up to the present time in 2010 with an average 250,000 deaths annually.

The concept of "**iatrogenic Poverty**" was first used in an editorial of that title by Bruno Meessen, *et al*, **Tropical Medicine and International Health, 8 (7) 581- 4, July, 2003** included herein as **Appendix B. Iatrogenic Poverty** encompasses health care bills driving the patient and family into poverty financial failure including asset mortgaging, liquidation and bankruptcy. People of all classes and in industrialized and developing countries as well are suffering the hardships from morbidity and mortality particularly from the **iatrogenic Poverty** of the **DCRDS**:

**“Poverty and illness are intertwined. It is a well documented fact that poverty leads to ill-health. In every society, morbidity and mortality are higher amongst the poor.”**

The Dr. Andrew P. Wilper, MD., MPH, *et al* article "**Health Insurance and Mortality in U.S. Adults**" published on line and printed in the **American Journal of Public Health**, Vol. 99, Issue 12, December, 2009 determines that there are **on average 45,000 deaths annually** amongst uninsured individuals and serious morbidity levels compared to insured individuals; i.e. **iatrogenic Poverty Deaths**. Using national health survey data from 1984-1994 data for **3 chronic diseases and syndromes** \_ diabetes, hypertension and high cholesterol \_\_ which our **sickness treatment epistemology** classified as **DCRDS** \_\_ Dr. Wilper's research team found:

- a.) 46% of the uninsured with diabetes never received a diagnosis for it compared to 23% of those insured;
- b.) 52% of the uninsured with high Cholesterol never knew they had the condition compared to 30% of the insured;
- c.) 78% of the uninsured with elevated Cholesterol were not in control of it compared to 60% of the insured; and
- d.) 58% of the uninsured with high blood pressure did not know it compared with 51% of the insured.

This study's co-author Dr. Steffie Woolhandler, MD., Professor of Medicine at Harvard University and a primary health care physician in Cambridge, Mass. astutely noted:

**“Historically, every other developed nation has achieved universal health care through some form of nonprofit national health insurance. Our failure to do so means that all Americans pay higher health care costs, and 45,000 pay with their lives”.**

This study declares “the uninsured, working-age Americans have a 40 percent higher risk of death than their privately insured counterparts, up from a 25 percent excess death rate found in 1993”.

#### **D. The "Background Noise" of the Cancer Epidemic**

As presented above in Section III. B. 4 amongst those who annually die in America and their bodies undergo autopsies it is found on average that in 50% of the non-cancer leading causes of death in America the deceased also suffered from a simultaneous incidence of cancer that did not kill them. *Esoterically*, this **"background noise" of Cancer** can easily be discerned as the *allopathic* health care industry's institutional control of the statistics of the **Cancer epidemic** with its "root-cause" intermixed in the 70 year suppression of **"the great pathophysiological ramifications of dietary cholesterol and bile acid metabolism."**

This can be clearly seen and understood from a study of the DCRDS Systems Analysis Body Flow Chart to be presented below in Section IV. By extrapolating this statistical "non-killing cancer incidence" in those who die annually from one of the other **TFK's**, we can get a better *esoteric* full picture of the **"Cancer background noise"** \_\_\_ the "hidden part of the iceberg" of the **systemic cancer epidemic** that has gripped America as follows:

- 1996 \_\_\_ there were 539,323 Americans who died of Cancer.  
\_\_\_ there were 690,000 Americans who died of a TFK other than cancer but also had Cancer.
- 2000 \_\_\_ there were 552,988 Americans who died of Cancer.  
\_\_\_ there were 701,036 Americans who died of a TFK other than cancer but also had Cancer.
- 2006 \_\_\_ there were 559,801 Americans who died of Cancer.  
\_\_\_ there were 682,373 Americans who died of a TFK other than cancer but also had Cancer.

#### **E. The Top Fifteen Killers (TFK) of Americans in 1996, 2000 and 2006**

It is hereby declared that the reality of the Top Fifteen Killing (TFK) Diseases \_\_\_ defined herein as taking the **Leading Causes of Death in America** and adding the *esoteric* existence of **iatrogenic Disease mortality** and **iatrogenic Poverty mortality** \_\_\_ reflect and encompass the effects of the over 70 year suppression of **"the great pathophysiological ramifications of dietary cholesterol and bile acid metabolism"** by the **medical research, medical education and health care institutions** of the *allopathic* medical health care complex in America.

**TABLE ONE: Leading Causes of Death in USA in 1996, 2000 and 2006: Top Fifteen Killers (TFK's) of Americans** which is attached compares the **Top Fifteen Killing Diseases in America (TFK's)** in 1996, 2000 and in 2006. TFK's are defined as taking the **Leading Causes of Death in America** and adding estimated levels of the *esoteric* existence of **iatrogenic Disease and iatrogenic Poverty mortalities**.

**Please note** there exists in Table One a big difference in the number of deaths between the **#2 TFK of Cancer** and the **#3 TFK of Stroke**. This is theorized as a *statistical manifestation* of the suppression of the **"great ramifications of dietary cholesterol and bile acid metabolism"** as will become more and more clear within the Green Paper.

**TABLE ONE::**

Comparison of Leading Causes of Death in USA in 1996, 2000 and 2006:: Generation of the Esoteric Top Fifteen Killers (TFK) of Americans including the Esoteric "Background Noise" of the Cancer Epidemic, latrogenic Disease and latrogenic Poverty Deaths. TFK's are defined as taking the Leading Causes of Death in America and adding estimated levels of the esoteric existence of latrogenic Disease and latrogenic Poverty mortalities.

Common Name	# Deaths in 1996 (% of Total 2,314,690)	Death Rate in 1996 per 200,000	Common Name	# Deaths in 2000 (% of Total 2,374,860)	Death Rate in 2000 per 200,000	Common Name	# Deaths in 2006 (% of Total 2,426,517)	Death Rate in 2006 per 200,000
1.) Heart Diseases	733,757	278.7 (31.7%)	1.) Heart Disease	710,208 (29.9%)	258.2	1.) Heart Diseases	631,250 (26.3%)	200.2
2.) Cancers	539,323 (23.3%)	203.4	2.) Cancers	552,988 (23.3%)	200.9	2.) Cancers	559,801 (23.3%)	180.7
+ 2.) TFK Deaths with Cancer	690,071 (29.8%)	262.1	2.) TFK Deaths with Cancer	701,036 (29.5%)	254.9	2.) TFK Deaths with Cancer	682,373 (28.1%)	216.4
* 3.) latrogenic Disease	200,000 (8.6%)	76.0	3.) latrogenic Disease	250,000 (10.5%)	91.0	3.) latrogenic Disease	250,000 (10.3%)	80.3
3.) Stroke	159,714 (6.9%)	60.3	3.) Stroke	167,535 (7.1%)	60.9	3.) Stroke	136,976 (5.7%)	43.6
4.) Asthma/ Emphysema/ Bronchitis	106,476 (4.6%)	40.0	4.) Asthma/ Emphysema/ Bronchitis	121,971 (5.1%)	44.3	4.) Asthma/ Emphysema/ Bronchitis	124,549 (5.2%)	40.5
5.) Accidents	94,902 (4.1%)	35.8	5.) Accidents	96,934 (4.1%)	35.6	5.) Accidents	120,395 (5.0%)	39.8
6.) Influenza and Pneumonia	83,329 (3.6%)	31.6	6.) Diabetes	69,021 (2.9%)	25.2	6.) Diabetes	72,922 (3.0%)	23.3
7.) Diabetes	64,497 (2.7%)	23.3	7.) Influenza and Pneumonia	65,021 (2.7%)	23.7	7.) Alzheimer's	72,482 (3.0%)	22.6
** 8.) latrogenic Poverty Syndrome	20,000		8.) latrogenic Poverty Syndrome	30,000		8.) latrogenic Poverty Syndrome	40,000	
8.) HIV	30,091 (1.3%)	11.1	8.) Alzheimer's	49,566 (2.1%)	18.0	8.) Influenza and Pneumonia	56,060 (2.3%)	17.8
9.) Suicide	30,091 (1.3%)	10.8	9.) Kidney Diseases	37,087 (1.6%)	13.5	9.) Kidney Diseases	45,182 (1.9%)	14.5
10.) Liver Diseases	25,462 (1.1%)	9.5	10.) Septicemia	30,949 (1.3%)	11.3	10.) Septicemia	33,965 (1.4%)	11.0
11.) Kidney Diseases	23,147 (1.0%)	9.2	11.) Suicide	29,546 (1.2%)	10.8	11.) Suicide	33,292 (1.4%)	10.9
12.) Septicemia	20,832 (0.9%)	8.1	12.) Liver Diseases	18,072 (1.1%)	9.6	12.) Liver Diseases	27,546 (1.1%)	8.8
13.) Alzheimer's	20,832 (0.9%)	8.1	13.) Hypertension	18,072 (0.8%)	6.6	13.) Hypertension	23,855 (1.0%)	7.5
14.) Homicide	20,832 (0.9%)	7.9	14.) Pneumonitis	16,626 (0.8%)	6.1	14.) Parkinson's	19,565 (0)	6.3
15.) Arterio-sclerosis	20,832 (0.7%)	6.3	15.) Homicide	16,386 (0.8%)	6.1	15.) Homicide	18,218 (0.8%)	6.2
<b>^ TFK TOTALS:</b>	1,969,488 (85.1%)			1,999,992 (84.2%)			1,976,058 (81.4)	
<b>** DCRDS TOTALS:</b>	2,119,465 (84.3%)			2,204,060 (84.0%)			2,174,548 (81.2%)	

**NOTES:**

+ This is the "Cancer Background Noise" of the estimated 50% of those who died of a Top Fifteen Killer (TFK) other than Cancer who upon autopsy were found to have also had Cancer. Accidents, Suicide and Homicide not included. Please see text.

\* Dr. Barbara Starfield, MD., PhD. calculations for latrogenic Disease Deaths in July 26, 2000 Journal of the American Medical Association (JAMA) article "Is US Health Really the best in the world?" were used to extrapolate its levels for 1996 and 2006.

\*\* Dr. Andrew P. Wilper, M.D., M.P.H., et al/ calculations for latrogenic Poverty Deaths in American Journal of Public Health (AJPH) online and print edition Vol. 99, Issue 12, December, 2009 article "Health Insurance and Mortality in U.S. Adults" was used to extrapolate its levels for 1996 and 2006.

^ The TFK TOTAL does not include Accident and Homicide deaths but includes esoteric "Cancer Background Noise" deaths, latrogenic Disease and latrogenic Poverty death estimates. Please see text.

^^ DCRDS Total refers to the Dietary Cholesterol and Related Diseases and Syndromes (DCRDS).

#### IV. The Etiology of the Dietary Cholesterol and Related Diseases and Syndromes (DCRDS)

##### A. Dietary Cholesterol is not a Dietary Requirement

Magill's Medical Guide, [Salem Press, Inc.] 2005 3 rd revised edition Volume I, pages 492-493 edited by Tracy Irons-Georges declares with emphasis added:

“The body can meet its needs for cholesterol through synthesis; there is no dietary requirement. **Cholesterol deficiency does not arise in humans even on a purely vegetarian [cholesterol free (herbivore/vegan)] diet.** .... The liver is the most important site for cholesterol synthesis within the body .... Mammalian cells have the capacity to synthesize their own cholesterol”.

Yes, there is no scientific basis nor nutritional need for humans to ingest animal flesh. Esoterically it is done from demonic *metaphysical and cultural socio-political economic* reasons; and is a violation of “The Great Law” presented in the Bible Genesis 1: 29 as the *aboriginal* human nutritional directive to follow the herbivore/vegan diet. Ironically, as the human body treats an organ transplant as foreign and rejects it so it does with Dietary Cholesterol. Consequently, the “great ramification of dietary cholesterol and bile acid metabolism” is the “Omnivore’s Dilemma” which *a priori* does not occur in the herbivore/vegan diet.

##### B. Stereoisomer Specificity & Organic Steroid Chemistry of Cholesterol:



Natural-Cholesterol (5 cholesten 3-*beta*-ol)

Above left is the stereoisomer steroid chemistry and numbering for the steroid molecule of Cholesterol used for both the human Endogenous Cholesterol and its isomer animal Dietary Cholesterol. Knowledge of it is needed to comprehend the primary *etiological* role of Dietary Cholesterol in the *chronic diseases and syndromes* suppressed by the Omnivore Diet Connected Industries and the Health Care Industry Special Interests who profit from the public’s ignorance. By convention the molecule lies on the plane of the paper and the positions 18, 19 and 29 show a “*solid cone*” or beta-configuration as they lie above the plane of the paper while the positions 28 and 30 show the “*striated cone*” or alpha-configuration below the plane of the paper.

Above right indicated as circles are shown the cholesterol molecule’s 8 stereocenters giving it “2 to the 8th power” or 256 possible isomers. Consequently, each specific individual of each animal species on earth which makes cholesterol including that of the mammalian vertebrate species of humans (*homo sapien*) makes a cholesterol molecule isomer that is unique to that specific animal species individual. The ent-Cholesterol and epi-Cholesterol are major isomers of nat-Cholesterol.

Specifically, molecules of a unique human’s “natural” Endogenous Cholesterol or Natural - Cholesterol have the following organic steroid chemistry stereoisomer specificity:

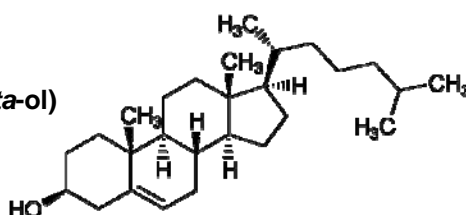
- 1.) IT CAN NOT BE SUBSTITUTED with molecules of a different human’s Endogenous Cholesterol; and
- 2.) NOR CAN IT BE SUBSTITUTED by the Dietary Cholesterol from butchered, cooked animal meat or *rennet* based dairy products.

WITHOUT a varied and holistic full body immune system response. Symptoms analogous to “transplanted organ/tissue rejection” with inflammatory blood and white cell tissue markers and Dietary Cholesterol antibodies as associated with the autoimmune diseases of atherosclerosis, diabetes and Alzheimer’s disease the latter’s *dementia* produced by placques from mutagenic clone white blood cells secreting amyloid muco- fibroid-protein. Take note that the cholesterol molecule is a steroid with a “polycyclic aromatic” structure with an unsaturated, double carbon bond at the C5-6 positions characteristic of mutagenic/carcinogenes.

##### 1.) The Human molecule of Natural (Endogenous) Cholesterol (Nat-Cholesterol, 5 cholesten 3- *beta*-ol)

Nat-Cholesterol

(Nat-Cholesterol, 5 cholesten 3- *beta*-ol)

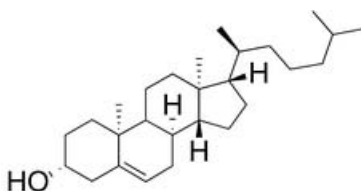


It is theorized herein that Human Endogenous Nat-Cholesterol has an “isomer twin” in the Animal/ Dietary Cholesterol of the mammalian beef, pig, lamb and goat meat and dairy products as well chicken and other avarian, fresh and salt water **pseudo” foods** that **Omnivores** and dairy products **Vegetarians** are consuming. It will cause a cholesterol **antibody** immune reaction.

- 2.) The “mirror image” isomer of Nat-Cholesterol called enantiomer- (or) ent-Cholesterol (5 cholesten 3- *alpha*-ol) of exact chemical composition and properties **does** possess the same cell membrane component electro-magnetic display in reverse, the same physical properties and similar biological and chemical reactions as does Natural (Endogenous) Cholesterol.

It is theorized herein that Ent-Cholesterol is a major isomer component of the Dietary Cholesterol acquired from mammalian beef, pig, lamb and goat meat and dairy products as well chicken and other avarian, fresh and salt water **pseudo” foods** that **Omnivores** and dairy products **Vegetarians** are consuming. It will cause a cholesterol **antibody** immune reaction.

Ent-Cholesterol (5 cholesten 3-*alpha*-ol)

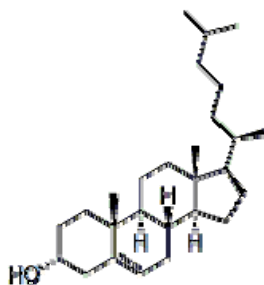


**Note:** *In vivo* tissue culture research indicates that ent-Cholesterol can support cell growth during the **first generation**. **However**, cell death results in **generation two** reflecting that the necessary **mitosis proteins and enzymes** being **enatiomerselective** need the nat-Cholesterol stereochemistry configuration. [F. 36]

- 3.) The Nat-Cholesterol epimer isomer called Epicholesterol [5 cholesten 3-*alpha*-ol] although of exact chemical composition and properties **does not** possess the same cell membrane component electro-magnetic display, physical properties and biological and chemical reactions as does Natural (Endogenous) Cholesterol.

It is theorized herein that **3 alpha- epicholesterol** is a major isomer component of the Dietary Cholesterol acquired from mammalian meat and dairy products as well avarian, aquatic animal “**pseudo foods**” that **Omnivores** and dairy products **Vegetarians** are consuming. It will cause a cholesterol **antibody** immune reaction.

Epicholesterol  
(3 *alpha*- isomer) epimer  
[5 cholesten 3-*alpha*-ol]



**Note:** *In vivo* tissue culture research indicates that epicholesterol can not support cell growth during the **first Generation** leading to **cell death** results reflecting that the necessary **cell membrane generation** involving **non-enatiomerselective lipids** need the nat-Cholesterol stereochemistry configuration. [E. 15]

It is important to note herein that a **distinction** is made in the *cancer etiological language* used between **mutagenic** and **carcinogenic agents** be they inorganic chemical, organic (hydrocarbon) chemical, biochemical, viral, electromagnetic or radioactive in nature:

- “**mutagenic agents**” cause **DNA chromosomal nucleotide base changes** to a specific cell producing various phenotype abnormalities including in the case of cancer **neoplasmic appearance and behavior** that is passed on in that cell's gene *meiosis* and *mitosis*; and
- “**carcinogenic agents**” promote the growth, survival and spread of **neoplasmic cancer cells**.

**Note** : 1.) That the **polycyclic aromatic** biochemical steroid **Cholesterol** and its **Bile Acid** derivatives are suspect as **and** can be both **mutagenic and/or carcinogenic agents**.

- That the **polycyclic aromatic** hydrocarbon chemicals like **benzpyrene** can be both or singularly **mutagenic and/or carcinogenic agents**.

### **C. Colorectal Cancer Cause Identified & Connected to America's High Fat Diet**

In 1974 the ground breaking article was published by T. Narisawa *et al* entitled "**Promoting effect of bile acids on colon carcinogenesis after intrarectal instillation of N-methyl-N'-nitro-N-nitrosoguanidine in rats**" in the *Journal of the National Cancer Institute*, V. 53, pp. 1093 funded by the **Great Britain National Institute of Health** first connecting **colorectal cancer** to **bile acid metabolism**. **Specifically**, this article was the **first to document** that the so-called **secondary bile acid Lithocholic Acid (LCA)** promoted the known chemical **mutagenic and carcinogenic agent** called **N-methyl-N'-nitro-N-nitrosoguanidine**. Thus by our definition and the authors T. Narisawa *et al* so cited **LCA** is a **co-carcinogenic agent**.

**Note** that this article was obviously missed by the definitive milestone findings of the **US Senate Select Committee on Human Nutrition and Human Needs** convened by US Senator George McGovern released 2 years earlier by the **US. Government Printing Office (GPO)** in 1972. **Fortunately**, 25 years latter in 1999 Japanese medical scientists lead by Makoto Makishima, PhD. Professor, Department of Biochemistry, Nihon University School of Medicine, Tokyo, Japan observed the *comparative epidemiological* data of red meat ingestion between Japan and America and the higher incidence of colorectal cancer in the latter. He was funded to do research at the University of Texas Southwestern Medical Center in another area of **cholesterol and bile acid metabolism**, that of **Vitamin D3** which is made in the human body from a precursor from **Endogenous Cholesterol**. Makishima's work was reported in an article in the **Science Magazine**, May 17, 2002 issue entitled "**Vitamin D Receptor as an Intestinal Bile Acid Sensor.**"

Dr. Makoto Makishima's own research confirmed that **Dietary Cholesterol** was catabolized in the human liver into the so-called **primary bile acid Chenodeoxycholic acid (CDCA)**, and that **CDCA** was in turn transformed by **anaerobic pathogenic bacteria** in the human colon into the so-called **secondary bile acid Lithocholic Acid (LCA)**. **LCA's** role in causing the number 2 death causing cancer site of **colorectal cancer** in America cannot be denied. The **University of Texas Southwestern Medical Center Press Release** on Makishima's article in the **Science Magazine** cited above and the article itself are attached as **Appendix C**.

**Consequently**, since 1974 the **secondary bile acid LCA** has been identified as the most powerful biochemical **carcinogenic agent** known to science. Although it is **not mutagenic** it is toxic to the liver whose prime directives include detoxification of poisons; it is toxic to the pancreas, spleen, heart, lungs and kidneys; and additionally holistically promotes the growth and spread of already existing cancer cells (neoplasms) and thus is **carcinogenic**.

With both humans and most domesticated animals being mammals, **animal meat** is similar to **human flesh**. For a human who genetically is like the mouse a **herbivore** [not like the rat and pig who are genetically **omnivores**] the **biggest problems** of eating **mammalian animal meat** are the ramifications to the human body of "**mammal cannibalism.**" The **herbivore** human body can not fully digest the "**pseudo**" **food of animal meat** which is composed of but not limited to the following animal biochemical elements that are human diet **unnatural** and **antigenic** in the body:

- a.) **muscle tissue** made up of cell membranes of **Dietary Cholesterol**, fatty acids, the 20 **protein amino acids especially cystein, methionine, glycine and tryptophane** and with **myolin** and **actin** fiber proteins which allow it to contract and the **neuroproteins of DNA and RNA** of cellular nuclear encased genetic material;
- b.) **muscle nerve tissues** which is made up of cell membranes of **Dietary Cholesterol**, fatty acids, the 20 **protein amino acids especially cystein, methionine and glycine and tryptophane**; **myelin** fiber protein phospholipids and the **neuroproteins of DNA and RNA** of the nerve cell's nuclear encased genetic material;
- c.) **blood vascular tissue** made up of cell membranes of **Dietary Cholesterol**, fatty acids, the 20 **protein amino acids especially cystein, methionine and glycine and tryptophane**; the **neuroproteins of DNA and RNA** of the nerve cell's nuclear encased genetic material and red and white blood cells and their components; **and**
- d.) **connective tissue** and intracellular **mucopolysaccharrides**.

The Medical Sciences since **Professor Makoto Makishima's 2002 Science Magazine** article have continued to try and avoid implicating **Dietary Cholesterol** in the **etiology of colorectal cancer**. Predictably they have and are trying to apply therapeutic pharmacological techniques to control the underlying **chronic enteric toxemic infection** producing the **Secondary Bile Acids** and their further bacterial degradation to **Tertiary Bile Acids**. **Especially** of concern here are the **anaerobic pathogenic clostridium bacteria** which are capable of **Nuclear Dehydrogenation (HDH)** of the "**A-ring**" of the steroid bile acid structure to a "**4-ene-3 one configuration.**" As **polycyclic aromatic** hydrocarbons this makes these transient **Tertiary Bile Acids** suspect as highly **mutagenic and carcinogenic**.

The quandary faced by colon cancer researchers in this cited environment of decades of *special interest* medical institutional and industrial cancer etiological knowledge suppression of **colorectal cancer's cause** is epitomized by Bandaru S. Reddy, DVM, PhD. and Ernest L. Wynder, MD. In their 1977 astute article "**Metabolic Epidemiology of Colon Cancer: Fecal Bile Acids and Neutral Sterols in Colon Cancer Patients and Patients with Adenomatous Polyps**" in the (British) Journal of Cancer, 39, pp 2533-39, 1977 they analyze the quandary as follows:

"The increased enzyme activities of the **fecal flora** to produce secondary bile acids and cholesterol metabolites coupled with increased fecal excretion of bile acids and cholesterol metabolites in colon cancer patients compared to controls **raises the intriguing possibility** of their role in the **etiology of colon cancer**. The possibility exists that fecal bacterial 7 alpha-dehydroxylase and fecal cholesterol and its metabolites, and **lithocholic acid** and **deoxycholic acid**, could be utilized as metabolic indicators that will reflect high and low risk populations as well as patients with colon cancer."

"The question may be raised as to the extent to which the findings of this and other studies provide (to) causative explanation to human large bowel [colon] cancer."

"**Although a specific carcinogen for the colon has not been identified in the feces, an association has been established between colon cancer and fecal excretion of bile acids and cholesterol metabolites.**"

"The questions that need to be answered are:

- a.) whether carcinogens are present in the colonic lumen or whether they are synthesized by the colonic mucosa, and
- b.) how the bacterial metabolites act and/or interact."

"In **colon carcinogenesis**, as is also likely in other forms of chemical carcinogenesis, factors that modify the action of carcinogenesis may not only play a predominate role in intervention, but also have crucial preventative significance."

"**From a prevention point of view**, studies are required to investigate the **dietary changes** that can alter the composition and concentration of **intraluminal bile acids and/or cholesterol metabolites.**"

"Investigations should be carried out to determine whether adenomatous polyps could be reduced if the patients were placed on a low fat diet."

"The data thus generated can significantly enhance our knowledge of the etiological factors that play a role in cancer of the large bowel."

As in 1977 and still to the present the majority of the leading **colon cancer researchers** like Professor Reddy and Doctor Wynder **are unaware** of the outstanding ground breaking cancer research work conducted from 1930 to 1965 by Professor Izrael Hieger, D. Sc. of London England, Great Britain (GB) that **identified a "specific carcinogen in the colon"** \_\_ cholesterol itself!

From 1920 to 1930 Professor Hieger and his teacher Professor E. L. Kennaway at the **Cancer Hospital Research Institute**, London, England, GB. pioneered the study of **carcinogenic organic (hydrocarbon) chemicals**. They were the first to isolate and prove the main **carcinogenic agent** in coal tar and cigarette smoke was the **polycyclic aromatic (unsaturated carbon double bond) hydrocarbon chemical 3:4-Benz(a)pyrene**, which as part of asbestos is a major occupational and environmental cancer vector. They discovered four attributes about **hydrocarbon chemical mutagenic carcinogens** as follows:

- a.) the **mutagenic carcinogenic chemicals** are **polycyclic aromatic hydrocarbons** made up of condensed or unsaturated double carbon bond rings;
- b.) when many **substances containing hydrocarbon chemicals** are exposed to high heat they become **carcinogenic chemical tars and oils**;
- c.) when suspected **mutagenic carcinogenic chemicals** are exposed to **ultra-violate light** they give off a **fluorescent spectrum** of 3 "fluted" bands at **4000, 41800 and 4800 Angstroms** measurable with a **spectroscope**; and
- d.) when suspected **carcinogenic chemical** are tested by subcutaneous injection into laboratory mice it produces **sarcoma tumors** (mostly *sarcomatoid* carcinomas) at the point of injection with control groups tested without the substance being tested used.

Professors Hieger and Kennaway's **carcinogenic** search and test procedure was as follows:

- 1.) high temperature heating various tars and oils and transforming other substances via high heat into a tar or oil;
- 2.) **ultra-violate light fluorescent spectrum testing** them for the **3 characteristic carcinogen "fluted" bands** at **4000, 41800 and 4800 Angstroms**; and
- 3.) systematically testing suspect substances for their **mutagenic and carcinogenic** abilities by subcutaneously injecting laboratory mice under stringent controls seeking confirmation by **sarcoma tumor** production.

In 1930 Professor Hieger published the results of his ongoing research for other **carcinogenic** chemicals at the **Cancer Hospital Research Institute** in 2 scientific journal articles that tested over 60 tars, oils and other substances as follows:

- a.) E. L., Kennaway and Izrael Hieger, I, "Carcinogenic Substances and their Fluorescence Spectra," **British Medical Journal**, pp. 1044 – 46, June 7, 1930
- b.) Izrael Hieger, "The Spectra of Cancer Producing Tars and Oils and Related Substances," **Biochemical Journal**, V. 24 (2) pp. 505- 61, 1930

**Incredibly**, Professor Izrael Hieger conclusively demonstrated in these 2 scientific journal articles that **Dietary Cholesterol Tar** as well as **Dietary Animal Meat Tar** were **mutagenic carcinogens**.

**Note:** This does not portend well for the subject of the **carcinogenesis of cooked animal meats** to be dealt with later in the forth coming **Green Paper** on this subject. Cooking animal meat is the only way most human's can stand to eat it and this is the *aboriginal* source of the origin of cooked foods and meals. **In particular the notorious mutagenic and carcinogenic Benzpyrene permeates charcoal grilled animal meat.**

**It is not a coincidence** that **Dietary Cholesterol** meets all of Professor Hieger and Professor E. L. Kennaway's observed characteristics of **mutagenic/carcinogenic chemicals** of: **a.)** being an **aromatic or cyclic biochemical** made up of condensed or unsaturated double carbon bond ring; **b.)** that the **Dietary Cholesterol Tar** gave off the **ultra-violate light fluorescent spectrum** of 3 bands at **4000, 41800 and 4800**; and **c.)** produced **sarcoma's** in laboratory mice.

After over 16 years of painstakingly careful basic research Professor Hieger [now at the **Chester Beatty Research Institute, Royal Cancer Hospital** London, England, GB. partly funded by the **US Public Health Service**] published **9 scientific journal articles** starting in 1946 that **conclusively demonstrate that Dietary Cholesterol is both mutagenic as well as carcinogenic** as follows:

- 1.) 1946 \_ Izrael Hieger, "Carcinogenic Substances in Human Tissue," **Cancer Research**, V 6, pp 657- 67
- 2.) 1947 \_ Izrael Hieger, "Carcinogenic Activity of preparations rich in Cholesterol," **Nature**, V. 160, pp 270- 71
- 3.) 1949 \_ Izrael Hieger, "Carcinogenic Activity of Lipoid Substances," **Bri. Journal of Cancer**, V. 3, pp 123-39
- 4.) 1954 \_ Izrael Hieger and S.F.D. Orr, "On the Carcinogenic Activity of Purified Cholesterol," **Bri. Journal of Cancer**, V. 8 (2), pp 274-90
- 5.) 1957 \_ Izrael Hieger, "Cholesterol as a Carcinogen," **Proceedings of the Royal Society, B (Biological Sciences)**, V. 147, pp 84-8
- 6.) 1958 \_ Izrael Hieger, "Cholesterol Carcinogenesis," **Bri. Medical Bulletin**, V. 14, pp 159-160
- 7.) 1959 \_ Izrael Hieger, "Carcinogenesis of Cholesterol," **Bri. Journal of Cancer**, V. 8 (3), pp 439-51
- 8.) 1960 \_ Izrael Hieger, **Acta Unio Internationalis Contra Cancrum**, V. 15, p. 603, Geneva, Switzerland  
**Note:** This article was so suppressed its "Title" is not retrievable on the Internet, its paper journal resides on shelf in a few European University Libraries, the journal became defunct in 1964 and has not been digitized and no abstract of the article exists.
- 9.) 1962 \_ Izrael Hieger, "Cholesterol as Carcinogen\_ I. Sarcoma Induction by Cholesterol in a Sensitive Strain of Mice," **British Journal of Cancer**, V 16 (4) pp 716-21

During this over 16 years of painstakingly careful basic research **Professor Izrael Hieger, D. Sci.** used three formulated sources of **human cholesterol** utilized as **dietary cholesterol** when injected into mice to study its simultaneous **mutagenic** and **carcinogenic** abilities as follows:

- a.) **an unsaponifiable 85% human cholesterol liver extract** from humans who had died of cancer or died of other diseases;
- b.) **a commercial human cholesterol source**; and
- c.) **a purified 100% human cholesterol preparation** provided by a pharmaceutical manufacturing company further purified.

**Professor Izrael Hieger, D. Sci.** under total environmental **carcinogenic free** laboratory conditions and a controlled research model showed that these 2 **dietary cholesterol** formulations were "**slow acting**" up to **19 months latent mutagenic and carcinogenic agents** as follows:

- 1.) mice subcutaneously injected with the **unsaponifiable 85% human cholesterol liver extract** produced sarcomas at rates as high as 6%; and

- 2.) mice subcutaneously injected with a purified 100% human cholesterol preparation provided by a drug manufacturing company produced sarcomas at rates as high as 14%.

**Note:** “Unsaponifiable” means that all fats have been removed from the substance with the use of alcohol basic solvent(s) used to make soaps and no fatty acids, triglycerides or phospholipids remain.

The 1959 above cited Izrael Hieger British Journal of Cancer article is attached as Appendix D. Observe that 2 strains of laboratory mice which are herbivore mammals where injected with “mammalian human cholesterol.” Thus Professor Hieger’s in vivo research mouse model using our cancer etiological language distinctions presented above on page 9 was testing Dietary Cholesterol and not Endogenous Cholesterol as a mutagen and a carcinogen; i.e. the mice as herbivore mammals were forced by injection to be “mammal cannibals.”

Thus in 1977 unbeknownst to Professor Bandaru S. Reddy and Ernest L. Wynder, the aromatic (unsaturated) polycyclic Dietary Cholesterol had already been scientifically identified in 1959 as the “specific colonic carcinogenic chemical” not only in colon feces, but in the blood stream and systemically in the entire human body of those humans eating an Omnivorous Diet. The “association between colon cancer and fecal excretion of bile acids and cholesterol metabolites” identified by Reddy and Wynder is now readily explainable with Dietary Cholesterol identified as a colon cancer mutagen and carcinogen for those eating an Omnivorous Diet.

Professor Izrael Hieger, S. Sci.’s research definitively proving that Dietary Cholesterol was mutagenic and carcinogenic has been suppressed. After his 1961 book review of cancer theories Carcinogenesis(160 pages) published by Academic Press, Inc., London, England where he includes cholesterol as carcinogenic he is credited with one more journal research on carcinogens in 1965.

Esoterically, the ingestion of the “slow poison” Dietary Cholesterol causes the Liver to make the primary bile acid Chenodeoxycholic acid (CDCA) as a detoxification product. The Liver detoxifies CDCA by conjugating it with the amino acid glycine or the sulfonic acid taurine and dumps the resulting bile salts into the Gall Bladder as detoxed excretory products.

Fortunately, another cancer researcher in London, England bacteriologist Vivienne C. Aries, PhD. (St. Mary’s Hospital Medical School) from 1969 through 1973 exploring the association of colorectal cancer with industrial countries again albeit Japan. This led her to explore in particular the dietary cholesterol and bile acid metabolism of 1.) industrial urban English people compared with agricultural rural people of Uganda; and 2.) humans on the Omnivore diet as compared with those on a strict Vegetarian diet.

Characteristically, Omnivorous humans will have unsanitary chronically infected colons reinforced daily by their eating more animal meat flesh and organs containing the pathogenic anaerobic bacteria. The resulting chronic toxemic infections in their colons allows these pathogenic anaerobic bacteria to deconjugate the bile salts neutralizing their Liver’s detoxing. From further bacterial putrefaction the un-conjugated CDCA is degenerated into the carcinogenic agent the so-called secondary bile acid Lithocholic Acid (LCA).

Professor Vivienne C. Aries verified that the 3 major fecal pathogenic anaerobic bacteria as Bacteroides, Enterobacteria including E. Coli and Clostridia Bacteria for humans on the Omnivore diet and on a strict Vegetarian diet possessing and using the 7-dehydroxylase enzyme required to degrade the Primary Bile Acids Cholic Acid (CA) and Chenodeoxycholic acid (CDCA) respectively into the so-called Secondary Bile Acids Deoxycholic acid (DCA) a weak carcinogenic and Lithocholic acid (LCA) is a strong carcinogenic.

Professor Aries also discovered [Aries, VC, and Hill, M.J. “Degradation of Steroids by Intestinal Bacteria II,” Biochem. Biophys Acta, V. 202, pp. 535, 1970 as reported in op cit, 1971] that the Omnivores’ Bacteriodes bacteria degrade Bile acids greater than those in Vegetarians:

- i.) That Bacteriodes spp. of Omnivores have 49% of the 7-dehydroxylase enzyme.
- ii.) That Bacteriodes spp. of strict Vegetarians have only of the 20% 7-dehydroxylase enzyme.

TABLE TWO below details the findings from Professor Vivienne C. Aries, et al, “The Effect of a Strict Vegetarian Diet on the Faecal Flora and Faecal Steroid Concentration,” British Journal of Pathology, V. 103, pp. 54-56, 1971. The pattern that emerges of the fecal neutral steroids (Dietary Cholesterol and its bacterial metabolite coprostanol) and the primary and secondary bile acids in humans on various diets presented is summarized below:

- 1.) Omnivores have 1.4 times more Dietary Cholesterol and 1.7 times more Total Fecal Bile Acids including 1.4 times more Fecal CDCA and 2.7 times more Fecal LCA than strict Vegetarians.
- 2.) Omnivores have 121 times more Dietary Cholesterol and 3.6 times more Total Fecal Bile Acids including 26 times more Fecal CDCA and 27 times more Fecal LCA than Vegans (Herbivores).

**TABLE TWO: FECAL ENDOGENOUS AND DIETARY CHOLESTEROL, COPROSTANOL, PRIMARY AND SECONDARY BILE ACIDS AND SALTS IN OMNIVORES, VEGETARIANS AND VEGANS**

Diet	Fecal Neutral Steroids (FNS) (mg/g dry weight feces)			Fecal Bile Acids and Salts (FBAS) (mg/g dry weight feces)				TOTAL FECAL BILE ACIDS & SALTS (FBAS)	TOTAL ENDOGENOUS CHOLESTEROL	TOTAL DIETARY CHOLESTEROL	TOTAL CHOLESTEROL
	Cholesterol [EC]	Copostanol [DC]	TOTAL FNS	Primary BA Cholonic Acid (CA) [EC]	Secondary BA Deoxycholic Acid (DCA) [EC]	Primary BA Chenodeoxycholic Acid (CDCA) [DC]	Secondary BA Lithocholic Acid (LCA) [DC]				
Omnivore (O)	3.3 mg/g (31%)	6.8 mg/g (69%)	10.8 mg/g	0.5 mg/g (8%)	0.3 mg/g (5%)	2.6 mg/g (43%)	2.7 mg/g (44%)	6.1 mg/g	4.1 mg/g	12.1 mg/g	16.2 mg/g
Vegetarian (V)	1.9 mg/g (21%)	5.9 mg/g (79%)	8.9 mg/g	0.7mg/g	1.0 mg/g	1.8 mg/g	1.0 mg/g	3.5 mg/g	3.6 mg/g	8.7 mg/g	12.3 mg/g
O/V Ratio	1.7	1.2	1.2	0.7	0.3	1.4	2.7	1.7	1.1	1.4	1.3
Vegan (VG)	> 1.9 mg/g -	0.1 (na)	> 1.9 mg/g -	> 1.7 mg/g -	0	0.1 (na)	(0.1) na	> 1.7 mg/g -	3.6 mg/g	0.1 (na)	3.6 mg/g
O/VG Ratio	1.7	68.0 (na)	5.7	0.3	3	26.0 (na)	27.0 (na)	3.6	1.1	121 (na)	4.5

Adapted from Aries, Vivienne C., *et al*, "The Effect of a Strict Vegetarian Diet on the Faecal Flora and Faecal Steroid Concentration, *British J. Pathology*, V 103, pp 54-6, 1971.

**KEY:** EC \_ Endogenous Cholesterol or derived there from, DC \_ Dietary Cholesterol or derived there from, na \_ Not Applicable.

- NOTES:** I. a.) Since Omnivores ingest animal meat and dairy and strict Western Vegetarians as used in this research ingest dairy products *containing rennet* (cow milk sack scrapings used to coagulate cheese), about half of their ingested Dietary Cholesterol which is *mutagenic* and *carcinogenic* is made by the Liver into the so-called *Primary Bile Acid* Chenodeoxycholic Acid (CDCA) which is still a weak carcinogenic;
- b.) Then the Liver further detoxifies the Chenodeoxycholic Acid (CDCA) by conjugating it with either the *amino acid* glycine or with the *sulfonic acid* taurine making the CDCA Bile Acid Salts where it is stored in the Bile of the Gall Bladder which *will* release it into the small intestine intended for excretion via the body feces.
- I. c.) Unfortunately however, in Omnivores and in most Western Vegetarians when the Gall Bladder releases its Bile with the *Primary Bile Acid Salts* of Chenodeoxycholic Acid (CDCA) into the small intestine food chime it is instead of fecal excrement is deconjugated from the amino acid or sulfonic acid detoxifier and further degraded in the Toxemic large intestine by *Pathogenic Anaerobic* Bacteria transformed into the so-called *Secondary Bile Acid* Lithocholic Acid (LCA) an even stronger carcinogen than CDCA.
- Furthermore the large intestine's Toxemic condition allows for the *Pathogenic Anaerobic* Bacteria to further degrade LCA producing so-called *Tertiary Bile Acids* many of which are cyclic aromatic biochemicals and thus potentially mutagenic and carcinogenic and highly transient. See text and Table Three for further detail.
- II. Additionally in Omnivores and Vegetarians the other half of their Dietary Cholesterol is made by the Colonic *Pathogenic Anaerobic* Bacteria into the *Neutral Steroids* Coprostanol (Coprosterol) and Coprostanone.

Observe Dietary Cholesterol is predictably mutagenic and carcinogenic being a polycyclic aromatic but that its detox excretory derivative made by the liver the Primary Bile Acid of CDCA and its bacterial degradation product the so-called Secondary Bile Acids LCA are only partially detoxed to carcinogenic.

**TABLE THREE** below presents an inventory of scientifically confirmed mutagenic, carcinogenic, artherogenic, cholestagenic (gallstone formative) and toxogenic agents in the etiology of colorectal and other cancers, cardiovascular, stroke and other Dietary Cholesterol and Related Diseases and Syndromes. Please take note there are 28 substances so inventoried which are dietary cholesterol or derivatives from it produced in the body by various organs, spontaneously or by pathogenic bacteria!

Tertiary Bile Acids are short lived and hard to detect and are produced by the **3 major fecal pathogenic anaerobic bacteria** Bacteroides, Enterobacteria and Clostridia. Especially dangerous are the “NDH (‘A ring’ Nuclear Dehydrogenating)” capable Clostridia (Lecithinase enzyme (-) negative) that form aromatic (unsaturated) cyclic structured Tertiary Bile Acids that by definition are suspected as mutagenic and carcinogenic. Thus in Toxic colon conditions the Bacteroides Bacteria can degrade Dietary Cholesterol to a 3-alpha, 6-alpha dihydroxyl bile acid which in turn can be further metabolized by Lecithinase enzyme (+) positive Clostridia Bacteria to a 6 alpha-hydroxyl-5 beta cholan-3 Oxo-24 oic acid and then converted by NDH capable Clostridia (Lecithinase enzyme (-) negative) into the known mutagenic and carcinogenic Tertiary Bile Acid 6-Alpha Hydroxychol-4 ene-3 -none oic acid.

The free Endogenous Cholesterol that the Liver excretes into the gall bladder and is released into the small intestines is degraded in the Toxic colonic conditions by pathogenic anaerobic bacteria especially the 3 major fecal Bacteroides, Enterobacteria and Clostridia Bacteria in humans on the Omnivore diet and on a strict Vegetarian diet resulting in the following non-mutagenic and non-carcinogenic fecal Neutral Steroids:

a.) Endogenous Cholesterol (5 cholesten 3-beta- ol)

Note: Natural (Endogenous) Cholesterol by definition made in the host human body is not mutagenic nor carcinogenic in that body.

b.) coprostanol (5 beta cholestan 3 beta - ol) \_\_\_ the main fecal steroid

c.) coprostanone (5 beta cholestan 3 one)

d.) triol (cholestane – 3 beta, 5 alpha, 6 beta –triol) \_\_\_ weakly carcinogenic and toxogenic

However, any remaining Dietary Cholesterol [that escapes being converted by the Human Liver to the toxic Primary Bile Acids CA and CDCA and further detoxification mostly to their glycine and a taurine conjugated Bile Salts them mostly to] in the Toxic colonic conditions [of the predominate **3 fecal pathogenic anaerobic bacteria** Bacteroides, Bifidobacteria and Clostridia in humans on the Omnivore diet and strict Vegetarian diet] is catabolized into cholestenone (4 cholesten 3 - one). Predictably, since Cholestenone (4 cholesten-3 - one) as the result of the degradation action of the NDH clostridium Bacteria is a “4 ene - 3 one” class or aromatic cyclic steroid, it is a suspected carcinogenic. Indeed as indicated in **TABLE THREE** in vitro animal studies have confirmed that cholestenone is a mutagenic and carcinogenic. [F. 17]

Please note that the isomers of Dietary Cholesterol both “Natural\_ 3 Beta” and “Enantiomer \_ 3 Alpha” are major mutagenic carcinogens in human colorectal cancers. The Medical Sciences and Organic Steroid Chemistry are corrupted by promulgating that the human liver metabolizes Endogenous Cholesterol into the C-24, 3-alpha Primary Bile Acid CDCA and 3-Beta-5-Cholenoic acid when in fact only Dietary Cholesterol is the source of the C-24 3-Beta and 3-Alpha Bile Acids and isomers of CA, CDCA with the intestinal Toxic bacteria degrading them to DCA and LCA.

#### **D. Secrets of Dietary Cholesterol and Bile Acid Metabolism**

In 1976 It is important to note that 2 years after T. Narisawa’s ground breaking 1974 article associating the secondary bile acid LCA with colon cancer, Professor D.P. Burkitt, PhD. an external staff of the **British Medical Research Council** published another ground breaking article entitled “**The Etiological Significance of Related Diseases**” in the Canadian Family Physician Journal, V. 22 (999) pp 64-71. He discloses that his 40 years of clinical medical experience and 3 year questionnaire investigation of hospital staff in developing countries had lead to the hypothesis that the following diseases “**among the prevalent complaints in the western world today are closely associated with one another**” and that they “**share some common causative factor**” as follows:

- |                            |                    |
|----------------------------|--------------------|
| a.) Ischemic heart disease | f.) Hemorrhoids    |
| b.) Gallbladder disease    | g.) Varicose veins |
| c.) Appendicitis           | h.) Hiatus hernia  |
| d.) Diverticular disease   | i.) Obesity        |
| e.) Colorectal cancer      | j.) Diabetes       |

**TABLE III. INVENTORY OF MUTAGENIC, CARCINOGENIC, ATHEROGENIC AND TOXOGENIC AGENTS ETIOLOGICALLY IMPLICATED IN COLORECTAL CANCER, HEART DISEASE AND OTHER CHRONIC DISEASES AND SYNDROMES** Page 16-1

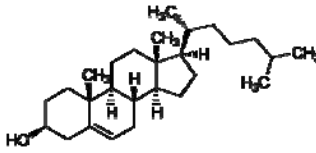
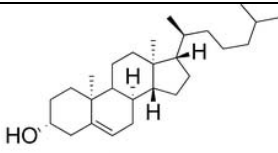
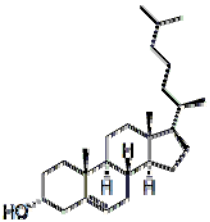
Substance (Chemical) Names	Chemical Class	Chemical Structure	Substance Made From and By	Supports Mammalian Cell Growth	Toxogenic (T)	Mutagenic (M) (Strong to Weak)	Carcinogenic (C) (Strong to Weak)	Other Pathogenic Etiology	Author Bibliographic Reference
1. <u>Dietary Cholesterol</u> <b>[5 cholesten 3-beta -ol]</b> ( <i>Nat</i> -Cholesterol)	<b>Exogenous Polycyclic Aromatic</b> Cholesten <u>Natural Sterol</u>		<b>Animal Meat and Dairy</b> BY <b>Liver And Intestinal Cells</b>	YES	T	M	<b>C (strong)</b>	<b>Source of the Atherosclerotic Implicated Oxysterols</b> <b>GallStones</b>	I. Hieger, 1959  P. Cruse, 1978  Fang Xu, 2005
2. <u>Dietary Cholesterol</u> <b>[5 cholesten 3-beta -ol]</b> ( <i>Ent</i> -Cholesterol)	<b>Exogenous Polycyclic Aromatic</b> Cholesten <u>Enantiomer Sterol</u>		<b>Animal Meat and Dairy</b> BY <b>Liver And Intestinal Cells</b>	YES _ 1 st Generation  NO _ 2 nd Generation	T	M	<b>C (strong)</b>		I. Hieger, 1959  P. Cruse, 1978
3. <u>Dietary Cholesterol</u> <b>[5 cholesten 3-alpha -ol]</b> ( <i>Epi</i> -Cholesterol)	<b>Exogenous Polycyclic Aromatic</b> Cholesten <u>Epimere Sterol</u>		<b>Animal Meat and Dairy</b> BY <b>Liver And Intestinal Cells</b>	NO	T	M	<b>C (strong)</b>	<b>Gall Stones</b>	I. Hieger, 1959  FM, Harold, 1959  P. Cruse, 1978  Fang XU, 2005

TABLE III. INVENTORY OF MUTAGENIC, CARCINOGENIC, ATHEROGENIC AND TOXOGENIC AGENTS ETIOLOGICALLY IMPLICATED IN COLORECTAL CANCER, HEART DISEASE AND OTHER CHRONIC DISEASES AND SYNDROMES \_\_\_\_\_ Page 16-2

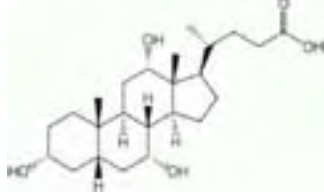
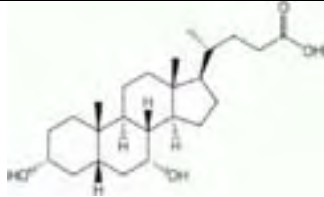
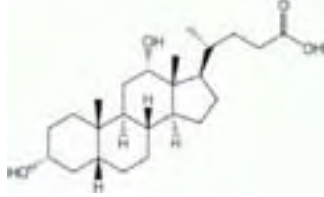
Substance (Chemical) Names	Chemical Class	Chemical Structure	Substance Made From and By	Supports Mammalian Cell Growth	Toxogenic (T)	Mutagenic (M) (Strong to Weak)	Carcinogenic (C) (Strong to Weak)	Other Pathogenic Etiology	Author Bibliographic Reference
4. <u>Cholic Acid</u> (CA) <b>(3-alpha, 7-alpha, 12-alpha Trihydroxy 5-beta-Cholenoic Acid)</b> (3-alpha-C24 BA)	<b>Major</b> Primary Bile Acid (BA) Steroid		<b>Endogenous Cholesterol and</b> Dietary Cholesterol BY <b>Liver</b>	NO	T		C (weak)		H. Nittono, 1980
5. <u>Chenodeoxycholic Acid</u> (CDCA) <b>(3-alpha, 7-alpha Dihydroxy 5-beta-Cholenoic Acid)</b> (3-alpha-C24 BA)	<b>Major</b> Primary Bile Acid Steroid		Dietary Cholesterol BY <b>Liver</b>	NO	T		C (moderate)		T. Soma, 2006 J.L. Tong, 2008 H. Nittono, 1980
6. <u>Deoxycholic Acid</u> (DCA) <b>(3-alpha, 12-alpha-Dihydroxy 5-beta-Cholenoic Acid)</b> (3-alpha-C24 BA)	<b>Major</b> Secondary Bile Acid Steroid		CA <b>Primary Bile Acid Steroid</b> BY <b>Colonic Pathogenic Anaerobic Bacteria</b>	NO	T	M (weak)	C (weak)		J.W. Cook, 1940 H. Nittono, 1980 A. van Faassen, 2004

TABLE III. INVENTORY OF MUTAGENIC, CARCINOGENIC, ATHEROGENIC AND TOXOGENIC AGENTS ETIOLOGICALLY  
 IMPLICATED IN COLORECTAL CANCER, HEART DISEASE AND OTHER CHRONIC DISEASES AND SYNDROMES

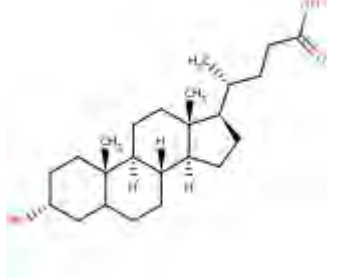
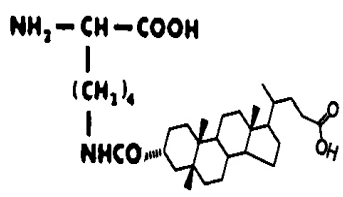
Substance (Chemical) Names	Chemical Class	Chemical Structure	Substance Made From And By	Supports Mammalian Cell Growth	Toxogenic (T)	Mutagenic (M) (Strong to Weak)	Carcinogenic (C) (Strong to Weak)	Other Pathogenic Etiology	Author Bibliographic Reference
7. <u>Lithocholic Acid</u> (LCA) <b>(3-alpha-Hydroxy- 5-beta Cholenoic Acid)</b> (3-alpha-C24 BA)	Primary & Secondary <b>Mono- hydroxyl Bile Acid</b> Steroid		FETAL & NEONATAL: Dietary 24, 25, 27 Hydroxy- Cholesterol BY <b>Liver</b> . ADULTS: CDCA <b>Primary Bile Acid BY Colonic Pathogenic Anaerobic Bacteria.</b>	NO	T		<b>C (strong)</b>	Cholestasis/ Gall Stones  Liver toxicity Liver Cirrhosis  Heart toxicity  Pancreas toxicity	T. Narisawa, 1974  JC Kawalek, 1977  D. Oelberg, 1984  H. Nittono, 1980  RH Palmer, 1966
8. <u>Epsilon- Lithocholyl L-Lysine</u> (Tissue Bound LCA) (3-alpha-C24 BA) <b>(3-alpha-Hydroxy- 5-beta Cholenoic Acid – epsolon- L-Lysine)</b>	<b>Major Secondary Mono- hydroxyl Bile Acid</b> Steroid <u>Tissue Bound</u>		ADULTS: CDCA BY <b>Liver, Heart And Breast</b>	NO	T  [Hepato- toxic]  [Cardio- toxic]		<b>C (strong)</b>	Liver toxicity Liver Cirrhosis Liver Cancer  Heart toxicity Cardiac Infarction Congenital Heart Diseases  Breast cancer	PP Nair, 1988

TABLE III. INVENTORY OF MUTAGENIC, CARCINOGENIC, ATHEROGENIC AND TOXOGENIC AGENTS ETIOLOGICALLY  
 IMPLICATED IN COLORECTAL CANCER, HEART DISEASE AND OTHER CHRONIC DISEASES AND SYNDROMES

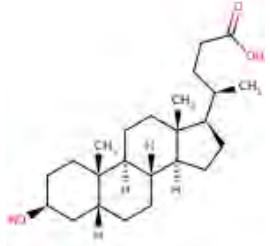
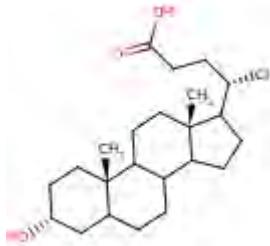
Substance (Chemical) Names	Chemical Class	Chemical Structure	Substance Made From and By	Supports Mammalian Cell Growth	Toxogenic (T)	Mutagenic (M) (Strong to Weak)	Carcinogenic (C) (Strong to Weak)	Other Pathogenic Etiology	Author Bibliographic Reference
9. Iso-Lithocholic Acid (I-LCA) ( <b>3-beta-Hydroxy-5-beta Cholenoic Acid</b> ) (Epilithocholic Acid) (3-beta-C24 BA)	<b>Major Secondary</b> <i>Mono-hydroxyl Bile Acid</i> Steroid <i>Polycyclic Aromatic</i> Epimere <b>Isomer of LCA</b>		ADULTS: CDCA <b>Primary Bile Acid BY Colonic Anaerobic Bacteria</b> NEONATALS: Dietary 24, 25, 27 Hydroxy-Cholesterol BY <b>Liver</b>	NO	T [Hepato-toxic]		<b>C (strong)</b>	Unsaturated, <u>Mono-Hydroxy C-24 Bile Acid</u> : Cholstasis/ Gall Stones  Other organ Toxicity possible.	T. Narisawa, 1974 JC Kawalek, 1977 D. Oelberg, 1984 J. Gustafsson, 1987
10. Allo-Lithocholic Acid (Allo-LCA) ( <b>3-alpha-Hydroxy-5-alpha Cholenoic Acid</b> ) (3-alpha-C24 BA)	<b>Liver disease Infant Primary</b> <i>Mono-hydroxyl Bile Acid</i> Steroid <i>Polycyclic Aromatic</i> LCA <b>Isomer</b>		Infants with Liver diseases: Endogenous & Dietary 24, 25, 27 Hydroxy-Cholesterol BY <b>Liver</b>	NO	T		<b>C (strong)</b>	Infant liver diseases. Unsaturated, <u>Mono-Hydroxy C-24 Bile Acid</u> : Cholstasis/ Gall Stones. Other organ Toxicity possible.	I. Makino, 1971

TABLE III. INVENTORY OF MUTAGENIC, CARCINOGENIC, ATHEROGENIC AND TOXOGENIC AGENTS ETIOLOGICALLY IMPLICATED IN COLORECTAL CANCER, HEART DISEASE AND OTHER CHRONIC DISEASES AND SYNDROMES Page 16-5

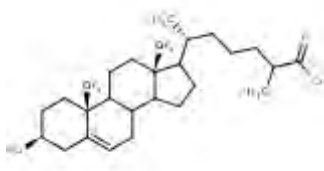
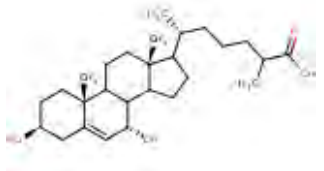
Substance (Chemical) Names	Chemical Class	Chemical Structure	Substance Made From and By	Supports Mammalian Cell Growth	Toxogenic (T)	Mutagenic (M) (Strong to Weak)	Carcinogenic (C) (Strong to Weak)	Other Pathogenic Etiology	Author Bibliographic Reference
11. <u>3-beta Hydroxy-5-Cholestenic Acid</u> <b>(3 beta Hydroxy-5-Delta Cholestenate)</b> (3-beta-C27 BA)	<b>Mono-hydroxyl Bile Acid</b> Intermediate Steroid <b>Polycyclic Aromatic</b> Cholesten		Oxysterol: Dietary 24, 25, 27 Hydroxy-Cholesterol BY Fetal, Infant, Children and Adult Livers	NO	T	Suspect	Suspect	Unsaturated, <u>Mono-Hydroxy</u> C-27 Bile Acid: Cholestasis/ Gall Stones. Blood Serum Unconjugated BA	I. Makino, 1971  M. Axelson, 1988
12. <u>3-beta, 7 alpha Dihydroxy-5-Cholestenic Acid</u> (3-beta-C27 BA)	Intermediate Bile Acid Steroid <b>Polycyclic Aromatic</b> Cholesten		3-beta-Hydroxy-5-Cholestenic Acid BY Liver	NO	T	Suspect	Suspect	Blood Serum Unconjugated Unsaturated, C-27Bile Acid	M. Axelson, 1988



TABLE III. INVENTORY OF MUTAGENIC, CARCINOGENIC, ATHEROGENIC AND TOXOGENIC AGENTS ETIOLOGICALLY  
 IMPLICATED IN COLORECTAL CANCER, HEART DISEASE AND OTHER CHRONIC DISEASES AND SYNDROMES

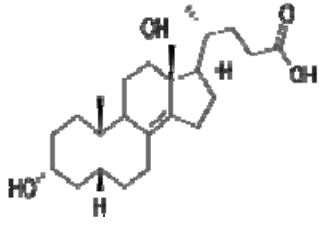
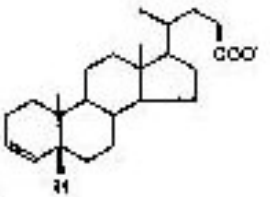
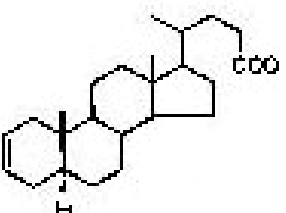
Substance (Chemical) Names	Chemical Class	Chemical Structure	Substance Made From and By	Supports Mammalian Cell Growth	Toxogenic (T)	Mutagenic (M) (Strong to Weak)	Carcinogenic (C) (Strong to Weak)	Other Pathogenic Etiology	Author Bibliographic Reference
16. <u>Apocholeic Acid</u> [3-alpha, 12-alpha, Delta 8 Dihydroxy Cholenoic Acid]	Tertiary Bile Acid Steroid <b>Polycyclic</b> <b>Aromatic</b> Cholesten		CA <b>Primary Bile Acid Steroid Coloni</b> BY <b>Colonic Pathogenic Anaerobic Bacteria</b>	NO	T	M	C <b>(moderate)</b>		A. Lacassagne, 1966
17. <u>Delta 3, 5-Beta- Cholenoic Acid</u>	Tertiary Bile Acid Steroid <b>Polycyclic</b> <b>Aromatic</b> Cholesten		Lithocholic Acid BY <b>Colonic Pathogenic Anaerobic Bacteria</b>	NO	T	Suspect	Suspect		L. Robben, 1989
18. <u>Delta 2, 5-Alpha- Cholenoic Acid</u>	Tertiary Bile Acid Steroid <b>Polycyclic</b> <b>Aromatic</b> Cholesten		Lithocholic Acid BY <b>Colonic Pathogenic Anaerobic Bacteria</b>	NO	T	Suspect	Suspect		L. Robben, 1989

TABLE III. INVENTORY OF MUTAGENIC, CARCINOGENIC, ATHEROGENIC AND TOXOGENIC AGENTS ETIOLOGICALLY IMPLICATED IN COLORECTAL CANCER, HEART DISEASE AND OTHER CHRONIC DISEASES AND SYNDROMES \_\_\_\_\_ Page 16-8

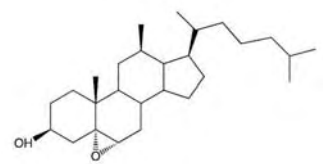
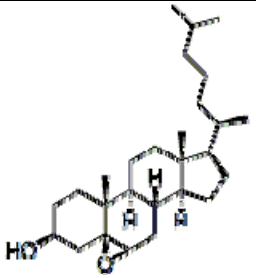
Substance (Chemical) Names	Chemical Class	Chemical Structure	Substance Made From And By	Supports Mammalian Cell Growth	Toxogenic (T)	Mutagenic (M) (Strong to Weak)	Carcinogenic (C) (Strong to Weak)	Other Pathogenic Etiology	Author Bibliographic Reference
19. <u>alpha Epoxi-Cholesterol</u> (5-alpha, 6-alpha epoxy cholestan-3-beta-ol)	Oxysterol		<b>Endogenous Cholesterol and Dietary Cholesterol BY Enzyme Free Natural Oxidosis</b>	NO	T	M <b>(weak)</b>	Suspect	In Artherosclerosis Placques  Skin Cancer  Breast Cancer	S. Garcia-Cruset, 2001  R. Morin, 1991  A. Sevanian, 1984
20. <u>beta Epoxi-Cholesterol</u> (5-beta, 6-beta epoxy cholestan-3-beta-ol)	Oxysterol		<b>Endogenous Cholesterol and Dietary Cholesterol BY Enzyme Free Natural Oxidosis</b>	NO	T	M <b>(weak)</b>	Suspect	Colon Cancer  In Artherosclerosis Placques  Prostate Cancer  Atherosclerosis Oxy-LDL	R. Morin, 1991  A. Sevanian, 1984  S. Garcia-Cruset, 2001



TABLE III. INVENTORY OF MUTAGENIC, CARCINOGENIC, ATHEROGENIC AND TOXOGENIC AGENTS ETIOLOGICALLY IMPLICATED IN COLORECTAL CANCER, HEART DISEASE AND OTHER CHRONIC DISEASES AND SYNDROMES Page 16-10

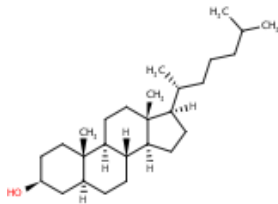
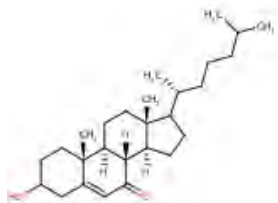
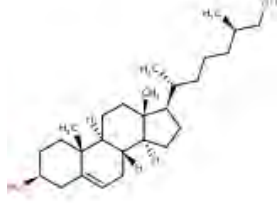
Substance (Chemical) Names	Chemical Class	Chemical Structure	Substance Made From And By	Supports Mammalian Cell Growth	Toxogenic (T)	Mutagenic (M) (Strong to Weak)	Carcinogenic (C) (Strong to Weak)	Other Pathogenic Etiology	Author Bibliographic Reference
23. <u>Cholestanol</u> (5 alpha-cholestan-3 beta-ol)	<u>Fecal Steroid</u> Cholestan		Dietary Cholesterol & <b>Endogenous Cholesterol</b> BY <b>Colonic Pathogenic Anaerobic Bacteria</b>	NO	T <b>Neurotoxin</b>			Cerebrotendinous xanthomatosis (CTX)	D. W. Russell, 2003
24. 7-Keto-Cholesterol ( <b>Cholest-5-en-3- beta-ol-7-one</b> )	Oxysterol <b>Polycyclic Aromatic</b> Cholesten Sterol		Dietary Cholesterol BY <b>Enzyme Free Natural Oxidosis</b>	NO	T	Suspect	Suspect	Second Main Atherosclerotic Plaque Oxysterol	HMBD S. Garcia-Cruset, 2001
25. 27-Hydroxy-Cholesterol (27-OHC)  [27-OHC = 26-OHC]	Oxysterol Of Lungs <b>Polycyclic Aromatic</b> Sterol		Dietary Cholesterol BY Fetal, Infant and Adult Lung <b>Arterial Cells Sterol 27-Hydroxylase Enzyme</b>	NO	T	Suspect	Suspect	Enhanced in Atherosclerosis.  Enhanced in Alzheimer's Disease.	Human Meta-Bolome Project Database (HMBD) S. Garcia-Cruset, 2001

TABLE III. INVENTORY OF MUTAGENIC, CARCINOGENIC, ATHEROGENIC AND TOXOGENIC AGENTS ETIOLOGICALLY  
 IMPLICATED IN COLORECTAL CANCER, HEART DISEASE AND OTHER CHRONIC DISEASES AND SYNDROMES

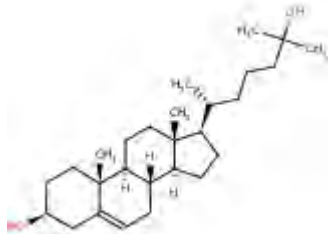
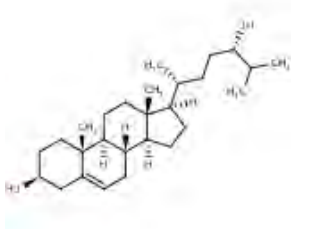
Substance (Chemical) Names	Chemical Class	Chemical Structure	Substance Made From And By	Supports Mammalian Cell Growth	Toxogenic (T)	Mutagenic (M) (Strong to Weak)	Carcinogenic (C) (Strong to Weak)	Other Pathogenic Etiology	Author Bibliographic Reference
26. 25-Hydroxy- Cholesterol (25-OHC)  [25R, 25S]	Oxysterol Of Liver & Peripheral Tissues <b>Polycyclic</b> <b>Aromatic</b>		Dietary Cholesterol BY Hepatic <b>Cells Sterol 27- Hydroxylase Enzyme</b>	NO	T	Suspect	Suspect	Enhanced in Atherosclerosis. Enhanced in Alzheimer's Disease.	HMBD  Xu, Fang, 2005
27. 24-Hydroxy- Cholesterol [24-OHC]	Oxysterol Of Brain <b>Polycyclic</b> <b>Aromatic</b>		Dietary Cholesterol BY Fetal, Infant and Adult Brain <b>Neuron Enzyme Dependent</b>	NO	T	Suspect	Suspect	Enhanced Active De-myelinating Diseases. Slightly enhanced Alzheimer's Disease. Enhanced in Multiple Sclerosis	HMBD

TABLE III. INVENTORY OF MUTAGENIC, CARCINOGENIC, ATHEROGENIC AND TOXOGENIC AGENTS ETIOLOGICALLY IMPLICATED IN COLORECTAL CANCER, HEART DISEASE AND OTHER CHRONIC DISEASES AND SYNDROMES \_\_\_\_\_ Page 16-12

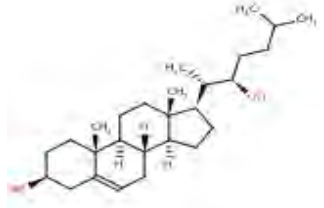
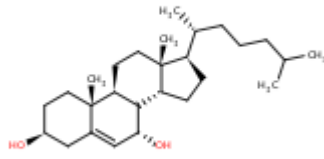
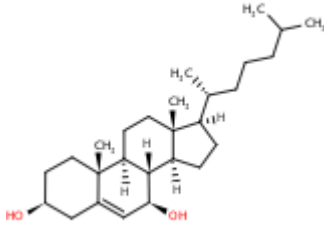
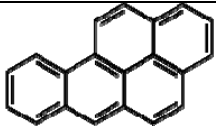
Substance (Chemical) Names	Chemical Class	Chemical Structure	Substance Made From And By	Supports Mammalian Cell Growth	Toxogenic (T)	Mutagenic (M) (Strong to Weak)	Carcinogenic (C) (Strong to Weak)	Other Pathogenic Etiology	Author Bibliographic Reference
28. 22 (R)-Hydroxy-Cholesterol [22-OHC]	Oxysterol Neonatals & Infants <b>Polycyclic Aromatic.</b> Precursor To Progester-one Hormone		Dietary Cholesterol BY Neonatal and Infant Liver	No	T	Suspect	Suspect	Decreased in Alzheimer's Disease (AD). Associated with DCC (deleted in colorectal cancer) -interacting Protein 13-beta Needed in colonic cell apoptosis.	HMBD
29. 7-alpha-Hydroxy Cholesterol	Oxysterol <b>Polycyclic Aromatic</b> Sterol		Dietary Cholesterol BY <b>Enzyme Free Natural Oxidosis</b>		T			Lipid peroxidation Marker. Oxidative stress Biomarker. In Atherosclerosis Placques.	HMBD S. Garcia-Cruset, 2001

TABLE III. INVENTORY OF MUTAGENIC, CARCINOGENIC, ATHEROGENIC AND TOXOGENIC AGENTS ETIOLOGICALLY IMPLICATED IN COLORECTAL CANCER, HEART DISEASE AND OTHER CHRONIC DISEASES AND SYNDROMES \_\_\_\_\_ Page 16-13

Substance (Chemical) Names	Chemical Class	Chemical Structure	Substance Made From And By	Supports Mammalian Cell Growth	Toxogenic (T)	Mutagenic (M) (Strong to Weak)	Carcinogenic (C) (Strong to Weak)	Other Pathogenic Etiology	Author Bibliographic Reference
30. 7-beta-Hydroxy Cholesterol	Oxysterol <b>Polycyclic</b> <b>Aromatic</b> Sterol		Dietary Cholesterol BY <b>Enzyme Free Natural Oxidosis</b>		T			In Atherosclerotic Placques. Enhanced in Atherosclerotic Plasma. Induces Caco-2 cell Apoptosis. Enhances oxidative stress. Enhanced endonuclease G expression.	HMBD  S. Garcia-Cruset, 2001
31. <u>Benz (a) Pyrine</u>	<b>Polycyclic</b> <b>Aromatic</b> Hydrocarbon (PAH)		<b>Charcoal Broiled Animal Meat</b> BY <b>Cooks Using Charcoal Broiling</b>	NO	T	M	C (strong)		E.L. Kennaway, 1932  I. Hieger, 1930  P.F. Steiner
32. <u>Amino-Imidazo Quinolines</u> And <u>Quinoxalins</u>	<b>Heterocyclic</b> <b>Aromatic</b> Hydrocarbons	NA	<b>Grilling, Broiling, Frying Animal Meat (Creatine)</b> BY <b>Cooks</b>	NO	T	M	C (moderate)		KI Skog  T. Norat

The common cause Professor Burkitt identified was the **lack of dietary fiber** in the **modern Western diet**. **Clearly**, in hindsight he almost figured out the **DCRDS** and their common cause. **Surely** the use of the **refined carbohydrates** we call the "**5 white foods**" of white flour, white sugar, white table salt, white rice and **rennet** containing dairy products is a **secondary factor** with **constipation** being the common symptom. Everyone knows animal meat is without any significant fiber and constipating.

Please find attached the **Dietary Cholesterol Related Diseases and Syndromes (DCRDS) Systems Analysis Body Flow Chart** for a composite relational and causative picture of the "**great pathophysiological ramifications of bile acid metabolism**." The **DCRDS Systems Analysis Body Flow Chart** is hand scribed and 5 color coded for ease of navigational reading and *systems synthesis simulation* as follows:

- \* green for the 9 step **Food Ingestion, Digestive and Elimination System**;
- \* yellow for organs;
- \* red for the blood stream;
- \* blue for "bile acid metabolism;" and
- \* orange for a member of the **Top Fifteen Killing Diseases of Americans (TFK's)** in 2006

**For those reading a flow chart for the first time** it is made up of **Systems Analysis** basic building block **the subsystem component** itself composed of **3 elements a.) input** arrow to **b.) a process** (like an organ) and **c.) an output** arrow leaving the **process**. "Everything is everything" and so in the world and universe anything can be accurately so described and simulated via **Systems Analysis**.

From the synthesis of *in vitro* and *in vivo* primary health research and epistemological/observational research the simulation of the **DCRDS Systems Analysis Body Flow Chart** deduces that **Thirteen (13)** of the **Top Fifteen Killing (TFK) Diseases in America in 2006** can be identified as **Dietary Cholesterol and Related Diseases and Syndromes (DCRDS)**.

**TABLE FOUR: Thirteen of Top Fifteen Killing (TFK) Diseases Identified as Dietary Cholesterol and Related Diseases and Syndromes (DCRDS): Results of the DCRDS Systems Analysis Body Flow Chart** presents these synthesis simulation deduction results.

**It is herein declared** that it has been documented and simulated by the **DCRDS Systems Analysis of the Human Body Flow Chart** that **thirteen (13)** of the **Top Fifteen Killing (TFK) Diseases** in America in 2006 can be identified as **Dietary Cholesterol and Related Diseases and Syndromes (DCRDS)** caused by **Dietary Cholesterol and its associated Animal Protein and Animal**

**Fat residues** from the American **high fat/high protein** modern refined food **Omnivores Diet** particularly from the fast food venues as follows:

- #1. Heart Diseases
- #2. the Cancers
- #3.' Iatrogenic Disease (physician/health care system caused)
- #3. Stroke
- #4. Asthma/Emphysema/Bronchitis
- #6. *Diabetes Mellitus*
- #7. Alzheimer's Disease
- #8. Influenza/Pneumonia
- #9. Kidney Diseases
- #9'. Iatrogenic Poverty
- #10. Septicemia
- #11. Suicide
- #12. Liver Diseases
- #13. Hypertension
- #14. Parkinson's Disease

**TABLE FOUR:**

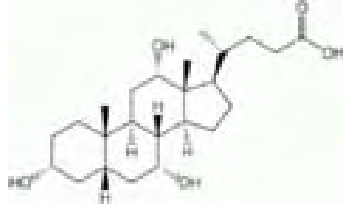
**Thirteen of the Top Fifteen Killing (TFK) Diseases Identified as Dietary Cholesterol and Related Diseases and Syndromes (DCRDS): Results of the DCRDS Systems Analysis Body Flow Chart**

<u>Common Disease/Syndrome Name</u> <u>Implicated (L-P)</u> (Medical Science Name) <u>(P) Secondary (S) ]</u>	<u>Dietary Cholesterol &amp; LCA Bile Acid Implicated (C-B)</u>  [ <u>Primary (P)</u> <u>Secondary (S)</u> ]	<u>Animal Lipoprotein</u>  [ <u>Primary</u>
<b>#1. <u>Diseases of the Heart</u></b>		
a. <u>Heart Attacks</u> (Myocardial Arrest and Infarction)	S	P
b. <u>Heart Failure</u> (Congestive Heart Failure)		P
c. <u>Heart Block</u>	S	P
<b>#2. <u>Cancers</u></b> [ 60% Obesity Associated except Brain, Bladder, Skin)		
a. <u>Lung</u>  Excluding Tobacco Smoking	P	S
b. <u>Colorectal</u>	P	S
c. <u>Breast (Female)</u>	P	S
d. <u>Prostrate (Male)</u>	P	S
e. <u>Non-Hodgkin Lymphoma</u>	P	S
f. <u>Skin</u> (Melanoma)	P	S
g. <u>Kidney</u> (Kidney/Renal/Pelvic Area)	P	S
h. <u>Urinary Bladder</u>	P	
i. <u>Leukemia</u>	P	S
j. <u>Ovary/Womb/Cervix</u>	P	P
k. <u>Thyroid (Female)</u>	S	P
l. <u>Others</u>	P	
<b>#3.' <u>(Iatrogenic)</u></b> <b>Doctor Caused</b>	P [Not Taught BA Metabolism or Proper Human Diet]	S [Not Taught Proper Human Enteric Hygiene]
<b>#3. <u>Stroke</u></b>	S	P
<b>#4. <u>Asthma/Emphysema/Bronchitis</u></b>	S	P
<b>#5. <u>Accidents</u></b>	S	S
<b>#6. <u>Diabetes Mellitus</u></b>	P	P
<b>#7. <u>Alzheimer's Disease</u></b>	P	S
<b>#8. <u>Influenza and Pneumonia</u></b>	S	P
<b>#9. <u>Kidney Diseases</u></b>	S	P
<b>#10. <u>Scepticemia</u></b>	S	S
<b>#11. <u>Suicide</u></b>	S	P
<b>#12. <u>Liver Disease and Cirrhosis</u></b>	P	S
<b>#13. <u>High Blood Pressure</u></b>	P	P
<b>#14. <u>Parkinson's Disease</u></b>	P	S
<b>#15. <u>Assaults</u></b>	NOT APPLICABLE	NOT APPLICABLE

**Note** when "walking through" the DCRDS Systems Analysis Body Flow Chart remember that the over 70 year old **suppressed secrets** of "**dietary cholesterol and bile acid metabolism**" is based on the fact that **humans are genetically herbivores** like rabbits and mice and **not omnivores** like rats and dogs; i.e. **omnivore** humans can only convert **1/3** of the Dietary Cholesterol they ingest into **bile acids** and must excrete the other **2/3** as Dietary Cholesterol through the feces compounding the **Toxicemic colonic cesspool environment** there. The **Omnivore dog and rat can convert 2/3** of their ingested **Dietary Cholesterol** in comparison.

- 1.) **Endogenous Cholesterol (nat-Cholesterol)** is synthesized in the human body made mostly by **Liver and Small Intestinal Mucosal Cells** where normally about half of it is metabolized by the **human Liver** into the *esoteric* true or *aboriginal* natural **primary bile acid** of **Cholic Acid (CA)** and stored in the **Gall Bladder** for fat emulsification and fecal elimination from the body mostly conjugated with the amino acid **Glycine** and the "so-called" amino acid **Taurine** as **bile salts**.

Cholic Acid (CA)



**Note:** In the **human** body eating the *aboriginal* **Vegan diet** the **bile acid Cholic Acid (CA)** is the natural **primary bile acid** derived from about half of the Endogenous Cholesterol and used by the body to emulsify fats in the **small intestine food chyme** and is conjugated with **endogenous amino acid Glycine** as a **bile salt**.

**Note:** In the human body eating the **unnatural Dietary Cholesterol** intense **Omnivore diet** in **addition** to the liver making the **primary bile acid Cholic Acid (CA)** naturally derived from the liver synthesized Endogenous Cholesterol [and used by the body to emulsify fats in the **small intestine food chyme** and is conjugated with endogenous **amino acid Glycine** as a **bile salt**]; the human liver detoxes the "slow poison" of Dietary Cholesterol into the so-called **primary bile acid** actually a *detox product* **Chenodeoxycholic Acid (CDCA)** which is conjugated with both the **endogenous and exogenous/ dietary amino acid Glycine** and **dietary sulfonic acid Taurine** as **bile salts**.

**It is no secret that** where there is a failure of the body to provide enough **Lecithinase** to transform all of the **free Dietary Cholesterol** in the blood that has accumulated in the body from the **unnatural Dietary Cholesterol** intense **Omnivore diet** into **LDL-cholesterol esterified to fatty acids** there will result clinical cases of **anemia, high concentrations of putrefactive animal derived proteins in the blood, urine tissues and organs (proteinuria, amyloidosis); renal failure and corneal opacities**. The etiology of **DCRDS** whose symptoms include **fibrous protein deposits and plaque formations** are so linked; e.g. the heart diseases, *Alzheimers*, *Diabetes Mellitis* and the lymphomas and leukemic cancers involving **mutagenic immunological clone white blood cells**.

- 2.) **Normally about half of the Endogenous Cholesterol made by the human liver or small intestinal cells** is in turn synthesized by the liver into various **precursors** of vital human steroid body products as follows:

- a.) for making **cell membranes** throughout the body composed of *polysaccharides* and *fatty acids* with Endogenous Cholesterol itself a crucial component.

- b.) for making **Vitamin D3** by the human skin with proper solar radiation.

- c.) for making **Adrenocortisone** hormones by the Adrenal Glands including:

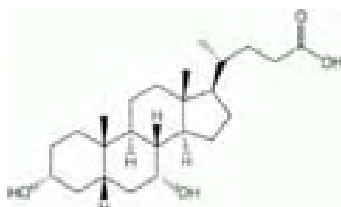
- 1.) the **mineralocorticoids** that help control the body's *water and electrolyte balance*; and

- 2.) the **glucocorticoids** that help control the body's *glucose metabolism*.

- d.) for making male **Androgen** (male) and **Estrogen** (female) sex hormones by the respective sex's testicles or ovaries and to a lesser extent by the Adrenal Glands' cortex portion.

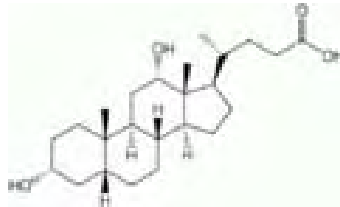
- 3.) Dietary Cholesterol from eating mammal, non-mammal including fish and insect meat, dairy products and eggs as "**pseudo foods**" is detoxified and broken down by the **Human Liver** via the **Cholesterol 7- alpha hydroxylase enzyme** into the so-called (misnamed) **primary bile acid Chenodeoxycholic Acid (CDCA)** and dumped into the **Gall Bladder** for fecal elimination from the body mostly conjugated with the amino acid **Glycine** and the "so-called" amino acid **Taurine** in **bile salts** or as the **bile acid**.

Chenodeoxycholic Acid (CDCA)



- 4.) Additionally, **Dietary Cholesterol** from eating mammal, non-mammal including fish and insect meat, dairy products and eggs as “pseudo foods” absorbed into the blood stream is partly detoxified by the **vascular and kidney endothelial cells** via the **Sterol 27-hydroxylase enzyme** into various **oxy-Cholesterols**, and when absorbed into the liver are further detoxed into the **primary bile acid Chenodeoxycholic Acid (CDCA)** and dumped into the **Gall Bladder** for **fecal elimination** or **urine elimination** from the body.
- 5.) **Dietary Cholesterol can not** be properly made by the **Human Liver** into the various **precursors** for making human cell membranes systemically, **Vitamin D3** in the **Skin**, **Adrenocortisone hormones** by the **Adrenal Glands** and the Male and Female Hormones by the respective **sex gonads** and to a lesser extent by the **Adrenal Glands**.
- 6.) The so-called "**Secondary Bile Acid**" of **Deoxycholic Acid (DCA)** is actually not made by the Human Liver **but derived** from the **Primary Bile Acid** of **Cholic Acid (CA)** by **putrefactive anaerobic pathological bacteria** in the **Human Colon**. This results from an **unsanitary cesspool colonic environment** which **everyone** eating animal meat and/or dairy or have eaten animal meat and dairy have without exception allowing **anaerobic** bacterial Toxemic degradation of the **Primary Bile Acid CA** intended as an **excretory product** made by the Liver from **Endogenous Cholesterol**.

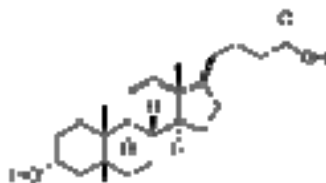
**Deoxycholic Acid (DCA)**



**Note:** The **Primary Bile Acid** of **Cholic Acid (CA)** is a natural **excretory product** made by the Liver from **Endogenous Cholesterol**, and is found in its **Bile Salt** form **conjugated** with the **amino acid Glycine** or the **sulfonic acid Taurine** in the **Bile** released by the **Gall Bladder** into the small intestinal tract. Subsequently, the **Primary Bile Acid** of **CA** is bacterially degraded into the so-called "**Secondary Bile Acid (SBA)**" called **Deoxycholic Acid (DCA)** in the **Colonic Toxemic environment**. **DCA** is **not strongly associated** with the etiology of **colorectal cancer**; i.e. a weak co-carcinogen.

- 6'.) The so-called "**Secondary Bile Acid (SBA)**" of **Lithocholic Acid (LCA)** is derived from the so-called **Primary Bile Acid** of **Chenodeoxycholic Acid (CDCA)** as a result of ingesting **Dietary Cholesterol** from the **Omnivore Diet** and to a lesser extent from the **Vegetarian Diet** not in the Human Liver but in the **Human Colon** by **putrefactive anaerobic pathological bacteria**. This results from an **unsanitary "cesspool" colonic environment** which **everyone** eating animal meat and/or dairy or who have eaten animal meat and/or dairy with the subsequent **mucus waste residues** have without exception. This "**cesspool**" condition leads to further **anaerobic** bacterial Toxemic degradation of the **Primary Bile Acid CDCA** itself a **detox product** derived by the Liver from **Dietary (Exogenous) Cholesterol**.

**Lithocholic Acid (LCA)**



**Note:** The **Primary Bile Acid** of **Chenodeoxycholic Acid (CDCA)** is a **detox product** derived by the Liver from **Dietary (Exogenous) Cholesterol** and is found in its **Bile Salt** form **conjugated** with the **amino acid Glycine** or the **sulfonic acid Taurine** in the **Bile** released by the **Gall Bladder** into the intestinal tract. **Chenodeoxycholic Acid (CDCA)** is **strongly associated** with the etiology of **colorectal cancer**.

Subsequently, the **Primary Bile Acids** of **CDCA** is bacterially degraded into the so-called "**Secondary Bile Acid (SBA)**" called **Lithocholic Acid (LCA)** in the **Colon (large Intestines)** in a **Microbial Toxemic enteric environment**. **LCA** is the most powerful biological carcinogenic known in science inducing DNA strand breaks, forms DNA adducts, inhibits DNA repair enzymes and promotes colon cancer in animals (rats). **Lithocholic Acid (LCA)** is strongly **associated** with **colorectal cancer** as a **carcinogenic agent**.

- 7.) The **Microbial Toxemic enteric environment** producing the so-called "**Secondary Bile Acids**" **DCA** and **LCA** is populated by the pathogenic **facultative anaerobic (fa)** and **obligate anaerobic (oa)** bacteria including the **Escherichia. Coli (fa)** **Bacteroides (oa)**, **Clostridium (oa)** and **Eubacterium (oa)** as the lead, **deconjugating** the **Primary Bile Salts amino acid glycine** and sulfonic acid **taurine** to free **Primary Bile Acids** which allows for easier pathogenic degradation to the "**Secondary Bile Acids**" **DCA** and **LDCA**.

**Note:** The **colorectal cancer** preventer **Vitamin D<sub>3</sub>** which deactivates **LCA** is made in human skin via solar Radiation is itself ironically derived from a **precursor** made by the liver from **Endogenous Cholesterol**.

**Note:** Since it is found in high concentrations in humans with colorectal cancer **LCA** is deduced as producing **colorectal cancers** and all the rest in most cases of the cancers where industrial, agribusiness chemicals and cancer causing viruses are ruled out.

**Note:** Professor Jin Li Tong, PhD. of Yonsei University of Japan article entitled "Association between Fecal Bile Acids and Colorectal Cancer: A Meta-analysis of Observational Studies", *Yonsei Med J.*; V 49(5): 792–803, October 3, 2008 has confirmed that the **Dietary Cholesterol** derived **Primary Bile Acid CDCA** and its anaerobic degradation product the **Secondary Bile Acid Lithocholic Acid (LCA)** are significantly associated with **colorectal cancer** etiology as **carcinogenic agents**.

- 8.) The sudden appearance over the last 30 years of **Metabolic Syndrome (Met S.)** affecting over 20% of the Americans can involve simultaneously **9 risk factors** for **obesity, diabetes mellitus Type II, hypertension, and cardiovascular heart disease**. Etiological suspect are the coinciding increased **Dietary Cholesterol** containing modern American high animal protein and fat fast food diet, and the extensive use of **blood cholesterol lowering prescription drugs** most notably the "**statins**" targeting decreasing the liver's natural production of **Endogenous Cholesterol**.
- 9.) America's deteriorated high **Infant Mortality Rate** is related to the "**great ramifications of dietary cholesterol and bile acid metabolism**" and the proliferation of the high fat and protein fast food diet. This is because the human is **genetically programmed** as a **herbivore/vegan** as discussed in **Appendix A-1**. Ironically, under the unnatural environment of a maternal Omnivore diet the liver and other organs of the human fetus processes **Dietary Cholesterol** as a "**slow poison**." To survive the fetus uniquely utilizes a "**Third Bile Acid Metabolic Pathway**" initiated by **cellular mitochondria**. The **DNA of mitochondria of mother and child are identical**. This **herbivore/vegan genome** dictated **bile acid metabolism** persists from conception up to about 4 years of age. Thus **human fetuses, neonatals and infants** uniquely produce highly toxic bile acids as follows:
- as their **primary bile acid** the **3-beta-Hydroxy 5 Cholenic acid** [an at risk **cholestatic** (gallstone producing) **C-24 monohydroxy bile acid** with an at risk **mutagenic and carcinogen** (cancer promoting) **aromatic (unsaturated) polycyclic structure**];
  - as their **secondary bile acids** the various isomers of **Lithocholic Acid** [also a **cholestasis at risk C-24 monohydroxy (saturated) bile acid** produced by the liver **without** as in adults the **pathogenic anaerobic bacterial gut** degradation]; and
  - the **tertiary bile acids** the so-called normal **bile acids CA and CDCA (C-24 3-alpha)**.

Environmental pollution of the nation's urban and rural water ways with plastic packaging, containers, cups, plates and other eating utensil generated litter leaches UV light degraded plastic mutagenic and carcinogenic compounds into the water table endangering not only human fetuses, neonatal and infants but adult humans as they produce various **C-24 mono- and poly- hydroxy bile acids** many with aromatic polycyclic rings known to promote if not cause mutations, cancer and organ necrosis.

### **E. The "So-Called" Amino Acid Taurine and Bile Acid Metabolism**

The **Human Liver** also is responsible for the deactivation and elimination of dead, damaged and used up human cells all of which contain **Endogenous Cholesterol** in their cell membranes. Thus the **Liver** must get rid of human cell membrane **fatty acid esterified Endogenous Cholesterol** which is broken down into the **primary bile acid CA** and dumped into the **Gall Bladder** for fecal elimination from the body as a **bile acid** or as a **bile salt** conjugated predominately with the **amino acid Glycine** and to a lesser extent with the **sulfonic acid Taurine**.

A detailed study of the interrelationship of the "so-called" amino acid **Taurine** with the **bile acids** in terms of their ingestion, synthesis and metabolism in the human body and in the domestic grazing animals that **Omnivore Diet** humans eat is instructive on the **ill effects** of eating **Dietary Cholesterol and associated Animal Protein (Amino Acid) and Animal Fat** residues. In so doing misconceptions of **allopathic** medical sciences generated by the suppression of "**the great pathophysiological ramifications of dietary cholesterol and bile acid metabolism**" appear.

The human body immune system requires the **mineral element Sulfur (S)** which is found in the vitamin **Biotin** and in the following amino acids **Methionine (Meth), Cysteine (Cys), Homocysteine (Hcy)**, the di-peptide **Cystine** and the misclassified "amino acid" **Taurine (Tau)**. In the human **Omnivorous Diet** these **Sulfur** containing vitamins, amino acids and di-peptides are derived from **Dietary Animal Sources, Plant Sources** and/or are in the case of **Cys, Hcy and Cis** synthesized by the Liver in the human body.

**Taurine (TAU)** is named after the Latin word "*taurus*" for bull/ox because it was first isolated from a bull's horn. It is plentifully found in the bull's semen and urine. The **allopathic biochemical science** suspiciously misclassifies **Taurine** as an "amino acid" as does the **Stedman Medical Dictionary**. Yet **Taurine** actually is

a “**sulfonic organic acid**” not having a carboxyl (-COOH) group which helps define the biochemical nature of an “amino acid.” **Taurine** is derived in the human body from dietary animal protein or dietary plant protein from the catabolism of the amino acid **Cysteine** which is a generic cell membrane structural element in both animals and plants especially in the latter found in the grasses. But **Taurine** is not essential for human health. No known plant or animal can metabolize it once it is made. So in mammals like cows and humans **Taurine** is excreted in their urine and in their fecal eliminations found conjugated with **bile salts** and **bile acids**.

*Esoterically*, this **Allopathic biochemical medical science** misclassification of **Taurine** as a so-called amino acid is a reflection of the over 35 years of the suppression of “**the great pathophysiological ramifications of dietary cholesterol and bile acid metabolism**” in this case suppressing the related “**ramifications of proteins and amino-acid metabolism.**” Further proof of this is reflected in **Taurine** having no known mRNA genetic coding in the human genome; yet it is allowed by the **Food and Drug Administration (FDA)** to be added to energy drinks and used as a health supplement for various unproven benefits.

In the human being **Taurine** is made as a detox product in the liver from largely Dietary Animal Derived Amino Acid Cystine itself made from the Dietary Animal Derived Di-Peptide Cysteine which are both ingested as various tissue cellular components derived by the food industry largely from duck feathers. **Cysteine** and **Cystine** are used by mammals including human hair, nails, skin and connective tissue as part of the protein **Keratin**. The non-essential human amino acid **Cysteine** is synthesized in humans in the Liver from the amino acid Homocysteine itself derived from **Methianine**, **Cysteine** is used by the body’s skin epidermal, vascular endothelial, respiratory and intestinal mucosal cell for making their cell membranes.

**Cysteine** is found extensively in the plant foods humans ingest. It is found plentifully in the grasses and thus in the meat of domesticated grazing animals the cow, sheep and goats Omnivores eat. Sheep need **Taurine** in their feed if grass is not available from drought for example. Domestic cats as carnivores need **Taurine** in their feed, and wild animal feline species like lions and leopards eat the innards of their prey first as the intestinal tract herbal contents contain the **Cysteine** they need. Thus **It is no coincidence that high serum levels of Homocystein which is formed from Dietary Cysteine from eating meat is a degradation product of E. Coli in the toxemia of the colon is a risk factor for cardiovascular disease and reflects s Vitamin B complex deficiency.**

The human body synthesizes the amino acid **Cysteine** from **Homocysteine** and it is part of human hair, skin and nails as the protein **Keratin**. Yet high levels of serum **Homocysteine** is a risk factor for **cardiovascular heart disease**. Is this excess **Homocysteine** made by the body or is it derived from **Exogenous (Dietary)** animal cell membranes and connective tissue eaten as animal “pseudo” foods? *Esoterically*, as with **Dietary Cholesterol** the related **Dietary Animal Protein of Cysteine and Cystine** constitute dietary contaminants showing up as **elevated levels of serum Homocysteine in cardiovascular disease** and **Taurine** showing in the urine and **conjugated with Bile Acids** as determined by the liver.

#### **F. The Cholesterol Reducing Drugs and the Manifestation of Metabolic Syndrome**

The sudden appearance over the last 30 years of **Metabolic Syndrome (Met S.)** affecting over 20% of Americans can involve simultaneously **9 risk factors** for **obesity, diabetes mellitus Type II, hypertension, and cardiovascular heart disease**. Etiological suspect are the coinciding increased **Dietary Cholesterol** containing modern American high animal protein and fat fast food diet, and the extensive use of **blood cholesterol lowering prescription drugs** most notably the “**statins**” targeting decreasing the liver’s natural production of Endogenous Cholesterol.

This is a dangerous etiological mixture as Dietary Cholesterol “down regulates” the synthesis of natural Endogenous Cholesterol leading to: **a.)** a deficiency of the **Vitamin D3** hormone of *antioxidant, anticancer* and metabolic and growth functions as **7 Dehydrocholesterol** its *precursor* is made from Endogenous Cholesterol; **b.)** deficiencies of *mineralocorticoid hormones* and **c.)** deficiencies of the *glucose metabolic control* hormones the **glucocorticoids (cortisone, hydrocortisone)** made by the **adrenocortex glands** as its *precursors* too are made from Endogenous Cholesterol.

**Note:** The **Met S. 9 risk factors** cited above are **a.)** increased waist circumference, **b.)** elevated blood triglycerides, **c.)** low blood HDL cholesterol, **d.)** high blood LDL cholesterol, **e.)** high blood uric acid, **f.)** high blood pressure, **h.)** fasting blood glucose, **i.)** increased blood coagulation, **j.)** in women high androgen levels and **k.)** in men high estrogen levels.

The **Omnivore diet** eating individual has the following physiological “**daily cholesterol dilemma**” on such a **mixed Dietary Cholesterol and Endogenous Cholesterol diet**:

1. The average **Vegetarian diet** eating adult’s liver makes about an average of **800 mgs/day** of Endogenous Cholesterol and this is an **aboriginal standard for natural cholesterol synthesis daily for the human body** as a **cholesterol deficiency** is not clinically known or observed in a human with a healthy liver.
2. The average **Omnivore diet** adult eating the typical high animal protein and fat fast food high diet consumes **500 to 900 mg/day** of Dietary Cholesterol.

3. Thus the average **Omnivore diet** adult theoretically metabolizes a combined **1300 to 1700 mg/day** of **Endogenous and Dietary Cholesterol**.
4. In the body of average **Omnivore diet** adult half of the ingested **Dietary Cholesterol** is used to make the toxic **bile acid CDCA**. The other half remains in the body largely in the blood stream as **LDL-cholesterol**.

**Note:** This potentially high concentration of serum/blood LDL is a risk factor for the **Heart Diseases, Hypertension, Liver Disease, Kidney Disease, Diabetes Mellitus** and of course **Metabolic Syndrome**.

5. **Normally**, in the body of an average **Omnivore diet** adult half of the synthesized **Endogenous Cholesterol** would normally be transformed into the non-toxic **primary bile acid Cholic Acid (CA)** which is stored in the **Gall Bladder** to act as a detergent to help break up dietary fats for digestion; while the other half of the **Endogenous Cholesterol** is synthesized in to **various body steroids** by the Liver.
6. **Abnormally however**, **Dietary Cholesterol** "down regulates" the liver from making **Endogenous Cholesterol** and its **steroid hormone precursors** by:
  - a.) suppressing the making of the required cholesterol synthesis enzyme **HMG Co-A Reductase**;
  - b.) toxically inactivates the required cholesterol synthesis enzyme **HMG Co-A Reductase** the enzyme already synthesized; and the corresponding decrease in **Endogenous Cholesterol** translates into a corresponding decrease in its production of steroid hormone precursors; and
  - c.) as previously described the *allopathic* medical sciences and their pharmaceutical industry funding and distribution allies are exploiting the knowledge of "**cholesterol and bile acid metabolism**" with synthetic biochemical inhibitors of the liver's natural synthesis of **Endogenous Cholesterol** by targeting the blocking of the required enzyme **HMG Co-A Reductase (3-hydroxy-3-methylglutaryl-Coenzyme A reductase)** with a variety of **blood cholesterol reduction prescription drugs** like the **HMG-CoA reductase inhibitors** called the "statins."

**Esoterically** by targeting the enzyme **HMG Co-A Reductase** with the objective of lowering "bad" **LDL Cholesterol** in the blood and raising "good" **HDL Cholesterol** the overall effect in the American population is a shortage of the **precursors** made by the liver **only** from **Endogenous Cholesterol** with the following "**pathophysiological ramifications**" of vital human hormone, vitamin deficiencies and sub-clinical and clinical **Metabolic Syndrome symptoms** including:

- i.) **shortage** of **colon cancer preventing Vitamin D3** in youth and adults yielding **higher blood glucose levels, higher blood pressure and free high cholesterol blood levels**;
- ii.) shortage of **adrenocortisone hormones** and resulting proliferation of **Metabolic Syndrome** with its **9 risk factors** [a.) increased waist circumference, b.) elevated blood **triglycerides**, c.) low blood **HDL cholesterol**, d.) high blood **LDL cholesterol**, e.) high blood **uric acid**, f.) high blood pressure, h.) fasting serum blood glucose, i.) increased blood coagulation, j.) in women high **androgen** levels and k.) in men high **estrogen** levels];
- iii.) a shortage of **androgen male sex hormones** and a proliferation of **Penis Erectile Dysfunction (ED) syndrome of 50% of males over 50 years old** ironically addressed by the pharmaceutical **ED** treatment drugs **Viagra** and **Cialis**;
- iv.) a shortage of **estrogen female sex hormones** and a proliferation ovarian cancer, of **Premenstrual Syndrome (PMS)** and menopausal and post menopausal complications of 50% of females over 50 years old.

**Again** of notable exception to *allopathic* physicians missing this problem is Dr. Dean Ornish, MD., *Director of the Preventive Medicine Research Institute* whose astute June, 2002 editorial in the *American Journal of Cardiology (AJC)* "**Statins and the soul of medicine**", V. 89, pp. 1286-1290, takes issue with this questionable drug therapy.

In summary, the ingestion of **Dietary Cholesterol** daily over a period of time reduces the **Human Liver's** production of **Endogenous Cholesterol** by suppressing the synthesis of the required enzyme **HMG Co-A Reductase** and inactivating the existing enzyme. Thus the **Liver's** production of the various *precursors* for making systemic cell membranes, **Vitamin D3**, the **Adrenocortisone hormones** and the **Male and Female Sex Hormones** by the respective sex gonads **is proportionately reduced**.

It is hereby declared that the proliferation of America's fast food high fat diet with increased per capita daily **Dietary Cholesterol** ingestion has resulted in the **subsequent decrease** in **Endogenous Cholesterol** derived **precursors** of systemic cell membrane, **Vitamin D3, Adrenocortisone Hormones** and the **Male and Female Sex Hormones** with catastrophic ramifications being the etiological foundation of the DCRDS.

Additionally, with the increase especially since 1985 of "statin" prescription cholesterol lowering drugs an etiological association has appeared with **Metabolic Syndrome** affecting over 20% of Americans with obesity, hypertension, *cardiovascular heart* disease and *diabetes mellitus* risk factors.

### G. The Sanitation of the Human Body Blood Stream is the Key to Health

The question here is: Why are so many **chronic diseases and syndromes** that annually kill Americans associated with **Dietary Cholesterol and its related Animal Protein and Animal Fat residues?**

The answer appears in the **DCRDS Systems Analysis Body Flow Chart** as **9 specific ramifications** from **Dietary Cholesterol and Animal Protein and Fat residues** as follows:

- 1.) Intestinal Anaerobic Pathogenic Bacteria *Fermentation* of Connective Tissue Carbohydrates and Polysaccharides and the *Putrefaction* of Lipoprotein and Protein Mucus waste Toxemia;
- 2.) Systemic Vascular (blood vessel) Membrane Plaque (as opposed to Oral Food Plaque) Deformations;
- 3.) Systemic Respiratory Tract and Alimentary Tract Mucous Membrane Infections and Deterioration;
- 4.) Toxic Necrosis of Digestive Organs (liver, gall bladder, pancreas, appendix) and Vascular Organs (heart, spleen, bone marrow, kidneys and bladder);
- 5.) Deterioration of brain and nerve system from toxic chemical imbalances and resulting increased risk of depression, schizophrenia and bi-polar mental illness susceptibility;
- 6.) Increase in the quantity of Adipose (Fat) Tissue and its storage of toxic elements;
- 7.) Suppression of Liver made hormones, vitamins and other biochemical products and their deficiencies;
- 8.) Suppression of intestinal and vascular cellular made hormones, vitamins and other biochemical products and their deficiencies; and
- 9.) Systemic Carcinogenic Generation.

The **sickness treatment epistemological** answer to this question is staring the **allopathic medical sciences** in the "special interest eye" and for over 50 years of suppression it has tried not to "blink." Ironically, **allopathic medicine** has been successful in organ transplanting by learning how to "artificially suppress" with synthetic biochemicals the organ recipient's body immune system from immune rejection of the donor (foreign) biological human tissue. **So allopathic medicine is trying to use this same pharmaceutical control approach** with the whole spectrum of **anti-cholesterol drugs** but clearly have failed as the heart diseases have not been significantly reduced beyond the effect of the growing vegan/vegetarian conversions yearly.

Specifically, since the May, 2002 Makishima's Science Magazine, May 17, 2002 "**Vitamin D Receptor as an Intestinal Bile Acid Sensor**" **allopathic** medical complex has been trying to use antibiotic control of the gut *pathological anaerobic* bacteria that produces the carcinogen **Lithocholic Acid (LCA)** from **Dietary Cholesterol**. But the human body genome will refuse as it has for over 800,000 years to accept the novel **Omnivore Diet** as natural; responding to domesticated mammalian flesh and organs as a form of "**mammal cannibalism**" eating from one's own mammal family group being toxic for the *homo sapien* species. This modern civilization mistake is the foundation of the **etiology** of the **Dietary Cholesterol and Related Diseases and Syndrome**.

"My dream is that people will come to view eating an animal as **cannibalism**."  
Henry Spira (1927-98)

Specifically, the Human Body **Blood Stream** alkalinity (basic pH) and sanitary status **free** of food waste being fed on by pathogenic microbes is the foundation of mental and physical health and long life free of disease and dysfunctional syndromes. The **DCRDS Systems Analysis Body Flow Chart** identifies the following **contaminants and dysfunctions** of the Human Body **Blood Stream**:

- 1.) **Lithocholic Acid (LCA)** \_\_\_\_\_ most powerful biological Carcinogen known to science.  
**(Bile Acid metabolism)** \_\_\_\_\_ bile acid metabolism involving **Dietary Cholesterol** and *facultative anaerobic E. Coli* and *obligate anaerobic Clostridium, Bacteriodes, Eubacteria* and *Vellonella* bacteria leading other pathogenic *anaerobic* bacterial *putrefaction* of Lipoproteins and the Primary Bile Acids.

- 2.) Free Radicals \_\_\_\_\_ most powerful cell membrane destructors known to science  
(Bile Acid metabolism) \_\_\_\_\_ opening cells to microbial infection and serum toxins.  
\_\_\_\_\_ bile acid metabolism involving **Dietary Cholesterol**  
\_\_\_\_\_ and *anaerobic* bacterial *putrefaction*. Z
- 3.) Acid pH \_\_\_\_\_ supports pathogenic microorganisms to grow  
(Protein metabolism) \_\_\_\_\_ resulting in **Fermentation** of muco-polysaccharides  
\_\_\_\_\_ based connective tissue producing gas and acid blood.  
\_\_\_\_\_ supports Carcinogenic reactions.
- 4.) Low Oxygen (O2) \_\_\_\_\_ supports *anaerobic* microbial **Putrefaction** (decay) of fats  
Content \_\_\_\_\_ and proteins.  
(Bile Acid Metabolism) \_\_\_\_\_ supports Carcinogenic reactions.  
\_\_\_\_\_ supports **Free Radical** formation.
- 5.) High Urea Content \_\_\_\_\_ supports *Helicobacter Pylori* colonization in Stomach and  
(Protein Metabolism) \_\_\_\_\_ Small Intestine's Duodenum transforming the urea into  
\_\_\_\_\_ a gastric acid buffer with increased ulcer and cancer risk  
\_\_\_\_\_ for these digestion organs.  
\_\_\_\_\_ contributes to Diabetes Mellitus- Adolescent onset.  
\_\_\_\_\_ contributes to Kidney/Renal failure.
- 6.) High Uric Acid \_\_\_\_\_ contributes to **acid pH** Blood.  
Content \_\_\_\_\_ Carcinogenic.  
(Neuro-Protein \_\_\_\_\_ contributes to Kidney/Renal  
Metabolism) \_\_\_\_\_ failure and death there from.
- 7.) Mucus Waste \_\_\_\_\_ undigested **Chylomicron** and  
(Lipoprotein \_\_\_\_\_ **Chylomicron Remnants** composed of **Dietary Cholesterol**  
Metabolism) \_\_\_\_\_ and associated **Animal Protein** and **Animal Fat residues**  
\_\_\_\_\_ contributes to **acid PH of blood**.

Please note that *exogenous* "mucus" waste from partially digested and undigested animal and cooked food are often confused in the medical literature and by observation with *endogenous* "mucous" secretions by mucosal skin, intestinal, respiratory and connective tissue cells.

The culmination of these "bile acid metabolism" ramifications is that the **life stream** of the Human Body's cells the **Blood Stream** becomes polluted from the intestinal *anaerobic pathogenic* bacterial **enteric cesspool unsanitary conditions** where the normal alkalinity (basic pH) of the blood becomes acidic, which by no coincidence produces the most powerful biologic carcinogenic known to science **Lithocholic Acid (LCA)** and its associated toxic **Free Radicals**.

Modern *allopathic* medicine has no definitive cause for **Diabetes Mellitus** as they consider it an **auto-immune disease** but do not understand the etiology of this Metabolic disease phenomena.

This was seen in the **2008 National Institutes of Health (NIH) Low Blood Sugar National Field Tests** being called off because of a significant number of elder deaths that resulted.

#### **H. Great Britain's Prince of Wales Prince Charles Warning to Abu Dhabi, United Arab Emeratis about *Diabetes Mellitus***

Ironically, in February, 2007 the Great Britain Duke of Wales Prince Charles went on record in a speech in the Abu Dhabi capital of the United Arab Emeratis of which has the dubious distinction of having the highest Type 1 (Juvenile) and Type 2 (Adult) *Diabetes Mellitus* incidence and death rates in the world. Prince Charles warned the Abu Dhabi government and its people to avoid eating at the American imported MacDonald's Restaurants if they wanted to stop this "fast food" caused nutritionally related plague. American medical authorities, MacDonald's Restaurant spokespersons and American press were incredulous and mystified by Prince Charles's layman etiological warning.

**Yet it is clear** upon *research document synthesis based simulation* of the **Dietary Cholesterol and Related Disease and Syndrome DCRDS Systems Analysis Body Flow Chart** that ***Diabetes Mellitus*** is a result of ingesting **Dietary Cholesterol** and its related **Animal Protein** and **Animal Fat residues** that are the hallmark of American fast food restaurant's high protein and high fat menu and is a **DCRDS** member.

#### **V. The American Cancer Society, American National Cancer Institute's AARP and European Longitudinal Studies of "Meat Intake and Mortality"**

In summary the suppressed **bile acid metabolism** knowledge in question that the **Makishima's** May, 2002 Science Magazine article made visible is:

a.) that the human liver metabolizes **Dietary Cholesterol** into the detoxified excretory product the "so-called" *Primary Bile Acid* of **Chenodeoxycholic acid (CDA)** and its **glycine and taurine Bile Salts**;

b.) that in turn *pathological anaerobic* bacteria in **toxemic colon** conditions degrade the **CDA** and its *Bile Salts* into the so-called *Secondary Bile Acid* **Lithocholic Acid (LCA)** and transient other *Tertiary Bile Acids* metabolites; and

c.) that **Dietary Cholesterol**, **CDA** and **LCA** are the *mutagenic* and *carcinogenic* causes of **colorectal cancer** in those susceptible humans.

**Three landmark epidemiological/observational longitudinal (multiyear) studies** of the connection of the **Omnivore diet** and cancer **have been published** since **Makishima's** May, 2002 Science Magazine article **found a significant statistical association** of the **eating of animal meat with the occurrence of colorectal cancer** as follows:

- 1.) the January, 2005 JAMA published **American Cancer Institute study**[D 7];
- 2.) the July, 2005 Journal of the British National Cancer Institute published **European Prospective Investigation** [D 8]; and
- 3.) the March, 2009 Archives of Internal Medicine published **American National Cancer Institute (NCI) study** [12]. **All 3 studies** involving totally nearly 2,000,000 participants.

The latest and largest of these **three landmark epidemiological/observational longitudinal studies** **sponsored by the American NCI** illustrates best the continued suppression of **bile acid metabolism** knowledge in **question**. The **American NCI study** recruited over 500,000 participants from the **American Association of Retired Persons (AARP)** **AARP** the senior citizen lobbying non-profit organization being healthier than most senior citizen groups in America.

The March 24, 2009 AP review article of the **National Cancer Institute (NCI)'s AARP** entitled "**Study tallies risks of eating meat**" by the **Associated Press (AP)** journalist Carla K. Johnson from the Indianapolis Star newspaper reviews the above cited **NCI** longitudinal study journal citation is Sinha, Rashmi, *et al*, "Meat Intake and Mortality", Archives of Internal Medicine, V. 169, No. 6, March 23, 2009. **Please note** that the newspaper article nor the journal article reflect the etiological knowledge of "**the great pathophysiological ramifications of dietary cholesterol and bile acid metabolism**" by the researchers officially or the journalist released the first 3 months of the Obama administration at the beginning of the **National Health Care Reform Legislation** public debate.

Further illustrative that the **Health Care Reform Legislation** public debate is oblivious to "**the great pathophysiological ramifications of dietary cholesterol and bile acid metabolism**" is the September 7, 2009 Los Angeles Times article by Journalist Janet Hooks entitled "Health-care reform: Could a smaller dose work?" The article includes quotes by the **AARP** leadership and was carried by the Indianapolis Star newspaper. The **AARP Legislative Director** John Rother's response to the question of whether the proposed **Health Care Reform Bill** should be legislatively enacted as a whole or in increments because it is too far reaching and too costly during this recessionary period follows:

"You can't just do half the bill .... It is an interconnected set of policies."

Instead of citing the **sickness prevention implications** of the March, 2009 released **10 Year Longitudinal Study of "Meat Intake and Mortality"** which used **AARP Members** as its participants and pointing to the great savings in health care expenditures that could be derived from a properly implemented Health Care Reform with vegan and vegetarian dietary lifestyle change incentives; it is clear that the **AARP leadership** is unaware of **why** the study in question found a "**modest risk increase**" in contracting cancer by ingesting the most dangerous of **Dietary Cholesterol** sources mammalian red meat. This **National Security issue omission** is a result of the 70 years of suppression of "**the great pathophysiological ramifications of dietary cholesterol and bile acid metabolism**."

## **VI. Misconceptions of the Allopathic Medical Sciences**

As a result of over 70 years of suppressing "**the great pathophysiological ramifications of cholesterol and bile acid metabolism**" the *allopathic* and *osteopathic medical sciences* of biochemistry, physiology, pathology, dietetics and microbiology and secondarily the others have been found corrupted before and since the suppression of the 1946 through 1966 journal article publications of the finding by Izrael Hieger, D. Sc. that **Dietary Cholesterol** is a **mutagen and carcinogen**. This and the continued suppression since the 1974 published ground breaking article by T. Narisawa connecting the cause of **colorectal cancer** with the **Dietary Cholesterol** liver detox product the *primary bile acid* **Chenodeoxychoic acid** and its colonic *pathogenic anaerobic* bacterial degradation the *secondary bile acid* **Lithocholic acid** as a **carcinogen** must end.

Although it will take decades for these misconceptions to be properly resolved it is time to expose the most important ones noting that many are in the process of being properly resolved now.

### A.) Human Nutrition Misconceptions

- 1.) The **aboriginal diet of human beings (*homo sapiens*)** is the **Omnivores Diet**; **instead** of the truth that the **aboriginal human diet** was the **Vegan Diet** and that this aboriginal **Omnivores Diet** misconception derives from the **socio-political economic** bias of those using and profiting from the **Omnivores Diet** upon which **Western Culture** is based.

**NOTE: Multidisciplinary analyses** presented herein as **Appendix A-1** clearly documents that the **aboriginal human diet** was and by definition still is the **Vegan Diet**. This is by no coincidence identified in the **Bible Genesis 1: 29** as the “vegan directive for human nutrition.” **Appendix A-2** clearly shows that the Essene Hebrews who raised **John the Baptist** and his cousin **Jesus Christ**, his key **Apostles** and the aboriginal Christians were all vegans.

- 2.) **The molecular components of animal flesh and organs are naturally assimilated into the human body**; **instead** of the truth that the human liver which oversees food digestion and body poison detoxification reacts to **Dietary Cholesterol and its related animal protein and fat residues** as foreign bodies and initiates the **antigen** immune system inflammatory response whose white blood **phagocytes** ingest the **Dietary Cholesterol** and white blood **lymphocytes** make **antibodies** against analogous to the body’s rejection of organ transplants which must be countered with strong adrenocortex hormone mimicking drugs lest they rot and kill the recipient.

### B.) Human Biochemistry Misconceptions

- 1.) Although the human lungs absorb (fix) **Oxygen (O<sub>2</sub>)** through the use of the enzyme **Oxygenase** present in **red blood cells** it **does not** similarly use the ample enzyme **Nitrogenase** present in **red blood cells** to fix **Nitrogen (N<sub>2</sub>)** and make **amino acids** thus there is a **high dietary protein need**; **instead** of the truth that a healthy human on a proper **Vegan Diet** fixes both **O<sub>2</sub>** and **N<sub>2</sub>** into the blood stream during each breathe to be used by the body cells for **O<sub>2</sub>** and **N<sub>2</sub>** based energy production and synthesis of human body elements of amino acids/proteins, carbohydrates/polysaccharides, fats/steroids, vitamins, enzymes and coenzymes and hormones.
- 2.) **Vitamin B12** can only be obtained from an **Omnivorous Diet** specifically from animal meat, **instead** of the truth that **Vitamin B12** and the entire **Vitamin B Complex** are made by natural **probiotic** bacteria **Acidophilus** and **Bifidus** in the small and large intestines. The charge such **beneficial bacterial’s B-12** is not absorbed because they are not in the small intestine is a reflection of the **pathological Toxemic conditions of the colon** which is easily redressed via “high enemas” and **probiotic** recolonization. Oral B-12 capsules and reinforced foods are readily available.
- 3.) **Vitamin B12** needs an absorption element **Intrinsic Factor** made in the stomach of the **Omnivorous** human which allows the vitamin to be absorbed into the blood stream from the Gastro-Intestinal (GI) tract, **instead** of the truth that **Intrinsic Factor** is made simultaneously along with **Vitamin B12** by natural **probiotic** bacteria **Acidophilus** and **Bifidus** in the small and large intestines.
- 4.) the **20 human amino acids** are composed of the **11 non-essential amino acids** (which can be synthesized by the liver) and the **9 essential amino acids** (which must be obtained from dietary sources) and requires a **high protein animal based Omnivorous Diet**; **instead** of the truth that a healthy person **capable of Nitrogen fixation in the lungs** can best obtain all **20 human amino acids** through 1.) synthesis by the **small and large intestinal mucosa** cells; 2.) synthesis by the liver’s hepatic cells, and 3.) sourced from the **aboriginal low protein plant based Vegan Diet**.
- 5.) Originally, in the 1950’s the **Secondary Bile Acids** were so named as it was thought they were made by the liver and as result of normal physiology, **instead** of the truth that they were found in the 1980’s to be the result of a chronic interconnected “vicious circle” **toxemia of the colon and blood stream** involving 1.) undigested animal pseudo” food residues; 2.) an acid pH blood stream and colon from a gas and acid producing **polysaccharide anaerobic bacterial fermentation** and 3.) generation of carcinogenic toxins from a **fat and protein anaerobic bacterial putrefaction** from the **Omnivorous Diet** including the production from the “so-called” **Primary Bile Acid CDCA** of the **Secondary Bile Acid** named **Lithocholic Acid (LCA)** which induces **colorectal cancer**.

### C.) Physiological Misconceptions

- 1.) The **Primary Bile Acid** named **Cholic Acid (CA)** is primarily produced as an emulsifier of the digestion of dietary fat in the small intestinal food chyme; **instead** of the truth that **Cholic Acid (CA)** is largely a detoxification and excretion product from **Endogenous Cholesterol** derived from damaged and worn out human cells of all types by the Liver’s hepatic cells using **7-Alpha Dehydroxylase enzyme** that are dumped in the **Gall Bladder** for fecal expulsion from the body and that the **pharyngeal lipase, gastric steapsin** and **pancreatic lipase** digestive enzymes digests the food chime fat with or without primary bile acid CA emulsification.
- 2.) The “so-called” **Primary Bile Acid** named **Chenodeoxycholic Acid (CDCA)** is primarily produced as an emulsifier of the digestion of dietary fat in the small intestinal food chyme; **instead** of the truth that **Chenodeoxycholic Acid (CDCA)** **occurs only in** **Omnivores** and **Vegetarians** as a detox product of **Dietary (Exogenous or Animal) Cholesterol** by:
  - a.) the Liver’s hepatic cells using **7-Alpha Dehydroxylase enzyme** derived from the enterohepatic circulation that is dumped in the **Gall Bladder** for fecal expulsion from the body; and
  - b.) by blood stream **vascular endothelial cells** and other body epithelium and endothelial cells using a **mitochondrial enzyme 27-Sterol Dehydroxylase**.

- 3.) The **secondary bile acids** named **Deoxycholic acid (DCA)** and **Lithocholic acid (LCA)** are fat emulsifiers instead of the truth they are colonic *pathogenic anaerobic* bacteria toxins and co-carcinogenic agents promoting **mutagenic** neoplasms further degraded into transient *tertiary bile acids* many also **mutagenic** and **carcinogenic**.
- 4.) That the **female human menstruation** is normal with its **Premenstrual Syndrome** complications and **hysterectomy surgical interventions** of excessive vaginal bleeding; instead of the truth that **menstruation** is a **preventable syndrome** caused by the **acid pH blood condition** that is generated by the **Omnivorous Diet** because conception of a **fertilized egg via sperm** can not happen with an **acid pH blood stream, vagina and womb placenta**.

**NOTE:** Thus *esoterically* **menstruation** is a hemorrhage purging of acid blood and womb placenta from the vagina that occurs monthly in order to be able to prepare for conception next month from meat eating.

- 5.) That a **natural lack of female menstruation (amenses)** from **basic pH blood** is an **abnormal** condition of women on a **Vegan Diet** or anorexic or a hormonal pituitary gland problem of **amenorrhea**; instead of the truth that the **amenses** condition is a natural result of the **Vegan Diet** reflecting the inner sanitation revered by ancient Native American and Eastern Cultures including the Essene Hebrew Priestess Mary who bore Jesus Christ in an "immaculate" amenses body.
- 6.) That the female human **menopause** is a natural condition of female human aging; instead of the truth that **menopause** is a **preventable** syndrome from years of menstruation based malnutrition and from the improper ingestion of **Dietary Cholesterol** containing "pseudo foods" of animal and dairy.
- 7.) That the **normal healthy human average life span** is 80 years of age instead of **130 years of age** as **computer simulations** including the **Oracle AZ. Biosphere Project** and declared in the **Bible Genesis**.
- 8.) That the heart is the pump of the blood circulatory system instead of the heart is the valve and the atmospheric connected lungs being the real pump of the blood stream and thus air pollution by industrial, petroleum internal combustion engine powered vehicles and litter can no longer be tolerated.
- 9.) That although the mouth cavity and teeth are **analogously** washed daily **that the ancient wisdom of 3 days a month use of "high enemas" is unnecessary** instead of the truth a monthly water irrigation targeting cleansing the colon and rectum of Omnivore food wastes is the basis of an effective sickness prevention regime.

#### **D.) Pathology Misconceptions**

- 1.) The intestinal bacterial flora should be dominated by **E. coli, Bacteriodes** and other **anaerobic pathogenic bacteria** which are **continually recolonized** from the daily ingestion of more "slow poison animal flesh pseudo" foods instead of the truth that **pro-biotic** technology of introducing and maintaining **Vitamin B-12** and the other **Vitamin B complex synthesizing Acidophilis** and **Bifidus** beneficial bacteria sustained by plant derived steroids.
- 2.) That "Heart burn" is caused by an over production of **gastric (HCL) acid** instead of the meat eating generated pathology of too much **blood (serum) urea** which leaks into the stomach allowing colonization by **heliocobactor pylori** bacteria associated with **hiatus hernias, gastric and duodenal ulcer and cancer**.
- 3.) That **pathogenic bacteria and viruses** are the cause of infectious diseases instead of the **insanitation from eating animal flesh resulting in putrefaction of proteins and fats and fermentation of connective tissue polysaccharides** resulting in **acid blood and gas formation**.
- 4.) That the **normal food passage time** through a healthy human is **65 hours** instead of **24 hours** meaning **most of their patients are chronically constipated** and hosts to **pathogenic, mutagenic and carcinogenic colonic toxemia**.

### **VII. The Solution of Prevention of Sickness Education and Practice Incentives**

#### **A. The Aboriginal Human Diet**

During the last 50 years since the publication of the 1959 article by Hieger, Izrael, D. Sci., "**Carcinogenesis of Cholesterol**" (British Journal of Cancer, V. 8 (3), pp 439-51) the **allopathic medical sciences** of dietetics, biochemistry, physiology, pathology, microbiology, and secondarily the others have further ignored definitive evidence of the connection of animal meat derived cholesterol and bile acids and colon cancer by suppressing "**the great pathophysiological ramifications of dietary cholesterol and bile acid metabolism.**"

It is easy to understand that **Human Nutritional Science** is still holding onto the misconception that the **aboriginal diet of human beings (homo sapiens)** is the **Omnivores Diet**; instead of embracing the truth

that the **aboriginal human diet** was and still is the **Vegan Diet**. This misconception derives from the **socio-political economic** bias of those scientist who were born into families using and are encouraged to continue this misconception from the special interests which are profiting from the **Omnivores Diet** upon which **Western Culture** is based.

However, **Appendix A-1** based on an exhaustive **multidisciplinary analyses** of documents listed in **Bibliography B.** indicates that the **aboriginal human diet** was and by definition still is the **Vegan Diet.** Thus it is no coincidence that the **Vegan Diet** is identified in the **Bible Genesis 1: 29** as the “directive for human nutrition.” Quoting from Hilton Hotema’s **The Great Law** (1962) page13:

“There was never a time in the history of humanity when the question of diet, in its relation to health and disease, has received the earnest attention that it is receiving now. But each worker has his own pet theory, and his prejudice will not permit him to consider anything that fails to support his theory ...”

“The Law of Diet is simple and sure as the Law of Gravitation. It was understood by early man, just as it is understood today by the beasts of the field and the fowls of the air. But flood and famine diverted man from the true course, and it appears that knowledge of diet was lost .... **[Bible Genesis 1:29] foods that come from the soil .... Its discovery means the dawn of a new era in human life. It will furnish a foundation which future generations will create a new civilization.**” **[emphasis added]**

**Is America going** to rise to the international metaphysical occasion and lead the world into the **Golden Age** of peace, artistic and craft creativity and prosperity, **sans hunger and poverty, pollution and war and civil war? No** if it continues to deny the scientific evidence that the Omnivore diet is novel and experimental and has been found from multidisciplinary to be:

- 1.) a “slow poison” to the human body causing blood poisoning, cancer, chronic infection and toxemia of the intestinal tract and, organ necrosis (including brain, heart, liver, pancreas and kidneys) and enteric bacterial toxemia;
- 2.) fosters a non-sustainable animal husbandry based agriculture that pollutes the air, water and soil; and
- 3.) is ineffective and inefficient in person hours and resources in feeding the people.

**B. USDA Food Group Pyramid Needs to Reflect “Bile Acid Metabolism Ramifications”**

The **2005 USDA Food Group Pyramid** has been getting progressively better from the “Food Group Square” of the 1980’s for example incorporating many of the **Asian and Mediterranean Diet** elements. But the just released in January 2010 **USDA Food Group Pyramid** and **Food Guidelines** continues to omit **“the great pathophysiological ramifications of dietary cholesterol and bile acid metabolism.”**



Based on the information you provided, this is your daily recommended amount from each food group.

<b>GRAINS</b> 6 ounces  <b>Make half your grains whole</b>  Aim for at least <b>3 ounces</b> of whole grains a day	<b>VEGETABLES</b> 2 1/2 cups  <b>Vary your veggies</b> Aim for these amounts <b>each week:</b> <b>Dark green veggies</b> = 3 cups <b>Orange veggies</b> = 2 cups <b>Dry beans &amp; peas</b> = 3 cups <b>Starchy veggies</b> = 3 cups <b>Other veggies</b> = 6 1/2 cups	<b>FRUITS</b> 2 cups  <b>Focus on fruits</b>  Eat a variety of fruit  Go easy on fruit juices	<b>MILK</b> 3 cups  <b>Get your calcium-rich foods</b>  Go low-fat or fat-free when you choose milk, yogurt, or cheese	<b>MEAT &amp; BEANS</b> 5 1/2 ounces  <b>Go lean with protein</b>  Choose low-fat or lean meats and poultry  Vary your protein routine—choose more fish, beans, peas, nuts, and seeds
<b>Find your balance between food and physical activity</b> Be physically active for at least <b>30 minutes</b> most days of the week.		<b>Know your limits on fats, sugars, and sodium</b> Your allowance for oils is <b>6 teaspoons a day.</b> Limit extras—solid fats and sugars—to <b>265 calories a day.</b>		

**Your results are based on a 2000 calorie pattern.**

**Name:** \_\_\_\_\_

This calorie level is only an estimate of your needs. Monitor your body weight to see if you need to adjust your calorie intake.

The following improvements are suggested incorporating "the great pathophysiological ramifications of bile acid metabolism" and the basis of *aboriginal* "nutritional herbology."

- a.) The **GRAINS (Bread, Cereal, Rice and Pasta) Group** is excellent.  
**Note:** All grain products should be recommended 100% whole grain breads, cereals and pastas and brown, wild or Indian Basmati rice.
- b.) The **Vegetable Group** is excellent.  
**Note:** The 100% vegetable juices should be added and emphasized to help adults and the youth to get their minimum RDA's which they are not now getting.
- c.) The **Fruit Group** is excellent.  
**Note:** The 100% fruit juices should be added and emphasized to help adults and the youth to get their minimum RDA's which they are not now getting.
- d.) The **Milk Group** needs these improvements:
  - #1. **require** this Group does **not** contain any **Dietary Cholesterol** by requiring cow milking machines and other techniques that do not suck milk sack cells and by not using *rennet* as a cheese coagulant using instead other natural plant derived coagulants like *citric acid*.
  - #2. **require** this Group add the **vegetable, seed, beans, grain made milks and cheeses**; e.g. made from rice, soy beans, sunflower, almonds and other seeds, nuts and grains.
- e.) The **Meat and Bean Group** \_\_\_ including **Mammalian, Poultry, Fish, Dry Beans, Eggs, Nuts and Seeds** \_\_\_\_\_ needs the following change improvements:
  - #1. to **avoid Dietary Cholesterol** it is suggested changing the elements **Meat, Poultry, Fish and Eggs** to a sparing or abstinence option; and
  - #2. explain the utility of adding and/or increasing the most superior protein sources of nature the **seed food elements**; e.g. sunflower seeds, pumpkin seeds, sesame seeds, caraway seeds to the remaining **Dried Beans and Nuts Group**.
- f.) Advise the use of the **Monounsaturated and Polyunsaturated Fats and Oils** \_\_\_ noting their **health benefits** in cardiovascular and other atherosclerotic diseases.

The synthesis of *in vitro*, *in vivo* and observational/epidemiological scientific research evidence iconoclastically shows that the **Omnivore Diet** produces the *chronic diseases and syndromes* that are debilitating and killing Americans and consuming America's health care expenditures.

### **C. Some Examples of Appropriate Diets that Limit, Avoid and Cleanse Dietary Cholesterol and Related Residues**

The *allopathic* medical establishment's biased criticism of the *aboriginal* **Vegan Diet** and the later accommodating **Vegetarian Diet** as deficient for example in **complete amino acids, Vitamin B-12 and its Intrinsic Factor, iron and zinc** are **unscientific allopathic medicine mythologies**. This is shown by these diets' use of the **complete amino acid** containing **soy bean, peanut and sunflower seed** and combination **legume and whole grains** food products; their use of **probiotic** beneficial bacteria *Acidophilus* and *Bifida* (which naturally make **vitamin B-12** and its **intrinsic factor** in the human intestinal tract) and the use of the fresh green vegetables like **spinach**, fresh fruit like **grapes** and dried fruits like **raisins** (dried seedless grapes) have abundant **iron**, and whole wheat bread and better yet fresh **pumpkin seeds** and the "**stone fruits**" like fresh **plums** and dried fruit like **prunes** (dried plums) have abundant **zinc**.

**Clearly**, a modified **Mediterranean Diet** based on Italian, Greek, Southern France and/or North African cuisines which avoids animal meat and has already been proven palatable to Americans with **whole seeded grape juice substituted for wine**, adding **non-dairy cheeses and milks** made from soy bean and rice for variety and expanded with the modern food science "**mock meats**" made of soy bean, wheat gluten or other beans/legumes and of course the avocado and olive and olive oil would be one of the suggested dietary life style changes of the proposed **Health Care Reform Legislation's** proper **sickness prevention education and practice** implementation.

The **Asian Diet** relying on the **Macrobiotic** brown rice foundation and Mexican and other popular international cuisines can be easily modified with **non-dairy cheeses and milks**, "**mock meats**" and of course the **nuts, seeds, legumes and whole grains** in combination to **replace** the **chronic disease and syndrome** generating animal meat and dairy product **Dietary Cholesterol** and **saturated fats**.

The **Cardiovascular Disease Reversal Diet** designed by Dr. Dean Ornish, MD., *CEO* of the Preventive Health Institute, Inc. [**Programme for Reversing Heart Disease**, Ivy Books, U.S. (Jan 1996)] and his other less rigorous **Prevention Diets** should be one of the suggested dietary life style changes of the **Health Care Reform Legislation's** proper implementation of **sickness prevention education and practice**.

Finally, the "**Daniel 365 Diet**" of my design based on **Bible Genesis 1: 29** and **Book of Daniel** will reverse the "Nutritional" or **Dietary Cholesterol and Related Diseases and Syndromes (DCRDS)**, and removes years of **Dietary Cholesterol and its related Animal Protein and Animal Fat residues**. **Appendix F** is based on this paradigm available for free in the **Original Prevention of Sickness Pamphlet** downloadable at <http://www.theuniversityofgod.org/Page8.html>.

#### **D. Global Warming Environmental and Food Production Benefits**

As pointed out in **Appendix A-1** because of the adoption of the novel **Omnivore Diet** and the necessary invention of **domesticated animal husbandry based agriculture** as opposed to the **Bible Genesis** documented **aboriginal Vegan Diet** and complementary horticulture of the legendary **Garden of Eden**.

**Appendix E** presents the courageous and "state of the art" editorial by **Doctor Dean Ornish, MD** in the May, 2009 **American Journal of Cardiology** entitled "**Mostly Plants**" where he argues elegantly the following:

- a.) the **Vegan and Vegetarian Diets** should be recognized by the **allopathic medical community** as the inevitable sickness prevention **life style change** that is superior to the **Omnivores Diet**;
- b.) the **Vegan and Vegetarian diets** would eliminate the **\$20 Billion a year** use of the "statin" cholesterol drug for a **health reform savings of \$200 Billion over 10 years**; and
- c.) the **Vegan and Vegetarian diets** have the *secondary benefits* of significant **environmental pollution and poverty abatement** where properly used.

Specifically, **Dr. Dean Ornish, MD**. states in "**Mostly Plants**":

"Also, what's good for you is also good for our planet. Animal agribusiness generates more greenhouse gases than all transportation combined [Food and Agriculture Organization of the United Nations. **Livestock's Long Shadow: Environmental Issues and Options**. Available at: <http://www.fao.org/docrep/010/a0701e/a0701e00.HTM>. Accessed June 9, 2009]."

"The livestock sector generates more greenhouse gas emissions as measured in **carbon dioxide** equivalent than transportation (18% vs. 13,5%). Also it accounts for 9% of the **carbon dioxide** derived from human-related activities. It generates 65% of the human-related **nitrous oxide**, which has 296 times the global warming potential of **carbon dioxide**. **Nitrous oxide** and **methane** mostly come from **manure**, and **56 billion "food animals" produce a lot of manure each day.**"

"Also, livestock now use **30% of the earth's entire land surface**, mostly for permanent pasture but also including 33% of global arable land to produce food for them. As forests are cleared to create new pastures, it is a major driver of **deforestation**; some 70% of forests in the Amazon have been turned over to grazing."

"**Finally, eating lower on the food chain is a more efficient way to produce protein.** It takes significantly more resources to produce **meat-based protein** than **plant based protein**. **As the earth's population continues to increase and resources decrease, choosing to eat plant-based foods frees up more resources to help feed others. Knowing that the food choices we make each day not only help ourselves and our families but also our planet often brings a sense of meaning for many people, this is a powerful motivator.**" (emphasis added)

#### **VIII. Projection of American Health Care Expenditure and Leading Causes of Death Reductions in the World's Costliest Health Care**

##### **A. Predicted Growth of Sub-Group D: Avoidance of Dietary Cholesterol Life Style Change**

It is firmly believed that the US government and the American people themselves have the ability and more importantly the "grit and integrity" to conceptualize the "big picture" now if they were properly presented the "**the great pathophysiological ramifications of cholesterol and bile acid metabolism**" as an unaddressed "**Health National Security Issue.**" America is predominately **Christian** in religious faith and many Americans already practice during **Easter Lent observation** abstinence from **Dietary Cholesterol foods**.

**Multicultural based diets** properly designed within the **implemented sickness prevention education and practices incentives program** using menus based for example on the **modified Mediterranean Diet** and the brown rice based **Asian Diet** would be ideal. **Dr. Dean Ornan, MD's** brilliant **coronary vascular disease Reversal Diet and Prevention Diets** as a model for those with **DCRDS** would be very effective. Subsequently, the **projected Sub-Group D would appear** and the **projected savings crudely estimated below would accrue during 2012.**

Specifically, it is projected that the American population's response to the proposed **Health Care Reform Legislation's** proper implementation of **sickness prevention education and practice incentives** including the suppressed "**dietary cholesterol and bile acid metabolism ramifications**" and how to individually reverse their effects via body detox regimens for example the above cited **Dr. Dean Ornan, MD's brilliant coronary vascular disease Reversal Diet** or the "**Daniel 365 Diet**" will produce **4 Sub-Groups** by 2012 as follows:

**Sub-Group A. 1/4 will ignore the knowledge as a "cultural" and economic attack on American traditions**

**Sub-Group B. 1/4 will experiment moderately with less animal based "cultural food" ingestion**

**Sub-Group C. 1/4 will experiment with being vegetarian and significantly lower red meat ingestion**

**Sub-Group D. 1/4 will embrace the vegan lifestyle and personal detox of body regimen**

**Consequently**, with this knowledge of the "**great pathophysiological ramifications of bile acid metabolism**" properly placed within the requisite **prevention of sickness health education and practices incentives activities** of the proposed **Health Care System Reform Legislation's** implementation; it is projected that **Sub-Group D of 1/4 (25%)** of the American people will decide to avoid the ingestion of **Dietary Cholesterol** and allow their own livers to provide this vital body element as **Endogenous Cholesterol**: **By 2012 the Nation's Health Care Industry Expenditures would be reduced by approximately 1/4 (25%) with the requisite body detoxing of Dietary Cholesterol** and its associated animal protein and animal fat residues saving **\$600 billion annually in America's health care costs!**

### **B. Projected Reduction in Health Care Expenditures and Leading Causes of Death**

Please study the attached **TABLE FIVE: American Projections: DCRDS Prevention Education and Leading Causes of Death Averted and Money Saved Annually** which presents the benefits to Americans from implementing the **National Health Care Reform Legislation** with a properly designed **sickness prevention education** program including avoiding the "**great pathophysiological ramifications of dietary cholesterol and bile acid metabolism.**"

Specifically, **TABLE FIVE** projects that under the just passed **Health Care Reform Legislation** if the American population were appropriately educated about the ramifications of "**bile acid metabolism**"; they would form the theorized target **Sub-Group D** and by 2012 there would be:

- 1.) annually a prevention of 466,895 American lives loss to the TFK's;
- 2.) annually health care cost savings of \$3,128,196,500 in treating TFK incidences;
- 3.) by the end of 2022 over 10 years 4,668,950 American lives and \$31,281,965,000 in American health care expenses would be saved from TFK deaths; and
- 4.) an annual \$600 Billion total health care expenditure savings from **sickness prevention education and practices incentives.**

Observe that this **annual \$600 Billion total health care expenditure savings is achievable with the reconciled US House and Senate versions** of the **Legislation** with the most expensive "universal health insurance coverage" has an estimated less than \$1 Trillion Dollar (\$1,000,000,000,000) price tag over 10 years with an annual cost of \$100 Billion (\$100,000,000,000) to implement.

### **C. Vegan and Vegetarian Diet and Body Detoxification Practice Incentives**

It can be clearly shown that the **Top Fifteen Killers (TFK's) of Americans** have a significantly lower incidence amongst those following a **Vegan diet** and a "strict" **Vegetarian Diet** the latter avoiding **rennet dairy products and eggs** with no more daily than **5 mg of Dietary Cholesterol**. Ideally, those people making the **vegan & vegetarian lifestyle** change should **receive significantly discounted health Insurance Premiums in any Health Care Reform Legislation** that includes the **cholesterol and bile acid metabolism** issues herein.

**Consequently**, it is projected that if **1/4 (25%)** of the American people identified as **Sub-Group D** were to decide to avoid the ingestion of **Dietary Cholesterol** and allow their own livers to provide this vital body element; by 2012 the **Nation's Health Care Industry Expenditures would be reduced by approximately 1/4 (25%) with the requisite body detoxing of dietary cholesterol and its associated animal protein and animal fat residues.estimated as follows:**

**\$2.5 Trillion Dollars (\$2,500,000,000,000) annual health care industry expenditure reduced 1/4 (25%) within Sub-Group D 1/4 (25%) or by \$600 Billion Dollars a year starting in 2012!**

**In summary** the **Health Care Reform Legislation** implemented with proper **sickness prevention education and practice incentives** would beginning in 2012 annually result in a **minimal \$600 Billion total health care expenditure savings**. The **Health Care Reform Legislation** with an annual price tag of approximately \$100 Billion would continue to annually generate minimally a savings of \$600 Billion **IF** this knowledge of "**the great pathophysiological ramifications of dietary cholesterol and bile acid metabolism**" is placed within the requisite **Legislation's prevention of sickness education and practice incentives** implementation.

**TABLE FIVE**

**America Projections: DCRDS Prevention Education and Leading Causes of Death Averted and Money Saved Annually**

<u>Disease</u> (Common Name) # of 2006 Deaths	Rate US Death Rate 2006	Projected <u>Sub-Group D</u> American Lives Saved by 2012	Projected <u>Sub-Group D</u> Per Capita Health Costs Saved in America by 2012 ('06 per capita rate \$6,700 used)
1.) <u>Heart Disease</u> 671,250		167,613	\$1,123,007,100
2.) <u>Cancers</u> 559,801		139,950	\$937,665,000
3.) <u>Stokes</u> 136,976		34,244	\$229,434,800
4.) <u>Asthma/ Emphysema/ Bronchitis</u> 124,549		31,137	\$208,617,900
5.) <u>Accidents</u> 120,395	Not Applicable	na	na
6.) <u>Diabetes</u> 72,422		18,106	\$121,310,200
7.) <u>Alzheimer's</u> 72,412		18,103	\$121,290,100
8.) <u>Influenza/ Pneumonia</u> 56,060		14,015	\$93,900,500
9.) <u>Kidney Disease</u> 45,182		11,296	\$75,683,200
10.) <u>Scepticemia</u> 33,465		8,366	\$56,052,200
11.) <u>Suicide</u> 33,292		8,323	\$55,764,100
12.) <u>Chronic Liver Disease/ Cirrhosis</u> 27,546		6,887	\$46,142,900
13.) <u>Hypertension</u> 23,855		5,964	\$39,958,800
14.) <u>Parkinson's</u> 19,565		4,891	\$32,769,700
15. <u>Homicide</u> Not Applicable			
<b>TOTALS:</b>		<b>466,895</b> Llves Saved	<b>\$3,128,196,500</b> Money Saved

## **IX. Addressing the Genocidal Level of Infant and Maternal Mortality in America**

In March and April, 2010, **Amnesty International, Inc.** and a **United Nations** sanctioned epidemiological scholastic study identified the level of maternal and infant death rates in America as **genocidal** and hard to explain given a.) the high level of *per capita* health care expenditures being spent; and b.) while the rates over the past 10 years in most of the developing countries in the world have decreased the rates in America have increased. Please see Appendices I-1 and I-2.

**Esoterically** as documented above and in Appendix A-1 the human genome was **aboriginally encoded genetically as herbivore/vegan**. Thus the human liver of the fetus, neonate and infant processes all **Dietary Cholesterol** from the Mother's shared blood system and amniotic fluid without exception as a "slow poison." Using an allusive **Third Bile Acid Biosynthesis Pathway (other than the "Neutral" and "Acidic" Adult Pathways)** a "unique mix of bile acids" inventoried below in TABLE VI are produced. This "unique mix of bile acids" pattern persists from **human embryonic** conception through about the **human infant's 4th year of age** being slowly transformed after birth by the development of a pathogenic dominated **intestinal flora** from feeding upon **solid animal meat food** until the **Omnivore diet adult pattern of cholesterol and bile acid metabolism** dominates.

It is very clear from research and development work under great public knowledge suppression that unborn human babies in the womb are **at risk** from the immense co-mutagenic, co-carcinogenic, atherogenic, lithogenic and toxogenic effects of **Dietary Cholesterol** and its over 25 **Bile Acids** and other derivatives inventoried in TABLE III adversely affecting the fetus including its liver, heart, brain, lungs, kidneys and pancreas. **Especially** pathogenic are the **mono-hydroxy-bile acids; i.e. 3-beta-hydroxy 5 cholenoic acid, Lithocholic acid (LCA, 3-alpha hydroxyl 5-beta cholenoate)** and its isomers **Iso-LCA (3-beta hydroxyl 5-beta cholenoate)** and **allo-LCA (3-alpha hydroxyl 5-alpha cholenoate)**.

**Esoterically**, the tradition of *amenses* women living upon the **Vegan diet** has been associated since ancient times with painless and no-risk child birth. This is because the *aboriginal* **Vegan diet** produces a sanitary maternal blood status and avoids the animal food derived **mucus** waste body deposits; the latter which **encumber the female pelvis preventing it as designed from disassembling and allowing a natural pain free child birth**. Consequently, the **Omnivore diet** by necessity has been associated with **Caesarian births** since ancient Rome and constitutes approximately 20% of America's infant deliveries and encompasses the bottom line of **maternal mortality risk**.

Specifically, the "great pathophysiological ramifications of dietary cholesterol and bile acid metabolism" is highlighted no better than in the suppressed via ignoring "repercussions of Intrahepatic Cholestasis in Pregnancy (ICP) in "fetal complications" affecting the placenta and fetal liver.

Quoting from the astute review article by Spanish scientists **Jose G. Marin, et al** entitled "Molecular basis of fetal bile acids and pigments through the fetal liver-placenta-maternal liver pathway" published in the Journal of Hepatology, V. 4, No. 2, pages 70-76, 2005:

"The excretory pathway for COA's [**Cholephillic Organic Anions** of bile acids and biliary blood pigments] ..... is of great importance because when it is impaired [as in **cholestasis**] the repercussions on the normal development of the fetus or even on the fate of **gestation** may be dramatic.

**Intrahepatic Cholestasis of Pregnancy [ICP]** is a reversible form of **cholestasis** (stoppage of bile flow) that may develop during late pregnancy and usually resolves soon after delivery.

For the Mother, this condition is usually benign since it is only associated with certain discomfort due to **pruritis** [itching].

However, ICP is frequently the cause of **premature delivery** and increased risk of **fetal mortality** during the third trimester of pregnancy in patients suffering from this disease.

Moreover, the severity of **fetal complications** is proportional to the magnitude of **maternal hypercholanemia**." [emphasis added]

Appendix I-3 presents the ground breaking prospective study by Swedish scientist **Anna Glantz, et al**, in the article "Intrahepatic Cholestasis of Pregnancy (ICP): Relationship between Bile Acid levels and Fetal Complication Rates," Journal of Hepatology, V. 40, No. 2, pp 467-74, 2004 details her "state of the art" *in vivo* prospective cohort study of ICP. In this study ICP is defined as "otherwise unexplained pruritis (itching) of pregnancy in combination with fasting serum bile acid level greater than or equal to 10 micro-mol/liter." Her study is the first to establish the relationship of maternal serum bile acids and ICP.













TABLE VI. INVENTORY OF TOXIC BILE ACIDS AND NEUTRAL STERIODS EXPOSED TO HUMAN FETUSES, NEONATALS, INFANTS & CHILDREN Page 35-7

Fetus, Neonatal Infant, Infant	Bile Acids and Neutral Steroids	Deleterious Effects M - Mutagenic C - Carcinogenic A - Atherogenic Cl - Cholelithic T - Toxicogenic D - does not support cell growth	Gallbladder Bile Acid Total	Urine Bile Acid Total	Amniotic Fluid Bile Acid Total	Blood Bile Acid Total	Meconium (First Bowel Movement) Bile Acid Total	Feces Bile Acid Totals (mean % of Total BAs)	Comparative Adult Fecal Bile Acid Totals (mean % of Total BAs)	Author Bibliographic Reference  <a href="#">TABLE III Link</a>
CHILD (< than 4 yrs)	1.) CDCA (3a, 7a)	T, C (moderate) , D	NA	NA	NA	NA	NA	5.6% (+/- 4.3%)	3.4% (+/- 0.6%)	C. Huang, 1971
	2.) CA (3a, 7a, 12 a)	T, C (weak) , D	NA	NA	NA	NA	NA	3.9% (+/- 1.9%)	2.4% (+/- 0.5%)	C. Huang, 1971
	3.) DCA (3a, 12a)	T, M (weak) , C (weak) , D	NA	NA	NA	NA	NA	21.3% (+/- 5.4%)	34.3% (+/- 2.2%)	C. Huang, 1971
	4.) LCA (3a)	T , C (strong) , D	NA	NA	NA	NA	NA	33.2% (+/- 2.2%)	38.9% (+/- 2.0%)	C. Huang, 1971
	5.) 3 Beta Hydroxy Cholenoic Acid (3b)	T, M-suspect, C-suspect, D	NA	NA	NA	NA	NA	—	—	
	6.) 3-Beta, 7-Alpha Hydroxy-5-Beta Cholenoic Acid	T, M-suspect, C-suspect, D	NA	NA	NA	NA	NA	—	—	
	7.) 3-Oxo-7-Alpha Hydroxy Cholenoic Acid	T, M-suspect, C-suspect, D	NA	NA	NA	NA	NA	—	—	
	8.) UDCA (3a, 7a)	T	NA	NA	NA	NA	NA	12.0%	2.0%	C. Huang, 1971
	9.) Hyo-DCA (3a, 6a)		NA	NA	NA	NA	NA	7.0%	10.0%	C. Huang, 1971

The “**fetal complications**” from “**Intrahepatic Cholestasis of Pregnancy (ICP)**” are detailed in this Swedish study as follows:

- i.) spontaneous preterm deliveries,
- ii.) asphyxial events; and
- iii.) passage of meconium and its green staining of amniotic fluid, placenta and membranes.

Swedish scientist Anna Glantz further elucidates on ICP and its treatment from her “state of the art” *in vivo* prospective cohort study conducted between 2/01/1999 and 1/31/2002 involving 45,485 pregnancies that identified 693 ICP diagnosed women where 81% had mild ICP (10-39 micro-mol/liter of serum bile acid) and 19% had severe ICP (serum bile acid greater or equal to 40 micro-mol/liter):

Simple logistic regression analysis showed that the probability of **fetal complications** increased by 1 to 2% per additional micro-mol/liter of serum bile acids.

Complementary analysis showed that **fetal complications** did not arise until bile acid levels were greater than or equal 40 micro-mol/liter.

Gallstone disease and a family history of ICP were significantly ( $P < .001$ ) more prevalent in the group of ICP patients with higher bile acid levels.

No increased fetal risk was detected in ICP patients with bile acid levels less than 40 micro- mol/liter.

Now with the passage of **Health Care Reform Legislation** America can properly implement an **innovative infant and maternal mortality amelioration initiative** that if it includes the **7 elements** specified below would within 24 months show a **significant lowering** of the genocidal level of **maternal and infant death** that exists all over America **especially** in its inner cities amongst Afro-Americans.

- a.) Recommend that participating doctors and other health practitioners implement a **no Dietary Cholesterol regimen with no more than 5 mg/day** for women who are:
  - 1.) preparing for pregnancy;
  - 2.) pregnant;
  - 3.) **overweight or obese** at risk for **maternal and/or infant mortality**; and
  - 4.) residing in America's inner cities at risk for **subclinical malnutrition, birth defects** and **alcohol/drug syndromes**.
- b.) Monitor pregnant women with serum bile acids at or greater than 10 micro-grams/liter as potential candidates for **Intrahepatic Cholestasis in Pregnancy (ICP)** noting that 40 micro-mol/liter is a biomarker for ICP **fetal complications**.
- c.) Identify **Metabolic Syndrome** as a **maternal and infant death risk factor** targeting **especially over weight and obese pregnant women**.
- d.) Adding the **monthly 2 quart “high enema”** as a **pregnancy preparation and pregnancy gestation regimen especially** targeting those with ICP.
- e.) following a **Dietary Cholesterol** detox dietary regimen daily especially including:
  - 1.) fresh Mexican Papaya, berry (straw, black, rasp, blue) and freshly squeezed orange juice.
  - 2.) fresh squeezed carrot juice with spinach, celery, beet and elephant garlic.
  - 3.) spinach and Romaine salads with “cold pressed” olive oil, avocado and garlic.
  - 4.) raw sunflower seed and pumpkin seed drink or milk.
  - 5.) *Cell Tech, Inc.* Klamath Lake, Oregon “Super Blue Green Algae.”
  - 6.) *Solgar, Inc.* a.) Horse Tail; b.) “Oceanic” and c.) probiotic *acidoplis* and *bifida* formulations.
  - 7.) fresh squeezed Concord grape juice.
- f.) Encourage the US Federal Executive Branch to empower the **Environmental Protection Agency** to create **green job grants to non-profits and governmental units targeting cleaning the urban areas of litter** \_\_ especially zeroing in on plastics, as their UV light deterioration pollutes the water table and drinking water with low levels of hydrocarbon **mutagens, carcinogens** and cytotoxins showing up in Mother's milk and allows for the bile acids and other **TABLE III** identified co-mutant, co-carcinogen and co-toxin derivatives to promote.

**X. Need to Convene a 2010 US Senate Select Committee on Human Nutrition and Human Needs and/or US House of Representatives/Ways and Means Committee Hearing**

It has been previously requested in the White/Blue and Red Papers of this series that the **US Congressional Senate and House** unpredictably back the **President's** lead in the health care reform effort by convening necessary **Hearings** to investigate and verify this **dietary cholesterol and bile acid metabolism** omitted issue suppressed by the *Special Interests* **targeting bipartisan implementation**. The **federal executive branch** agencies with the responsibility in this "**Health National Security Issue Omission**" are the **US/Department of Agriculture (USDA)** establishing **dietary standard guidelines** and the **US/Department of Health and Human Services** including its **Food and Drug Administration (FDA)** regulating food labeling and vitamin and mineral **RDA's**.

**Consequently**, this Green Paper proposes that since the previously requested convening of a **2010-2011 US Select Committee on Human Nutrition and Human Needs and/or US House of Representative/Ways and Means Committee Hearing** is politically impossible now that the **National Republican Party** has made the **US Congress** passing of the **Health Care Reform Bill** a November, 2010 national election issue and repeal target; that the **White House Office of Health Care Reform** hold a Forum on American Maternal and Infant Mortality Etiology and Possible Solutions moderated ideally by Dean Ornish, MD., *Director, Prevention Health Research Center* to address the complicated and controversial etiological roles of **Dietary Cholesterol and Bile Acid Metabolism**.

The **USDA** and **FDA** are in need of help from the **US Congress** in properly addressing this issue as follows:

a.) the **USDA** excellent 2010 Nutrition Guidelines although reflecting plant protein sources in the "Food Pyramid" and accommodating the Vegetarian Diet, fails to reflect "**the great pathophysiological ramifications of bile acid metabolism**" of the **Omnivorous Diet**;

b.) although the **USDA** in 2006 tried to end the federal government monetary subsidies to the meat and restaurant industries in their annual spending of \$60 Billion in media advertisements to consume their **Omnivorous Diet** products, they failed to win the **US Supreme Court** suit against it brought by these industries calling such subsidy curtailment as "**unconstitutional**"; and

c.) the **FDA** requires **cholesterol, saturated fat and trans-fat ingredient quantification** on labels but has totally ignored "**the great pathophysiological ramifications of bile acid metabolism**" and the research that indicates Dietary Cholesterol is treated as a poison by the human liver and itself is *mutagenic* and *carcinogenic*.

The **US Congressional Budget Office (CBO)** of course to date is also in the dark as **Congress** about this "**National Security Health Issue Omission**." As the **US House of Representative Speaker** Nancy Pelosi (D, CA) has properly complained the **CBO** has failed to quantify a **sickness prevention health education and practice incentives** cost saving which could help pay for at least 25% of the \$2.5 Trillion health bill projected for 2009 and the entire cost of **Health Care Reform**.

Thus the \$600 Billion herein crudely estimated that could be saved annually by 2012 if the public were told the truth about the "mysterious" and inexplicable annual continual rising of health expenditures in America, and the truth about the continued less than average performance of the best outfitted and instructed health professionals in the world; the **health care crisis** here in America would be addressed by a **Legislation** that is self funding.

In this approach of assessing and valuing the health care expenditure savings to accrue annually in America with a **sickness prevention education and practice incentive program** properly implemented acknowledging "**the great ramifications of dietary cholesterol and bile acid metabolism**" the **Legislation** would be self funding the first decade beyond the \$190 billion in savings the **CBO** acknowledges in the second decade.

It is contended that If the **CBO** had such **sickness prevention health education and practice incentives** cost savings knowledge and figures then wise and humanitarian US Senators like my US Senate representative US Senator Richard Lugar (R, IN.) and other humanitarian US Congresspersons who presently oppose this health care reform movement would be in support of the need to end this suppressed health care crisis. The November 2, 2009 New York Times newspaper article entitled "**Obama Strategy on Health Legislation Appears to Pay Off**" states the following on the lack of bipartisan support:

"The No. 3 Republican in the Senate, Lamar Alexander of Tennessee, who attended one session with the president, recalled that in the 1960s, when he was a Congressional aide, Democrats and Republicans worked together on civil rights. He said he saw no possibility of a bipartisan health bill. '**White House officials don't want one or don't know how to do one,**' Mr. Alexander said."

Ideally, in order to enroll bipartisan support that is essential in properly implementing the just passed **Legislation** spanning 10 years it had been suggested that as soon as possible a bipartisan **2009- 2010 US Select Committee on Human Nutrition and Human Needs (Committee)** be convened and/or a **US House of Representative Hearing**; e.g. of the **House Ways and Means Committee**, behind closed doors to allow for full candid professional and economic freedom to address this complicated and controversial issue of

"the great pathophysiological ramifications of dietary cholesterol and bile acid metabolism" and shame the opponents of the just passed **Health Care Reform Legislation**.

Minimally two weeks would have been needed for the initial session of the proposed **Committee** and/or **Hearing** using audio-video conferencing with 1 week for planning and the second week for testimonies. Besides confirming "the great pathophysiological ramifications of bile acid metabolism" and its role in the resulting **Dietary Cholesterol and Related Diseases and Syndromes (DCRDS)**, the objectives of the **Committee** would be to establish the existence of the cited *issue omission* and the savings from a *sickness prevention education and practice incentive program* in the nation's health expenditures.

Such a **Committee** and/or **Hearing** by definition must have staff consultation that is balanced in its *medical epistemological* makeup because of the *allopathic medical complex's* suppression of "the great pathophysiological ramifications of dietary cholesterol and bile acid metabolism" and the great power of the health care industry corporate members who have so suppressed this medical iconoclastic knowledge for over 70 years as follows:

- a.) **Allopathic Medical Doctors (MD's)**
- b.) **Osteopathic Physicians**
- c.) **Chiropractors**
- d.) **Naturopaths**
- e.) **Medicinal Herbologists**
- f.) **Nutritional Herbologists**
- g.) **Homeopaths**
- h.) **Other Alternative Health Professionals e.g. Colonic Physical Therapists**

International leaders in the medical sciences and health advocates who are aware of "the great pathophysiological ramifications of dietary cholesterol and bile acid metabolism" must be identified and enrolled to testify in the suggested Committee and /or Hearing's deliberations; e.g. including:

- 1.) Makoto Makishima, PhD., Professor, Department of Biochemistry, Nihon University School of Medicine, Tokyo, Japan cited above;
- 2.) Dr. Barbara Starfield, MD., DPH. Professor of Public Health, Johns Hopkins School of Hygiene and Public Health in Baltimore, MD cited above;
- 3.) Dr. Dean Ornish, MD., CEO of the Preventive Health Research Institute, Inc., Sausalito, CA. cited above;
- 4.) Dr. Andrew P. Wilper, MD., MPH, University of Washington Medical School, Seattle WA. cited above;
- 5.) Dr. Steffie Woolhandler, MD. Professor of Medicine at Harvard University, Cambridge, MS. cited above;
- 6.) Arthur Ullian, CEO, National Center for Spinal Cord Injuries cited above;
- 7.) Dr. J. H. Weisburger, PhD.; and
- 8.) Jack LaLanne, Mass Media Physical Trainer, Author and Health Advocate cited above.

This **Green Paper** invalidates the belief historically held by the **Congressional Budget Office (CBO)** and many health care industry and news media economic analysts like distinguished economic journalist **David Hogberg** of **Investor's Business Daily** whose 10/16/09 article "Preventive Medicine Unlikely To Curb Health Care Spending" concludes that any proposed **Health Care Reform Legislation's prevention medical component** would not generate the expected health care expenditure savings but instead would lead to further deficits.

These medical economic analysts are confused by failing to make the health care distinction between:

- 1.) the relatively expensive *allopathic medical strategy* of "*preventive medical services*" delivered by health care providers based on costly tests and screenings targeting identifying diseases in their early stages; and
- 2.) the relatively inexpensive *public health strategy* of "*sickness prevention education & practice incentives*" targeting the dietary life style changes that prevent the cited *chronic diseases and syndromes* from ever starting.

**Consequently**, the 10/16/2009 Investor's Business Daily article by the astute economist journalist David Hogberg entitled "**Preventive Medicine Unlikely To Curb Health Care Spending**" quotes the **CBO** and others who predict that the "preventive medicine" features of the **Legislation** will end up costing more money than it saves. **Clearly, they are confused about the distinction and differences between** the relatively expensive **allopathic medicine** "preventive health" strategy of tests and screenings and the more cost effective and **the cost efficient public health** "preventive sickness" strategy of "*sickness prevention education and practice*" toward the objective of avoiding the etiologic ingestion of **Dietary Cholesterol and associated Animal Fat and Animal Protein foods and the body cleansing of their pathogenic supporting residues.**

The former "**preventive health**" strategy of tests and screenings can indeed generate significant service delivery expenses, while the latter "**preventive sickness**" strategy of "*sickness American prevention education and practice*" is dependent on voluntary life style changes in diet and personal hygiene and is cost efficient and cost effective.

**Again, instead** of the previously requested **US Senate Committee** and/or **US House of Representative Hearing** this Green Paper now proposes that the **White House Office of Health Care Reform** hold a **Forum on American Maternal and Infant Mortality Etiology and Possible Solutions** moderated ideally by Dean Ornish, MD., *Director, Prevention Health Research Center* or physician with his knowledge of the **cited issue omission** to address the complicated and controversial etiological roles of **Dietary Cholesterol and Bile Acid Metabolism**. As shown above the proper implementation of the **Legislation** with an appropriate "*sickness prevention education and practice incentive*" component that reflects the 70 year suppression of the Health National Security Issue" of "**the great pathophysiological ramifications of dietary cholesterol and bile acid metabolism**" is projected to be able to **deliver** \$600 billion in health care expenditure savings annually.

## **XI. Conclusion**

The human body's life expectancy potential of 130 years is referred to in the **Bible Genesis 6**, it is simulated by computers as in the 1980's Tucson Arizona Biosphere Projections and it has been esoterically enjoyed for over two millennium by the **people of Hunza Province, Pakistan** whose lifestyle is summarized in **Appendix G** and detailed on <http://www.theuniversityofgod.org/Page12.org>.

**As the legendary fitness trainer Jack Lalanne** now 95 has shown on TV for decades Centurion healthy and active lives can be attainable by those Americans rich and poor who can transcend the Western civilization's cultural diet of "meat and potatoes" properly recognizing and acting upon this suppressed knowledge of "**the great pathophysiological ramifications of dietary cholesterol and bile acid metabolism.**" **His use of freshly juiced fruits and vegetables is the cornerstone of "nutritional herbology" and longevity.**

It is no coincidence that the **Ancient Egyptian/Kemitian School of On (Annu)**, the **Hebrew** and *proto-Christian* **Bible Genesis 1: 29 on the aboriginal "Human Dietary Instructions"** and the **Jain** and **Hindu** religions of Asia India present the **vegan/vegetarian diet** as the standard for ideal human dietetics.

The Japanese society already enjoying an 92 year average life span compared to the 78 years of America are targeting this goal of increasing their longevity further having fostered the May, 16, 2002 **Science** Magazine article "**Vitamin D receptor As an Intestinal Bile Acid Sensor**" and societal taking actions to curb any further the penetration of the American high fat diet into Japan. However, Japan will not achieve an increase in **LE** unless it curbs its ingestion of ocean and fresh water aquatic sourced **Dietary Cholesterol** which is the cause of its high heart disease rates.

**AARP Legislative Director** John Rother in the above cited September 7, 2009 **Los Angeles Times** article by Journalist Janet Hooks entitled "Health-care reform: Could a smaller dose work?" carried by the **Indianapolis Star** and is quoted about the US. Senate health care reform bipartisan leadership with the August 25, 2009 death from brain cancer of Senator Edward Kennedy (D, MA):

**"It is hard to look at the Senate and see anyone who has the same ability to conceptualize the big picture. But we hope someone will step forward and take the role."**

"**Universal health insurance**" for all Americans via private insurance plans and a "public option" is more than "**affordable (deficit neutral)**" when "**the great pathophysiological ramifications of dietary cholesterol and bile acid metabolism**" are properly addressed and the resulting health cost reduction from proper *sickness prevention health education and incentive practice*; the savings of lives is extrapolated for increased income; tax payments of a healthier, productive longer living and increased population are manifested and factored in.

**In this regard** the October 24, 2009 New York Times ongoing series Prescription: Making Sense of the Health Care Debate featured a brilliant interview of Mr. Arthur Ullian, President of the Boston, MA. based National Council on Spinal Cord Injuries, Inc. entitled "**Universal Coverage: A Revenue Windfall?**" by freelance journalist Anne Underwood. It highlights his upcoming analysis in the **Proceedings of the National Academy of the Sciences** on the economic benefits of the proposed Health Care Reform Legislation which by 2020 his R & D team projects would such increase the Nation's tax revenues by **\$312**

**Billion a year** and generate **\$242 Billion in Medicare expense savings** annually for a **total \$1.457 Trillion by 2030!** The threat of future deficits from the perennial rising costs of the federal **Medicare** and **Medicaid** would be ameliorated permanently.

**It is possible** that the best health care system in terms of training, diagnostic, emergency, reconstructive and surgical parameters and definitely the most expensive medical complex in the world in America could produce for **all** its people from rich to poor a health status of reduced maternal and infant mortality, decreased *chronic diseases and syndromes* of the **Dietary Cholesterol and Related Diseases and Syndromes (DCRDS)** and extended life expectancy for far less money than being spent presently and projected to be spent in the future. **Again the National Security of America's socio-political economic leadership** it now enjoys in the world is being threatened not by terrorism or a nuclear or conventional military threat but from within as the ancient Roman Empire and Great Britain's 20 th Century hegemony fell from within in large part from ignoring the **"the great pathophysiological ramifications of dietary cholesterol and bile acid metabolism."**

**Specifically**, the combined effects of the sudden appearance over the last 30 years of **Metabolic Syndrome** affecting 24% of Americans involving simultaneously 9 risk factors for obesity, *diabetes mellitus*, hypertension, and coronary vascular heart disease [**increased waist circumference, elevated blood triglycerides, low blood HDL cholesterol, high blood LDL cholesterol, high blood uric acid, high blood pressure, fasting blood glucose, increased blood coagulation and in women high androgen levels and in me high estrogen levels**] and the proliferation of the **Dietary Cholesterol and Related Diseases and Syndromes (DCRDS)** are already visible with 75% of the nations youth unfit for military service and 65% of Americans overweight or obese.

The free lance journalist Andrea Stone recently reported 11/03/2009 on www.sphere.com that America's military recruiters have declared that 75% of the American youth are unfit for military service because of overweight and obesity, mental neurosis including drug and alcohol abuse and prison records. It is clear that the **Omnivore Diet** generating the **chronic diseases and syndromes** including the latest manifestation of **Metabolic Syndrome** is the cause of this Health National Security crisis.

**"Tell me what you eat and I will tell you what you are ... The destiny of a people depends on the nature of their diet"**

#### **18 th Century French Political Economist Brillat-Savarin**

**To continue to allow Special Interest** profiteering to cover up the real cause of the **chronic diseases and syndromes** that have gripped the American people with obesity and sickness and consume 65% of America's annual health care expenditures in 2009 estimated at \$2.5 Trillion by the daily ingestion of **dietary cholesterol and its related animal fat and protein residues** is not only unpatriotic and immoral but is biomedically insanitary and societally insane and clearly a National Security threat.

**Ideally**, the just passed "nearly universal insurance coverage" based **Health Care Reform Bill** will be implemented:

- 1.) with proper provision for a **sickness prevention education and practice incentives implementation** with priority insurance premium discounts for those documenting they are on a **vegan diet** and with a lesser premium discount for those documenting they are on a **vegetarian diet**; and
- 2.) with bipartisan US Senate and US House of Representative support as opponents are educated and shamed on their ignorance of the cited effects of the **"health national security issue omission."**

Only such **federal government investigation** and **federal health care system implementation** will end the literal "blood sucking" of the American people and "legal theft" of its tax dollars paying for an overpriced, inefficient and ineffective and thus over rated national health care system.

#### **XII. DEDICATION and CERTIFICATION**


**Whereas** it took approximately **\$540,000 in BRCA, Inc.** resources earmarked from the **2007 European Union Humanitarian Grant** to research synthesize, develop and publish this **Green Paper** begun over a year ago on January 15, 2009 in support of the "universal health insurance" and health care reform legislative initiative of the **US President Barack Obama's Administration** in the **US Congress**:

**Let it be resolved** that this **Green Paper** is **dedicated to my mother Sarah Louise Ervin Hall (Indianapolis, IN.)** who died of **latrogenic Disease** and in **latrogenic Poverty** on my last birthday **1/13/2010**. She was a major **BRCA, Inc.** financial backer for over 20 years. This and her motivational advice "not to give up" have resulted in this "state of the art" *socio-political economic, chronic disease and syndrome* etiological research and development document synthesis, using proprietary **General Human Systems Theory (GHST)** and **Nutritional Herbology** multidisciplinary investigative analysis.

Since my Mother died a victim of latrogenic disease and latrogenic poverty and it is the goal of the series of White/Blue/Red Papers and now the Green Paper to end the grip of *chronic diseases and syndromes* on America and the world identified herein as the preventable “Dietary Cholesterol and Related Diseases and Syndromes (DCRDS),” it is appropriate that the suppressed “great ramifications of dietary cholesterol and bile acid metabolism” and their etiological role be finally exposed and documented.

Date: 7/07/2010

Yours in service,

  
George W. Singleton, BA., HD.  
BRCA, Inc. President  
“Operation Blackberry Patch” Tri-Chairperson



**State of the World Forum Member # 20827**

**2007 and 2009 European Union Humanitarian Grantee**

<http://www.theuniversityofgod.org/Page18.html>

[BlacqendianRCA@aol.com](mailto:BlacqendianRCA@aol.com)

**Copyright:** This Green Paper and previous White Paper, Blue Paper and Red Paper are copyrighted and allows for up to 9 copies by the user to be made and requiring proper citation to it and its references to be non-violated by the user are authorized.

The White/Blue/Red/Green Papers are excerpted from the BRCA/Enlightenment Publications, Inc. book to be published on-line 6/01/2010 entitled Dietary Cholesterol and Related Diseases and Syndromes (DCRDS): Continue Eating Animal Meat at Your Own Risk or Become Vegan and Help End World Poverty.

**Acknowledgement:** Documentation citations go to The Cancer Project, Inc. at [www.cancerproject.org](http://www.cancerproject.org).

**Complementary copies** of the Green Paper available from [BlacqendianRCA@aol.com](mailto:BlacqendianRCA@aol.com) or download from <http://www.theuniversityofgod.org/Page8.html>.

### **XIII. Bibliography**

#### **A. Synthesis of Research & Development Methodology**

- 1.) Singleton, George W., *et al*, Evaluation of Rural Health Research, Vol. I, II, & III; 1975.  
Funded by the US Department of Agriculture, Office of the Secretary.  
Retrievable from the U.S. Department of Commerce's National Technical Information System (NTIS) and the National Education Association (NEA) Education Research Information Center (ERIC)
- 2.) Singleton, George W., General Human Systems Theory (GHST): Detailed Chronic Poverty Systems Analysis  
**[Flow Chart #1]** 12/09/2004 linked on <http://www.theuniversityofgod.org/Page7.html>

#### **B. Religious, Spirituality and General Human Systems Theory Texts (by last name alphabetical)**

- 1.) Blavatsky, Madame, Isis Unveiled, 1972
- 2.) Blavatsky, Madame, Secret Doctrine, 1972
- 3.) Budge, E. Wallis, Chapters of Coming Forth By Day, The Full Theban Recension of Egyptian Book of the Dead, 1898
- 4.) Campbell, T. Colin; Campbell II, Thomas M.; Lyman, Howard, The China Study: The Most Comprehensive Study of Nutrition Ever Conducted and the Startling Implications for Diet, Weight Loss and Long-Term Health, 2006
- 5.) Diop, Chek Anka, African Origin of Civilization: Myth or Realty, 1974
- 6.) Eisler, Riane, The Chalice and the Blade: Our History, Our Future, 1988
- 7.) Daniel, Bible: Book of Daniel (King James Version)
- 8.) Freud, Sigmund, Moses and Monotheism, 1939
- 9.) Hamaker, John and Weaver, Donald, The Survival of Civilization, 1982
- 10.) Hancock, Graham and Bauval, Robert, The Message of the Sphinx: A Quest for the Hidden Legacy of Mankind, 1996
- 11.) Herodotus, The History of Herodotus, Bk. I & II, 1956
- 12.) Hoffman, Jay Milton., Hunza: 15 Secrets of the World's Healthiest and Oldest Living People, 1985  
**[synopsis extract of as Appendix G]**
- 13.) Hotema, Hilton, The Great Law, 1962
- 14.) James. George, Stolen Legacy, 1976.
- 15.) Kellogg, John Harvey, The Natural Diet of Man, 1923
- 16.) Kulvinskis, Viktoras H., Survival in the Twenty First Century: Planetary Healers Manual, 1975
- 17.) Macko, SA, et al, FASEB J, V. 13 (3), pp\_559-62, 1999
- 18.) Manetho, History of Egypt/Pharonic List, 1954
- 19.) Moses, Bible: Genesis (King James Version)
- 20.) Osman, Ahmed, Moses and Akhenaten, 1990
- 21.) Petrie, Flinder, Abydos II, 1903
- 22.) Petrie, Flinder, Prehistoric Egypt, 1920
- 23.) Plato, Timaeus, 1954.
- 24.) Ravenscroft, Trevor, Spear of Destiny, 1974
- 25.) Reed, Douglas, The Controversy of Zion, 1954
- 26.) Robinson, Editor, Nagamaddi Bible, 1976

### **XIII. Bibliography (continued)**

- 27.) Saunders, Kerrie A., The Vegan Diet As Chronic Disease Prevention: Evidence Supporting the New Four Food Groups, 2003
- 28.) Schoch, Robert, "A Modern Riddle of the Sphinx," Omni, Aug. 1992, 14:46-48
- 29.) Shanks, Hershel, Understanding the Dead Sea Scrolls, 1993
- 30.) Singh, Kirpal, Crown of Life, 1961
- 31.) Sominer, A. Dupont, The Essene Writings from Qumran, 1959
- 32.) Szekely, Edmond, Essene Gospel of Peace, Bk. I. International Biogenic Society. 1981.
- 33.) Szekely, Edmond, Essene Gospel of Peace, Bk. IV. International Biogenic Society. 1981.
- 34.) Szekely, Edmond, The Essenes by Josephus and His Contemporaries, Academic Books, 1976.
- 35.) Szekely, Edmond, The Essene Way: Biogenic Living, International Biogenic Society. 1986
- 36.) Tompkins. Peter, Secrets of the Great Pyramid, 1978
- 36.) Tompkins, P. and Bird. C., Secret Life of Plants, 1989
- 38.) Tompkins, P. and Bird. C., Secrets of the Soil: New Solutions for Restoring Our Planet, 1998
- 39.) West, John A., "Civilization Rethought" in Conde Nast, February, 1993
- 40.) Singleton, George W., The Egyptian Mystery "School of On (God or Annu)": Esoteric Atannuology, Egyptology & Rastafariology, Vol. 1, 2005 \_\_ free 2 part e-Book download link on <http://www.theuniversityofon.org/page3c.html>

#### **C. Nutritional Herbology Texts and Treatises (by last name alphabetical)**

- 1.) Ehret, Arnold, Mucusless Diet Healing System, 1934
- 2.) Ehret, Arnold, Rational Fasting, 1930
- 3.) Kadans, Joseph M., Encyclopedia of Fruits, Vegetables, Nuts and Seeds for Healthful Living, 1975
- 4.) Kellogg, John Harvey, The Natural Diet of Man, 1923
- 5.) Kloss, Jetro, Back to Eden, 1939
- 6.) Walker, Norman Wardhaugh (N.W.), The Vegetarian Guide to Diet and Salad, 1971
- 7.) Walker, N.W., Colon Health: The Key to a Vibrant Life, 1977
- 8.) Walker, N.W., Fresh Vegetable and Fruit Juices: What's Missing in Your Body, 1978
- 9.) Walker, N.W., Become Younger, 1949  
Note: N.W. Walker lived to be 99 ½ years just missing his Centurion goal.
- 10.) Singleton, George W, Original Prevention of Sickness: General Nutrition Instructions, 1997, rev. 2005  
**[Appendixes H-1, H-2]** \_\_ free e-Book download link on <http://www.theuniversityofgod.org/page8.html>

#### **D. Public Health, Epistemology and Epidemiology (by earliest to recent publishing date)**

- 1.) Ellis, F.R. *et al*, "The Nutritional Status of vegans and vegetarians"  
Symposium Proceedings of the Nutritional Society, V. 26, pp 205-11, 1967
- 2.) Burkitt, DP, "The Etiological Significance of Related Diseases"  
Canadian Family Physician, V. 22 pp 63-71, 1976
- 3.) Starfield, Barbara, "Is US Health Really the best in the world?"  
Journal of the American Medical Association (JAMA), July 26, 2000
- 4.) Stoneham M, *et al*, "Olive oil, diet and colorectal cancer: an ecological study and a hypothesis",  
J Epidemiology of Community Health. 54(10) pp. 756-60, October, 2000
- 6.) Meessen, Bruno, *et al*, "Iatrogenic Poverty"  
editorial in Tropical Medicine and International Health Journal, 8 (7) pp. 581- 4, July, 2003

**XIII. Bibliography (continued)**

- 7.) Chao, Ann, et al, "Meat Consumption and Risk of Colorectal Cancer,  
JAMA, V. 293, pp 172-82, January, 2005
- 8.) Norat, Teresa, et al, "Meat, Fish and Colorectal Cancer Risk: The European Prospective Investigation into Cancer and Nutrition," Journal of the (British) National Cancer Institute, V. 97 (12), pp. 906-16, June, 2005
- 9.) Beliveau, Richard and Gingras, Denis, "Role of Nutrition in Preventing Cancer",  
Canadian Family Physician, V. 53 (11), pp 1950-11, 2007
- 10.) Ornish, D., et al, "Intensive lifestyle changes for reversal of coronary heart disease"  
JAMA, 1998, 280: 2001- 2007
- 11.) Reis, JP, et al, "Low vitamin D levels associated with several risk factors in teenagers"  
presented at American Heart Association 49 th Conference, March 11, 2009
- 12.) Sinha, Rashmi, et al, "Meat Intake and Mortality"  
Archives of Internal Medicine, V. 169, No. 6, March 23, 2009
- 13.) Craig, W. J., et al, "Health Effects of Vegan Diet"  
American Journal of Clinical Nutrition, V. 89, No. 5 May 2009
- 14.) Ornish, Dean, "Mostly Plants"  
**[Appendix E] editorial** in American Journal of Cardiology (AJC), May, 2009
- 15.) Kleiner, Susan M. "Is it Hip and Healthy to be Vegan?"  
Fitness Rx Magazine linked at <http://www.powereating.com/topic-of-the-month/index.php>, 2009
- 16.) Wilper, Andrew P., et al, "Health Insurance and Mortality in U.S. Adults"  
published on line and to be printed in the American Journal of Public Health,  
Vol. 99, Issue 12, December, 2009

**E. Cholesterol Metabolism Research (by earliest to recent publishing date)**

- 1.) Kennaway, E. L. and Hieger, I, "Carcinogenic Substances and their Fluorescence Spectra,"  
British Medical Journal, V. 1 (3662), 1930, pp. 1044 - 46
- 2.) Hieger, Izrael "The Spectra of Cancer Producing Tars and Oils and Related Substances,"  
Biochemical Journal, V. 24 (2), pp. 505-61, 1930
- 3.) Hieger, Izrael, "Carcinogenic Substances in Human Tissue,"  
Cancer Research, V 6, pp 657- 67, 1946
- 4.) Hieger, Izrael, "Carcinogenic Activity of preparations rich in Cholesterol,"  
Nature, V. 160, pp 270- 71, 1947
- 5.) Hieger, Izrael, "Carcinogenic Activity of Lipoid Substances,"  
British Journal of Cancer, V. 3, pp 123-39, 1949
- 6.) Hieger Izrael, and Orr, S.F.D., "On the Carcinogenic Activity of Purified Cholesterol,"  
British Journal of Cancer, V. 8 (2), pp 274-90, 1954
- 7.) Hieger, Izrael, "Cholesterol as a Carcinogen,"  
Proceedings of the Royal Society, B (Biological Sciences), V. 147, pp 84-89, 1957
- 8.) Hieger, Izrael, "Cholesterol Carcinogenesis,"  
British Medical Bulletin, V. 14, pp 159-160, 1958
- 9.) Hieger, Izrael, "Carcinogenesis of Cholesterol,"  
British Journal of Cancer, V. 8 (3), pp 439-51, 1959
- 10.) Hieger, Izrael Acta Unio Internationalis Contra Cancrum, V. 15, p. 603, Geneva, Switzerland, 1960
- 11.) Hieger, Izrael, Carcinogenesis, Academic Press, London, England, 1961
- 12.) Hieger, Izrael, "Cholesterol as Carcinogen\_ I. Sarcoma Induction by Cholesterol in a Sensitive Strain of Mice," British Journal of Cancer, V 16 (4) pp 716-21, 1962
- 13.) Nair, Padmanabhan P., "Role of Bile Acids and Neutral Sterols in Carcinogenesis,"  
American Journal of Clinical Nutrition, V 48 (3), pp 768-74, 1988
- 14.) Westover, EJ and Covey, DF, "The Enantiomer of Cholesterol,"  
J Membrane Biol., V 202, pp 61-72

**XIII. Bibliography (continued)**

15.) Xu, Fang, et al, "Dual Roles for Cholesterol in mammalian cells,"  
Proceedings of the National Academy of Sciences, V 102 (41), pp 14551-56, 2005

**F. Bile Acid Metabolism Research: Adult Human (by earliest to recent publishing date)**

1.) Cook, JW, Kennaway, EC, Kennaway, NM, "Production of tumors in mice by deoxycholic acid",  
Nature, 145, pp 627, 1940

2.) Samuelsson, B. "Bile Acids and Steroids: On the mechanism of the  
biological formation of deoxycholic acid from Cholic Acid,"  
Journal of Biological Chemistry, V. 235, 361, No. 2, February, 1960

3.) Lacassagne, A., Buu-Hoi, NP, Zajeda, F. "Carcinogenic activity of apolcholic acid",  
Nature, 190, pp1007-8, 1961

4.) Gustafsson, B., E., *et al*, "Isolated fecal microorganisms capable of 7-alpha dehydroxylating bile acids,"  
Journal of Experimental Medicine, 123: 413, 1966

5.) Sauter, G. *et al*, "Formation of cholic acid and chenodeoxycholic acid from 7-alpha hydroxycholesterol  
and 27- hydroxycholesterol by primary cultures of human hepatocytes,"  
Biochimica et Biophysica Acta (BBA)-Lipids and Lipid Metabolism,  
V. 1300, Issue 1 pp 25-29, March, 1966

6.) Hill, MJ, *et al*, "Degradation of bile salts by human intestinal bacteria,"  
Gut Journal, V. 9, pp 22-27, September, 1968

7.) Aries, Vivienne C., *et al*, "Degradation of bile salts by human intestinal bacteria,"  
Gut Journal, V. 10, pp 575-76, 1969

8.) Aries, Vivienne C., *et al*, "Bacteria and aetiology of cancer of the large bowel,"  
Gut Journal, V. 10, pp 334-35, 1969

9.) Aries, Vivienne C. and MJ. Hill, "The formation of Unsaturated Bile Acids by Intestinal Bacteria,"  
Proceedings of the Biochemical Society, V. 119, pp37-38, 1970

10.) Aries, Vivienne, C. and Hill, M.J. "Degradation of Sterods by Intestinal Bacteria II,"  
Biochem, Biophys Acta, V. 202, pp. 535, 1970

11.) Aries, Vivienne, C., *et al*, "The effect of a strict vegetarian diet on the faecal flora and faecal steroid concentration,"  
British Journal of Pathology, V. 103, pp 54-56, 1971

12.) Hill, MJ *et al*, "Bacteria and aetiology of cancer of large bowel",  
Lancet, 1: 95, 1971

13.) Midtvedt, Tore,MD., "Microbial bile acid transformation",  
The American Journal of Clinical Nutrition, V. 27, pp 1341- 1347, November, 1974

14.) Lavy, U., *et al*, "Bile acid synthesis in man: II. Determination of 7-alpha-hydroxycholesterol, (22R)-22-  
hydroxycholesterol, and 26-hydroxycholesterol in human meconium,"  
J. of Lipid Research, V. 18, pp 232-238, 1977

15.) Uchida, K. *et al*, "Effect of dietary cholesterol on cholesterol and bile acid metabolism in rats,"  
Japanese Journal of Pharmacology, 27 pp 193-204, 1977

16.) Fedorowski, T, *et al*, "Transformation of chenodeoxycholic acid and ursodeoxycholic acid by  
human intestinal bacteria", Gastroenterology J., 77 (5) pp. 1068-73, November, 1979

17.) Ayaki, Y. *et al*, "Role of endogenous and exogenous cholesterol in liver as the precursor for bile acids in rats,"  
Steroids, 38 (5) pages 495-509, November, 1981

18.) Hirano, S, *et al*, "In vitro transformation of chenodeoxycholic acid and ursodeoxycholic acid by human intestinal  
flora, with particular reference to the mutual conversion between the two bile acids",  
Journal of Lipid Research, V. 22, pp. 735-743, 1981

19.) Kaul, HK, *et al*, "Genotoxicity of 2 fecal steroids in murine colonic epithelium assessed by sister chromatid  
exchange technique, " Mutagenesis, V 2 (6) pp 441-44, 1987

20.) Owen, RW *et al*, "Biological transformations of Bile acids by Clostridium"  
Journal of Microbiology, V 30., pp 233-38, 1985

21.) Sylvester, PW, *et al*, "Comparative effects of different animal and vegetable fats fed before and during carcinogen  
administration on mammary tumorigenesis, sexual maturation, and endocrine function in rats",  
J. Cancer Research, 46 (2) pp 757-62, Feb, 1986

**XIII. Bibliography (continued)**

- 22.) Owen, R.W. *et al*, "Fecal steroids and colorectal cancer",  
Journal of Nutrition and Cancer, 9 (2-3), pp. 73-80, 1987
- 23.) Korpela, JT, *et al*, "Fecal free and conjugated bile acids and neutral sterols in vegetarians, omnivores, and patients with colorectal cancer", Scandinavian J. Gastroenterology, 23 (3) pp 277-83, April, 1988
- 24.) Nair, Padmanabhan, P., "Role of bile acids and neutral sterols in carcinogenesis",  
American Journal of Clinical Nutrition, 48, pp 768-74, 1988
- 25.) Rao, AV, *et al* "The role of dietary phytosterols in colon carcinogenesis",  
J. Nutrition and Cancer, 18 (1) pp. 43-52, January, 1992
- 26.) Bayerdorffer, Ekkehard, *et al*, "Decreased High-Density Lipoprotein Cholesterol and Increased Low-Density Cholesterol Levels in Patients with Colorectal Adenomas",  
Annals of International Medicine, V. 118 (7), pp. 481-487, April 1, 1993
- 27.) Reiss, AR, *et al*, "Sterol 27-hydroxylase: high levels of activity in vascular epithelium,"  
J. of Lipid Research, V. 35, pp. 1026-1030, 1994
- 28.) Hamada, K, *et al*, "In vitro formation of DNA adducts with bile acids",  
Carcinogenesis, V 15 (9) pp. 1911-1915, 1994
- 29.) Javett, Norman B. "Bile Acid Synthesis from Cholesterol: Regulatory and Auxiliary Pathways,"  
NY University Medical Center, NYC, NY, 1994
- 30.) Nagengast, F.M., *et al*, "Role of bile acids in colorectal carcinogenesis,"  
European Journal of Cancer, V. 31, Issue 7, pp. 1067-1070, April, 1995
- 31.) Kishida, T, *et al*, "Analysis of bile acids in colon residual liquid or fecal material in patients with colorectal neoplasms and control subjects," J. Gastroenterology, 32 (3), pp 306-11, June, 1997
- 32.) Ogawa, A. *et al*, "Lithocholic Acid, a Putative Tumor Promoter Inhibits Mammalian DNA Polymerase Beta",  
Japanese Journal of Cancer research, V. 84, Issue 11, pp. 1154-1159, November, 1998
- 33.) Baijal, PK, *et al*, "Comparative effects of secondary bile acids, deoxycholic and lithocholic acids, on aberrant crypt foci growth in the postinitiation phases of colon carcinogenesis,"  
J Nutri. & Cancer, 31(2), pp 81-9, February, 1998
- 34.) Kozoni, V., *et al*, "The effect of lithocholic acid on proliferation and apoptosis during the early stages of colon carcinogenesis: differential effect on apoptosis in the presence of a colon carcinogen,"  
J. of Carcinogenesis, V. 21, No 5 pp 999-1005, May, 2000
- 35.) Makishima, Makoto, PhD, *et al*, "Vitamin D Receptor as an Intestinal Bile Acid Sensor,"  
**[Appendix C]** Science, May 17, 2002
- 36.) Ornish, D. "Statins and the soul of medicine", editorial, Am Journal of Cardiology, V. 89, pp. 1286-1290, June, 2002.
- 37.) Debruyne, PR, *et al*, "Bile Acids stimulate invasion and hapatotaxis in human colorectal cancer cells through activation of multiple oncogenic signaling pathways," Oncogene, 21 pp. 6740-50, 2002
- 38.) van Faassen, A, *et al*, "Serum bile acids and risk factors for colorectal cancer,"  
British Journal of Cancer, V. 90, pp 632-34, 2004
- 39.) Soma, T., *et al*, "Chenodeoxycholic acid stimulates the progression of human esophageal cancer cells: A possible mechanism of angiogenesis in patients with esophageal cancer," Cancer, 15 (4), pp 771-82, 2006
- 40.) Shea, Heidi C, *et al*, "Analysis of HSD3B7 knockout mice reveals that 3 alpha-hydroxyl stereochemistry is required for bile acid function," Proc. National Academy of Sciences, V. 104(28), pp 11526-33, 2007
- 41.) Skjelbred CF, *et al*, "Meat, vegetables and genetic polymorphisms and the risk of colorectal carcinomas and adenomas," BMC Cancer. 7: 228, Dec 19, 2007
- 42.) Tong, Jin Lu, *et al*, "Association between Fecal Bile Acids and Colorectal Cancer: A Meta-analysis of Observational Studies", Yonsei Med J.; 49 (5): 792–803, October 3, 2008

**G. Bile Acid Metabolism Research: Fetus, Neonatal, Infant, Child Human  
(by earliest to recent publishing date)**

- 1.) Marin, Jose, JG, *et al*, "Molecular basis of the excretion of fetal bile acids and pigments through the fetal liver-placenta-maternal liver pathway," Annals of Hepatology, V. 4 No. 5, pp 70-6, 2004
- 2.) Glantz, Anna, *et al*, "Intrahepatic Cholestasis in Pregnancy: Relationships Between Bile Acid Levels and Fetal Complication Rates", Hepatology J, V 40, No. 2, pp 467-74, 2004