The Truth About Soy



Unless you've been living in a cave, you have probably heard the debates surrounding the health risks or benefits of soybean. There are some people who believe that soy is a superfood, containing components that lend protection from heart disease and cancer; and then there are others who consider soy one of the most dangerous products in our food supply. The fats from soybean are a polyunsaturated fat, so it considered to be extremely "heart healthy" by doctors, nutritionists and the media. The media and nutritionists are entirely convinced of the mythical properties of soy, but as far as doctors are concerned, I've witnessed a bit of a double standard.

It is my hope to shed a little new light on this debate, based on my experience with the potential damage associated with soybeans. After losing my intestines, I was kept alive on infusions of TPN (Total Parenteral Nutrition). TPN contains carbohydrates (dextrose) and protein (amino acids), but it is missing one essential macronutrient – fat. To cover this problem, the doctors infused lipids every other day with the TPN. Here in the U.S., hospitals use a liquid fat made from soybeans called "intralipid". Yet, the doctors all knew and warned me that prolong infusion of these lipids would ultimately cause cirrhosis of the liver, leading to its failure. Parenteral Nutrition-Associated Liver Disease (PNALD), is the name given to this syndrome. The mechanism by which the soy lipids destroy the liver is yet unknown, but it is known that until they can find a suitable replacement for soy, many more livers will die. [PubMed abstract]

At the time I was placed on these infusions, we didn't know

that intestinal transplants existed, so my wife and I were extremely concerned. I was basically given two possible scenarios that would eventually end my life. One would be the loss of access because of the damage to the arteries by the TPN [article here]. At that point, I would starve to death. The second one was when my liver would give out due to the soy lipids, which doctors estimated could take about 2 years.



Macronodular Cirrhosis

Fortunately for me, I received my transplant before any permanent damage was sustained by my liver, but a woman who I met in Jackson Memorial Hospital was not so lucky. This woman had lost her intestines due to a blood clot in her mesenteric artery, cutting off the blood flow to the bowels. The thrombosis was caused by a faulty gastric bypass surgery she underwent sometime earlier. *(A side point I'd like to cover; I was told by the transplant staff at Jackson Memorial that the number one cause of people losing their intestines and needing transplants are as a result of gastric bypass surgery, so if you're considering that procedure, you might want to give some consideration concerning its safety)*. At the time we met this woman, her skin and eyes were golden-yellow from cirrhosis. The damage was caused by the intralipid she was receiving while waiting for a transplant. The scary part was that she had only been on TPN the same amount of time I had been (about six months). The exception was that her doctors had infused the lipids everyday, whereas I only received them every other day. I guess that made the difference.

Because her liver had been destroyed, she was now in need of a multivisceral (multi organ) transplant. She ultimately had every organ replaced in her digestive tract from the stomach to the rectum – seven organs in all. She received a new stomach, pancreas, spleen, liver, duodenum, small and large

intestines. She is still doing quite well, amazingly. The reason I'm covering her story is because she had conducted the same research we had and learned about another type of lipid infusion that's used in Europe. Doctors in the E.U. are able to use a lipid made from fish oil called "Omegaven". Omegaven has not only been shown to cause no damage to the liver of TPN patients, but has been clinically proven to actually reverse the damage sustained by the use of the soy oil.



Soy lipids contain a very high amount of linoleic acid, which is an essential omega 6 fatty acid, but is extremely inflammatory. Fish oils contain a percentage of omega 3 fatty acids which are very anti-inflammatory. Humans need a balance of these fatty acids to offset the damage. If you consume a lot of soy products, you are not getting a proper balance of fatty acids, which can lead to a lot of inflammation, including heart disease. Unfortunately for vegans, animal products are the only reliable source of the proper omega 3 fatty acids.

Our research revealed one unbelievable fact – the FDA does not allow the use of Omegaven in the United States! There is only one exception to this ban. When children on TPN have already taken liver damage due to the soy based oil, the FDA will permit the infusion of Omegaven. Many doctors that we spoke to admitted that they had seen remarkable results on these children. Adults cannot get Omegaven, no matter how much liver damage they have sustained from the soy. What in the hell is the politics behind this bullshit is still a mystery. Could the soy lobby actually have that much influence over the FDA that they are willing to let people die of cirrhosis, including children? It would seem so, beings I cannot think of any other reason. Any doctor caught infusing Omegaven in the U.S. put their license at risk.

There's absolutely no way they have to do further studies on

the effects of using fish oil. People have been consuming fish oil for millions of years and it has a wonderful track-record in Europe as an infused lipid. If the FDA would continue to push the use of soy lipids, which is proven to cause liver damage in TPN patients, then how can we believe any of the other claimed health benefits of soy? Soy oil is used in so many processed foods and cooking oils.

Crisco is pure soy oil and many fast food restaurants fry their potatoes, chicken nuggets and fish patties in soy oils. Could it be the french fries and not the burger that makes fast food so unhealthy?



This woman had begun petitioning the government to allow the use of Omegaven as soon as her liver began to fail and was met with nothing but resistance. My wife and I had petitioned the pharmacist at the Hospital in Orlando about getting Omegaven mixed with my TPN to preserve my liver until I could get a transplant. The pharmacist knew of Omegaven and had administered it to children in the Arnold Palmer Children's Hospital in Orlando and testified to the near miraculous results. He had seen children rebound from late stage cirrhosis to near perfect liver enzymes, but he told us that he could lose his license and face possible imprisonment if he

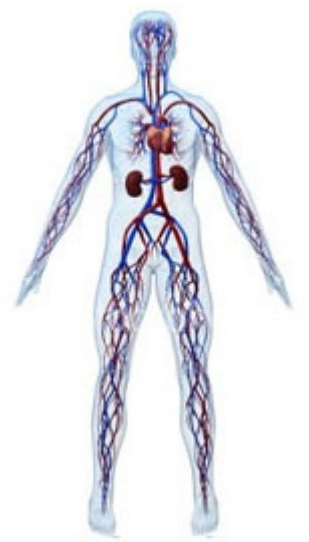
gave it to me.

Do you still trust your FDA? If so, please leave a comment on this post explaining the reason for them to ban this proven nutrient. I now avoid soy at all costs. I will never knowingly eat this crap as long as I might live. The part that burns my ass more is that doctors know that these soy lipids destroy the liver and yet still recommend soy-based foods and claim them as "healthy". Like I said in the "The Effect Of Sugar On The Arteries", they're either fucking morons or they want us to get sick. And don't give me that shit about the Asians eating soy and being so healthy and having extreme longevity, because the Asians have historically only consumed soy that was fermented (Miso, Tempeh, Natto and Soy Sauce) and only in small quantities (about 2 teaspoons) as a condiment. Fermentation destroys many of the anti-nutrients contained in soy, such as phytic acid and lectins. No culture has ever consumed unfermented soy in the mass quantities that we consume presently. Why? Because soy is cheap, government subsidized and pushed by the USDA.

In the last few decades, the U.S. has seen a substantial rise in cases of NASH (Non-Alcoholic SteatolHepatitis), which causes cirrhosis that was only seen historically in alcoholics. People who have never had a drop of alcohol in their life are coming down with this disease. Could the mass consumption of unfermented soy products be a contributing factor to this sudden rise? It would seem likely, based on the effect of intralipids. How could soy be such a healthy and wonderful food to eat, but is so unhealthy when infused that it can destroy that woman's liver within six months? Funny how the two cheapest commodities in the food supply – soy and wheat, are claimed to be the most healthy. Where else in life is something that's the least expensive also be the most desired? Nowhere! It's because these products are so cheap, subsidized and have extend shelf-life that they are used as filler in everything, not because they're healthy.

That’s just how they’re advertised to the gullible.

The Effect Of Sugar On Arteries

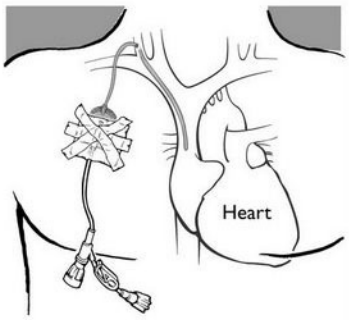


At the turn of the last century (1900), the average american consumed around 20 to 30 pounds of sugar per year. By the year 2008, the average american would be consuming 150 to 250 pounds of sugar annually. Is it safe to assume that 108 years is sufficient time for the human anatomy to evolve to this adaptation? With the advent of fat phobia, which began in the 1970s and reached a peak around 1990, fat consumption decreased in the U.S., while sugar consumption skyrocketed; and so too did diabetes and heart disease. Yet, somehow we are still blaming those diseases on fat.

Heart disease is not a disease of the heart, as the name would imply, but an affliction on the arteries which eventually affect the heart. Without arterial wall damage, cholesterol cannot begin to form a “plaque”, no matter how high your blood lipids may be. There are many toxins that we ingest that can be problematic and inflammatory. I would like to take a look at just one, but it’s the one that americans consume in the largest quantity.

During the six months I lived without intestines, I was fed by intravenous infusions of TPN (Total Parenteral Nutrition). TPN consists of amino acids, vitamins, minerals, but mostly dextrose (sugar) and water. Because I had virtually no

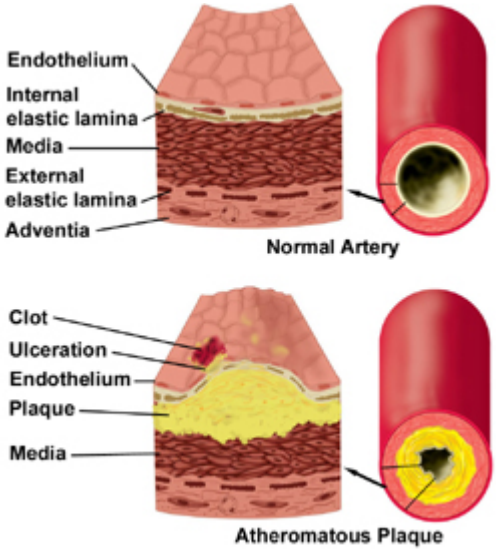
intestines, my requirement for parental nutrition was very high. I needed a 15 hour per day infusion, by a pump, delivering 225 ml per hour. The sheer volume of fluids was too large for infusion via a peripheral artery in the arm, so a port catheter was surgically implanted in my chest. The catheter entered my skin just below the collar-bone, where it was inserted in the superior vena cava and tunneled to within an inch of my heart.





There are only six branch arteries available for access to the vena cava and I was told by doctors that the high sugar content of the TPN would eventually cause the arteries to fail. Sugar is quite caustic to the cells lining the arterial walls, causing inflammation and ultimately failure. I was warned that at some point, all six access arteries would no longer be viable and I would die of starvation. They said that it would take 3 to 4 years for all of the access arteries to fail and that was my fate. The doctors at that hospital did not believe that intestinal transplants had been successfully achieved yet, so I was only given a couple of years left to live.

So, we can see that many doctors know the destructive effects of high blood sugar on the arteries, yet continue to recommend a low-fat/high-carbohydrate diet to avoid atherosclerosis. There is a common myth today that high levels of fat in the blood causes cholesterol to begin to "stick" to the walls of the arteries. This is not the mechanism of atherosclerosis at all and is complete bullshit advertising created by the makers of cholesterol lowering drugs.



As this image accurately illustrates, it is when very small low density lipoproteins (LDLs) find their way behind the arterial wall, and become oxidized, is when plaque begins to form. As we learned with the TPN, sugar is notorious for causing the endothelium layer to become ulcerated and breached.

Once LDL particles get trapped behind the endothelium, they oxidize, becoming a free radical. White blood cells soon show up to "clean up" the damage and they too become trapped and oxidized. This process causes more inflammation and damage to the endothelium, attracting more LDL and WBCs (White Blood Cells). This is the beginning of atherosclerosis. The plaque will continue to build until it ultimately ruptures through the endothelium, forming a clot which blocks the circulation.

If the erroneous myth of "sticky" cholesterol were true, we would expect to find plaque evenly distributed throughout the circulatory system, similar to the way minerals build in ALL of the pipes of a plumbing system. We never find this to be the case or bypass surgery would not be possible. Therefore, grafts from the leg arteries can be used to bypass the clots in the arteries of the neck and chest. So cholesterol does not haphazardly cling to arterial walls willy-nilly. Lipoproteins arrive at the site of broken walls in an attempt to patch the damage until they can heal and inadvertently get caught inside. If there were never inflammation and damage to the endothelium, plaque could not form, no matter how much fat was circulating in the bloodstream.

The high sugar content of the TPN also has a bad tendency to feed fungus and bacteria, so systemic infections are quite

common in TPN recipients. I personally had two bouts of sepsis during the months I was on TPN. The first one was bacteremia caused by enterobacter cloacae growing in the medi-port. The bacteria were being flushed throughout my system with the TPN and sent me into septic shock (a life-threatening condition). The second time it was a systemic fungal infection caused by candida, which really thrives on sugar.

During the time I was in the hospital with sepsis, the infusion ports had to be surgically removed because they housed the infections. A new catheter couldn't be implanted until the infection was cleared up or it would just get colonized by the pathogens in my bloodstream. They placed peripheral lines in my arms for infusion of the antibiotic medications. But, there was still the problem of how to feed me. To solve this, multiple peripheral lines were used in my arms and hands and PPN (Partial Parental Nutrition) was infused instead. This contained less sugar and was not really enough nutrition to sustain me, but was better than total starvation. These peripherals would only last a day or two before the veins would fail. As time went on, it got much worse. The damage to the veins was compounding and often times, the veins would infiltrate within two or three minutes of starting the PPN infusion. It was very painful.

Once, a nurse made the mistake of hooking the TPN to a peripheral, rather than the port catheter. When she started the pump, it immediately felt as though acid was pumped into the vein in my arm and then it failed and infiltrated within seconds. So when I see some stooge chowing down on piles of rice and bread, followed by dessert and maybe a Snickers bar on top, I know they have no idea what that elevated blood sugar is doing to their arteries. Even if their pancreas is fully healthy and able to eventually stabilize the sugar load, there is massive damage being perpetrated on their arteries by the elevated sugar levels, even within seconds. This is damage that the body now must repair. If small dense LDL

particles (caused from high carbohydrate consumption) happen to find their way into that damaged area, you could possibly have the start of atherosclerosis.

I did gain some weight while on the TPN, which the doctors thought was a good sign. I wasn't so sure. It was mostly visceral fat around my waist, but my arms, legs, shoulders and neck were still extremely thin, so the fat distribution was not a healthy one. Doctors seem to only look at weight as a number and never how it's distributed or whether it's muscle or fat. My muscles were withering away while my gut grew larger and they were happy with that. It wasn't until after I again had intestines and returned to eating real food, with plenty of fat and protein, that I was able to gain weight in my arms, legs, shoulders and flatten my stomach. I actually weigh less now (less than the doctors want me to weigh), but I am much stronger.

Intestinal transplants are not available to everyone who loses their intestines. There are only three criteria that qualify someone to undertake a transplant. The first one is loss of access due to the dextrose (sugar) destroying the only six arteries available for infusion. At this point, you have new intestines, but don't have any arteries worth a shit going to or coming from your heart. Great deal!

The second condition is liver failure due to the infused soy derived lipids. I will not go into further detail, because I cover that in my post "The Truth About Soy". Find out the mythical health benefit of soy there.

The third condition is the one that made me eligible for a transplant. This is due to multiple life-threatening infections via the infusion ports. I suffered back-to-back systemic infections which nearly killed me. Only about 45% of those who contract a systemic candida infection survive, so I consider myself lucky. After my transplant, I suffered one really bad sepsis from pseudomonas (a gram negative rod),

which has over a 90% mortality rate and put me into a coma. I have had no infections since being on a low carbohydrate diet.

The one thing I did learn from all this is how caustic and toxic sugar is to the arteries and how sugar promotes and feeds infection. Unless you plan to start running and exercising like a humming-bird on crack immediately after eating that cake or cookies, a lot of damage will be sustained by your arteries while you lounge and sleep – even though you have full intentions of working it off in the gym tomorrow. The damage and infiltration in my arm didn't wait until tomorrow, it happened right away. You may burn off the fat later, but the sugar damage was already done.

The saddest part of all, was the fact that the doctors knew how much damage the sugar would cause to the arteries of TPN recipients, yet still continue to recommend a low-fat/ high-carbohydrate diet as a "Heart Healthy" one. The doctors are either fucking morons or they want us to become sick. I'm not sure which. You take your pick.

Harvey Diamond Owes Me A New Car



Harvey Diamond once said, "You put a baby in a crib with an apple and a rabbit. If it eats the rabbit and plays with the apple, I'll buy you a new car." I will never understand why this slice of buffoonery gets repeated so often and it actually frightens me to know there are so many morons in the world that see any logic to this rhetoric.

First of all, if you placed a rabbit and an apple in a baby's crib, they would eat neither. Because we are not given the age of the "baby" in this fictitious situation, I am to assume that the child would be younger than 18 months to still be in a crib. This child wouldn't have the knowledge or skills necessary to kill, clean and cook a rabbit. This doesn't mean that the child is not the offspring of a meat-eating animal. If I were to place a live bunny in a crate with an eight week old puppy or kitten, chances are good that they would also play with the rabbit rather than eat the rodent. Is Harvey suggesting that this proves that cats and dogs are not meat-eating animals? .




The human infant wouldn't choose to eat the apple as Diamond so confidently insinuates. A pre-toddler doesn't have the developed incisors to bite into a whole apple, just as the puppy or kitten don't have the large canines needed for dispatching the rabbit. Now if Harvey is suggesting that we peel and slice up the apple and place it in the crib, then there is a chance that the child might take a stab at it. But is a peeled and sliced apple a fair comparison to a live rabbit? Babies will stick anything in their mouth in an attempt to eat it. My baby brother used to pick up dust bunnies from under furniture and place them in his mouth. Would a dust bunny qualify as a rabbit? It's about as absurd as Harvey Diamond's scenario.

Here in Florida we have zillions of small lizards named "Anoles" that scurry around. A friend's two-year-old daughter once caught one somehow and placed it in her mouth and bit it in half. I don't know if she had the choice of an apple but opted for the reptile instead, but I doubt that mattered to the lizard. My sister was the nanny to two children. The little girl she took care of once caught a millipede, placed it in her mouth and crunched down on it. Anyone familiar with millipedes knows

that they are not only armored, but can spray a hydrogen cyanide gas, which burns flesh on contact. The child was in considerable pain from the chemical burns to her lips and tongue. Unlike Harvey, I won't use this as a counter argument that we are carnivores based on these examples, because children will stick a lot of things in their mouth.

Pediatrician Dr. Laura A. Jana lists the following as the top ten items swallowed by babies:

1. Coins
2. Jewelry
3. Buttons
4. Boogers
5. Pills
6. Batteries
7. Hairballs
8. Magnets
9. Nails, pins and tacks
10. Arts and craft supplies

I guess all of these items are on the menu at the Diamond's house, beings they use infant's eating choices as their dietary recommendations. Many children have eaten their own feces, this doesn't make us descendants of the dung beetle – but it may give new meaning to the ingredients of the pu-pu platter served at the Diamond's dinner table.

I have witnessed many children bite down on animals or parts of living animals in my lifetime. I have seen children take a bite of a dog or cat's tail and I have seen children stick the head of a small rodent, such as a hamster or gerbil, in their mouth.



But the real stupidity of this cliché is the offering of a live bunny to any infant mammal, whether it be carnivore, omnivore or herbivore. This test is too easily manipulated, which is why it lives only in a proverbial sense and has never been put to a test. I am willing to conduct the test —- after all, there is a new car at stake here.

I believe that Harvey Diamond, wanting to promote a vegetarian diet with another example of pseudoscience, would propose a peeled and sliced apple offered with the living bunny. This test would show too much bias towards the fruit. If we wanted to level the playing field, we would kill, cook and slice up the rabbit into tiny pieces and offer it with the apple. Chances are probably 50/50 that the child could choose either the cooked rabbit or sliced apple.

This experiment is pointless and proves nothing about human dietary needs. If Mr. Diamond is going to use children as the litmus test as to what foods are best for humans to consume, then vegetarianism would fail royally on the fact that most children refuse to eat their vegetables, but readily gobble down hamburgers. In conclusion, if we run Harvey's test with a live rabbit and a whole apple, Harvey is mistaken that the child would play with the bunny and open their mouth wide and crunch into a crisp apple with their naked gums. If we choose my rules of a cooked and sliced rabbit and whole apple…. well… Harvey, can we talk about which model and color car I'm getting?

I would really like to hear Harvey's reply to this, but I

doubt that I ever will. Enough said.