

# Only One Mammal Survives On Low Fat Nutrition

*“Professing themselves to be wise, they became fools” –  
Romans 1:22*



When hyper-education overrides instinctual drives and common sense, I can't help but think of this passage. Humans have wasted the last fifty years attempting to make a science of the benefits of a low-fat diet. Though it is counterintuitive to all dietary traditions, by using enough smoke and mirrors, accompanied by plenty of “soundbite recital”, it was packaged and sold to an otherwise intelligent people. Sometimes we can over-think ourselves into stupidity.

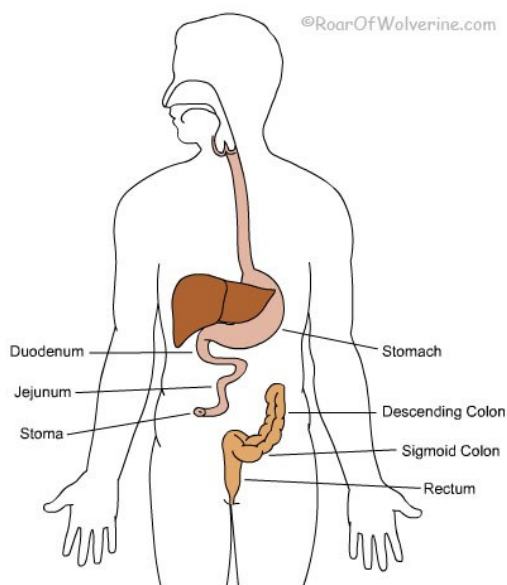
The influence of the low-fat theory has even found its way into many diets that claim to be of paleolithic design. [Loren Cordain](#) and [Arthur DeVany](#) promote meat-eating, but still stay within the arena of political correctness by advocating the trimming of fat and using only the leanest cuts of meat.

Lipophobia has become a religion of its own. The fear of fat has been so indoctrinated into our culture that even in the face of millennia of safe consumption and tons of scientific evidence to the contrary, we still cling to it, even when

advocating meat-eating. It has to be the largest brain-washing ever perpetrated on the human race.

But what if I were to tell you that human beings are the only mammal on earth that have adopted low-fat nutrition? All other animals enjoy nutrition that is rich in fat – and not just any fat, but saturated fat. I learned the hard way how saturated fat production in the colon is very important in maintaining the health of the colonic walls. This saturated fat is created from plant fiber and not from ingested animal products.

Though all but around ten inches of my small intestines were removed, about two feet of colon had been spared. I was left with the rectum, sigmoid and a few inches of descending colon. The illustration below displays all of the intestines I had left before my transplant.



Because of the nervous complexities of the rectum, doctors are unable to transplant that section of the colon. Individuals that lose their rectum due to Crohn's, UC or cancer cannot have a colon transplanted and must live out the remainder of their lives with an [ileostomy](#) or "[J" pouch](#)". So it was important that the doctors save my native rectum, so I could receive a colon with the rest of the transplanted intestines.

This was no small task. The existing colon parts were no longer connected, so there was no material passing through them anymore. Everything I ate passed out through a stoma made from the jejunum. Because the colon was not being used, it became inflamed and started to bleed. I was suffering from an affliction called "[Diversion Colitis](#)" and was losing so much blood as a result, that I required a transfusion every two weeks. It was very painful.

Indigestible fiber within the stool is devoured by the bacteria of the colon, who then produce a short chain fatty acid (SCFA) called [“butyrate”](#) ([butyric acid](#)) as a by-product.

In the human colon, the butyrate is absorbed by the cells of the colon lining and used for food. Butyrate is very important for colon health, and without it, the colon becomes inflamed and ultimately ulcerated.

So, how is all of this relevant to the fact that all mammals maintain health via a high fat diet? First, let us take a look at a non-ruminant vegetarian mammal like the western lowland gorilla. Their diet is made up mostly of leafy green vegetables, some fruit and small amount of insects. Their food is low in fat and available carbohydrates with varied protein, but very high in indigestible fiber. The gorilla's macro nutrient per 100 grams of dry matter intake would look something like this:



Fat:	0.5 grams
Protein:	11.8 grams
Available carbs:	7.7 grams
Indigestible fiber:	74 grams

This puts the caloric intake of available macronutrients at about:

Fat:	5.9%
Protein:	57.0%
Available carbs:	37.1%

From this we would conclude that the gorilla enjoys a high protein, moderate carbohydrate, and low fat diet. But remember what we learned from the diversion colitis and how the colonic bacteria convert dietary fiber to butyrate; a saturated fat. Because the gorilla has a much larger ratio of colon than does the human, fiber is converted to SCFA, changing the macronutrient absorption to an energy ratio of:

	(kcal) per 100g	% age
Fat:	4.9	2.5%
Protein:	47.1	24.3%
Available carbs:	30.6	15.8%
SCFA from fiber:	111.0	57.7%

Giving the gorilla a total intake of:

Fat:	59.8%
Protein:	24.4%
Available carbs:	15.8%

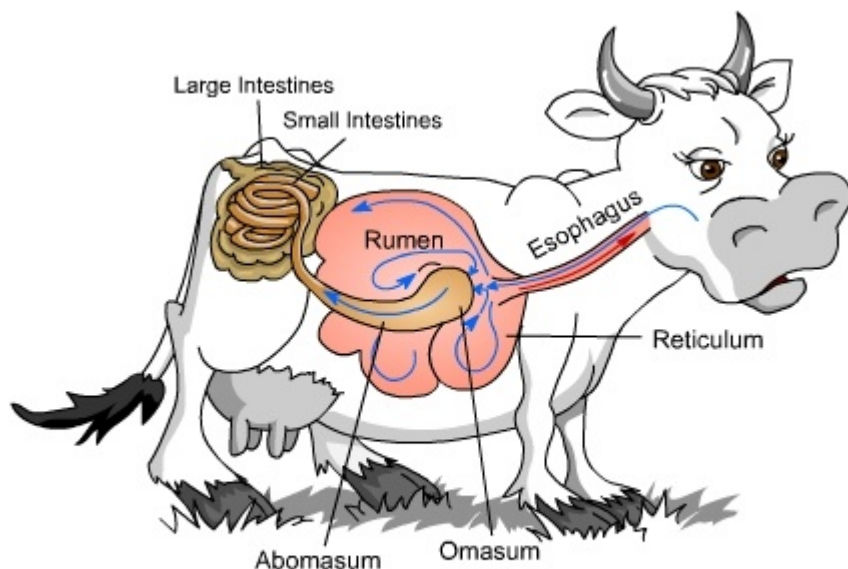
The gorilla has six times the absorption available from the colon than does the human, which also means they have many times the amount of bacteria available for digestion of plant cellulose. The high fiber in the gorilla diet is fermented by the colonic bacteria, yielding short chained fatty acids (SCFA). In other words, the indigestible carbohydrates are converted to saturated fat and absorbed into the blood. A human eating a similar diet would just end up crapping most of it out, receiving little benefit.

The gorilla can obtain about 65% of their energy from their hind-gut, whereas the human only receives about 10% from the colon. The butyrate created in the human colon is mostly used locally by the cells of the intestinal lining and only a very insignificant amount is absorbed. This is why a human can live without a colon and an ape can't. (see my post "[The Planet That Went Ape!](#)" for more on ape vs. human gut ratio)

Much like carnivorous and other omnivorous animals, humans must receive fatty acids through diet. When we eat a low-fat diet, we are not simulating the gorilla or chimpanzee diet, we are receiving a diet low in fat and very high in available carbohydrates. The chimp and gorilla are receiving many times the dietary fat from their gut bacteria than we do on the same diet. This is most likely the reason why gorillas fed meat in captivity suffer from [hypercholesterolemia](#) and die. Because they can convert fiber to high amounts of saturated fat, any extra fat in their diet creates an overload of serum lipids.

*(Chimpanzees are more omnivorous than gorillas and do better than gorillas when fed meat in captivity).*

But what about the other herbivores? Besides having multiple chambered stomachs, ruminants have one very large stomach chamber reserved for plant fermentation. This stomach is called the [rumen](#), hence the name ruminant.



**4 Chamber Stomach of a Ruminant**

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Ruminant's stomachs house bacteria only found in the colon of a human. These bacteria readily convert indigestible carbohydrates into short chained fatty acids, which are absorbed into the bloodstream of the ruminant animal (goats, sheep, cattle, deer, etc.). At the blood serum level, these animals are receiving a butt-load of saturated fat. If ruminant animals did not require high amounts of saturated fat, we would not find so much of it in their milk. Their offspring does not have the bacteria necessary for the fiber conversion to SCFA when born, so like us, they need it from their diet. Once they have eaten grass for a period, they plant and begin to culture the bacteria necessary to make their own fat from fiber. *(The human stomach remain sterile because of the high acidity. Ruminant animals have little to no acid in their stomachs)*

Once the young ruminant animal has established a healthy bacterial culture, they no longer need dietary fat, but are

still receiving the same high level of fat as they were when nursing. Where do you think all that saturated fat found in their milk and meat comes from? Because they can manufacture such a large portion of fat from the fiber in their diet, any dietary fat would create a fat overload. This is probably why a ruminant animal shows no interest in meat or other fatty foods even when available.

Ever notice the way people tend to begin to salivate with one whiff of a pot roast or the smell of steaks on the grill? You don't see the same [Pavlov's dog](#) reaction to broccoli boiling from a human and cabbage cooking smells like the bathroom at a Taco Bell. Though they are completely healthy foods they are hardly as appetite stimulating. No herbivore would react in such a manner to the smell of meat cooking, but do show the same level of excitement towards fresh grass.

We are constantly being told that the food that doesn't excite us is what's best for us. Anything that tastes good must be bad for us. If we were an herbivorous species, we wouldn't have to threaten children to eat their vegetables. I raise cattle and have yet to see a mother cow threaten to withhold her calf's dessert until he finishes that acre of grass.

Their offspring immediately have a strong urge to eat grass on their own. Telling us that our vegetables are the healthiest thing on our plate begins as a mental reinforcement to get children to eat the one thing on their plate they desire least. The conditioning becomes so strong, many cannot let go of it even into adulthood. This has even created a major bias in nutritional research.

Everyone wants to debate the issue based on questionable studies and theories of biochemical reactions of macronutrients and human hormones and it all becomes complicated and sounds very impressive. History has taught us that if you want to sell a bogus idea, make it sound real complex. It would seem logical that our ancestors knew nothing of biochemistry. Just like the ruminant calf, they



sought after whatever tasted good and was available. We evolved to get the most out of the foods our ancestors ate.



The day we added Hunter to Gatherer

Our fore-bearers began eating meat, maybe because they noticed that carnivores had more free time on their hands, whereas herbivores spent their entire existence eating and taking a dump. Maybe they were just drawn more to the smell and taste of meat. Maybe herbivores just pissed them off, (as vegans usually do) so they wanted to kill and eat them. Either way, this adaptation allowed their brains

to grow, their colons to shorten and made them less dependent on digestive bacterium.

Humans began making this trade-off over a million years ago.

We surrendered the herbivore's energy gobbling hind gut that house the bacteria which manufacture the much-needed SCFA from plant fiber, so we could have a larger brain and be adaptable to different environments. The only drawback was, we were forever committed to receive our fat from external sources.

Now that our brains have grown to an intellect that can jump to erroneous conclusions based on complex, confusing and contradictory scientific observations, our health as a species has deteriorated ever since.

We are the only species trying to live healthy on a low-fat diet. Our ancestors taught us how to eat healthy. Our instincts tell us what to eat. Your grandmother knew what to eat. But we have become so much smarter than them that our intellect overrides our sense of smell and taste, and we scoff at our predecessor's lean, robust bodies and healthy hearts.

We brag at how much healthier our low-fat diets are than the high fat affair of our idiot grandparents and ignore the fact that we have become morbidly obese as a result of the much higher intake of carbohydrates. In other words, “Professing ourselves to be wise, we became fools”.

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## The Truth About Soy



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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.

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, because 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

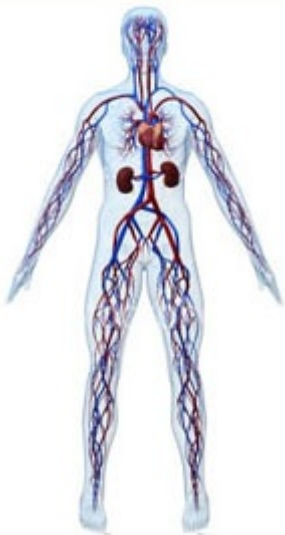
factor to this sudden rise? It would seem likely, based on the effect of intralipids. How could soy be such a healthy and wonderful food to eat, but is so unhealthy when infused that it can destroy that woman's liver within six months?

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.

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## 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.

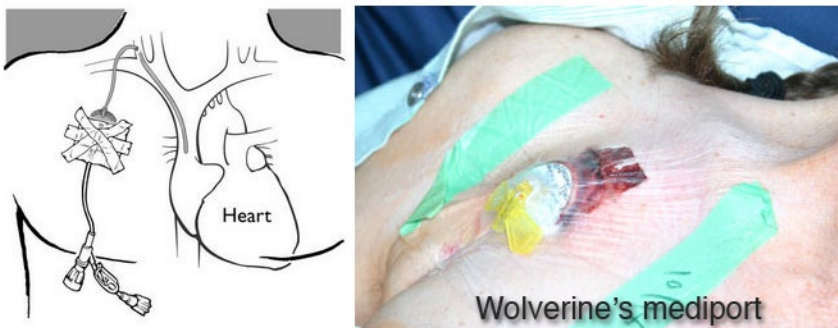
Heart disease is not a disease of the heart, as the name would imply, but an affliction on the arteries which eventually affect the heart. Without arterial wall damage, cholesterol



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.

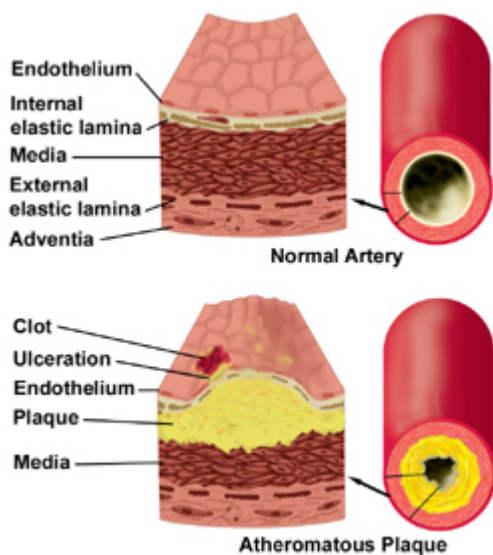


There are only six branch arteries available for access to the vena cava and I was told by doctors that the high sugar content of the TPN would eventually cause the arteries to fail. Sugar is quite caustic to the cells lining the arterial walls, causing inflammation and ultimately failure. I was warned 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.

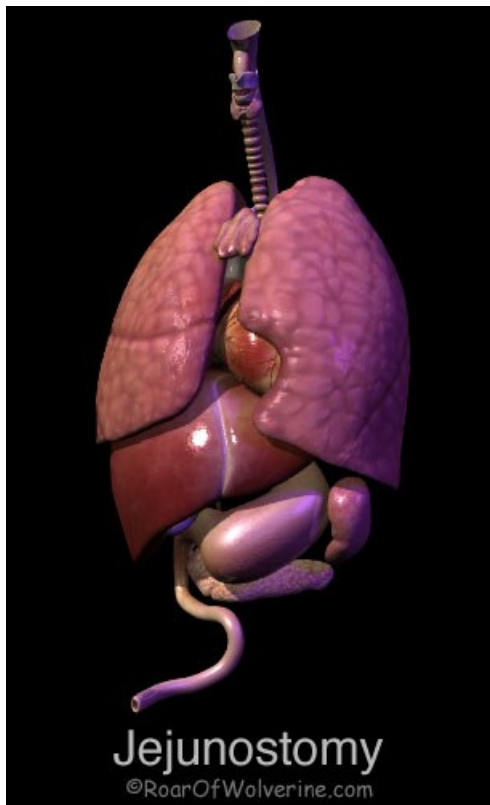
The damage and infiltration in my arm didn't wait until tomorrow, it happened right away. You may burn off the fat later, but the sugar damage was already done.

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.

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# Can Humans Digest Meat?



A common myth told by PETA and is ignorantly repeated today is the claim that humans are unable to digest meat and it therefore putrefies in the colon, causing disease. I believe I may have a special insight on this one based on my unique experiences. We have probably all read the science of human digestion and understand why this statement is erroneous. But I would like to cover this one as living proof, not only that humans digest meat, but we digest it better than any other whole food we eat.

After I [lost my intestines](#), I was left with only about ten inches of small bowel which was formed into a [jejunostomy](#) stoma as seen in the image. What you see in that graphic is all of the small intestine I had left. So in essence, I was able to see what passed directly out of the human stomach. It really doesn't matter even if some doctor backs this erroneous claim, because doctors never deal with ostomies. Emptying of the ostomy bag is a job that even nurses do not perform regularly, but is the job of a "Tech" in a hospital. For those who don't know, the Tech is person who goes room to room checking and recording blood pressure, temperature and blood sugar.

Aside from checking and recording vitals, the Tech must empty the ostomy bags of intestinal patients. They really don't check the contents, just the overall volume of output. The output must be matched with the infused fluids to prevent dehydration. Of course, the Techs are terrible at this job

and often spill the contents on the patient. Stomach acid burns like hell when it sits on your skin for more than a minute or two (strongly suggesting that it has the ability to break down protein). So more often than not, family members take over the job of ostomy care and recording. In my case, my beloved wife took on the dirty chore. For those that are curious; no, a jejunum or ileum output doesn't smell like feces (that is a colonostomy), because the jejunum and ileum are before the colon, which houses the bacteria that create the offensive gasses. A jejunostomy or ileostomy output have the smell of vomit, because in reality that's what it is.

Because I had such an extremely short bowel, my [output was very high](#) because no water absorption had taken place. I was fed and hydrated by infusion and could literally live without eating or drinking at all. Because of my excessive output, we had to make a rig that had a hose extending from the ostomy bag that drained into a one gallon jug. Often the hose would get clogged and my wife or sister would have to use a coat hanger wire to unplug it. Now if this vegan pseudoscience is right, we would suspect that the hose was being plugged by pieces of meat.

Never once did we see any solid chunks of meat. I became so curious about this that I once swallowed the largest chunk of meat I could possibly get down without choking. Because of the shortness of my bowel, it only took about twenty minutes for my stomach to empty into the ostomy. Better than two hours later, there were no signs of any meat chunks. What was always clogging the ostomy tube were pieces of vegetables that were not fully chewed.

Entire pieces of olive, lettuce, broccoli florets, grains and seeds were found. Yet, large pieces of fat were never witnessed. As a matter of fact, all the fat from the meat was already emulsified by the bile into solution within the duodenum. Over time, fat would coagulate on the side walls of the ostomy bag, but never were there any solid pieces

observed. Certainly we are getting a lot more nutrition from our meat than from our vegetables – unless you can chew your cud several times like a ruminant.

No mammal on earth have enzymes that can break down the [cellulose](#) from plant cells. Cellulose membranes can only be ruptured through the mechanics of repetitive grinding and the fermentation of bacteria. Human molars are not flat enough to grind plants very effectively and we don't have the bacteria necessary for fermentation within our stomachs. Who here has never observed whole corn kernels or nuts in their [poop](#)? I raise cattle and even in spite of their large flat molars, the ability to chew their food multiple times, and a host of protozoa in their stomachs, I have seen whole corn kernels in their manure. So, how much can a human really get out of whole grains with [ridged molars](#) and a nearly sterile stomach?

Humans have bacterial colonies only within the large intestines, but there is little nutrient absorption within the human colon. Long before meat reaches the colon it has been completely broken down and absorbed. All of the enzymes for breaking down meat protein and fat – [pepsin](#), [trypsin](#), [chymotrypsin](#), [lipase](#) and [bile](#) are all manufactured by our stomach, liver and pancreas. Most of these enzymes are secreted into the duodenum (the first section of small bowel directly after the stomach). In other words, we have no need for any ingested bacteria or enzymes for meat digestion, but we need plenty of outside help for plant digestion. If this cocktail of gastric juices ever hits your skin, you will know damn well how effectively they begin to break down protein – trust me on that one! The fact that the human digestive system manufactures every enzyme needed to reduce animal flesh to solution would strongly suggest that we have evolved as an omnivore with a much stronger lean towards meat consumption.

We also have to consider that the doctors were infusing PPIs ([Proton Pump inhibitors](#)) mixed in with my TPN in order to

suppress my appetite. This is important, because I was completely reducing animal fat and protein to solution with my stomach acid production severely crippled. Lowered acidity also reduces enzyme activity within the stomach. Imagine how much more efficient my stomach is at digesting meat now that I am no longer receiving PPIs. So I am not sure on what science the vegans bases their claim that humans can't digest meat.

As is typical with most vegan propaganda, it's based on no science at all and was something they literally "pulled out of their ass". Why people continue to repeat this nonsense without checking its validity is a mystery to me.

There is a condition that late-stage diabetics can suffer called, "Gastroparesis", where the nerves to their stomach become damaged. As a result, all of the food consumed (not just meat, but everything they eat), does not digest and begins to ferment and putrefy. A man who I met at Jackson Memorial Hospital, who was there to receive a pancreas and liver transplant, and was also a diabetic began to suffer this illness. As a result, he required that a stomach tube be inserted to into his duodenum to infuse a predigested paste for the remainder of his life. Unfortunately, his liver was perforated during the procedure and he ultimately died as a result.

Perhaps some vegan diabetic mistook this symptom of the advanced stages of their disease as proof that the human could not digest meat and that it would putrefy in their intestines, but somehow I doubt that. It would appear to be just more desperate pseudoscience someone at PETA simply pulled out of their ass because they understand that those that want to believe in veganism will accept anything PETA says without further investigation.

It's quite sad, because vegetarians and vegans can have some valid points about human health (certainly a vegetarian diet is a healthier option than the standard american diet (SAD) of processed crap and junk food), but when they toss out some

completely falsifiable and totally fabricated nonsense, like the myth that humans cannot digest meat, no rational thinking person can take them serious and they destroy any credibility they may have had for any of their arguments. PETA does more of a disservice to the vegetarian and vegan agenda, yet vegetarians continue to support them.

This is why I like PETA. As long as they're the voice for the vegetarian movement, it will never be taken seriously or proliferate. Sometimes I wonder if PETA is not actually funded by the meat industry to sabotage the vegan agenda through the [exploitation of women in advertising](#), [funding of eco-terrorism](#) and manufacturing of complete and total pseudoscience. No special interest group would ruin their own credibility in that manner.

(If you want to read more scientific facts about how the human alimentary tract digests meat, J.Stanton has published a detailed breakdown in his post ["Does Meat Rot In Your Colon"](#).

Sally Fallon and Mary Enig, PhD wrote an excellent description entitled ["The Long Hollow Tube"](#).)

There are several other erroneous claims that I can expose, based upon my medical experiences. I have these subjects in these other rants:

["The Effect Of Sugar On Arteries"](#)

["The Truth About Soy"](#)

Now, every time I hear a vegan proclaim that humans can't digest meat because our stomach acid is too weak, I'll wish I had some of my gastric juices to pour on them and see how long their epidermal protein can resist being digested.

PETA propaganda will never affect me, because I have seen what actually empties from the human stomach. Here are some other posts I have written concerning more falsifiable and ridiculous pseudoscience created by the likes of PETA:



[“Can We Feed The World”](#)

[“Is Meat Eating Causing Global Warming?”](#)