Jim Craddock 1/29/2022

The lesson to be learnt from the present day is that of the triumph of principle over precedent, of the working out of an idea to its logical conclusions — in spite of the accumulated testimony of all past experience to the contrary; and with such a notable example before us can we say that it is futile to enquire whether by the same method we may not unlock still more important secrets and gain some knowledge of the unseen causes which are at the back of external and visible conditions, and then by bringing these unseen causes into a better order make practical working realities of possibilities! — Thomas Troward

My Blog - A few entries here with my personal thoughts

I have a much longer writeup, but it was added to again and again, and as a result it is meandering information overload. So, this is an attempt at succinctly summarizing things. The original can be viewed HERE

In 1995 (before google), I went through a series of minor medical issues that ended up causing ulceration all over my stomach as verified through endoscopy, this was due to a reaction to a medication given for diarhea (this contained phenobarbital which had previously caused an emergency appendectomy when I was 14). However, my stomach wouldn’t stop burning. It was my entire abdomen that would burn, I drank more and more water over a period of weeks. I tried licorice tablets, as they were supposed to help the stomach. Soon, I wasn’t eating. Then, I could not longer urinate (I had a previous episode with SIADH about 6 years earlier which I had forgotten. I started taking potassium pills, then I took my grandmother’s Lasix, my heart was beating so hard I then thought I was having a heart attack and took a nitroglycerin.

I still couldn’t urinate, despite having drank an immense amount of water. I should have gone to the ER, but I had been to the ER for the burning and they just made it worse by giving my a GI cocktail that had the same drug in it that caused the burning. I tried bearing down while attempting to urinate, I then experienced extreme pain and bulging of veins in my right leg and testicle, this was followed moments later with the same effect on my left side. I passed out on the floor. The next morning, I was sweating all over and a rash would form wherever my sweat touched clothing or sheets, but I could urinate some.

If I didn’t drink, my mind wasn’t clear. On my drive back to Tulsa from Norman, I drank one bottle of water after eating and filled two by peeing. I went straight to the ER, said I didn’t know what was going on. My BP was 210 over 150 or so. They sent me home.

Over the next week or so, I was unable to sleep and experienced polyurea after eating (next meal I ate had me peeing maybe 6 or 8 times a LOT. Within 20 minutes. Then I could think for a while. But, the situation grew until I had not slept for a week, my chest was pounding, my pupils were dilated 100% of time. I checked myself into Laureate.

While there they put me on Klonopin and Lithium, the Klonopin helped me sleep but I awoke with extreme chest pain. They wouldn’t allow me to seek medical attention, instead they just watched me. After several hours the pain subsided. I began to eat well for the first time. However, after each meal, I would have polyuria, then I would feel intoxicated, then I would experience rapidly alternating hot/cold cycles for about 5 minutes. After the hot/cold cycles, my skin would be covered in yellow waxy film, enough to discolor a white washcloth.

I tried to explain this to the staff, no one listened for days. Eventually, the intoxicated feeling was replaced by a nausea. The polyuria worsened, and no one listened. So, I asked to read their medical diagnostic text they kept behind the counter. I have no idea why they agreed. I started with polyuria in the index and read every page that mentioned it. There were a lot.

I came across one that also had candidiasis, I had previous suspected a candidiasis was somehow related to my intestinal issues. The condition listed as very rare. I read all about it. It described my exact situation of uncontrolled polyuria following an infection and Intra abdominal candidiasis brought on by damage from tuberculosis to the adrenals. It was called Terminal Onset Diabetes Insipidus with Candidiasis Majeure. It said the condition would rapidly lead to a stroke from dehydration. One sentence clearly stands out in my mind – the article said the condition was all about ATP. I had no idea what ATP was at the time, but that sentence is the truth. The condition is caused by a change in how the heart beats brought on by a severe electrolyte imbalance where potassium reaches very high levels. The details are technical and quite unbelievable for today's medicine, but here is a short summary.

The change is caused by the bearing down to urinate, somehow the AV node takes over the duties of the SA node. This causes a change way the heart beats, essentially switching to suction during expansion causing a slight narrowing of the inferious vena cava such that a backpressure exists, this in turn causes a change in polarization at the nephrons. This then basically reverses the functions of the kidneys. This fixes the inability to urinate from SIADH, but causes potassium to be retained and sodium to be lost instead of the other way around when attempting to preserve volume.

There were two remedies in the article. One was from the original experiments on the subjects with this condition and one was for modern medicine. The modern medicine fix was an ethanol IV and the stopping and restarting of the heart. I had zero chance of that in the Laureate. I tried to explain things, but obviously, they are used to people saying crazy things.

So, the other remedy involved long-term complications but would provide another 25 years if there were no major surgeries and other severe events were avoided. This solution involved having the subject hold their urination to acidify the body and injecting them with adrenalin. This induced a surge in blood pressure that caused a pseudo stroke at the pituitary causing it to take control of the electrolyte balance from the hypothalamus through directing regulating hormones.

My legs were feeling leaden, I was freezing cold, bruising easily, and feeling horrible. I asked to be let out, they didn't want me to leave. So, I decided to try and affect the remedy in the book with my own means. I said I would stay if they brought me two 2-liter bottles of diet coke. They agreed. I then sat down and drank one entire two liter bottle and started on the next one and refused every urge to urinate. Then, I used a technique of holding my breath and forcing air pressure to increase by tensing my diaphragm to increase pressure to my head.

I began to get an extreme headache. Every sound was amplified, but I couldn't move, if I even thought about lifting a finger I had a surge of pain in my head. After a time, maybe 30 minutes, I'm not sure. This resolved. Suddenly, I was warm for the first time in weeks and I Immediately had a bowel movement. In short, I implemented the remedy.

When I was released, I had to be on beta blockers because my heart rate was always racing. I experienced all types or bizarres changes in urination, brain fog, and more. It wasn't until I got a doctor in Norman to prescribe antifungals that I began a normal life. After one pill, my heart began racing again, but I could think.

The condition is extremely complex. Basically, when the pituitary takes over, it forces the candidiasis into cells and the potassium into the epidermal layer. In order to do this, it shuts down part of the immune system that would normally attack the candidiasis. I won't get all the science right, but obviously at some point a limit is reached. At that limit, the heart beats harder and harder trying to push potassium out, but there is no more room. The article had graphs of electrolyes concentrations and how changed. When the limit is reached, the heart is damaged. Trust me I felt that moment. Increasing chest pressure over hours until suddenly while urinating a complete release of pressure and a sudden feeling of fluid in my feet, I literally though my socks were wet.

At this point, circulatory fluid is released due to the heart damage, but ankles don't swell, because the tissues are full of potassium and apopotic from the candidiasis inside the cells running the Na/K pump in reverse. But this now works to decrease/rinse the potassium out. Instead, sodium bicarbonate begins to accumulate. This leads to another transition, as the pH of the body crosses the area at which the candiasis becomes active. This leads to skin burning, intestinal issues, and more. Eventually, this reaches a limit and causes yet another transition. These last transitions have to do with the pituitary changing how hard it works. Basically, the pituitary tries to keep blood sugars below 100 at all times, but eventually, it cannot do this without effectively going into failure, so it suddenly stops working so hard. This was 2018, I collapsed on the floor and my son had to call EMS. My BP was 95/50 or something, even after two units of fluids when they released me.

It is basically a long-term battle between the pituitary and candidiasis, where candidiasis finds itself in a near defenseless host and works to slowly overcome every obstacle put in its path to consume every bit of ATP possible.

In the end, the body tissues slowly fill with salts.

Consider a cell with candidiasis inside it, where the cell has been shrunken through the Na/K pump running in reverse. The candidiasis is effectively captured inside the cell. This is just one layer of protection the body attempts to utilize.

The final stage is entered into when the heart can finally no longer maintain the backpressure at the inferior vena cava. I spent 2021 always tired, and unable to focus. Even though I worked out, I couldn't solve some basic coding issues at work. The day was January 17, 2022. I had taken both a THC gummy, and Cialis. These must have dilated my vessels enough to cause the transition. I went to pass gas when I layed down in bed and had significant pain at my perinium. The next day, I began having crampy,loose bowel movement and dark polyuria. The polyuria persisted for weeks until I had lost 25 pounds. This was all the fluid being held in the flesh below my waist by the backpressure. With the backpressure gone, the fluids and salts could no longer be held back. Notably, my waist, legs and butt were where all the weight was lost. I've been a 33-34 waist for almost my entire aduilt life since this started and went to a 31 in 60 days. I was able to solve that coding problem the week after my transition started, suddenly, I could think again.

Since that time, I have been through a LOT physically. The article I read spent a lot of time discussing how modern medicine would miss the condition as no structural or electrolyte changes would be apparent. However, the body interstitial space fills with salt and displaces blood volume, eventually restricting flow and causing veins to close off (a very painful process, btw) in the abdomen, and back. ATP is supplied through a different mechanism.

I know it all sounds like fantasy, but it is real. I thought when I got out I would be able to explain it to someone or find reference to it, but apparently it has been redacted from at least the digital world. I've never been able to find reference to the experiments or the condition – despite the fact that where I originally found it was a modern medical diagnostic textbook (at the time that mentioned various modern tests and medications that might or might not have some efficacy. I had no idea what these were at the time but it mentioned loop diuretics, calcium channel blockers, intraabdominal dialysis, and dialysis, but ultimately, it said that given the fundamental changes in blood flow and heart function, the condition was fatal.

I don't expect you to believe me. I am simply doing my duty to my family. I'm standing in front of a train, and no one but me realizes it. It has now begun to impact my muscles. The article talked about how the candidiasis was attracted to the nerve impulses, and would eventually attack muscles if they were used frequently. Mine were hit the first week of July on the right side due to a video game I play for hours. Just clicking frequently was enough.

I have made major life decisions like getting divorced and staying with OUHSC as my employer due to this condition. I've always known it is real, even though I would block it out at times. When my fiancé asked me if there was anything she should know about me when were got engaged in 2020, I told her that I think I have this illness and if/when it comes back they won't be able to find anything or do anything. The article was very clear that anyone with this illness today would be likely abandon seeking medical attention after all the transition periods where nothing was found and where during this last phase still nothing was found. In fact, it discussed how contrast imaging and blood tests all made it worse by further descreasing blood volume and introducing yet more salts to the system.

I don't expect a cure, I don't want a panel of blood tests. The one test I know would be off is a blood gas. I'm in pain all the time. From my back to my hips to my arms. I know the approximate course of the illness from here, not the exact timeline, but time grows very short. The article said that someone today would likely just tolerate all the pain and muscle tearing having given up on Medicine, and continue eating even after their bowels had stopped and the pressure from the food would rot through the aorta eventually and they would just die in the middle of a sentence. It said even if it was caught in the final phase that the only solution was keeping blood sugar down (it rots through the pancreas first which is when it is first visible on imaging) and not allowing any fluids.

THE "ARTICLE"

In this writeup I mention the article. Here is a general description about where I found the first article and what it contained (this is probably repeated elsewhere but I think it belongs at the beginning).

First, the article was in a diagnostic manual either general or endocrine specific, I know it was one or the other but honestly my mind doesn't recall. This was a thick medical book that was indexed in the back by every possible keyword. For example, you could look up polyuria and it would list every page that word appeared on. This was a great help in finding the article in question, basically it was the one place where polyuria and candidiasis both appeared. Second, the condition itself was labeled as Rare or Very Rare and was a much longer description than most. It was pages long and had many photos. I can vividly recall the photos. Third, the article described the condition, and all the phases at length based on knowledge from a large number of subjects. Enough subjects that many of them were in the final phase at the same time. As the condition is decades long, that tells me the number of people treated this way was large. It was in a large city. It had small graphs that indicated how potassium concentration changed over time, another graph that showed how the oxygenation curve was pushed due to changes in pH and pressure. It had pictures of the experimental subjects both alive and after the disease had run its course. One picture was of a group of men eating a grand meal. Another was an almost impossible to make out night photo listed as the only photo of someone experiencing the transition to pure ketosis which happens once at night and is noted by the mechanical movement of the subject for a very brief time (hours). There were photos of people immobilzed in metal horse troughs surrounded by empty ice cream containers. The ice cream was because it was the only thing that would increase their osmolality enough to continue causing the pituitary (which is essentially turned up via increased osmolality) to continue forcing salts and sugars into their body which was the only way they were generating ATP. There was a photo of a guy doing pullups being cheered on with the caption noting exercise was not advisable during the final period and that this person died 23 days later.

Strangely, there was a large section on how the condition would be overlooked by modern medicine due to the insidious nature of the illness and how modern test techniques would miss some things that older tests would pick up (for example, somehow one blood test used to be done by burning the blood and that a certain color would show up but modern medicine would miss the cause of this since everything is machine based). There was a good amount of discussion around what treatments might or might not provide any relief, from modern antifungals to intra-abdominal dialysis and calcium channel blockers. There was discussion about how any major surgery would be fatal with this condition, how starvation or ketosis was harmful and accelerated the condition, and how normal thirst mechanisms didn't work and it was possible to become very dehydrated without feeling thirsty. The article even mentioned how anyone with the condition today would be labeled as a hypochondriac and give up on medicine. I find the discussion of modern medicine and its application to be noteworthy, as it means someone in the modern world (c. 1990) had researched the condition. Why? How? Modern ethics seem to make it taboo. The article also mentioned how the disease was going to be reclassified as something else possibly into an auto-immune polyendocrine category. Finally, I have never been able to find reference to the article, the condition, or even the experiments in question. I believe the research was essentially redacted by modern ethics due to the fundamental changes it causes in the way the human body functions and the pre-Neuremberg rules time of the experiments.